

# YOU CANNOT WASH OFF BLOOD WITH BLOOD: ENTERING THE MIND THROUGH THE BODY

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The old Zen saying, “You cannot wash off blood with blood,” refers to the conviction that it is difficult to control thoughts with other thoughts. This saying implies that the way to control the mind is through the body. In Zen meditation (*zazen*), this is accomplished through the regulation of breathing and posture. The purpose of this article is to examine the relationship between breathing, posture and concen-

tration in one tradition of Zen. I will explore how this relationship may be relevant to the practice of psychotherapy and the healing arts, as well as its implications for future research in these fields.

**Key words:** Meditation, mindfulness, Zen

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The old Zen saying that serves as the title of this article refers to the belief that it is difficult to control thoughts with other thoughts. The implication of this saying is that the way to control mental activity is through the body, specifically through the regulation of breathing and posture.<sup>1</sup> Another Zen saying, “Enter the mind through the body,” makes the same point. This notion stands in contrast with much of the Western therapeutic tradition, which endeavors to influence mental events by means of thoughts. Cognitive therapy is a prime example. It is based on the premise that cognitive events are implicated in the development and continuation of psychological problems. According to this viewpoint, modification of dysfunctional cognitions can resolve these problems. There is a substantial amount of empirical evidence that supports these hypotheses. However, the Zen perspective implied in the aforementioned quote raises the following question: Are there underused physical dimensions—breathing and posture—that may be relevant to psychotherapy and medicine? The purpose of this article is to examine the relationship between breathing, posture, and concentration in one Zen tradition. I will discuss how this relationship may be relevant to the practice of psychotherapy and the healing arts, as well as its implications for future research in these fields. Before proceeding, it is important to provide background on Zen, particularly in light of the current emphasis in the literature on mindfulness-based meditation.

Buddhism originated in India in the 6th century BCE and spread throughout Asia in the ensuing centuries. Mindfulness-based meditation is often associated with the oldest Buddhist traditions, especially Vipassana.<sup>2,3</sup> The Zen school began as a distinct sect in China in the 5th century CE and was transported to Japan in the 12th century. Although Zen was later eclipsed by other schools of Buddhism and Taoism in China, it remains to

this day a vibrant cultural force in Japan. In the West, interest in Zen began to grow after the Second World War, particularly from writers such as D. T. Suzuki and Alan Watts. At the popular level, the Beat poets made “Zen” a household word in America.

Classical Buddhist teaching makes a distinction between mindfulness and concentration. This distinction is seen in the “eightfold path,” a fundamental tenet of Buddhism. The seventh step on the path is referred to in Sanskrit as *samyak-smriti*, which is ordinarily translated into English as “right mindfulness,” whereas the eighth step is called *samyak-samadhi*, which is usually rendered as “right concentration.”<sup>4</sup> Accordingly, the distinction is often made between meditative practices that are mindfulness-based and those that are concentration-based,<sup>5,6</sup> although many traditions fall along the continuum between these 2 poles.<sup>7</sup> The practice of mindfulness has been described as “to perform consciously all activities, including every day, automatic activities such as breathing, walking, etc. and to assume to the attitude of ‘pure observation’, through which clear knowledge, i.e., clearly conscious thinking and acting is attained.”<sup>4</sup> In contrast, concentration-based meditation has been described as “involving focusing on specific mental or sensory activity; a repeated sound, an imagined image, or specific bodily sensations such as the breath.”<sup>7</sup>

The application of techniques derived from mindfulness-based meditation has been written about extensively in recent psychotherapy and medical literatures.<sup>8-17</sup> In contrast, the application of traditional concentration-based meditative techniques—especially those in the Zen tradition—have received far less attention. One possible exception is Transcendental Meditation, a concentration-based practice on which there is substantial research, particularly in the areas of behavioral medicine and substance abuse.<sup>18-20</sup> However, Transcendental Meditation differs substantially from the Zen practices described in the present article in that it does not emphasize the regulation of breathing and posture.

There seems to be a widespread misunderstanding in both the psychological and medical literatures that all Zen (if not all Buddhist meditation) is mindfulness-based. For example, Pagnoni et al<sup>21</sup> and Chiesa<sup>22</sup> describe Zen as a mindfulness practice. Both describe the meditative technique of *shikantaza* (“just

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sitting”), which Chiesa calls the “most advanced form of Zen meditation” (p. 586). This overlooks the fact that there are 2 existing major traditions of Zen: the Rinzai and the Soto Schools. The former tends to emphasize concentration, and the latter tends to emphasize mindfulness. Shikantaza, a mindfulness-based meditation, is not the primary meditative practice in the Rinzai tradition.

In the remainder of this article, I will describe a tradition within the Rinzai school that is concentration-based and that strongly emphasizes physicality, particularly the regulation of breathing and posture. Because there is variation within the Rinzai School, the techniques I will describe are not necessarily representative of the totality of Rinzai teaching. However, I will refer to them as “Rinzai” as a short-hand because there is no single term that describes this tradition. Because my experience is solely with one lineage of Rinai Zen, I am cautious about generalizing to other lines of Zen or of Buddhist practices in general.

### THE THREE PILLARS OF ZEN MEDITATION—BREATHING, POSTURE, AND CONCENTRATION

The fundamental practice in Zen is referred to in Japanese as *zazen* (坐 *za*, “seated”; 禅 “Zen”) and is often translated as “Zen meditation.” It is traditionally performed in a seated, cross-legged position. One way to view *zazen* is as the unification of 3 elements: concentration, breathing, and posture, which I will describe in the paragraphs to follow. I would like to stress, however, that Zen does not draw a distinction between mind and body—in fact, the nonduality of mind and body is a key philosophical tenet of the school. The separation of these 3 elements is for explanatory purposes only.

#### Concentration

In the Rinzai lineages, the basic practice for *zazen* is referred to as *sosoku*, which means “counting the breath.” In *sosoku*, the practitioner is instructed to count his or her exhalations. The count is subvocalized—one number per exhalation—for the duration of the exhalation. If and when the practitioner reaches a count of 10 exhalations, or realizes that he or she has lost count, he or she is instructed to return to the count of one and start begin again. Most beginners are surprised at how easy it is to lose count, and advanced practitioners remain challenged by it.

To understand the nature of concentration in *zazen*, it is helpful to understand the concept of “*nen*” (念), a term that has no literal equivalent in English. It is perhaps best translated as “thought impulse.” *Nen* can also be used to “denote a distinctive type of action of the mind.”<sup>23</sup> Zen teachings make a distinction between 3 types, or—perhaps more accurately—3 levels of *nen* action.

The first *nen* refers to awareness without conscious reflection. It can be understood as pure awareness. Take, for example, the experience of hearing a bell. For a brief instant, one is simply aware of the sound as a pure sensory experience. The lack of reflection gives one a direct experience, unmediated by thought. In Zen terms, this experience is the “Absolute Now” and, more colloquially, can be described as “being in the moment.”

Awareness (first *nen* activity) is usually immediately followed by reflection on the sensation. This reflection is referred to as a second *nen* action. In the case of the bell, one might wonder where it came from, or think about the quality of the sound, or wonder what it signifies. These initial associations to the sound typically set up a chain of further associations that take one further and further from the immediacy of the moment. To continue the example, the bell might bring to mind a dinner bell, resulting in thoughts of what to cook for dinner, what shopping has to be done first, and so on. The chain of associations can go on indefinitely. In Sekida’s words, second *nen* action “reflects and illuminates upon the immediately preceding [first] *nen* but does not know anything about itself.”<sup>23</sup> In other words, one might be reflecting on the meaning of the bell, but one remains unaware that he or she is doing so.

Third *nen* refers to awareness that one is engaging in second *nen* activity. Another way to describe it is the awareness that one’s unreflective experience has been interrupted by unnecessary thought; it is the second *nen* “knowing about itself.” Back to the example, one would become aware that he or she is reflecting on the bell. Thus, third *nen* action constitutes a metacognitive level in which one is aware of the fact that one is distracted. Although one could posit an infinite number of levels of *nen*, as will be seen below, from a Zen perspective, 3 levels will suffice.

The process of *zazen* can be viewed as a cycling through the 3 levels of *nen* actions. The state of focusing fully, without further reflection, on the count is a first *nen* activity. Any thoughts that distract the practitioner from full attention on the count lead to the realm of second *nen* activity. Although such a second *nen* interruption can be momentary, it is more likely to lead to a succession of associations, resulting in the practitioner losing the count altogether as he or she pursues association after association in what is often described colloquially as “runaway mind.” However, at some point, the practitioner may come to the conscious realization that he or she has lost the count. This recognition is a third *nen* activity and provides a cue that the practitioner should bring his or her concentration back to the count. Third *nen* activity thus allows one to distance oneself from habitual patterns of association. This cycle of first *nen* (concentration on the count), second *nen* (distraction) and third *nen* (realization of being distracted and the subsequent refocus on the count) repeats continuously throughout a session of *zazen*. Although the duration of first *nen* (focusing on the count) tends to increase with experience in Zen practice, even seasoned practitioners go through the same cycle.

As concentration on the counts deepens, at some point the practitioner may enter *samadhi* and the count recedes from consciousness. *Samadhi* can be defined as a state of intense concentration in which one is undistracted by unnecessary thought. As my teacher put it, “in *samadhi* you see through your thoughts as if you were looking through a spinning propeller.” In Zen terminology, one remains “unattached” to thoughts that arise as figures against a larger ground of awareness. At its highest levels, one loses the distinction between the subject and the object of concentration.

*Samadhi* differs from the conventional understanding of concentration. Concentration is usually associated with a narrowing of awareness to a specific focus, with a gating out of other sen-

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sory input. However, in samadhi awareness expands rather than contracts. Peripheral vision increases; it is commonly said that one can “see one hundred eighty degrees.” The senses are heightened; there are accounts of monks in the meditation hall hearing the falling of the ash from an incense stick. Samadhi can also be viewed as extended first nen activity in that sensations and events are experienced without undue conscious reflection. In that sense, it is “being in the here and now,” unfettered by unnecessary thought. Concentration on the count thus leads to freedom of awareness.

To return again to the process of zazen, samadhi—a first nen activity—is followed in most practitioners by the distraction of second nen action, which, hopefully, will be followed by the third nen action of the awareness of being distracted. The third nen is, again, the cue to refocus the mind, take up the count again, and start over. Third nen awareness, is, in common vernacular, the signal to “hit the reset button.”

Fundamental to the Rinzaï tradition is that one cannot simply think oneself into first nen action. Rather, one must enlist the aid of the body. Thus, Sekida writes, “How can we prevent our thoughts from wandering? How can we learn to focus our attention on one thing? The answer is that we cannot do it with our brain alone; the brain cannot control its thoughts by itself. The power to control the activity of our mind comes from the body, and it depends critically on posture and breathing.”<sup>23</sup>

### **Breathing**

The type of breathing practiced in Zen—and the Japanese martial and fine arts based on Zen—is distinctive within the realm of meditative disciplines. To better understand this type of breathing, I will first contrast it with diaphragmatic breathing, to which it bears some similarities.

Diaphragmatic breathing is characterized by expansion of the lower abdomen on inhalation and contraction of the abdomen on exhalation. If we were to measure the outward pressure on the lower abdomen during this type of breathing, say by the outward strain against a belt, we would see that the pressure would increase during inhalation and decrease during exhalation. Diaphragmatic breathing, in turn, can be contrasted with thoracic or “chest” breathing.<sup>24</sup> Thoracic breathing is often regarded as “normal breathing.” It is distinguished by prominent movement in the chest and shoulders with minimal movement in the lower abdomen. With thoracic breathing, there would be very little strain against the belt whether inhaling or exhaling. Diaphragmatic breathing is central to a variety of meditative disciplines and has long been associated with well-being in various Eastern traditions. It has also received attention in the West as a treatment for anxiety disorders as well as a number of medical conditions.<sup>25,26</sup> Although this type of breathing technique can be useful in many contexts, it is distinct from the type of breathing practiced in zazen. This type of breathing is referred to as *hara* or *tanden* breathing. *Hara* (腹) refers to the entire lower abdomen, as well as the lower back and buttocks. The term *hara* has considerable significance in Japanese culture; it is seen as the physical, psychological, and spiritual center of the individual.<sup>27,28</sup> The *tanden* (丹田) refers to a point approximately

1 inch below the navel (sometimes called the “one point”) and can roughly be seen as the center or focal point of the *hara*.

The inhalation in *hara* breathing is much the same as in diaphragmatic breathing in that the lower abdomen expands. The significant difference is that in *hara* breathing the lower abdomen remains expanded during the course of the exhalation. Another way to put this is that there is constant outward pressure from the lower abdomen throughout the breathing cycle, both in inhalation and exhalation—and so, the strain against the belt would be constant throughout the breathing cycle. The basic instruction in zazen is to take slow, deep exhalations and fast, deep inhalations, keeping the pressure on the *hara* throughout. Further instructions on breathing and zazen can be found in and Omori<sup>29</sup> and Kushner.<sup>30</sup>

One of the most important lessons a Zen student learns is that there is a direct relationship between the quality of one’s breathing and one’s state of mind. More specifically, the student learns through experience that samadhi (the first nen) is fostered by *hara* breathing.

### **Posture**

As noted previously, zazen is traditionally performed in seated cross-legged postures, notably full or half-lotus. However, modifications can readily be made for individuals who are unable to sit cross-legged. One can practice zazen sitting in a chair, or even standing up if certain principles of posture are maintained. First, one should establish a firm base. In cross-legged positions this is done by having both knees on the ground, forming a triangle with the tailbone. If sitting in a chair, the same triangle is formed by the feet—planted firmly on the ground—and the tailbone. Second, the hips should be thrust forward slightly, into the triangle, allowing the spine to assume a natural lumbar lordosis. Third, the chin should be tucked in and there should be a feeling of lift from the nape of the neck, creating a natural kyphosis in the dorsal region. Finally, the hands should be folded in one’s lap, allowing the upper body to relax. The importance of posture in zazen comes from the fact that it facilitates *hara* breathing. For more on posture in zazen, see Omori<sup>29</sup> or Kushner.<sup>30</sup>

### **BREATHING, POSTURE AND CONCENTRATION, AND THE THREE NENS**

Earlier I explained that third nen (metapsychological awareness of noticing that one has become distracted and lost samadhi) serves as a signal to “hit the reset button.” In addition to resuming the count (a cognitive activity), the reset also involves adjusting breathing and posture (physical activities). In zazen, the mind is controlled by continual regulation of breathing and posture. Thus, the cycle can be further explicated as first nen activity, second nen distraction, third nen awareness of distraction as well as regulation of breathing and posture, which, in turn, lead back to first nen. As one’s practice deepens, the regulation of breathing and posture becomes second nature and less effort needs to be put into sustaining first nen activity, as the practitioner spends more time in Samadhi. However, even very experienced Zen prac-

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tioners will find that there are times when their concentration is interrupted and that it is necessary to consciously to reset their breathing, posture and concentration.

### CLINICAL APPLICATIONS

One potential clinical application of the interconnection between breathing, posture, and concentration is to combine zazen—or a variation of zazen—with cognitive therapy. There is a literature on the combination mindfulness-based meditation and cognitive therapy.<sup>31,32</sup> It has been proposed that one of the mechanisms behind the efficacy of mindfulness-based therapies—at least in prevention of relapse in major depressive disorder—is metacognitive awareness.<sup>33</sup> Metacognitive awareness has been defined as a state in which “thoughts are experienced simply as events in the mind rather than accurate reflections of reality.”<sup>34</sup> This awareness has been related to the concept of “distancing” in cognitive therapy,<sup>32,34</sup> which Beck originally described as the ability to “examine thoughts as psychological phenomena rather than as identical to reality.”<sup>35</sup>

One of Zen’s central tenets is that what we consider to be the mind is in fact an illusion. This is emphasized in the *Platform Sutra*, one of the most basic scriptures in the Zen canon.<sup>36</sup> An implication of this is that thoughts are viewed as psychological phenomena. Zazen, the practice of Zen meditation, enables one to attain such a state of metacognitive awareness that facilitates viewing thoughts as projections on a larger background of awareness. Third nen awareness that one is distracted by unnecessary thought enables the understanding that thoughts are not identical with reality.

Distancing techniques in cognitive therapy help interrupt the pursuit of persistent, dysfunctional automatic thoughts by recognizing that they are not identical with reality. This awareness plays a role in attenuating emotional and/or behavioral consequences of such cognitions. To put this in the framework of the 3 nens, automatic thoughts can be seen as second nen actions in that they disrupt the flow of “being in the moment” and then tend to feed on themselves through the chain of association of second nen actions. Awareness of being engaged in repetitive thoughts is a third nen action that can signal time to distance oneself from the grip of dysfunctional automatic cognitions. Rinzai Zen teaches that regulation of breathing and posture is the key to such distancing.

In my experience as a psychologist and long-term practitioner and teacher of Rinzai Zen, many patients are able to grasp the concept of the 3 nens and to understand it as a useful way to distance themselves from automatic thoughts. Similarly, they are able to understand how the regulation of breathing and adjustment of posture can influence their mental states. I have found this to be true in cases of depressive cognitions, obsessive ruminations, and chronic pain. In all of these instances, third nen activity serves as a signal to the individual that they are once again carried away in a cycle of associations that leads to worsened dysphoria, anxiety, or pain severity perception. As in traditional zazen, patients can easily learn that third nen activity serves as a cue to reset their cognitions. In explaining this to patients, I describe third nen awareness that they are “doing it again,” “it” referring to their familiar cycle of dysfunctional cognitions.

I have found that teaching patients about the 3 nens is best done in the context of a relaxation exercise based on zazen. I have included basic instructions in the Appendix. Note that I do not use the term “hara” in it. Hara breathing is a skill that can take a long time to acquire and may not be a realistic expectation in a clinical setting. However, I have found that by having patients focus their breathing on their lower abdomen and work towards diaphragmatic breathing (which is much more readily learned) they are able to use the regulation of their breath, together with posture, to distance themselves from the grip of automatic thoughts.

### SUMMARY AND IMPLICATIONS FOR RESEARCH

In this article, I have contrasted one form of Zen meditation, that of the Rinzai School, with mindfulness meditation. In so doing, I cited the traditional distinction between concentration-based and mindfulness-based meditative disciplines and, have presented Rinzai Zen as being in the former tradition. A more recent classification scheme of meditative techniques distinguishes between those in which an attempt is made to regulate or control concentration/awareness and those where no such attempt is made.<sup>17</sup> By this schema, Rinzai Zen still differs from mindfulness-based meditation. Rinzai Zen further distinguishes itself from mindfulness-based traditions by its explicit use of physical measures—regulation of breathing and posture—as a way of controlling the mind. The concept of using breathing and posture to control cognition has clinical relevance but has received scant attention in the psychological and medical literatures.

Cognitive therapy is based on the premises that cognitive events are implicated in the development and continuation of psychological problems, and that modification of cognitions can result in the improvement of psychological problems. There is a substantial amount of empirical evidence that supports these hypotheses. Rinzai Zen teaches that it is difficult to control the mind through thoughts alone and that regulating focusing on breathing and posture can have profound influence on mental activities. In this article I have hypothesized that the development of a particular type of breathing—hara breathing—together with regulation of posture facilitates distancing, which has psychotherapeutic benefits. This hypothesis can be tested empirically in clinical research settings. I have also presented a modification of zazen, adjusted to real-life clinical settings, in which the technique of breathing is simplified. The efficacy of this simplified clinical approach, as well as the ways hara breathing can be taught in a clinical context, are also potential subjects for future research. Other potential research questions might include the following:

1. Are there individual differences in patients in terms of who would respond better to a Rinzai Zen-based approach versus a mindfulness-based approach?
2. Are there differences between individuals that might indicate who might gravitate towards and respond better to a mindfulness-based clinical therapeutic intervention, or one based on Rinzai Zen (or other “concentration” meditation tradition)? Similarly, some people may be more drawn to

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and respond more readily to nonmeditative therapeutic techniques altogether.<sup>37</sup>

3. How long and what degree of intensity of practice does it take to learn hara breathing? How does that contrast with the acquisition of other meditative techniques? For example, it is conceivable that the recent focus in the literature on mindfulness-based indicates that it has a shallower learning curve than techniques based on Rinzai Zen.

From a broader perspective, some of the earliest research on the psychology and psychophysiology of meditation was conducted on Zen.<sup>38</sup> However, more recently, interest in research on meditation has been largely on explicitly mindfulness-related traditions.<sup>2,3,39</sup> Meditation has almost become synonymous with mindfulness, which obscures the fact that there are Eastern meditative disciplines that are based on samadhi (concentration). Furthermore, the relationship of breathing and posture—crucial elements of Rinzai Zen practice—to cognitive changes has received little attention. For example, none of the 10 controlled studies of Zen reviewed by Chiesa<sup>22</sup> examined the relationship between breathing and/or posture and outcomes. Austin, in his comprehensive work, *Zen and the Brain*,<sup>40</sup> which thoroughly advances numerous hypotheses concerning the neurophysiology of Zen, devotes relatively little attention to breathing and posture. Pagnoni et al<sup>21</sup> wrote, “the attempts at mental regulation through meditation involve developing a progressive familiarity with the interplay of voluntary attention (often directed to the breath or posture) and the spontaneous conceptual processing that appears in its fractures, a process facilitated by the adoption of a stable seated and a quiet environment.” From the Rinzai perspective, it is not just *attention* to breathing and posture that achieves mental regulation; rather, mental regulation is achieved by active regulation of breathing and posture.

Although diaphragmatic breathing is often taught in mindfulness-based traditions, hara breathing is not. For example, Kabat-Zinn<sup>41</sup> teaches diaphragmatic breathing in his mindfulness-based stress reduction program. However, the emphasis in mindfulness-based meditation is to passively observe the breath, not to regulate it as it is done in zazen. In his basic mindfulness meditation instructions, Kabat-Zinn writes “We observe the breath as it flows in and out. We give full attention to the feeling of the breath as it comes in and as it goes out. . . . And whenever we find that our attention has moved elsewhere, wherever that might be, we just note it and let it go and gently escort our attention back to the breath.”<sup>41</sup> The emphasis in Rinzai zazen differs in that there is deliberate creation of pressure in the lower abdomen and, when one achieves the second nen awareness of being distracted, one first resets breath and posture before refocusing attention. In Sekida’s words, “it is the correct manipulation of the lower abdomen, as we sit and breathe, that enables us to control the activity of our mind.”<sup>23</sup> Even in the modification of zazen (described in the appendix) the breath is actively controlled and not just observed.

Hara as a term and as a concept has received very little attention in Western psychological literature. Yet, it is an important concept in Japanese culture and hara breathing is seen to have

salutatory benefits.<sup>27</sup> Rinzai Zen posits that the quality of one’s concentration (samadhi) is directly related to quality of one’s breathing (as well as posture). This is in itself an intriguing empirical question. So, too, is whether hara breathing differs from diaphragmatic breathing in terms of the effects on cognition or on health. There is evidence suggesting that hara breathing facilitates cardiopulmonary resonance,<sup>42</sup> which, in turn, has been suggested to affect cognition and mood.<sup>43</sup> It is also conceivable that hara breathing affects the nervous system through vagus nerve stimulation.

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## **APPENDIX**

### **A Relaxation Exercise Based on Zazen (Zen Meditation)**

#### **Posture**

Zazen is traditionally practiced in cross-legged positions such as the lotus or half-lotus posture. This is difficult for many Westerners and is not practical for most health-care related applications. Proper posture for zazen is easily attained in a chair. The following principles should be maintained:

1. Sit upright without slouching. The ideal chair height is such that the thighs and knees are roughly at right angles to each other. Sit towards the front end of the seat so that, if possible, you do not use the backrest.
2. Feet are flat on the floor, approximately shoulder width apart. There should be a triangle defined by the knees and tailbone.
3. The pelvis is tipped slightly forward so that the center of gravity falls towards the center of the triangle as described in #2.
4. The chin is tucked in, with the nape of the neck extended.
5. The hands are placed flat on knees or thighs.
6. As much tension as possible should be taken out of the upper body.
7. The eyes are looking ahead, with the lids half closed (half-opened).

#### **Breathing**

1. Breathe slowly and work towards reducing rate of breath.
2. Breathe deeply.
3. Emphasize the exhalation over the inhalation. At a minimum, inhalation and exhalation should be equal in duration; try to work to extend the duration of exhalation.
4. Use the muscles of the lower abdomen over those of the chest.
5. Keep as much pressure on lower abdomen as is comfortable (optional).
6. Use your breath to take tension out of your body.

#### **Concentration**

1. Count to 10, but on exhalations only.

2. Try to concentrate as fully on the act of counting and the count itself as possible.
3. If you get to 10, go back to 1.
4. If you lose the count (your mind has wandered away), adjust your breathing and posture, and start your counting over (go back to 1).
5. If you have any questions what to do and whether you are doing it right, adjust your breathing and posture, and start your counting over (go back to 1).

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