Mindfulness, anxiety and the NHS

Mike Gordon

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Figure 1 below is a typical popular article on mindfulness.

Mail Online health

Home | News | U.S. | Sport | TV&Showbiz | Australia | Femail | Health | Science | Money | Video | Travel | Fashion Finder

Latest Headlines | Health | Health Directory | Health Boards | Diets Login

Do you feel tired, stressed and depressed? Expert reveals the 9 easy ways to feel calm and content using mindfulness

Figure 1:

My search for free mindfulness training

I used to expend most of my mental energy on thinking about work goals, like forthcoming lectures, meetings, papers to read or write and sundry administration stuff. Now that I'm retired, I no longer have these goal-setting activities to fill my mind, so there's plenty of time for thoughts to turn into broods – though this article suggests that as one ages a reduction of goals may be beneficial. As far as I know I'm in good health, but the ravages of old age and death are inevitable … and I'd prefer not to dwell on these more than is reasonable for sensible contingency planning.

Mindfulness has been in the news a lot. For some time I've been wondering whether it might be a way to help steer my thoughts towards enjoying the present, rather than drifting in the direction of nebulous worrying about the future.

In the 1970s, when I was a student at Edinburgh, I tried Trancendental Meditation (TM) at the suggestion of my PhD supervisor. It was touted as a scientifically validated technique for reducing stress and boosting creativity, but I found it too tedious and time consuming … and it didn't work. Also, I was put off by its Hindu evangelism agenda and the fantastic pseudo-science Maharishi Effect claims.

A recent New York Times article entitled "How to Meditate" explains mindfulness versus meditation and this article in Scientific American suggests that one can tune different mindfulness and meditation techniques to get different effects, like improving creativity or reducing rumination. Despite my negative TM experience forty years ago, I'm tempted to try mindfulness as it seems less gimmicky and mystical.

The commercial secular mindfulness training courses I found in Cambridge cost hundreds of pounds and the cheaper Buddhist Centre courses are taught by people with strange and off-putting mystico-religious names (two of the mindfulness teachers at the Cambridge centre are called Ruchiraketu and Sagaraghosa). Annoyingly, university students can attend secular mindfulness training courses for free, but, as far as I can discover, these are not open to staff like me. I bought the cheap eBook Mindfulness: A practical guide to finding peace in a frantic world, which is audio-enhanced with guided meditations, but found it tedious and didn't have the discipline to listen to the meditation instructions and do the exercises.

I don't remember how – possibly a story in some newspaper website – but I discovered that the wonderful NHS offers free mindfulness training that one can apply for online. A snippet from the web page is shown in Figure 2 below.

NHS choices Your health, your choices

Health A-Z | Live Well | Care and support | Health news | Services near you

Stress, anxiety and depression MOODZONE

Common problems | What you can do now | Real stories | Mental wellbeing audio guides

You are here: Health A-Z / Stress, anxiety and depression / Share: Save: Print:

Mindfulness

It can be easy to rush through life without stopping to notice much.

Paying more attention to the present moment – to your own thoughts and feelings, and to the world around you – can improve your mental wellbeing.

Some people call this awareness "mindfulness". Mindfulness can help us enjoy life more and understand ourselves better. You can take steps to develop it in your own life.

Figure 2:

I tracked down the somewhat scary application form and submitted it.

A month or two later I got a letter offering me a phone consultation and during this I was invited to participate in a six session Cognitive Behavioural Therapy (CBT) Anxiety Management Course. I mentioned that I was really looking for mindfulness training, but was told that mindfulness was part of the Anxiety Management Course, and that the pure mindfulness course was longer, more intense and better suited to those with serious anxiety problems. This seemed a bit surprising to me and I did wonder whether I was being offered a place on the anxiety course because the mindfulness one was full.

With a bit of trepidation I decided to accept the place on the Anxiety Management Course, though I had some doubts about whether it was appropriate for me: two of the questions on a form I was sent to fill in were "Do you know how you would kill yourself?" and "Have you made actual preparations to kill yourself?". I was assured that these were to detect those who needed a "crisis service" which the course doesn't provide. My worry was that the course was medically oriented, with a focus on treating severe problems like those outlined at the beginning of Scott Stossel's Atlantic magazine article, rather than providing advice on intensifying the enjoyment of life – though I suppose these may not be that different. This worry wasn't helped by the history of Fulbourn Hospital, where the course is held, which was once a "General Lunatic Asylum for the Middle and Upper Classes".

The course takes place in a building (see Figure 3 below) called Nightingale Court. Here's a picture scraped off a website I found via Google.

Figure 3:

Most of the rest of this article is a session-by-session report on my experience attending the NHS Anxiety Management Course. Because there are some mild negative comments on the mismatch between the course content and what I was looking for, I want to make unequivocally clear that I have no criticisms of the course. In fact, to the contrary, I think it was wonderfully presented by exceptionally caring, professional and dedicated NHS staff. I feel very lucky to live in a country with a free health service that provides such a wide range of services ranging from lifestyle wellbeing education to state-of-the-art medical treatment. I wish the government would increase taxes to get more the money for funding the NHS.

The NHS course on Anxiety Management

The Anxiety Management Course is "a 6 week course which focuses on learning strategies based on Cognitive Behaviour Therapy (CBT)". At the first session everyone was given a red folder (see Figure 4 below) containing general instructions and policies, course notes for each session and various feedback forms.

Among the general policies were requirements to maintain confidentiality about "all information discussed within the group" and "not to disclose to anyone identifiable features of other group attendees". I have written this article with these in mind.

Another requirement was to fill out a symptoms questionnaire before each session. This is the form with the scary suicide questions that made me worry the course is too medical.

The red folder contains a course outline. This is reproduced in Figure 5 below.

Figure 4:

Course outline

Session 1:	**Introduction** and overview
Session 2:	Understanding and managing **physical** symptoms of anxiety
Session 3:	Understanding **behaviours** and making changes
Session 4:	Understanding **thoughts** and making changes
Session 5:	Managing **worry**
Session 6:	**Relapse prevention** and looking to the future

Figure 5:

Initially there were eleven participants, with a wide spread of ages ranging from early twenties to several whom (I'd guess) were older than me. I was one of the only two males. Several people dropped out and by the last session there were eight left.

The course was held in a room with a semi-circle of soft chairs arranged around the walls at one end. The participants sat in these and the two facilitators sat at the other end of the room facing us, with a flipchart easel between them. Both facilitators were female with a very friendly, open, cheerful and caring demeanour. During the course they both mentioned anxiety issues they each suffered from and said which of the techniques we were being taught worked best for them.

Each session was split into two parts separated by a short break at which biscuits (but not tea) were sometimes available. I think each half of the session was planned and managed by a different facilitator, but who went first varied from session to session.

After each session I made some notes. An edited version of these follows, augmented with a few thoughts that occurred to me. I've changed some minor details that could conceivably reveal confidential information. Please bear in mind that anything I say may be naive or incorrect, since I've no expertise in the nature or management of anxiety using CBT or any other approach.

Session 1

The course kicked off with the facilitators introducing themselves and handing out the red folders. There was a brief introduction to the rules, such as respecting the sensibilities and privacy of the participants. Next there was an ice-breaking session in which we all said our first name and a little about our interests and hobbies. There was a lot of interest in cooking, eating, travel and exercise. It was clear that some people were more outgoing and chatty than others.

We were told the course was founded on CBT and was "evidence-based". One of the facilitators started explaining the CBT approach to anxiety and introduced the "hot cross bun" theory via the diagram below, which is taken from the Session 1 notes in the red folder. See Figure 6. This theory postulates links between *emotions* (things like fear, describable with one word) which lead to *thoughts* (imagined scenarios, needing a sentence or two for their description) which in turn lead to *physical symptoms* (e.g. racing heart) that then cause *behaviors* (like smoking or avoidance action). The various causal relations between emotions, thoughts, symptoms and behaviour were discussed.

After the theoretical explanation, audience participation was solicited by asking for examples, which were added to a flipchart. As people contributed, the facilitators made reassuring comments like "that's normal", "very common" etc

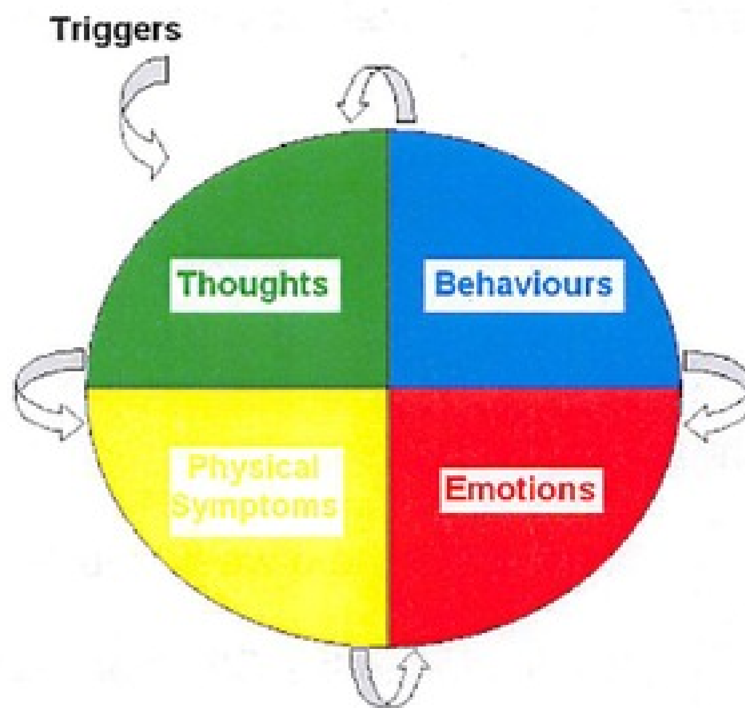

Figure 6:

and gave additional explanations about possible causes of anxiety and worry. At the end of the session I was allowed to take a picture of the flipchart sheets generated. Here in Figure 7 is the one resulting from the discussion of the "hot cross bun" theory.

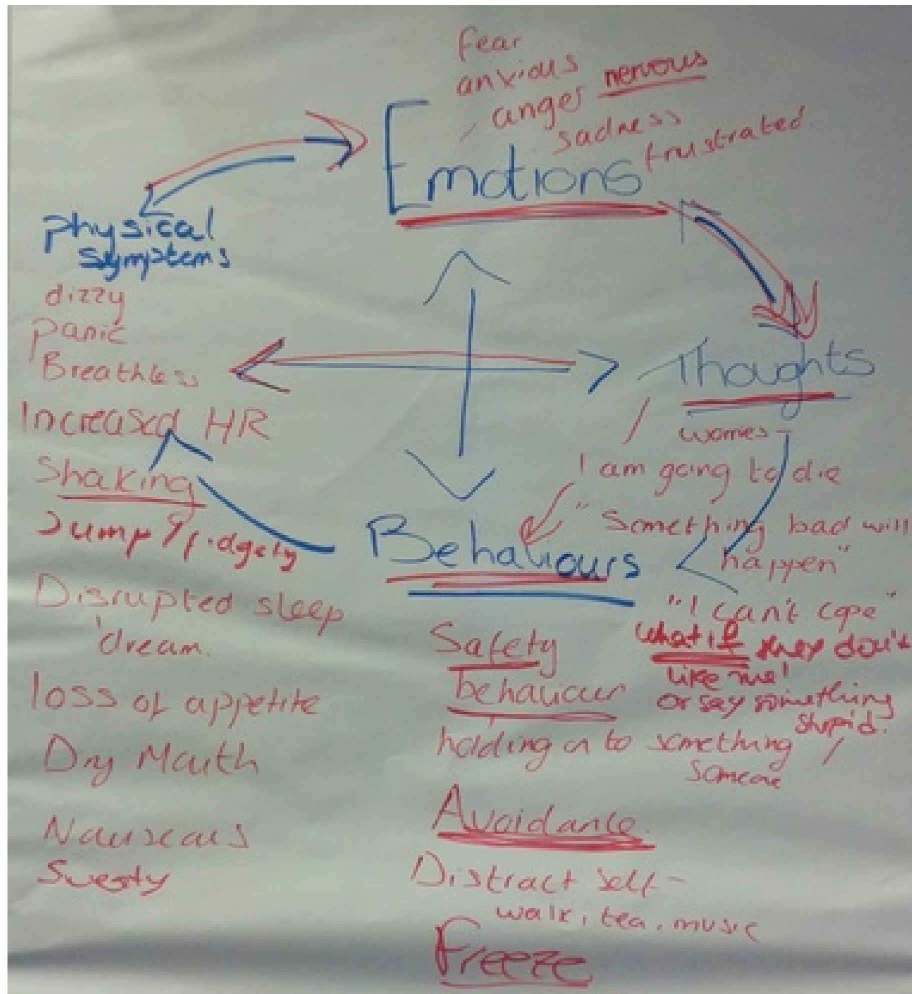

Figure 7:

Following a ten minute break, there was a discussion aimed at eliciting personal thoughts and worry experiences from the participants. Some were very specific, like fear of spiders (actually, nobody was scared of spiders, but to maintain confidentiality I'm not mentioning the actual phobias that came up). Worrying about children and granchildren was mentioned. Other anxieties were more general and abstract.

There was then further discussion of the many components of anxiety, followed by more communal discussion, which resulted in another flipchart sheet. See Figure 8 below.

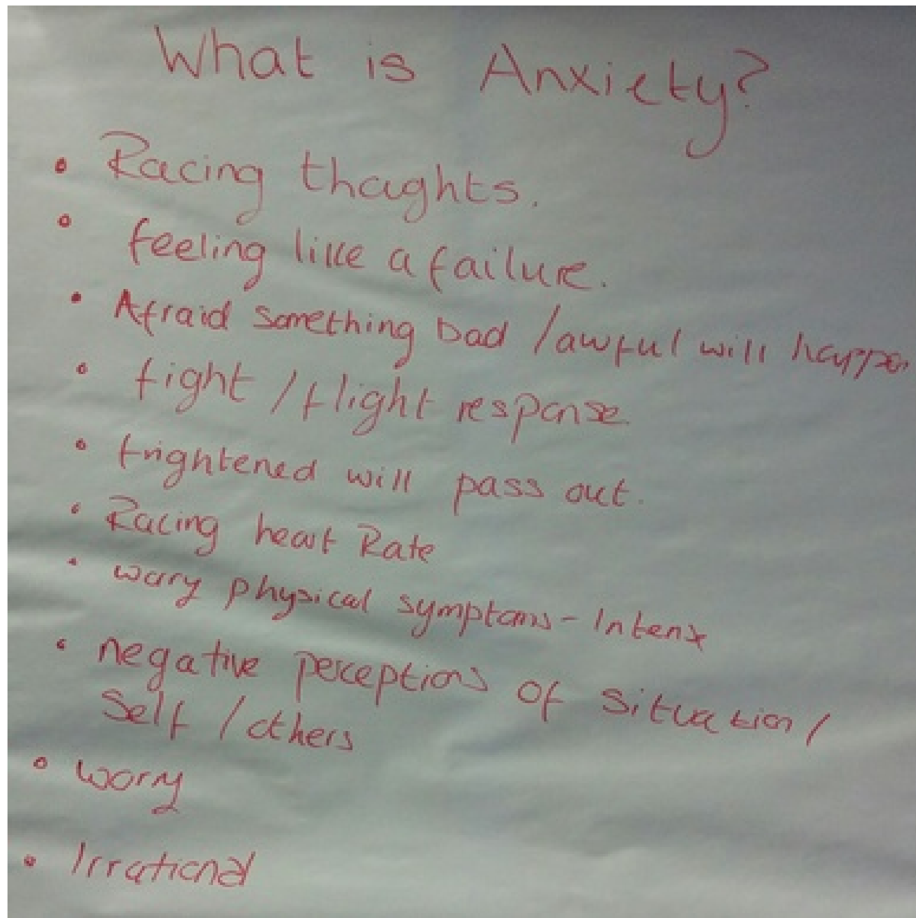

Figure 8:

The session then continued with further discussion of the CBT model of anxiety. Here in Figure 9 is the page from the notes in the red folder on this.

I wondered about what sort of evidence justifies this model, since we were told that CBT is evidence-based. I also felt that maybe I didn't suffer from anxiety in the sense being discussed … or if I did I suffered much less than others.

The notes in the red folder have a section entitled "What is Anxiety?" which suggests that anxiety is a single condition manifesting itself via diverse physical and psychological symptoms. This was also the view discussed in the session as the CBT model was explained. As the course progressed I started wondering

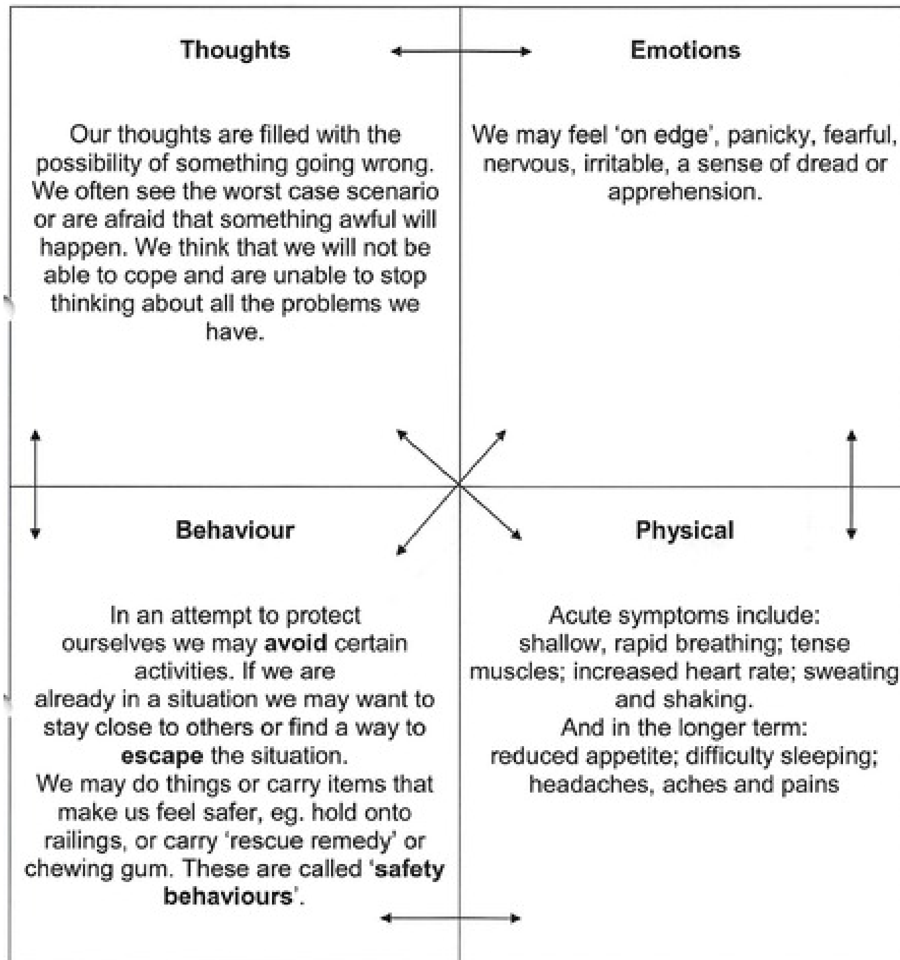

Figure 9:

whether this is the right picture. I reflect further on this from a very amateur perspective in the section entitled "Summary, opinions and suggestions" below.

For homework, we were asked to analyse a worry using a supplied form. I didn't have a worry that I felt fitted into the model, but I tried my best using a forthcoming trip to the dentist resulting from a tooth bridge I'd had for years falling out. See Figure 10 for my solution.

At the end of Session 1 I was tempted to drop the course as being inappropriate … but as I had time on my hands I resolved to keep going for another couple of sessions before making a decision. In the end I decided to complete the course.

Session 2

At the beginning of the session, when the weekly symptoms forms were being collected, I handed in my homework. It turned out this was only for my benefit and wasn't needed by the facilitators. This rather reduced my enthusiasm for the homework given in subsequent sessions!

The second session started with a review of the "hot cross bun" model presented in Session 1, which formed the basis of the homework exercise. We were split into groups to discuss our homework. I had only one other person in my group, who hadn't done the exercise, so we only discussed my homework as shown in Figure 10 in the diagram above. This was based on my (mild) dread of going to the dentist. I mentioned coffee as the solution used to boost my mood and provide energy to stop brooding. Later in the session caffeine was criticised as anxiety provoking, which made me realise that some things that can be physical consequences of anxiety – like a thumping heart and racing thoughts – need not be the problem, indeed might be part of the solution. For me the bad thing is a debilitating feeling of dread that drains me of energy and productive focus … but this gets better when I become more speedy, not worse.

After the exercise review, different relaxation methods were described and we tried them.

- Controlled breathing (as in this Android app)
- Progressive muscle relaxation.
- Guided imagery for relaxing.
- Mindfulness.

I'd come across all these before, but only jumbled together, not as discrete separated techniques. The guided imagery session seemed like hypnosis. I've never been hypnotised myself, but I recently listened to a podcast that compared it with mindfulness. I asked the facilitators about this and one of them thought

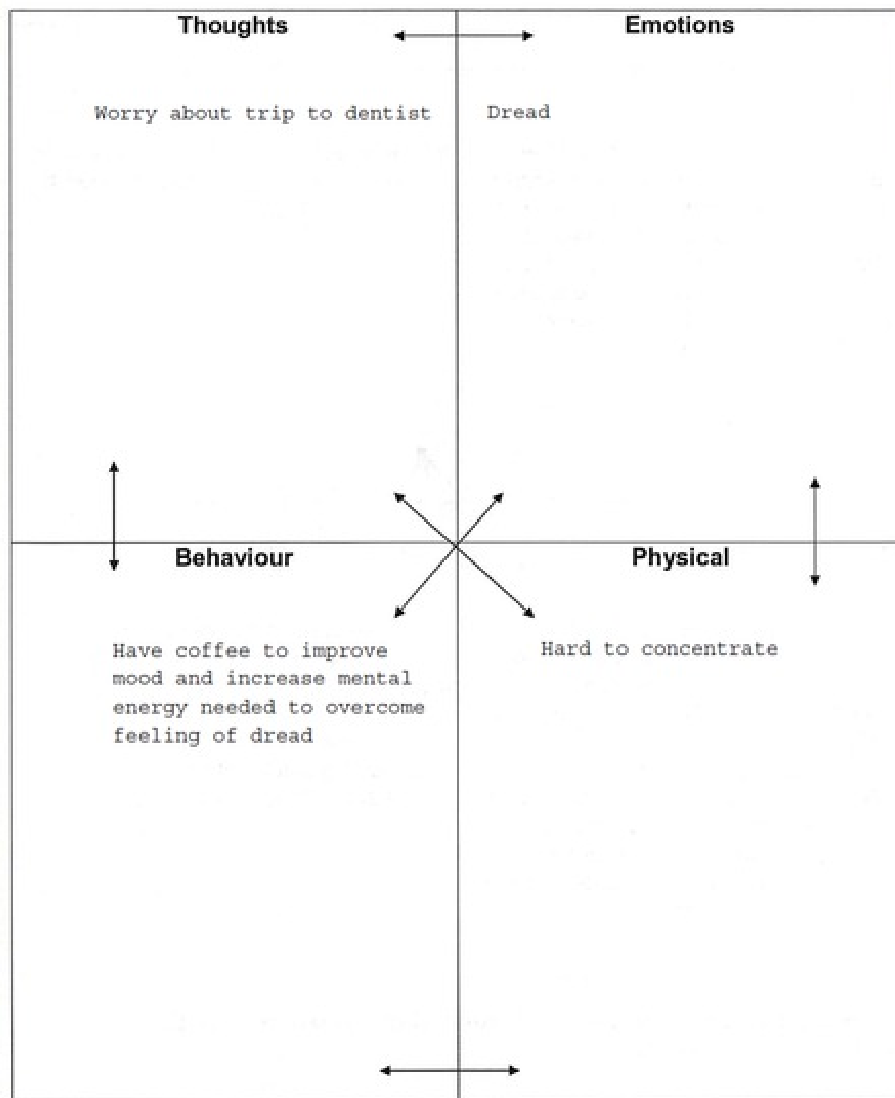

Figure 10:

guided imagery wasn't like hypnosis, but the other one thought that it was and a group participant said it was similar to the process of being hypnotised that they had experienced.

Mindfulness was what I really wanted to learn, but the snippet given, though clearly explained, didn't go much beyond what I'd previously read about and already tried.

After the lessons in relaxation methods, we were told about ways of getting to sleep or getting back to sleep. There were no surprises in the advice given. I generally find sleep comes easily, though the night before the Session 2 class was the night during which Donald Trump was elected and I didn't sleep much.

Next there was advice to take exercise. Nothing more was said than the sort of thing I often read online (exercise increases serotonin levels in the brain, for example). Then there was advice to avoid caffeine and alcohol. I felt a bit awkward as I'd previously discussed using coffee to overcome feelings of anxiety in my Session 1 homework, which is counter to the advice given.

Finally there was a discussion on assertiveness, which I didn't quite see the relevance of. Maybe being assertive in the right way (i.e. not being passive-aggressive) minimises anxiety, or maybe understanding kinds of assertiveness can prevent anxiety when one is the recipient of it. We had a group exercise to discuss the experience of assertiveness. I couldn't think of anything to say, but my group partner had a job that involved talking on the phone to cross and aggressive people and had some interesting thoughts that we discussed.

Session 3

The main topic of this session was dealing with anxiety caused by phobias, such as fear of spiders, fear of being enclosed, fear of being in particular places and fear of climbing. The solution recommended was gradually increasing exposure to what was feared. Some forms were provided to help plan and manage doing this.

One person had a fear of certain social activities caused by never having anything interesting to say. I can relate to this. The problem was analysed as a phobia, but this struck me as rather forced – how does one increasingly expose oneself to the anxiety provoking stimulus in this case, especially as the anxiety involved – at least for me – doesn't consist of phobic panic-attack symptoms.

The group discussion resulted in another flipchart diagram. This is in Figure 11.

The second part of the session was on the technique of Behavioural Activation. This aims to shift one out of a state of unproductive ennui via an analysis of what one is doing. The results of the analysis are then used to plan lifestyle changes that boost one's mood and increase the successful accomplishment of

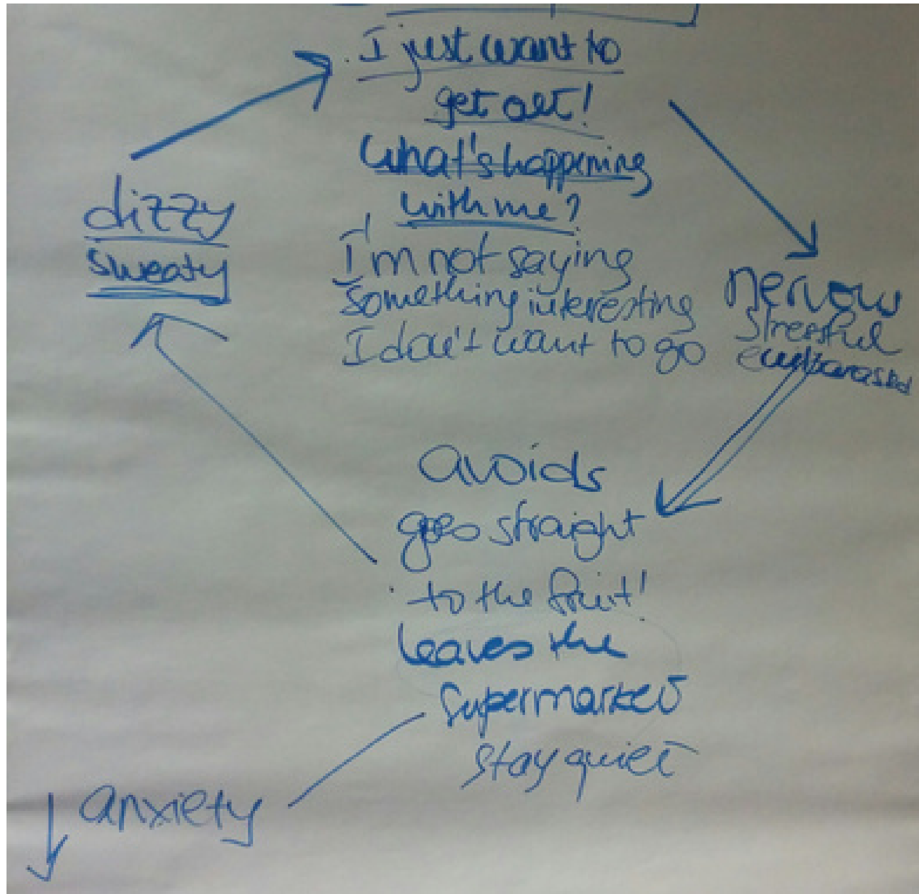

Figure 11:

anxiety-provoking activities. For example, one might break up dreaded tasks into many smaller less daunting steps interspersed with treats. The process involves keeping a Behavioral Activation Diary to track every day what, when, where and with whom one is doing activities. These activities are then evaluated using a separately compiled Activity Classification Sheet to try to gain an understanding of one's current activities. The next step is to plan to improve things by making a new plan that adds more pleasure to one's life and decomposes tasks into easy-to-start short – e.g. ten minute – steps.

The homework consisted of a choice

- either working through exposure sheets for a phobia,
- or making both an Activity Classification Sheet and keeping a Behavioural Activation Diary.

I didn't have any phobias needing treatment, but anxiety provoked inertia is something I've suffered from in the past. I thought about trying to keep a Behavioural Activation Diary, but couldn't identify anything to base it on, so I ended up not doing the homework.

Session 4

This session was about managing anxious thoughts. It was explained how some situations can result in unjustified thoughts and excessive worry. For example, if one made a mistake at work then one might think one was not up to the job and that a disaster was going to happen, like being fired. I learnt the excellent word "catastrophising" in connection with this and have been using it ever since.

As a class exercise we were supposed to fill out a "Thought Record" for an example thought that made us anxious. Here in Figure 12 is an example from the course notes.

The solution to the problem is Cognitive Restructuring, a systematic process of thinking rationally about the facts and hopefully thereby coming to see that the worry is overblown and that "alternative, more realistic thoughts can help you break out of the vicious cycle of anxiety". Techniques for doing this were outlined. For example, in the Figure 12 Example Thought Record, a worry level of 60% and anxiety level of 70% are shown, but one should look more carefully at the 40% non-worries and 30% non-anxieties to see if these positive percentages have been underestimated.

Following a discussion, we were given the exercise of filling out a blank Thought Record form for a thought we were currently worrying about. The Cognitive Restructuring ideas seemed to really resonate with several members of the class, who enthusiastically filled out their Thought Record forms.

Example Thought Record

Situation	Thought	Feeling	Evidence For	Evidence Against	Balanced Thought	Outcome (re-rate)
Friend cancels lunch plans	She is angry with me (85%)	Worried (60%) Anxious (70%)	Friend hardly ever cancels plans She has been a bit moody lately	Friend has said she has not been feeling well recently She has cancelled her plans for the weekend too	It is unlikely my friend is angry with me, it is more likely that she is feeling unwell and therefore cannot make our lunch plan (70%)	She is angry with me (20%) Worried (15%) Anxious (5%)

Figure 12:

Although I can imagine situations causing unjustified thoughts that provoke excessive worry – indeed I think it's happened to me in the past – this is not a current problem I have and so I found it hard to come up with an example to use for my Thought Record exercise. The best I could think of was excessive worrying over trivial details for a trip to a meeting in London that I was planning. I spent too much time dithering about when to leave, whether to drive and park, get the bus or get a taxi. I asked the class leaders about how to formulate this on my Thought Record form and was told that worrying decisions was the topic of the next session: the Thought Record method is meant for worrying declarative thoughts, not decisions.

Session 5

The topic for this session was worrying. I could relate to this much better than to many of the topics in earlier sessions.

The session started with a description of worrying and an exercise consisting of spending one minute not thinking about a pink elephant to show that stopping thinking about something is hard.

The first point made is that everyone worries. It is only a problem if one worries too much. A "worry diary" was suggested as a way to analyse how much one worried.

Once one has determined one's worries, one should schedule worry time – maximum of 30 minutes a day – to deal with them.

Various kinds of worries were explained and a "Classifying Your Worries" sheet handed out. The main distinction is between *Practical Worries* – ones which have a solution (e.g. must pay a bill) – and *Hypothetical Worries* – ones that one can do nothing about (e.g. get cancer in the future). Steps for dealing with these were outlined and a flow diagram (see Figure 13) called a "The Worry Tree" was handed out.

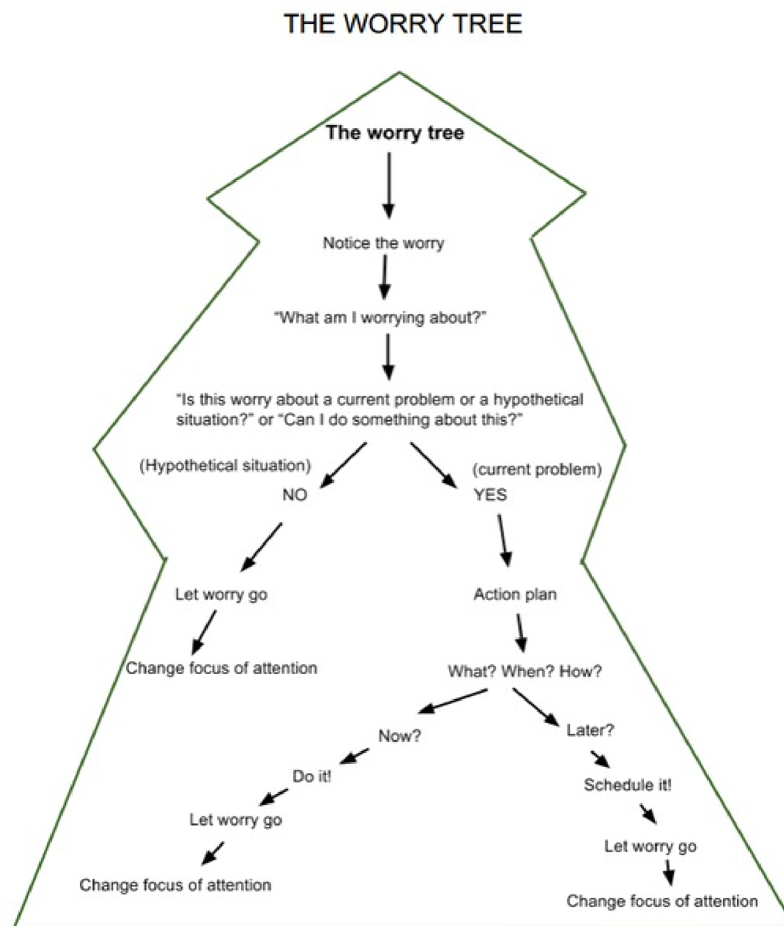

Figure 13:

I asked about what to do about feeling worried when there wasn't any object of the worry. The advice was to look into the past to see if maybe there was something specific causing the worry that I might have forgotten. It was also suggested that googling "Generalised Anxiety Disorder" (GAD) might be useful.

During a discussion, the writings of Marie Chellingsworth and the book The Worry Cure: Stop worrying and start living by Robert L. Leahy were recommended. I downloaded a free sample of the latter to my Kindle, but found it rather meandering and informal, with too many anecdotes.

Session 6

The final session was shorter than the others and consisted of a course review and gathering feedback and questions from the participants. We were split into groups to chat about the course. I found this pleasant enough, though a bit awkward and so hard going. The other person in my group of two had a very specific phobia, but other than this didn't suffer from anxiety and only found a small part of the course relevant. We chatted generally about life and retirement.

There was then a general discussion in which we were encouraged to describe our personal benefits from the attending course. Several participants seemed to have made impressive progress on their problems and told success stories. Overall it seemed that everyone was pretty positive. However, the non-anonymous way feedback was elicited made it hard to be critical. Most people said that they were sad that the course was over.

We were asked to fill in two evaluation forms and told that we'd be contacted in a few months time to see how things were going.

Summary, opinions and suggestions

The presenters of the Anxiety Management Course clearly put considerable effort into delivering an accessible introduction to the CBT theory of anxiety. They also gave a practical overview of methods to overcome common problems and a taste of putting these methods into practice.

The sessions focus on the different kinds of anxiety – e.g. phobias, panic-causing situations, unjustified worrying – and they provide an introduction to specific tools for dealing with each of these. None of the participants appeared to have all the various kinds of anxiety, which meant that only parts of the course were relevant – different parts to different people.

Here's a small suggestion for improving the course, at least for participants like me. If I'm right that "anxiety" is an umbrella term that ranges over many different kinds of conditions – and I realise I might be wrong – then I think it

would be useful to spend more time at the beginning of the course explaining this. The different conditions could be described in the first session and it could then be explained that each condition needs its own bespoke kind of treatment (exposure for phobias, cognitive restructuring for misplaced worrying, etc) and that these are covered in separate sessions. As each session only addresses a few of the things under the anxiety umbrella, the participants could be alerted to the possibility that only a small part of the course may be immediately relevant to them – but it can be emphasised that the other parts could be very useful to have in one's mental toolkit.

I think that everyone, including me, benefited from the course … and some found it extremely helpful.

Although the course didn't meet my initial goal of getting in-depth mindfulness training, I expect that attending it will turn out to have been a valuable investment. At the moment I don't suffer much from the anxiety symptoms that are the course's prime target, but I'm definitely now much better prepared to detect if any of these could be heading my way and I'm armed with tools to fend them off. Learning first-hand about the problems faced by the participants has given me a direct and concrete perspective on the varieties of worry and anxiousness lurking out there … just waiting to pounce.

At the end of the session I chatted to one of the facilitators about mindfulness training. The free drop-in sessions at the Cambridge Buddhist Centre were recommended. Perhaps I'll try going to one of these, despite my worry that they might be contaminated with Buddhist mysticism. I went back to the centre's website and found that in addition to the free drop-ins, I could pay £130 for a course entitled "Life With Full Attention" by someone called Maitreyabandhu. There's also a marketing link to a free talk with the same title, in which Maitreyabandhu got my attention by answering the question "what happens when you die?" with "you'll soon find out" … but then, alas, he drifts into his ideas about Buddhism and mindfulness, which seems to me to be armchair philosophy without scientific support.

Mindfulness and CBT are derived from Buddhism, but unlike TM, which is taught during a Hindu inspired initiation ceremony, they are usually presented as secular. I discovered by googling that ancient Greek and Roman philosophies have inspired a separate thread of CBT and mindfulness-like practices which emphasise logical thinking more than those derived from eastern religions. At the conference Stoicon 2016 there were talks on "Stoicism, Mindfulness, And Cognitive Therapy" and on "Buddhist Vs. Stoic Mindfulness in Theory & Practice". I also spotted the online article "Silicon Valley tech workers are using an ancient philosophy designed for Greek slaves as a life hack", some stoic mindfulness training that one can listen to, and a YouTube video based on meditations by Marcus Aurelius that seems to contain ideas similar to those found in CBT Cognitive Restructuring. It's hard to know what kind of meditation practice might be best for achieving retirement tranquillity … or even if meditation is the right thing. Rather than exploring ideas originating in ancient times, perhaps I

should now delve into contemporary analyses of the meaning of life and death that are found in, for example, continental philosophies such as existentialism? As Scott Stossel says in his New York Times bestseller:

> "Is pathological anxiety a medical illness, as Hippocrates and Aristotle and modern pharmacologists would have it? Or is it a philosophical problem, as Plato and Spinoza and the cognitive-behavioural therapists would have it? Is it a psychological problem, a product of childhood trauma and sexual inhibition, as Freud and his acolytes would have it? or is it a spiritual condition, as Soren Kierkegaard and his existentialist descendents claimed? Or, finally, is it – as W.H. Auden and Davis Riesman and Erich Fromm and Albert Camus and scores of modern commentators have declared – a cultural condition, a function of the times we live in and the structure of our society?"

Stossel's book is a fascinating and wide-ranging account of the concept of anxiety, its evolution, and how it has been viewed and treated from antiquity to the present. His account is illustrated by horrifying and entertaining stories of the impact of the condition on his life and on the lives of others throughout history. Highly recommended: I bought my "Condition: Used - Very Good" copy from amazon.co.uk for only £0.54.

After the course finished I got a nice letter (see Figure 14) reporting on my attendance.

The second page of this letter (not shown) said it was cc-ed to my GP. When I first signed up for the course I was asked if I wanted my GP notified and I declined, so I sent the email in Figure 15 below pointing out this possible bug in the GP communication procedures.

CPFT

Cambridgeshire and Peterborough NHS Foundation Trust

NHS

Our Ref::
NHS No:

CPFT Psychological Wellbeing Service (IAPT)
Nightingale Court
Block 1
Ida Darwin
Fulbourn
Cambridge CB21 5EE
Tel: 01223 884422 (with answerphone)
Fax: 01223 884881
E-mail: Cambridge_IAPT@cpft.nhs.uk
Website: www.cpft.nhs.uk
Out of hours contact your out of hours GP service / 111 option 2/ 0330 123 9131

13 Dec 2016

PRIVATE & CONFIDENTIAL
ADDRESSEE ONLY

Dear Mr Gordon

You have now completed a course of treatment with the Psychological Wellbeing Service.

Symptoms Questionnaires:

Start of treatment

PHQ 1 /27 - which indicates depressive symptoms within the normal range

GAD7 4 /21 - which indicates anxiety symptoms within the normal range

End of treatment

PHQ 0 /27- which indicates depressive symptoms within the normal range

GAD7 1 /21 - which indicates anxiety symptoms within the normal range

You reported no risk concerns at our last appointment.

Should you feel your risk increase, you can get help from:

Your GP, Urgent Care (out of hours GP) dial 111 or go to A&E
The Hopeline UK (Papyrus) 0800 068 41 41
The Samaritans free phone 116 123 or email jo@samaritans.org
Lifeline 0808 808 2121 (Open 7pm – 11pm, 365 days a year)

It has been a pleasure working with you and I encourage you to continue using the tools you found helpful in the future.

Figure 14:

Gmail - Thanks for letter + comments on GP notification https://mail.google.com/

Mike Gordon < ????>

Thanks for letter + comments on GP notification

Mike Gordon < ????> 15 December 2016 at 15:24
To: CPFT Cambridge_IAPT <Cambridge_IAPT@cpft.nhs.uk>

Hi,

Thanks for your letter (ref: ????). I learned a lot from the wonderful course and have written up my experience (http://www.cl.cam.ac.uk/~mjcg/plans/Anxiety.html).

I noticed the letter says that it is cc-ed to my GP. When I was asked, I'm pretty sure I requested that my GP not be notified, because I didn't view the course as medical treatment. I don't mind you notifying my GP, but I thought I should let you know about this just in case there's something that needs to be fixed in your procedures. Please don't take this as a complaint - it's a trivial thing for me - but I could imagine situations where someone might really not want their GP to be notified after they had requested that it not happen.

Thanks again for a brilliant course.

Seasons Greetings,

Mike

Figure 15:

I got no reply to this, but three months later, as promised in the last session, I was contacted to see if I needed any further help and was asked to let the course organisers how I was doing by filling out and returning their standard questionnaire.

List of web links

The various web links scattered throughout the document are gathered here. This is mainly for readers of the PDF version – where whether the links are clickable will depend on the PDF reader used.

- Things I did just before retiring
  http://www.cl.cam.ac.uk/~mjcg/Blog/ShortListOfDeputyHeadJobs.html

- Article on Kieran Setiya's philosophy behind the mid-life crisis
  http://www.independent.co.uk/arts-entertainment/the-philosophy-behind-the-mid-life-crisis-and-ho
  html

- New York Times article entitled "How To Meditate"
  http://www.nytimes.com/well/guides/how-to-meditate

- Wikipedia page on mindfulness
  https://en.wikipedia.org/wiki/Mindfulness

- Wikipedia page on Trancendental Meditation (TM)
  https://en.wikipedia.org/wiki/Transcendental_Meditation

- Maharishi Effect: the principle that individual consciousness affects collective consciousness
  http://maharishi-programmes.globalgoodnews.com/maharishi-effect/

- One Skeptical Scientist's Mindfulness Journey
  https://blogs.scientificamerican.com/beautiful-minds/my-mindfulness-journey

- Cambridge Centre for Mindfulness
  http://www.cambridgemindfulness.com/programme-of-events/

- Cambridge Buddhist Centre
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- Why do some people change their name after beginning Buddhist meditation practice?
  https://www.quora.com/Why-do-some-people-change-their-name-after-beginning-Buddhist-meditat

- Mindfulness courses for Cambridge students
http://www.cambridgestudents.cam.ac.uk/welfare-and-wellbeing/mindfulness-cam/learning-mindfulness
- Mindfulness: A practical guide to finding peace in a frantic world
https://www.amazon.co.uk/Mindfulness-practical-guide-finding-frantic-ebook/dp/B004TTHD9O
- NHS courses on Mindfulness-based Stress Reduction
http://www.cpft.nhs.uk/mindfulness-based-cognitive-therapy.htm
- CPFT Psychological Wellbeing Service (IAPT) application form
https://www.iaptportal.co.uk/cam.html
- Scott Stossel's article "Surviving Anxiety" in Atlantic magazine
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http://www.cpft.nhs.uk/services/pws/anxiety-management.htm
- Fulbourn Hospital Wikipedia page
https://en.wikipedia.org/wiki/Fulbourn_Hospital
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http://www.cl.cam.ac.uk/~mjcg/plans/CBT-weekly-form.pdf
- My homework for Session 1
http://www.cl.cam.ac.uk/~mjcg/plans/CBTExercise1.pdf
- Paced Breathing Android app
https://play.google.com/store/apps/details?id=com.apps.paced.breathing&hl=en_GB
- Hypnosis compared with mindfulness (part of a podcast)
https://www.youtube.com/watch?v=6jH86r_YHdQ&feature=youtu.be&t=29m24s
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- Marie Chellingsworth
  https://www.uea.ac.uk/medicine/people/profile/m-chellingsworth
- The book "The Worry Cure: Stop worrying and start living" by Robert L. Leahy
  https://www.amazon.co.uk/Worry-Cure-worrying-start-living/dp/0749927240/ref=asap_bc?ie=UTF8
- Maitreyabandhu (born Ian Johnson in 1961)
  http://www.bloodaxebooks.com/ecs/category/maitreyabandhu
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  http://www.freebuddhistaudio.com/audio/details?num=LOC118
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  https://www.meetup.com/New-York-City-Stoics/events/230755504/
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- Audio Recording: Stoic Mindfulness Exercise
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- YouTube video animated book entitled "Stoicism - Meditations by Marcus Aurelius"
  https://www.youtube.com/watch?v=lM6OtqGzlNA
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