

Inquiry-Based Stress Reduction: Another approach for questioning stressful thoughts and improving psychological well-being

MarieOdiel van Rhijn

Email: MvanRhijn@yahoo.com

Instituut voor Cognitieve Therapy en Levenskunst in S.B. de Messines, Portugal, 1 leader of postgraduate training program, Dutch Association for Cognitive Behavior Therapy®; supervisory psychotherapist, certified facilitator of 'The Work';

Inbal Mitnik

Email: iMitnik@yahoo.com

2Center of Complementary and Integrative Medicine, Institute of Oncology at Tel-Aviv Sourasky Medical Center, and affiliated to the Sackler Faculty of Medicine at Tel-Aviv University, both in Tel-Aviv, Israel, 972-3-6974833.

Shahar Lev-ari

Email: levarishahar@gmail.com

2Center of Complementary and Integrative Medicine, Institute of Oncology at Tel-Aviv Sourasky Medical Center, and affiliated to the Sackler Faculty of Medicine at Tel-Aviv University, both in Tel-Aviv, Israel, 972-3-6974833.

Abstract

Psychological well-being was found to be an important factor in health promotion. Various therapeutic models consider dysfunctional cognitions and beliefs as a source of mental distress. They propose a rational and objective process of questioning the stress-evoking thoughts in order to achieve therapeutic change and psychological well-being.

Inquiry-Based Stress Reduction (IBSR, 'The Work') meditation technique offers a different approach for questioning stressful thoughts by including emotional and authentic insight. It consists of two stages: a systematic and comprehensive identification of stressful thoughts followed by questioning of these thoughts by a fixed set of questions and turnarounds.

The aim of the current article is to review the IBSR technique, its unique format and therapeutic process. It summarizes the clinical evidence regarding its efficacy as a tool of improving various psychological parameters.

Despite several limitations of the technique, the findings demonstrated its effectiveness as a tool for enhancing psychological well-being and promoting mental health. Randomized controlled trials are warranted in order to further examine the technique's potential contribution to psychological well-being.

Key words: Inquiry-Based Stress Reduction, Byron Katie, mindfulness, health promotion

1. Introduction

Positive psychological states, such as optimism and emotional vitality were found related to positive physical health outcomes (Diener and Chan, 2011), including improvement in cardiovascular parameters (Kubzansky and Thurston, 2007; Tindle et al., 2009; Boehm and Kubzansky, 2012) improved immune functioning (Howell, Kern, Lyubomirsky, 2007; Segerstrom and Sephton, 2010) and reduced mortality (Bower et al., 1998). These findings demonstrate the importance of psychological well-being for promoting good health and the need for adequate interventions aim at strengthening the emotional resources of people, particularly those who are coping with medical conditions.

Cognitive behavioral therapy (CBT) focuses on incorrect and dysfunctional beliefs as a source of mental distress. The technique's goal is to liberate clients from stressful thoughts, leading to a more rational attitude toward reality and a decrease in problematic emotions and behaviors (Hermans, Eelen and Orlemans, 2007). It aims at changing people's perception and interpretation of their internal experience rather than changing the experience itself. In mindfulness therapies (Segal et al., 2001) as well as in acceptance and commitment therapy (ACT) (Hayes, Strosahl and Wilson, 2012), the client is guided to deal with stressful beliefs in a different way, specifically, to observe them in a non-judgmental way and to let them pass, rather than to cling to them.

However, it may very well not be possible to let go of stressful thoughts if the emotional and physical reactions to them are too intense. In addition, the same stressful concepts will return if the client even slightly believes that they are true. Therefore, it is necessary to altogether eradicate the validity of these thoughts in order to undermine their credibility (Hulsbergen, 2009).

'Inquiry-Based Stress Reduction' (IBSR) is a meditation technique which

may provide a different approach for questioning stressful thoughts. Its basic structure is to identify the thoughts that cause stress and suffering in a systematic and comprehensive way, and then to meditatively 'investigate' these thoughts by a fixed set of questions and turnarounds, which enable the participants to experience a different interpretation of reality as they perceive it (Byron, 2002).

The aim of the current article is to review the IBSR meditation technique, its indications and pitfalls, and the clinical evidence regarding its efficacy as a tool for improving psychological well-being and quality of life in various samples.

2. What is inquiry-based stress reduction?

IBSR (also known as 'The Work') is self-inquiry meditation technique developed by Byron Katie (Byron, 2002, 2005, 2007). The first phase of the technique is the *identification of the stressful thoughts*. In the therapeutic setting, the first task of the facilitator is to agree with the clients about the treatment plan and the behavioral analyses. He asks the clients to define the problematic situation and to identify the stressful thoughts associated with it. In this stage, the clients fill out the 'Judge-Your-Neighbor' worksheet (JYNW: Appendix 1) (Byron, 2002) for identifying stressful thoughts. The clients can describe a past or present situation involving a person, a group of people, a certain topic, or even themselves. The clients are encouraged to fill out the worksheet in an uncensored and spontaneous way based on the emotions that emerge from that situation, as opposed to providing rational or socially accepted answers. The worksheet contains six sentences that must be completed while the clients mentally revisit the time and place of that specific stressful situation:

1. I am (emotion) at (name) because
2. I want (name) to
3. (Name) should/shouldn't.....
4. I need (name) to.....
5. (Name) is
6. I don't ever want

The relevant thoughts are detailed in the worksheet complying with the conditions of being irrational (Walen, DiGiuseppi and Dryden, 1980), dysfunctional (Beck, 1995), disputable, characteristic for the clients' problematic situation (Segerstrom and Sephton, 2010) and strongly associated with or causing the problematic emotion (Greenberger and Padesky, 1995). The automatic thoughts, the observations and the interpretations are spelled out in sentence no. 1. Sentence no. 2 reflects the demands and frustrations, sentence no. 3 the advice and rules, sentence no. 4 the needs, sentence no. 5 the judgments and the generalizations, and sentence no. 6 the thoughts causing anxiety. This form has the same function as the ABC-diagram, the G-diagram, the cognitive conceptualization diagram and the cognitive diary in CBT, all of which are designed to identify irrational and dysfunctional stressful thoughts that need to be explored.

The next phase of the technique is *exploring the thoughts*, by a set of four fixed questions and some 'turnarounds' (Byron, 2002). The four questions are:

(1) *'Is it true?'* This is a closed question, for which the answer 'Yes' or 'No' is sufficient. The clients do not need to come up with any proof. If the client says 'no' to question 1, the facilitator skips question 2 and goes on to question 3.

(2) *'Can you absolutely know that it is*

emphasis lies upon the words 'can' and 'absolutely'. The clients are asked to let the question sink in and to allow an answer to emerge. For this, the clients must recruit their inner knowledge, the 'Wise Mind'. This is about what the clients know to be true, not about what they think, decide or believe to be true. This question may be answered with only 'Yes' or 'No' and both are acceptable. Again, no proof is requested, because providing proof confines the clients to the old rational thinking pattern, as opposed to liberating them to recruit their 'Wise Mind'.

(3) *'How do you react, what happens, when you believe this thought?'* By these open and explorative questions, the clients investigate the effect of the cognition on their emotions, physical sensations, behavior, interaction with others, undesirable habits, etc. Depending on the cognition type and the extent and depth of the answers given spontaneously by the clients, the facilitator can ask related questions such as: What emotions and physical sensations arise when you believe the thought? Allow yourself to experience them now. How do you treat that person when you believe the thought? Does that thought bring peace or stress into your life? Where and at what age did that thought first occur to you? How do you treat yourself when you believe that thought? Whose business are you dealing with when you believe that thought? What are you not able to do when you believe that thought? Can you find a reason to relinquish that thought?

(4) *'Who would you be without the thought?'* The clients are not asked to let go of the thought, but to imagine whom would they be without this thought (in the given situation) and how they would feel and act. The clients are often asked to close their eyes and to picture themselves in that situation. The goal of this question is to let the clients perceive the reality without cognitive distortions. They can also experience the difference in this emotional experience with and without the stressful thought.

no. 3 and 4 deal with the utility of it (Byron, 2002).

In the *turnarounds*, the clients are invited to experience a different interpretation of the reality as they perceive it by changing the original statement to opposite statements. The unconscious becomes conscious, often in a flash of deep emotional insight (Woods, Harms and Vazire, 2010). For instance, if the original thought is 'She is rejecting me', possible turnarounds can be: 'I am rejecting myself' (turnaround to the self), 'She is not rejecting me' (turnaround to the opposite), 'I am rejecting her' (turnaround to the other). Turning around the cognition is only possible after the clients have answered questions 1 to 4. After each turnaround, the clients are asked to provide genuine and specific examples (proofs, experiences) in which the turned around statement is as true or even more true as the original thought. The goal of the turnarounds is to let the clients explore whether the belief they have projected on the outside world can clarify aspects about themselves. In other words, to examine if and how they unconsciously act in the same way as the person they condemn or judge (Byron, 2002).

The format of the four questions and turnarounds encourages clients to recognize the impact of thinking on negative feelings and behaviors. It helps them to avoid familiar (and undesirable) thinking patterns and to doubt the cognition's credibility, hence gaining a new and broader perspective (London, 2008).

According to Gaanderse (2013), people perceive the world in a distorted way based on their convictions. They perceive others subjectively and think that other people think, feel and act as they do (Gaanderse, 2013). This selective perceiving occurs during global personality assessments (Srivastava, Guglielmo and Beer, 2010) as well as during context- and behavior-specific assessments (Woods, Harms and Vazire, 2010). For example, we can only see dishonesty in others if we know how it is

to be dishonest. After this selective perceiving, the distorted belief gains strength through 'priming'. Priming is an implicit memory effect in which exposure to a stimulus influences judgments to a later stimulus. Rotenberg et al. (2005) found that people are more likely to seek confirmation of what they expect or already know rather than to deny it. They repeatedly see own projections instead of perceiving reality (Walen, DiGiuseppi and Dryden, 1980). Bargh and Ferguson (2000) reported that subjects who were exposed to primed characteristics perceived those characteristics more easily in others. When the facilitators of IBSR ask the clients to turn the belief around, the clients are initially likely to deny its reliability. However, when the clients are asked to find an example for the turnaround, they will eventually find it because the opposite of that belief has truth in it as well. They discover something new and their knowledge expands. The mention of more examples leads to more priming and this process enhances the discovery of more and more examples for the new perspective and a further change in the experience. As a result, the selective perceiver effect is invalidated.

IBSR does not require any intellectual, therapeutic or philosophical preparation, but merely the will to discover one's own truth. The technique allows clients to gain insight into their unconscious projections without being blocked by the shame against which they usually need to defend themselves (Hidalgo and Coumar).

2.1 Individual Practice

Homework assignments are standard practice of IBSR as in cognitive-behavioral approaches (Linehan, 1993). Homework may include finding more examples of turnarounds or questioning another cognition from the JYN worksheet. For this purpose, the clients are given a 'One belief at a time' worksheet (OBAAT: Appendix 2) (Byron, 2002) that guides them step-by-step through the four questions and the

turnarounds. The clients can complete their inquiry of the stressful beliefs that are listed on the JYN worksheet.

The clients can identify and question their thoughts at home. It is often not necessary to assign homework since clients tend to report using IBSR by themselves between sessions (Byron, 2002). This is probably because the benefits of IBSR are so apparent during the sessions and because the process is so simple that clients spontaneously start using it in-between meetings (Woods, Harms and Vazire, 2010). The questions and the turnarounds continue to have an impact after the sessions, leading to new insights and to the integration of the new emotional perspective of a situation. Appendix 3 includes a case study illustrating the method and its process.

2.2 Therapeutic Attitude

The facilitators' task is to encourage clients to answer the four questions and to make the turnarounds. They do not try to convince or persuade their clients but rather refrain from giving advice. The facilitators need to listen to the thoughts in an authentic and sensitive way. They trust the clients' wisdom and their ability to find their own answers, i.e., the ones that are true for them. They do not delve into the clients' answers, but continue to ask the questions about the original cognition, until it is explored thoroughly. The answers given by the clients are mainly intended to be meaningful for them. If the clients defend or justify themselves instead of answering the questions, the facilitators direct them back to the initial purpose by reminding them that IBSR stops being effective when words like 'because' or 'but' or any expression of justification or defense are involved (Hayes, Strosahl and Wilson, 2012).

2.3 Differences between IBSR and CBT

CBT and IBSR share the core assumption that suffering is caused by stress-evoking and irrational thoughts regarding people, places and various

situations and that these thoughts should be identified and examined in terms of validity and functionality. Both of the techniques focus on the 'Here and Now' and look for ways to improve current states of mind now, rather than focusing on the causes of the distress or symptoms in the past (Hidalgo and Coumar). However, there are fundamental differences between these techniques in the activated cognitive process and the mental attitude that is required from the client (Byron, 2002, 2005, 2007).

In CBT, the goal is to challenge problematic beliefs in a rational way by employing methods such as cognitive reconstructing or disputing. The basic assumption is that people can control and choose their own thoughts and actions (Hidalgo and Coumar). In IBSR, the goal is to 'meet stressful thoughts with understanding' and no judgment (Hidalgo and Coumar). The technique assumes that it is futile to try to control thoughts and beliefs, but rather to question them in order to gain a deep and genuine understanding (Hidalgo and Coumar). The principle of the first two questions of IBSR is similar to the CBT approach- questioning the validity of the cognitions. The fourth question ('How would you be without that thought?') is significantly different since it demonstrates the understanding that thoughts are random events in people's awareness, which can occur or disappear and hence, are not an absolute truth (Hidalgo and Coumar). In IBSR, the inner wisdom is addressed rather than the rationality. Linehan (1993) labeled it 'Wise Mind' in the Dialectic Behavioral Therapy, describing it as an integration of all kinds of knowing, such as observation, logical analyses, kinesthetic and sensory experiences, behavioral learning and intuition. 'Wise Mind' is a part of each person that knows and experiences truth- where people know something to be true or valid. It is usually quiet and characterized by having a certain peace. The insights and the discoveries emerging from this Wise Mind feel like an emotional insight, a

'Aha!' moment or a 'felt shift'(Linehan, 1993).

3. Clinical Evidence of IBSR

In this section, studies that examined the effectiveness of IBSR on various psychological parameters in clinical and non-clinical samples will be reviewed.

Lev-Ari et al.'s (2013) conducted a prospective pilot clinical trial, which assessed the feasibility and effectiveness of the IBSR in improving psychological and physical well-being in 29 breast cancer survivors. The intervention consisted of 12 weekly group sessions and an individual practice. The participants completed the following instruments before and after the intervention: the Pittsburgh sleep quality inventory, functional assessment of cancer therapy- fatigue scale and functional assessment of cancer therapy-breast scale. Sleep quality, levels of fatigue as well as physical, social, familial, emotional and functional well-being improved significantly after the intervention, and no adverse effects were reported at any time. These results suggest that IBSR intervention is effective and feasible for that population.

A non-controlled pilot clinical trial evaluated the effect of IBSR on psychological symptoms in a non-clinical sample of 47 individuals who participated in a 9-day workshop. Symptom Checklist-90 Revised (SCL-90-R) was used to evaluate the participants' perception of impairment in nine primary physical and psychological dimensions: somatization, obsessive compulsiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. Participants completed the questionnaire on three occasions: before the IBSR intervention, at the completion of the intervention and three months post-intervention. The results showed that IBSR intervention significantly reduced seven out of the nine SCL dimensions: depression ($p < 0.001$), anxiety ($p = 0.003$), interpersonal sensitivity ($p = 0.003$), hostility ($p < 0.001$), obsessive-

compulsiveness ($p < 0.001$), paranoid ideation ($p < 0.001$) and psychoticism ($p = 0.011$). All but one of the dimensions (hostility) remained significantly low at the 3-month follow-up evaluation. These results demonstrated that IBSR is a beneficial intervention for reducing a wide range of psychopathologic symptoms in a non-clinical sample (Leufke et al., 2013).

Another study assessed the effect of IBSR on quality of life and psychological symptoms in a non-clinical sample. Participants ($n = 207$) enrolled in a 9-day training course at 'The School for the Work' and completed a set of self-administered measures on three occasions: before the course, at the course completion and 6 months after the course completion. Significant positive changes between baseline and 6-month follow-up were found in all of the following measures: Beck's depression inventory ($t=10.24$, $p < 0.0001$), subjective happiness scale ($t= -9.07$, $p < 0.0001$), quality of life inventory ($t= -5.69$, $p < 0.0001$), quick inventory of depressive symptomology ($t= 9.35$, $p < 0.0001$), outcome questionnaire ($t=11.74$, $p < 0.0001$), trait anger expression ($t=7.8$, $p < 0.0001$), state anger expression ($t=3.69$, $p = 0.0003$), state anxiety ($t=11.46$, $p < 0.0001$) and trait anxiety ($t=10.75$, $p < 0.0001$) (Smernoff et al., 2015).

Mitnik and Lev-ari (2015) assessed the effect of a 9-day IBSR workshop in a sample of 58 volunteers. Participants completed the following measurements before and after the intervention: satisfaction with life (SWLS), sense of coherence (SOC), self-esteem scale (SES) and Mental Health Inventory (MHI). A significant improvement was obtained in all measures after the intervention. SWLS improved from 21.6 to 25.07 ($p < 0.001$), as well as SOC subscales (comprehensibility 4.05 to 4.55, $p < 0.001$; manageability 4.39 to 4.9, $p < 0.001$; meaningfulness 4.58 to 5.07, $p < 0.001$). SES improved from 17.61 to 21.56 ($p < 0.001$) as well as MHI (well-being subscale 4.34 to 4.87, $p < 0.001$; distress subscale 3.42 to 2.79, $p < 0.001$).

These results demonstrate the potentially beneficial effects of 'The Work' technique as an interventional method for improving psychological scales and promoting mental health in the general population.

Gaanderse (2013) examined the effectiveness of IBSR in reducing stress and negative affect towards others in conflict and in social situations. Effectiveness was measured by the Dutch Perceived Stress Scale (PSS) and the Positive Affect Negative Affect Schedule (PANAS). The study included 74 volunteers who were divided into three groups: an experimental group (IBSR), an alternative condition group (a writing assignment to describe a negative situation from their standpoint and from that of another person) and a control group (a waiting list). Implementation of IBSR was effective in the reduction of stress and negative affect in comparison to the pre-measures and the post-measures of the control group and the alternative condition group.

A study conducted on Israeli *BRCA1/2* mutation carriers assessed the effect of the IBSR technique on quality of life and psychological parameters. Sixty-seven participants were randomly assigned into intervention and control groups. The intervention program included 12 weekly group meetings and an individual weekly practice of the IBSR technique. The Pittsburgh sleep quality inventory (PSQI), brief symptom inventory (BSI), cancer-related worries (CRW) and perceived family support (PSS-FA) were completed at the beginning and at the completion of the intervention. Inter- and intra-group differences were calculated at both time points. The results demonstrated a significant improvement in perceived family support in the intervention group compared with the controls. The effect size of difference between groups was 2.045 CI 95% (0.220-3.870) ($p= 0.029$). In the intervention group, there was an improvement in sleep quality (average 7.48 ± 3.98 to 5.42 ± 3.64) and cancer-related worries (average 2.08 ± 0.62 to 1.96 ± 0.81), however, these differences were not significant. Clinical distress

levels were similar for all the participants (Landau et al., 2014).

A prospective intervention study with a control group assessed the effect of IBSR on burnout and well-being among Israeli high-school teachers. The teachers in the intervention group completed a 12-weeks workshop. All the participants completed the following questionnaires before and after the intervention: Maslach burnout inventory; Perceived stress scale; Positive and negative affect scale; Depression, anxiety, stress. The results demonstrated a significant improvement in burnout levels in the scales of emotional exhaustion (15.95 to 17.38) and personal accomplishment (21.91 to 22.83) in the intervention group, and these differences were significantly different compared with the control group ($p<0.05$). A decrease was found in the perceived stress in the intervention group (27.73 to 22.36). However, this difference was not significant ($p=0.112$). The affect and clinical symptoms levels were similar for all participants (L. Schnaider-Levi et al., 2015, submitted for publication).

Finally, Landau et al.'s qualitative study demonstrated that the implementation of the IBSR technique in a population of *BRCA* carriers improved various emotional and interpersonal aspects related to the concept of psychological well-being. The intervention strengthened the women's self acceptance, their relationships with significant others and their ability to attend personal needs and manage their surroundings. In addition, women reported a sense of personal growth after the intervention in terms of increased confidence, motivation and a new positive life perspective (C. Landau et al., 2015, submitted for publication).

4. Critique on the IBSR method

The preconditions for IBSR are the same as those that are required in regular cognitive therapy: clients must realize that their thinking is the cause of their emotions and behaviors and they must be willing to examine their thoughts. However, the efficacy of the technique

lies in the willingness of the clients to 'look inside themselves' and to honestly find answers during the inquiry process. The same applies to the turnarounds. If the clients start to defend or justify themselves, the process is stymied. One additional pitfall is that clients could feel overwhelmed by the turnarounds. They could feel guilty or ashamed and might start to blame themselves. The facilitators should help the client deal with these negative feelings by making it clear that they did not act consciously or with bad intentions. These self-reproaching thoughts may also be questioned by IBSR.

IBSR requires the facilitators not to deviate from the fixed questions. They should not paraphrase, summarize, teach, discuss or convince. They must trust the wisdom of the clients, simply ask the questions, and give their clients a free hand to respond. The facilitators must question their own thoughts in order to be able to recognize the ones that are untrue, irrational and dysfunctional. As such, a pitfall on the part of the facilitators could be the urge to interfere with the content. If they try to push the clients in a certain direction, the insights will turn out to be the facilitators' and the method loses its credibility. The facilitators might also be moving too fast, causing the clients to feel misunderstood or not feeling a sense of empathy with his distress.

5. Conclusions

The current article explored the therapeutic process of Inquiry-Based Stress Reduction meditation technique. It reviewed the clinical evidence regarding the techniques' effectiveness in improving psychological well-being and quality of life in various clinical and non-clinical samples. Despite several limitations and pitfalls of the technique, the findings demonstrated the clinical efficacy of IBSR as a tool for promoting mental health and enhancing psychological well-being.

Implementation of the technique is appropriate in situations where the

distress is caused and maintained by dysfunctional and/or distorted thinking. IBSR can be used as an alternative approach with its own specific power when the questioning of thoughts in the more traditional way is indicated. In addition, it is possible to combine the practice of IBSR with CBT or with mindfulness therapies. The combination of IBSR with CBT may lead to immediate emotional insight and a permanent decrease in irrationality. Its combination with mindfulness therapies may cause the returning vicious circles of thoughts and feelings to lose their power and credibility, making it easier to observe them without believing in them. It is highly recommended that more randomized controlled trials will be carried out in order to further examine the effectiveness of the technique and to better understand its processes and potential contribution. The resultant evidence-based data will encourage potential facilitators to implement the technique as a tool for improving clients' well-being and quality of life.

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Appendix 1. 'Judge Your Neighbor' Worksheet*



Judge-Your-Neighbor Worksheet

Judge your neighbor • Write it down • Ask four questions • Turn it around

Think of a recurring stressful situation, a situation that is reliably stressful even though it may have happened only once and recurs only in your mind. Before answering each of the questions below, allow yourself to mentally revisit the time and place of the stressful occurrence.

1. In this situation, time, and location, who angers, confuses, or disappoints you, and why?

I am _____ with _____ because _____
emotion name

Example: I am angry with Paul because he doesn't listen to me about his health.

2. In this situation, how do you want them to change? What do you want them to do?

I want _____ to _____
name

Example: I want Paul to see that he is wrong. I want him to stop smoking. I want him to stop lying about what he is doing to his health. I want him to see that he is killing himself.

3. In this situation, what advice would you offer to them?

_____ should/shouldn't _____
name

Example: Paul should take a deep breath. He should calm down. He should see that his actions scare me and the children. He should know that being right is not worth another heart attack.

4. In order for you to be happy in this situation, what do you need them to think, say, feel, or do?

I need _____ to _____
name

Example: I need Paul to hear me. I need him to take responsibility for his health. I need him to respect my opinions.

5. What do you think of them in this situation? Make a list.

_____ is _____
name

Example: Paul is unfair, arrogant, loud, dishonest, way out of line, and unconscious.

6. What is it in or about this situation that you don't ever want to experience again?

I don't ever want _____

Example: I don't ever want Paul to lie to me again. I don't ever want to see him smoking and ruining his health again.

The four questions

Example: Paul doesn't listen to me about his health.

1. Is it true? (Yes or no. If no, move to 3.)
2. Can you absolutely know that it's true? (Yes or no.)
3. How do you react, what happens, when you believe that thought?
4. Who would you be without the thought?

Turn the thought around

- a) to the self. (I don't listen to myself about my health.)
 - b) to the other. (I don't listen to Paul about his health.)
 - c) to the opposite. (Paul does listen to me about his health.)
- Then find at least three specific, genuine examples of how each turnaround is true for you in this situation.

The turnaround for statement 6:

I am willing to _____ (Example: I am willing to have Paul lie to me again.)

I look forward to _____ (Example: I look forward to having Paul lie to me again.)

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Belief you are working on: _____

4. Who would you be without the thought?
Who or what are you without the thought?

Turn the thought around.
Example of a statement:
He hurt me.

Possible turnarounds:

1. To the self. (*I hurt me.*)
2. To the other. (*I hurt him.*)
3. To the opposite.
a) (*He didn't hurt me.*)
b) (*He helped me.*)

Then find at least three specific, genuine examples of how each turnaround is true for you in this situation.

(For each turnaround, go back and start with the original statement. Do not turn around a statement that has already been turned around. For example, "He shouldn't waste his time" may be turned around to "I shouldn't waste my time," "I shouldn't waste his time," and "He should waste his time." Note that "I should waste my time" and "I should waste his time" are not valid turnarounds; they are turnarounds of turnarounds rather than turnarounds of the original statement.)

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Appendix 3. Case Study

The client is a middle-aged woman who lives with her husband. She is verbal, restless, judgmental and in desperate need for approval. She easily feels guilty. Her husband is more relaxed and not as verbal. The client complains about her bad mood, low self-esteem and feelings of anxiety and insecurity.

In one of the sessions, she spoke about feeling constantly rejected by her husband. At the facilitator's request, she filled in a worksheet about her husband:

Situation: I invited my husband Bob for a walk and he said 'No'. Earlier that day, I offered to make soup and he said it was too hot for soup.

1. I am angry with Bob because he rejects me.
2. I want Bob to say 'Yes' to my requests and not always say 'No'. I want him to be enthusiastic and open-minded.
3. Bob should think first before he answers. He should relax, realize how much I do for him, and consider my feelings.
4. I need Bob to support me, to appreciate my actions, to connect with me, to tell me that he is not angry with me.
5. Bob is stubborn, negative, difficult, closed.
6. I never want to experience feeling rejected by him.

Verbatim report regarding IBSR on the first statement 'Bob rejects me':

C = Client, F = facilitator

F: In that situation, when you invited Bob to go for a walk and he said 'No', Bob rejects you, is it true?

C: (Immediately) Yes.

F: Bob rejects you; can you absolutely know that it is true?

C: (Quickly) It feels so, the way, the tone he said 'No'.

F: Please go inside. Do not answer immediately from your mind. Wait until an answer comes from inside. Can you absolutely know that it is true that Bob rejects you? Answer with only Yes or No.

C: No.

F: In that situation, how did you react? What happened when you believed the thought 'Bob rejects me'?

C: I felt very angry. I also felt sad. I do not like him at all. I hate him.

F: What physical sensations arise, when you think the thought 'Bob rejects me'?

C: I feel it here (points at her stomach). Like a punch. I also feel it in my eyes, as if tears are coming. I feel sick.

F: How do you treat Bob when you believe the thought 'Bob rejects me'?

C: I want to punish him. I decide to never offer or ask him anything. I give him the look. I turn away. I wonder why I married this man.

F: And how do you treat yourself when you believe the thought 'Bob rejects me'?

C: How do I treat myself?

F: Yes, how do you treat yourself when you believe the thought 'Bob rejects me'?

C: I feel sad. I think of all the other times with him that he rejected me, that I felt rejected by him. I feel miserable. I wonder why he does this. I wonder what I did wrong.

F: (Writing down 'I did something wrong', to question later.) The thought 'Bob rejects me', does it bring peace or stress into your life?

C: A lot of stress.

F: What images do you see when you believe the thought 'Bob rejects me'?

C: I see many other moments with him that I felt rejected. Many. When I felt rejected and not understood. It happens often.

F: What obsessions or addictions begin to manifest when you believe the thought 'Bob rejects me'?

C: I am going to eat something sweet. I keep on thinking about it. I want to drink something strong.

F: 'Bob rejects me', in that situation, who would you be without that thought?

C: I would not mind. It would be fine with me. Maybe I would call a friend, or go for a walk by myself. I would not feel sad. I would not be angry.

F: Close your eyes and observe. Who or what would you be in that situation, when he said 'No', without the thought 'He rejects me'?

C: I would be fine. I can understand that he does not want to go out, that maybe he is tired. It would be OK. I would accept his 'No'.

F: 'Bob rejects me'. Turn the thought around to the self: put 'I' and 'me' in the sentence.

C: 'I reject me?'

F: Yes, I reject me/myself. Give me examples of how that is true, in that situation.

C: I reject me. Yes, I blame myself for having asked him.

F: Do you have another example for 'I reject me'?

C: I reject myself. I think he says 'No' because I did something wrong.

F: And another example for 'I reject me'?

C: I feel hurt by his 'No', but I don't deal with this sad feeling. I do not comfort myself. Then in a way, I reject myself.

F: OK. 'Bob rejects me'. Now turn the thought around to the other: by exchanging Bob and me.

C: 'I reject Bob'?

F: Yes, I reject Bob. Give examples of how you reject Bob.

C: I am angry with him because of his 'No'. I do not accept his 'no'. I am not interested in him and his feelings at that moment. I want to push him away.

F: 'Bob rejects me'. Now turn the thought around to the opposite, put 'not' in the sentence.

C: Bob does not reject me. Hmm... Bob does not reject me. Yes, that could be true. Maybe he did not reject me; maybe he just did not want to go for a walk. Yes, a few moments later he asked if I wanted tea. Hmm...

F: Can you find another example for 'Bob does not reject me'?

C: Bob does not reject me... Yes, he did not say that I have to go away. He did not say that I should not have invited him.

When the facilitator asked the client which turnaround she wanted to fulfill, the client said that she had become aware that she rejects herself and that is what hurts the most. She promised to take better care of her feelings and to not interpret Bob's 'No' so negatively. A week later, she returned with five examples of feeling rejected and realized that it was she who rejected herself and Bob. At the moment she realized that, she started comforting herself and she could see that his 'No' had nothing to do with her.