

# MINDFULNESS

*Do not dwell in the past; do not dream of the future, concentrate the mind on the present moment.*

-Buddha



## Primary reading

- Baer 2003 - Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review

(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)  
(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)

- Roemer 2003 - Mindfulness: A Promising Intervention Strategy in Need of Further Study

(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg020/pdf>)  
(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg020/pdf>)

## What is it?

Mindfulness is the anchoring of your attention to the present. It means focusing solely on what you are doing at any one time, for instance if you are walking somewhere your only thoughts should be of walking. This does not mean that intrusive thoughts are to be suppressed; they should be acknowledged non-judgmentally and not dwelled upon. It is therefore the practice non-judgmentally observing stimuli (both external & internal) as they arise.

Mindfulness interventions are becoming increasingly popular ideas, and are being considered in the treatment of a number of disorders. These interventions can be implemented on their own or as part integrated treatment plan. It has been considered for the treatment of:

- Chronic Pain
- Anxiety Disorders
- Post-Traumatic stress disorder
- Substance addiction (Relapse Prevention)
- Depression
- A number of pervasive illnesses such as Cancer (Quality of Life)
- Eating Disorders

A number of published papers indicate that mindfulness training could be beneficial for a number of conditions. Casellas-Grau (2014) conducted a review paper of positive psychological methods utilized in those with breast cancer; across the papers it was shown that their were significantly higher quality of life in those who underwent mindfulness training. There is evidence to suggest those with: chronic pain; General anxiety disorder and binge eating saw a positive effect on symptoms and quality of life, after receiving Mindfulness training (Baer 2003).

*However it should be noted that the methodology of many these studies have been called under scrutiny due to methodological issues; the most common problem was the lack of a control group; it is unclear if the positive effects could be the result of a placebo effect or even the passage of time. It is there important to conduct randomized control studies to analyse the true effectiveness of Mindfulness training (Roemer 2003).*

## The history

Mindfulness can find its beginnings in the traditions of Theravada Buddhism, which is mostly practiced in southern Asia; having particularly strong followings in Thailand, Sir Lanka and Burma. This particular sect holds very true, to the original teachings of the Buddha. Very different from the Abrahamic religions of the west, Theravada Buddhism preaches no omnipresent god or divine revelation; instead it focuses on personal enlightenment and transcendence. This is achieved

through the practice of meditation, the two most important being the Samatha & the Vipassana. Samatha meditation focuses on relaxing the mind and elevating it to new levels of consciousness; it is from this form of meditation we get what understand as mindfulness. If you would like to know more about Theravada Buddhism please follow the link below.

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([http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada\\_1.shtml](http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml))[http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada\\_1.shtml](http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml)  
([http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada\\_1.shtml](http://www.bbc.co.uk/religion/religions/buddhism/subdivisions/theravada_1.shtml)))

Mindfulness in the context of medical practice does not hold any of the original religious or cultural traditions. The introduction of the philosophy to the west can mostly be attributed to single women; the psychologist Ellen Langer. She has published a wealth of papers on the topic as well as a number of books and can be seen as one of the major driving forces behind discipline. She developed the Langer's cognitive model of Mindfulness. For more information about Ellen Langer and her work please follow the link below.

(<http://www.ellenlanger.com/about/>)<http://www.ellenlanger.com/about/> (<http://www.ellenlanger.com/about/>)

However the most prominent and cited name in the field of positive psychology is Dr. Jon Kabat-Zinn. He is accredited for the development of the Mindfulness Based Stress Reduction therapy (MBRS), which is aimed at those with chronic pain and stress related disorders. The basic principles of the therapy are: Guided meditations; a focus on the present and to think of thoughts and sensations as transient. Many of the later developed mindfulness interventions find their foundations in MBRS. Kabat-Zinn is man often praised for truly popularising mindfulness; for more information of Kabat-Zinn and (MBRS) please follow the link below.

(<http://www.umassmed.edu/cfm/stress/index.aspx>)<http://www.umassmed.edu/cfm/stress/index.aspx> (<http://www.umassmed.edu/cfm/stress/index.aspx>)

### **The Applications**

The increasing interest in Mindfulness clinical applications has seen a number of stand-alone and combination interventions be developed. They are be applied to a variety of different disorders and are being utilized by both clinical and health psychologists. Here is a short list of some of the interventions utilizing Mindfulness:

- Mindfulness Based Stress Reduction
- Mindfulness Based Cognitive therapy
- Dialectical Behavioural Therapy
- Acceptance & Commitment Theory
- Relapse Prevention

This list is of some of the best known, and most researched interventions which utilize mindfulness. If further research can show the benefits of Mindfulness it could provide a side effect free and cheap treatment for a number of disorders. For more information on the above listed intervention please refer to Bear 2003 paper.

(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>  
(<http://onlinelibrary.wiley.com/doi/10.1093/clipsy.bpg015/pdf>)

### **Is it really anything new?**

A number of areas in positive psychology are often accused of simply remarketing old, well established psychological techniques as new; so where does mindfulness stand on this issue.

With its preoccupation on thoughts the first comparison we should make, is between CBT and Mindfulness. Although the two interventions have certain similarities, we should note there are some distinct differences between the two. Firstly Mindfulness does not include evaluation of thoughts; in mindfulness thoughts and feelings are simply observed, they are not labelled as rational or distorted and the aim of mindfulness is not thought suppression. CBT is usually conducted with a certain goal to achieve, in mindfulness tasks are set but there is no aim. In essence CBT is preoccupied with changing the content of thoughts, while mindfulness try's to change our relationship with thoughts. It is therefore unfair to try and paint mindfulness as simply revamped CBT (Baer 2003).

It could be argued that mindfulness bears a lot of rebalance to theories of focused attention, which are common in therapies which utilize techniques such as focused breathing, however although there is overlap in area. It's really the Non-judgmental observation of thoughts and feelings which is at the heart of the theory, and thus can be considered different form Attention. However one area that bears remarkable resemblance to mindfulness, is the Metacognitive awareness aspect of Cognitive therapy. Both theories talk about building a decentred relationship with one's own thoughts; for instance you would say "I am having the thought that I am worthless" rather than stating "I am worthless". Both theories try to show that thoughts are transient and separate from the self (Roemer 2003).

Mindfulness seems to overlap with a number of different interventions; so is it truly an intervention in its own right? Or is it merely traditional techniques with a new wave feel? Perhaps this is the wrong question to be asking. It has been shown that it is the therapy process rather than the actual content which often accounts for most of the success in any intervention, and if individuals find it easier to engage in this format, does it matter if it is re-boxed techniques?

### **Practical exercise**

Now that you know all about Mindfulness why not try a guided mindfulness meditation for yourself. This should give you the chance to evaluate the techniques often used first hand, and may help beat some of that Maxi and exam stress.

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#### **References**

- Bear R, A,. Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review (2003). *Clinical Psychologist: Science and Practice*. 10. 2. 125-143
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- Roemer, L., Orsillo, S, M,. Mindfulness: A Promising Intervention Strategy in Need of Further Study (2003). *Clinical Psychologist: Science and Practice*. 10. 2. 172-178