

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
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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>
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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

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