

# The mindfulness approach

## Promises and perils in the twenty-first century

MINDFULNESS HAS ITS ROOTS IN A 2,500 YEAR-OLD TRADITION

**Olivier Bazin and Willem Kuyken** look at the strengths and problems associated with a mindfulness approach

PsychologyReviewExtras



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The word 'mindfulness' seems to be everywhere. From prisons to parliament, corporations to health services, schools to the military, mindfulness is increasingly being applied in sectors around the globe and across the human lifespan. A few book titles based on,

or inspired by, the contemporary mindfulness movement include: *Mindful Birthing*, *The Mindful Child*, *The Mindful Teen*, *Mindful Work*, *The Mindful Way Through Stress* and *Mindful Eating*, to name but a few.

This explosion of interest in mindfulness has occurred alongside an exponential increase in the number of scientific publications in the field (see Figure 1). In this article, we outline the evidence for mindfulness as an effective approach in both clinical and everyday settings. What does the field promise, and what limitations and perils does it present?

### Mindfulness past and present

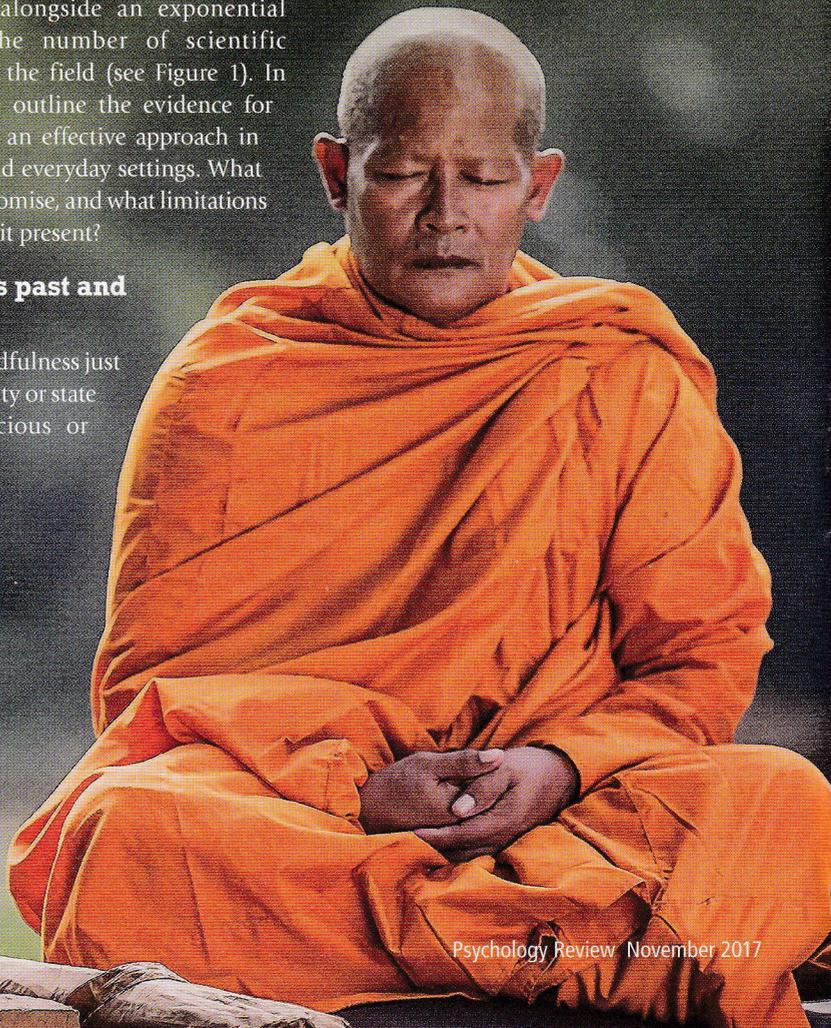
In the past, mindfulness just meant 'the quality or state of being conscious or

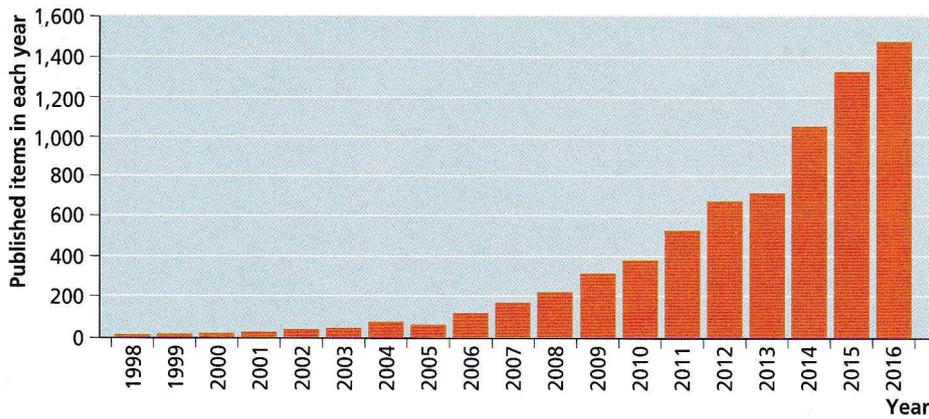
aware of something'. This remains its primary definition in the *Oxford English Dictionary* (OED online). But its global appeal is associated with another meaning, which has largely arisen from the integration of an ancient practice of meditation into Western health-care settings. In this context, mindfulness has its roots in a 2,500 year-old tradition, based on early Buddhist teachings.

### Signposts



mindfulness, depression, psychotherapy, publication bias





Source: Data obtained by using search term 'mindfulness' in the Web of Science database, 23 February 2017

**Figure 1** Number of scientific mindfulness publications since 1998

The term 'mindfulness' has been used to describe the following: a psychological state of awareness, a practice that promotes this awareness, a psychological process and a character trait. One of the most commonly cited definitions for mindfulness comes from Jon Kabat-Zinn, arguably the father of the modern mindfulness movement. He defines it as the awareness that arises through 'paying attention in a particular way: on purpose, in the present moment, and non-judgmentally' (Kabat-Zinn 1994).

Although the contemporary mindfulness movement draws from an ancient tradition, we shall refer to these separately, as 'contemporary' and 'traditional' mindfulness. In the traditional context, mindfulness represents a key step on the pathway to 'awakening' (more commonly known as 'enlightenment'), according to the earliest recorded teachings of the Buddha. These teachings were concerned with understanding and uprooting the causes of distress, and developing a penetrating insight into the nature of the mind and how it operates.

By contrast, in the contemporary movement, mindfulness is seen as a therapeutic tool for managing life. This current trend is largely attributable to a remarkable increase in interest in 'mindfulness-based interventions' (MBIs) since the late 1970s. The most notable examples of MBIs are Mindfulness-Based Stress Reduction (MBSR), developed by Jon Kabat-Zinn,

and Mindfulness-Based Cognitive Therapy (MBCT), developed by Zindel Segal, Mark Williams and John Teasdale.

### Mindfulness in clinical settings

In his pioneering work in the 1980s, Kabat-Zinn integrated mindfulness into a standardised 8-week group treatment programme, which was initially used among chronic pain patients in a university hospital near Boston, USA. Mindfulness was stripped of its religious connotations and rituals, and made accessible to a Western audience.

In the 1990s, Teasdale, Williams and Segal developed MBCT by adapting MBSR for chronic depression. MBCT, employing a similar 8-week group format, was designed as a maintenance therapy for recurrent depression, to be delivered to patients while they are in remission. Both MBSR and MBCT combine attention and awareness training designed to nurture more objective or 'decentred' relationships to negative thoughts, feelings and body sensations associated with difficult, unpleasant or stressful events.

### Supporting evidence

So far, there has been strong evidence that mindfulness-based programmes lower anxiety, depression and stress. They can also help people cope with illness and pain. Certain studies have shown that mindfulness practice increases positive mood states, and nurtures compassion for self and others. Mindfulness may also improve some forms of attention and memory, although findings are mixed. There is also some initial evidence that practising mindfulness has measurable effects on the brain.

### MBCT and depression

The strongest evidence accumulated to date has been on the use of MBCT for recurrent depression. Depression is typically a chronic condition which, without ongoing treatment, has a high risk of relapse (a full return of symptoms after remission has occurred, but before recovery has taken place) and recurrence (a new depressive episode after a period of sustained recovery).

Since MBCT was developed, its efficacy has been demonstrated in a number of studies. For example, research combining data from six different studies showed that, on average, MBCT reduced risk of relapse in patients with three or more prior episodes by 43% relative to treatment as usual. More recent research suggests that MBCT is as effective as antidepressants, the current standard of care on the NHS. MBCT also seems to be as effective as the current psychological approaches (e.g. cognitive behavioural therapy) used for people with recurrent depression.

The recent trend for colouring can be seen as an example of 'McMindfulness' — presenting mindfulness as a quick (and profitable) fix



RECENT RESEARCH SUGGESTS THAT MBCT IS AS EFFECTIVE AS ANTIDEPRESSANTS, THE CURRENT STANDARD OF CARE ON THE NHS



High quality research is required into mindfulness in workplace and education settings

So there is no convincing evidence that MBCT is *more* beneficial than current standards of care in chronic depression. But there is no such thing as a 'one-size-fits-all' approach in individual healthcare. The tremendous advantage of the current state of research is that MBCT provides a valuable additional option for people against chronic depression, the second leading cause of disability in the world, that was not widely available a couple of decades ago.

### Mindfulness in non-clinical settings

Overall, MBIs among healthy individuals have shown positive effects on wellbeing and stress reduction.

### Mindfulness in the workplace

MBIs in workplace settings have become increasingly popular as an approach to sustain a healthy workforce. Large organisations, such as Google, Apple, Sony, Ikea and the UK government's Department of Health, have adopted mindfulness or meditation among the packages they offer to their employees. Yet, so far, mindfulness in the workplace is an area where the excitement in the field has outstripped the research evidence.

It is also important to explore the context, and question the agendas, behind the organisational use of mindfulness. As Will Davies, author of the *Happiness Industry*, writes: 'Rather than removing the source of

stress, whether that's unfeasible workloads, poor management or low morale, some employers encourage their staff to meditate: a quick fix that's much cheaper, at least in the short term.' (Davies 2016)

Yet mindfulness is not a quick fix. It requires time and patience to cultivate. The increasing adaptation and dilution of mindfulness to meet corporate demands and short-term gains has led some traditional mindfulness proponents to label MBIs as a form of 'McMindfulness'.

### Mindfulness in schools

The literature from educational settings suggests that mindfulness is generally associated with positive outcomes. There is inconsistency in the quality of the studies, however. So further research is needed, particularly high-quality randomised controlled trials (RCTs), where participants are randomly allocated to a control or treatment group. The University of Oxford is currently leading a large scale RCT that will provide a more definitive answer on whether mindfulness training in schools can effectively promote young people's mental health and resilience.

### MBIs: limitations and perils

#### Publication bias

The exponential increase in academic mindfulness publications has enabled many systematic reviews to be carried out, providing strong evidence about the benefits of MBIs. Yet such reviews can be made less reliable by the problem of publication bias, which arises when studies that have shown negative or non-significant results remain unpublished.

In a recent study on the reporting of RCTs of MBIs, Coronado-Montoya et al. (2016) found that 109 (88%) of 124 published trials concluded that a MBI was effective. This was

1.6 times greater than the expected number of positive trials based on the observed effect size in the MBI literature. Furthermore, of 21 trial registrations, 13 (62%) remained unpublished 30 months post-trial completion. If many studies have not been published due to negative results, it is possible that overall positive effects reported in systematic reviews are exaggerated.

Publication bias is certainly not limited to mindfulness research, representing a major issue in healthcare literature as a whole. Greater registration of MBI studies is required before results come out, specifying in advance which of the outcomes will be used to evaluate success. Study investigators then need to publish their work regardless of the findings.

#### Lack of inclusivity

In most cases, studies are limited by the composition of participants recruited. Many studies are not fully representative of the population, especially with regard to ethnicity. As such, it is often impossible to confirm whether the benefits of MBIs would translate to more diverse populations. The lack of ethnic and racial diversity in mindfulness study samples, and populations taking part in courses more generally, is an issue in the field as a whole.

#### Teaching and training integrity

The field is only just beginning to develop good practice guidelines and listings of qualified teachers. In the absence of a formal accreditation process for mindfulness teachers, there is a risk of losing the essence of what mindfulness is about. Indeed, some forms of 'mindfulness' being taught around the world appear closer to a form of attention training. Mindfulness is not the cold stare of attention, however, but an awareness imbued

IT IS POSSIBLE THAT OVERALL POSITIVE EFFECTS REPORTED IN SYSTEMATIC REVIEWS ARE EXAGGERATED

## MINDFULNESS IS NOT THE COLD STARE OF ATTENTION

with a willingness to welcome, accept and befriend all experience.

Teachers play a vital role in embodying the inherent qualities of mindfulness, and have a responsibility to preserve the integrity and authenticity of mindfulness, which includes its traditional roots. Any MBI should be adopted and disseminated with compassionate intent, humility and gratitude. Concerns should also be raised if teachers forget to be students themselves, losing their enthusiasm for what is really a life-long journey.

### Is mindfulness safe?

Any health intervention which has the potential to be therapeutic may also involve risk. If, as the evidence shows, MBIs can have powerful effects on one's health and risk of illness, it should not be impossible for these to have negative as well as positive impacts.

Opportunities to explore mindfulness practices are now widespread. Some low-intensity options include apps like Headspace, downloadable recordings and self-help books. MBSR, MBCT and other evidence-based programmes provide moderate-intensity options for beginners and those wishing to deepen or sustain their practice. The most intensive way of practising mindfulness is on extended meditation retreats, where

participants usually meditate for many hours every day, often in silence, for one or several weeks at a time. The risks and psychological effects of such intensive retreats, which are only recommended for people with a deeply established mindfulness practice, have to date received relatively little attention from the research community.

### Conclusion

Practices to cultivate mindfulness have been around for thousands of years. They are neither a panacea nor a fad. Mindfulness is a natural human capacity that is associated with mental health and human flourishing.

The development of mindfulness practices in Western, secular contexts represents a profound and novel response to reducing human suffering, and enabling human flourishing, in the twenty-first century. It offers a valuable approach for people wishing to support their wellbeing. As with all lifestyle or therapeutic interventions, people should choose those that best match their interests and needs.

There are of course perils when innovations get into the mainstream, but there are also great possibilities. Science that addresses important questions, uses the very best methods and reports its results responsibly, will support the evolution of the field. Those offering mindfulness teaching or training have a real responsibility for their work to be underpinned by ethics and good quality training. The contemporary mindfulness

## References



Coronado-Montoya, S., Levis, A. W., Kwakkenbos, L., Steele, R. J., Turner, E. H. and Thombs, B. D. (2016) 'Reporting of positive results in randomised controlled trials of mindfulness-based mental health interventions', *PLOS ONE*, Vol. 11, No. 4. Available at: [www.tinyurl.com/yag3ez2w](http://www.tinyurl.com/yag3ez2w).

Davies, W. (2016) *The Happiness Industry: How the Government and Big Business Sold Us Wellbeing*, Verso.

Kabat-Zinn, J. (1994) *Wherever You Go There You Are: Mindfulness Meditation in Everyday Life*, Hyperion.

movement is still in its infancy, certainly when compared with the 2,500 year-old early Buddhist tradition on which MBIs are based. Both traditions must maintain a dialogue to continue developing a responsiveness to individuals in both clinical and non-clinical contexts.

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# Mindfulness and science

Psychology has evolved as a scientific discipline. It therefore tends to use the language of science to describe its concepts and techniques. So what should be done when a set of concepts and/or techniques comes along that are firmly rooted in a *non*-scientific understanding of the world and yet capture the imagination of both scientific professionals and the wider public and have a supporting evidence base?

### Incorporating spiritual concepts

This is exactly the situation faced by mindfulness researchers. As you have learned in the preceding article by Bazin and Kuyken, mindfulness is based on the Buddhist tradition of meditation. It aims, to use Buddhist traditional terms, to encourage enlightenment. Although there is no real equivalent in psychology to 'enlightenment', we have been able to demonstrate that mindfulness techniques impact positively on anxiety, stress and depression. The biggest challenge, then, is not to show that

mindfulness techniques can be helpful but rather to find a language with which to describe mindfulness within contemporary, scientific psychology. This is currently a work in progress.

### Should psychologists only study science?

We should, of course, be careful not to suspend our critical faculties in the current atmosphere of enthusiasm for mindfulness. (For example, not so long ago many people thought learning styles were going to change the world...I still cringe at the memory.) It is very much to the credit of Bazin and Kuyken that they acknowledge both the limitations of the current evidence base for mindfulness-based interventions and also its potential abuses (such as in the workplace). Some critics would go further and say that a scientific discipline like psychology should stick to ideas and techniques that are not only supported by science but founded in science. Where do you stand?

**Matt Jarvis**

