
Mindfulness for Positive Mental Health

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ABSTRACT

The practice of mindfulness is increasingly being integrated into contemporary clinical psychology. Based in Buddhist philosophy and subsequently integrated into Western health care in the contexts of psychotherapy and stress management, mindfulness meditation is evolving as a systematic clinical intervention. This paper describes of mindfulness meditation predominantly in medical settings, as originally conceived and developed by Kabat-Zinn and colleagues. Given the extensive evidence base for the efficacy of mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), researchers have started to explore the mechanisms underlying their therapeutic effects on psychological outcomes, using methods of mediation analysis. The present paper aims to systematically review mediation studies in the literature on mindfulness-based interventions (MBIs), to identify potential psychological mechanisms underlying MBCT and MBSR's effects on psychological functioning and wellbeing, and evaluate the strength and consistency of evidence for each mechanism.

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Many diverse religious traditions in the world have given rise to a rich variety of meditation techniques and practices, which have been practiced for millennia. These meditation practices have reflected the wisdoms, insights, inclinations, and cultures of their practitioners. Originally, they were intended to develop spiritual understanding, awareness, and direct experience of ultimate reality. The last four decades have witnessed a sharp attention and interest in meditation-based approaches to treating individuals with physical and mental health problems in the West.

Defining Mindfulness

From scientific point of view mindfulness is not an easy concept to define. Jon Kabat-Zinn (1994) defines mindfulness as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally". Mindfulness is a highly alert and skillful state of mind because it requires one to remain psychologically present and 'with' whatever happens in and around one without adding to or subtracting from it in any way. All that exists during the state of mindfulness is 'this' moment. Mindfulness is not a process of analysis but being simply aware of experiences, which are taking place at 'this' moment. By analyzing own experiences one either lives in the past or projects into the future. Mindfulness is about being "here and now". Mindfulness is an attribute of consciousness which is also known as 'awareness' or 'witnessing' or '*Sakshi Bhava*' in Sanskrit.

Mindfulness is being attentive to the sensory information entering mind through five senses. Langer has defined mindfulness as "a state of conscious awareness characterized by active distinction drawing that leaves the individual open to novelty and sensitive to both context and perspective. In contrast, mindlessness has been conceptualized as a state of mind characterized by an over reliance on

past categories and distinctions whereby the individual is context-dependent and oblivious to novel (alternative) aspects of situations.

Brown and Ryan (2003) define mindfulness as “a receptive attention to and awareness of present events and experiences”

Bishop et al. (2004) describes mindfulness interventions in the following way: The clientattempts to maintain attention on a particular focus, most commonly the somatic sensations of breathing...whenever attention wanders from the breath to inevitable thoughts and feelings that arise, the client will simply take notice of them and let them go, as attention is returned to the breath....in a state of mindfulness, thoughts and feelings are observed as events in the mind, without over-identifying with them and without reacting to them in an automatic, habitual pattern of reactivity. This dispassionate state of self-observation is thought to introduce a space between one's perception and response....thus mindfulness is thought to enable one to respond to situations more reflectively (as opposed to reflexively)

Mindfulness: A Deeper Understanding

Mindfulness is a mental discipline involving training attention. It is not a method of distracting ourselves or tuning out, it is about tuning in –hence people perform better when mindful (in the zone/flow). The anxious, stressed or depressed state of mind is the distracted state.

Mindfulness has been the subject of growing attention and interest in recent years, thanks to a rapidly expanding evidence base demonstrating that it can be helpful for many mental and physical health problems, as well as for improving well-being more generally. Mindfulness is an integrative, mind-body based approach that helps people change the way they think and feel about their experiences, especially stressful experiences. It involves paying attention to our thoughts and feelings so we become more aware of them, less enmeshed in them, and better able to manage them. Mindfulness interventions are often seen as situated within the cognitive behavioural tradition. However, they also have their roots in the ancient practice of meditation. They differ from traditional cognitive behavioural therapies

in that they do not encourage people to challenge their thoughts, and they are not goal-directed. Rather, Mindfulness interventions aim to teach us how to accept our thoughts without unhelpfully identifying with them. When people practise Mindfulness, they are encouraged not to aim for a particular result but simply to “do it, and see what happens”. The first Mindfulness-based Stress Reduction (MBSR) programme, developed in the US, has inspired a number of variations, including Mindfulness-based Cognitive Therapy (MBCT); Acceptance and Commitment Therapy (ACT), a Mindfulness-based Psychotherapy; and Dialectical Behaviour Therapy (DBT), a Cognitive Behavioural and Mindfulness-based Therapy for borderline personality disorder.

Mindfulness meditation involves expansion of the attention or awareness to become aware of the ongoing of sensations and feelings, images, thoughts, sounds, smells, and so forth without becoming involved in thinking about them. Mindfulness meditation can be likened to a wide-angle lens be aware of the entire field. In integrated meditation a shifting back and forth of attention occurs.

Mechanisms Underlying Mindfulness-Based Interventions

One of the most systematic and intricately laid out Eastern psychologies is classical Buddhism, known as *Abhidhamma* in the Pali. The *Abhidhamma* or *Abhidharma* (in Sanskrit) means “the ultimate doctrine” elaborates original insights of Gautama the Buddha (536-438 B.C.) into human nature. As a prototype of Asian psychology *Abhidhamma* presents us with a set of concepts for understanding the working of mind. Vipassana or mindfulness meditation is one of the India’s most ancient meditative techniques and its nature and description can be seen in the texts of *Vigyan Bhairav Tantra* and *Ashtavakra Samhita*. It was rediscovered by Gautama the Buddha. Vipassana meditation has its origin in Theravada and Mahayana Buddhism. Vipassana in Pali means insight. To see things as they really are, in their true perspective, in their true nature. The word *Vipassana* is combination of two words *Vi* and *Passana* . *Vi* means “in a special way” and *Passa* means to see, to observe. Hence *Vipssana* means, “observing in a special way”. There are four other concepts relevant to

Vipassana namely *Sati* (mindfulness), *Samadhi* (absorption), *Panna* or wisdom, and *Bhavana* (meditation including *Sati*, *Samadhi* and *Panna*). *Vipassana* meditation is also known as insight or awareness or mindfulness meditation. Mindfulness is the English translation of Pali word *Sati* and synonymous to being conscious or aware, taking heed, taking note of, observing, and paying attention.

The Buddhist text *Maha-Satipattana Sutta* (The Great Discourse on the Establishing of Awareness) deals with the technique of *Vipassana* meditation in detail. It describes and discusses four foundations of mindfulness in terms of four *satipatthanas*:

1. *Kayanupassana satipatthana* (awareness of body parts and functions such as breathing),
2. *Vedananupassana satipatthana* (awareness of sensations),
3. *Cittananupassana satipatthana* (awareness of mind, thoughts), and
4. *Dhammananupassana satipatthana* (awareness of mental contents and hindrances).

The process of drawing novel distinctions during mindfulness state can lead to a number of diverse consequences, including (i) a greater sensitivity to one's environment, (ii) more openness to new information, (iii) the creation of new categories for structuring perception, and (iv) enhanced awareness of multiple perspectives in problem solving. The phenomenon of mindfulness also has implications for the ways in which we view and represent the mind and its connection to the brain.

Some elements of the mindfulness include appreciation and attention. It is the centrality of this awareness that has transforming and transcending capabilities and unifies the rational and holistic aspects of mental functioning. It is also important to remember that mindfulness is not about trying to make life more enjoyable. Although as a result of it your life might become more enjoyable, “mindfulness is more about experiencing what you are experiencing. If you are experiencing discomfort or pain you can be mindful of that too. In fact, when you

place your attention on the discomfort you will find that it loses its impact and you will feel more in control”.

Applications of mindfulness

A growing body of robust evidence from randomised controlled trials (RCTs) has demonstrated that MBIs are effective in improving a range of clinical and non-clinical psychological outcomes in comparison to control conditions, including anxiety (Green & Bieling, 2012; Hofmann, Sawyer, Witt, & Oh, 2010), risk of relapse for depression (Kuyken et al., 2008; Teasdale et al., 2000), current depressive symptoms (Strauss, Cavanagh, Oliver, & Pettman, 2014), stress (Chiesa & Serretti, 2009), chronic pain (Grossman, Tiefenthaler-Gilmer, Raysz, & Kesper, 2007), quality of life (Godfrin & Heeringen, 2010; Kuyken et al., 2008), psychological symptoms in patients with cancer (Ledesma & Kumano, 2009) and retrieval of specific autobiographical memories (Williams, Teasdale, Segal, & Soulsby, 2000), a reliable cognitive marker of depression (e.g. Brittlebank, Scott, Williams, & Ferrier, 1993). Other notable interventions which involve mindfulness principles alongside other components include acceptance and commitment therapy (ACT; Hayes & Wilson, 1994) and dialectical behavioural therapy (DBT; Linehan, 1993).

- Mental health: E.g. depression relapse prevention, anxiety, panic disorder, stress, emotional regulation
- Neuroscience: E.g. structural and functional changes in the brain, neurogenesis, dementia prevention
- Clinical: E.g. pain management, symptom control, cancer, metabolic, hormonal
- Performance : E.g. sport, academic

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- Stress
- Anxiety
- Depression
- Eating disorders

- Panic disorder
- Symptom control
- Coping
- Chronic pain
- Personality disorder
- OCD
- Neural plasticity
- Immune modulation
- Anti-inflammatory
- Enhancing immune function
- Behaviour / lifestyle change
- Improvements in sleep
- Rumination
- General wellbeing
- Cellular ageing

Kazdin (2007) emphasises several clinically relevant reasons why establishing the mechanisms of psychotherapies is crucial. Kabat-Zinn observes that mindfulness is a universal human faculty that is recognized in all cultures of the world for its intrinsic and transformative qualities. It is not limited by cultural boundaries and has acquired a fundamental place in behavioral medicine, which explicitly recognizes the interconnection of body and mind in its scientific understanding of disease and health. Therefore, different meditation practices are taught independent of the religious and cultural beliefs associated with them. Mindfulness can: i) stimulate one's body's mechanisms of regeneration through a direct effect on neuro-physiological, hormonal and immune responses, ii) decrease the intensity of, and sometimes eliminate physical and psychological symptoms, ranging from anxiety and high blood pressure to various types of physical pain, iii) positively modify the course of illnesses, leading to an improved prognosis and lifestyle, or at times remissions, iv) decrease the likelihood of a relapse after a depressive episode, v) increase energy levels and the ability to relax, vi) free-up one's creative

potential as the world takes on a more nurturing quality, and vii) create a sense of one's life being more meaningful.

Mindfulness over the last two decades have proven to be effective in the subjects of clinical as well as subjects of non-clinical population who experience symptoms of stress, psychological disorder or stress related medical condition. It also enhances well-being by improving the coping skills of the individual and modifying the way in which a person perceives the stress. The clinical and other studies on mindfulness meditation and the Mindfulness-Based Stress reduction (MBSR) developed by Kabat-Zinn at the University of Massachusetts show its effectiveness in chronic pain, chronic disease, cancer, fibromyalgia, psoriasis, stress reduction, anxiety and depression. Research has shown that the majority of people who went through Vipassana or mindfulness based treatment programs report lasting reductions in both physical and psychological symptoms. Their attitude and behavior undergo deep, positive changes that are rooted in a less conflicted perception of self, others and the world. This results in an increased ability to cope effectively with both short-term and long-term stressful situations. Therefore, mindfulness meditation and therapeutic programs based upon its basic assumptions and practices can be used effectively in the treatment of a wide range of mental and physical health problems.

Today when we look back, Buddha not only evolved a new technique of meditation the mindfulness but also recommended that meditation must be essential part of life as a continuous process. Buddha gave a totally new vision of meditation to the world, before Buddha meditation was something that you had to do once or twice a day. Buddha gave a totally new interpretation to the whole process of meditation. Meditation cannot be something that you can do apart from life just for an hour or fifteen minutes. Meditation has to become something synonymous with our life; it has to become like taking breathing. It should become such a constant phenomenon, only than it can transform us and lead to conscious living.

Mindfulness is a mental state characterized by nonjudgmental awareness of the present moment experience while encouraging openness, curiosity, and acceptance. This skill can be learned through

practice, and has been integrated in different clinical approaches. Mindfulness-Based Stress Reduction (MBSR) is a structured group programme conceived to alleviate suffering associated with physical, psychosomatic and psychiatric disorders. A systematic review of RCTs on MBSR supports that this approach improves mental health in non-clinical and clinical populations. In clinical populations with psychiatric disorders, MBSR has some benefit as it reduces symptoms of distress, anxiety and depression or teaches patients coping skills to handle these symptoms. Mindfulness-Based Cognitive Therapy (MBCT), which is an adaptation of the MBSR programme, incorporates elements of cognitive therapy to prevent depressive relapse. Meta-analysis indicate that MBCT is an effective intervention for relapse prevention in patients with recurrent major depressive disorder in remission, at least in case of three or more previous episodes. Moreover, in two studies, MBCT was at least as effective as maintenance antidepressant medication. While MBCT is a relapse prevention programme for patients in full remission, recent data suggest that it may be indicated also for people in partial remission, including those with quite significant residual depressive symptoms.

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