# 2. Mindfulness

## Re-marketing of Traditional Topics?

## : Mindfulness :

### What is mindfulness?


In order to understand mindfulness it is helpful to use a Zen metaphor which compares the state of mindfulness to a polished mirror which simply reflects what passes before it (Brown, Ryan, & Creswell, 2007). Mindfulness is a state of consciousness (Brown & Ryan, 2003), in which a person purposefully and non-judgementally pays attention in the present (Kabat-Zinn, 1993), observing one's own moment-to-moment internal and external experiences (Shapiro, Carlson, Astin, & Freedman, 2006). Bishop et al. (2004) extended this definition by suggesting that nonstriving, acceptance and curiosity are also important aspects of mindfulness. The concept of mindfulness can be easily explained by the acronym **RAIN**

- **R**ecognizing what is happening

- **A**llowing life to be the way it is
- **I**nvestigating inner experience
- **N**on-identification

The non-identification aspect of the RAIN is similar to reperceiving, whereby a person is able to distance oneself from the immediate experience, therefore shifting a perspective and allowing the automatic processes of perception and cognition to be changed (Shapiro et al., 2006). A person no longer feels defined and controlled by thoughts, emotions or bodily sensations and is simply allowing them to be while realizing "these thoughts/emotions/sensations are not me", "this depression is not me", "this pain is not me" (Shapiro et al., 2006). Mindfulness ultimately teaches people how to stand back and observe their inner commentary about life and experiences they lived through, changing their perception of who and what they are and showing them how to experience things as they really are, instead of following their own impressions or ideas (Shapiro et al., 2006).
Dryden & Still (2006) note that the word "mindfulness" has been around for at least 300 years. It belonged to different disciplines, like psychology, psychotherapy and ethics, so why most of us heard about mindfulness only just recently?

Even though mindfulness have been around for some time, it did not have any serious effect on psychology until around 1990 and since then the interest in mindfulness started to expand rapidly (Dryden & Still, 2006). How then did mindfulness become incorporated into the field of psychology for good?

---

## History of mindfulness and how it became incorporated into psychology

**1. Kabat-Zinn and the huge impact of mindfulness on psychology**
Two people simultaneously influenced the widespread use of mindfulness in psychology. It all started in 1989. Ellen Langer wrote a book titled "Mindfulness: Choice and control in everyday life", in which she understood mindfulness in it's traditional English sense of taking heed or care: being conscious or aware. Her book raised the mindfulness profile in the field of psychology and made the general audience more conscious of the possibilities mindfulness had to offer.

Then a year after Langer's work a second very influential book appeared, which made even a more dramatic impact. In 1990 Jon Kabat-Zinn published "Full catastrophe living: Using the wisdom of your body and mind to face stress,pain, and illness." Kabat-Zinn became inspired by Western Buddhism in the 1980s and thus focused on mindfulness as a form of practice or technique. His own special definition of mindfulness was "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn,1994). Kabat-Zinn created a new treatment for chronic pain: mindfulness-basedstress reduction (MBSR). This new approach combined a body scan, walking meditation, yoga exercises and everyday awareness, in which people learned how to be mindful of daily activities. MBSR with its origins at the University of Massachusetts inspired its own specialized training, research, literature,tapes and workshops throughout the world with an amazing success. Because Kabat-Zinnexactly specified the techniques used, he therefore manualized mindfulness, guaranteeing it can be used in well-controlled and replicable studies, which finally grounded mindfulness and MBSR firmly within the scientific,evidence-based practice of psychology (Dryden & Still, 2006).

Marsha Linehan (1993), inspired by Kabat-Zinn, incorporated mindfulness into her Dialectical Behavior Therapy, specifically designed for people with Borderline Personality Disorder to be able to detach themselves from thoughts and feelings, take a step back and make an informed choice, instead of being influenced by powerful emotions and acting on impulse.

Another therapy influenced by Kabat-Zinn was developed by John Teasdale, Zindel Segal and Mark Williams (1995) and was called Mindfulness-based cognitive therapy (MBCT) and was used for the treatment of recurrent depression. This team of researchers had already had a great reputation in the field because of the structure and efficacy of Cognitive Behavior Therapy (CBT) and hence when they extended CBT to have some elements of mindfulness, MBCT became widely acceptable as a part of an evidence-based practice.

Adrian Wells (1997) also used mindfulness-based techniques in his treatment of anxiety. However, he never used the term mindfulness. He chose meta-cognition instead and saw it as being derived from developmental psychology rather than Buddhism, nonetheless, recognizing the common elements between metacognition and mindfulness: decentering and calm observation of inner thoughts and feelings.

Mindfulness was already practiced before Kabat-Zinn. In the 1980s Steven Hayes, also following Buddhist thought, developed his own techniques for developing awareness and acceptance, however, he did not originally use the word mindfulness to describe his ideas (Hayes, 1984).


**2. Before Kabat-Zinn: influence of the humanistic movement on incorporating mindfulness into psychology**

Humanistic psychology emphasized nonjudgemental acceptance of symptoms and a greater focus on positive alternatives, instead of treating symptoms as negative and undesirable. It was a holistic approach, centered around the client's creative potential, rather than fighting with symptoms arising as a result of conditioning or childhood fixations. The successful outcome of the humanistic psychotherapy was personal transformation, instead of symptom relief, achieved through awareness and acceptance (Dryden & Still, 2006).

Carl Rogers, the most prominent psychotherapist in the Humanistic movement, came up with the unconditional positive regard, facilitating acceptance, in which the client explored his thoughts and feelings freely, not fearing potential criticism and being reassured that he is going to be listened

and treated as a special and important human being. This sort of therapy created the secure, non-judgemental emotional environment, in which the person can investigate and change self-concepts, ultimately leading to self-acceptance (Dryden &Still, 2006).

Gestalt Therapy was also firmly established within the humanistic tradition, also putting emphasis on creative activity. Perls, Hefferline, and Goodman book "Gestalt therapy: Excitement and growth in the human personality" (1972) first published in 1951 aimed to bring more attention to the role of the body in psychological disorders with a number of exercises in self-awareness. Look at this classical example of an exercise, now more associated with mindfulness:

Try for a few minutes to make up sentences stating what you are at this moment aware of. Begin each sentence with the words "now" or "at this moment" or "here and now" (Perls et al., 1972, p. 31)

Beisser, another Gestalt therapist, focused even more on the non-judgmental aspect some 20 years later in his "Paradoxical Theory of Change", where he stated that change occurs when a person finally becomes what he is, whatever he is experiencing at the moment, disregarding what he should be or what he thinks he is (Beisser,1972). This theory also sounds very familiar to those practicing mindfulness, as it implies awareness, acceptance, refraining from self-judgement about who a person is, his feelings and thoughts, at any given moment. Self-acceptance was stressed even before that in 1957 by Albert Ellis who came up with Rational Psychotherapy, later called Rational Emotive Behavior Therapy (REBT).

### 3. Mindfulness and its connection with Buddhism

After World War II there was an explosion of interest in Zen Buddhism, especially in the United States and particularly in the psychotherapy of Shoma Morita. David Reynolds (1976) developed Morita therapy in the United States, which consisted of two aspects very similar to mindfulness: acceptance of feelings and of theself as it is experiences and absorption in tasks (Dryden & Still,2006).

The main impact of the Zen Buddhism was, however, most pronounced in the 1950s, as a response to a new demand for alternative lifestyles. Zen was appealing back then because it offered freedom from suffering by calm acceptance free from judgements and transformation of the self (Dryden & Still, 2006).

Shuryu Suzuki, who came from Japan to the United States, first described the Zen meditation practice of just sitting and focusing on the breath, while also noticing thoughts and feelings in a non-judgemental way as they enter and leave the mind. This type of meditation is now commonly used in the mindfulness based therapies and techniques (Dryden & Still, 2006).

The Western Buddhist word mindfulness entered the English language through the book of Nyanoponika Thera "The heart of Buddhist Meditation" in 1962, followed by Thich Nhat Hahn's "Miracle of Mindfulness" in 1976 and Daniel Goleman's "The varieties of the Meditative Experience" a year later.

---

## How does mindfulness work in a clinical setting?

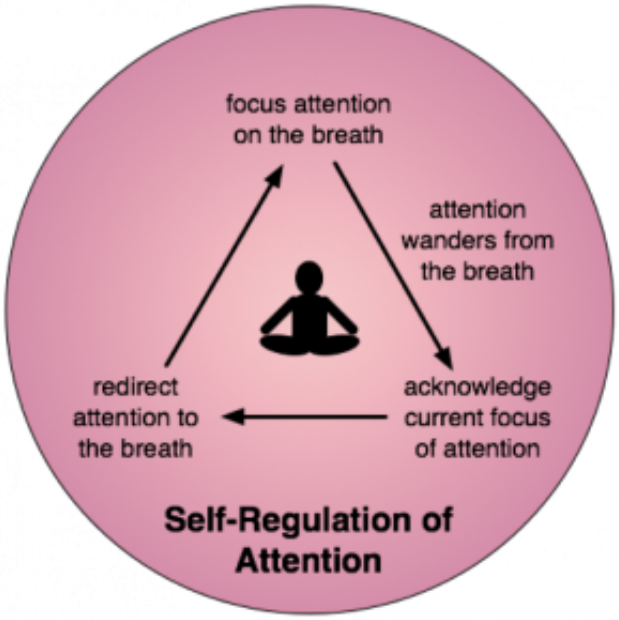

Because mindfulness involves simply acknowledging inner experiences in a nonjudgmental manner, people become less controlled by their emotions and thoughts and as such are less likely to act in an automatic, habitual and reactive way (Shapiro et al., 2006). A good example can be anxiety with which people usually strongly identify and therefore tend to react and regulate it in a damaging way, usually by drinking, smoking, or overeating. Mindfulness allows people to take a step back and realize that anxiety is just a temporary emotional state which will eventually go away. Acknowledging that all mental states are changeable and therefore not so frightening or overwhelming helps to endure inner suffering (Shapiro et al., 2006).

Baer (2003) even suggested that fear responses and avoidance behaviors previously caused by different stimuli can become extinct as a result of mindfully attending to negative emotional states. Through mindfulness people are able to attend to their emotions and make a better choice about how to regulate them. By intentionally bringing awareness and acceptance to the present experience, it is possible to use a greater number of more adaptive coping skills, instead of relying on reactionary thoughts, emotions or behaviors which are often triggered by prior habit, experience, and conditioning.

Mindfulness-based interventions, as opposite to for example Cognitive Behavioral Therapy, do not attempt to change the content of the thoughts, but the relationship of a person to the process of thinking as a whole - seeing thoughts from a decentered perspective as impersonal and temporary, instead of threatening and personal (Shapiro et al., 2006). Mindfulness argues to cease comparison, categorization, evaluation, contemplation, introspection, reflection, or rumination upon events (Brown & Ryan, 2003) and focuses on a non-interference with experience, in a form of simply noticing what is taking place and what enters awareness (Brown et al., 2007).

---

## Benefits of mindfulness




Research has associated mindfulness with lower levels of emotional disturbance (such as depressive symptoms, anxiety, and stress), higher levels of subjective well-being (lower negative affect, higher positive affect, and satisfaction with life) and higher levels of eudaimonic well-being (well-being that comes from fulfilling needs rooted deeply in human nature contributing to self-growth for example vitality, self-actualization) (Brown & Ryan, 2003; Carlson & Brown, 2005). Mindfulness has been inversely correlated with different indicators of psychopathology, such as dissociation, alexithymia, and general psychological distress (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Furthermore, mindfulness has been linked to affective well-being through positive correlation with extroversion (Brown & Ryan, 2003) and negative correlation with neuroticism (Baer et al., 2006). Both extroversion and neuroticism influence affective well-being (Diener, Suh, & Lucas, 1999). Mindfulness has been also implicated in promoting greater interest and concern for life, demonstrated by higher levels of self-compassion (Neff, 2003), empathy for others (Beitel, Ferrer, & Cecero, 2005) and environmental concern (Brown & Kasser, 2005).
Following the assumption that mindfulness contributes to clarity of awareness and an unbiased processing of experience, several studies examined the role of mindfulness in affect regulation, which is crucial for mental health and adaptive functioning (Gross & Munoz, 1995). Participants who scored higher on mindfulness measures showed stronger affect regulatory tendencies, which consisted of a greater awareness, understanding, and acceptance of emotions, and a more efficient ways of correcting unpleasant mood states (Brown & Ryan, 2003; Baer, Smith, & Allen, 2004).

The ability to control negative self-affect is especially crucial to mental health (Ryan, 2005). Two studies have examined the effects of mindfulness on regulation of negative states. Arch and Craske (2006) gave a mindfulness induction to some of their participants, while others became a control group, and then presented them with affectively valenced pictures. They have found that those who received a mindfulness induction reported lower negative affect and overall emotional volatility in response to these pictures. They were also more likely to maintain an eye contact with aversive slides. Furthermore, mindfulness seems to facilitate recovery after emotional events. Broderick (2005) divided his subjects into three conditions: mindfulness, distraction, and rumination. Those in a mindfulness group recovered quicker from an induced sad mood than the rest of participants. These results should not be surprising given the fact that mindfulness promotes equanimity in the face of emotionally difficult situations (Brown et al., 2007).

Findings from the above studies were extended by fMRI research by Creswell, Way, Eisenberger, and Lieberman (2007) when they examined the

neural substrates of emotional reactivity and regulation. They have found that people who reported higher levels of mindfulness, relative to those with lower levels, reacted less to threatening emotional stimuli when they had to label them. This decreased reactivity was reflected by an attenuated bilateral amygdala response and greater prefrontal cortical activation during the task. Greater affect regulation can be mediated through enhanced prefrontal cortical inhibition of amygdala output, associated with switching from an emotional mode of stimulus analysis to an unemotional one (Ochsner, Bunge, & Gross, 2002). These findings are consistent with the receptive, non-evaluative aspect of mindfulness (Brown et al., 2007).

---

## Is Positive Psychology re-marketing mindfulness?

Mindfulness has a lot of parallels with the core assumptions of positive psychology. Positive psychology is concerned with what a good life is and along these lines, Kabat-Zinn (1990) has suggested that mindfulness helps find what is right, instead of what is wrong in life. Instead of focusing on pathology and emphasizing changes and goals, mindfulness teaches people how to live with and accept their psychological limitations and as such can actually prevent an onset of a mental illness (Hamilton, Kitzman, & Guyotte, 2006). Consistently with aims of positive psychology, Kabat-Zinn stresses that mindfulness serves to live life to the fullest in each and every moment by experiencing its complete texture (Kabat-Zinn, 1990). Mindfulness also promotes resilience, a very important goal of positive psychology as well, through enhancing well-being, self-awareness, affect regulation and self-control among many other things. Furthermore, mindfulness facilitates other positive psychology processes such as flow, forgiveness and hope (Hamilton et al., 2006).

Are these similarities enough to show that mindfulness has always belonged to positive psychology? The concept of mindfulness is most deeply rooted in Buddhism and was first introduced to psychology through humanistic movement (Dryden & Still, 2006). Since mindfulness became a topic of research, it has been closely connected to clinical practice and studies, even to the extent that clinicians and researchers have shaped the current meaning of mindfulness in psychology (Brown et al., 2007). Looking at the history of mindfulness, it becomes clear that positive psychology simple made use of already existing ideas and approaches to mindfulness and labelled them under its name.

---

## Most recommended paper

**Dryden, W., & Still, A. (2006) Historical aspects of mindfulness and self-acceptance in psychotherapy, *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 24(1)*, 3-28**
This paper nicely describes the history of mindfulness and therefore really lays the basis for the discussion as to whether mindfulness is only re-marketed under positive psychology.

---

## Three other interesting papers

**Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007) Mindfulness: Theoretical foundations and evidence for its salutary effects, *Psychological Inquiry, 18*, 211-237**
This paper discusses in depth the definition of mindfulness and

This paper discusses in depth the definition of mindfulness and psychological benefits of being mindful.

**Hamilton, N. A., Kitzman, H., & Guyotte, S. (2006) Enhancing health and emotion: Mindfulness as a missing link between cognitive therapy and positive psychology, *Journal of Cognitive Psychotherapy: An International Quarterly, 20(2)*, 123-134**
Nicely links positive psychology to mindfulness.

**Baer, R. A. (2003) Mindfulness training as a clinical intervention: A conceptual and empirical review, *Clinical Psychology: Science and Practice*, *10*, 125-143**
Shows how mindfulness is practiced in a clinical setting.

---

## References


**Arch, J. J., & Craske, M. G. (2006) Mechanisms of mindfulness: Emotion regulation following a focused breathing induction, *Behavior Research and Therapy, 44*, 1849–1858**

**Baer, R. A. (2003) Mindfulness training as a clinical intervention: A conceptual and empirical review, *Clinical Psychology: Science and Practice*, *10*, 125-143**

**Baer, R. A., Smith, G. T. & Allen, K. B. (2004) Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills, *Assessment, 11*, 191–206**

**Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006) Using self-report assessment methods to explore facets of mindfulness, *Assessment, 13*, 27–45**

Beisser, A. R. (1972) The paradoxical theory of change. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now*, Harmondsworth: Penguin

**Beitel, M., Ferrer, E., & Cecero, J. J. (2005) Psychological mindedness and awareness of self and others, *Journal of Clinical Psychology, 61*, 739–750**

**Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., et al. (2004) Mindfulness: A proposed operational definition, *Clinical Psychology:Science & Practice, 11*, 230– 241**

**Broderick, P. C. (2005) Mindfulness and coping with dysphoric mood: Contrasts with rumination and distraction, *Cognitive Therapy and Research, 29*, 501–510**

**Brown, K. W., & Kasser, T. (2005) Are psychological and ecological wellbeing compatible? The role of values, mindfulness, and lifestyle, *Social Indicators Research, 74*, 349–368**

**Brown, K. W., & Ryan, R. M. (2003) The benefits of being present: Mindfulness and its role in psychological well-being, *Journal of Personality and Social Psychology, 84,* 822–848**

**Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007) Mindfulness: Theoretical foundations and evidence for its salutary effects, *Psychological Inquiry, 18*, 211-237**

**Carlson, L. E., & Brown, K. W. (2005) Validation of the Mindful Attention Awareness Scale in a cancer population, *Journal of Psychosomatic Research, 58*, 29–33**

**Creswell, J. D., Way, B. M., Eisenberger, N. I., & Lieberman, M. D. (2007) Neural correlates of dispositional mindfulness during affect labeling,**

***Psychosomatic Medicine, 69*, 560–565**

**Diener, E., Suh, E. M. & Lucas, R. E. (1999) Subjective well-being: Three decades of progress, *Psychological Bulletin, 125*, 276– 302**

**Dryden, W., & Still, A. (2006) Historical aspects of mindfulness and self-acceptance in psychotherapy, *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 24(1)*, 3-28**

**Ellis, A. (1958) Rational psychotherapy, *Journal of General Psychology, 59*, 35–49**

Goleman, D. (1977) *The varieties of the meditative experience*, London: Rider

**Gross, J. J., & Munoz, R. F. (1995) Emotion regulation and mental health, *Clinical Psychology: Science and Practice, 2*, 151–164**

**Hamilton, N. A., Kitzman, H., & Guyotte, S. (2006) Enhancing health and emotion: Mindfulness as a missing link between cognitive therapy and positive psychology, *Journal of Cognitive Psychotherapy: An International Quarterly, 20(2)*, 123-134**

**Hayes, S. C. (1984) Making sense of spirituality, *Behaviorism, 12*, 99–109**

Kabat-Zinn, J. (1990) *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*, New York: Delacorte

Kabat-Zinn, J. (1994) *Wherever you go, there you are: Mindfulness meditation in everyday life,* New York: Hyperion

**Kabat-Zinn, J. (2003) Mindfulness-based interventions in context: Past, present, and future, *Clinical Psychology: Science and Practice*, *10*, 144-156**

Langer, E. J. (1991) *Mindfulness: Choice and control in everyday life,* London: Harvill

Linehan, M. M. (1993) *Skills training manual for treating borderline personality disorder,*New York: Guilford Press

**Neff, K. D. (2003) The development and validation of a scale to measure self-compassion, *Self and Identity, 2*, 223–250**

Nyanaponika Thera (1962) *The heart of Buddhist meditation,* London: Rider

Perls, F., Hefferline, R. H, & Goodman, P. (1972) *Gestalt therapy: Excitement and growth in the human personality,* London: Souvenir Press

**Ochsner, K. N., Bunge, S. A., & Gross, J. J. (2002) Rethinking feelings: An fMRI study of the cognitive regulation of emotion, *Journal of Cognitive Neuroscience, 14*, 1215–1229**

**Shapiro, S. L., Carlson, L., Astin J., Freedman, B. (2006) Mechanisms of mindfulness, *Journal of Clinical Psychology, 62*(3),373-386**

**Sundararajan, L. (2005) Happiness donut: A Confucian critique of positive psychology, *Journal of Theoretical and Philosophical Psychology, 25(1)*, 35-60**

Reynolds, D. K. (1976) *Morita psychotherapy*, Berkeley: University of California Press

**Ryan, R. M. (2005) The developmental line of autonomy in the etiology, dynamics, and treatment of borderline personality disorders, *Development and Psychopathology, 17*, 987–1006**

**Teasdale, J. D., Segal, Z. V., & Williams, J. M. G. (1995) How does cognitive therapy prevent relapse and why should attentional control (mindfulness) training help?, *Behavior Research and Therapy, 33*, 225–**

Thich Nhat Hahn (1991) *The miracle of mindfulness,*Boston: Beacon

Wells, A. (1997) *Cognitive therapy of anxiety disorders,* New York: Wiley

---

**To Head to Another Topic...**

## 1. Signature Strengths

*Click link above for debate on Signature Strengths*

## 2. Mindfulness

*Click link above for debate on Mindfulness*

## 3. Learned Optimism

*Click link above for debate on Learned Optimism*

## 4. Gratitude

*Click link above for debate on Gratitude*

## 5. Wiki

*Click link above to head back to the title page and our general conclusions*

Referring links:
**1. Signature Strengths 2. Mindfulness 3. Learned Optimism 4. Gratitude Wiki**

Jump to...

**Moodle Docs for this page**