Does mindfulness increase wellbeing?

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Summary

Since the 1960s interest in mindfulness and its practice in the west has been steadily growing. Mindfulness programmes such as Jon Kabat-Zinn devised 30 years ago have supported the introduction of mindfulness practice into healthcare, education and society. As people search out ways for preventing illness and improving their health and wellbeing, the need for such non-doctrine-based programmes has never been greater. The increasing number of health professionals providing mindfulness programmes reflects this, as does the recent burst of health-related research in the area, which this paper overviews.

Ever since I was old enough to wonder about it, I have been seeking understanding of the purpose of life and exploring ways to reach enlightenment. This has taken me on a number of paths. In 1991 I was 'accidentally' introduced to mindfulness. This has become my daily personal meditation practice and a way of living that I apply to my life in combination with a strong yoga practice. The combination of these two approaches enable me to live a happy and fulfilling life and enable me to share what I have learned to help others. In 2009, I completed my PhD evaluating mindfulness in women with breast cancer who attended Breast Cancer Haven. Results from this study will be published soon.

What is mindfulness and where does it come from?

Mindfulness is about living the full experience of our lives as it is happening.

> *'Mindfulness or awareness does not mean that you should think and be conscious 'I am doing this' or 'I am doing that'. No, just the contrary. The moment you think 'I am doing this', you become self-conscious, and you do not live in the action, but you live in the idea 'I am', and consequently your work too is spoilt. You should forget yourself completely, and lose yourself in what you do'*[1]

Baer *et al*[2] describe mindfulness as 'bringing one's complete attention to the experience occurring in the present moment, in a non-judgemental or accepting way'. Mindfulness practice is most obvious in the Buddhist tradition, for its cross-cutting concept of being *fully* present is central to Buddhist philosophy. But mindfulness is a core concept shared with many traditions and philosophies including the yogic traditions, Greek philosophy, Christianity, phenomenology, existentialism and modern day works on spiritual enlightenment.[3, 4, 5] Buddhism describes mindfulness as a way of being in the world that relieves suffering through knowing, shaping and liberating the mind.[6] Nonetheless, mindfulness is a practice that can be learnt without becoming a Buddhist through programmes developed in the western world such as mindfulness-based stress reduction (MBSR).

What is mindfulness-based stress reduction

Mindfulness-based stress reduction (MBSR) is a structured eight-week course developed by Dr Jon Kabat-Zinn and described in his book *Full catastrophe living*.[7] MBSR proposes that the cultivation of awareness of the present moment and acceptance of whatever arises in each moment, can help calm the mind and body (and enable us be more in touch with our essential nature as human beings). Kabat-Zinn – a molecular biologist with a strong personal practice of mindfulness – saw, while on a mindfulness retreat, how this practice could benefit the wider community. He felt it might be particularly relevant for people with health problems, and in University of Massachusetts Medical Center in 1979 he began the programme that

subsequently became known as MBSR. (www.mindfullivingprograms.com)

MBSR courses teach techniques that enhance awareness of the present moment. They also emphasise living mindfully as a way of life, as a generic approach to dealing with stress rather than a technique for coping with specific conditions such as cancer, pain or mental illness. Once learned, MBSR requires daily practice of sitting or lying mindfulness meditation, and mindful physical exercises such as yoga or Qi Gong.

Among their theories put forward by psychologists to help us understand what happens in the body and mind during stressful situations is the notion of experiential avoidance. This attempt at avoiding distress in its many guises is a core mechanism in the development and maintenance of psychological distress. Siegal explains that mindfulness practice is generically beneficial because it effectively antidotes experiential avoidance.[8] Santorelli suggests that mindfulness can also help bring about insight, so that rather than being reactively driven by fear, habit or training, a person becomes freer to choose more appropriate responses to a situation.[9]

Mindfulness-based programmes

The MBSR programme usually entails a course of six to ten weeks for groups of up to 30 who meet weekly for 1.5 –2.5 hours. A six-eight-hour day of mindfulness practice is usually offered in week six of the programme and, because mindfulness practice at home is strongly encouraged either daily or six days out of seven, four 30–45-minute CDs are provided. Components of home practice are:

- a mindful bodyscan (done lying down if possible, bringing attention and awareness to different parts of the body)
- mindful gentle lying yoga stretches are given to teach mindful awareness whilst moving
- a mindful sitting meditation practice
- mindful gentle standing yoga stretches.

In addition, participants practise mindfulness during daily activities such as eating and walking.

Mindfulness-based cognitive therapy (MBCT) is an eight-week programme created by Segal, Williams and Teasdale. It integrates certain aspects of cognitive behaviour therapy (CBT) for depression with components of Kabat-Zinn's MBSR programme. Unlike CBT, there is little emphasis on changing the specific content or meaning of negative thoughts. Instead MBCT focuses on teaching people to become more aware of their thoughts and feelings as 'mental events' rather than as aspects of self or true reflections of reality. It seems that applying this method to depressive thoughts can help prevent relapse of depression.[10] According to Kabat-Zinn, when taught well, there is a 95% overlap between MBSR and MBCT.[11]

The Buddhist tradition sees personal practice as essential for anyone who teach mindfulness. In the early days of MBSR it was realised that groups led by individuals lacking personal experience of mindfulness tended to be less effective.[12] Consequently, MBSR or MBCT teachers should be involved in their own regular practice.

Research evidence for mindfulness interventions

There is a growing body of evidence on the health benefits of mindfulness. This evidence, however, is far from conclusive because most studies have been quite small and usually without the safeguard of a control group with which to compare outcomes. Understanably Proulx's 2003 integrative review of 21 mindfulness studies concluded that larger, randomised studies with control groups would have to be done before we can be sure how well mindfulness works.

Baer's 2003 meta-analysis looked at 19 studies of MBSR and MBCT in various clinical conditions including anxiety, eating disorders, major depressive disorders, fibromyalgia, psoriasis and cancer. The overall effect size of 0.59 suggested that these interventions had at least a medium-sized effect, and some effect sizes were quite large (0.8 upwards). In studies where participants had mild or moderate psychological distress, mindfulness training on average brought their levels of distress down to or close to normal. The authors concluded that mindfulness-based interventions alleviate a variety of mental health problems and improves psychological functioning. Baer based her meta-analysis mainly on small studies without control groups, but five of the studies were group designs using random assignment.[13, 14, 15, 16, 17] Astin for instance evaluated psychological effects of MBSR in a waiting-listed controlled study of medical students' psychological wellbeing.[13] All five show MBSR to be more effective that waiting-list or treatment-as-usual-control groups.

Mindfulness research and health problems

According to the small studies we have so far, MBSR improves physical and psychological aspects of chronic pain,[18, 19] anxiety,[20, 21] fibromyalgia,[22] and psoriasis.[14] Kristeller and Hallett did a pre-post intervention study of people with binge-eating disorders, and found that learning to accept and trust present moment experiences had a positive effect on participants' sense of control, psychological health and ability to cope with life.[23]

Recent studies of MBSR show positive results with HIV+ people,[24] and suggest it can be a useful adjunct to outpatient psychotherapy[25]), after organ transplant,[26] in menopausal hot flushes,[27] eating disorders,[28] fibromyalgia,[29, 30] generalised social anxiety disorder,[31] and chronic lower back pain.[32] MBCT was also found to be helpful with anxiety and depressive symptoms.[33]

Mindfulness research in cancer care

A systematic review by Smith *et al*[34, 35] found studies reporting positive changes in mood,[16, 36] sleep quality[37] and reduction in stress.[16, 36] In addition, they noticed a 'dose-response effect': the patients who practiced MBSR most improved more. But firm conclusions about MBSR's efficacy and safety of mindfulness interventions for cancer patients must await the results of larger studies with control groups.

Nonetheless we do have some recent MBSR studies in cancer care that show improvements in sleep quality and reduced stress,[38] improved immunity,[39] improvements in mood and stress,[40] quality of life and mental health (from mindfulness-based art therapy)[41] and improvements in wellbeing, anxiety, vigour and depression from mindfulness-based cognitive therapy (MBCT).[42] In summary, though the studies have methodological limitations, they illustrate that promising early work is under way in many areas.

In a recent small controlled (but unrandomised) study of early breast cancer patients who did not have chemotherapy (N=75), Witek-Janusek *et al*[43] found that MBSR participants had not only better quality of life and increased coping effectiveness than the control group, but also improved immune function and lower cortisol levels. However, these differences did not reach a statistically significant level.

There are surprisingly few examples of qualitative research into people's experience of MBSR training and practice. The qualitative studies available however, have drawn out some telling themes. A 2007 qualitative study of nine people attending an MBSR drop-in group for an average period of 2.8 years found increased openness to change, enhanced self control, greater mental and physical self-awareness, sharing experience between group members, personal growth and coming to terms with personal situations, and spirituality.[44] The secular non-doctrinaire perspective of MBSR was thought to allow personal reflection on spiritual and religious stances. Qualitative data from Dobkin's small uncontrolled, mixed methods pilot study of 13 women with breast cancer identified themes of acceptance, mindfulness control, taking responsibility for change, openness and connectedness (the psychometric data having found improvements in stress, mindfulness and palliative coping).[45] Further qualitative research in this field would be very valuable.

Conclusion

The rapid expansion of interest in mindfulness practice and research may reflect a deep need for people to find ways of improving their health and happiness. Though most studies of mindfulness-based interventions are small and lack matched control groups, the preliminary findings consistently indicate that these methods improve quality of life and coping in a variety of long term conditions. This growing body of research should encourage researchers to undertake the larger and more rigorous trials required to establish definitive evidence of the feasibility, effectiveness and safety of MBSR.

I completed my MBSR teacher training at the University of Massachusetts in 2004. I have been teaching at Breast Cancer Haven in London since 2005, and my MBSR courses are open to all. Please contact me for more details. cjh@breastcancerhaven.org.uk

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