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Mindfulness:

How, and When to Start this Evidence-based Practice

Mindfulness is a buzzword that many have heard about, but is it all about meditation in fixed, uncomfortable poses? Can it be incorporated in the busy lifestyle most of us lead, and do you need the patience to sit still for long? In these few paragraphs, Petra Spiteri will delve into the origins of mindfulness and how we can start to practice it.

Mindfulness is **"the awareness that arises by paying attention on purpose to the present moment non-judgementally."**[1] Mindfulness-based interventions are being used, together with other approaches, in a range of mental health conditions including eating disorders, posttraumatic stress disorder, obsessive–compulsive disorder, anxiety, insomnia, and substance use.[2] Various psychotherapeutic treatments, such as dialectical behaviour therapy, acceptance and commitment therapy, and mindfulness-based cognitive therapy (MBCT), incorporate mindfulness.[3] MBCT uses conventional methods of cognitive behavioural therapy (CBT) combined with mindfulness meditation.[4,5] MBCT was originally designed specifically for depression, but subsequently, variants of it were developed for 'obsessive-compulsive disorder, disordered eating, addiction, traumatic brain injury, obesity, and bipolar disorder, among others.'[6] Initially, it was Jon Kabat-Zinn in the 1970s who was a trained molecular biologist working in a hospital in America who convinced the hospital authorities to try out the Buddhist practices, that he gained so much from, as a new program. Together with his colleagues he developed this program with contemporary vocabulary and no reference to religious or Eastern cultural traditions. His program was known as Mindfulness-Based Stress Reduction (MBSR), and various studies have shown its impact on helping people deal with chronic pain and psoriasis symptoms.

In 1992, three cognitive psychologists (Zindel Segal, Mark Williams, and John Teasdale) contacted Kabat-Zinn and his Stress Reduction Clinic and formulated the MBCT program based largely on MBSR. The MBCT program was felt to be needed at the time because depression was mainly being tackled with one-to-one CBT or maintenance of high doses of antidepressants, and both are relatively expensive. Not everyone is comfortable with antidepressants, and the limited availability of trained therapists for CBT was also a propeller for this group-based intervention to be further developed and studied. Research conducted by the three cognitive psychologists into the prevention of depression by CBT showed that CBT did not change the content of depressive ideation, but it transformed the relationship of the client to the thoughts and feelings. The ensuing distancing and de-centering allows clients to see negativities as passing events rather than abiding realities. MBCT is now recommended as a front-line treatment in instances of relapsing depression by the UK National Health Service and is used by the United States Marine Corps for soldiers to maintain emotional awareness and resilience under pressure.[4,5] It is the author's opinion, based on published studies, that learning this practice should not be relegated to patients with the previously mentioned diagnosis but to anyone who wishes to enhance emotional awareness, and especially people with work that involves interaction with other people.

THE AWARENESS THAT ARISES BY PAYING ATTENTION ON PURPOSE TO THE PRESENT MOMENT NON-JUDGEMENTALLY

The mindful perspective may have an impact on therapeutic decisions and cooperation with patients, leading to better health effects.[7] An enhanced self-awareness in healthcare professionals and medical students, for example, can support them to reach out more frequently to self-care activities and to manage stress more effectively.[7]

Mindfulness involves opening to the here and now of all our subjective experiences without rigidly identifying with or resisting the experience. The formal practice of mindfulness is meditation, but there is also support in such courses to incorporate mindfulness into our daily life activities. One must note, however, that mindfulness sessions without any sensitivity to the presence of trauma has been shown to possibly generate problems for people struggling with traumatic stress. Being in a practice of sustained attention to our inner world can place us in contact with stimuli related to a traumatic event and can aggravate or intensify symptoms, or in some cases, lead to retraumatization.[8] Trauma is not only the conventional shock trauma medical professionals are used to. Trauma has also been seen as encompassing episodes where we are left feeling 'helpless, powerless, trapped, or lacking control.[9] With this definition, trauma can be bullying, a medical diagnosis of a loved one, discrimination, harassment, and childhood neglect. Hence, it is highly ethical for a mindfulness trainer to train in the provision of trauma-sensitive mindfulness to provide a training that can recognise the symptoms of trauma and adapt the practice to the needs of such clients.

So how can we start to practice mindfulness in a more trauma-sensitive way? Start by using the informal practice. Eating, showering, washing dishes, and walking can all be mindfulness practices. We take the time to smell, see colours, taste, touch as applies to the situation, and this moves us out of our busy minds and into the now. Then, when it comes to meditation, the regularity is important, but even a few minutes daily are supportive. With this meditation, the structure and function of the brain change to more emotional awareness, due to neuroplasticity.[10] A trauma-sensitive trainer will provide guidance on how to make this practice easy and adapted to suit one's needs.

REFERENCES

1. Kabat-Zinn J. An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results. Gen Hosp Psychiatry 1982;4(1):33-47.
2. Goldberg SB, Tucker RP, Greene PA, et al. Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. Clin Psychol Rev. 2018;59:52-60.
3. Bruce N, Shapiro SL, Constantino MJ, et al. Psychotherapist mindfulness and the psychotherapy process. Psychotherapy (Chic). 2010;47(1):83-97. Erratum in: Psychotherapy (Chic). 2010;47(2):168.
4. Zhang T, Wang L, Bai Y, et al. Mindfulness-Based Cognitive Therapy in Major Depressive Disorder: A Study Protocol of a Randomized Control Trial and a Case-Control Study With Electroencephalogram. Front Psychiatry 2021;12:499633.
5. Zhang Z, Zhang L, Zhang G, et al. The effect of CBT and its modifications for relapse prevention in major depressive disorder: a systematic review and meta-analysis. BMC Psychiatry 2018;18(1):50.
6. Chaskalson M. Mindfulness in eight weeks. London: Harper Thorsons. 2014.
7. Chmielewski J, Łoś K, Łuczyński W. Mindfulness in healthcare professionals and medical education. Int J Occup Med Environ Health. 2021;34(1):1-14.
8. Treleaven DA. *Trauma-Sensitive Mindfulness. Practices for Safe and Transformative Healing.* New York: W.W. Norton & Company. 2018.
9. Stanley E. *Widen the Window.* Yellow Kite. 2021.
10. Calderone A, Latella D, Impellizzeri F, et al. Neurobiological Changes Induced by Mindfulness and Meditation: A Systematic Review. *Biomedicines* 2024; 12(11):2613.