Associated article to accompany the document

Breathworks Living Well Programmes

Mindfulness approaches to health and well-being

available on research page of www.breathworks-mindfulness.co.uk

Article 2:
Mindfulness – definitions and description of its role in clinical settings

The term "Mindfulness" refers to a way of paying attention to internal and external events which originated in Eastern meditation practices. Paramananda (1996) describes mindfulness as a "bright and expansive mental state...[with]...a sense of expansion, a sense of opening up rather than narrowing down...there is a sense of clarity and purpose. The mind is balanced, poised and full of creative energy." Paramananda explains that in meditation "we consciously cultivate this state, so that it becomes much more likely to be available to us in daily life." (p 32).

Kabat Zinn (2005) describes mindfulness as "moment to moment awareness…cultivated by purposefully paying attention …." (p2). Segal et al. (2002) state that "in mindfulness practice, the focus of a person's attention is opened to admit whatever enters experiences, ..., a stance of kindly curiosity allows the person to investigate whatever appears, without falling prey to automatic judgments or reactivity."(p. 322-3).

One important component of mindfulness practices is the attitude of being non-judgemental in the sense of overlaying experience with harsh value judgements. In mindfulness-based programmes run in clinical settings, people learn to attend to internal and external experiences by careful observation of phenomena that enter their awareness but without immediately attaching value judgements such as good or bad etc. Baer (2003) summarises this approach: "mindfulness is the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise." (p125)

In the context of a therapeutic setting, mindfulness approaches intend to effect change by teaching techniques for adopting a radical acceptance of experience. Mindfulness approaches "invite [the person] to notice and accept [thoughts] as an event occurring in the mind rather than as a truth that defines the self. Thus mindfulness can alter one's attitude or relation to thoughts, such that they are less likely to influence subsequent feelings and behaviours."(p864) (Lau and McMain, 2005).

Why would mindfulness-based approaches, taught to and used by people with chronic pain (and indeed other chronic conditions), be helpful? Grossman et al. (2004) suggest that becoming adept at mindfulness may result in "enhanced emotional processing and coping regarding the effects of chronic illness and stress, improved self-efficacy and control, and a more differentiated picture of wellness in which stress and ailments play natural roles but still allow enjoyment of life as full and rich." (p36). Baer (2003) describes some of the mechanisms that have been suggested to explain how mindfulness skills can lead to symptom reduction and behaviour change. For example, in people living with chronic pain, experiencing the physical sensations of pain is frequently accompanied by catastrophic thinking which impacts negatively on emotional experience and activity, thus reducing quality of life. Kabat-Zinn (1982) suggests that repeated exposure to the sensations of pain with an attitude of awareness and non-judgement may lead to a reduction in the emotional responses elicited by pain sensations. Teasdale (1999) and Teasdale et al. (1995) have proposed that a non-judgemental, decentred view of thought processes may interfere with the ruminative patterns of thoughts. Baer (2003) notes that a number of authors suggest that improved self-observation, learned from mindfulness practice, may promote the use of a range of coping skills – as a person develops improved observation and recognition of cues that would previously lead to maladaptive responses (for example, continued avoidance of activity in chronic pain patients leading to deterioration in fitness and stamina), then their potential for not yielding to these cues is enhanced and their repertoire of responses is enlarged.

Burch (2008) describes the value of using mindfulness to live with chronic pain based on personal experience of both chronic pain and long standing mindfulness practice. She defines mindfulness as: *'Live in the moment, notice what is happening and make choices*

in how you respond to your experience rather than being driven by habitual reactions'. She also describes how mindful awareness enables the individual to develop an accurate perception of unpleasant stimuli as they arise and pass away, rather than being locked into aversion towards the perceived solid 'enemy' of the pain. The individual can then discern two aspects to their experience of pain: primary suffering which is the unpleasant sensations, and secondary suffering which is the mental, emotional and physical reactions to these unpleasant sensations. Mindfulness provides skills to accept the primary suffering and reduce, or even eradicate, the secondary suffering leading to an often marked improvement in quality of life and reduction in overall pain experience.

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