

Mindfulness-Based Interventions: An Emerging Phenomenon

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Abstract I offer an overview of the rapidly growing field of mindfulness-based interventions (MBIs). A working definition of mindfulness in this context includes the *brahma viharas*, *sampajanna* and *appamada*, and suggests a very particular mental state which is both wholesome and capable of clear and penetrating insight into the nature of reality. The practices in mindfulness-based stress reduction (MBSR) that apply mindfulness to the four foundations are outlined, along with a brief history of the program and the original intentions of the founder, Jon Kabat-Zinn. The growth and scope of these interventions are detailed with demographics provided by the Center for Mindfulness, an overview of salient research studies and a listing of the varied MBIs that have grown out of MBSR. The question of ethics is explored, and other challenges are raised including teacher qualification and clarifying the “outer limits,” or minimum requirements, of what constitutes an MBI. Current trends are explored, including the increasing number of cohort-specific interventions as well as the publication of books, articles, and workbooks by a new generation of MBI teachers. Together, they form an emerging picture of MBIs as their own new “lineage,” which look to MBSR as their inspiration and original source. The potential to bring benefit to new fields, such as government and the military, represent exciting opportunities for MBIs, along with the real potential to transform health care. Sufficient experience in the delivery of MBIs has been garnered to offer the greater contemplative community valuable resources such as secular language, best practices, and extensive research.

Keywords Mindfulness · Overview · Potential · Buddhism · MBSR

Introduction

The interest in mindfulness-based interventions (MBIs) has grown exponentially in recent years. Programs are being written and taught by professionals from all walks of life: psychologists, scientists, athletes, lawyers, professors and more. This emergent phenomenon is both promising and perilous as it is increasingly difficult to gauge, not only the quality and integrity of the program, but whether or not the content has anything to do with mindfulness, let alone which definition of mindfulness is operationally applied in and philosophically guiding the curriculum. In this paper, I outline the contemplative practices that are integral to mindfulness-based stress reduction (MBSR), explain the various practices that are taught and examine how they have developed over the past 30 years. I pay particular attention to the use and meaning of the term *mindfulness*. I provide estimates of the numbers of graduates and programs, support organizations and scope of MBSR both in health care and beyond, including the variety of MBIs that have been spawned by MBSR. Finally, I explore trends, opportunities and challenges facing MBIs in the coming decade, along with the role that MBIs play within the emergence of a larger contemplative movement in America.

What is Mindfulness?

As the founder of MBSR, the definition of mindfulness by Kabat-Zinn (1994, p. 4) is that which is commonly used:

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“paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.” He has described mindfulness as a “way of being,” choosing to think of the work as a dynamic process, embedded within all of life, both *intra-* and *inter-*personal, rather than a static technique, practiced only “on the cushion” and thereby compartmentalized to “x” minutes per day.

There are two main branches of Buddhism: Theravada and Mahayana. Although technically a part of Mahayana, Vajrayana or Tibetan Buddhism, functions as a third branch insofar as its practices differ significantly from Zen Buddhism, the other principal Mahayana school (Smith and Novak 2003). Their historic differences are complex, subtle, and beyond the purview of this paper and, perhaps, most contemporary practitioners. Yet, these historical differences, though still debatable, shape the practices that are taught in meditation centers in the west. Most western vipassana centers are rooted in the Theravada branch of Buddhism. Vipassana, or “seeing clearly,” also known as the practice of insight, is comprised of meditation practices based primarily on the Satipattana Sutta, usually translated as the Four Foundations of Mindfulness. In this context, the practice of mindfulness has the potential to liberate the mind from greed, hatred, and delusion as in the following excerpt from the Satipattana Sutta, “This is the sole way, monks, for the purification of beings, for the overcoming of sorrow and lamentation, for the destroying of pain and grief, for reaching the right path, for the realization of Nibbana, namely, the Four Foundations of Mindfulness” (Thera 1965, p. 139).

For some Mahayana schools of Buddhism, mindfulness also plays a central role. For example, Hanh (1975, p. 14) defined mindfulness as “the *miracle* which can call back in a flash our dispersed mind and restore it to wholeness so that we can live each minute of life.” However, in Vajrayana, mindfulness has a more narrow function of remembering to bring the mind back to the chosen object of meditation and thus functions as the foundation for shamatha. Conversely, vipassana practice considers samadhi (shamatha) as the foundation for vipassana (Cullen et al. 2006).

In the Theravadan Abhidhamma (Buddhist psychology), *sati* is precisely defined as one of 19 “beautiful” mental factors whose function is the absence of confusion or non-forgetfulness. In the context of the Nikaya (Buddha’s Discourse) *sati* is referred to as a “kind of attentiveness that ... is good, skilful or right” (Thera 1965, p. 9). However, in the Tibetan Abhidharma, mindfulness is considered a neutral factor. For example, a sniper could be mindful while carefully taking aim at his target (Cullen et al. 2006).

Many contemporary Buddhist teachers use the term mindfulness in a more comprehensive way than simply

remembering or lacking confusion. According to J. Dunne (personal communication), the components of mindfulness as it is more broadly construed might include not only *sati*, but also *sampajanna* (clear comprehension) and *appamada* (heedfulness). Clear comprehension includes both the ability to perceive phenomena unclouded by distorting mental states (such as moods and emotions) and the meta-cognitive capacity to monitor the quality of attention. Heedfulness in this context can be understood as bringing to bear during meditation what has been learned in the past about which thoughts, choices, and actions lead to happiness and which lead to suffering (Cullen 2008).

This broader use of mindfulness could be widened even further to include the four *brahma viharas* which are alternately called the immeasurables, or sublime states, and include: loving kindness, compassion, sympathetic joy, and equanimity. As the first three are all aspects of unselfish care or friendliness, they can be seen as different expressions of the same quality of heart that is often referred to as basic goodness. They differ more in terms of context than content or affective tone, and can be distinguished by their proximal causes: compassion arises in the face of suffering and carries with it the impulse to act to relieve the suffering of another; loving kindness arises when we witness qualities or actions which are lovely or loveable; and, sympathetic joy arises in the face of others’ good fortune. Equanimity is distinct from the other three insofar as it is not associated with the same affective tone and tends to provide the leavening quality of even-handedness, providing the insight and/or perspective necessary to meet experience with skill and open-heartedness and appreciate our equality with all living beings. Kabat-Zinn (cited in Cullen et al. 2006) described mindfulness as affectionate attention in which an orientation of non-harming is inherent. Goldstein (cited in Cullen et al. 2006, p. 5) described mindfulness as being, “*always* a wholesome factor ... in a true moment of mindfulness there is freedom from greed, hatred and delusion ... through the practice of mindfulness, all of the other factors of enlightenment (mindfulness, investigation, energy, rapture, calm, concentration and equanimity) are automatically cultivated. Mindfulness does have that function of drawing the other factors of enlightenment together.” Olendzki (2008) explained how this is presented in the Abhidhamma:

One of the more astonishing insights of the Abhidhamma is that mindfulness always co-arises with eighteen other wholesome mental factors. We are used to thinking of these factors as very different things, but the fact that they all arise together suggests they can be viewed as facets of the same jewel, as states that mutually define one another. By reviewing the range of wholesome factors that co-arise with it, we can get a much closer look at the phenomenology

of mindfulness. First, there is equanimity (*tatra-majjhata*, 34)... It is therefore also characterized by non-greed (*alobho*, 32) and non-hatred (*adoso*, 33). This is the generic Abhidhamma way of referring to generosity or non-attachment on the one hand and loving-kindness on the other.

What is MBSR?

MBSR began in 1979 in the basement of the University of Massachusetts Medical Center. As a student of zen, vipassana, and yoga, Jon Kabat-Zinn included a range of both formal and informal practices for the cultivation of mindfulness. Due to its focus on specific and detailed instructions for directing, sustaining, and deepening attention, Vipassana lent itself beautifully to application in a mainstream setting. Other Buddhist traditions tend to be more culturally influenced and to rely more heavily on ritual, Buddhist philosophy, and the teacher–student relationship, making them harder to export to conventional institutions in a country constitutionally bound to the separation of church and state, and reflexively suspicious of even the word meditation.

The formal practices in MBSR are: mindful movement (gentle hatha yoga with an emphasis on mindful awareness of the body); the body scan (designed to systematically, region by region, cultivate awareness of the body—the first foundation of mindfulness—without the tensing and relaxing of muscle groups associated with progressive relaxation); and sitting meditation (awareness of the breath and systematic widening the field of awareness to include all four foundations of mindfulness: awareness of the body, feeling tone, mental states and mental contents). As such, the intention of MBSR is much greater than simple stress reduction. Through systematic instruction in the four foundations and applications in daily life, as well through daily meditation practice over an 8-week period, many participants taste moments of freedom that profoundly impact their lives. All of life serves as the ground for the informal cultivation of mindfulness, but each week new themes invite participants to explore mindfulness through different aspects of daily life (e.g., food, perception, relationships, work, stress).

Demographics and Research

No data exist as to exact, or even approximate numbers of MBIs worldwide and, if it did, it would be inexact before reaching publication. However, the Center for Mindfulness provided the following numbers:

- More than 18,000 graduates of the 8-week MBSR program at UMass (since 1979)
- More than 9,000 graduates of Oasis—the Center for Mindfulness’ institute for professional training (individuals from 35 countries have attended)
- Professional Training offered since the early 1980s, formalized into Oasis in 2005
- More than 500 clinics around the world
- Eight years of the Annual International Scientific Conference, and international meeting of clinicians, researchers, and educators

There are hundreds of research papers on the effects of MBIs on physical and mental conditions including, but not limited to depression (Jain et al. 2007), relapse prevention (Segal et al. 2010; Teasdale et al. 2002), anxiety (Baer 2003), substance abuse (Bowen et al. 2006), eating disorders and binge eating (Baer 2006), insomnia (Kreitzer et al. 2005), chronic pain (Morone et al. 2008), psoriasis (Kabat-Zinn et al. 1998), type 2 diabetes (Rosenszweig et al. 2007), fibromyalgia (Grossman et al. 2007), rheumatoid arthritis (Pradhan et al. 2007), attention-deficit/hyperactivity disorder (Zylowska et al. 2008), HIV (Creswell et al. 2009), cancer (Carlson et al. 2003; Witek-Janusek et al. 2008) and heart disease (Sullivan et al. 2009). A comprehensive literature review of papers found in the four of the largest health science databases (EBSCO, CINAHL, PSYCHLINE, and MEDLINE) found that “MBSR is an effective treatment for reducing the stress and anxiety that accompanies daily life and chronic illness” (Praisman 2008).

Growth and Scope

Since the seminal work of Segal et al. (2002) on mindfulness-based cognitive therapy (MBCT) for depression, both clinicians and academics have begun to explore the potentiating power of marrying mindfulness with the more traditional approach of cognitive behavioral therapy. There is now a graduate program in MBCT at Oxford University and the British National Health Service pays for the cost of the program. Another prominent mindfulness center in the United Kingdom is the Centre for Mindfulness Research and Practice at Bangor University. Numerous other MBIs have been spawned from MBSR including: Mindfulness-Based Childbirth and Parenting, SMART in Education/Mindfulness-Based Emotional Balance, Cool Minds™ (for adolescents), A Still Quiet Place (children of all ages), Mindfulness-Based Eating, Mindfulness-Based Relapse Prevention, Mindfulness-Based Elder Care, Mindfulness-Based Mental Fitness Training, Mindfulness-Based Art Therapy for Cancer Patients, Mindful Leadership™, Mindful Schools, Mindfulness without Borders, Trauma Sensitive MBSR for women with PTSD, along with many other programs designed for specific age groups

from pre-school through higher education. Norway, Sweden, Holland, France, Ireland, Germany, South Africa, Switzerland, and Italy are among many countries that have institutes and national associations of mindfulness teachers and trainings.

The organic grassroots growth of MBIs worldwide can be explained in several ways. The sense that mindfulness is the medicine (or food), which many in the developed world are starving for, is a sentiment frequently expressed at meetings of MBSR teachers. It is an antidote to the disease of twenty-first century life and its attendant and ever increasing pull toward multi-tasking and 24/7 connectivity. The costs to our mental and physical well-being are many and may include depression, anxiety and a variety of stress-related health concerns. For example, Kabat-Zinn (2010, p. xii) wrote:

The early years of MBSR and the development of other mindfulness-based clinical Interventions were the province of a small group of people who gave themselves over to practicing and teaching mindfulness basically out of love, out of passion for the practice, knowingly and happily putting their careers and economic well-being at risk because of that love, usually stemming from deep first-person encounters with the dharma and its meditative practices, often through the mediation of Buddhist teachers and acknowledged masters within a number of well-defined traditions and lineages.

In 1990, at a Mind and Life meeting in Dharamsala, Jon Kabat-Zinn was to present his work on MBSR to His Holiness the Dalai Lama. There had been heated debate among some meeting participants as to whether or not MBSR was genuine buddha dharma, and might undermine Buddhism itself. Kabat-Zinn reported that he spent that entire night meditating and reflecting on what he would do should His Holiness espouse such a view. In the end, he came to the conclusion, before giving his presentation the following morning, that his experience with the positive effects of MBSR on the thousands of patients who had gone through the program in the prior 11 years would have to take precedence over even the Dalai Lama's disapproval. Fortunately, His Holiness readily saw the value of such a program as a skillful means for catalyzing freedom from suffering in many people. At a public Mind and Life meeting years later, Kabat-Zinn asked His Holiness if there was any difference between Buddha dharma and universal dharma. The answer was "no."

The value and benefits of these mindfulness-based programs are undeniable. However, there has been debate over the years as to what place MBSR and its ensuing "lineage" should assume in relationship to the various Buddhist schools and traditions. There has been concern, particularly among Buddhist scholars and some monastics, that MBIs might

foreshadow the dilution or dumbing down of the rich, vast, and deep teachings of the Buddha. Perhaps it is important to reiterate here that MBSR is informed by and grounded in the application of the four foundations of mindfulness and the view that mindfulness, as taught in this program, has elements of all of the *brahma viharas* seamlessly integrated into it. More importantly, the most salient distinction between MBIs and Buddhism is that the former are secular and the latter is religious. Secular is not equivalent to shallow, nor is religious necessarily equivalent to deep.

There has also been concern about the absence of emphasis on *sila* or ethics. Most Buddhist traditions require vows of ethical behavior prior to meditation training. Although this formality is extremely helpful in providing a structure of safety for retreatants and monastics, and useful in purifying the mind for deeper practice, it is equally possible to integrate a foundation of ethical behavior into the practice of mindfulness itself. The emphasis in MBSR is on learning through first-hand experience and insight. This is very much in keeping with the original teachings of the Buddha who exhorted his students to find out for themselves if his teachings were useful and not to believe anything because he said so. When ethics are understood through direct insight into the relationship between skilful behavior and personal flourishing, it is possible to obviate the psychological resistance that frequently arises in response to "shoulds" and external mandates to behave in a particular way.

Unlike a cloistered retreat setting, most MBIs are taught over an 8-week period and there is an explicit emphasis on using all of one's inner and outer life as a laboratory to empirically explore which behaviors lead to suffering and which lead to happiness. Like the moral inventory in the 12-step programs, this can be the ground for profound insight into the direct link between unethical behavior and personal suffering. These insights, arising from first-hand experience, can be easier to integrate than externally imposed edicts from parents, church, and society. It is also of critical importance in most mainstream settings that a single set of ethics is not imposed, as this can both create conflict with different faith traditions and bring an association of religion into a setting where this is inappropriate and threatening. Interestingly, many participants in MBIs report a deeper connection to their own faith tradition, and its attendant moral code, after completing the program.

It could be argued that ethics and mindfulness have a bi-directional potential for supporting each other. While the practice of ethics makes it much easier to cultivate mindfulness, the cultivation of mindfulness necessitates a wholesome relationship to experience:

Although the brain science has yet to discover why, this tradition nonetheless declares, based entirely on

its phenomenological investigations, that when the mind is engaged in an act of harming it is not capable of mindfulness. There can be heightened attention, concentration, and energy when a sniper takes a bead on his target, for example, but as long as the intention is situated in a context of taking life, it will always be under the sway of hatred, delusion, wrong view (*ditthi*, 19), or some other of the unwholesome factors. Just as a tree removed from the forest is no longer a tree but a piece of lumber, so also the caring attentiveness of mindfulness, extracted from its matrix of wholesome co-arising factors, degenerates into mere attention (Olendzki 2008).

Also, the insights that arise for MBI participants, just like the insights for yogis on intensive retreat, arise within the scaffolding created by the teacher and the curriculum. It is the job of the skillful teacher to engage directly with the students, challenging beliefs, inviting deeper exploration, suggesting where and how to pay attention, all within the framework of a secular articulation of the four foundations of mindfulness.

There is much utility in preserving both the culture and teachings of the great religions. These debates contribute to the general good by continuing to clarify and enliven ancient teachings for modern audiences, refining translations and unearthing new clues to ancient wisdom traditions. Further, the vast and deep teachings of Buddhism, beginning with the Buddha himself, and then developed by enlightened beings over many centuries, in many countries, must never be lost as they contain, not only detailed descriptions of mental life and phenomena, but highly refined and systematic instructions for achieving enlightenment. These debates, however, have little relevance to the patients with chronic pain conditions and a host of other medical disorders and stress-related problems who enroll in MBSR classes. However one may feel about it, a lineage of MBIs is already here. Not only is it impossible to stop, its scope and future potential can barely be grasped.

There is both excitement and fear that MBIs might herald the emergence of a new, American *Dharma*: democratic, non-hierarchical, organic, non-devotional, embodied, eclectic, non-dogmatic, pragmatic, utilitarian, non-discriminatory (race, age, gender, SES), creative, emergent and widely accessible. Given the global interconnectivity of the twenty-first century, contemporary Buddhism may not emerge and evolve according to geographic locale as it did in the first few centuries as it wound its way through Asia. It may be that we do not yet have the language to describe the affinity group that is co-creating this new emerging dharma but, whatever their physical location, they share a love of the liberating potential of the *dharma*, a conviction

that it can play an important role in the treatment of twenty-first century *dukkha* (suffering), and an interest in the cultivation of a universal idiom accessible to those in need, whatever their backgrounds or belief systems. By offering access to insight and deep levels of mind *without* religion, a growing group of post-modern, post-partisan, intellectually skeptical, and scientifically grounded people are able to experience these practices without having to believe in something on faith alone.

Trends

One of the many currently unfolding trends of the MBIs is to offer interventions tailored to increasingly narrow cohort groups such as people with depression, the military, cancer patients, overweight women, medical students and the like. The advantages of teaching a homogeneous cohort include unique opportunities for bonding, empathy and support as well as enhanced social relationships. In these cohort-specific trainings, modules can be added that address more directly the diagnoses or difficulties faced by that particular group. However, something is also lost. As is often expressed in the first MBSR class, “You are more than your diagnosis. There is more right with you than wrong with you. We are here to gain access to that part of us which is never broken.” The beauty of a diverse class is the possibility of connecting with people who are very different from oneself and seeing that we share the same mind, the same wish to be happy and many of the same challenges.

Another trend is the increasing number of books published by the second generation of MBI professionals. These include not only popular books for the general public (Carlson and Speca 2010; Flowers 2009; Rosenbaum 2005), but academic texts (Baer 2006; Hick 2009; McCown et al 2010; Shapiro and Carlson 2009), and educational tools (Biegel 2009; Stahl and Goldstein 2010). These books could be understood as the fruition of the original co-emergent philosophy of MBSR. Each of these authors has seen a new potential through their own unique prism of contemplative training, professional experience and the secular application of mindfulness.

A recent and potentially far-reaching trend has been the advocacy of MBIs on Capitol Hill. Tim Ryan, Congressman from Ohio, proposed MBSR to HHS Secretary Kathleen Sebelius as a key intervention in preventative health. Speaking at a recent event for the Center for Mindfulness, Ryan declared his intention to propose the integration of mindfulness into every government program. He has walked his talk in his home district by allocating funds for social and emotional learning programs in the schools.

Yet more remarkable, and more controversial to some, has been the introduction of mindfulness interventions to the military. For example, Stanley and Jha (2010) studied the protective effects of mindfulness training on working memory capacity and affective experience in military service members preparing for deployment. They found that those participants who practiced meditation at home increased their working memories, exhibited lower levels of negative affect and higher levels of positive affect.

Opportunities

One of the greatest opportunities facing MBSR and MBIs is the potential to revolutionize the understanding and delivery of healthcare. Ruff and Mackenzie (2009) make a very strong case for mindfulness interventions reducing the cost of health care at a time when the annual cost of \$2 trillion is under great scrutiny as key national health indicators lag and budget deficits soar. They noted:

Regardless of who pays for healthcare in the United States, the cost must come down. Without a reduction in healthcare expenditures, no system will be sustainable for long. Applying what we know about the potential for (MBIs) to prevent disease, promote health, treat chronic conditions and improve the quality of care may well turn out to be a cornerstone of a more humane, equitable and effective approach to health and healthcare that can actually reduce costs in a meaningful way. Leveraging the body's innate capacity to heal itself may be the key to creating a sustainable healthcare system for the 21st century (Ruff and Mackenzie 2009, p. 320).

Consider the costs of delivering an MBI: instructor hourly fee plus overhead for room space, materials and registration. With zero diagnostic or technology costs, this averages out at approximately \$3 per contact hour per patient. Furthermore, Roth and Stanley (2002) reported that an 8-week MBSR program at a community health center resulted in a significant decrease in chronic care office visits after the MBSR program was completed.

Challenges

One of many challenges facing all MBIs as programs mature and graduates proliferate is the offering of ongoing support for the deepening and continuation of practices begun in the secular setting of a mindfulness class. Most people benefit dramatically from these programs and want to continue. Group support is often key in providing scaffolding for the learning and accountability for the practice. Although

graduate programs exist (at the Center for Mindfulness they have been in place for 30 years), they can sometimes be an afterthought and not always successful in retaining students and providing an ongoing sense of community. MBI graduates are sometimes encouraged to support their practice by attending local contemplative centers, primarily Buddhist. However, not everyone is comfortable relating to the language and iconography of a religious center. If MBI is indeed emerging as an important stream in the new American *Dharma*, it will need to find a way to address the question of how to cultivate and support a lifelong secular practice, an idiom and a community (*sangha*).

This challenge is also expressed in the increasing need for talented and highly experienced teachers. The exponential growth in MBSR and its many derivatives has created a universe of programs too big for either coordination or quality control by the Center for Mindfulness (CFM). At the 2010 MBSR conference, a meeting was held to begin to address the needs of centers around the world, which offer training for MBI instructors, and the role the CFM could play in either endorsing or overseeing these programs. Although there is a certification program for MBSR instructors, after 10 years the program has certified only about 100 teachers worldwide, making it untenable at this time for research projects or health care institutions to demand certification as a standard for hiring new instructors.

A more subtle aspect of the same challenge is the need for the instructor to continuously deepen his or her own practice sufficiently to teach mindfulness at the introductory level of MBSR and beyond. Although number of years practicing meditation is certainly a factor, it is not the only variable in measuring this competency. How do you measure the understanding and embodiment of the *Dharma*? It is no wonder the CFM was loathe to take on this issue in the first place and, if *they* struggle with it, how can a medical center or school district begin to establish and require the necessary qualifications and standards of competency and excellence?

One answer that has emerged in only the past year takes the novel form of intensive meditation retreats for MBI professionals. Taught by Kabat-Zinn, Christina Feldman (Vipassana teacher) and John Teasdale (co-creator of MBCT), these 9-day retreats may herald the emergence of MBSR as a lineage. First, they filled up immediately, validating the thirst for MBI instructors to deepen their practice within this unique framework. Second, both Spirit Rock and the Insight Meditation Society hosted these retreats, which served not only to endorse them but foster their growth and situate them squarely within the broadly defined Buddhist pantheon. Third, and perhaps most important, they are similar to, but also clearly distinct from other retreats at these centers. They share the same reliance

on the original teachings of the Buddha, and *Dharma* talks are offered to illuminate essential components of Buddhist philosophy. Sitting and walking practice are taught much as they would be at any other vipassana retreat.

Though Buddhist retreats increasingly offer different forms of mindful movement, rarely are they offered by the meditation teachers themselves, at 6:00 every morning as Kabat-Zinn does. A hallmark of MBSR is embodiment: both literally and figuratively. Instructors are called upon to embody mindfulness as the primary vehicle for teaching it. There is also the invitation to re-inhabit the body as, not only the first foundation of mindfulness, but the doorway to the present moment. Another remarkable expression of this embodiment is the participation of the teachers in all of the practices. It was surprising to see Kabat-Zinn doing the walking meditation every day and the teachers clearly choosing to engage as much as possible with the schedule. Kabat-Zinn and Teasdale also chose whenever possible to eat their meals in silence, with the yogis in the dining hall, which served as a powerful expression of the democratic and non-hierarchical spirit of MBSR. Unlike other retreats at these centers, Americans were in the minority, suggesting a unique pull to draw participants from all corners of the globe.

A larger challenge facing all MBIs at this moment is the question of what constitutes an MBI? Terms like mindfulness, concentration, awareness, and contemplation are often used interchangeably. Though the operational definition of mindfulness expressed in this paper may already be considered too broad for some, is there a clear outside limit to what may reasonably be called a mindfulness-based intervention? One important, distinguishing feature of mindfulness practice is the systematic application of a particular type of awareness to a variety of phenomena (i.e., the four foundations of mindfulness). In mindfulness practice, though it is common to begin with breath awareness, it is essential to bring awareness to other aspects of experience, such as thoughts and mental states in order to promote insights into no-self, impermanence and the reality of suffering. After the practitioner develops sufficient clarity and stability of mind, awareness can be directed not only towards more subtle aspects of experience, but towards the fleeting, selfless and ephemeral nature of experience.

Conclusion

In the past 30 years, MBSR has grown organically and exponentially around the world and from many walks of life. Through the exponential growth of rigorous research studies published in the professional literature, MBSR can provide evidence-based rationales for the implementation of

contemplative programs in mainstream settings such as hospitals, schools, prisons, and businesses. MBSR provides a highly refined yet accessible language for sharing contemplative practice and values in a universal, non-religious, and non-dogmatic way. Along with this, a pedagogy has emerged which emphasizes the role of embodiment and mindful engagement of the instructor as the primary vehicle for teaching mindfulness.

The success of the research and the inherent value of the program have, in turn, spawned off-shoots of MBSR, for which a new acronym has been coined: MBI. As new books outlining MBIs continue to be published, other contemplative programs can avail themselves of these methods. Though they target different groups, MBIs ideally share the organizing principle of mindfulness, not simply as the ability to stay focused, but as the miracle which can liberate the mind through insight and which inherently cultivates wholesome mental states. MBIs share core curricular components that invite participants to explore the four foundations of mindfulness with the intention of creating the grounds for this particular, heightened mental factor of mindfulness to arise. Without a clear understanding of mindfulness, secular interventions using the name “mindfulness” can easily degenerate into mere stress reduction.

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