There is growing interest in the applications of mindfulness in applied psychological settings. However, the speed at which it is being assimilated by Western psychological and public healthcare disciplines has led to concerns about whether the evidence for mindfulness-based interventions justifies this growing popularity. Concerns have also been raised over the ‘authenticity’ of contemporary Western approaches and whether they bear any resemblance to the traditional Buddhist model.

This article examines these issues and discusses whether the current popularity of mindfulness is likely to be just a passing trend, or ‘a breath of fresh air’ in terms of alleviating suffering and advancing understanding of the human mind.

Can mindfulness be defined?
Is mindfulness a psychological or a spiritual construct?
Why is authenticity important in mindfulness approaches?

Mindfulness in psychology – a breath of fresh air?

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Research into the attributes, correlates, and applications of mindfulness has increased greatly during recent decades. In fact, mindfulness is arguably one of the fastest-growing areas of psychological research. During 2013 almost 600 scientific papers concerning mindfulness were published, representing a tenfold increase compared to the number of mindfulness papers published during 2003 (Shonin et al., 2013a).

However, due to the speed at which mindfulness has been taken out of its traditional Buddhist setting and assimilated by Western psychological and medical disciplines, concerns and integration issues have inevitably arisen. One such concern is whether the quality of empirical evidence tallies with the numerous claims concerning the efficacy and utility of mindfulness-based interventions (MBIs).

This article briefly discusses current empirical research directions and provides what we believe is timely critical opinion on key issues in mindfulness research, including whether the current popularity of mindfulness in psychology is likely to be just a passing trend, or ‘a breath of fresh air’ in terms of advancing understanding of the human mind.

Defining mindfulness
Mindfulness is a 2500-year-old Buddhist meditation practice. According to Buddhist thought, individuals have a tendency to ruminate about the past and/or rush towards the ‘ungraspable’ future, which never materialises – it is always the present (Shonin et al., 2014a). Buddhism asserts that this behavioural tendency of ‘not being fully present’ can distort an individual’s perception of reality and lessen their ability to consciously participate in the present moment (Dalai Lama, 2001). The non-mindfulness practitioner is often likened in the Buddhist teachings to a ‘walking corpse’, or to one who goes through life on autopilot, never stopping to take a few conscious breaths and out in order to be fully present with themselves.

In terms of Western psychology’s understanding of mindfulness, there is currently a lack of consensus as to exactly what defines the mindfulness construct (Van Gordon et al., 2013). However, it is generally accepted by psychologists that mindfulness is fundamentally concerned with becoming more aware of the present moment; can (and should) be practised during everyday activities and not just when seated in meditation; is generated more easily by using a ‘meditative anchor’, such as observing
should not involve any forced
is concerned with observing both
is generally easier to learn if
Mental Health Foundation. 
National Institute for Health and Clinical
Depression: Management of
Excellence (NICE)

Traditionally, mindfulness is practised in
context of mindfulness practice.
definition of mindfulness relates to the
psychologists regarding an appropriate
conducive to ethically wholesome
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practitioner is essentially ‘indifferent’ and
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conduct (Shonin et al., 2014a).

Another key area of debate amongst psyhotologists regarding an appropriate
definition of mindfulness relates to the
context of mindfulness practice.
Traditionally, mindfulness is practised in
the context of spiritual development and
in conjunction with numerous other
meditative and/or spiritual practices.

Arguably, the most popular
delineation of mindfulness used in the
psychology literature is that employed by
Kabat-Zinn who defines mindfulness as
‘paying attention in a particular way: on
purpose, in the present moment, and
non-judgmentally’ (1994, p.4). However,
we recently argued that the use of the
term ‘non-judgemental’ in the above
definition is too ambiguous because it
could imply that the mindfulness
practice is essentially ‘indifferent’ and
does not seek to discern which cognitive,
emotional, and behavioural responses are
conductive to ethically wholesome
conduct (Shonin et al., 2014a).

In order to address some of these
issues, a number of alternative definitions
of mindfulness have been proposed –
each with its own strengths and
limitations. We favour this definition
(for greater detail see Shonin et al., 2014c,
p.1): ‘Mindfulness is the process of
engaging a full, direct, and active
awareness of experienced phenomena
that is spiritual in aspect and that is
maintained from one moment to the
next.’

**Current directions**

Clinically focused research represents the
mainstay of mindfulness empirical
inquiry, and an MBI known as
mindfulness-based cognitive therapy
(Segal et al., 2002) is now advocated by
both the National Institute for Health and
Care Excellence (NICE) and the
American Psychiatric Association (APA)
for the treatment of recurrent depression
in adults (APA, 2010; NICE, 2009). In
addition to depression and other mood
disorders, MBIs have also been shown to
be effective in helping treat a broad range
of mental health problems and somatic
illnesses. Examples include anxiety
disorders, substance-use disorders, eating
disorders, attention-deficit hyperactivity
disorder, behavioural addictions (e.g.
problem gambling, work addiction),
schizophrenia-spectrum disorders, sexual
dysfunction, diabetes, coronary heart
disease, HIV aids, fibromyalgia, psoriasis,
brain injury, and cancer (e.g. Arias et al.,
2006; Baer, 2003; Chiesa & Serretti, 2011;
Shonin et al., 2013c).

Outside of clinical settings,
neuropsychological functional and
structural imaging studies have shown
dthat mindfulness practice can improve
self-regulatory efficacy via neuroplastic
changes in the anterior cingulate cortex,
insula, temporo-parietal junction, fronto-

The box on this page provides an
eample of a guided mindfulness
meditation taken from our own work
with an eight-week secular MBI known
d as meditation awareness training (MAT;
Shonin et al., 2014b; Van Gordon et al.,
2013).

A guided mindfulness meditation

1. Breathing in, I am fully aware I breathe in; breathing out, I am fully aware I breathe out.
2. Breathing in, I am aware whether my breath is deep or shallow, short or long; breathing out, I allow my breath to follow its natural course.
3. Breathing in, I enjoy breathing in; breathing out, I enjoy breathing out and I smile gently to myself.
4. Breathing in, I am fully aware of each individual moment of my breath; breathing out, I taste and experience the texture of breath.
5. Breathing in, I am aware of the space and time that exists between my in-breath and out-breath, and between my out-breath and in-breath; breathing out, I relax into this space and time.
6. Breathing in, I am aware of my lungs as they rise and fall; breathing out, I am aware of my heart beat.
7. Breathing in, I am fully aware of my body; breathing out, I allow my body to calm and relax.
8. Breathing in, I am here; breathing out, I am now.
9. Breathing in, there is nowhere else I need to be; breathing out, I am already home.
10. Breathing in, I enjoy being alive; breathing out, I enjoy simply being.

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**References**


limbic network, and default mode network structures (Holzel et al., 2011). Preliminary findings also suggest that mindfulness has applications in (but not limited to) (i) forensic psychology as a tool for reducing recidivism, modulating impulsivity and regulating anger, (ii) occupational psychology for improving work-related well-being, work productivity and job performance, (iii) educational psychology for improving academic performance, knowledge acquisition, quality of learning environment and cognitive functioning, (iv) positive psychology for facilitating wisdom acquisition, flourishing and well-being optimisation, (v) sport psychology for achieving peak performance, situational awareness and task focus, and (vi) transpersonal psychology for improving spiritual and metacognitive awareness (e.g. Dane, 2010, Eberth & Sedlmeier, 2012, Shonin et al., 2013b, 2013c).

Mechanisms of action
A key mechanism of action for mindfulness meditation is a perceptual-shift in the mode of responding and relating to sensory and cognitive-ffective stimuli (Baer, 2003). This facilitates mindfulness practitioners to objectify their thoughts and feelings and to apprehend them as passing phenomena. Other proposed mechanisms include:

- greater self-awareness and emotional self-regulatory capacity leading to improved psychosocial coping strategies;
- modification of immune and neuroendocrine system biological pathways;
- reduced autonomic arousal leading to greater levels of relaxation;
- transferring the locus of control for stress from external conditions to internal metacognitive and attentional resources;
- improved regulation of negative mood states and self-disparaging schemas via the cultivation of compassion and self-compassion; and
- growth in spiritual awareness that broadens perspective and induces a re-evaluation of life priorities (e.g. Dane, 2010, Ludwig & Kabat-Zinn, 2008; Shonin et al., 2014a).

Strengths
A typical intervention format for teaching mindfulness in psychological settings is an eight-week group-based secular programme comprising weekly sessions of 90–180 minutes duration; a taught psychoeducation component; guided group mindfulness exercises; a CD of guided mindfulness meditations to facilitate daily self-practice; a half-day or full-day silent mindfulness retreat; and varying degrees of one-to-one discussion-based therapy with the programme instructor.

Although these elements are invariably included in mindfulness interventions, one of the main strengths of MBIs is their versatility as the programme structure can be easily adapted to meet the needs of different population groups (e.g. shorter sessions/guided meditations for school-age children, greater psychoeducation component for clinicians and/or professionals, greater one-to-one discussion/therapeutic component for patients, etc.). A further strength of MBIs is their cost-effectiveness, with a typical eight-week intervention requiring as little as three facilitator hours per participant (i.e. based on 30 intervention hours delivered by one facilitator to 10 participants). As mindfulness is a non-pharmacological intervention, other strengths are that MBIs are generally considered to be non-invasive, and their secular delivery format means that they are acceptable to individuals from a diverse range of religious and cultural backgrounds (Shonin et al., 2013c).

Limitations
Despite the apparent utility of MBIs within a range of applied psychological settings, the methodological quality of a large number of MBI studies remains questionable (see Van Gordon et al., 2013). Many rely on self-report measures rather than clinical diagnostic interviews, and have an absence of (or poorly implemented) intent-to-treat analysis, along with poorly designed control conditions that do not account for confounding factors such as psychoeducation, therapeutic alliance, non-meditative relaxation techniques, and group engagement. Some fail to control for fidelity of delivery (i.e. the extent to which MBI instructors adhere to the intervention protocol), variations in the experience and competence of MBI instructors, and in the way different MBIs define and operationalise mindfulness. There is also a scarcity of long-term follow-up studies.

A further notable limitation of MBI intervention studies relates to the growing popularity of mindfulness amongst the general public. As previously outlined, outcomes from MBI studies are often based on an eight-week programme involving between 16 and 32 hours of instruction in a group setting. Due to the fact that competence in mindfulness wellbeing in a sub-clinical sample of university students. Mindfulness, 5, 381–391.

practice is traditionally assumed to develop only after many years of focused day-to-day practice (Shonin et al., 2014a), it is perhaps surprising that dramatic improvements in psychological and/or somatic well-being are reported to unfold after just eight weekly meetings. Given that it is difficult to blind participants from the fact they are undergoing mindfulness training, and due to the current popularity of mindfulness, it is possible that the improvements demonstrated by some MBI participants across time represent a form of intervention performance bias.

A question of authenticity

The process of integrating Eastern philosophical principles and practices into Western psychological settings inevitably gives rise to complications. Indeed, as referred to earlier, there are concerns as to whether the ‘spiritual essence’ of mindfulness has remained intact in its clinically orientated Westernised form. For example, successive Westernised models of mindfulness have invariably failed to consider the cooperating or mechanistic role of other meditative and spiritual-practice agents (e.g. ethical awareness, compassionate outlook, insight into concepts such as suffering, non-self, and impermanence, etc.) and the fact that mindfulness was traditionally practised to facilitate a realisation of a person’s full human potential and capacity for unconditional well-being, rather than as a tool for treating psychological and/or somatic illness. Consequently, there is growing debate in the psychological literature over the ‘authenticity’ and construct-validity of mindfulness in terms of how it is taught in Western MBIs (e.g. Shonin et al., 2014b; Singh et al., 2014; Van Gordon et al., 2013). In fact, although such research is at a very early stage, it appears that some service users actually prefer and respond favourably to an approach that more closely follows the traditional meditation didactic and practice techniques. Adhering to a practice model that is still secular but that more closely resembles the traditional (and tried-and-tested) meditational teachings may be a more prudent approach, particularly in the relative absence of research assessing the long-term follow-up effects of mindfulness. We should also remember that in certain instances, MBI instructors may have as little as one year’s mindfulness practice and teaching experience following completion of a single eight-week training course (MHF, 2010). In traditional contexts a mindfulness/meditation teacher would typically undergo intensive training – sometimes for many decades. So it is questionable whether such MBI instructors’ expertise of mindfulness enables them to impart an authentic transmission of the mindfulness teachings (Shonin et al., 2013b, 2014a).

Passing trend or breath of fresh air?

Although we have outlined a number of issues in mindfulness research, many of these issues are arguably ‘par for the course’ when attempting to comprehend and assimilate a ‘new’ psychological construct. In effect, these issues relate to the need to conduct more methodologically robust empirical evaluations in order to consolidate scientific understanding. Despite this, the general consensus amongst psychologists is that when correctly practised and administered, mindfulness meditation is a safe and effective tool for improving mental health and psychological well-being. Furthermore, findings from the empirical study of mindfulness appear to suggest that there are aspects of the human consciousness – particularly those that involve the ‘self’ observing the ‘self’ – that do not only regulate routine attentional and emotional processes, but can also mobilise as yet uncharted metacognitive resources.

At present, mindfulness is arguably a buzzword in (and outside of) psychology, and as with all scientific phenomena that attract substantial media and public attention there is always the possibility that the perceived hype outweighs their utility in applied settings. However, mindfulness has been a ‘tried and tested’ Buddhist practice for over 2,500 years, and many Buddhist practitioners are only too happy to attest to its benefits (e.g. Nhat Hanh, 1999). Nevertheless, if mindfulness is truly going to be a breath of fresh air in terms of advancing understanding of the human mind, then it is vital that more methodologically robust research is undertaken and that future investigations look beyond the superficial attributes of mindfulness and seek to identify the cooperating and underlying psycho-spiritual properties that are traditionally assumed to authenticate mindfulness practice.
A Breath of Fresh Air is structured by seasons, with a focus on finding joy in the natural world. Whether it’s paddling a canoe, spotting swallows on a summer evening, daydreaming on a deckchair, foraging for wild garlic, watching a film at an outdoor cinema or recording the sounds you hear in the forest, there are over 50 creative and imaginative ways to encourage mindfulness and find calm. The book also encourages wellbeing through physical activity, making use of the beautiful places looked after by the National Trust. The most basic way to do mindful breathing is simply to focus your attention on your breath, the inhale and exhale. Experts believe a regular practice of mindful breathing can make it easier to do it in difficult situations. Sometimes, especially when trying to calm yourself in a stressful moment, it might help to start by taking an exaggerated breath: a deep inhale through your nostrils (3 seconds), hold your breath (2 seconds), and a long exhale through your mouth (4 seconds). Otherwise, simply observe each breath without trying to adjust it; it may help to focus on the rise and fall of your chest or the sensation through your nostrils. As you do so, you may find that your mind wanders, distracted by thought. Fresh air and cashmere. Let your mind lean back in your chair. All around you, above you, fresh, blue air. You are surrounded by air. The fresh air of an evening is soothing and slow. The fresh air of a morning is brisk. Picture a fresh morning. The quiet minute before the alarm. Cool splashing water against your face. Blue air drying it, waking your skin, flushing your cheeks. A little chill at the tip of your nose, perhaps, your little finger, your earlobes. Breathe in a fresh start, breathe out the day before. Be mindful of the air that surrounds you and fills your lungs. The freshness that