Note: This is a published commentary, editorial board assisted and co-authored

Being mindful about mindfulness

The results of more than three decades of research have shown the many positive effects that mindfulness can have on health, improving quality of life both in the general population and in clinical populations.[1] A mindful outlook helps people to avoid automatic behaviours that rely on pre-existing or underlying assumptions and evaluations that might not be applicable to the current situation. Despite a resurgence of interest in mindfulness as shown in academic publications (figure), and in the published work directed at the general public, this method continues to be much misunderstood.[2] Our view is that a broad array of clinical applications exists for an increased understanding of the different approaches to mindfulness, and we focus here on the details of two well known and different conceptual frameworks.

There are two major theoretical frameworks defining mindfulness, one developed by Ellen Langer in the mid-1970s and the other by Jon Kabat-Zinn in the late 1970s.

Ellen Langer's concept of mindfulness is characterised by the process of actively making new distinctions about a situation and its environment, rather than relying on automatic categorisations from the past.[3] This process of paying attention to novelty and to the context of the current situation can lead an individual to approach the scenario from many possible perspectives, reframing events in more than one way. Processing information within this framework might result in positive health-related outcomes. For example, being mindful about ageing enables us to understand that our preconceived notions about the apparently inevitable course of ageing is a function of our mindset, a reflection of the view that growing older automatically coincides with a substantial reduction in the pleasures associated with youth. If, instead, we free ourselves of the conventional limitations imposed on ageing, we might add years to our lives or at least add more life to our years.[4]

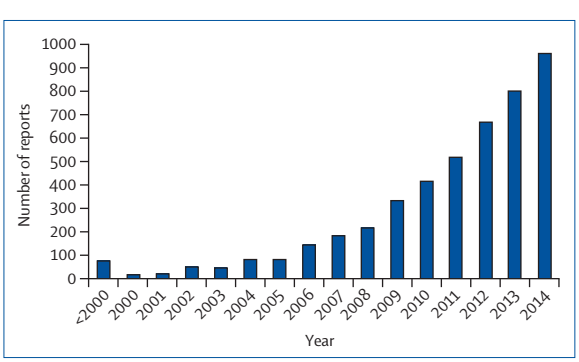

***Figure 1*: Number of published papers about mindfulness**
Data from Scopus, with permission. Scopus search on all scientific literature: mindfulness.

Mindfulness is the reverse of mindlessness, in which a person takes a perspective about an event or a situation and relies on automatic or repetitive thought processes, judgments and behaviour. When mindless, people rely on previously established distinctions and categories, which in turn can lead to maladaptive behaviours.[5] Examples of mindlessness include prejudice, stereotypes, and automatic behaviours (eg, driving somewhere and not remembering how we got there).

In Jon Kabat-Zinn's theory, mindfulness focuses on paying attention in a purposeful manner, in the present moment, and non-judgmentally: without moral and emotional assessments, as if no bad or good exists.[6] In this approach, mindfulness is promoted by meditation, particularly a westernised version of Buddhist Vipassana meditation. The community of clinical psychologists in Europe and the USA tends to rely on the Kabat-Zinn construct as illustrated in two well known mindfulness-based interventions: mindfulness-based stress reduction, and mindfulness-based cognitive therapy.[7] In our view, it is inconsistent with mindfulness as a way of life to define it as equating to or necessitating meditation; such an approach might be deemed mindless in its requirement to follow a particular process to achieve mindfulness. The concept of mindfulness, regardless of one's theoretical approach, refers more to a psychological construct and is not rooted in any particular mechanism or set of exercises to achieve. In this sense, we see the function that meditation has in the construct of mindfulness as analogous to the role an antidepressant drug has in relation to depression, as a mechanism influencing a psychological variable. Moreover, just as an antidepressant drug is not the only way to reduce depressive symptoms, meditation is not the only method to establish a state of mindfulness.

We fully agree that meditation training can be powerful in the improvement of psychological wellbeing and quality of life, as articulated in the increased focus of academic studies.[8] However, less than 10% of the general population of the USA engages in a regular practice of meditation.[9] Although many people might not be aware of meditation's benefits, clinical experience suggests

that people are disinclined to attempt or to regularly participate in meditation for many reasons, from the more practical (eg, it requires time), to different forms of psychological resistance (eg, fearful about losing control).[10] We think that it is important to understand that if meditation is perceived as the only way to increase mindfulness, most people will rarely take advantage of the discoveries that social and clinical psychology have made about this construct. Just as we can, with sufficient motivation, find more than one way to study, to lower stress levels, or to lose weight, there are several paths to achieve mindfulness. Indeed, meditation could have benefits to its practitioners that might not even be part of a mindfulness framework.

Langer's approach regards mindfulness as a way of being, with supportive activities, leading to cognitive reframing characterised by a mindful disposition.[3] In this model, the simple process of noticing new things is the key to being present. When we notice new things, we come to see the world with the excitement of seeing and experiencing it for the first time, and with the additional comfort that our previous life experience brings to the activity. To think of the world as constantly changing, and notice subtle changes in the context and in the inner self, can challenge the (mindless) tendency to hold things in one's mind as if they are constant. In the case of psychological or physical suffering, a mindful perspective helps one to understand that the negative feelings, whether psychological or physical, are not always present, and that there is variation in the intensity and potential mitigation of symptoms.[11]

The psychological theory of mindfulness and its clinical and social applications are becoming increasingly important in the field of psychological research. A more mindful perspective about mindfulness, without narrowing the potential to a single mechanism for its achievement, could lead to novel ways to apply new knowledge and benefit patients. Clinicians can help their patients to become more mindful using the simple act of noticing new things, if they are not inclined to pursue meditation training. Furthermore, clinicians can improve their clinical skills by becoming more mindful themselves.[12] A mindful clinician might be open to incorporate new information at every session, rather than rely on previously established diagnoses. We invite clinicians and clinical researchers to maintain an open mind towards the many different pathways to achieve mindfulness.

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1 Khoury B, Lecomte T, Fortin G, et al. Mindfulness-based therapy: a comprehensive meta-analysis. *Clin Psychol Rev* 2013; **33:** 763–71.
2 Hart R, Ivtzan I, Hart D. Mind the gap in mindfulness research: a comparative account of the leading schools of thought. *Rev Gen Psychol* 2013; **17:** 453.
3 Langer EJ. Mindfulness. Reading, MA, USA: Addison-Wesley/Addison Wesley Longman, 1989.
4 Alexander CN, Langer EJ, Newman RI, Chandler HM, Davies JL. Transcendental meditation, mindfulness, and longevity: an experimental study with the elderly. *J Pers Soc Psychol* 1989; **57:** 950.
5 Langer E, Moldoveanu M. The construct of mindfulness. *J Soc Issues* 2000; **56:** 1–9.
6 Kabat-Zinn J. Full catastrophe living: using the wisdom of your body and mind to face stress, pain, and illness. New York, NY: Delacorte, 1990.
7 Baer RA. Mindfulness training as a clinical intervention: a conceptual and empirical review. *Clin Psychol Sci Pract* 2003; **10:** 125–43.
8 Goyal M, Singh S, Sibinga EM, et al. Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. *JAMA* 2014; **174:** 357–68.
9 Barnes PM, Bloom B, Nahin RL, Statistics NCfH. Complementary and alternative medicine use among adults and children: United States, 2007. *Nat Health Stat Report* 2008; **10:** 1–23.
10 Sears SR, Kraus S, Carlough K, Treat E. Perceived benefits and doubts of participants in a weekly meditation study. *Mindfulness* 2011; **2:** 167–74.
11 Phillips D, Pagnini F. A Mindful Approach to Chronic Illness. In: Le A, Ngnoumen CT, Langer E, eds. The Wiley-Blackwell Handbook of Mindfulness. London: Wiley-Blackwell, 2014: 852–63.
12 Carson SL, Langer EJ. Mindful practice for clinicians and patients. In: Haas L, ed. Handbook of primary care psychology. New York, NY, USA: Oxford University Press, 2004: 173–86.

Psychotherapy provision in the UK: time to think again

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If a patient with cancer had to wait up to a year for treatment, health-care professionals and the general public would think it dangerous and wrong. If their treatment was then limited to six doses of radiotherapy, regardless of the pace of recovery, there would be disbelief. And if one treatment approach did not work when alternative therapies were available, it would be scandalous for a clinician to then say "there is no more we can do for you". Yet this is often the experience of people suffering from psychological distress trying to access therapy on the NHS.[1]

A new report[2] by our organisations, the British Psychoanalytic Council and the UK Council for Psychotherapy, reveals the parlous state of long-term