

Masters Thesis:

An Investigation of the Therapeutic Use of Mindfulness Practice

by

Rob Gazzola

A thesis submitted in partial fulfillment of the requirements for the degree of

Master of Counselling Psychology

City University of Seattle, Vancouver, Canada

2016

APPROVED BY

Dr. Colin Sanders PhD, M.A., Advisor, Counselling Psychology Faculty

Dr. Maria Stella, Ph.D., Faculty Reader, Counselling Psychology Faculty

Division of Arts and Sciences

Abstract

This thesis presents an investigation into the therapeutic properties of mindfulness as a practice for individuals experiencing difficulty with mental health and/or addictive behavior. The introduction briefly looks at the history and evolution of mindfulness practice. The importance of this body of work is described. A literature review then explicates the utility of mindfulness and how it can be utilized through psychotherapy. This includes evidenced research of the areas in which mindfulness can be useful and in which ways. A discussion chapter provides commentary around the literature findings that help describe how to effectively incorporate mindfulness practice into treatment. A final chapter looks at closing thoughts, which include potential areas for future research on this topic.

Acknowledgements

This project would not have been possible without the support of my loving family. I would like to thank my dad, mom, Erica and Cory for the constant support and encouragement, which gave me the strength and courage to keep going forwards. I would not have such an engaged understanding of mindfulness if it was not for our countless trips to the lake, river, and great outdoors. Much love! Thanks to all of my extended family and friends who have stuck with me over the last few years while I took on the interesting journey of this thesis and Master's program. I would like to thank my thesis advisor Colin Sanders and reader Maria Stella for their guidance and valuable feedback, which inspired me to make this thesis about something personal. I would also like to thank all of the professors I have had at City U. and who inspired me to find passion and meaning in my endeavours. Larry Green, Chris Kinman, Steve Conway, and the amazing people that went through the program with me: I will always cherish the time we spent together, and look forward to continuing more connections with you on the great long journey ahead.

Table of Contents

Acknowledgements	iii
CHAPTER ONE: INTRODUCTION.....	1
Research Questions	3
Scholarly Context	4
Mindfulness and Mental Health.....	4
Mindfulness and Addiction	5
Definitions	5
Assumptions, Limits, Scope	6
Chapter Two: A Brief History of Mindfulness	8
Mindfulness in Buddhism.....	8
John Kabat-Zinn on Mindfulness	10
Daniel Siegel on Mindfulness	12
Mindfulness in Mainstream Culture.....	13
Chapter 3: Literature Review	16
Mindfulness and Mental Health	16
Mindfulness and Addiction	21
Chapter 4: Discussion	26
My Introduction to Mindfulness.....	26
The Semantics of Mindfulness	27
Learn it, then Teach it.....	28
Therapist as Practitioner	28
Mindfulness as a Way of Life	29
Mindfulness in Group Practice.....	30
Separation of Self from Thoughts	31

Reducing Stress by Increasing Well-Being	31
Chapter 5: Conclusion.....	33
Limitations and Recommendations for Future Research	34
Comments on this Writing Experience.....	35
Final Words	37
References	39

CHAPTER ONE: INTRODUCTION

This study explores the therapeutic merit of incorporating mindfulness/mediation as a practice to help cope with problems connected to mental health and addiction. The key aspect is a literature review of recent studies aimed at providing scientific evidence of the efficacy of a treatment program, which includes the incorporation of mindfulness as a way of dealing with mental health and addiction. In particular, the intent is to identify and extrapolate the properties of mindfulness that are therapeutic in the context of mental health and addiction as to better understand where and how to incorporate it.

Mental health issues such as anxiety, depression and addiction cause many people to seek professional treatment in the form of counseling. In recent years, various counseling practitioners in the Western world have promoted the practice of mindfulness as a way of being that prevents and/or alleviates suffering from different psychological problems. Numerous psychological and physical benefits of meditation have also arisen in mainstream media as countless books, reports, articles and professionals purport to provide the understanding necessary to begin mindfulness practice. With a desire to better understand the efficacy of mindfulness practice in a therapeutic context, the aim of this study is to help inform counseling practitioners of when and how mindfulness can be effectively used to combat psychological suffering.

Mindfulness-based practices such as meditation have been receiving much attention in Western counseling circles. It is imperative to keep a discourse on this topic open as some critics argue mindfulness is being touted as a solution to everything. It is, therefore, the intent of this thesis to investigate the practice of mindfulness for its therapeutic merit. In this manner, the

research in this area can be compared and contrasted to gain insight as to how and where to effectively incorporate mindfulness into a therapeutic treatment plan.

To begin, it may be useful to briefly introduce the origins of mindfulness (for a deeper explanation of the history of mindfulness, see Chapter 2). The formal practice of mindfulness is done in what is called mindfulness meditation. The practice of mindfulness meditation developed through a cultural evolution that has been occurring for thousands of years (Siegel, 2010). Although numerous cultures have contributed to the evolution of mindfulness throughout the years, much of this process has been attributed to the Buddhist tradition over the last 25 centuries (Siegel, 2010). Part of Buddhist mindfulness meditation is practicing a balance between slowing, noticing and calming (Maex, 2011). The intent is to alter one's habitual thought processes by bringing the mind to something simpler (Maex, 2011). Buddhist meditation is thus a process whereby the mind learns to pause, become less reactionary, and respond to thoughts, emotions and actions from a composed place of compassion. This practice of meditation gives rise to mindfulness, which can be viewed as an orientation to our experience that consists of awareness and acceptance (Siegel, 2010). In this regard, the mindfulness practitioner comes to accept things as they are; coming to peace with the notion that change is inevitable (Siegel, 2010).

Various interpretations of mindfulness practice have arrived in the Western world in the 20th century. Jon Kabat-Zinn is among the prominent Western theorists who first translated Buddhist mindfulness to its current form used in the West. As Eastern and Western philosophies of mindfulness merge, a critical eye is needed to maintain awareness of how and when its practice is called for. The concept of mindfulness has penetrated mainstream culture as a fix-all solution to various problems and this highly simplistic idea has the potential to misguide its

usage. Nonetheless, mindfulness practice appeals to many in the psychotherapy field as it provides the potential for having empowering qualities.

In terms of mindfulness in psychotherapy, practitioners in the West have been more recently advocating its usage for various psychological issues. With this in mind, it is valuable to understand the underlying mechanisms to which mindfulness can actually have a therapeutic use. Specific to a therapeutic context, mindfulness is a way of embracing experience- both positive and negative- in such a way that reduces suffering and increases wellbeing (Germer, Siegel, & Fulton, 2005). Fortunately, mindfulness is a way of being that is available to anyone (Germer et al., 2005). To this end, therapists may benefit by attaining a better understanding of how to encourage the usage of mindfulness through therapy. The intent of this study is thus to investigate the research whereby mindfulness was shown to produce a therapeutic effect on individuals and their psychological suffering, and to better understand why and how that effect occurred.

Research Questions

The questions this research aims to address include those pertaining to the therapeutic nature of the use of mindfulness: What therapeutic effect does mindfulness have in terms of mental health and addiction? What are the qualities and/or properties of mindfulness that are responsible for that therapeutic effect? How can counselling practitioners best engage their clients to incorporate mindfulness meditation into their lives?

The literature review assesses questions pertaining to some of the recent research that has been conducted around mindfulness and counselling: What does the research suggest of the practice of mindfulness in relation to mental health and addiction? How does mindfulness practice work against problems caused by mental health and addiction?

The core intent of this research is to develop a body of writing that evaluates the scientific evidence that demonstrates the utility of mindfulness and why it works. A historic review of mindfulness will also compare Western and Eastern philosophies of mindfulness practice, assess the influence of culture, and allow the readers to come to their own understanding of what mindfulness practice looks like. The purpose is to provide readers with an accurate account of how mindfulness has evolved, the evidence of how mindfulness has been shown to have therapeutic use, and how to incorporate the concept of mindfulness as a therapeutic practice for clients looking to alleviate suffering caused by different aspects in their lives.

Scholarly Context

This study cross-references several recent research articles to which the therapeutic effectiveness of mindfulness is evaluated. Research reviewed herein includes studies linking mindfulness practice with alleviated suffering from anxiety, depression, stress and various addictive behaviours. The literature review provides the reader with scientific evidence to which further critical thinking is called upon.

Mindfulness and Mental Health

There is growing interest to utilize mindfulness-based psychological interventions as a treatment option for people experiencing anxiety, stress and depression (Ainsworth et al., 2015). In some instances, mindfulness meditation has been paired with aromatherapy to attempt to increase mindfulness and its ability to reduce stress and anxiety (Redstone, 2015). Mindfulness techniques have also been paired with acceptance and cognitive behaviour therapy as a treatment method for social anxiety disorder (Kocovski, Fleming, Hawley, Ho, & Antony, 2015). Mindfulness-based practices may become even more appealing in instances to which using

medication can be detrimental. Mindfulness based cognitive therapy can be useful for treating pregnant women experiencing generalized anxiety (Lemon, Vanderkruik, & Dimidjian, 2015).

Mindfulness and Addiction

Behavioural and substance addictions often receive similar treatment plans as root causes are often deemed to be similar. Both forms of addiction may be rooted in a need to self-medicate as a coping mechanism for other psychological pain. A number of theorists are now looking to mindfulness as a method for detaching individuals from the vices they are addicted to. This is being hypothesized with behavioural and substance addictions alike. Part of the difficulty of alleviating addiction is dealing with negative emotions that arise when an individual is attempting to recover. Mindfulness practice has been linked with an increased ability for emotional regulation (Viridine et al., 2015). Mindfulness also has utility in self-regulating urges and cravings that accompany addictive behaviour (Reid, Di Tirro, and Fong, 2014).

The validity of the above claims, and further exploration between mindfulness and its connection to mental health and addiction respectively will be the focus of the literary review in chapter 3.

Definitions

Throughout this composition, the terms mindfulness, therapeutic properties, and addiction will be utilized for the discussion. It is important that these words are clearly understood in their intended context. Definitions for these terms are provided now.

Mindfulness

A place of mind by which focus is entirely and non-judgmentally placed on the present moment (Kabat-Zinn, 1994). This heightened attention to the present moment increases

awareness, clarity and acceptance (Kabat-Zinn, 1994). Mindfulness is the moment-by-moment accepting awareness that can be cultivated by practice (such as meditation) (Germer et al., 2005).

Addiction

Alexander (2008), a prominent theorist on addiction, defines the term as:

Overwhelming involvement with any pursuit whatsoever (including, but not limited to, drugs or alcohol) that is harmful to the addicted person, to society, or to both (p.29).

Addiction is used in this report to describe a relationship an individual has to either a substance or behaviour that is harmful yet extremely difficult to dissolve.

Therapeutic Properties

In this discussion, therapeutic properties will refer to qualities which inherently possess the ability to heal mental health and/or addiction difficulties. The literature review will utilize this term as the investigative focus for the utility of mindfulness practice.

Assumptions, Limits, Scope

Mental health issues such as anxiety and depression have profound negative effects on people's lives. Treatment plans range from consisting of pharmacological intervention, psychotherapy, or a combination of both. Mindfulness practice has been indicated to have a therapeutic effect on dealing with different forms of anxiety and depression. Similarly, engaging in mindfulness has also been implemented in treatment plans for people suffering from various addictions.

Some limitations of this literary review pertain to the speculations that are derived at from a review of the literature that is not exhaustive. This document focuses only on mindfulness as it has been utilized for treating anxiety, depression and certain addictions. Speculation is derived from a limited amount of studies reviewed. Further research is needed to

evaluate the effectiveness of mindfulness towards other mental health issues. This review also does not isolate mindfulness as a treatment option compared against any one other treatment method. An initial look at the history of mindfulness outlines its etiology but does not objectively measure or compare the effectiveness of Buddhist mindfulness to its Western translation. Further areas of research will also be proposed (chapter 5).

Mental health and addiction are challenges people face both exclusively and simultaneously. Therapists provide their professional services to attempt to alleviate suffering from these causes. New techniques, strategies, and research-informed practices are being implemented to this aim. Numerous research studies have now shown the benefits of practicing mindfulness meditation on physical and psychological wellbeing. Naturally, psychotherapy practitioners have incorporated this phenomenon as a method of helping clients cope with their struggles. Mindfulness practice is being used on a wide scale to treat persons suffering from mental health problems, addiction, or both.

Mindfulness meditation can have immense potential for providing people resolve to their difficulties with anxiety, depression and addiction. This project examines some of the literature on mindfulness and its usage in a therapeutic context. The intent is to provide practitioners with a better understanding of its effect as a treatment option for mental health and addiction.

The report now assumes a deeper look into the history of mindfulness to its Buddhist roots. An understanding of its origin will then move into describing its Western conceptualization, a review of the literature, its therapeutic merit, and a discussion on implications and areas for future research.

CHAPTER TWO: A BRIEF HISTORY OF MINDFULNESS

In the twenty-first century, mindfulness has become a very recognizable word, easily found in numerous contexts. Notwithstanding, the practice of mindfulness has become prominent in the psychotherapy field as its meaning continues to undergo numerous alterations. To adequately evaluate the utility of mindfulness practice in mental health, a better understanding of its meaning is first needed. A critical comparison between its original Buddhist form and the ones currently used in the West today allows for a fuller comprehension of the historic journey of mindfulness practice. The evolution of mindfulness takes the lineage of Buddhist mindfulness, Kabat-Zinn's first Western interpretation, Siegal's neuroscientific rendition, and to the mainstream form sometimes seen today. A deeper description of each of these forms is now provided.

Mindfulness in Buddhism

In Buddhist tradition, monks have utilized meditation practice as a path towards nirvana (freedom from negativity) for thousands of years. Buddhist schools of thought such as Zen, Theravada, and Tibetan Buddhism all have slightly varied conceptualizations of mindfulness practice. The scope of this thesis does not entail a history component of all of these differences so a brief overview, which incorporates fundamental similarities of the main theories is what follows. Buddhist philosophy views mindfulness as the driving force in the path towards awakening (Vilareal, 2009). This purification process is intended to help find the right path as one aims to rid pain, suffering, lamenting, and sorrow. Mindfulness practice is used to help the meditation practitioner realize the truths of Buddhist practice (Vilareal, 2009). In Theravadin tradition, the role of mindfulness is firstly to recognize and understand the principles of

impermeance, dissatisfaction and selflessness (Vilareal, 2009). Impermeance is the notion to which all things are considered temporary. Since all things are temporary, change is subject to free will to the extent that an individual pursues a positive path. Without the understanding that all things are changing, an individual remains naive in pursuit of a fixed state of no pain (Dermatis & Egelko, 2014). Buddhist psychology maintains that mental suffering stems from ignorance to reality as it truly is (Kudesia & Nyima, 2015). An unsatisfactory state, however, is manageable upon the realization that it is only temporary. This realization alleviates the ignorance with which the suffering is contingent upon. The mindful individual understands that although one may be in an unpleasant state currently- because of past thoughts, actions and feelings- it cannot remain permanent for the future state (Dermatis & Egelko, 2014). What remains is a new way of experiencing and interacting with the world to which psychological distress is marked as passing. This higher-order way of thinking is referred to as enlightenment (Kudesia & Nyima, 2015). One's future state may be better or worse depending on action that one takes in the present. The enlightened individual understands the connection between past, present and future, and has a different subjective experience of psychological phenomena. In that, although the external environment does not change, an enlightened individual can alleviate psychological suffering internally (Kudesia & Nyima, 2015). Physical experience and psychological interpretation are co-occurring and together result in either wellness or suffering. Meditation (mind training) is used to reduce the cognitive processes responsible for separating subjective and objective experience (Kudesia & Nyima, 2015).

Within this Buddhist frame, mindfulness is the practice of mental concentration with the aim of leading one to Vipassana (insight) (Dermatis & Egelko, 2014). The intention of this concentrated state is to remain present without judgment or reaction. This pausing of judgment

allows the mind to sort through subjective matters and unveil underlying truths that were previously missed due to incessant mental thought. With meditation practice, the mindful individual becomes less preoccupied with the continual psychological processes that cause mental suffering, and instead becomes in tune with a non-referential awareness truth (Kudesia & Nyima, 2015).

John Kabat-Zinn on Mindfulness

The integration of mindfulness as a therapeutic practice in the West first occurred during the 1980's and is attributed to the work of Jon Kabat-Zinn (Gethin, 2011). Initially, the concept of mindfulness was categorically different from common techniques and tools found in the more common Western counselling modalities. For example, modalities such as CBT, Solution Focused Therapy, and Dialectical Behaviour Therapy all produce various techniques with the aim of alleviating psychological distress. Mindfulness, on the other hand, is not a technique or tool but rather a way of being. However, Kabat-Zinn's use of mindfulness led to the development of both 'mindfulness-based stress reduction' (MBSR) and then 'mindfulness-based cognitive therapy' (MBCT) (Gethin, 2011). Whereas mindfulness in Buddhist tradition was more about ridding oneself of greed and other negative qualities, the Western utility is more a means to resolve stress and other specific mental health issues. Kabat-Zinn aims to build on the Buddhist principles of mindfulness and harness them as a practice that could be passed on in psychotherapy. A key difference between classical CBT and MBCT/MBSR remains that with the latter, there is little emphasis on actually changing thoughts; instead, the focus is on increasing awareness of how one relates to thoughts and feelings (Hayes, Follette, & Linehan, 2004). In this rendition of mindfulness, the concept is upheld as a practice rather than a therapeutic technique.

Kabat-Zinn (1994) frames mindfulness as the psychological awareness of paying attention to the present moment in a nonjudgmental manner. The importance of this concentrated effort is to gain awareness, clarity and acceptance of reality (Kabatt-Zinn, 1994). A lack of awareness and attention creates and exacerbates psychological suffering. Human behaviour that is not mindful remains victim to unconscious fears and automatic behaviours, which create a myriad of problems. These problems accumulate over time and if not attended to, ultimately may produce a sense of helplessness and hopelessness.

Kabat-Zinn (1994) describes how mindfulness is a powerful method for dissolving this cycle. By paying attention to the present moment in a completely nonjudgmental fashion, a sense of control is retained as the acceptance to any state is permissible. The state of being mindful provides an opportunity for self-reflection, self-growth, and self-awareness that previously was unavailable. The ability to process deep emotions consciously is liberating and empowering (Kabatt-Zinn, 1994). This mindful element also produces a heightened ability to access psychological resources such as intelligence, clarity, imagination, choice and creativity (Kabatt-Zinn, 1994).

Meditation is the formal practice that generates mindfulness. It is the act of sitting down, noticing, and simply becoming aware of your breath (Kabatt-Zinn, 1994). This form of training is essential to arriving at a place of mindfulness, which connects the whole being (mind, body, and spirit). The process of breathing and letting thoughts pass allows an individual to become more aware of what is going on in the present moment. Meditation is not a process of doing—it is a process of being (Kabatt-Zinn, 1994). The purpose of meditation is not to attain something, or to relinquish something, but merely to realize what already is. Meditation is about gaining awareness. The awareness of a psychological state, whichever it may be, during meditation

means meditation is being done correctly. There is no right or wrong value that can be attributed to meditation. Meditation is not about feeling a certain way (Kabatt-Zinn, 1994). Meditation is about experiencing the way you already feel (Kabatt-Zinn, 1994). Understanding this key element of meditation makes meditating possible.

Kabatt-Zinn incorporated the concept of mindfulness meditation into a therapeutic practice that clients could understand through therapy. His mindfulness-based interventions (MBIs) have been widely used to treat both mental and physical health issues (Williams, 2015). In terms of mental health, MBIs aim to alleviate stress, anxiety, depression, eating disorders and other addictions (Williams, 2015). Kabatt-Zinn's mindfulness based stress reduction (MBSR) method has been used to treat both physical and psychological pain (Williams, 2015). MBSR is essentially mindfulness meditation practice with the intent to relieve unwanted symptoms. Further explanation of how these methods are actually performed will be reviewed in the literary review section.

Daniel Siegel on Mindfulness

Mindfulness, today, is a concept to which its properties are operationally defined and scientifically tested. Among the prominent clinical researchers investigating this cause is the clinical psychiatrist and professor Dr. Daniel Siegel. Siegel maintains the notion that mindfulness meditation is a sacred practice, but wants to test and explain its functions from a neurological standpoint.

Siegel describes the concept of mindfulness as an ability to discern between the mind's activity and the totality of the individual. Discernment is thus a disidentification from the activity of the mind (Siegel, 2007). By becoming aware of sensations, images, feelings and thoughts, the mindful individual identifies that these phenomena are merely passing (Siegel,

2007). The capacity to discern that activities of the mind are simply that, is how mindfulness can alleviate suffering (Siegel, 2007). The mere realization that one is not their thoughts can be, in itself, liberating for people.

To understand how these functions of mindfulness actually operate, Siegel looks at the brain. Discovering neural explanations of mindfulness allows for further scientifically testable questions. By revealing how mindfulness functions on a neurological level, researchers can hypothesize how it can be best applied to physical and psychological well-being (Siegel, 2007). Siegel's aim is thus to better understand the physiological implications of mindfulness in search of a more universal understanding that is applicable in all instances.

Focusing attention in specific ways activates the brain's circuitry (Siegel, 2007). In this regard, mindfulness practice essentially increases neuroplasticity (Siegel, 2007). The link between mind and brain is useful to understand. The mind is the transcendental place where thoughts and feelings occur, whereas the brain is a physical organ that is the central point for the nervous system. In other words, the brain is hardware and the mind is software. Mindfulness practice causes certain areas of the brain to activate. Repeated activation of these regions causes growth to occur. With these physiological changes in the brain occurring, function also increases. The mind thus changes the brain, and the brain then affects how the mind functions. This is an example of how mindfulness creates brain changes, which result in wellbeing in the mind.

Mindfulness in Mainstream Culture

Mindfulness is now a concept that has permeated beyond psychological realms and into mainstream culture. Mindfulness is a buzzword attached to numerous activities such as walking,

eating, parenting and teaching. This has had both positive and negative effects (as will be reviewed further in the Discussion chapter).

The writings of acclaimed spiritual author Eckhart Tolle have played a key part in moving the mindfulness concept to mainstream culture. Having been endorsed by Oprah Winfrey, Jim Carrey, and The New York Times, Tolle has had his books and talks on mindfulness spread to numerous people. The terms Tolle uses to discuss mindfulness are different yet synonymous. He uses the "Now" and the "present moment" to discuss what has been referred to here as mindfulness.

Tolle alludes to the concept that the present moment is the only one that actually exists (Tolle, 2004). Since past and future experiences can only be processed in the Now, the present moment is the only one that can possibly be addressed (Tolle, 2004). He adds that thought that is too past-oriented generates feelings of depression, and thought that is too future-oriented, feelings of anxiety (Tolle, 2004). A key element of remaining present is allowing thoughts to occur but not to associate entirely with them. By simply witnessing thoughts, another level of consciousness is created to which separation between thought and self are made. A thought loses its power once it is no longer energized through identification (Tolle, 2004). This is the first stage to ending involuntary and compulsive thinking (Tolle, 2004).

Mindfulness has evolved from a Buddhist practice in the East, a therapeutic tool that can be scientifically defined and measured, to a mainstream concept easily accessible by everyone. All levels purport its beneficial qualities in terms of psychological wellbeing. This paper is primarily concerned with where and how those benefits exist from a psychotherapy perspective. The areas being investigated here are limited to basic mental health and addiction issues. It does not review larger mental health disorders, which often contain more severe consequences such as

schizophrenia, bipolar disorder or the various personality disorders. The literary review that follows explores a number of recent publications which provide research into the relationship between mindfulness, mental health and addiction.

CHAPTER 3: LITERATURE REVIEW

Mindfulness has been incorporated into various treatment plans as a mechanism to heal different types of human suffering. The literature review that follows is intended to be a critical investigation into the therapeutic properties of mindfulness as a treatment option for counselling clients presenting issues related to mental health and addiction. The review analyzes and interprets studies aimed at proving an explanation of how mindfulness has a healing function. It compares and contrasts several different articles and extrapolates key factors such as the form of mindfulness used, the effectiveness of its usage, the extent to which it is used, and the other treatment tools it is being implemented in collaboration with. Chapter 4 provides a discussion section to which the findings of this review will be expanded and more generally discussed. To begin, the research linking mindfulness and mental health will be reviewed.

Mindfulness and Mental Health

A study by Hoge et al. (2015) examined the psychological mechanisms of mindfulness treatment for generalized anxiety disorder (GAD). Thirty-eight clinically referred individuals aged 18 and older and experiencing GAD were assigned to either a mindfulness-based stress reduction (MBSR) group, or a stress management education group (Hoge et al., 2015). The MBSR group received an 8-week group-based mindfulness treatment program, which included a weekend retreat and home practice with guided audio tapes (Hoge et al., 2015). Class practice was used to cultivate awareness of present-moment experience and how to accept it in a non-judgmental manner (Hoge et al., 2015). The stress management education (control) group received courses on improving wellbeing by changes in diet, exercise, sleep, and time management, but no meditation/mindfulness practice (Hoge et al., 2015). A self-reported Beck Anxiety Inventory was used at baseline and at week eight to determine any effects (Hoge et al.,

2015). It was shown that MBSR treatment reduces worry through increases in mindfulness (Hoge et al., 2015). However, Hoge et al. (2015) attributed part of this effect to something referred to as the decentering factor. Decentering is the process by which individuals disengage and separate themselves from their thoughts. Hoge et al. (2015) maintain that it is this decentering factor that actually reduces the physiological manifestation of anxiety, whereas mindfulness is the key process that reduces worry (Hoge et al., 2015). It is essential to note here that the current study makes a hard distinction between the two constructs, whereas historically mindfulness entailed what has been described here as decentering.

A study done by Idusohan-Moizer, Sawicka, Dendle, and Albany (2015) investigated the effectiveness of mindfulness in reducing symptoms of depression and anxiety in adults with intellectual difficulties. A mindfulness-based cognitive therapy program was administered to individuals with intellectual difficulties and with a diagnosis of either recurrent depression, anxiety, or both conditions (Idusohan-Moizer et al., 2015). The 15 participants underwent a 10-week mindfulness-based cognitive therapy group therapy program (Idusohan-Moizer et al., 2015). Each session that participants attended consisted of practicing one of two mindfulness meditation exercises (Idusohan-Moizer et al., 2015). The first form was a type of meditation that focused strictly on breath, the second was a form of meditation to which body sensations were followed throughout the body to the feet (Idusohan-Moizer et al., 2015). To be certain participants fully adopted both types, CDs with both meditation activities were provided and participants were asked to listen to them daily in between sessions (Idusohan-Moizer et al., 2015). The group therapy program ran for nine weeks and each weekly session ran for an hour and a half (Idusohan-Moizer et al., 2015). The results determined from several self-report scales showed the mindfulness program produced improvements in their experience of depression,

anxiety, self-compassion and compassion for others (Idusohan-Moizer et al., 2015). Of these categories, the largest impact was seen in the reduced levels of anxiety reported (Idusohan-Moizer et al., 2015). This research study utilized a combination of group mindfulness sessions and provision of recorded sessions for personal use. It is difficult to determine if the majority of the benefit came from the practice conducted as a group, the practice done in private, or a combination of the two. Whichever the case, as with previous studies analyzed herein, it is evidenced that mindfulness practice is effective when trained practitioners actually participate in the meditation sessions along with participants, as opposed to simply prescribing meditation to be done in private. This concept will be further expanded upon in the discussion section.

In another study conducted by Redstone (2015), mindfulness meditation was merged with aromatherapy to evaluate the effect on stress and anxiety levels. The subjective experiences of 32 patients from an in-patient psychiatric unit were recorded before and after the aromatherapy mindfulness mediation program (Redstone, 2015). The mindfulness aromatherapy program consisted of weekly group sessions of one hour mindfulness mediation to which participants were asked to focus on their breath (Redstone, 2015). Patients were also instructed to non-judgmentally and calmly return their concentration back to breathing, should it momentarily be diverted (Redstone, 2015). A portion of these meditation segments was also spent doing guided progressive body sensation awareness (Redstone, 2015). Results indicated a 32% reduction in anxiety levels with 98.8% of participants reporting a decrease in both stress and anxiety (Redstone, 2015). A key consideration here is determining which elements of the meditation program to attribute the healing properties to. Some areas of consideration include the effect of the aroma, the effect of being in a group and sharing thoughts and feelings around the experience, and the duration of the mindfulness program.

A study done by Eisendrath et al. (2015) investigated the efficacy of mindfulness-based cognitive therapy in comparison to sertraline monotherapy as a treatment option for major depressive disorder. The 43 participants were divided into two groups; one that received antidepressant management treatment (sertraline) and the other that received mindfulness based cognitive therapy (Eisendrath et al., 2015). Participants in the MCBT group met once per week in groups of 8 to 12 for eight consecutive weeks (Eisendrath et al., 2015). The meditation sessions included guided sitting meditation practice and mindful movement exercises (stretching and walking while paying attention to body sensations) (Eisendrath et al., 2015). Each session lasted 2 hours and 15 minutes, and participants were asked to complete 45 minutes of meditation on the days they did not attend the group sessions (Eisendrath et al., 2015). The Hamilton Depression Severity Rating Scale and the 16-item Quick Inventory of Depressive Symptomatology Self-Report were used to assess progress (Eisendrath et al., 2015). The researchers found that both showed significant improvements in depression ratings and no difference in the degree of change in between groups was seen (according to HAMD-17 scale). The QIDS-SR16 scale, however, showed a significant difference in the mean score with the MBCT group showing a greater improvement (Eisendrath et al., 2015). The study implies that a treatment course of MBCT is at least as good as pharmacological intervention. Much like previous studies examined herein, the MBCT program that participants received included meditation practice both done as a facilitated group session and done as daily practice in private. The common denominator seen here is the integration of mindfulness practice as a therapist-led group activity, and as an exercise to be done beyond the counseling session.

A further study by Meeten, Whiting, and Williams (2015) examined the benefits of mindfulness based cognitive therapy for older people with recurrent and/or chronic depression.

Eleven participants who were 65 or older and had a history of recurrent depression completed the study (Meeten et al., 2015). The study included interviews with participants which occurred pre, post and at six month follow-up to review progress and explore their views and experiences (Meeten et al., 2015). The MBCT program consisted of eight group meditation sessions, each lasting two hours (Meeten et al., 2015). Two highly experienced MBCT facilitators conducted the sessions (Meeten et al., 2015). The DASS-21 and Ryff Psychological Well-being Inventory were used and the researchers found that improvements in depression and anxiety were shown (Meeten et al., 2015). There was also a marked improvement seen in 'purpose in life' and a small improvement in a sense of 'personal growth' (Meeten et al., 2015). At the time of the six-month follow-up, none of the group members had experienced an episode of depression relapse (Meeten et al., 2015). Anxiety levels also remained lowered at the time of the six-month follow-up (Meeten et al., 2015). This suggests some positive sustained benefits of the MBCT treatment. Rating scales also indicated that participants felt increased control over their own mood and well-being post-course in comparison with pre-course (Meeten et al., 2015). Participants reported they were very satisfied with the course and did not want it to end (Meeten et al., 2015). There was also a drop in participants' confidence level in terms of their ability to commit to 40 minutes of meditation practice per day once the program was complete. This may suggest the importance of recommending a meditation practice that individuals feel comfortable and willing to adopt. Though the amount of participants in this particular study was low, a number of interesting questions about how mindfulness works have been raised. As seen with previous studies connecting mindfulness and mental health, the findings of this study also support the importance of the mindfulness group sessions. It may be the case that people are more likely to continue to integrate mindfulness meditation into their daily routine when they feel somewhat

accountable to a (mindfulness) group. It should also be pointed out here that the therapeutic properties of mindfulness may be largely to do with the positive gains attained by meditation- in this case a sense of purpose in life and personal growth—rather than simply a reduction in feelings of depression, anxiety and/or stress. The discussion section of this report analyzes these concepts further. Next, a review of several research studies on mindfulness and addiction is presented.

Mindfulness and Addiction

A study conducted by Mermelstein and Garske (2015) set out to evaluate the impact of a mindfulness-based intervention on alcohol use. 76 undergraduate students (aged 18-23) were collected to participate in the current study; all of whom reported at least one binge drinking episode within the last two weeks (Mermelstein & Garske, 2015). Participants were divided into either a mindfulness/cue exposure group, or a control/cue exposure only group (Mermelstein & Garske, 2015). The participants in the mindfulness group received pamphlets outlining the benefits of mindfulness practice for binge drinkers (Mermelstein & Garske, 2015). They were then asked to listen to two mindfulness tapes; one consisting of a 19-minute mindfulness meditation focusing on observation of breath, and the second a 9-minute mindfulness meditation focusing on dealing with urges (Mermelstein & Garske, 2015). Participants were then prompted with alcohol images and guided through the urge with mindfulness techniques such as paying attention to the present moment, awareness, and non-judgmental acceptance of the experience (Mermelstein & Garske, 2015). Audio recordings were also given to these participants and they were instructed to listen to at least 1 hour of the recorded mindfulness meditation sessions per week for the following four weeks (Mermelstein & Garske, 2015). Four weeks after the study began, participants in the mindfulness group reported significantly fewer binge drinking

episodes, increased self-efficacy, and higher dispositional mindfulness than the control group (Mermelstein & Garske, 2015). Participants in the mindfulness group were provided a thorough amount of psycho-education on the benefits of mindfulness practice, which may increase belief in its utility. Researchers also conducted an activity whereby they guided participants through prompted urges via mindfulness. This provides participants an opportunity to learn how to apply mindfulness through experience. Though this study lends support to the beneficial effects of mindfulness practice towards binge drinking, a significant follow-up was not completed past four weeks.

A related study set out to determine which mindfulness skills are associated with reduced alcohol use. Reynolds, Keough and O'Connor (2015) collected 76 undergraduate students to complete self-report measures of past month alcohol use and their motives for drinking (Reynolds et al., 2015). Participants completed the Kentucky Inventory of Mindfulness Skills (KIMS), the Drinking Motives Questionnaire (DMQ-R), and their frequency and quantity of alcohol use over the past month (Reynolds et al., 2015). The researchers cross-analyzed the data and found an ability to accept the present moment without judgment was associated with reduced motivation to drink as a coping strategy (Reynolds et al., 2015). The results also indicated that an ability to act with awareness was associated with reduced drinking (Reynolds et al., 2015). The study attempts to identify which mindfulness components specifically lead to reduced alcohol consumption. The results imply that a capacity for self-acceptance prevents drinking as a coping mechanism. Self-awareness is also implemented in the mindfulness property that reduces drinking in general. The study is different from other studies examined here in that no actual mindfulness treatment program was administered. With that in mind, a jump from mindfulness characteristics (that may be inherent to an individual) would have to be made to

associate these findings with mindfulness traits that can be attained with practice. However, the study does begin to search for the mindfulness qualities that actually have therapeutic properties, which is what this report is also concerned with.

A study conducted by Vidrine et al. (2015) examined the effect of mindfulness on psychological stress, affect, and depression among smokers preparing to quit. 158 participants were recruited that have smoked at least five cigarettes per day for the last year and had a desire to reach abstinence from smoking within 30 days from commencement of the study (Vidrine et al., 2015). The researchers administered various scales to participants to assess for nicotine dependence, mindfulness, coping, positive and negative affect, and depression (Vidrine et al., 2015). The results of the study indicated that mindfulness was negatively correlated with stress, negative affect, and depression, and positively correlated with positive affect in relation to the beginning of a smoking cessation trial (Vidrine et al., 2015). The study lends support to the idea that mindfulness lowers relapse by regulating the negative psychological constructs that underpin addiction. A challenge when interpreting this data is understanding which psychological constructs are most important when considering the effect of mindfulness. It can be the case that the summation of the interaction between stress, negative affect, and depression is what mindfulness attends to the most, or perhaps the positive affect association simply outweighs these negative factors. Similar to the previous study reviewed, the focus of this study was on trait mindfulness rather than skills acquired through mindfulness meditation practice.

Another study looks at the connection between mindfulness-enhanced CBT as a treatment method for problem gambling. The researchers recruited 18 participants (middle aged and equally men and women) that had a current diagnosis of pathological gambling and a willingness to practice mindfulness meditation (Toneatto, Pillai, & Courtice, 2015). Participants

were divided into two groups—one that would receive mindfulness-enhanced cognitive behavioural training, and a control group that would not (Toneatto et al., 2014). The mindfulness CBT group received five manual-guided mindfulness-based group CBT sessions, which consisted of two parts; one 45-minute cognitive behavioural session followed by audio-guided mindfulness instruction (15 minutes), and a 30-minute practice session (Toneatto et al., 2014). There were also opportunities each session for discussion, and participants were asked to practice mindfulness meditation at home for 30 minutes per day (Toneatto et al., 2014). The main components of the mindfulness treatment were awareness of breathing, present-focused attention, awareness of cognitions (particularly around gambling), and shifting attention from thoughts to breath (Toneatto et al., 2014). The CBT component of the sessions was centered on behavioural problem solving and cognitive restructuring (Toneatto et al., 2014). Of the 14 participants that were interviewed at the three-month follow-up, those who were still engaging in some practice of mindfulness reported significantly fewer gambling urges and psychiatric symptoms in comparison to those who did not continue to practice (Toneatto et al., 2014). Since participants' mindfulness training was done in collaboration with CBT, it is difficult to identify exactly where the benefits came from. However, because participants that continued to practice mindfulness performed better on the outcome variables than those that did not, it is likely that mindfulness was an important factor. As shown in the current study, mindfulness practice has benefits to psychological wellbeing as well as managing gambling urges. This may suggest that the therapeutic properties of mindfulness pertain mainly to relieving psychological distress, to which gambling is often a coping mechanism for. Needless to say, the small number of participants in this study makes it difficult to generalize findings to the population at large.

The above literature review was conducted with the intent to search for the therapeutic properties of mindfulness as they relate to both mental health and addiction. Several studies were reviewed; some which assessed inherent mindfulness qualities, and others which reviewed those which can be learned through mindfulness training. Nevertheless, the Discussion section that now follows integrates the findings of these studies and provides speculative commentary surrounding the conditions to which mindfulness provides therapeutic value.

CHAPTER 4: DISCUSSION

The following chapter is my own conjecture on the usefulness of mindfulness in a therapeutic context. This conception on mindfulness is a culmination of the above literature review, my personal experience with mindfulness, and the incorporation of mindfulness in my counselling experiences with clients thus far. The chapter begins with my own history of mindfulness and then explores various conditions which can facilitate mindfulness integration.

My Introduction to Mindfulness

When I was about 25 years old, I decided to spend a year overseas in a new and different culture. I wanted to go somewhere that I could completely immerse myself in a new way of living so I made my temporary home in an area just outside of the city of Taipei (where there was very little sign of Western people and lifestyle). There was an extraordinary mountainous region very close to my home and I would hike up it every morning. The hike took roughly 30 minutes and at the top of the mountain there was an open park with luscious flowers, plants, and large trees all around. Many Taiwanese people would make the hike up to this park in order to practice martial arts, take pictures of the scenery, rest, or simply enjoy nature. On these hikes I did, I would often come across this same man at the top of the hike who was practicing tai chi in the very area I liked to catch my breath in. He spoke no English, and I spoke no Chinese or Taiwanese. However, every time we met at the top, we communicated. He would commend me with a pat on the back while I was breathing heavily after just finishing my hike, and I would smile back at the gesture. I like to think we became friends because of this repeated encounter. And as I saw him more and more, I would take longer breaks in his area and would quietly observe him doing tai chi. He was very focussed in his practice of tai chi, often times not even acknowledging my arrival to the area. I was astounded by his dedication, control, and sense of

calmness during his practice. It did not take long for me to realize that the actual tai chi movements were secondary to what he was really doing. I began to hold the space with him, following his deep breathing pattern and slowing my mind to try and meet his level. We began to share the meditative and transcendental practice and I eventually learned to meditate this way. This Taiwanese man, without using a single word, taught me to meditate, and completely changed my life. I became fascinated with meditation and began daily practice of it. I also found myself researching the mental state I was experiencing and saw that it was akin to mindfulness. Being in the Eastern world was the perfect place for me to learn about this sacred practice. In fact, the benefits I saw were very similar to the ones outlined in this report. Mindfulness became a very important part of my life at that time and eventually led to the inspiration for this very thesis.

The Semantics of Mindfulness

It may be useful, before going further, to spend a moment to provide a cautionary note around the verbiage typically found in research/discussions on mindfulness. Because mindfulness is an abstract concept, a spiritual one, and now a heavily researched one, it is often difficult to adequately describe the experiences and mechanisms of mindfulness as they pertain to different domains. A cautionary note, then, is to be neither discouraged nor preoccupied by the language used to discuss mindfulness, but to be more engaged with mindfulness as it exists beyond any possible description consisting of mere words. By this I mean to better understand mindfulness, one should move beyond the transient meaning that words provide, and towards a more holistic and experientially embodied understanding. Of course, mindfulness has been operationally defined herein but this is for the purpose of having a common platform for which

to exchange information from. The idea of mindfulness, in and of itself, is best be understood experientially; that is, from the inside out.

Learn it, then Teach it

As evidenced in the above literature review, the therapeutic benefits of mindfulness were more often seen when clients learned it's practice from a trained professional that actually provided demonstrations. Much like it is difficult to truly know what the summit of Mount Everest is like without having been there, the same is true of mindfulness. In this regard, therapists that wish to encourage their clients to incorporate mindfulness into their lives should both have a firsthand experience with the practice of mindfulness, and then spend time in formal training/demonstration of how it is done.

Therapist as Practitioner

Potential mindfulness practitioners seem to benefit from actually practicing mindfulness with skilled practitioners. In instances where a counsellor believes mindfulness would be helpful to a client, it is then appropriate that the counsellor be competent and skilled enough in the practice of mindfulness as to teach/show clients how it can be done. It is thus expected, then, that therapists that intend to encourage clients to engage in mindfulness, be experienced practitioners of mindfulness themselves. In this way, a certain level of authenticity will manifest during facilitated mindfulness practice in the counselling office. This would also be the case during group mindfulness practice. The intent here is that skilled practitioners of mindfulness may encourage clients to undertake mindfulness practice not simply by prescribing it, but by actually participating in it with their clients. In this way, new practitioners may have a learning experience that entails both a theory and kinesthetic component.

Moreover, skilled mindfulness therapists need not only demonstrate mindfulness in a planned manner, but may decide to engage in it at any time in which a session becomes overly intense. During an instance in session to which a client may become overly emotional, a therapist may wish to pause the course of the session and engage in a mindfulness activity. This demonstrates to clients, directly, how mindfulness can be utilized to bring down a heightened state of emotional arousal. Clients may become more engaged in the idea of mindfulness if they can see the benefits directly.

A part from a therapist being better equipped to train others in mindfulness, there is an obvious other reason for therapists to practice. This would be to glean the same benefits as their clients would. In particular, the benefits of practicing mindfulness would theoretically translate to better counselling practice. Counsellors that practice mindfulness in their lives may notice they are more confident, focussed, empathetic, and have less emotional reactivity and stress during counselling. This state of being grounded is thus demonstrated to clients throughout time spent together and the possibility for psychoeducation on this matter becomes more authentic.

Mindfulness as a Way of Life

Several of the studies reviewed above discuss how along with the group mindfulness sessions, participants were encouraged to practice mindfulness meditation for approximately 30 minutes each day. If we conceptualize mindfulness as a way of being, rather than a tool meant to fix something, it makes sense that practice be part of one's daily routine. That is to say, utilizing mindfulness would be integrated into daily lives, even at moments when one is not experiencing distress. In this manner, the benefits of mindfulness become continuous and perhaps would even prevent stressors that would otherwise surface. This is a proactive approach to mindfulness to which the aim is for mindfulness to contribute to overall health and wellness. With this in mind,

counsellors may want to focus on the importance of encouraging the practice of mindfulness on their clients' own time (for example for 30 minutes each day). Having said that, it can be imagined that successful uptake of this commitment is also an individual matter in that the 30 minute time may not be standard. The research reviewed did not actually specify how much own practice is needed/recommended but the important factor here is that new practitioners agree to an amount that they are comfortable with. The amount of practice a client subscribes to may require negotiation and this, in itself, may be something that is otherwise discussed during counselling sessions. Client and counsellor may decide it is useful to monitor and reflect on the extent to which mindfulness practice is being integrated into lifestyle, and any benefits to wellbeing it has provided from one week to the next.

Mindfulness in Group Practice

Another condition that reoccurred in the literature outlined above was the incorporation of a mindfulness program within a group setting. This is an interesting concept because being a part of a group, in general, has a number of benefits. In terms of mindfulness practice, again, some speculation is needed as to where the therapeutic benefit is actually coming from. For example, mindfulness practitioners who initially belong to a mindfulness group may be more committed to the practice as they feel somewhat accountable to other members of the group. Group members may discuss progress with each other each week, and there may be increased incentive for everyone to continue practice at home in order to keep up with the rest of the group. Participants of the group may also benefit from seeing other members successfully incorporate mindfulness into their lives which then produces a sense of hope for their own lives. Practicing mindfulness meditation in a group setting may be more enjoyable than just practicing on one's own so members may be more intrinsically motivated to see a program through. Lastly, new

practitioners that may have questions or concerns about the practice of mindfulness would have multiple people to whom they can gather information from.

It may be impossible to pinpoint precisely where the benefit of group mindfulness practice comes from but the key point here is simply to be aware of the pros. As mentioned above, a program of mindfulness should fit the individual needs of the client. In this way, the client may be most likely to stick with the practice long enough to begin to see the benefits.

Separation of Self from Thoughts

A key property of mindfulness is that it provides practitioners the insight that they are separate from their thoughts. By witnessing our thoughts, an additional level of consciousness is created whereby person and their thoughts are divided. Understanding this separation is essential in beginning to disidentify from negative thoughts. By separating oneself from thoughts, individuals can gain assurance that psychological distress is a problem that people experience (in their mind), rather than being the problem themselves. To describe this as a metaphor, I have often invited clients to think of a given life situation they are dealing with as a river. The river is the psychological distress rapidly flowing by. I invite clients to pause for a moment, and join me on the bank of the river where we can discuss the problem from the outside. The racing thoughts may remain, but clients can acknowledge that they are able to remove themselves (if only temporarily) as they are not fixed to any thought/problem. Mindfulness practice is a key feature which empowers people to be able to observe their thoughts non-judgementally, which in itself, reduces stress.

Reducing Stress by Increasing Well-Being

It should be pointed out here that part of the therapeutic qualities that mindfulness provides, comes from that which is gained by its practice. To this point, this report has focussed

mainly on how mindfulness reduces stress. However, this reduction need not necessarily be attributed to a reduction of depression/anxiety in itself, but potentially due to the positive gains that mindfulness practice produces. By increasing sense of purpose in life, control over mood, wellbeing and patience, the mindfulness practitioner is then likely to see reductions in stress. In instances of addiction where the addiction is being used as a coping mechanism, mindfulness may reduce that function by increasing self-acceptance, self-awareness and self-control. In this way, it can be seen that mindfulness does not simply miraculously resolve stress and addiction, but rather the positive gains from mindfulness practice become the mitigating factors to that resolve.

CHAPTER 5: CONCLUSION

Mindfulness has been a way of life that has been evolving culturally for thousands of years. It is the art of paying attention to the present-moment in a manner that is attentive, accepting and non-judgemental. Meditation is the formal practice that fosters a mindful way of being. The benefits of mindfulness practice are many and this causes interest to permeate throughout the world. One large shift occurred when mindfulness was initially brought from its Eastern Buddhist world to the West. This cultural shift was significant in that the largely spiritual practice then merged with a psychotherapeutic/scientific one. A blend and balance is called upon here to discover how to uphold the traditional spiritual element, while allowing the gift to be understood and shared by people in need of it.

With the numerous empowering and therapeutic qualities that mindfulness can provide, it is understandable that the psychotherapy field would be particularly interested in how to harness and benefit from its practice. Important to this cause is gaining a deeper understanding of which areas mindfulness would be effective in, which properties have therapeutic merit, and how best to encourage clients to engage in this practice. The current literature review aimed to provide insight in this regard. In particular, the review focussed on mindfulness and its therapeutic value in relation to depression, anxiety and addiction. The literature review conducted determined that mindfulness practice was beneficial in reducing suffering in these areas. Of particular interest, this report aimed to confirm the utility of mindfulness in a therapeutic context and also to attempt to highlight conditions which may increase the likelihood that benefits will be attained by its practitioners.

In terms of the conditions which could increase successful adoption of mindfulness practice, the review noted several aspects; learning mindfulness from a skilled practitioner who

actually practices, incorporating mindfulness as an actual way of life, exploring the idea of mindfulness in group practice, understanding the separation between thoughts and self, and opening to the many positive gains that mindfulness living may provide. Keeping all of this in mind, therapists can encourage their clients to engage in mindfulness practice in a manner that makes it comfortable and easy to commence. Acknowledging that all humans are different, it is essential to be aware of the individual needs of each potential practitioner and attempt to address those needs as the client transitions to a lifestyle which incorporates mindfulness. One way this can occur is for the new practitioner to become inspired to integrate mindfulness as a way of life. As seen with my personal story, this can especially be the case if a meaningful first experience is had.

Limitations and Recommendations for Future Research

The above literature review was aimed at examining some of the research to which mindfulness was shown to have a positive effect towards stress and addiction. More specifically, the review looked exclusively at depression, anxiety and addiction. The intent was to confirm that mindfulness is useful in this regard, and to gain a better understanding of how to best incorporate its practice to this cause. The review was limited in the amount of studies that it examined. A meta-analysis that focuses exclusively on results may provide a better numeric value in terms of how effective mindfulness is in a therapeutic context.

The study did not explore areas of mental health where mindfulness either shows no benefit, or an actual detriment. This may include some of the more serious mental illnesses that entail instances of psychosis. Scientific research is needed in a wide range of different mental illness to ensure the incorporation of mindfulness is not, in fact, further damaging to people

suffering. Mindfulness should not be considered a panacea to all forms of psychological distress and careful research is needed (especially in more severe instances of suffering).

Further research may also be done which measures the effectiveness of mindfulness practice against any other one therapeutic treatment option. This is conceivably quite difficult but it may be of value to understand the degree to which mindfulness is effective in alleviating suffering in comparison to other therapeutic methods.

There is also a call for examining literature to which mindfulness showed no positive effect to increase wellbeing or reduce stress. The findings of such studies could be compared against those which showed positive results for mindfulness and perhaps further conditions could be extrapolated. A cross-examination of findings in this manner could provide further understanding of essential factors that facilitate the benefits of mindfulness practice.

When reviewing literature on mindfulness, it is imperative to keep an open yet critical mind. Mindfulness practice does not occur in a vacuum so all confounding variables which also alleviate suffering must be considered. Although mindfulness has been around for thousands of years, there remains much space in terms of what future research can help us understand.

Comments on this Writing Experience

My experience of creating this body of writing was an endeavour that brought me great satisfaction and personal growth. My personal relationship with mindfulness has led me on a renewed outlook towards life and the way I engage in the world. The cross-cultural experience that entailed my initial interaction with mindfulness brought about an understanding of it that was universal and seemingly beyond language. It was, therefore, easy for me to select this topic and I have a sense of coming full circle on this journey.

In conducting the research herein, it was essential for me to be aware of my own personal bias towards the effectiveness of mindfulness. My intention here was to share part of my own personal relationship to mindfulness while remaining otherwise neutral to my exploration. In fact, much of the benefits I was receiving from mindfulness practice only became apparent to me upon conducting this literature review. Part of the value rests in the fact that I could begin to understand what it is about mindfulness that is effective, and how best to share that benefit with others. As a practitioner of counselling myself, I thought it would be valuable to have a bit of guidance in this regard.

Having said all of that, I struggled with the notion that mindfulness is a panacea to all forms of suffering. Moreover, I found much of the literature on mindfulness to be polarizing in that either it was overly simplistic, or difficult to understand. While constructing this thesis, I developed a sense of empathy for both sides. On one hand, the various benefits and healing characteristics that mindfulness can bring should be made available to all. Yet, it is not enough to simply prescribe mindfulness for everything. On the other hand, adopting a lens of mindfulness that is too scientific, may remove the spiritual component of its practice. My wish here is to find a balance that arrives somewhere in the middle; honouring the history, acknowledging the research, and engaging in its practice when appropriate.

I set out with a deliberate intent to write this document in a manner that was unambiguous, straightforward, and easy to follow. My hope is that you, the reader, will find my writing understandable, useful, and relevant enough to actually make use of.

My experience of conducting this research was of great respect for all of the various schools of thought that are researching and attempting to provide a better understanding of this ancient yet modern practice. In my own counselling practice, and to my colleagues alike, I

show much gratitude for the developments thus far, and the potential that the future of mindfulness will bring.

Final Words

The general consensus seems to be that mindfulness improves quality of life. Whether a mindfulness way of life is being engaged with for general wellbeing, or specifically to reduce some form of psychological suffering, practitioners can experience improvement to their lives. It is important, however, that mindfulness practice not be touted as a solution to all forms of psychological suffering. This very simplistic solution may mislead counsellors and their clients alike. Instead, it is important that the potential therapeutic merit of encouraging mindfulness come from an informed place.

An important conduit for a better understanding of mindfulness lies in the extensive research that is being done. In this particular review, some of the research where mindfulness did show a positive effect was examined. In particular, the review looked at the therapeutic benefits of mindfulness as they pertain to depression, anxiety and addiction. Perhaps most importantly, this investigation set out to understand why mindfulness was helpful in those areas, and how best to encourage clients to engage in its practice.

The review of the research produced a number of conditions, which may facilitate the adoption of mindfulness practice as a way of life. Perhaps most important is to note the reflection that mindfulness is a personal and spiritual way of life. As such, the integration of mindfulness into a client's life must respect her or his needs and wants. A practice of mindfulness should be seen not as a temporary treatment option to some end, but rather a way of being in the world that reduces suffering and allows one to live in peace.

It is my hope that this report will serve to help fellow counsellors better understand when and how to encourage the use of mindfulness. May a mindfulness way of being promote wellness, reduce suffering, and bring peace and freedom to us all.

References

- Ainsworth, B., Marshall, J. E., Meron, D., Baldwin, D. S., Chadwick, P., Munafò, M. R., & Garner, M. (2015). Evaluating psychological interventions in a novel experimental human model of anxiety. *Journal Of Psychiatric Research*, *63*, 117-122.
- Alexander, B. K. (2008). *The globalisation of addiction: A study in poverty of the spirit*. Oxford: Oxford University Press
- Dermatis, H., & Egelko, S. (2014). Buddhist mindfulness as an influence in recent empirical CBT approaches to addiction: Convergence with the Alcoholics Anonymous model. *Alcoholism Treatment Quarterly*, *32*(2-3), 194-213.
- Eisendrath, S. J., Gillung, E., Delucchi, K., Mathalon, D. H., Yang, T. T., Satre, D. D., & ... Wolkowitz, O. M. (2015). A preliminary study: Efficacy of mindfulness-based cognitive therapy versus sertraline as first-line treatments for major depressive disorder. *Mindfulness*, *6*(3), 475-482.
- Gethin, R. (2011). On some definitions of mindfulness. *Contemporary Buddhism*, *12*(1), 263-279.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). *Mindfulness and psychotherapy*. New York: Guilford Press.
- Hayes, S. C., Follette, V. M., & Linehan, M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. New York: Guilford Press.
- Hoge, E. A., Bui, E., Goetter, E., Robinaugh, D. J., Ojserkis, R. A., Fresco, D. M., & Simon, N. M. (2015). Change in decentering mediates improvement in anxiety in mindfulness-based stress reduction for generalized anxiety disorder. *Cognitive Therapy And Research*, *39*(2), 228-235.

- Idusohan-Moizer, H., Sawicka, A., Dendle, J., & Albany, M. (2015). Mindfulness-based cognitive therapy for adults with intellectual disabilities: An evaluation of the effectiveness of mindfulness in reducing symptoms of depression and anxiety. *Journal Of Intellectual Disability Research, 59*(2), 93-104.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.
- Kocovski, N. L., Fleming, J. E., Hawley, L. L., Ho, M. R., & Antony, M. M. (2015). Mindfulness and acceptance-based group therapy and traditional cognitive behavioral group therapy for social anxiety disorder: Mechanisms of change. *Behaviour Research And Therapy, 70*, 11-22.
- Kudesia, R. S., & Nyima, V. T. (2015). Mindfulness contextualized: An integration of Buddhist and neuropsychological approaches to cognition. *Mindfulness, 6*(4), 910-925.
- Lemon, E. L., Vanderkruik, R., & Dimidjian, S. (2015). Treatment of anxiety during pregnancy: Room to grow. *Archives Of Women's Mental Health, 18*(3), 569-570.
- Maex, E. (2011). The Buddhist roots of mindfulness training: a practitioners view. *Contemporary Buddhism, 12*(1), 165-175.
- Meeten, F., Whiting, S., & Williams, C. M. (2015). An exploratory study of group Mindfulness-Based Cognitive Therapy for older people with depression. *Mindfulness, 6*(3), 467-474.
- Mermelstein, L. C., & Garske, J. P. (2015). A brief mindfulness intervention for college student binge drinkers: A pilot study. *Psychology Of Addictive Behaviors, 29*(2), 259-269.
- Redstone, L. (2015). Mindfulness meditation and aromatherapy to reduce stress and anxiety. *Archives Of Psychiatric Nursing, 29*(3), 192-193.

- Reid, R. C., Di Tirro, C., & Fong, T. W. (2014). Mindfulness in patients with gambling disorders. *Journal Of Social Work Practice In The Addictions, 14*(4), 327-337.
- Reynolds, A., Keough, M. T., & O'Connor, R. M. (2015). Is being mindful associated with reduced risk for internally-motivated drinking and alcohol use among undergraduates?. *Addictive Behaviors, 42*(2), 22-226.
- Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being*. New York: W.W. Norton.
- Siegel, R. D. (2010). *The mindfulness solution: Everyday practices for everyday problems*. New York: Guilford Press.
- Tolle, E. (2004). *The power of now: A guide to spiritual enlightenment*. Vancouver, B.C: Namaste Pub.
- Toneatto, T., Pillai, S., & Courtice, E. L. (2014). Mindfulness-enhanced cognitive behavior therapy for problem gambling: A controlled pilot study. *International Journal Of Mental Health And Addiction, 12*(2), 197-205.
- Vidrine, J. I., Businelle, M. S., Reitzel, L. R., Cao, Y., Cinciripini, P. M., Marcus, M. T., & ... Wetter, D. W. (2015). Coping mediates the association of mindfulness with psychological stress, affect, and depression among smokers preparing to quit. *Mindfulness, 6*(3), 433-443.
- Villarreal, C. (2009). The mindfulness tradition in cultural translation. *The Council Of Societies For The Study Of Religion Bulletin, 38*(1), 20-24.
- Williams, K. (2015). Are we mindful of how we talk about mindfulness? *The Psychologist, 28*(3), 216-2017.