Mindfulness in psychotherapy: from practice to theory

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I was delighted to talk with so many members of the SIG at the meeting on November 14th. I am afraid far more material was presented in that talk than I currently have time to write down. However, it is possible to get a good impression of its underlying messages from summary material that is already published. I will indicate where this can be found below, after outlining the bare essentials of the talk.

The talk had two main themes. One was to map the different ways mindfulness is used in clinical practice. I am proposing this can be thought about in terms of three kinds of interventions. Some, such as versions of psychoanalysis, introduce mindfulness through the psychotherapist's personal attitude. I have labelled this therapist mindfulness or TM for short. Others, including the most commonly cited examples of mindful therapies (Mindfulness Based Stress Reduction, Mindfulness Based Cognitive Therapy and Dialectical Behaviour Therapy), provide training in mindfulness skills as a core component of an educational package. These offer mindfulness coaching (MC), usually in group situations. A third, rather heterogeneous group, includes interventions pioneered under other names by Pat Ogden, Francine Shapiro and Robert Cloninger, These all involve the use of techniques such as bilateral stimulation or guided visualisation that have a specific action in helping clients to become more mindful in relation to a particular aspect of their experience. Acceptance and Commitment Therapy (ACT) often seems closest in practice to this third category of interventions, induced mindfulness (IM).

The other theme was the importance of articulating a coherent theory of mindfulness that can inform both research and practice. While I tried do this without direct reference to the Buddhist psychology that has underpinned the ways in which mindfulness continues to be taught, the subsequent discussion confirmed that it is inseparable from an understanding of the roots of suffering. Nevertheless, when meeting the needs of science, one continuing difficulty remains that of defining mindfulness in a way that fits with subjective experience while allowing it to be reliably investigated.

The research that has received the widest publicity recently has used neuroimaging in a very selective way to support some doubtful theoretical positions. I presented a case for using a broader set of physiological parameters in future work. The potential contribution of the much-maligned tradition of projective testing in developing a suitably subtle psychological understanding of mindfulness was also illustrated in some detail. Overall, a considerable gap between theory and practice remains. For now, it remains important for clinicians to recognise that mindfulness training does not suit everyone, often needs to be adapted to circumstances, and can make some

patients' difficulties worse. (I will say more about this at a presentation at the 2009 College Annual Meeting.)

So, how might these pointers be followed up? A paper of mine, 'Mindfulness in psychotherapy: an introduction'[1] has been published in *Advances in Psychiatric Treatment* and is freely available from the website of the Royal College of Psychiatrists'. More material on most of the clinical, philosophical and research questions touched on in this digest, and in my talk, can be found in my recent book *Mindfulness and Mental Health* [2].

Two recent research findings mentioned in the talk will not be found in the APT paper or the book. One was a study showing that the way the brain processes somatic sensations changes within a matter of weeks following regular practice of mindfulness. The other was a controlled investigation indicating that the patients of therapists who have had training in mindfulness achieve better clinical outcomes than patients seen by therapists who have not. These studies are mentioned in a new paper based on lectures I have given for other clinical audiences [3]. All of the above provide extensive references to relevant literature.

One other topical resource may be helpful. I drew attention at the start of the talk to a new government publication on 'Mental Capital and Wellbeing'. It describes a project to promote mental health (used in the true sense, rather than as a euphemism for mental illness) through an analogue of the 'eat five' campaign. It lists five skills that are recommended for regular practice. Alongside 'connect', 'be active', keep learning' and 'give' there is 'take notice'. Hooray! Read more of this at www.foresight.gov.uk.

References

1. Mace C. (2007) 'Mindfulness in psychotherapy: an Introduction' *Advances in Psychiatric Treatment* March 2007 (13: 147-154) http://apt.rcpsych.org/cgi/content/full/13/2/147

2. Mace C. (2007) Mindfulness *and Mental Health: Therapy, Theory and Science*. Routledge UK

3. Mace C. (2008) 'Mindfulness and the future of psychotherapy' *European Psychotherapy* (9:23-139)