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Supporting Mindfulness beyond the Short-Term Intervention

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Applications of Mindfulness Meditation in Clinical Contexts

*'the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment'*¹, p144

Current applications as part of a healthcare intervention normally delivered as a **'treatment'** though a structured course of around six to ten weeks.

Broad group of interventions known as **Mindfulness Based Interventions (MBIs)** which include Mindfulness Based Cognitive Therapy (**MBCT**), Mindfulness Based Stress Reduction (**MBSR**). Mindfulness is also used within Dialectical Behaviour therapy (**DBT**) and Acceptance and Commitment Therapy (**ACT**). Key components; sitting **meditation**, Hatha **Yoga**, **body scans**. Interventions include a **secularised adaptation** of the traditional Buddhist meditation practice

Research assessing effects of MBIs suggests **promising interventions** in clinical setting; e.g. a recent meta-analysis² found a **moderate effect size** for treating anxiety and mood disorders.

Concerns with short-term nature of MBIs

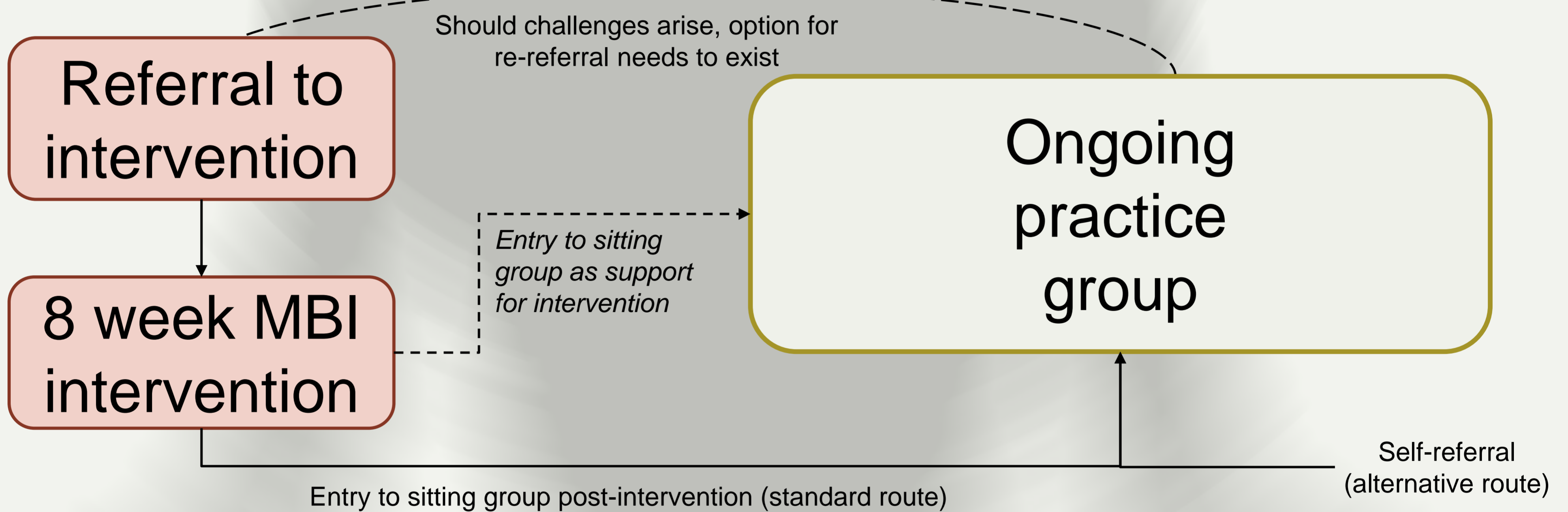
Stripping meditative practices of their religious and cultural trappings has enabled us to understand them from the perspective of cognitive science and to apply them in local settings. But has this process of secularisation and Westernisation gone too far and by doing so undermined the mechanisms by which MBIs are supposed to help?

Psychological concerns

- What is the evidence for the longevity of the effects of short-term MBIs vs long-term, ongoing practice?
 - Six- to ten-week interventions may be inducing **state** mindfulness, but can they truly alter **trait** mindfulness?
 - Some evidence of benefits of long-term practice⁴ – but harder to research...
- What are the **risks** of mindfulness practice? There are claims that MM may have inherent risks if unsupported (if only for some).^{5,6}
 - Increase in anxiety
 - "Spiritual materialism" /
 - Dissociation from emotions
 - Even psychotic episodes in susceptible individuals

Traditional concerns

- Buddhist practice takes place in the context of the 'three jewels' of Buddhism, one of which is *Sangha*, or **community**.
 - Sangha provides encouragement, mitigates risks of drop-out
 - A community in which issues around MM can be discussed and supported
- Buddhist mindfulness training occurs in the context of an **ethical framework** that is lacking in Western applications.
 - Of increasing concern recently
 - "Wrong mindfulness" in, e.g., some military or business contexts
 - Individualised use only to manage stress while maintaining a questionable status quo, or ignoring relationality



Suggestions for on-going support

Being **'in the moment'** is not a new concept, its emphasised across schools of thought for enhancing wellbeing; benefits of being in a state of **'flow'**, **open awareness** and observation enabling **better self regulation**, and importance of **attention** in making health related changes³. As such concept of mindfulness important to bring into all aspects of life, and so ongoing support would enable what has been learnt in a relatively short time to be continued.

Ongoing support needs to be in place **alongside and following interventions** to place emphasis on developing a **longer term practice for wellbeing**, and to offer support post-intervention should challenges arise and for motivation.

Suggested options include **partnership with local health and mental health service providers** to be on hand for referral to the sitting group as well as for assistance should individuals need to be re-referred. This could be in the form of **weekly** group meditation sessions which would promote more of a long term use of the practice as a form of **preventative practice** (e.g. avoidance of depression relapse), than to be used as an intervention after the issue has arisen.

Groups could be on a **referral basis** following participation in an intervention program. The groups would not be compulsory, but would be strongly suggested as a way of maintaining positive outcomes of the intervention as well as building more resources for ongoing wellbeing.

Seeking partnerships...

We are looking for partners to establish a novel long-term mindfulness community. We are specifically interested in investigating:

- Inward referral paths:** We hope to hear from health and mental health services and practitioners who are currently delivering MBIs – in a wide variety of contexts – who can refer participants on to a long-term group
- Resourcing support:** We are looking to start discussions on how we can practically provide this support, either within an NHS setting or as a community start-up
- Scaling the operation:** We need to consider the scale that this support can be offered on – local, county, region – and are interested in hearing from potential partners at all these levels
- Re-referral processes:** We also need to establish mechanisms for referring participants back into acute support settings if we are to take seriously the reported (if rare) risks of long-term meditation practice

...are you interested?

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