

The Mindfulness Phenomenon: A Brief History

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the ongoing unfoldment of human evolution.

Why has mindfulness emerged from relative obscurity in such a short time period?

New ideas do not usually get accepted into mainstream culture and especially into professional communities that quickly. Why has mindfulness become such a popular social trend when there are many other useful and proven approaches to health and well-being? Today, mainstream psychiatric and psychology journals report evidence-based research from conventional medicine, healthcare, cognitive science and affective neuroscience demonstrating the benefits of mindfulness.

Mindfulness courses are now offered specifically for doctors in the Irish College of General Physicians. Mindfulness as an effective ingredient in the prevention of relapse in chronic depression is now fully endorsed by the National Health Service in the UK. In January 2014, 'Time' magazine featured 'The Mindfulness Revolution' on its front cover.

Where did mindfulness begin?

The story begins with some cultural cross-pollination between East and West in the mid to late-nineteenth century. Philosophies such as those contained in ancient Hindu Vedic texts like the Upanishads and Bhagavad Gita, and Buddhist texts came to the attention of many writers and philosophers in the West including Ralph Waldo Emerson and William James in America, W.B. Yeats and friends (the Golden Dawn movement) in

Introduction

In 1996 when I first started to run mindfulness courses for people who were suffering from medical problems it was a relatively unknown psychotherapeutic or medical intervention. How things have changed. Today there is a keen openness to know more and an eagerness to learn how to integrate mindfulness practice into daily lives to support resilience, awareness and all the qualities we would consider essential to the 'good life'. This article attempts a brief outline of the history of the

phenomenon of mindfulness and offers a context for its appeal to the helping professions and the general public.

This is a story of the vision of some extraordinary people as well as a story of the extraordinary times that we have lived through over the last twenty years. I offer this short history from my personal perspective as a medical doctor and someone who has had a daily meditation practice of one - two hours a day for the last 30 years and as an active mindfulness teacher with a keen interest in

Ireland and the Transcendentalists in the UK and Europe.

These philosophies also came to the attention of the eminent psychologist Carl Jung who brought a more spiritualised perspective to the work of Freud. In the sciences, the great physicists of the early and mid-twentieth century including Einstein, Schopenhauer, Schrodinger and Pauli were as interested in the Eastern philosophical texts and principles as they were in physics. They highlighted the importance of the influence of human observation to scientific endeavour and their ideas set the theoretical ground work for evidence-based approaches to research

What exactly is mindfulness?

With the growing pervasiveness of the phenomenon, there are many different interpretations as to what mindfulness means and what it means to practice same. In order to avoid any confusion, I want to spell out exactly what mindfulness is, from my perspective so that at least we know that we are talking about the same thing.

Mindfulness is the same as Meditation. They are two sides of the same coin.

Meditation is a set of skills you formally practice and learn on a meditation seat.

Mindfulness is practicing these same skills when you are off the seat and getting on with daily life.

I think of the relationship in terms of tennis. Professional tennis players spend hours practicing with a tennis ball machine. With the machine the player can focus on one thing - hitting the ball. Other potentially distracting factors

have been removed as much as possible. Practicing meditation is the same in principle. There is one thing to focus on - usually attention is given to some sensation in the body e.g. the breath. All potentially distracting factors have been removed. Similarly with mindfulness, there is still the same focus of bringing attention to a sensation in the body but now there is 'daily life' to contend with.

How to explain the mindfulness phenomenon?

To more fully understand the mindfulness phenomenon I'm going to use sociologist Malcolm Gladwell's concept of "The Tipping Point" (*The Tipping Point: How Little Things Can Make a Big Difference* (2000)) as a background organising model.

Gladwell defines a "Tipping Point" as "the moment of critical mass, the threshold, the boiling point". He uses the overarching metaphor of an "epidemic" as a visualisation of how social trends spread. He suggests that ideas and products and messages and behaviours spread like viruses do. Gladwell puts the spread of epidemics down to the "Three rules of epidemics" as an explanation for why tipping points happen.

Rule One: The Law of the Few

"The Law of the Few", or, as Gladwell states, "The success of any kind of social epidemic is heavily dependent on the involvement of people with a particular and rare set of social gifts."

These "Few" create and perpetuate trends. When an idea comes to the attention of one or more of these special classes of

people, the likelihood of the idea tipping into an epidemic increases. These people are described in the following ways:

Connectors

These are the people in a community who know large numbers of people and who are in the habit of making introductions. A connector is essentially the social equivalent of a computer network hub. They usually know people across an array of social, cultural, professional, and economic circles. They are "a handful of people with a truly extraordinary knack of making friends and acquaintances" according to Gladwell.

Mavens

A maven is a trusted expert in a particular field who seeks to pass knowledge on to others. The word maven is Hebrew, meaning "one who understands". These are "people we rely upon to connect us with new information". Mavens start "word-of-mouth epidemics" due to their knowledge, social skills, and ability to communicate.

Salesmen

These are "persuaders", charismatic people with powerful negotiation skills. They tend to have an indefinable trait that goes beyond what they say, which makes others want to agree with them. All of the individuals involved in the mindfulness phenomenon fall into one of these three classes of people.

Rule Two: The Stickiness Factor

The Stickiness Factor is a law about the actual informational content and packaging of a message. The "Few" can certainly help a message spread, but if the

message is not worth spreading, then it is doomed to failure. The stickiness factor says that messages must have certain characteristics which causes them to remain active in the recipients' minds. An idea is "sticky" if it is:

- Clear and easy to understand
- Concrete and practically orientated
- Credible and evidence-based
- Emotionally appealing and based on a story or narrative

All of the ideas embodied in the mindfulness phenomenon share at least one of these characteristics.

Rule Three: Cultural and environmental context

The population must be prone to these ideas. This is fairly self-explanatory yet the elements that make up a culture and environment are a little bit more difficult to pin down. I suggest these three rules go some way to explaining where we are today and I will draw on Gladwell's theory to contextualise the growth of the mindfulness phenomenon.

The Relaxation Response

In 1956, Dr. Hans Selye published 'The Stress of Life' and is credited with coining the term 'Stress Response'. He believed that;

'Stress in health and disease is medically, sociologically and philosophically the most meaningful subject for humanity that I can think of' (Szabo, Tache, Somoygi, 2012)

In the 1970's, the first scientific research on the 'new' ancient meditation phenomenon was performed by Dr. Herbert Benson at Harvard University. Benson realised that meditation produced the

opposite of the stress response and coined his famous term 'The Relaxation Response' in a book that sold widely and spawned an interest in the subject. However, the actual practice that Benson suggested was not meditation per se. The 'Relaxation Response' happened if you systematically went through your body and briefly contracted the main muscle groups. In contrast, in meditation you do not do attempt to do anything with your body except to keep it as non-moving as possible. Although the technique worked, it tended to be cumbersome to do and was unappealing to many.

So despite promising early clinical findings, 'meditation' in the form of the Relaxation Response didn't stick with the medical or psychotherapeutic professions at that time. It wasn't until the 1980's when a number of factors coincided that it really began to spread.

"The Cultural Creatives"

In the late 1980's there was a shift in the cultural climate and a new group of people became identified called the 'Cultural Creatives'. The term was coined by Paul H. Ray, a sociologist and Sherry Ruth Anderson, a psychologist in the 1988 publication 'The Cultural Creatives: How 50 Million People Are Changing the World'.

This social phenomenon comprised ordinary people from a variety of cultural backgrounds who identified themselves as 'spiritual' but didn't align themselves with any traditional Western religion and was estimated to include up to one-fifth of the population of the US at the time. They looked for answers to their physical and mental health concerns which

didn't necessarily include standard Western medication and surgical intervention.

In parallel, several meditation retreat centres were being established in the States. The founders were either traditional Eastern monks or Americans who had spent some time practicing in the East and were inspired to return home and practice. These Americans were talented teachers, business people and incisive writers and they had "sticky" ideas. Two such writers were Jack Kornfield and Joseph Goldstein. In 1976 they opened the Insight Meditation Retreat Centre in Barre, Massachusetts and it was here that Jon Kabat-Zinn was introduced to meditation.

The Emergence of New Clinical Approaches

In the 1970's - 1980's there emerged new psychotherapeutic approaches which promised to treat psychological suffering more quickly than traditional psychoanalysis, especially the suffering associated with depression. One such approach was Cognitive Behaviour Therapy, pioneered by Aaron T. Beck, psychiatrist at the University of Pennsylvania. Beck was one of the Few. He is described as one of the "five most influential psychotherapists of all time" by The American Psychologist in July 1989.

Beck's main 'sticky' idea about depression

1. Negative thinking processes are at the root of depressive illness

Prior to Beck most clinicians assumed that the negative thinking associated with

depression stemmed from unresolved inter-psychoic conflict or unbalanced brain chemistry. In practice this meant that clinicians treated the underlying cause (psychotherapeutically or pharmacologically) with the hope that the associated negative thinking would get better. But for Beck, negative thinking was the primary problem to be addressed. He encouraged his patients to *practice awareness outside of the therapy sessions*, to “catch” their “automatic thoughts” and bring them in for investigation.

Beck initiated the idea of standardisation or ‘measurement’ (Beck Depression Inventory, Beck Hopelessness Scale, Beck Scale for Suicidal Ideation and the Beck Anxiety Inventory) of depression so that the CBT processes and outcomes could be compared against the standard existing treatment of antidepressant medication. This explicitly evidence-based approach was ‘sticky’ to the logic and reason of many psychotherapists and other clinicians.

Evidence-based work of Jon Kabbat-Zinn

In 1979 a course called the ‘*Stress Reduction and Relaxation Program*’ began in the Department of Medicine in the University of Massachusetts run by Jon Kabbat-Zinn. This course eventually became known as mindfulness-Based Stress Reduction or MBSR. This was an eight week structured program teaching mindfulness practice to patients suffering from the stress of chronic physical illness.

He ran randomised controlled trials and reported his results in various standard medical journals. He also wrote the book ‘*Full Catastrophe Living : Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*’ (1990) which was a summary of his course material and the background philosophy. He conclusively demonstrated that mindfulness practice worked to reduce pain and suffering when nothing else available was working.

I suggest that the primary reason Jon Kabbat-Zinn’s course was ‘sticky’ was that he taught patients a new approach to deal with their pain: ‘Being with’ rather than the suppression or expression cycle.

‘Being with’

Kabbat-Zinn taught the traditional Buddhist approach to pain which is called the ‘*Being With*’ relationship. It is the heart and core of mindfulness practice. Pain, or any uncomfortable experience is allowed to ‘be there’. All that is required is that its presence is registered in awareness. No attempt is made to control or change anything. Paradoxically, what happens next when “Being With” is practiced is that the pain often changes character and sometimes disappears.

The ‘Being with’ approach to pain is a nuanced counterintuitive approach to pain and can be easily misunderstood as a passive resignation. To be effective it required focused tuition and required conscious commitment and a deliberate deployment of energy. It needed regular and consistent practice to work.

Kabbat-Zinn was masterful at communicating the nuances and

the course was intensely practice oriented. Most of the course was done at home using supportive audios and participants were required to meditate for one hour every day. This meant that through their own personal practice they could find out *directly for themselves* what could happen with this new approach. It would work for them or not, and it did indeed work for many of them. What he was offering did gain ground among some in the medical profession, myself included but I don’t think that his course was a tipping point. The epidemic was brewing but it was still localised.

The Tipping Point

In 1992 one of the most popular TV networks in the US, PBS broadcast a documentary series called ‘*Healing and the Mind*’ with Bill Moyers, a high profile and respected journalist. He was one of the ‘*Few*’. The documentary was an in-depth look at workable alternatives to traditional medical treatments which included the MBSR course. This could have lain forgotten in the archives but with the emergence of Google (1998) and YouTube, the film was uploaded and has been viewed over 40 million times since then.

Following this, the tipping point for the mindfulness phenomenon, I would suggest, came about in 2001 when ‘*Mindfulness-Based Cognitive Therapy for Depression*’ 2001, Segal, Williams, Teasdale was published. The books appearance unleashed an avalanche of interest, clinical practice, and research throughout the world. The authors were credible PhD professional researchers and CBT clinicians.

In 1992, Segal was funded to investigate alternatives to medicating solutions for clinical depression. He and his colleagues participated in the MBSR course. The CBT model was eventually expanded to integrate the MBSR approach, which they called Mindfulness Based Cognitive Therapy. They conclusively demonstrated that MBCT was more effective than CBT alone (Segal, 2001).

Two reasons why the book is 'Sticky'

1. Their evidence-based research methodology had a transparency to it.

This is my own very personal sense and may not be shared by everybody. I usually read 'evidence-based' material cautiously. I am aware that there is often a hidden agenda, usually to convince me that the product or approach works and therefore to buy it. 'Does MBCT work?' is the chapter of the book outlining research methodology and findings. It is conversational in style and non - obscure. There seems to be no hidden agenda. I could wholeheartedly accept, agree and embrace the evidence that that they presented. To me and to other clinicians it was "sticky".

2. The 'Way of Being' of the mindfulness teacher is vital

The authors repeatedly observe that the mindfulness teacher's way of being with the course participants is central to success. The teachers have to become a living embodiment of the practice and share from this place. This is not a new

observation. Similar qualities are highlighted by Duncan & Millar (2004) in 'The Heroic Client' and others. However, this book is an eloquent exposition of the practice.

Teachers are called "instructors" and teach by using enquiry, they do not "fix problems". They communicate "Loving Kindness" and "Compassion" non - verbally. Participants are known as guests to be treated with warm hospitality. In essence, the course material only "sticks" with participants if the teachers have a meditation practice of their own so that they can authentically 'Be With' the participants in the same way that the participants have to 'Be With' their own pain.

Conclusion

The mindfulness story continues to unfold and we professionals find ourselves in the middle of it, as people search for solutions to problems that are as old as time itself. While mindfulness is considered a modern phenomenon, its roots lie in philosophies and practices that are thousands of years old. I suggest these teachings survived this long because they inspired the human heart and spirit to take effective action to move beyond apparent limitation.

More recently these same philosophies and practices have been rigorously researched and have convincingly proven their worth in alleviating the pain and suffering associated with some of our most intractable of human problems. To become an active participant in the unfolding story is simple; all that is required is

to graciously accept mindfulness as gift and to diligently practice so that one can be even better at "Being With" one's own and one's clients suffering. ☺

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