Mindfulness in medicine

The mind-body approach to medicine recognises the consciousness of both patient and doctor.

Mind-body medicine recognises, as one of its fundamental tenets, that the consciousness of both the patient and the clinician is relevant in an integral approach to understanding and treating illness. What is generally referred to as ‘subjectivity’, i.e. the first-person experience, is considered by many as an obstacle to a rational approach to medicine. However, the mental, emotional and spiritual dimensions of the patient are being shown, through scientific rigour, to be clinically relevant in both the assessment of causality in illness on the one hand, and the engagement of internal resources in on-going management on the other. Moreover, many clinicians recognise that the doctor’s level of awareness, attitudes and beliefs will inform and influence the approach to treatment.

It is at the point of convergence of the consciousness of both doctor and patient and the scientific and evidence-based approaches, that mindfulness and mindfulness-based interventions are embedded in the practice of medicine.

Context and definitions

Mindfulness is most simply defined as moment-to-moment, non-judgemental awareness or bringing one’s complete attention to the present experience on a moment-to-moment basis. Mindfulness is recognised as an innate resource that can be intentionally cultivated, similarly to physical fitness, over time, with patience, persistence and discipline by purposefully paying attention in the present moment.

Mindfulness as a practice emerged out of the teachings of Gautama Siddhartha, the original Buddha, 2500 years ago as a means to investigate and overcome human suffering. The degree of suffering on both an individual and collective level – however one understands that term – is no less relevant today, and the intensive scientific investigation of approaches like mindfulness, and meditation more broadly, has been diffusing its way into Western society over the last 50 years.

Early researchers in this area were particularly intrigued by the mental capacities of Indian yogis (adepts or masters), and how they seemed to be able to both influence their physiology through mental techniques and also remain remarkably stable and centred in the face of physical and mental challenges.

The research question that arose out of these observations was whether similar techniques, taught to individuals in a secular context, would also have measurable effects on physiological parameters and positively influence physical and psychological functioning. The scientific interest which grew from a trickle to a flood to its present-day status at the cutting edge of neurobiological research has paralleled the integration and widespread use of meditation in medicine and psychology.

Mechanisms of mindfulness

The particular value of mindfulness is that it can be used and viewed both as a specific meditative form as well as a more global way of being or an inherent state of consciousness, and as such, is broadly applicable and can be practised free of cultural or religious dogma. The techniques associated with mindfulness, such as meditation on the breath, are seen as ‘scaffolding’ used to develop the skill of mindfulness.

The emerging and on-going research focus over the last 30 years has been on understanding the cognitive and neurobiological basis of mindfulness. The physiological sequelae are somewhat under-determined in the literature; however, the current phase of controlled trials of mindfulness-based interventions now includes broader physiological parameters, such as measures of autonomic, immune and cardiac function. Mindfulness is not synonymous with relaxation, although the relaxation response as
Mindfulness is most simply defined as moment-to-moment, non-judgemental awareness or bringing one's complete attention to the present experience on a moment-to-moment basis.

The particular value of mindfulness is that it can be used and viewed both as a specific meditative form as well as a more global way of being or an inherent state of consciousness.
Mindfulness

While the evidence-base for the use of MBSR in medical conditions is promising but preliminary, it is with psychiatric and psychological disorders that more conclusive data for this approach are being demonstrated.

both the group and in-between sessions with an attitude of curiosity and kindness, and to investigate how this attitude and attentional stance might, in their immediate experience, be used to ameliorate distress, reduce reactivity, elicit relaxation and enhance skilful responsiveness in the face of challenges.

Patient populations that have been researched include those with chronic pain syndrome, fibromyalgia, psoriasis, stress in malignantly disease, recurrent cancer of the prostate, HIV/AIDS, generalised anxiety disorder and sleep disturbance in women with breast cancer.1,3,12 Significantly, in a number of these studies, follow-up over 6 months to 5 years showed maintenance of therapeutic gains.13,14 Parameters that were assessed include symptoms of stress, mood states, general medical symptoms and markers of immune and prostate function. The critique of Bishop is valid in that paucity of controls in many of these studies and limited physiological measurements make the clinical effectiveness of MBSR inconclusive. This is well recognised by researchers and the data produced in the last 25 years are viewed as preliminary evidence that has led to larger, controlled trials with broader physiological measurements, many of which are currently being undertaken or are in press.

While the evidence-base for the use of MBSR in medical conditions is promising but preliminary, it is with psychiatric and psychological disorders that more conclusive data for this approach are being demonstrated. MBCT, which is very similar in form and intent to MBSR, has been utilised and evaluated in patients with 3 or more episodes of major depression.15 Further, DBT has been shown in controlled trials to be particularly successful in treating borderline personality disorder, and offers hope to patients who, despite both pharmacological and psychological interventions, often remain difficult to manage.9

The mindful clinician

It is self-evident that a doctor who is present and attentive to the clinical tasks at hand, from surgery to general practice consultation, is more effective than a mindless one.

References

15. Teasdale JD, Segal ZV, Williams JM, Ridgeway VA, Soulsby YM, Lau MA. Prevention of relapse/recurrence in major depression by mindfulness-

**In a nutshell**

- Mindfulness practice exists at the convergence of human consciousness and science investigation.
- Mindfulness practices emerge out of the desire to reduce human suffering.
- Mindfulness is both a specific meditative form and a way of being.
- Mindfulness is not the same as relaxation, although mindfulness-based techniques may elicit the relaxation response.
- The three core cognitive components of mindfulness are intention, attention and attitude.
- The cognitive meta-process results in a disidentifying from the contents of consciousness.
- Neural correlates underpinning mindfulness are being elucidated in brain regions associated with interception and emotional regulation in particular.
- Mindfulness-based stress reduction (MBSR), the most widely utilised mindfulness-based intervention, has shown promising clinical results in initial trials.
- Mindfulness-based cognitive therapy (MBCT) results in significant reduction in relapse in patients with 3 or more episodes of major depression.
- The mindful practitioner, grounded in self-awareness, is effective in attending to the full range of patients’ needs as well as retaining sensitivity to their own well-being.

**Single Suture**

**Stick not carrot to change drinking habits**

Raise prices, reduce availability and block marketing of alcohol to young people – this is the message from the Nuffield Council on Bioethics, a UK think tank, which published a report on circumstances under which so-called ‘nanny’ policies might be justified. The current UK approach is to try to encourage responsible drinking, but irresponsible use of alcohol, particularly among young people, is common. The Nuffield report concluded that intervention was most strongly justified to limit excessive alcohol consumption, because drunk people harm others as well as themselves.

Excessive alcohol consumption costs the UK £20 billion a year, one-third of this through crime and public disorder. Domestic violence is another result – with 1 million children exposed to the effects of excessive alcohol consumption by their parents, carers and sibling at home. Absenteeism is another ill effect, leading to economic losses for companies.

*New Scientist; 17 November 2007: 6.*