

The SAGE Encyclopedia of Quality and the Service Economy

Mindfulness

Contributors: Jesper Dahlgaard, Maja O'Connor, and Robert Zachariae

Editors: Su Mi Dahlgaard-Park

Book Title: The SAGE Encyclopedia of Quality and the Service Economy

Chapter Title: "Mindfulness"

Pub. Date: 2015

Access Date: September 26, 2015

Publishing Company: SAGE Publications, Inc

City: Thousand Oaks

Print ISBN: 9781452256726

Online ISBN: 9781483346366

DOI: <http://dx.doi.org/10.4135/9781483346366.n120>

Print pages: 418-424

©2015 SAGE Publications, Inc. All Rights Reserved.

This PDF has been generated from SAGE knowledge. Please note that the pagination of the online version will vary from the pagination of the print book.

<http://dx.doi.org/10.4135/9781483346366.n120>

Mindfulness

Mindfulness has been practiced in Eastern cultures for at least 2,500 years with the purpose of reducing human suffering and pain. This may be achieved through increased insight and clarity of mind achieved by strengthening a stable awareness and attention, emotional balance, and compassion toward oneself and others. In the late 1970s, Dr. Jon Kabat-Zinn introduced mindfulness at the University of Massachusetts Medical School. He developed an 8-week mindfulness-based stress reduction (MBSR) program for patients with chronic pain and illness. His attempt at creating a synthesis between Eastern and Western tradition, between meditation and yoga on one side and mainstream medicine on the other, led to the dissemination of MBSR to major hospitals in the West and recently also “back” to several countries in the East.

Over the years, mindfulness-based approaches have been found to improve well-being, health, [p. 418 ↓] and quality of life in both clinical and nonclinical populations. More recently, mindfulness has been applied in the education sector and in organizations across the world. This entry first defines and provides a background for understanding the concepts of mindfulness, awareness, and attention and then follows the main historical trajectory for introduction of mindfulness in the West. Implications of mindfulness to health at the individual level and that of health organizations are discussed, and in the last part of the entry, the role of mindfulness in society is discussed with an emphasis on implications for education, change processes in organizations, and sustainable societal, ecological, and climatic change.

Mindfulness, Awareness, and Attention

Mindfulness is defined as “paying attention to present moment experiences on purpose in a non-judgmental manner” (Kabat-Zinn, 1994, p. 4). Mindfulness is a quality of consciousness based on present moment experiences (e.g., bodily sensations, feelings, thoughts, sights, smells, sounds) as the center of attention. Paying attention to something involves the mental process of selecting and bringing into focus one

particular source of information (i.e., specific types of stimuli) and excluding other sources from the broader field of awareness.

Although the human brain is considered the most highly evolved brain among all species, its capacity for awareness and attention is highly limited. Thus, information from external and internal stimuli is generally focused on (i.e., attended to) for very brief periods. Information is rapidly processed and colored by additional mental processes such as ideas, beliefs, opinions, and expectations and is often automatically judged to be “good” or “bad” based on prior experience. One consequence of rapid and automatic evaluation and judgment is a *distorted view of reality*. Mindfulness training can result in more stable awareness and attention and improved clarity and insight into one’s mental processes. This could have several beneficial effects, including allowing the mind to experience things in a more objective manner, giving the individual the opportunity to evaluate reality in a more unbiased way, and preventing negative thinking and rumination.

Mindfulness in Health

With mindfulness practice, the individual can be trained to refrain from automatic evaluation, judgment, and rumination and to see things with greater clarity. When used as a behavioral health intervention, mindfulness training may result in beneficial health-related effects. Two types of standardized mindfulness-based therapy (MBT) — mindfulness-based stress reduction and mindfulness-based cognitive therapy (MBCT)——have both been shown to have relatively well-documented effects, including alleviation of distress associated with physical, psychological, psychosomatic, and psychiatric disorders. Both MBSR and MBCT are group-based clinical interventions with 2- to 2½-hour-long weekly group meetings over an 8-week period and require participants to engage in daily home exercises lasting approximately 45 minutes on all days between the weekly meetings. MBT is often used for stress reduction and treatment of other types of psychological distress, for example, anxiety and depression.

Both MBSR and MBCT integrate systematic training in mindfulness meditation with elements of cognitive and behavioral therapy. The aim is to teach participants to become more aware of and relate in new ways to their thoughts, feelings, and bodily

sensations by becoming aware of when their mind engages in automatic thoughts and problem-solving strategies (doing-mode) and learning how to consciously shift to focusing on present experiences (being-mode) in a nonjudgmental manner. This shift from doing-mode to being-mode is facilitated through mindfulness exercises, for example, sitting meditations, so-called body scans, and gentle stretching exercises, whereby the participants learn to become aware of and to accept emotional distress and bodily sensations in a gentle and nonjudgmental way.

Implications to Health at the Individual Level

Mindfulness is increasingly being used in Western health care settings to empower patients who otherwise may be difficult to help, for example, patients with chronic and incurable diseases. For these greatly challenged patients, the aim is to help them view their life circumstances and health situation with greater clarity and to assist them in [p. 419 ↓] accepting that suffering is inevitable and only constitutes one among several aspects of life. Specifically, the intention is to foster a nonjudgmental attitude of interest, acceptance, and kindness toward their own physical symptoms, emotions, thoughts, and behaviors. Furthermore, with regular meditation practice, the participants learn to better understand the nature of their thoughts simply as thoughts that do not necessarily reflect reality and to observe and reflect on their relationship with their thoughts. In other words, they learn that thoughts are not necessarily facts.

This decentered and more compassionate relationship with one's own thoughts, feelings, and bodily sensations is expected to lead to less rumination and distress and to increased well-being. In this way, participants learn to discover their automatic reactions as they arise, to detach their attention from the specific content of their thoughts, and to regulate themselves back from doing-mode to being-mode by focusing their attention on experiences in the present moment, for example, their bodily sensations or their breathing. Several randomized, clinical trials have demonstrated that it is both possible and feasible to help patients in this way. Furthermore, recent data suggest that mindfulness meditation may improve mind–body connectivity and

communication by influencing brain regions that can initiate healing processes mediated by genetic, neurological, and immunological processes.

Effects From Meta-Analysis of MBT on Health in Clinical Populations

MBT has been shown to reduce symptoms of anxiety and depression and may help patients with psychological disorders to better cope with their symptoms. MBT also significantly reduces the risk of relapse in previously depressed patients with a history of three or more episodes of depression. In terms of cost-effectiveness, MBT performs similar to pharmacological treatments for depression and is superior to pharmacological treatments with respect to relapse, residual depressive symptoms, and quality of life. MBT reduces psychological distress in patients with chronic pain, multiple sclerosis, fibromyalgia, rheumatoid arthritis, and cancer. MBT has also been found to influence various disease-relevant biological parameters, for example, increased clearing of psoriatic lesions in patients with psoriasis and buffering of CD4 + T lymphocyte declines in HIV-1-infected adults. MBT may even change the expression of our genes in ways that are beneficial to health, counteracting biological stress effects.

Effects From Meta-Analysis of MBT on Health in Nonclinical Populations

MBT has been shown to improve mental health, and in some instances physical health, across different nonclinical populations. Examples include self-selected community residents who experienced reductions in daily hassles, psychological distress, and medical symptoms; self-selected community residents who experienced reduced distress; and healthy employees in a biotech corporation where positive effects were observed on brain and immune functions.

Implications to Health Organizations

Physicians and health employees are at high risk for stress and job burnout. A mindfulness training course adapted for primary care clinicians found reductions in indicators of job burnout, depression, anxiety, and stress. Likewise, medical students who participated in MBT reported fewer anxiety symptoms and increased empathy. In the effort to improve patient care, hospitals and health care organizations increasingly focus on facilitating a patient-centered relationship between physicians and patients. In a recent multicenter study of physician mindfulness, clinicians who rated themselves as more mindful engaged in more patient-centered communication, had more satisfied patients, and were more positive when dealing with patients than clinicians who rated themselves as less mindful. Mindfulness training has also been shown to promote increased emotional stability among health professionals, which may facilitate more compassionate care of dying patients, their families, and caregivers. Finally, health professionals who practice mindfulness develop improved social relations with their clients. Mindfulness training is a short-term cost/benefit-efficient intervention to support health professionals' and physicians' well-being and health and has important beneficial implications for the quality of patient care.

[p. 420 ↓]

Mindfulness in Society

Mindfulness is now becoming integrated in society outside hospitals. Some of the drivers of this development include the following: (a) *new technology*: our online and fast-paced lives challenge the brain's limited capacity for attention, and may even reduce it, leading to an increasing disconnection from ourselves; (b) *new challenges*: despite challenges from technology on the brain's capacity for attention, people—for example, employees, managers, and students—are simultaneously facing more situations that require them to access their self-awareness and emotional intelligence in order to be successful; and (c) *scientific development*: the past 10 years have provided groundbreaking research in cognition science, for example, about the impact of

mindfulness on brain plasticity. Recently, discoveries from biology have demonstrated that mindfulness can change the expression of our genes in ways that are beneficial to health. MBT may provide a way to better connect with ourselves (e.g., with our feelings, thoughts, body sensations, interests, needs, and values) that is much needed in our modern fast-paced and stressful society, and preliminary results indicate that MBT may benefit health.

The beneficial effects of mindfulness on health may be mediated through personal transformation characterized by more stable awareness and attention, compassion, and greater insight into one's mental processes. Such transformation may benefit both individuals and their interrelationships in organizations and institutions. This is now being acknowledged in cognitive science; affective neuroscience; neuro economics; primary, secondary, and higher education; business; leadership; and in society as a whole. Examples of organizations that use mindfulness include tech companies such as Google, a variety of companies in the private sector, and state-owned enterprises in, for example, China, and even the British parliament.

The following section summarizes research findings that provide insights with respect to the successful integration of mindfulness in the educational system that may pave the way for better education. Finally, the entry addresses the use of mindfulness in organizational change processes, and in system-level changes, with examples of organizations and institutions that are concerned with sustainable, global societal and ecological/climatic change.

Implications to Education

As pointed out by William James, a founder of modern psychology, in *The Principles of Psychology* (1890),

The faculty of voluntarily bringing back a wandering attention, over and over again, is the very root of judgment, character, and will. . . . An education which should improve this faculty would be the education par excellence. But it is easier to define this ideal than to give practical instructions for bringing it about. (p. 424)

Despite being projected by James as an urgent need in 1890, the urgency of cultivating attention and awareness is even greater today. In modern society, an overwhelming information load (from, e.g., mobile technology, social media, news and cable networks) challenges our capacity for attention and awareness. In consequence, *presence and awareness*, with ourselves and others, which are essential for students, educators, and parents in participating in, promoting, and supporting a flourishing learning environment, have become a threatened state of mind. Mindfulness meets this need by offering practical instructions for how to strengthen awareness on present moment experiences, including the faculty of voluntarily bringing back a wandering attention, over and over again.

A large and growing number of studies on adults demonstrate that a regular mindfulness practice can improve attention, awareness, and peace of mind. Mindfulness also influences in beneficial ways the well-being, emotional and social skills, learning, and cognition. In support, brain imaging and neuroscience have shown that mindfulness meditation profoundly alters the structure and function of the brain and improves awareness, executive functioning, body–mind communication, and the quality of thoughts and feelings.

Improved awareness of, for example, thoughts, feelings, and body sensations opens to insight from our conscious experiences. Being aware, and tapping into our conscious experiences, can facilitate behavioral regulation that is more congruent with personal values, needs, and interests and [p. 421 ↓] therefore may affect motivation in positive ways. Self-regulation, motivation, attention, and awareness all are required for engagement, learning, and creativity. From a theoretical perspective, therefore, based on data from adults, it is likely that mindfulness meditation, in an educational context, can contribute to improved quality of learning and education for both children and adults.

Currently, mindfulness is being integrated in primary, secondary, and higher education around the world with the aim of improving education. Research on mindfulness in educational contexts reveals significant psychological and social benefits derived from mindfulness training among children and adolescents. Two systematic reviews and more than 20 individual studies of mindfulness with school children support that mindfulness fits into a wide range of educational contexts across ages from children

to adolescents. Furthermore, mindfulness facilitates a *way of being* that decreases stress and involuntarily behavioral responses to stress and promotes relaxation, peace of mind, and attention and awareness. In addition, mindfulness may deepen learning and enhance motivation and academic performance, which in turn result in increased accomplishments of personal goals. Mindfulness may also improve sleep quality and may promote mental health, self-acceptance, and resilience. Importantly, mindfulness may improve emotional and social well-being, which is recognized as essential for students, educators, and parents. Finally, mindfulness in the classroom is relatively low cost, it affects fairly quickly, it does no harm, it is feasible and enjoyable, and it strengthens relationships among students and their teachers.

Implication to Change Processes in Organizations

Mindfulness, due to its transformative potential, can be applied in organizations and in society to facilitate change processes. Theories on change processes—for example, *Theory U* by C. Otto Scharmer (2009) and *Presence* by Peter Senge, Scharmer, Jaworski, and Flowers (2004)—draw on mindfulness meditation as the foundation for realizing profound change in organizations and in society. According to this body of research, it is *not* possible to transform the behavior of systems *unless we transform the quality of awareness and attention* that people apply to their actions within these systems, both individually and collectively. To not automatically repeat old patterns of thinking and behavior, and start seeing and actualizing one's highest future possibility, change processes comprise the following:

- 1. An *open mind*, representing the capacity to see the world with fresh eyes, including seeing our seeing, and to suspend old habitual patterns of thinking
- 2. An *open heart*, representing the capacity for deeper empathic and generative listening and to see any situation through the eyes of someone else
- 3. An *open will*, representing the capacity of *letting go* and *letting come*—that is, letting go of the past to connect with and learn from emerging future possibilities

Awareness, attention, empathy, and compassion are keys to change processes as suggested by Scharmer, Senge, and coworkers, and they explicitly suggest mindfulness meditation for cultivating these elements. The core elements of mindfulness—open awareness, attention, empathy, and compassion—can prevent the automatic repetition of old patterns of thinking and behavior and allow seeing and actualizing one’s highest future possibility. Without these elements, the opposite may be at risk: repeating, or even intensifying, old patterns of thinking and behavior, being unaware of other dimensions for change and future possibilities, and, thus, partly operating blind.

Examples of repetition of old patterns of thinking and behavior, with little awareness of other dimensions of change and future possibilities, are easy to find in today’s society. We spend enormous resources on health care systems that primarily treat symptoms and to a lesser extent address and identify the fundamental causes of disease and behaviors that support health. On top of that, failures occur every day in the health care system with evidence showing that diagnostic and other medical errors are responsible for substantial morbidity and mortality, in part caused by a lack of attention and awareness by clinicians and health care workers. [p. 422 ↓] In spite of the significant resources being used, the overall health in the affluent part of the world is not superior to that in many societies where significantly fewer resources are being used. Another example is the educational system. We spend enormous resources in an educational system in which teachers and students suffer from stress and burnout that impair effectiveness (e.g., it is not unusual that stress can cause high school dropout rates to exceed 50%) and prevent cultivation of the student’s awareness, engagement, and creativity.

Thus, being aware, attentive, and willing to lead responsible and sustainable organizational changes with empathy and compassion may be required as one of the most important suits of skills and tasks in the future for leaders in, for example, the quality and service economy in both the private and the public sectors. Indeed, mindfulness is now also making its way into the area of leadership, as today’s leaders frequently face situations that require them to access their self-awareness and emotional intelligence in order to be successful.

Implications for Sustainable Global Societal, Ecological, and Climatic Change

At a higher level (i.e., system level), an urgent need for change and transformation is recognizable when being mindful of the conditions of today's society and civilization. Characteristics hereof are imbalances at several levels, potentially threatening our societies, civilization, and planet. As suggested by Scharmer, those imbalances constitute the *ecological divide*, that is, the disconnect between *self* and *nature*, and result in overuse of the Earth's finite resources and accelerating climatic change (today, we use resources at 1.5 times the rate the Earth can regenerate them); the *social divide*, that is, the disconnect between *self* and *other*, which results in two "societies" (roughly 1 billion people live in extreme poverty); and the *spiritual divide*, that is, the split between one's current self and one's highest future possibility (emerging self), which can be illustrated by increasing rates of burnout, depression, and suicide. Suicide is now the leading cause of death for people between ages 15 and 49 and is taking more lives than war, murder, and natural disasters combined (data published in *Newsweek*, May 22, 2013, obtained from the Institute for Health Metrics and Evaluation, which coordinated the Global Burden of Disease report published in a special issue in *Lancet*, December 2012). It is more important than ever to be aware of those imbalances and to acknowledge that repeating old patterns of thinking and development does not solve these threats against our civilization, ecology, and climate.

Improved collective awareness may benefit our societies and our civilization. Collective mindfulness, collective awareness, and collective intelligence are interconnected and are now being used for providing groundbreaking new ways of developing sustainable societal and ecological change and transformation in, for example, the quest against climatic change. Examples of organizations that are concerned with global societal and climatic changes, and perform research in or incorporate mindfulness practices, include Massachusetts Institute of Technology, United Nations organizations, and the World Bank. Interestingly, during the past 3 years, almost all mindfulness-related events at the World Economic Forum have been oversubscribed, and sustainable development and growth is now part of the standard vocabulary at the World Economic Forum.

Summary

MBT is an adaptation of an ancient Eastern tradition that is increasingly being applied in hospitals and other health care organizations. The available research suggests that MBT is a feasible and cost-effective intervention to empower patients with chronic diseases, who may otherwise be difficult to help, improving their ability to cope with their condition. When applied to employees in health care organizations, results suggest potential beneficial outcomes for employees and—indirectly—for patients. MBT thus represents a valuable resource to health organizations for continuous improvement.

Mindfulness is now also being integrated in society. Research findings, summarized in this entry, provide insights into the successful integration of mindfulness in the educational system, paving the way for better education. Finally, mindfulness practices are also acknowledged and integrated in modern theories of change management. When applied broadly, and in organizations concerned with sustainable, global societal and environmental changes and development, mindfulness may improve collective awareness and collective [p. 423 ↓] intelligence, preventing repetition of old patterns of thinking and development and allowing for new and better solutions for the future.

Jesper Dahlgaard, Maja O'Connor, and Robert Zachariae

See also Corporate Social Responsibility; Emotional Intelligence; Empowerment; Excellence Characteristics; Green Growth; Group and Organizational Processes; Health Care Service and Quality; Innovation in Networks; Motivation, Intrinsic and Extrinsic; Organizational Psychology; Quality in Higher Education; Quality in Primary and Secondary Education; Quality of Life; Transformational Leadership

Further Readings

Burke, C. A. (2009). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies*, 19, 133–144.

Csikszentmihalyi, M. (1997). *Creativity: Flow and the psychology of discovery and invention*. New York, NY: Harper Perennial. (Original work published 1996)

Csikszentmihalyi, M. (1997). *Finding flow: The psychology of engagement with everyday life*. New York, NY: Basic Books.

Davidson, R. J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., Muller, D., Santorelli, S. F., . . . Sheridan, J. F. (2003, July). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine*, *65*(4), 564–570.

Fjorback, L. O., Arendt, M., Ørnbøl, E., Fink, P., & Walach, H. (2011). Mindfulness-based stress reduction and mindfulness-based cognitive therapy: A systematic review of randomized controlled trials. *Acta Psychiatrica Scandinavica*, *124*, 102–119.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004, July). Mindfulness-based stress reduction and health benefits. A meta-analysis. *Journal of Psychosomatic Research*, *57*(1), 35–43.

Harnett, P. S., & Dawe, S. (2012). Review: The contribution of mindfulness-based therapies for children and families and proposed conceptual integration. *Child and Adolescent Mental Health*, *17*(4), 195–208.

James, W. (1890). *The principles of psychology*. New York, NY: Dover.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Delacourte.

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York, NY: Hyperion.

Piet, J., Würtzen, H., & Zachariae, R. (2012). The effect of mindfulness-based therapy on symptoms of anxiety and depression in adult cancer patients and survivors: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*, *80*, 1007–1020.

Scharmer, C. O. (2009, January). *Theory U: Leading from the future as it emerges*. Oakland, CA: Berrett-Koehler.

Scharmer, C. O., & Kaufer, K. (2013). *Leading from the emerging future: From ego-system to eco-system economics*. San Francisco, CA: Berrett-Koehler.

Segal, Z. V., Williams, J. M., & Teasdale, J. D. (2013). *Mindfulness-based cognitive therapy for depression*. New York, NY: Guilford Press.

Senge, P., Scharmer, C. O., Jaworski, J., & Flowers, B. S. (2004). *Presence: Human purpose and the field of the future*. New York, NY: Random House.

Sibinga, E. M. S., & Wu, A. W. (2010). Clinician mindfulness and patient safety. *Journal of the American Medical Association*, *304*(22), 2532–2533.

van der Velden, A. M., Wattar, U., Kuyken, W., Crane, C., Pallesen, K. J., Dahlgaard, J., . . . Piet J. (in press). A systematic review of mediators, moderators and mechanisms of change in mindfulness-based cognitive therapy in the treatment of recurrent major depressive disorder. *Clinical Psychology Review*. doi:10.1016/j.cpr.2015.02.001

Weare, K. (2012). *Evidence for the impact of mindfulness on children and young people: The mindfulness in schools project*. Retrieved from <http://mindfulnessinschools.org/wp-content/uploads/2013/02/MiSP-Research-Summary-2012.pdf>

<http://dx.doi.org/10.4135/9781483346366.n120>