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What is mindfulness-based therapy good for?

What exactly is mindfulness meditation good for? For whom and how does it work? Can it have adverse effects? A cursory glance at the mental health literature suggests that it can help with almost anything, but a deeper look reveals contradictory findings.

How good is the evidence for its benefits? A major meta-analysis¹ of 163 studies focusing on psychological variables suggests that mindfulness has a range of positive effects on mental health, such as changes in stress and negative emotions. A closer inspection, however, reveals that most of the studies had methodological limitations (less than 10% used an active control group) and, most surprising, there seems to be no consistent longitudinal effect—meditating for a greater length of time is not associated with better psychological outcomes. This lack of a longitudinal effect has been confirmed by a meta-analysis² of brain imaging studies: although mindfulness practice leads to structural brain changes, these changes are confined to the first weeks of practice.

Evidence concerning the use of mindfulness-based interventions for recurrent depression is more promising: across nine clinical trials, individuals who received a cognitive-based mindfulness-based intervention had a lower chance of relapse within

60 weeks of follow-up.³ Yet, a mindfulness intervention was not more helpful than other forms of mental health training, and the only study that tried to tease apart the effect of the meditation element from the psychoeducation training didn't find the meditation practice to be more effective than treatment as usual.⁴ Another meta-analysis⁵ of 47 randomised clinical trials on the use of mindfulness-based interventions for mental health problems confirmed moderate evidence of improved results for depression, as well as anxiety. However, for variables one would expect mindfulness to have a strong effect on, such as stress and positive mood, there were only weak effects.

Turning to the second question: for whom and how does mindfulness work? The answer to this question is precarious and messy. There has been very little research on individual differences in mindfulness, probably because of an assumption that this technique develops a kind of self-awareness capacity that is innate to all individuals. There are, however, indications that individuals with certain personality characteristics (openness to experience and agreeableness) will use mindfulness more frequently,⁶ and that mindfulness-based interventions are more effective for recurrent depression with patients who have suffered childhood trauma and

abuse.⁴ As to the mechanisms of how mindfulness works, there are a number of proposals, ranging from metaphysical self-awareness (realising that the self is an illusion), to processes of self-regulation potentially mediated by improvements in attention and self-awareness, to psychobiological mechanisms of stress buffering. The theoretical proposals tend to follow the applications of mindfulness, so that researchers interested in stress reduction through mindfulness-based interventions will develop a model focusing on stress modulation, those interested in depression will focus on mechanisms associated with rumination and self-compassion, and so on.

If mindfulness produces alterations in cognition and affect, the effect of which will vary according to personality and life history, could it also have the potential for adverse effects? Surprisingly, despite the hundreds of clinical studies now available, research on this topic is very limited, although there are indications of short-term and long-term adverse effects. An early study of the effects of intensive mindfulness retreats showed that most of the experienced meditators, with more than 4 years of regular practice, had at least one negative effect, varying from increases in negative thoughts and anxiety to feelings of disorientation, confusion, lack of motivation, and worsened interpersonal relations.⁷ Results of more recent experimental, clinical, and qualitative studies show that even relatively short mindfulness-based interventions could lead to increases in stress, depression, and the resurfacing of childhood traumas.⁹⁻¹⁰ To whom is this effect more likely to happen? Common clinical sense would suggest that individuals with lower ego strength and with current or previous mental health problems are more likely to suffer adverse effects, but these individuals are also the ones who are most likely to need a mental health intervention. It is also common sense that anyone with solid mental health training would be sensitive to noticing adverse effects in individuals undergoing mindfulness training. But with the popularity of mindfulness, thousands of people without any mental health qualifications are being trained to teach mindfulness, which in itself might fuel misguided applications and side-effects.

The controversy surrounding potential adverse effects has led to a growing academic and public debate about the frailties of methods and ethics of the

therapeutic applications of mindfulness. But there are other important questions that are being overlooked: why has this become so popular now? Does mindfulness appeal to the smartphone-distracted generation of millennials like psychoanalysis did to the repressed Victorians? Social scientists examining such questions are suggesting that mindfulness has become much more than an Eastern-derived form of therapy; it is an ideology that purports to better everything and everyone, making a more compassionate, wise, peaceful, and productive individual and society.¹¹ If the social scientists are right, if we envision mindfulness in such a way, we will inevitably fail as researchers and clinicians. The only way to establishing mindfulness as a truly evidence-based therapy is to temper enthusiasm and to focus on understanding how it works and when it should (or should not) be used.

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