

RESEARCH PROJECT

*A Conceptual Basis for the Refinement of an Operational
Definition of Mindfulness*



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Abstract

Interest in mindfulness is growing within psychology. However, there is significant diversity in the way mindfulness processes are understood and applied. It is a deceptively complex phenomenon and remains to be adequately defined. With such divergence there has been little theoretical basis for research examining the components, the mechanisms, and the outcomes of mindfulness independent of the approaches themselves. There is a growing dialogue between approaches seeking to establish such theoretical coherence and compatibility.

This qualitative study has sought to extend this dialogue by analyzing similarities and differences in the conceptualisation and use of mindfulness that may be relevant for operationally defining mindfulness. Therapists, trainers, and researchers from major approaches were interviewed on issues of theoretical note. Interpretative Phenomenological Analysis was employed in the analysis of the material.

Interview material highlighted both significant similarity and difference between approaches. Taken together, these conceptual accounts and technologies provide a more comprehensive description of mindfulness than any other to this point. The report outlines the various technologies employed, the psychological processes involved, the therapeutic mechanisms considered to be at work, and how these different conceptualisations may be integrated.

Introduction

Early formulations of behavioural therapies were based on scientifically established principles underlying classical and operant conditioning and were clearly specified and extensively tested. However, the inability of these therapies to deal adequately with thoughts and feelings led to the addition of the element of cognition and brought a change, which has now come to be known as Cognitive Behavioural Therapy (CBT) (Steven C. Hayes, 2004a).

However, recent component analyses showed that the bulk of clinical change within CBT actually happened prior to the cognitive restructuring interventions considered responsible for producing the change (Segal et al., 2002). This finding challenged the primacy given to cognitive restructuring methods within CBT. Other theoretical developments have also demonstrated that efforts toward change in the content of cognition, actually strengthened cognitive events they were intended to change (Steven C. Hayes et al., 1999).

Recent developments in the Behavioural tradition have arisen independently, and are now forming a field known as the 3rd wave of behaviourism. This '3rd wave' is influenced by constructivism and post-modernism, and has an increasing focus on context and on the functions of cognition and affect, not just their form. This 3rd wave is characterised by mindfulness, dialectical philosophy, acceptance, therapeutic relationship, and spirituality (Steven C. Hayes, 2004a).

Theoretical Background

There are four primary developments within this 3rd wave that have developed theoretical foundations and psychotherapeutic technologies based on mindfulness. These four branches are 'Acceptance and Commitment Therapy' (ACT), 'Mindfulness based Cognitive Therapy' (MBCT), 'Dialectical Behaviour Therapy' (DBT), and 'Mindfulness-integrated Cognitive Behaviour Therapy' (MiCBT). There is significant similarity and overlap in the way each of these therapies understands and utilises mindfulness. Each modality however, has a distinct theoretical underpinning, distinct technologies, and a different initial client group.

ACT includes a variety of technologies for a wide range of client issues. ACT builds its theoretical foundation upon Relational Frame Theory (RFT), a comprehensive theory that extends Behavioural Analysis by broadening the human stimulus/response association to a wider context or relational frame, so that seemingly unrelated cognitive contexts evoke a similar response. These relational frames become so complex and ingrained that they become difficult to overcome. This is because clients' efforts to change evoke the same relational frames they try to eliminate. ACT employs four psychological processes aimed at ameliorating this: 1/ acceptance, 2/ present focus, 3/ defusion, and 4/ self as context.

DBT was initially developed for working with borderline personality disorder (BPD). DBT grew out of the need to keep emphasis on both psychological acceptance and behavioural change in working with this group of people. Therefore it has developed a synthesis of mindfulness-based strategies, and change-orientated strategies from CBT. There are four sets of psychosocial skills taught in DBT; Core Mindfulness Skills, Interpersonal Effectiveness Skills, Emotion Regulation Skills, and Distress Tolerance Skills. Core mindfulness is taught first and is the base for the following three modules.

MBCT has its primary focus in working with Major Depressive Disorder (MDD). MBCT is a theoretically grounded treatment alternative for MDD (Segal et al., 2004). MBCT was designed as a cost effective approach to managing MDD that was modelled on the eight week program of Mindfulness Based Stress Reduction (MBSR). MBCT developed from a theoretical understanding of the cognitive processes involved in the onset of depressive relapse. Mindfulness methods were employed to interrupt ruminative cognition and to establish a decentered perspective from the content of this cognition (Segal et al., 2002).

MiCBT is a tight integration between Cognitive Behavioural Therapy and traditional mindfulness practices. The model is based on the co-emergence model of reinforcement. This explains how the initial internal/external stimulus, is perceived and evaluated leading to interoception as body sensations to which the individual has a secondary reaction. This, in turn, is perceived and evaluated in a closed loop feeding the reactive pattern further. MiCBT is focused on the development of equanimity via exposure to interoceptive stimulus by means of mindfulness, and by the repeated experiencing of thought and sensation as impermanent, and without substance.

Within the developing third-wave therapies, emphasis on the development of new technologies has led to a proliferation of divergent technological approaches that in actuality may contain similar mechanisms of action (Steven C. Hayes, 2002a). This same emphasis within CBT had led to the very development of the third-wave therapies after component analysis of CBT began to clarify its actual mechanisms of action. However, the same focus on outcome studies in third-wave technologies shows the same lack of concern for the development of theory and the testing of specific mechanisms of action. This study attempted to elaborate and synthesize the definitions and descriptions of mindfulness present in the primary mindfulness-based third-wave behaviour therapies.

There are two areas where research is needed; one is fundamental research developing the underlying theory supporting mindfulness-based approaches. The second area is efficacy studies that research the outcomes of these approaches. This study has focused on the prior area of fundamental research developing theory, and has attempted to clarify what mindfulness is and how it works. The primary focus of the research was to explore the commonalities and differences in the conceptualisation and use of mindfulness in third-wave therapeutic traditions that maybe relevant for an operational definition of mindfulness? The development of such basic theory is important to build cohesion within this '3rd Wave', and to provide a framework for component analysis, mechanisms of action, and outcome studies of mindfulness-based approaches. It incorporates existing theory and surveys current understandings of mindfulness from these approaches. It is hoped that the findings from this project will contribute to building a much-needed theoretical foundation for later research into mindfulness-based approaches.

Methodology

Participants

Experienced therapists and/or researchers were approached from each of the primary methods using mindfulness within the Behavioural tradition; ACT, DBT, MBCT, and MiCBT. Participants were intentionally selected (Leedy et al., 2001, p. 153), all of whom had significant experience with the therapeutic use of mindfulness according to one of the approaches introduced above.

Therapists were selected who used these methods over and above others in their work, as their therapeutic work was more likely be representative of one of the approaches that are the focus of this research.

The researcher had hoped to find at least two participants from each of these approaches to provide a representative perspective, and one participant to provide a perspective of the traditional use of mindfulness, with the intention that the resulting analysis be useful for all behavioural based approaches incorporating mindfulness. Due to the availability of participants however, some of these approaches are more well represented than others. There were no participants from MBCT, five from DBT, three from ACT, one from MiCBT, and a teacher of mindfulness from the Buddhist tradition. Participants are denoted by codes: DBT1-5, ACT1-3, MiCBT1, and BUD1 respectively. Six of the ten participants were from New Zealand, one was from Australia, and three were from the U.S.A.

Analytic Approach

The intention of this study has been to elaborate a comprehensive description of mindfulness based on input from therapists and researchers from a number of therapeutic approaches. The aim was to understand the participants' perspectives from within their own frames of reference (Sanders, 1994).

The methodological approach used was based on Interpretative Phenomenological Analysis (IPA), as described by Langdrige (2004) and McLeod (2001). This method was the most suited to address the research questions raised, as it enabled the researcher to, "unravel the meanings contained in... accounts through a process of interpretative engagement with the texts" with the specific aim of building psychological theory (Langdrige, 2004, p. 285). The methodology presented here, although based on IPA, was specifically adapted to address the research questions.

What follows is one way in which the methodology was modified. Most phenomenological approaches assert that the literature review should be completed after the data collection and analysis to enable the researcher to approach the data with openness and that they should strive to 'bracket off' preconceptions (McLeod, 2001). However, as this data was not of naturalistic phenomena, but was of certain already established theoretical meanings within a number of related therapeutic approaches, both published textual material and interview discourse was considered as valid sources of data. Therefore, the phenomenological method of 'conceptual encounter' was considered an appropriate approach, as it recommended the prior reading of relevant scientific literature (McLeod, 2001, p. 46). This enabled the researcher to ask facilitative questions in the course of the interview that focused the discourse on the participant's understanding and experience of the theoretical features of the phenomenon, affirming some features yet challenging others. The researcher strove to be as informed as possible about the

theoretical orientations of the participants, yet also strove to be nonaligned to any particular approach, instead drawing on participants' own understanding of the field.

Analytic Design

The data collection and analysis was carried out in accordance with IPA and Conceptual Encounter, but in two distinct stages, firstly with published textual material and secondly with interview discourse.

Data Collection

The initial stage of data collection involved a thorough search of the literature on the use of mindfulness within the behavioural based therapies, looking particularly for material that attempted to describe or define mindfulness in some way. Particular attention was paid to implicit theoretical assumptions about mindfulness; as well as overtly stated descriptors.

The second stage of data collection involved a series of one-hour interviews that took place at the workplaces of the participants, or by telephone, at a time and in a place that was convenient for them. According to IPA the interviews were semi-structured, and the interview questions posed were exploratory in nature, rather than confirmatory (Langdrige, 2004, p. 286).

Analysis

Analysis of the data in each stage was conducted in the following manner:

- Published Textual Material
 - Reading for meaning
 - Reading individual theoretical accounts for mindfulness within each approach as a whole, as well as within the field in general.
 - Identifying Themes
 - Identifying themes and descriptors of mindfulness within each approach. (see appendix 1)
 - Structuring themes & Integrating Cases
 - listing the themes identified in the previous stage and attempting to look for new relations between them. Structuring them and clusters and forming hierarchies of meaning¹. (see appendix 2)
 - Producing a Summary Table
 - Further structuring of themes, and placing them in a summary table. (see appendix 3)

The resulting summary of themes from stage one of the data collection and analysis of textual material was then used as a base in formulating the interview questions in stage two:

- Interview Discourse Material
 - Reading for meaning
 - Interviews were then transcribed, and read through to identify overall emphasis and individual perspectives.
 - Identifying Themes
 - Themes were identified and coded where they matched identified themes from stage one, and particularly noted when they provided contrary and/or additional perspectives. (see appendix 4)
 - Structuring themes & Integrating Cases
 - Interview segments on particular themes from different participants were brought together in a single document and structured. (see appendix 5)
 - Refining of Summary
 - Composite themes from all interviews further refined into master themes and structured in hierarchies of meaning prior to writing research.

(Please see Methodology Notes for further detail on ethics, interview method, interview analysis, and limitations.)

Findings

What is mindfulness?

The intention in this research project is not to narrow down a very refined definition of mindfulness. There are a number of definitions and accounts in the literature already, that have narrowed down mindfulness in different ways. For a list of these definitions and a collated definition of all of the aspects of mindfulness, please see Appendices 1&2.

All of these definitions have validity, particularly when considering the background and focus of each approach. However, when compared side by side there are elements present in one account that are not present in another, and taken together these accounts provide a more comprehensive description of mindfulness. The disadvantage of this more comprehensive description is that it is less succinct, and it is not clear which components are more central or efficacious than others. There is always a risk of reductionism whilst comparing such elaborations, this study has attempted to minimise this. What results is a kaleidoscope of different facets, with areas of similarity and difference highlighted. There maybe elements within this description which are superfluous. Nevertheless, this study has attempted to include many perspectives, because redundancies amongst these facets of mindfulness will become clearer; and a more refined definition will be the result of careful research, and not something that should be arrived at prematurely.

Definitions

Mindfulness is the English translation of, “Sati” in Pali, an ancient language from northern India. Sati means: memory, recognition, consciousness, intentness of mind, wakefulness of mind, mindfulness, alertness, lucidity of mind, self -- possession, conscience, self – consciousness (Pali Text Society, 1921-1925).

Some of the contemporary definitions of mindfulness in the psychological literature are the result of consensus (Bishop et al., 2004), others are the result of analysis of a number of mindfulness measures (Baer et al., 2006), yet others result from considerations of utility for a particular client group (Linehan, 1993a), and others result from progressive research programs that have systematically tested psychological processes (Fletcher et al., In press). Yet others have sought to develop a scientific synthesis and application of traditional cognitive behavioural and mindfulness practices (Cayoun, 2006).

Many researchers in the field have commented on the need for an operational definition as the foundation for component analysis and outcome measures (Strauman et al., 2004). Bishop, Lau et al. (2004) proposed an operational definition: “The first component involves the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation toward one’s experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance”.

This proposed definition is a valuable contribution to the field. It is the result of a consensus reached by several researchers and clinicians, however, it is not shared by all third-wave approaches, as there are implicit theoretical assumptions that limit its applicability (Steven C. Hayes et al., 2004c, p. 250). Furthermore, there are aspects in other accounts that it does not include (Baer et al., 2006), and suggestions that some aspects maybe redundant (Warren Brown et al., 2004). As most facets of mindfulness remain to be clarified and tested, a concise operational definition may not be currently possible.

Instead, this study sought a composite description of mindfulness, bringing together conceptualizations from predominant third-wave therapies. It attempted to work them together into a coherent and inclusive description that will provide a base for further research into component analysis and mechanisms of action. The following analysis outlines various aspects of mindfulness that were identified in the third-wave literature and have subsequently been explored during the interviews with research participants.

Mindfulness & Meditation

Whilst all of the approaches addressed in this project use mindfulness in some form, not all use meditation. MBCT and MiCBT both promote the practice of meditation, whilst ACT and DBT do not. This is a matter over which there is significant difference and even disagreement between approaches. However, whilst this may seem a straightforward distinction, the use of the term ‘meditation’ adds significant confusion to the field. There is already much difference in the understanding of the term

'mindfulness', without bringing in another term that has an even less defined meaning in typical use. DBT4 had previous experience with a certain meditation practice and commented that,

"it was in some respects intended to be mind altering... to take you away... the focus seemed to be other in time and other in place, and we were somehow another person in that experience. Whereas mindfulness in the DBT sense, is very much about being present..., in a non-judgmental way. ...the goal is not to avoid the emotion, not to distract."

This remark highlights the variety of meanings the term meditation can have. It also suggests that there are some forms of meditation that would probably not be characterized as mindful by anyone in the field, as they do not have the qualities of present focus and acceptance. The term 'meditation' represents a wider variety of practices than mindfulness practices alone.

The terms mindfulness and meditation are often used synonymously even though they have a different breadth of meaning and remain to be adequately defined. Hayes & Shenk (2004c) comment that, "mindfulness has been cast both as a technological method and as a psychological process, which has created a good deal of confusion." The terms 'formal' and 'informal' mindfulness practice have been used by two participants in referring to the distinction between mindfulness and meditation. The terms 'formal' and 'informal' both refer to the technological aspect of mindfulness, and therefore avoid this confusion.

Informal Mindfulness Practice

DBT4 said, "I think you could be mindful without necessarily meditating. I see them as being very different." This person maintained that it was indeed possible for someone to be mindful in an informal sense, without any formal mindfulness practice at all. BUD1 commented that, "mindfulness training has always included the whole range of experience of eating, of tasting, of seeing, of hearing, of listening to sounds. Within the Buddhist tradition, the teachings on mindfulness have never been relegated to just the sitting posture with the eyes closed." Similarly, DBT3 mentioned that, "In DBT we will present a whole range of experiences that we call mindfulness, such as eating mindfully... mindful walking... just try to be aware of what you are doing in the present moment, in a whole range of modalities. So again it is very much broader than just a sitting mindfulness." All of the approaches represented; ACT, MBCT, MiCBT, and DBT, utilise informal mindfulness practices.

ACT2 suggested that:

"...ACT uses a lot of other kinds of exercises that I think tap into awareness of experience. ...I think within MBSR and my limited knowledge of MBCT for depression, that they're doing the same kinds of things. That they are training observation skills. So, I don't know that there is a difference between DBT, ACT, MBSR, and MBCT for depression."

Formal Mindfulness Practice

ACT2 then commented, “It also might be a matter of degree, like when I think about the amount of mindfulness that I do myself, as compared to somebody who is ... constantly disciplining themselves to be in a mindful place.” MiCBT1 talked about mindfulness as being on a continuum, from extremely forgetful to extremely mindful, and that the, “...potential benefits of the approach... is directly related to the proportion of training.” Two other participants commented that formal mindfulness practice maybe beneficial for some clients¹.

The Merits of Formal and Informal Mindfulness

If the idea is widely held that formal mindfulness practice is beneficial, then why is it not always recommended to clients?

“There is some suggestion that extended periods of meditation, for people with quite severe psychological problems, can be quite disregulating and can cause them further difficulties... and that might explain the short, very brief mindfulness exercises (in DBT)” (DBT3).

MiCBT1 however, considered clients with a serious diagnosis such as BPD as quite capable of undertaking formal mindfulness practices, and moreover considered that they would have more substantive change if they did².

ACT2 offered a contrary point of view; that the way mindfulness is developed in ACT through the use of experiential exercises (and this may also apply to DBT), may actually, “accelerate people’s understanding of what mindfulness is,” compared with formal mindfulness practice³.

Some consider formal mindfulness practices to promote more rapid and substantial change, but would qualify they be used only with more stable clients. Others consider that a more structured introduction of less formal mindfulness processes facilitates the integration of these skills more rapidly and effectively.

These questions are of a technological nature; whether formal mindfulness practices be used therapeutically. Whether formal or informal mindfulness practices prove more effective, is an empirical question that will be answered by outcome research rather than theoretical debate. Remaining clear about this will avoid the confusion of mixing up psychological processes with more technological considerations.

Awareness

Warren Brown et al., (2004) distinguished between awareness and attention, central elements of mindfulness. These two terms are used interchangeably but actually have different meanings: “Awareness refers to the subjective experience of internal and external phenomena; it is the pure apperception and perception of the field of events that encompass our reality at any given moment. Attention is a focusing of awareness to highlight selected aspects of that reality” (Warren Brown et al., 2004, pp. 242-243). The initial part of this section will examine aspects of awareness, and the latter part will examine aspects of attention.

Inherent Awareness or Skill

Warren Brown & Ryan (2004) spoke of mindfulness as an inherent, natural capacity of the human organism. Approaches such as ACT and DBT on the other hand, conceptualize mindfulness as a set of skills. Participants saw no contradiction⁴. ACT2 said, "I'm not so sure that they're talking about different things." Whilst DBT1 said, "they're both true in a way. ...it is a quality that is probably inherent in everyone. But the set of skills probably gives more of a map to get there."

However, all ACT participants concurred in emphasizing ACT's functional contextualistic basis.

"I would be willing to use the language of mind when it works to do that. And that's pretty much when working with normal people ... I prefer the language of skills scientifically, the language of behavior and context, and manipulable variables... Because in my way of thinking what's true is what works, and what works is towards a goal, and the goal is specified by what you value" (ACT1).

It will probably be more useful to conceptualize mindfulness in terms of skills for the purpose of operationalising mindfulness.

Present Focus

A primary skill of mindfulness, agreed upon by all approaches, is to focus attention on the present moment. The definition of Bishop et al. (2004) mentions the 'regulation of attention on current experience'. Baer (2003) used the MBSR definition that includes the statement, "in the present moment", A. Hayes et al. (2004) included the phrase, "present focus" in their description, and Germer (2005) use the phrase, "Awareness of present experience".

Other accounts implicitly include present focus. In DBT, all three "what" skills; "observe", "describe", and "participate", take place in the present moment. Within ACT, 'Present Focus' is one of four mindfulness processes. Within MBCT the awareness of current experience blocks ruminative processing that maintains depression (Segal et al., 2002). Within MiCBT mindfulness of cognition and sensation takes place in the present moment. Present focus is central in all accounts of mindfulness.

The Focus of Mindfulness

Whilst all approaches focus on present experience, the aspects of present experience which each focuses on differs. Baer (2003) stated mindfulness involves, "observation of constantly changing internal and external stimuli as they arise." Each approach emphasizes different aspects of internal and/or external experience, this is often due to differences in the theoretical understanding of mechanisms of action.

DBT encourages awareness of a wide range of experience. DBT2 commented; "that focus might be internal or external, it could be either. In that, if you are going to be focusing on something external you are going to have thoughts and judgments and feelings and observations." DBT5 explained why, "It is a

balance of ...encouraging people to be with their emotions ...and learning to move outward as a distraction or a safety valve.”

ACT3 commented that the focus, “...would depend on the situation and the person. A large part of it is internal, because you are paying attention to your thoughts... But, shifting back out to the outside...” A central ACT text provides seven interventions that are oriented toward internal experience, and four with an external focus that seems to be in the service of valued living (S.C. Hayes et al., 2004b, p. 43).

MiCBT however, solely focuses on internal experience, to become more aware of and skilful in responding to it:

“We focus on the experience of the client that is within the framework of their body sensations and thoughts, their mind and body. In other words, we focus on the issues that led them to have or maintain clinical problems” (MiCBT1).

There is little focus on external stimuli for the following reasons:

“Mental phenomena can be divided into two groups: external and internal stimuli, so you have input and output. ...The clinical problems that people have are associated with the output, not the input. The input is just life... That is the rationale for focusing on the output.”

In contrast Behavioural Activation (BA) has an entirely external focus. BA speaks of "attending to experience" as akin to mindfulness. Being fully present with one's environment makes it more difficult to engage in repetitive self-talk (Martell et al., 2001). An external focus of attention is chosen, because the primary mechanism is stopping rumination,.

MBCT, like DBT and ACT, has a focus that includes both internal and external stimuli. As with BA, stopping rumination by occupying limited processing channels with an external focus, is a primary mechanism. However, acceptance and decentering are also mechanisms, therefore attention to internal thoughts and feelings is also necessary.

At first sight, one can easily assume that when different approaches use the word “mindfulness,” they are talking about the same thing. However, this brief analysis of the difference in focus demonstrates significant differences, which originate from varying understandings of the mechanisms of action within mindfulness.

Attention

The operational definition proposed by Bishop et al. (2004) involved the, “self-regulation of attention.” They elaborated the mechanisms involved in this self-regulation of attention into two interconnected skills; the ability to switch the focus of one's attention, and to sustain one's attention on the object of focus chosen.

Attention Switching

The skills of switching and sustaining attention are present to some degree in all approaches. These skills were originally delineated in a very old meditation text (Buddhaghosa, 1997). BUD1 described it as,

“...the aiming of attention describes the capacity of vitakka, (whereas) vicāra describes the capacity to sustain awareness on the object long enough to know it.”

DBT5 stated that, “Linehan talks about any mindfulness as a type of exposure... Exposure to your inner experience, so we are encouraging people to learn how to stay with it when necessary, when they choose to, but how to switch to something else so that they learn more flexibility in their minds.” “They actually learn how to pull out of something if it is too difficult.” Skills of attention switching and sustaining are used within DBT.

Sustained Attention

These skills are developed in all formal and informal mindfulness practices, however two DBT participants commented that, “...for some reason I was thinking about the length of time that we do the mindfulness exercises. Because in more meditation type training, you tend to go on for at least say twenty minutes or half an hour... So for sustaining attention it gives opportunities for practicing that in longer sections of time (DBT1).” Unfortunately, the only comments on this subject came from a DBT perspective. Nevertheless, it maybe possible to generalize about other approaches. Attention switching and sustaining both have usefulness for clients. Whilst informal mindfulness practices do train both capacities, it is possible that more formal practices would develop the capacity of sustaining attention further.

Stopping Rumination

Whether these two skills of attention switching and sustaining are important in an approach will depend upon it's theoretical understanding of mindfulness. For example, in MBCT one of the primary mechanisms of mindfulness is to stop rumination, therefore these two skills of attention switching and sustaining will be important.

Within MBCT, rumination is the primary mechanism responsible for depressive relapse. Ironically, people believe this will give them a better understanding of their emotions and will help to solve their problems (Beevers et al., 1999). Mindfulness enables people to recognize and disengage from rumination. Segal et al. (2002) explain that attentional control occupies space in a “limited capacity channel”, leaving no space for ruminative thinking.

Defusion and Decentering

Another primary intention behind MBCT is to teach people the skill of decentering. The term ‘decentering’ originated from Cognitive Behavioural Therapy (CBT). Component analysis of CBT strategies revealed that a decentered relationship to dysfunctional thinking brought about most change. Decentering means to see ‘thought as thought’ not as fact, and applies also to feelings and bodily sensations (Segal et al., 2002).

ACT1 commented that decentering shares something with defusion, one of the four acceptance/mindfulness processes within the ACT model:

“Decentering has two aspects, Decentering has a connection with the transcendent sense of self, or the self as context, or the ‘I here now perspective’ from which language requires that observation be made. ...because decentering is decentering yourself from, or the observational repertoire from, attachment to the literal content of your own thoughts. ...decentering from an ACT RFT perspective has two features to it: one that is a defusion piece, and one is a sense of self piece.”

However, this same participant warned against simply equating these concepts by taking them out of the context of their respective scientific traditions:

“...when people decontextualise terms, from a contextualistic point of view, I wanna say wait a minute, ‘these terms are there for a reason, and the reason has to do with the context in which they are used’”.

Defusion is one of six core processes in ACT and developed out of Relational Frame Theory (RFT). ACT3 mentioned the strong, “emotional, physiological, somatic content of words. Because words are symbols for things, they’re not real, but they take on what is called the transformation of stimulus function.” Defusion deliteralises these meaning functions of language: “When we simply accept the fact that a thought is a thought, and a feeling is a feeling ... we begin to notice the process of thinking and feeling, not just the content of that activity.” (Steven C. Hayes et al., 1999, p. 43)

There are also similar processes to decentering and defusion within MiCBT and DBT, although they are theoretically less central⁵.

Observing

Perhaps the closest skill to decentering within DBT is observing. The skill of observing is the first of the six skills in the DBT elaboration of mindfulness. This involves attending to events and emotions without trying to prolong or terminate them. The DBT manual elaborates this skill; “The ability to attend to events requires a corresponding ability to step back from the event. ... Observing thinking and thinking are two different responses.” (Linehan, 1993b, p. 63). DBT3 described it as being, “...aware of emotion and thought and judgment as emotion, thought, and judgment rather than as fact.”

Germer (2005a, p. 117) comments that, “In mindfulness practice, we’re not actually ‘observing’ our experience in an objective, detached manner. Rather, we are ‘calmly abiding’ with it as ‘participant observers.’”

Participating

Linehan (1993b, p. 64) describes participation as, “...the ability to participate without self-consciousness. A person who is participating is entering completely into the activities of the current moment without separating herself from ongoing events and interactions. The quality of the action is spontaneous; the interaction between the individual and the environment is smooth and based in some part on habit.”

DBT1 described participation in the following way:

“It is being right there in the moment with whatever is happening, so I guess if you are sitting in the chair, or talking in the room, or painting, or listening to music or poetry, or playing a game or something. It is being fully present. A receptive and open awareness...”

To Observe or to Participate?

DBT1 used the expression, “participant observer”, like Germer (2005a) above, whereas DBT3 said, “The ‘what’ skills, of observe, describe, and participate, that in DBT you can only do one at a time. You can’t really fully observe and fully participate... that is what is said in the description.” This ambiguity about whether participation is a quality of observation or a distinct skill also has relevance for other approaches, as it may have some bearing on the concepts of decentering and defusion.

Acceptance

Observation and participation are means of developing greater acceptance of current experience. Acceptance is an almost unanimously agreed-upon aspect of mindfulness. Germer (2005b, p. 7) defines mindfulness as, “Awareness, (2) of present experience, (3) with acceptance.” the second part of the definition put forward by Bishop et al. (2004) also contains acceptance: “adopting an orientation of curiosity, openness, and acceptance toward current experience.” Acceptance is one of the six core processes in ACT. Acceptance is also a primary element of MiCBT; “From the second week onwards it is an acceptance path.” As well as being the primary focus of session five of the eight week MBCT program.

Acceptance is one of the cornerstones of ACT, and naturally develops into what are called ‘willingness’ exercises that are employed to assist the client in giving up their struggle with unwanted experiences (Steven C. Hayes et al., 2003). ACT3 spoke of this aspect of acceptance:

“If I want to get rid of this thought or these feelings then it’s not consistent. This is what I’ve got, this is what I have been given, it’s that acceptance thing. ...it’s not that we shouldn’t try to feel good, but it’s not getting involved with that battle with your content.”

Experiential avoidance is also a behaviour that is targeted in DBT by what is called “radical acceptance”. DBT3 explained this to mean that, “Radical in this context means wholeheartedly.” DBT4 explained it in this way:

“The goal is not to avoid the emotion. Not to distract. Because it (DBT) was developed for a group of clients who experience emotional aversion, they are so emotionally phobic, they will do anything not to experience.”

Two of Baer et al’s (2006) five facets, non-judge and non-react, broaden the concept of acceptance.

Non-judgemental

The concept of radical acceptance within DBT is further defined in one of the three mindfulness 'how' skills as 'non judgment'. Not judging one's initial responses to circumstances avoids the added suffering brought about by secondary emotions such as guilt. DBT1 explained it in the following way:

“So if I have an emotion coming up, such as some irritation or tiredness, it's acknowledging that and not judging it... Because the minute you try and shut it out you can often create a struggle with it, and then it can tend to give that negative emotion more power.”

Non-reactive

In addition to non-judgment, Baer (2006) further develops the aspect of acceptance to include non reactivity in addition to non-judgment. This is a subtle but important distinction to make, as judgment is about one's cognitive appraisal of experience, whereas reactivity is about one's behavioural response to that experience.

Acceptance or Cognitive Change

All therapies represented use predominantly acceptance-based strategies as distinct from cognitive-change strategies. ACT is very careful not to engage in any change efforts at the level of verbal content. In fact, ACT does not attempt to use cognitive restructuring strategies in any form. ACT3 furnished an example to explain why;

“I'm a useless person... no I'm not, that's an unhelpful thought'. So, those are part of the same relational frame.”

Like ACT, MBCT also employs primarily acceptance strategies based on decentering from the content of thought rather than on cognitive restructuring methods. Although they do instruct clients to question whether it fits with the facts of their situation, and whether there is something about it that they might question, which is also working at the level of content (Segal et al., 2002, p. 263 & 273).

In contrast to ACT and to a lesser degree MBCT, however, in DBT, “You have the opposites, the change and acceptance... So I think you are constantly moving between those” (DBT1). DBT4 commented about, “Getting the balance right between acceptance and change, between validation and challenge⁶.” In DBT mindfulness is used in service of distress tolerance, a more acceptance oriented skill, and emotion regulation, a more change oriented skill (Linehan, 1993b, pp. 84-103).

MiCBT shows some similarity to ACT and MBCT in it's understanding of cognitive change. Participant MiCBT1 said:

“Often, they learn that attempting to change things does just the opposite. So, after one week of PMR muscle relaxation (PMR) we explained to clients that relaxing can be counterproductive. Because we try to relax when we don't accept the reality of the present moment... we stop relaxation training and switch to the acceptance mode.”

However, it does also use cognitive restructuring; “Like DBT, MiBCT also adheres to the notion of balancing acceptance and change. After all, this is called Mindfulness-integrated Cognitive Behaviour Therapy” (MiCBT1).

Attentional Control Training

Even though MBCT is similar to ACT in that it does not advocate cognitive change or control, it does differ in its focus on attentional control. MBCT considers “attentional control training” to be a primary mechanism of mindfulness that interrupts rumination and helps to prevent depressive relapse. Therefore, attentional control maybe an additional mechanism to those elucidated within ACT or DBT (Segal et al., 2002).

Investigation and Understanding

This section will explore the various ways mindfulness is used to investigate and understand experience. In some approaches this usage is intentional and explicit, whilst in others it is implicit.

BUD1 mentioned that:

”Very rarely, in the discourses of the Buddha, would you ever see the term mindfulness, or ‘sati’ in Pali. Its almost always ‘satisampajañña’ or ‘satipañña’... So satipañña means mindfulness and wisdom, satisampajañña is usually translated as... clear comprehension. So the combinations of the term, describe an understanding of mindfulness as being a functional quality that is specifically used to understand...⁷”

MiCBT1 highlights the form this understanding takes within MiCBT:

“...The understanding of mindfulness is twofold. First, it consists of awareness of one's mental and physical experiences... The other aspect is ...the understanding at higher cognitive levels of its inherent impermanence and substancelessness...”

Impermanence

In MiCBT, clients are instructed, “to remain aware of the essential nature of these thoughts and sensations, which is their impermanence and substancelessness... If they let them go, they just pass” MiCBT1. DBT1 also made a similar point that, “emotions can come and go quite quickly, and it is essentially trying to get that message across to people.” ACT2 described an ACT exercise that also facilitates this understanding, “So it has the qualities of presence, but also has the qualities of gaining knowledge that experience does not define you and will not become you, that it is ongoing, continuous, and changes moment to moment.”

Substancelessness

The MiCBT approach also, “endorses the ...view that wholes exist only conventionally, within the context of the human capacity for sensing and perceiving the world, but do not ultimately exist. Wholes are systems made of interactive parts,” (Cayoun, 2006). The manual goes on to say that clients typically

come to realise that, “my feelings and physical body, is in a constant state of change and what I call “I” is just as impermanent.” Psychological and physiological experience is also understood to be without substance.

Self Identity

Experience is also understood in terms of self identity. Within ACT this is called “Self as Context”. ACT3 said that, “ACT ...talks about the self, but it just says that it is a process of ongoing awareness. And tries to break down a lot of the rigid rule governed behaviour and the preconceptions that we normally think of as ourselves.”

ACT1 explained this,

“self as context and a transcendent sense of self are somewhat lay ways of talking about it. I'm using them scientifically, but to get to what really RFT work is really about you need to understand the emergence of deictic relational frames, and the creation from I, here, now, of a perspective from which reports are made.”

Cause of Suffering

The final way in which experience is understood is that much suffering comes from attachment to this self identity, and to aspects of experience that are constantly changing and have no substantiality:

“Basically, the unawareness of the nature of one’s experience, the profound and inevitable nature of one’s experience, which is perpetually changing and therefore ... doesn’t have substance. The lack of awareness of this leads to suffering” (MiCBT1).

Within ACT suffering is understood somewhat similarly to result from an experiential fusion to the content of verbal processes (Steven C. Hayes, 2002b).

These are the primary ways mindfulness is applied to understand experience within third-wave therapies. Whether they are considered as an integral part of mindfulness, or as a frequent application of mindfulness may remain a point of discussion. Clearly, the quality of observation present in mindfulness lends itself to understanding experience in these ways. Nevertheless, as was mentioned by BUD1, the fact that mindfulness has traditionally stood alongside other psychological qualities, rather than as an all-encompassing practice in its own right, leaves the question open as to whether these ways of understanding experience should be considered as indispensable qualities of mindfulness itself, or whether they are skilful applications of it suited to particular clinical situations.

Conclusion

This study has explored mindfulness and the role it plays in the four primary third-wave approaches. It has incorporated existing theory and surveyed current understandings of mindfulness. It is apparent that although these four approaches speak of "mindfulness", they often mean somewhat different things.

This study has attempted to capture these divergent ideas of what mindfulness is and how it works for the purpose of clarifying those facets of mindfulness that maybe incorporated into an operational definition. Previous definitions have frequently been written from a single perspective and thus were not relevant for other approaches. This study drew on conceptualisations from a variety of approaches, in order to develop an inclusive description that can serve as a basis for further refinement and testing.

In any further analysis of the mindfulness construct, it is important to firstly ascertain whether facets are psychological processes, technologies, mechanisms, or outcomes. (For example, acceptance maybe a psychological process, a mechanism, and an outcome. In contrast relaxation maybe an outcome, but it is not generally considered as a psychological process, a technology, or a mechanism of mindfulness). Clearly specifying this will assist in delineating those aspects that can be considered for inclusion in an operational definition.

One limitation of this study is that there was an unequal representation of participants from each approach, aside from the obvious difference in numbers there were also different levels of involvement and experience. It is certainly possible that with equal numbers of theoretically knowledgeable participants from each approach, that a clearer picture of similarities and differences may emerge. As the MBCT material came solely from published textual sources, there was no opportunity for MBCT comments on the features of mindfulness sourced from other approaches.

As reflected in the numerous facets of mindfulness examined, there are areas of considerable agreement, and areas of decided difference. Some areas were agreed upon by all approaches; such as present focus and acceptance. Other areas were divided; such as the internal/external focus of attention or the issue of cognitive change. Yet other areas were advocated solely by one approach; such as participation. What was clear was that all of the similarities and differences emerged directly from the theoretical basis of each approach. This highlights the importance of a well developed understanding of mindfulness processes to provide a coherent and comprehensive theoretical base for the field. This study has made apparent several areas of difference that are a source of rich theoretical diversity that may be used to further elucidate fundamental theory and advance the clinical use of mindfulness.

This study has opened up areas of possible significance that later studies may develop conceptually and test. It has provided a conceptual basis for the further refinement of an operational definition. Where there are clear differences between approaches on some aspects, the question of what to include in an operational definition is complex and will need to be addressed in a variety of ways. (For example, the issue of cognitive restructuring and that of investigation or understanding of experience, these both need to be analyzed further to consider whether these aspects be considered as part of the mindfulness construct, or as applications of mindfulness for certain clinical situations). On the other hand a clear agreement between approaches on other aspects, such as present focus, suggests that these maybe more readily included in an operational definition. This study has outlined various facets that need further research in order to be incorporated into an accurate, concise, and comprehensive definition of mindfulness, in doing so it plays a role in defining the agenda for future research in the area.

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Notes

¹*Methodology*

- WHAT:
 - Is mindfulness an inherent quality of mind or a skill?
 - How is mindfulness cultivated?
 - What is the difference between Concentration & Mindfulness?
 - What is Attentional Control and how important is it in mindfulness?
 - What's the difference between Mindfulness vs. Meditation, and is meditation necessary to develop mindfulness in a clinical setting?
 - What are the limitations of mindfulness?
 - How is mindfulness understood differently in ACT compared with approaches that use a more common sense understanding?
 - What are the possible negative effects of mindfulness?
- HOW:
 - Is equanimity an important feature of mindfulness?
 - How is mindfulness used?
 - What is the focus of mindfulness?
 - Clarification of the concepts of Defusion and Decentering?
 - What impact does mindfulness have on Self Identity?
 - Definition (not sure about asking this, but may elicit info about what is thought to be most important)
 - Is acceptance the same as mindfulness?
 - Is attentional control contrary to acceptance?

Findings

¹ DBT1 commented that formal mindfulness practice may help some borderline clients to ground themselves, to reduce stress and impulsiveness, and to increase their resilience. DBT4 commented, "I often worry about the surfacey mindfulness practices that happen." In speaking about the potential benefits of a formal mindfulness practice this person said, "I still have the sense that there are some people who might miss what they could be gaining."

² "To my knowledge, this has not been demonstrated. I have not seen any paper attempting to compare the two. ...Daily sitting does some good to them when it is carefully implemented, even though the initial reactions are often more dramatic in people with strong emotional reactivity."

³ "I think that ACT when it comes in and uses metaphor and experiential exercises to demonstrate self as context and contact with the present moment, it actually (and I have no proof of this) but I think it accelerates people's understanding of what mindfulness is. ... MBSR has a process of discovery that if

you do this long enough and practice it long enough, and I think the Buddhist philosophy has this quality too, that you will come to see yourself as an experiencer of breathing, of thinking, but I think that is discovered across time as you continue your practice. Whereas in ACT it is built in upfront through description, exercises, and metaphors... that there is a you there that there is an observer self that can watch these things. So my sense is that it accelerates the process to some degree. That people can connect more quickly to what it means to be mindful, rather than having to discover it on their own through a long process of mindfulness practice or meditation.”

⁴ BUD1 said, “I think both are fine. I think of mindfulness as being a mentor factor that we can cultivate. So there is a capacity that we have to be aware, which is what mindfulness is, but usually that capacity is clouded by the stories and our thoughts and our habits and our conditioning. And so for the most part we may have the capacity to be mindful, but we may not really be mindful, and so we develop it as a skill.” DBT3 said, “I would see both of those as equally accurate, I think they’re just looking from different angles.” Whilst DBT4 commented, “I do think that this is something that can be trained as a set of skills and practiced like any other set of skills that a person might be trying to learn.”

⁵ There are also similar processes to decentering and defusion within MiCBT, although within MiCBT how mental and physical events are understood facilitates this process. In addition to seeing mental events as relational, or ‘substanceless’ in MiCBT terms, they are also understood as impermanent:

“...at a more advanced stage of the training, they are also instructed to remain aware of the essential nature of these thoughts and sensations, which is their impermanence and substancelessness.”

The concept of decentering was also used in the development of Dialectical Behavior Therapy (Segal et al., 2002), but a different emphasis has developed due to the specific client group. DBT3 commented:

“One of the things that DBT goes on about, is that we have to participate in what is happening, so this idea of 'decentering' is not seen as a great idea from our point of view, and for our clients. In fact, what we are actually asking people to do, is effectively to observe from a slightly greater distance, but certainly not to cut off from aspects of experience. We work with people who often find it easy to fragment and dissociate and not be present for current experience, so we certainly don't want to emphasize decentering.”

⁶ DBT3 concurred, “One of the reasons that you need to balance acceptance and change in DBT is that you need to accept that things are as they are, before you can change them.”

⁷ “Just knowing what our experience is, is of no particular value in the Buddhist tradition. One could just walk around ... being mindful moment by moment, and that holds no inherent value. But, mindfulness gives a skill, a tool, the capacity that we have to be aware of experience for the specific purpose of understanding the causes and the end of suffering.”