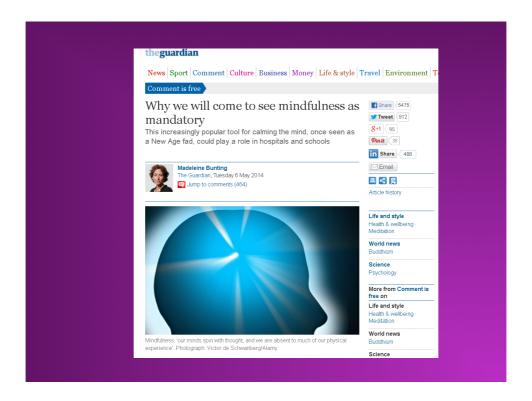
# Western Science and Society's construction of mindfulness

A little background for new MBSR teachers

Paul Grossman
Department of Psychosomatic Medicine
University Hospital
Basel, Switzerland

European Center for Mindfulness Freiburg, Germany





# **Some Questions**

- 1. What are the salient influences in this process of getting to "scientifically" know and instrumentalize mindfulness (vs. the experience of practicing and living mindfulness?)
- 2. What are some of the problems along the way?
- 3.In terms of clinical trials, how effective are mindfulnessbased programs and do they live up to the broad enthusiasm?

"Mindfulness" as example of tension between lived experience and scientific/psychological/commercial 'object'ification/'instrument'alization



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 On one hand, mindfulness is a stance or gesture of inner, unquantifiable lived experience

In Buddhist psychology, antidote to 3 qualities underlying unwholesome attitudes & behavior: Greed, delusion & aversion

Oriented to benevolent stance to others & the world: cultivation of ethical Not primarily directed to self: self optimization, "mental health," postive psych.

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- Razor's edge between "subject(ive)" and "object(ive)" (1st vs 3rd person) perspectives

### Two mindfulness neuroscientists discussing life



How to meaningfully coalesce these perspectives?

# Bruno Latour: Circulatory System of Knowing Phenomena e.g. (1999), Pandora's Hope. Essays on the Reality of Science Studies

Articulation and Knowing of "Scientific Facts": Confluence of circulating human and nonhuman factors
B. Latour, e.g. (1999), Pandora's Hope. Essays on the Reality of Science Studies

 Rejection of traditional phenomenological distinction between "subjective" and "objective" (1st vs 3rd person) perspectives

### Articulation of "Scientific Facts":

Confluence of circulating human and nonhuman factors

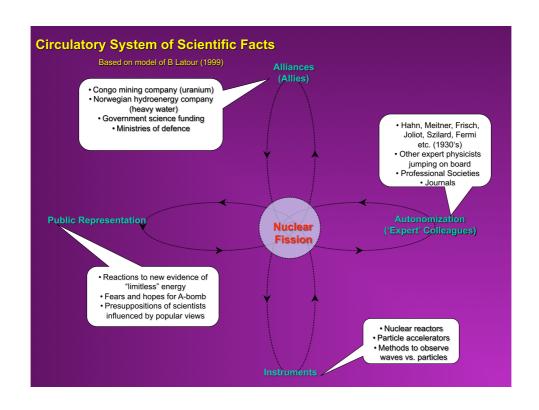
B. Latour, e.g. (1999), Pandora's Hope. Essays on the Reality of Science Studies

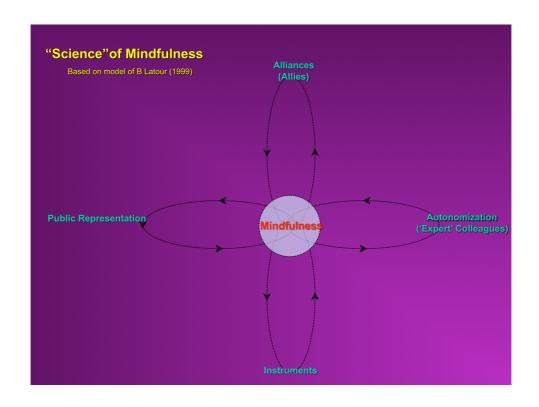
- Rejection of traditional phenomenological distinction between "subjective" and "objective" (1st vs 3rd person) perspectives
- Attempts to analyze and span the divide between subjects (humanity) and objects (inanimate and nonhuman animate world)

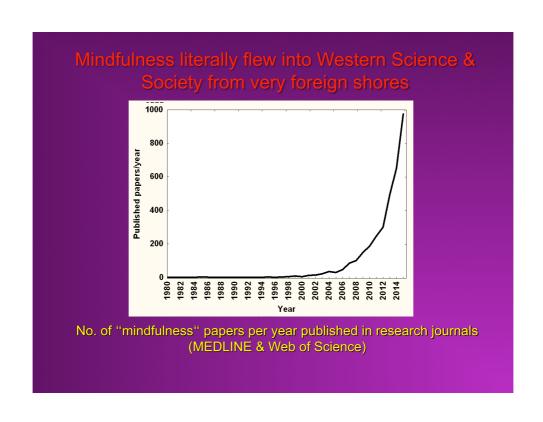
### Articulation of "Scientific Facts":

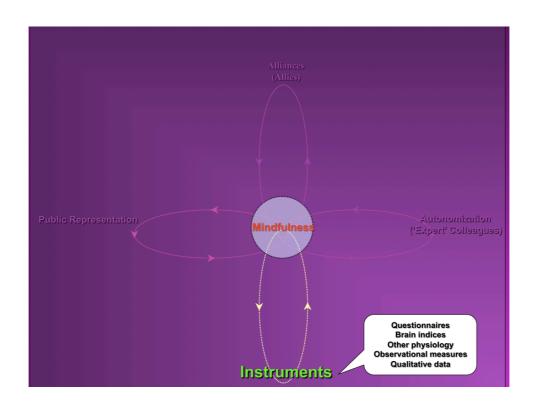
Confluence of circulating human and nonhuman factors B. Latour, e.g. (1999), Pandora's Hope. Essays on the Reality of Science Studies

- Rejection of traditional phenomenological distinction between "subjective" and "objective" (1st vs 3rd person) perspectives
- Attempts to bridge divide between subjects (humanity) and objects (inanimate and nonhuman animate world)
- Fluid circulation between human experience, action and the animate and inanimate world.









# Some *measurement* consequences of making 'mindfulness' into "scientific facts"

- The need for measurement (and instruments)
  - For allies (e.g. sponsors), for autonomization (scientific mindfulness experts)
- Alters the very definition of 'mindfulness'?
  - Has 'mindfulness' already become reified and restrictively redefined in the psychological literature?

# Some essential qualities of mindfulness in Theravada Buddhism (from which MBSR/CT predominantly derive)

(e.g. Bodhi, 2010; Feldman, 2015; Gunaratana, 2001, Olendzki, 2011)

- Deliberate intention to pay attention to experience.
- Clear focus on aspects of active, unprejudiced investigation of moment-to-moment experience
- Continuity of precise moment-to-moment awareness of experience
- Assumptions of importance of training cultivation of mindfulness and its gradual acquisition
- A marked distinction from typical, everyday modes of consciousness
- Inherent interdependency, or melding, of mindfulness with attitudes of openness, acceptance, kindness, curiosity, and patience (underpinnings of "nonjudgmentalness")

### Most popular measure of 'mindfulness':

Mindfulness Attention Awareness Scale [MAAS], Brown &Rvan, 2003)

Almost never

4

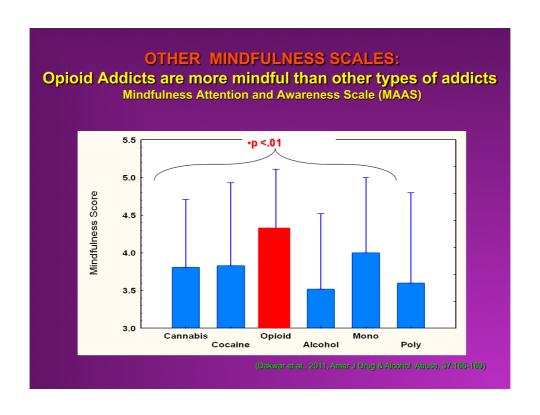
Almostalways 6

(Grossman & Van Dam, 2011)

- I drive places on "automatic pilot" and then wonder why I went there.
- I snack without being aware that I'm eating.
- I forget a person's name almost as soon as I've been told it for the first time.
- I break or spill things because of carelessness, not paying attention, or thinking of something else.
- I do jobs or tasks automatically, without being aware of what I'm doing.
- I rush through activities without being really attentive to them. . . . .

Is the ABSENCE of perceived (or reported) lapses of attention <u>equivalent</u> to mindfulness?

# Binge drinking improves "Mindfulness"?? (Freiburg Mindfulness Inventory: Buchheld, Grossman et al., 2002) P < 0.0004 Binge-drink students FIGURE 2 Mindfulness scores (Freiburg Mindfulness Inventory [FMI]); means (whiskers, standard deviations) of long-term experienced insight meditators, healthy non-meditating students, and binge-drinking, non-meditating students. Difference between meditators and hormal students approached significance (p < 0.0004)

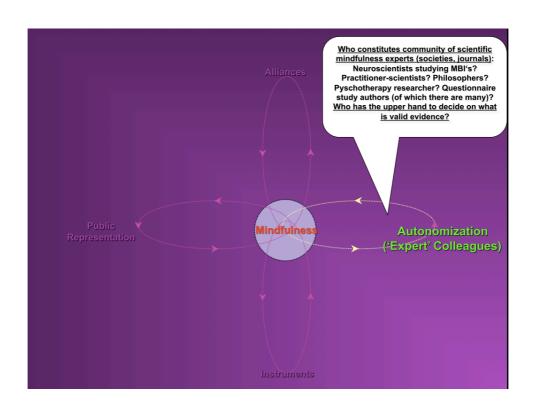


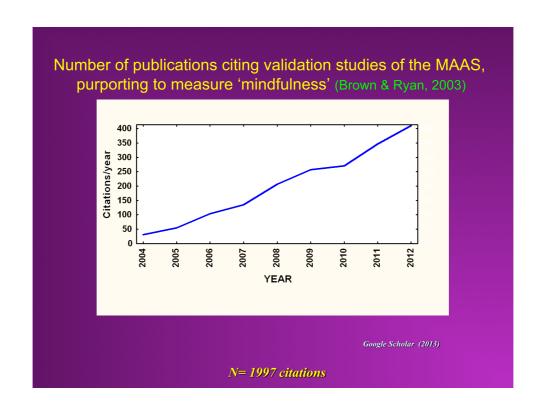
# So operationalization and measurement can pose serious issues for mindfulness

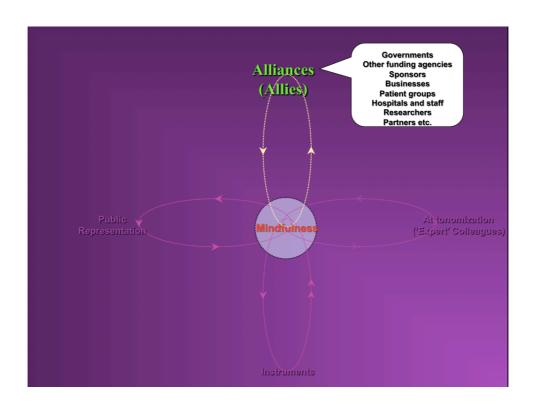
- Transforming
- Deforming
- Adulterating
- Denaturing

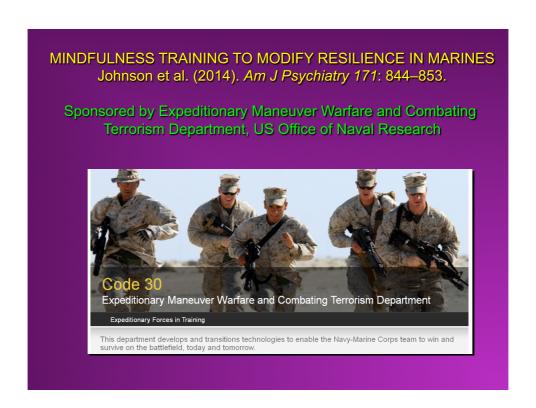
Similar issues for brain and cognitive measures?

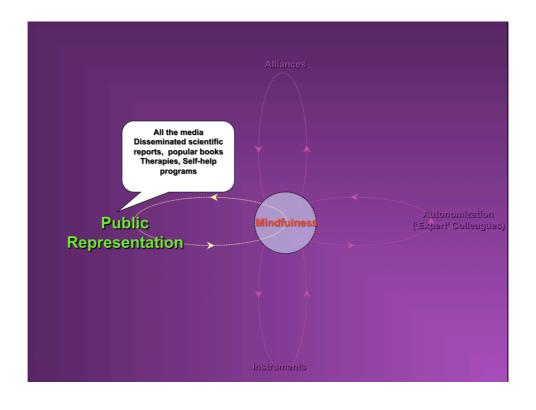
# A neuroscientist's introspective search for mindfulness

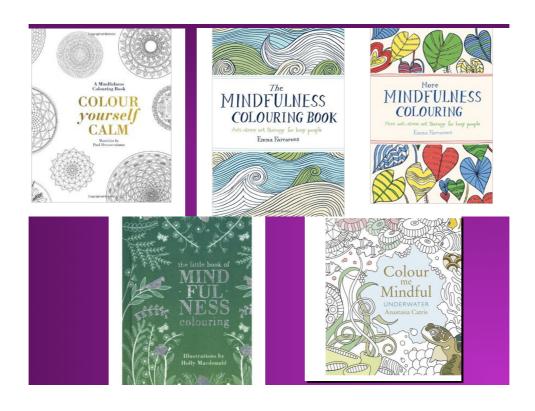


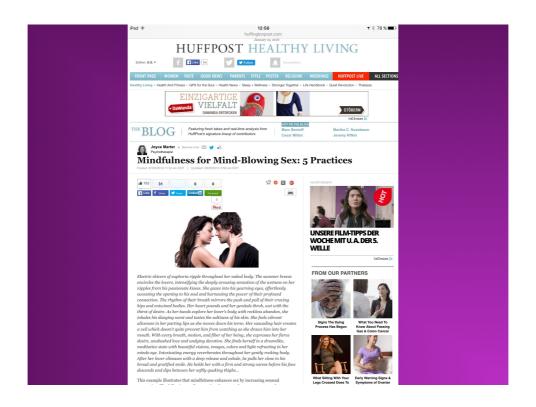


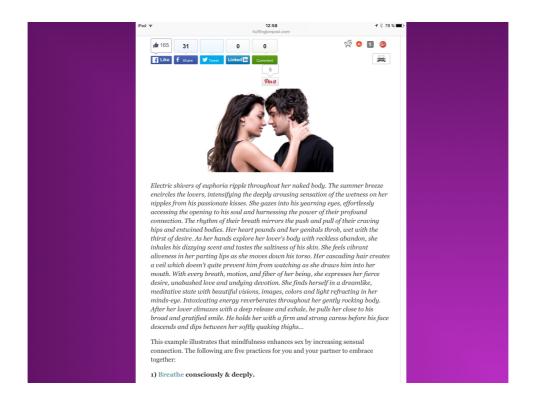


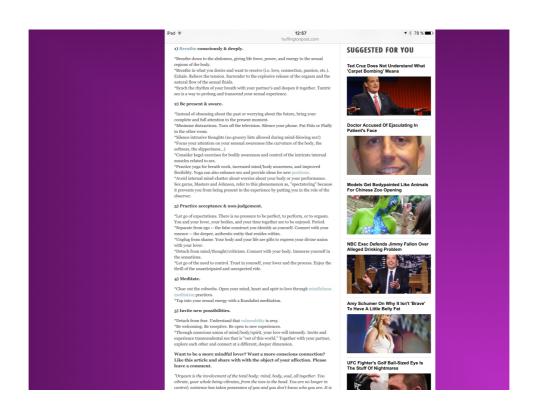


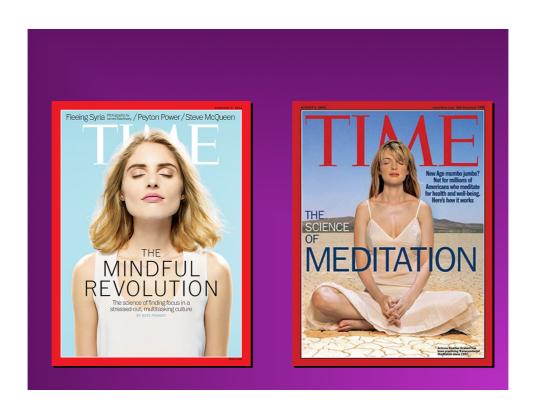








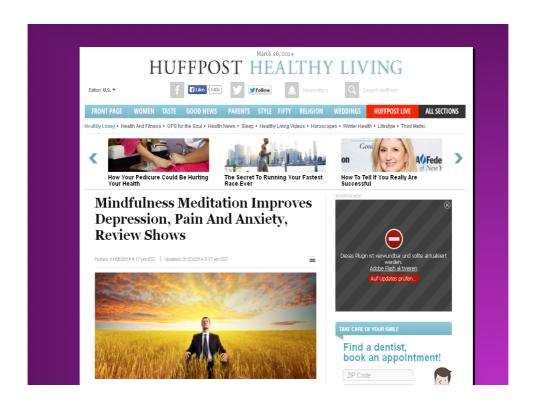


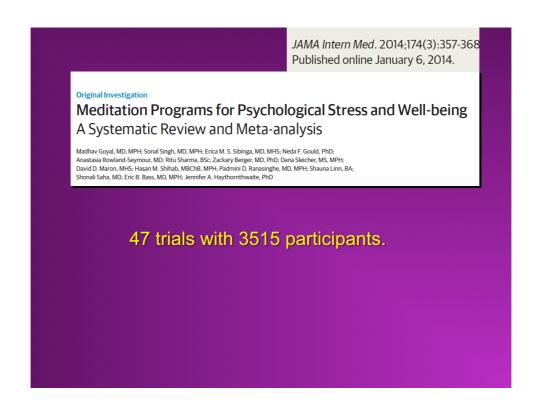


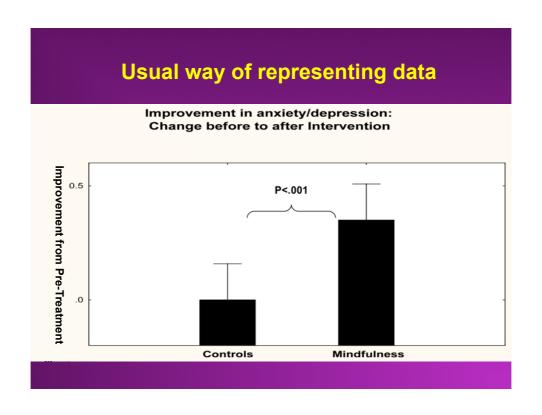
# Mindfulness as a therapeutic agent Spiritual Prosac??

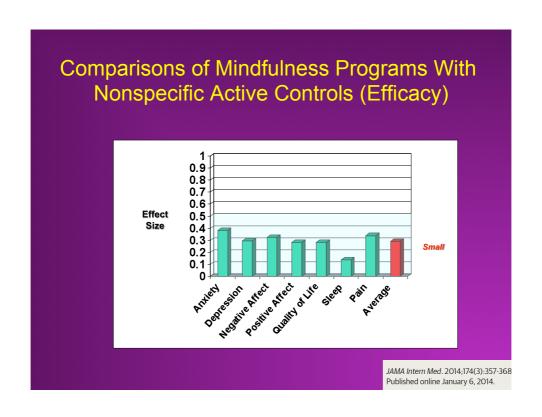




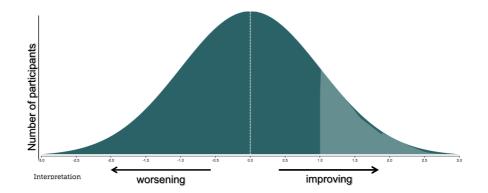


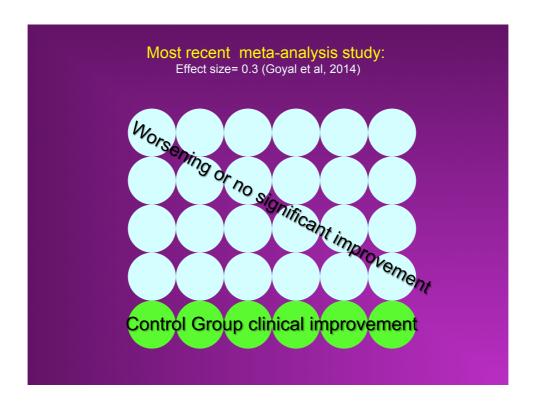


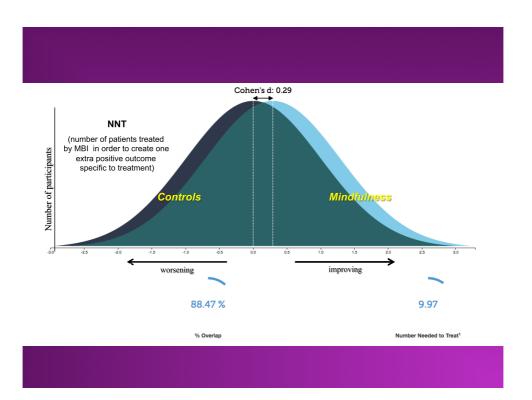


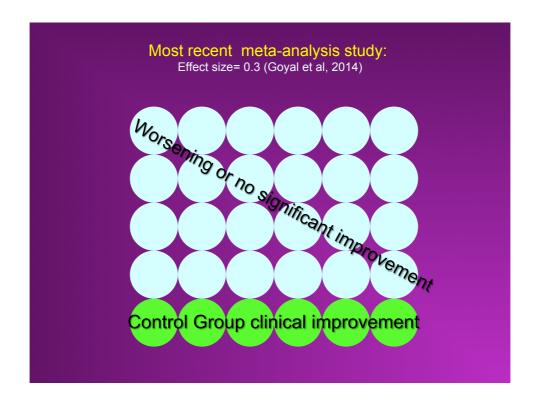


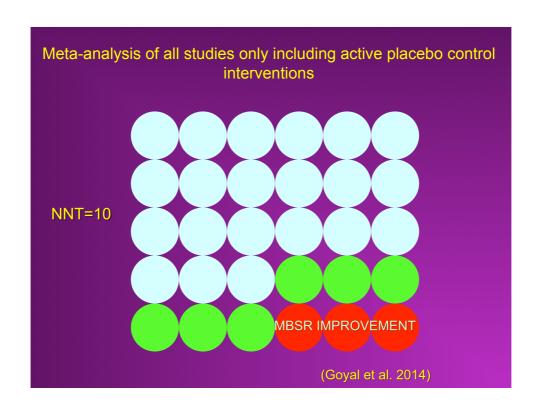
# When the Control Group (average) doesn't change

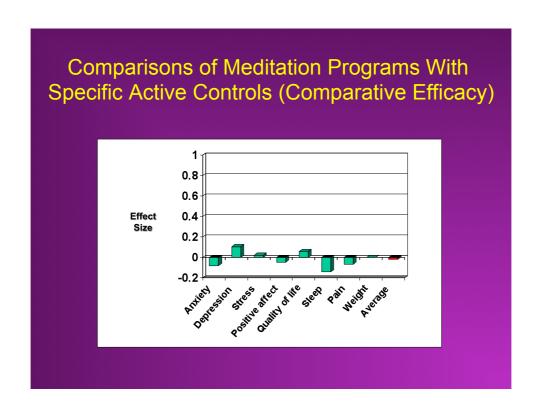


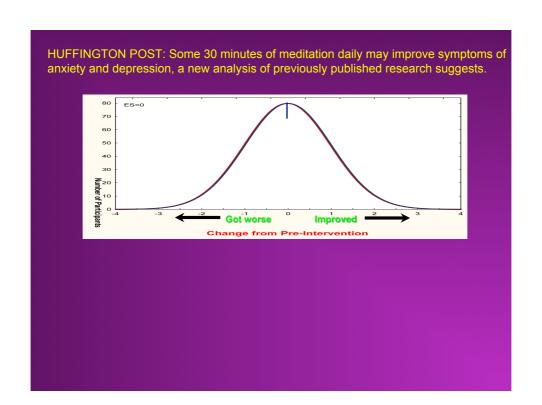


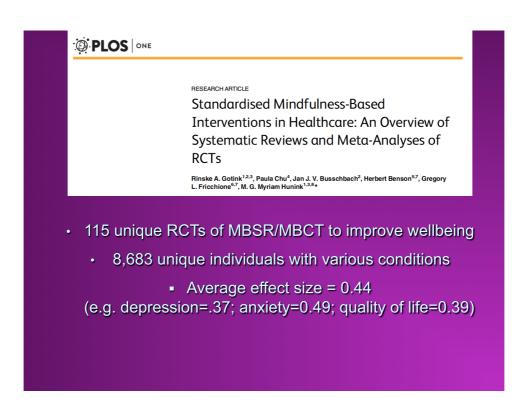


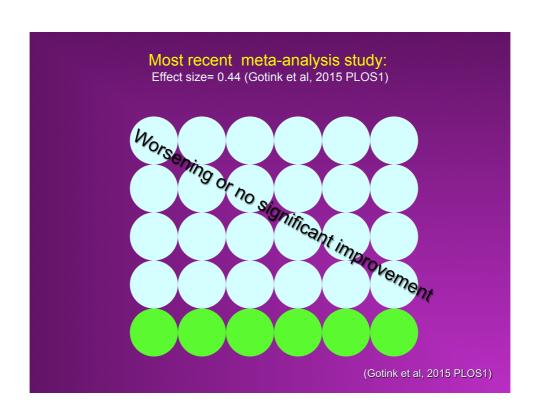


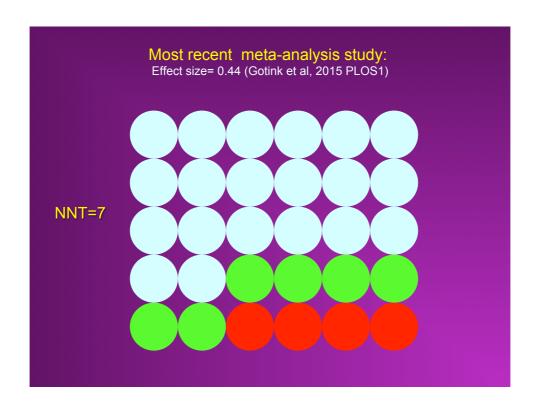


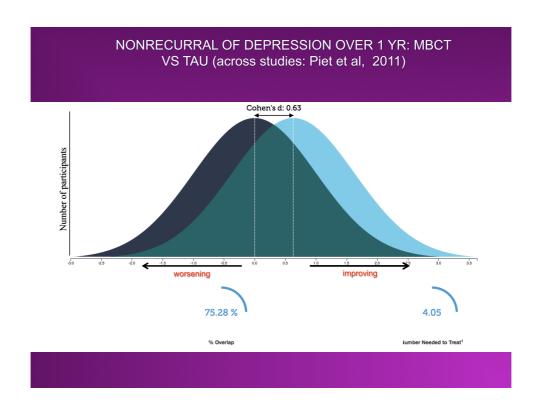




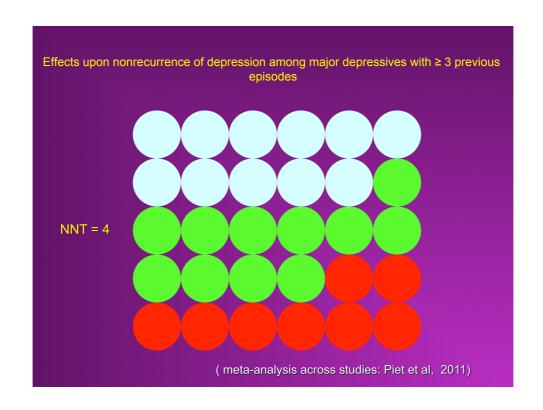












What you can honestly tell the doctors, your skeptical colleagues or participants about benefits of mindfulness-based interventions?

# Chronische Erkrankungen als existenzielle Herausforderung: Achtsamkeit (MBSR) kann helfen

 Eine chronische Krankheit ist entweder "das Ergebnis eines. länger andauernden Prozesses degenerativer Veränderung somatischer oder psychischer Zustände" oder eine Störung, die "dauernde somatische oder psychische Schäden oder Behinderung zur Folge" hat.

(Waltz, 1989)

**Arthritis** 

Bluthochdruck

chronische Magen-Darmerkrankungen

Depression Demenz

Herz-Kreislauf-Erkrankungen Multiple Sklerose

Parkinson

Schmerzsyndromen

Asthma

chronischen Atemwegserkrankungen

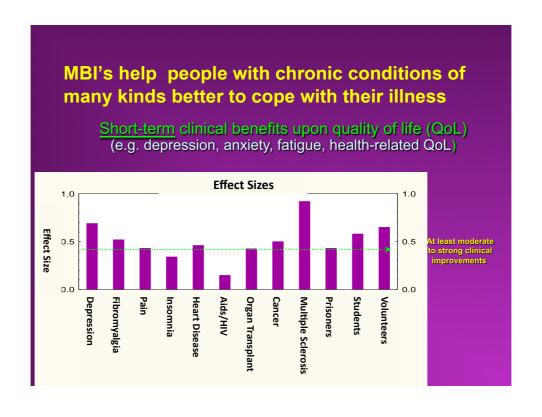
Colitis Diabetes **Epilepsy** Krebs

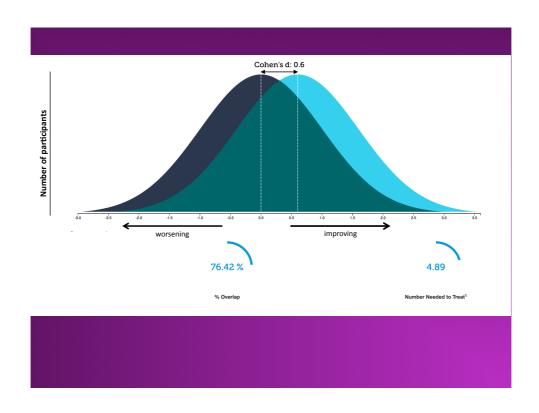
Niereninsuffizienz Schizophrenie

medikamentöse Nebenwirkungen



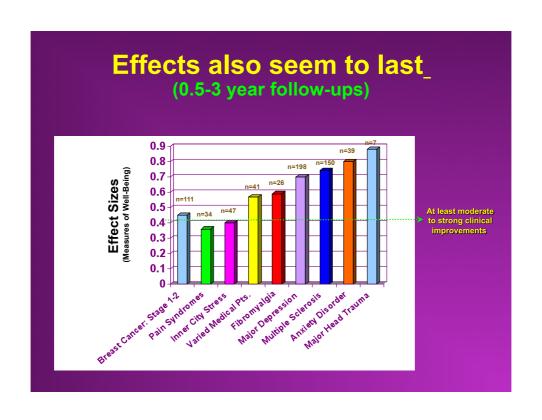


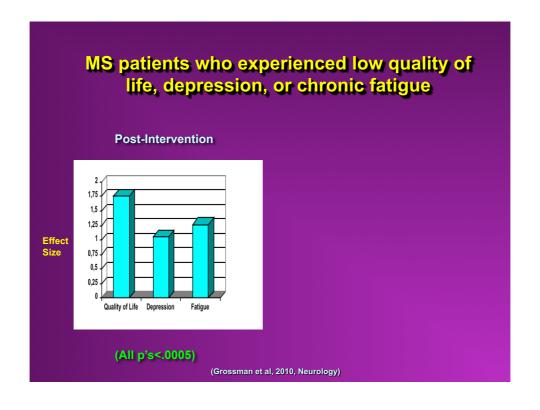


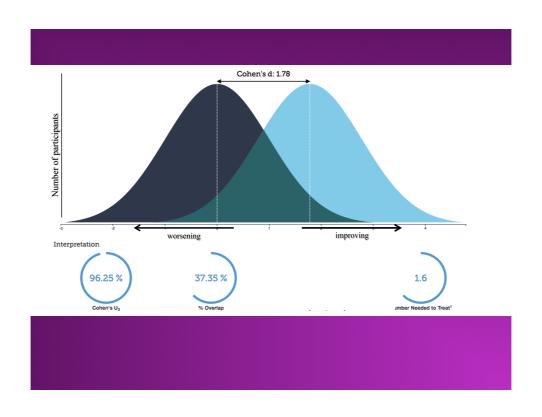






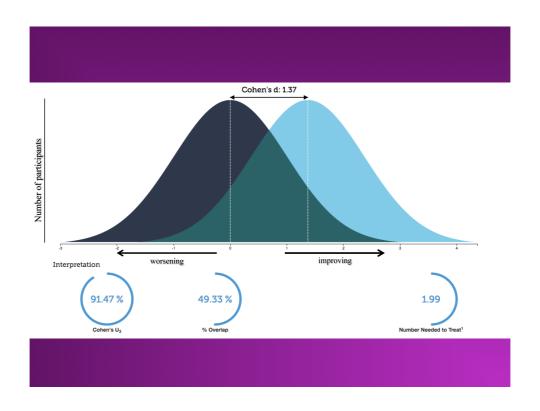






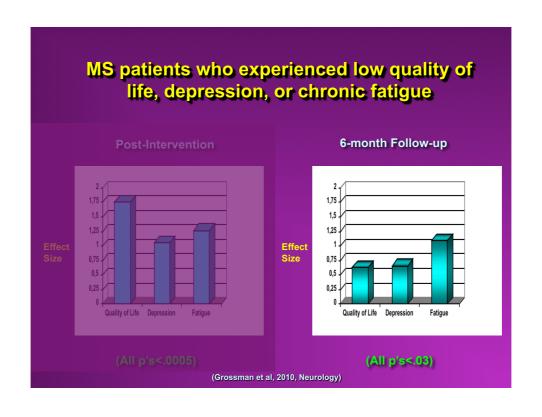


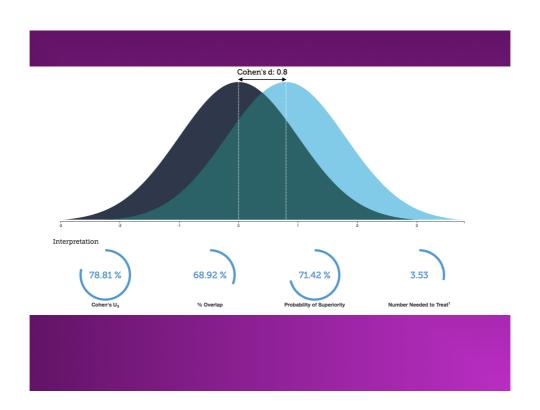






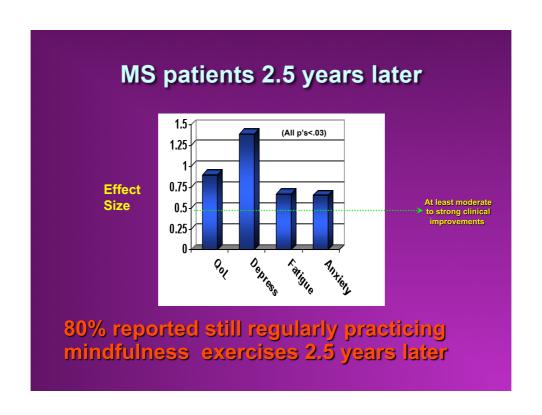


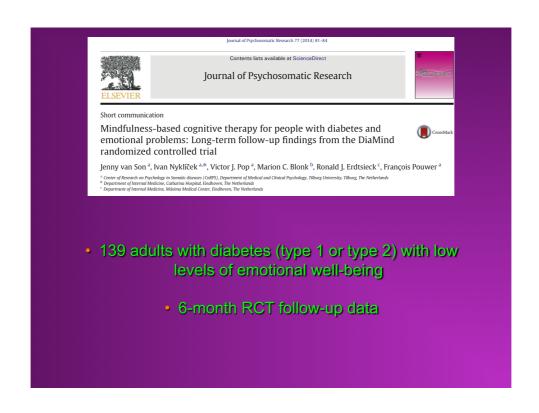


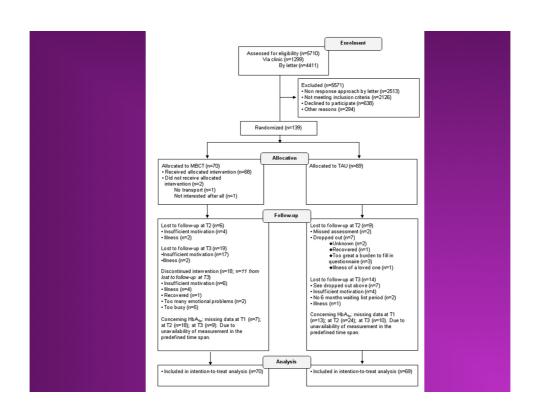




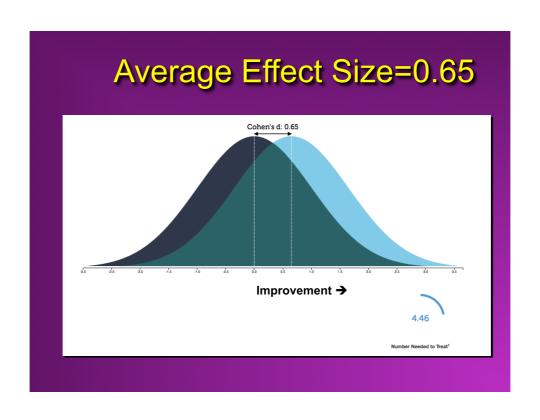






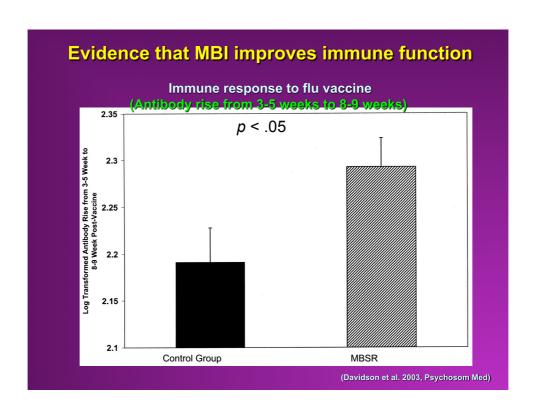


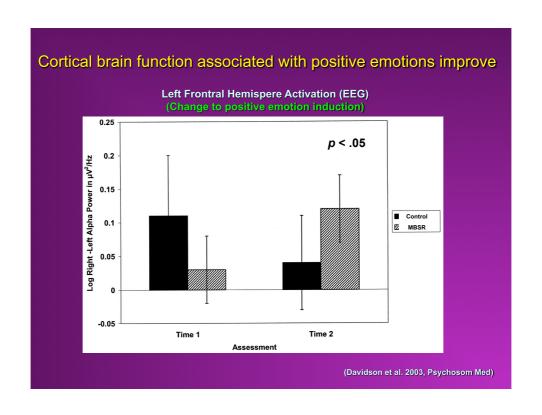
Measure		Pre M (SD)	Post M (SD)	6-m FU M (SD)	Effect Grou	p on Pre-to-6-	m FU change
					t	p	Ø <sup>a</sup>
Primary outcomes							
Perceived stress	мвст	19.5 (6.0)	14.4 (7.1)	13.4 (6.7)	- 3.93	< .001	0.76
	TAU	20.4 (5.9)	19.0 (6.7)	18.9 (7.0)			
HADS-anxiety	MBCT	8.6 (3.3)	6.7 (3.6)	3.6) 5.4 (3.1) - 4.24 < .001 0.83	0.83		
	TAU	9.4 (3.6)	8.8 (4.1)	8.8 (3.9)			
POMS-anxiety	МВСТ	20.5 (4.5)	17.4 (4.1)	16.4 (3.4)	- 4.43	< .001	0.92
	TAU	20.2 (4.4)	19.8 (5.1)	19.4 (5.0)			
HADS-depression	MBCT	8.2 (3.8)	5.6 (4.0)	5.2 (3.6)	- 2.89	.004	0.51
	TAU	9.2 (3.9)	8.6 (4.7)	8.2 (4.5)			
POMS-depression	MBCT	25.3 (5.8)	21.4 (4.5)	21.8 (4.7)	- 2.41	.016	0.48
	TAU	26.7 (6.3)	26.2 (7.0) 25.7 (7.3)				
Diabetes distress	мвст	35.5 (17.8)	28.7 (21.0)	25.0 (19.7)	- 2.12	.034	0.41
	TAU	36.6 (18.9)	33.5 (22.0)	32.8 (20.1)			

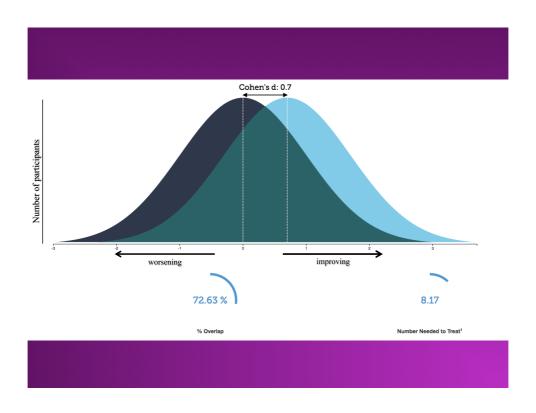


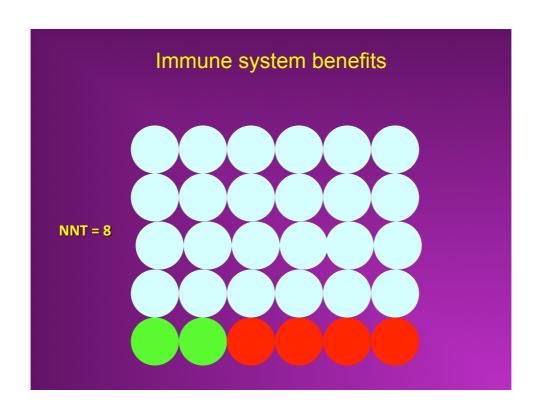


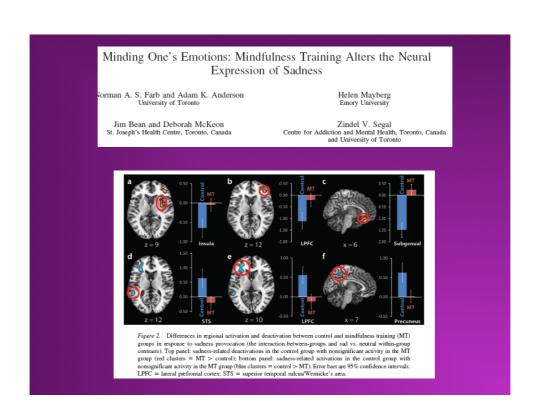
## Evidence of physiological benefits of MBSR and other MBI's











Emotion © 2010 American Psychological Association 2010, Vol. 10, No. 1, 83–91 1528-3542/10812-00 DOI: 10.1037/s0018441

## Effects of Mindfulness-Based Stress Reduction (MBSR) on Emotion Regulation in Social Anxiety Disorder

Philippe R. Goldin and James J. Gross Stanford University

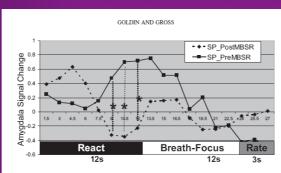


Figure 5. Right dorsal amygdala blood oxygenation level-dependent (BOLD) contrast signal time series during reacting to negative self-beliefs and breath-focused attention in social phobics (SP) at both pre- and post-mindfulness-bessed tress reduction (MSBR), \*p < 0.5 Rate = negative emotion rating React = reacting to the negative self-belief; Breath-Focus = instruction to focus attention on breath sensation.



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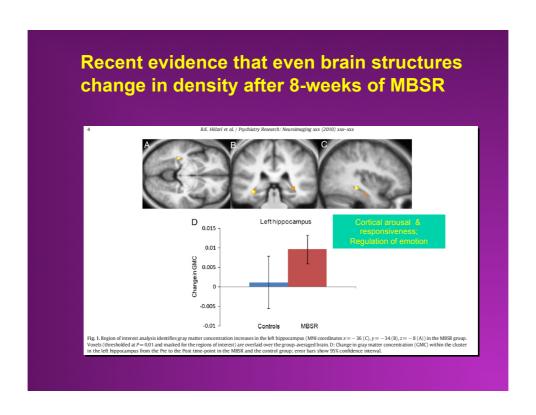


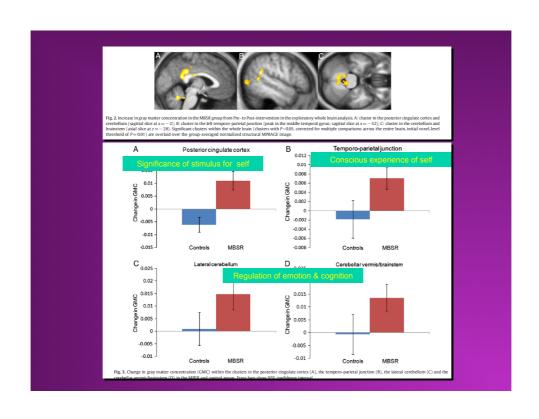
Mindfulness practice leads to increases in regional brain gray matter density

Britta K. Hölzel<sup>a,b,\*</sup>, James Carmody<sup>c</sup>, Mark Vangel<sup>a</sup>, Christina Congleton<sup>a</sup>, Sita M. Yerramsetti<sup>a</sup>, Tim Gard<sup>a,b</sup>, Sara W. Lazar<sup>a</sup>

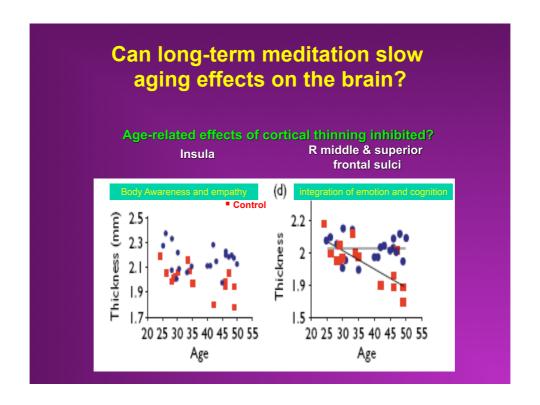
<sup>a</sup> Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA
<sup>b</sup> Bender Institute of Neuroimaging, Justus Liebig Universität Glessen, German<sup>c</sup>
<sup>c</sup> University of Massachusetts Medical School, Worcester, MA, USA

- 18 MBSR vs. 17 controls (38 years)
- Not randomized
- No one is sure what these increased density measures mean





Study	Meditation tradition	N meditators/ controls	Morphological measures	Regions identified greater in meditator than controls
Lazar et al. (2005)	Insight	20/15	Cortical thickness	Right anterior insula and right middle an superior frontal suld
Pagnoni and Cekic (2007)	Zen	13/13	Gray matter volume (VBM in SPM5)	Meditators showed no age-related decline in the left putamen as compared to control
Hölzel et al. (2008)	Insight	20/20	Gray matter density (VBM in SPM2)	Left inferior temporal lobe, right insula, and right hippocampus
Vestergaard- Poulsen et al. (2009)	Tibetan Buddhist	10/10	Gray matter density and volume (VBM in SPM5)	Medulla oblongata, left superior and inferior frontal gyri, anterior lobe of the cerebellum and left fusiform gyrus
Luders et al. (2009)	Zazen, Vipassana, Samatha and others	22/22	Gray matter volume (VBM in SPM5)	Right orbito-frontal cortex, right thalamus, left inferior temporal lobe, right hippocampus
Grant et al. (2010)	Zen	19/20	Cortical thickness	Right dorsal anterio cingulate cortex, secondary somatosensory cortex



## **Conclusions? Some thoughts and inferences**

- 1. Various notions of mindfulness, but each provides some focus upon legitimizing and validating aspects of the inner lives & experience of human beings.
- Mindfulness programs appear mildly more effective than mere nonspecific psychosocial support control interventions (which often also, themselves, appear to produce beneficial effects)
- 3 MBI's, in general, are as effective as clinically established psychotherapeutic interventions
- 4. Scientific pursuit of contemplative practices is all very new, and progress is possible (especially if we don't overemphasize current knowledge and create empty bubbles).
- 5. To progress, we need to resist the corrupting elements of current science (e.g. pressure to publish positive results, to publish prolifically and quickly, to massage our data so it looks much better than it is).
- $\epsilon$  +1st person: self awareness of our own hindrances, strengths, motives & limits as we participate in fabrication of mindfulness.

Punchline: Modesty is the best policy

## Early experiments in transportation





