Mindfulness has its roots in Eastern spiritual, especially Buddhist traditions. It has been defined as a state of being in which individuals bring their “attention to the experiences occurring in the present moment, in a nonjudgemental or accepting way” (Baer et al., 2006, p. 27; see also Brown & Ryan, 2003). Mindfulness has several key characteristics (Brown, Ryan, & Creswell, 2007):

- mindfulness involves a receptive awareness and registration of inner experiences (emotions, thoughts, behavioral intentions) and external events.
- mindful information processing is pre-conceptual. In a mindful state, individuals are purely noticing what is happening without evaluating, analyzing, or reflecting upon it.
- mindfulness is characterized by a present-oriented consciousness in which individuals focus on moment-to-moment experiences rather than thinking about the past or fantasizing about the future.

Mindfulness is an inherent human capacity that varies in strength, both across situations and persons.

Research has documented that meditation practice enhances mindfulness and thereby promotes psychological health in clinical and non-clinical samples (for meta-analyses, see Chiesa & Serretti, 2009; Grossman et al., 2004). However, mindfulness is not a “rarified state open only to those undergoing . . . training” (Brown, Ryan, Loverich, Biegel, & West, 2011, p. 1042; also see Brown & Ryan, 2004). Researchers have convincingly argued that mindfulness is a natural human capacity that can be experienced by untrained layperson (Brown & Ryan, 2003, 2004; Brown, Ryan, et al., 2011; Dane, 2011). Natural variations in mindfulness are likely due to variations in genetic predisposition and environmental influences (Davidson, 2010).

Training programs like mindfulness-based stress reduction (MBSR: Kabat-Zinn, 1982), mindfulness-based cognitive therapy (MBCT: Segal, Williams, & Teasdale, 2002), and mindfulness-based eating awareness training (Kristeller, Bear, Quillian, & Wolever, 2006), have been successfully used to treat emotional and behavioral disorders, such as borderline personality disorder, major depression, chronic pain, or eating disorders (cf. Bishop et al., 2004). This trend has been accompanied by a growing body of empirical evidence for the effectiveness of mindfulness-based interventions (a) to reduce symptoms in clinical samples (for meta-analytic reviews, see Bohlmeijer, Prenger, Taal, & Cuijpers, 2010; Grossman, Niemann, Schmidt, & Walach, 2004) and (b) to promote psychological well-being in non-clinical samples (Collard, Avny, & Boniwell, 2008; Irving, Dobkin, & Park, 2009).
References


