Chapter 1
Meditation, Mindfulness, and Mental Health:
Opportunities, Issues, and Challenges

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ABSTRACT

In the last six decades, the concept of mindfulness has been widely studied, researched, and practiced in mainstream psychology, mental health, and health disciplines. Over a period of time, clinical practitioners have integrated meditation and mindfulness practices or techniques in the mainstream psychological interventions for emotional and behavioral disorders such as anxiety, depression, chronic pain, borderline personality disorder, and eating disorder. This chapter highlights the application of Mindfulness-Based Interventions in various clinical and non-clinical samples. It also covers the importance of mindfulness practices for the crisis due to the COVID-19 pandemic, discusses integrating technology into mindfulness training, and presents various issues and challenges related to mindfulness practices.

INTRODUCTION

Meditation is thousands of years old practice in the eastern part of the world and particularly in India. The term 'meditation' is an English translation of the Sanskrit word dhyāna. It came from the Sanskrit word *dhyai*, meaning to contemplate or meditate. Dhyāna is a commonly used term in Hindu and Buddhist scriptures. Perez-de-Albeniz and Holmes (2000) defined meditation as "an act of spiritual contemplation" (p. 49). Research evidence has suggested that meditation practices enhance psychological well-being (Bach & Guse, 2015; Van Gordon et al., 2014) and also serve as therapeutic adjuncts (Kutz et al., 1985) both in re-educative and reconstructive therapies, besides serving as supportive therapy techniques (Kumar, 2002). The essence of meditation is the consistent attempt to achieve a specific attentional set (Goleman,1976).

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The term 'mindfulness' is a buzzword. Practitioners are talking about the health benefit of it and promoting it. This trend is evident as people sign up for Mindfulness Meditation (MM) classes or courses and participate in online and on-site retreat programs. Germer (2005, p. 5) explained that the term *mindfulness* is an English translation of the 'Pali' word '*Sati'*. Pali was the language of Buddhist Psychology 2,500 years ago, and mindfulness is the core teaching of this tradition, whereas the word *sati* connotes awareness, attention, and remembering (Germer, 2005, p.5). Kabat-Zinn defined mindfulness as "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment" (Kabat-Zinn, 2003, p. 145). Goleman (1977, p. 4) defined mindfulness "as an attitude of paying sensory stimuli only the barest attention". Many practitioners and professionals (Germer, 2005; Goleman, 1977; Kabat-Zinn, 2003) have defined the term 'mindfulness', but the essence remains the same. In psychotherapy, mindfulness can be defined as an *awareness* of present experience with acceptance (Germer, 2005). Goleman (1977) explained that in mindfulness, control of the senses comes gradually through cultivating the habit of simply observing sensory perceptions; it means not allowing them to stimulate the mind into thought chains of reaction. He has also explained that in mindfulness practice, the focus can be on the body, feelings, mind, and mind-objects (Goleman, 1977). When systematically and regularly developed, the practice of *vipassana*, which means seeing things as they are, mindfulness becomes the avenue to the *nirvanic state* (Goleman, 1977).

Sometimes the terms meditation and mindfulness are used interchangeably though both have subtle differences. Meditation can be defined as a set of specific techniques and self-focus skills intended to augment a self-induced state of psychophysical relaxation (Cardoso et al., 2004). In contrast, mindfulness can be defined as a nonjudgemental observation of the present moment or present internal or external stimuli (Baer, 2003). Formal meditative practices include compassion meditation, loving kindness-focused meditation, mindful breathing, use of phrases or mantras as the focus for meditation, amongst many others (Behan, 2020).

Research studies (Charoensukmongkol, 2014; Schreiner & Malcolm, 2008) have demonstrated the benefits of MM and linked negative behavioural, emotional, and mental states to adverse health outcomes (Burns et al., 2002). MM is one of the effective coping strategies (Chu, 2009) and intends to increase one's capacity to be mindful (Treadway & Lazar, 2010). It increases the ability to focus, concentrate, and pay attention. It also strengthens the neural circuits/pathways, neuroplasticity in the brain and these changes are associated with cognitive and emotional well-being (Treadway & Lazar, 2010). In other words, MM may help in rewiring the brain for maximum psychological resilience and emotional well-being. Regular meditation practices may slow the gradual degeneration of neural tissue associated with normal aging (Treadway & Lazar, 2010). Meditation may reduce the stress-related activity of the hypothalamic-pituitary-adrenal (HPA) axis, a significant signalling pathway for stress (Tang et al., 2007). A study by Lazar et al. (2005) suggested that certain parts of the brain appear to be protected from the standard patterns of reduced gray matter volume and cortical thinning associated with aging in long-term meditators.

This chapter covers the applications of Mindfulness-Based Interventions (MBIs) both in clinical and non-clinical samples, highlights the importance of mindfulness practices for the crisis due to the novel coronavirus disease-2019 (COVID-19) pandemic, discusses integrating technology into mindfulness training and presents various issues and challenges related to mindfulness practices.