What are the benefits of mindfulness?

A wealth of new research has explored this age-old practice. Here’s a look at its benefits for both clients and psychologists.

By Daphne M. Davis, PhD, and Jeffrey A. Hayes, PhD

Mindfulness has enjoyed a tremendous surge in popularity in the past decade, both in the popular press and in the psychotherapy literature. The practice has moved from a largely obscure Buddhist concept founded about 2,600 years ago to a mainstream psychotherapy construct today.

Advocates of mindfulness would have us believe that virtually every client and therapist would benefit from being more mindful. Among its theorized benefits are self-control, objectivity, affect tolerance, enhanced flexibility, equanimity, improved concentration and mental clarity, emotional intelligence and the ability to relate to others and one’s self with kindness, acceptance and compassion.

But is mindfulness as good as advertised? This article offers an overview of the research on mindfulness and discusses its implications for practice, research and training.
Empirically supported benefits of mindfulness

The term “mindfulness” has been used to refer to a psychological state of awareness, the practices that promote this awareness, a mode of processing information and a character trait. To be consistent with most of the research reviewed in this article, we define mindfulness as a moment-to-moment awareness of one’s experience without judgment. In this sense, mindfulness is a state and not a trait. While it might be promoted by certain practices or activities, such as meditation, it is not equivalent to or synonymous with them.

Several disciplines and practices can cultivate mindfulness, such as yoga, tai chi and qigong, but most of the literature has focused on mindfulness that is developed through mindfulness meditation — those self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calmness, clarity and concentration (Walsh & Shapiro, 2006).

Researchers theorize that mindfulness meditation promotes metacognitive awareness, decreases rumination via disengagement from perseverative cognitive activities and enhances attentional capacities through gains in working memory. These cognitive gains, in turn, contribute to effective emotion-regulation strategies.

More specifically, research on mindfulness has identified these benefits:

**Reduced rumination.** Several studies have shown that mindfulness reduces rumination. In one study, for example, Chambers et al. (2008) asked 20 novice meditators to participate in a 10-day intensive mindfulness meditation retreat. After the retreat, the meditation group had significantly higher self-reported mindfulness and decreased negative affect compared with a control group. They also experienced fewer depressive symptoms and less rumination.

**Boosts to working memory.** Improvements to working memory appear to be another benefit of mindfulness, research finds. A 2010 study by Jha et al., for example, documented the benefits of mindfulness meditation among a military group who participated in an eight-week mindfulness training, a nonmeditating military group and a group of nonmeditating civilians. Both military groups were in a highly stressful period before deployment. The researchers found that the nonmeditating military group had decreased working memory capacity over time, whereas working memory capacity among nonmeditating civilians was stable across time. Within the meditating military group, however, working memory capacity increased with meditation practice.

**Interpersonal benefits.** For couples: Face each other, look into each other’s eyes and notice what reactions, feelings and thoughts arise.

**Intrapersonal benefits.** Therapist and client can practice mindfulness meditation together during the therapy session.

Table 1: Examples of mindfulness-based interventions for clients

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Practical mindfulness-based interventions to use with clients</th>
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<tbody>
<tr>
<td><strong>Emotion regulation</strong></td>
<td>“Can you stay with what is happening right now? ... Can you breathe with what is happening right now?”</td>
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<tr>
<td><strong>Decreased reactivity</strong></td>
<td>Slowly scan your entire body starting at your toes. Notice any sensations in your body without trying to change them.</td>
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<tr>
<td><strong>Increased response flexibility</strong></td>
<td>Can you allow and accept this feeling and stay in touch with it without reacting to it? If not, what is happening in your experience that’s reacting to this feeling?</td>
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<tr>
<td><strong>Interpersonal benefits</strong></td>
<td>For couples: Face each other, look into each other’s eyes, and practice sending loving-kindness to one another.</td>
</tr>
<tr>
<td><strong>Intrapersonal benefits</strong></td>
<td>Therapist and client can practice mindfulness meditation together during the therapy session.</td>
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Empirical evidence suggests that mindfulness meditation has numerous health benefits, including increased immune functioning (Davidson et al., 2003; Greenberg, 2005; Peres et al., 2007), a reduced risk of heart disease (Shapiro et al., 2006; Walach et al., 2009), and reductions in stress and anxiety (Pargament et al., 2006; Shapiro et al., 2005).


The effects of meditation on therapists and therapist trainees

While many studies have been conducted on the benefits of applying mindfulness approaches to psychotherapy clients (for reviews, see Didonna, 2009 and Baer, 2006), research on the effects of mindfulness on psychotherapists is just beginning to emerge. Specifically, research has identified these benefits for psychotherapists who practice mindfulness meditation:

- **Empathy:** Several studies suggest that mindfulness promotes empathy. One study, for example, looked at pathways that were created by prior learning and enables present-moment input to be integrated in a new way (Segel, 2007a). Meditation also activates the brain region associated with more adaptive responses to stressful or negative situations (Caban & Polich, 2006; Davidson et al., 2003). Activation of this region corresponds with faster recovery to baseline after being negatively provoked (Davidson, 2000; Davidson, Jackson, & Kalin, 2000).

- **Relationship satisfaction.** Several studies find that a person’s ability to be mindful can help predict relationship satisfaction — the ability to respond well to relationship stress and the skill in communicating one’s emotions to a partner.

Empirical evidence suggests that mindfulness protects against the emotionally stressful effects of relationship conflict (Barnes et al., 2007), is positively associated with the ability to express oneself in various social situations (Dekker et al., 2008) and predicts relationship satisfaction (Barnes et al., 2007; Wachs & Cordova, 2007).

- **Other benefits.** Mindfulness has been shown to enhance self-insight, morality, intuition and fear modulation, all functions associated with the brain’s middle prefrontal lobe area. Evidence also suggests that mindfulness meditation has numerous health benefits, including increased immune functioning (Davidson et al., 2003; Greenberg, 2005; Peres et al., 2007), a reduced risk of heart disease (Shapiro et al., 2006; Walach et al., 2009), and reductions in stress and anxiety (Pargament et al., 2006; Shapiro et al., 2005).
Compassion. Mindfulness-based stress reduction training has also been found to enhance self-compassion among health-care professionals (Shapiro, Astin, Bishop, & Cordova, 2005) and therapist trainees (Shapiro, Brown, & Biegel, 2007). In 2009, Kingsbury investigated the role of self-compassion in relation to mindfulness. Two components of mindfulness—nonjudging and nonreacting—were strongly correlated with self-compassion, as were two dimensions of empathy (i.e., perspective taking) and taking on others’ perspectives (i.e., perspective taking) and reacting to others’ affective experiences with comfort. Self-compassion fully mediated the relationship between perspective taking and mindfulness.

Counseling skills. Empirical literature demonstrates that including mindfulness interventions in psychotherapy training may help therapists develop skills that make them more effective. In a four-year qualitative study, for example, counseling students who took a 15-week course that included mindfulness meditation reported that mindfulness practice enabled them to be more attentive to the therapy process, more comfortable with silence, and more attuned with themselves and clients (Newsome, Christopher, Dahlen, & Christopher, 2006; Schure, Christopher, & Christopher, 2008). Counselors in training who have participated in similar mindfulness-based interventions have reported significant increases in self-awareness, insights about their professional identity (Birnbaum, 2006) and overall wellness (Rybak & Russell-Chapin, 1998).

Decreased stress and anxiety. Research found that premedical and medical students reported less anxiety and depressive symptoms after participating in an eight-week mindfulness-based stress-reduction training, compared with a waiting list control group (Shapiro et al., 1998). The control group evidenced similar gains after exposure to mindfulness-based stress reduction training. Similarly, following such training, therapist trainees reported decreased stress, rumination and negative affect (Shapiro et al., 2007). In addition, when compared with a control group, mindfulness-based stress-reduction training has been shown to decrease total mood disturbance, including stress, anxiety and fatigue in medical students (Rosenzweig, Reibel, & Shapiro, 2001). Similarly, in a study of Chinese college students, those students who were randomly assigned to participate in a mindfulness meditation intervention had lower depression and anxiety, as well as less fatigue, anger and stress-related cortisol compared to a control group (Tang et al., 2007). These same students had greater attention, self-regulation and immunoreactivity. Another study assessed changes in symptoms of depression, anxiety and post-traumatic stress disorder among New Orleans mental health workers following an eight-week meditation intervention that began 10 weeks after Hurricane Katrina. Although changes in depression symptoms were not found, PTSD and anxiety symptoms significantly decreased after the intervention (Waelde et al., 2008). The findings suggest that meditation may serve a buffering role for mental health workers in the wake of a disaster.

Other benefits for therapists. To date, only one study has investigated the relationship between mindfulness and cabin guidance skills. Greerson and Cashwell (2009) found that counseling self-efficacy was significantly predicted by self-reported mindfulness among masters-level interns and doctoral counseling students. In that study, attention mediated the relationship between mindfulness and self-efficacy, suggesting that mindfulness may contribute to the development of beneficial attentional processes that aid psychotherapists in training (Greerson & Cashwell, 2009). Other potential benefits of mindfulness include increased patience, intentionality, gratitude and body awareness (Rothaupt & Morgan, 2007).

Outcomes of clients whose therapists meditate. While research points to the conclusion that mindfulness meditation offers numerous benefits to therapists and trainees, do these benefits translate to psychotherapy treatment outcomes? So far, only one study suggests it does. In a study conducted in Germany, randomly assigned counselor trainees who practiced Zen meditation for nine weeks reported higher self-awareness compared with nonmeditating counselor trainees (Grempain et al., 2007). But more important, after nine weeks of treatment, clients of trainees who meditated displayed greater reductions in overall symptoms, faster rates of change, scored higher on measures of well-being and perceived their treatment to be more effective than clients of nonmeditating trainees. However, the results of these other studies were not as encouraging. Stanley et al. (2006) studied the relationship between trait mindfulness among 23 doctoral-level clinical psychology trainees in relation to treatment outcomes of 144 adult clients at

Table 2  Mindfulness-based interventions for trainees and therapists

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<tr>
<th>Benefits</th>
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| Empathy | In trainee dyads in “therapist” and “client” roles: Have therapists track their internal responses to client, and what makes them feel more and less empathetic towards client.  
| Compassion | Visualize an image, color or memory that elicits feeling friendly toward yourself. Visualize sending this feeling toward an image of yourself, or a challenging client.  
| Counseling skills | In dyads, sit in silence with eyes open. Pay attention to your internal experience in the presence of another person, practicing to bring your attention back to their breath when it wanders.  
| Decreased stress and anxiety | Bring your attention to your experience of breathing. Imagine seeing a client. Pay attention to any feelings of anxiety and fear. Notice how they shift from moment to moment, allowing what is to be there.  
| Other benefits for therapists | Therapists can practice formal sitting mindfulness meditation individually or in groups.  

Footnotes: 7 (Adapted from Shapiro & Hart, 2008). 8 (Adapted from Deep Listening & Authoritatively Speaking, Survey, 2005). 9 (Adapted from Morgan & Morgan, 2005). 10 (From author’s (Davis) mindfulness training at Naropa University). 11 (Adapted from Brach, 2003). 12 (Adapted from 3-minute Breathing Space from MBCT, Segal, Williams, & Teasdale, 2002).
has been successfully used with therapist trainees (e.g., Shapiro clinical supervision. Since mindfulness-based stress reduction meditation could be integrated into trainees’ practicum and could investigate ways mindfulness practices and mindfulness of teaching therapists mindfulness practices. Future research potential benefits to psychotherapy.

is likely to enhance our understanding of mindfulness and its expression as a result of mindfulness. Research along these lines opposed to self-reports of mindfulness; 2. scientific evaluation to be used. Garland and Gaylord (2009) have proposed that measures of mindfulness may need to be developed or different self-reported mindfulness enhances client outcomes, better Given that current research does not indicate that therapists’ practice of mindfulness meditation in clinical supervision with their supervisees affect the supervisory alliance or relational skills of supervisees! Does practicing formal mindfulness meditation as a group in practicum or internship aid in group cohesion, self-care, relational skills or measurable common factors that contribute to successful psychotherapy?

Given the limited research thus far on empathy, compassion, decreased stress and reactivity, more research is needed on how mindfulness meditation practice affects these constructs and measurable counseling skills in both trainees and therapists. For example, how does mindfulness meditation practice affect empathy and compassion for midcareer or late-career therapists who are experienced at mindfulness? Shapiro and Carlson (2009) have suggested that mindfulness meditation can also serve psychologists as a means of self-care to prevent burnout. Future research is needed on not only how the practice of mindfulness meditation helps facilitate trainee development and psychotherapy processes, but also how it can help therapists prevent burnout and other detrimental outcomes of work-related stress.

In addition, despite abundant theoretical work on ways to conceptually merge Buddhist and Western psychology to psychotherapy (e.g., Epstein, 2007, 1995), there is a lack of literature on what it looks like in session when a therapist uses mindfulness and Buddhist-oriented approaches to treat specific clinical issues.

In conclusion, mindfulness has the potential to facilitate trainee and therapists’ development, as well as affect change mechanisms known to contribute to successful psychotherapy. The field of psychology could benefit from future research examining cause and effect relationships in addition to mediational models in order to better understand the benefits of mindfulness and mindfulness meditation practice.

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