



**A** well-known mindful practice is that of mindfulness of breath. Individuals are asked to sit still and close their eyes, slowly directing their focus onto the physical sensations of breathing (e.g. from the nose, chest and stomach). Mindful breathing encourages individuals to focus on the ‘here and now’ rather than the uncertainty of the future or regrets from the past. It is expected that during this exercise the mind will wander. This is seen as an opportunity to explore the sources of such distraction for the individual, and to ultimately harness the ability to purposefully avoid unnecessary preoccupation – redirecting attention back to one’s breath free from anger, frustration and judgement. In turn, the practice endeavors holistic awareness within an individual, being completely in contact with external and internal environments in the present moment. Apart from this technique, mindfulness is taught and practiced in a variety of forms, such as body scan, and mindful walking and eating (Hayes & Smith, 2005). All methods fundamentally concentrate on non-judgmental attention on moment-to-moment private experiences, including breath, thoughts, physical sensations or other external aspects of the environment such as sounds.



**Useful Links**

[www.mindful.org](http://www.mindful.org)  
[www.headspace.com](http://www.headspace.com)

**C**onsistent with the positive psychology goal of promoting resilience, mindfulness incorporates goals such as enhancing well-being and awareness of the self and environment and simultaneously disciplining the mind and emotions. The principles of mindfulness have also been established as a promising intervention improving positive psychological processes, namely ‘flow’, forgiveness, hope and resilience. Wood and Tarrier (2010) posit the future of clinical psychology lies in the integration of positive psychology principles into research and daily practice of clinical work – where clinicians embrace a concept of wellbeing that validates the interdependence of negative and positive emotions, thoughts and experiences. The research literature, including those from Professor Kabat-Zinn and colleagues, additionally demonstrates that practicing mindfulness improves both physical and psychological symptoms as well as positive changes in health attitudes and behaviors. Maintaining a more mindful perspective on a daily basis, especially when under pressure, can facilitate flexible and adaptive behavior. With this in mind, mindfulness evidently compliments the virtues and philosophies of positive psychology, and even more so has been scientifically examined and found to be a key element in pursuing happiness.

*To summarize, Keyes and Haidt (2003) explain positive psychology predominantly aims to facilitate:*

**Rise to life’s challenges, make most of setbacks and adversity**

**Engage and relate to other people**

**Find fulfillment in creativity and productivity**

**Look beyond oneself and help others to find lasting meaning, satisfaction, and wisdom**

**To complement these, mindfulness is the continual interplay of the three following core elements:**

### **1. Intention**

'Your intentions set the stage for what is possible' (Kabat-Zinn, 1990).

Explicitly reflecting upon our intentions helps us to unconscious values to awareness and discern whether these values are ones we really want to pursue (Shapiro & Carlson, 2009)

### **2. 3. Attention**

It is suggested that attention is critical to the healing process occurring in therapy (Shapiro & Carlson, 2009). In mindfulness, we practice 'relaxed alertness' that involves clarity and precision without stress or vigilance (Wallace, 2006), making us better equipped to adapt to daily stresses and potential adversities.

### **3. Attitude**

When we practice openness and acceptance, we strengthen our capacity to be with whatever arises in our life experiences, both negative and positive.

***Practicing mindfulness and mindfulness-based interventions have shown to be effectiveness in improving and ameliorating the following in individuals of all ages:***

Greater self-awareness, increased emotional intelligence and social skills (e.g. Schoeberlein & Koffler, 2005)

Increased impulse control

Decreased emotional reactivity to difficult, stressful events

Stress, Depression and Anxiety in healthy and clinical populations (e.g. Roth & Creaser, 2002; Bolier et al., 2013)

Including individuals suffering from chronic and terminal illnesses (e.g. Carlson et al., 2003)

Increased self esteem and sleep quality (e.g. Biegel et al., 2009)

ADHD  
Substance abuse (e.g. Bowen et al., 2006)

Working memory capacity (e.g. Jha et al., 2010)

Development of neurophysiological structures underlying psychological health (e.g. Goldin & Gross, 2010)

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