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Conflicts of Interest

The authors have no competing interests to declare.

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Current trends in mindfulness and mental health

Recent years have witnessed a burgeoning of scientific interest into the clinical utility of mindfulness and other Buddhist meditative approaches. Such approaches are increasingly informing the formulation of treatment plans and treatment guidelines, as well as the agendas of healthcare stakeholders operating in the mental illness and addiction fields (Shonin, Van Gordon, & Griffiths, 2013a). Accordingly, this special issue invited theoretical and empirical contributions from leading experts in the field in order to advance understanding regarding the clinical applications, mechanisms of action, operational issues, and limitations of Buddhist-derived interventions (BDIs).

A number of important themes run throughout this special issue. The first of these is that BDIs represent versatile interventional approaches. Indeed, in the eight papers included in this special issue, novel applications for BDIs were demonstrated in the treatment of a wide range of mental health issues. A randomized controlled trial by Nirbhay Singh and colleagues demonstrated the utility of mindfulness as a smoking cessation program for individuals with mild intellectual disabilities. A contolled pilot study by Tony Toneatto and colleagues, and a cross-sectional study by Steven de Lisle and colleagues made important contributions to the emerging literature indicating that mindfulness has a role to play in the treatment of problem/pathological gambling. A controlled trial by Nualnong Wongtongkam and colleagues demonstrated applications for mindfulness as a tool for regulating anger and violent behavior. The utility of BDIs for regulating anger and aggression was also indicated in a second study by Nirbhay Singh and colleagues that focused on individuals with schizophrenia. Further evidence for the effectiveness and acceptibility of BDIs for individuals with schizophrenia was provided by a clincial case study conducted by the current authors. Finally, a review by the current authors concluded that there are applications for BDIs in the

workplace – not only for improving mental health issues such as work-related stress and work addiction, but also for improving job performance.

Related to the theme of versatility, the intervention studies featured in this special issue demonstrate that BDIs can be adapted or formulated to address the specific needs of the population/patient group in question. For example, in Nirbhay Singh and colleagues smoking cessation study involving individuals with mild intellectual disabilities, the tailored BDI was based on a specific combination of meditative-intention setting, mindful observation of thoughts, and *Meditation on the Soles of the Feet* (Singh et al., 2013). This method of employing a pathology-syntonic arrangement of different meditative modes was also employed by (i) Tony Toneatto and colleagues in their delivery of *Mindfulness-Enhanced Cognitive Behavior Therapy* (Toneatto, Pillai, & Courtice, 2014) to problem gambling patients, (ii) Nirbhay Singh and colleagues in their integration of compassion meditation and shenpa training as part of a mindfulness-based anger management intervention for individuals with schizophrenia, and (iii) the current authors in their use of concentration meditation, loving-kindness meditation, compassion meditation, and insight meditation (including insight meditation techniques aimed at cultivating a preliminary understanding of impermanence and emptiness) in a modified version of *Meditation Awareness Training* (Shonin, Van Gordon, & Griffiths, 2013b; Van Gordon, Shonin, Sumich, Sundin, & Griffiths, 2013) that was administered to an individual with co-occurring schizophrenia and pathological gambling.

Although the applications for mindfulness approaches in clinical contexts are wide-ranging, a further theme to emerge from this special issue is that there appear to be common mechanisms by which mindfulness ameliorates psychopathology. For example, each of the special issue contributions make explicit reference to the improved capacity for regulating psychological (and autonomic) arousal that is effectuated by increasing perceptual distance

from maladaptive thoughts and emotions. This accords well with the traditional Buddhist literature where the process of meditatively observing the self is deemed to augment psycho-spiritual functioning (Shonin, Van Gordon, & Griffiths, 2014a).

Another important theme highlighted by a number of articles in this special issue is that rather than a tool for treating psychological and/or somatic illness, mindfulness was traditionally practiced to facilitate a realization of a person's full human potential and capacity for unconditional wellbeing. Consequently, there is growing concern amongst Western academicians and Buddhist teachers – including some of those that have contributed to this special issue – that the "spiritual essence" of mindfulness may have been undermined in its clinically–orientated Westernized form (e.g., McWilliams, 2011; Singh, Lancioni, Wahler, Winton, & Singh, 2008; Shonin, Van Gordon, & Griffiths, 2013c; Van Gordon et al., 2013). Indeed, successive Westernized models of mindfulness have invariably failed to consider the cooperating or mechanistic role of other Buddhist contemplative practices and principles. Consequently, there exists the potential for an awkward situation whereby Western academicians and clinicians are working with a construct that they refer to as "mindfulness", that no longer accurately constitutes mindfulness as per its traditional Buddhist construction.

Thus, consistent with the focus of Spencer McWilliam's essay, there is a need for clinicians and researchers that utilize mindfulness to have some understanding of the Buddhist foundations that traditionally underlie effective mindfulness practice. Although there are different Buddhist perspectives as to what constitutes effective mindfulness practice, all Buddhist schools concur that the attentional-set engaged during mindfulness practice should be one that is encompassing of universal laws or "seals" concerning the true nature of the self, and of reality more generally (Shonin et al., 2014). For example, if an individual is to

become fully aware of themselves in the present moment, they need to be awake to the fact they are entirely subject to impermanence, and that not only is it certain that they will pass away at some uncertain point, but their body and mind never actually remain static for even the smallest instant of time (Shonin & Van Gordon, 2014). A basic appreciation of spiritual (and scientific) truths such as impermanence, interconnectedness, and emptiness, will help mental health stakeholders to better understand the essence of mindfulness practice, and to maximize its effectiveness for service-users. Likewise, future studies should explore whether the treatment efficacy of Westernized forms of mindfulness can be enhanced by employing a more encompassing operational model – that whilst still secular in nature – remains true to the traditional Buddhist construction of mindfulness that has been "tried and tested" for over 2,500 years.

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