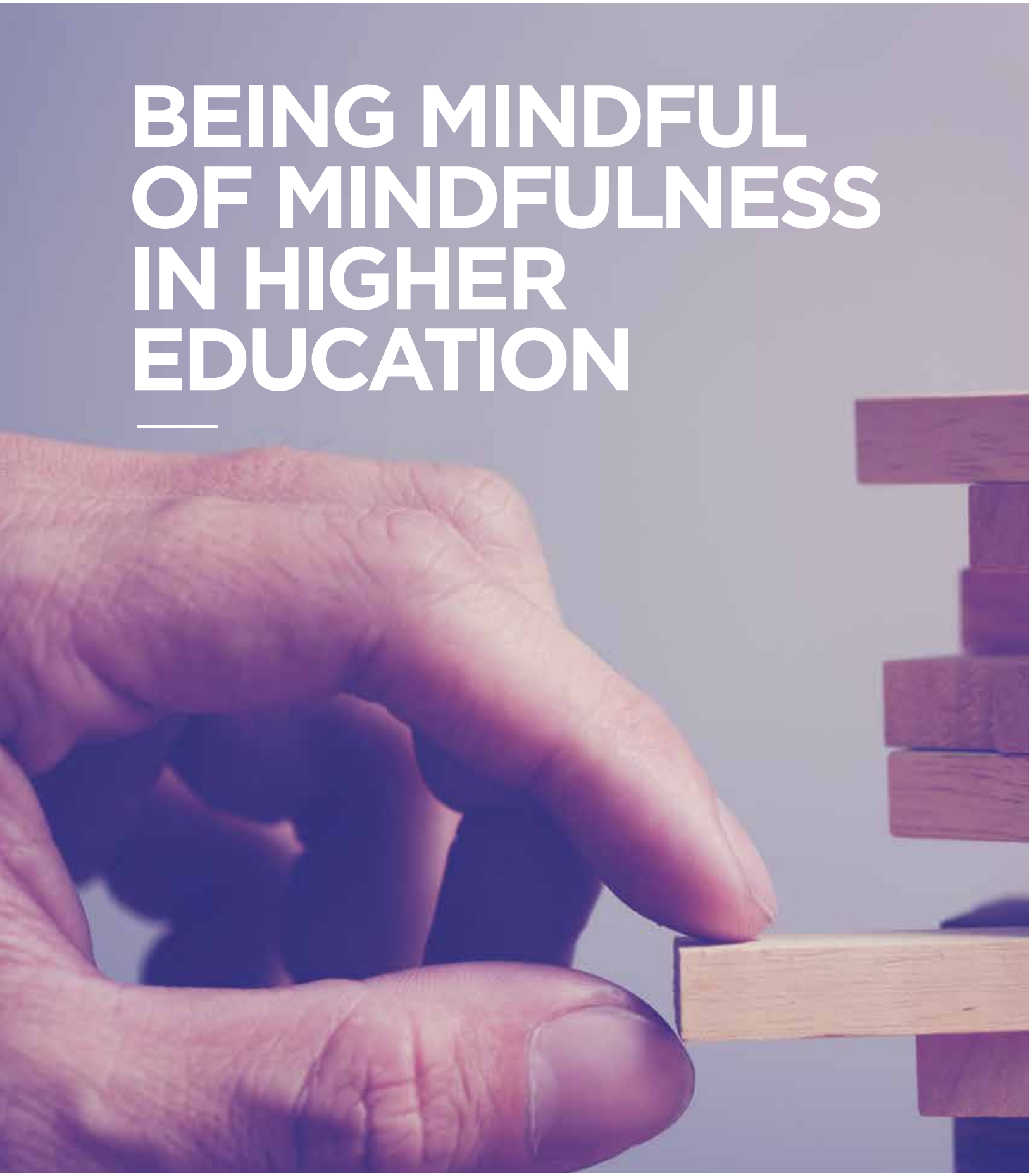
BEING MINDFUL OF MINDFULNESS IN HIGHER EDUCATION



Catherine Wikholm and **Miguel Farias** examine potential drawbacks to the growth of mindfulness as a standard mental health offering within educational settings

Recently, one of us (CW) carried out an assessment with an adolescent girl presenting with anxiety and low mood. When asked what previous support she had received with this, if any, she replied that she had had six sessions of school counselling, which she felt had been helpful, but insufficient. She had also done some mindfulness meditation sessions at school.

'And how did you find that?' I asked her.

'To be honest,' she replied, 'extremely unhelpful. Terrifying, in fact.'

She went on to explain that, far from alleviating the anxiety she experienced, being instructed to sit on the floor, along with 30 other students, and do nothing other than focus on her breathing and be aware of her thoughts and feelings, had in fact ramped up her anxiety considerably. Her overriding feeling was that the experience was deeply uncomfortable and far from therapeutic. Despite this, she found herself back in the room again the next week, and the next. Because, unlike the school counselling she had asked for, this mental health intervention wasn't something extracurricular. This was mandatory mindfulness, sandwiched between lunch and French.

THE CURRENT ENTHUSIASM FOR THE WIDESPREAD USE OF MINDFULNESS IS AHEAD OF THE EVIDENCE

The idea of enforcing psychological therapy or counselling on a young person who does not want to receive it and for whom it appears to be amplifying anxiety and discomfort seems absurd. Yet, somehow, mindfulness has made its way into some schools and universities as a one-size-fits-all intervention on the apparent assumption that it will definitely do young people good – and only good. The belief that it might be helpful for all appears at best well-meaning but naïve, and, at worst, driven by a desire for a cost-

effective, time-efficient solution to the problem of managing student mental health difficulties, rather than by genuine concern for how to best promote the welfare of students.

The indiscriminate application of mindfulness

Mindfulness does have its place as a mental health tool among a range of other options, such as supportive counselling and other psychological therapies. But there are problems with its assembly-line approach to addressing the varied mental health needs of young people. This approach is rooted in a set of interconnected beliefs about the intrinsic impact of mindfulness to unleash positive change. Specifically, mindfulness is portrayed as a universal capacity for paying attention to the present moment that will make us 'live fully and wisely' and lead us into 'healthier, more compassionate and altruistic choices'.[1] This combination of psychological and ethical language sounds very much like psychobabble or a statement of faith dressed up in psychological jargon. While there are good epistemological reasons to be wary of quasi-religious beliefs in relation to mental health interventions, there are specific reasons to urge caution about the indiscriminate use of mindfulness in universities. To start with, individual differences play an important role: mindfulness works differently for different individuals and, as of yet, we aren't quite sure why – there are those for whom it works well, those for whom it does nothing, and those for whom it may be contraindicated. Secondly, mindfulness teachers are currently unregulated and often lack professional training in mental health. This means that they may be unprepared to support individuals for whom mindfulness may stir up emotional difficulties.

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Another problem is that the current enthusiasm for the widespread use of mindfulness is ahead of the evidence. To put it plainly, the scientific evidence for the benefits of mindfulness is far from conclusive. Professor Mark Williams, founder and former director of the Oxford Mindfulness Centre, states: 'Mindfulness isn't the answer to everything, and it's important that our enthusiasm doesn't run ahead of the evidence.

There's encouraging evidence for its use in health, education, prisons and workplaces, but it's important to realise that research is still going on in all of these fields. Once we have the results, we'll be able to see more clearly who mindfulness is most helpful for.'[2]

At present, the only mindfulness-based treatment recommended by the National Institute for Health and Care Excellence (NICE) is mindfulness-based-cognitive therapy (MBCT), and only as a preventative treatment for recurrent depression.[3] In other words, it is only recommended in the specific case of three or more episodes of depression and at a time when people are feeling well. Mindfulness is not a NICE-recommended treatment for anxiety or current depression, because the evidence of benefit is not sufficiently convincing. The most recent and comprehensive meta-analysis of randomised clinical trials found no evidence that mindfulness was any better than other active treatments and only found small improvements in depression, anxiety and pain (compared to non-specific control activities).[4]

Regardless of a current lack of scientific evidence for its benefits, the hype of media reports and the appeal of a cost-effective (brief, group-based) intervention may nevertheless be enough to convince some educational establishments to provide mindfulness programmes for students. And while we fully support the provision of mindfulness groups as a therapeutic option, we urge caution in allowing this to be seen as the standard mental health intervention across the sector, and instead advocate an approach of offering it alongside other choices, such as counselling or relaxation classes.

Minding the context

It is far too tempting to present mindfulness as an easy solution for stress in students, or even as a boost to their academic skills. But this is a rather partial, myopic view of the life-changes and practical challenges that young adults face, such as moving away from home for the first time, living on limited financial resources, and adjusting to life in a new establishment or city. There are myriad social and economic factors that may impact a student's wellbeing. Although mindfulness-based therapies are not tailored to the individual, they are highly individualistic. Their exclusive focus is on the individual; no attempt is made to address systemic factors contributing to psychological difficulties. Yet college and university is a time when peer and intimate relationships are often of particular importance, and difficulties in these relationships may be key stressors. While attending a mindfulness programme might represent one way of seeking to reduce one's stress, it may well be that, in this context, such issues might be better addressed through counselling, peer support, mentoring, or pastoral care, where specific difficulties can be explored in detail within the context of a supportive relationship.

Counselling, with its one-to-one focus, can also enable the early identification and referral of young people with mental health difficulties that may require more specialist intervention within NHS mental health services. In the case of the adolescent client discussed earlier, while her school counsellor was aware of the difficulties she was experiencing, her distress had gone unnoticed by the school teacher leading the mindfulness meditation. This is hardly surprisingly; it would understandably be difficult for a teacher instructing a large group of students to enquire about the experience of every person. However, even if a teacher did enquire of each individual, it is also a hard ask to expect an anxious student to feel able to disclose their discomfort in a group setting, particularly given the expectation of universal benefit.

Applying a one-size-fits-all group intervention to promote the wellbeing of different individuals with undisclosed or varied difficulties doesn't only run a risk that it may simply do nothing for some (given the lack of convincing evidence); for others, difficulties may go unnoticed or even become amplified. Surely the last thing we want for students already struggling with low mood or low self-esteem is for them to feel that they 'failed' at a therapeutic intervention, just because it didn't work for them. Yet, if we buy into and promote the idea of 'mindfulness for all – and good for all', that is an outcome that can easily occur.

Downsides of mindfulness

In our book, *The Buddha Pill: can meditation change you?*, we examined 45 years of research into meditation, from early transcendental meditation to more recent mindfulness studies.[5] As well as looking at the evidence for benefits, we also discovered that adverse effects are not all that uncommon – and not just evidenced in anecdotal reports. One study, for example, which compared how participants practising mindfulness fared on a stress-inducing task, compared to a control group, indicated that although the mindfulness group's self-report questionnaire measure indicated a lower level of stress, their levels of cortisol (a biological marker of stress) were actually higher.[6] In other words, mindfulness practice appeared to have increased stress.

The research evidence about potential adverse effects of mindfulness is currently limited, as the majority of studies are only concerned with assessing its benefits. But an ongoing longitudinal study suggests that various forms of meditation, including mindfulness, can trigger negative effects. Willoughby Britton, who is leading the study at Brown University, has suggested that: 'A lot of psychological material is going to come up and be processed. Old resentments, wounds... but also some traumatic material if people have a trauma history, it can come up and need additional support or even therapy.'[7]

RESEARCH EVIDENCE ABOUT POTENTIAL ADVERSE EFFECTS OF MINDFULNESS IS CURRENTLY LIMITED, AS THE MAJORITY OF STUDIES ARE ONLY CONCERNED WITH ASSESSING ITS BENEFITS

What does this mean for university students doing an eight-week mindfulness course? Well, the practice may help some to reduce stress or manage anxiety, it won't work for others, and for some it may have quite different effects: increased anxiety, depersonalisation, resurfacing of traumatic memories. Such meditation effects are commonly talked about in the Buddhist and other contemplative literatures, but are not currently well researched. As much as mindfulness may be presented as 'Buddhist meditation without the Buddhism', the fact remains that it wasn't designed to make us happier or more relaxed, but rather to challenge our sense of self. Secular mindfulness may be a watered down version of a spiritual technique, but we shouldn't underestimate its potential to modify our everyday state of consciousness, and the full range of consequences of these alterations.

Something worrying is that mindfulness teachers rarely mention its potential downsides. But to become more aware of one's thoughts and feelings isn't always conducive to peacefulness and wellbeing – this is common sense. A university student who is introduced to mindfulness meditation, expecting that it will enable them to de-stress, could be in for quite a shock if they were to, for instance, remember long-forgotten, painful childhood memories. Rather than making life easier, mindfulness may bring up emotional content that requires additional support or therapy, which, left untreated, may negatively impact on a student's ability to learn and thrive.

Recommendations

There is a popular metaphor about mindfulness, comparing it to using a muscle: 'Just as brushing your

teeth or going for a run are well-known ways of protecting general physical health, mindfulness exercises develop mental fitness and resilience'.[8] This is the kind of misleading image that mental health professionals must fight, particularly when mindfulness is taught to children and young adults in higher education. While there are characteristics of the mind that can be trained, like attention or memory, to conceive of our minds as a muscle is to fail to recognise the complexity of psychological, social and biological processes that make us unique individuals. If students are to learn and thrive, or to deal with mental health problems, therapeutic approaches must be as student-centred as possible. Colleges and universities offering mindfulness responsibly should employ mindfulness teachers with mental health training and experience, who are aware of the possibility of adverse effects and seek to prioritise student emotional safety.

Mindfulness groups should not be considered the standard mental health intervention offered to students; instead, a mindfulness-based approach should be available as one option among many, including counselling, mentoring, and referral for assessment for NHS psychological therapies. Empowering students is a common goal of higher education and this should be upheld when it comes to accessing mental health interventions. Students should be provided with information as to the origins of mindfulness meditation and the *range* of effects that can be experienced, both positive and potentially challenging. Not to scaremonger, but to enable them to make informed decisions, access the most suitable support, and prevent them from being mindless recipients of a mindfulness intervention.

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