

CIH (Complementary and Integrative Healthcare): Mindfulness/Meditation

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Abstract:

Meditation is a mind-body practice that involves turning one's attention inwards to anchor one's attention to still the mind and relax the body. Rooted in Indian yoga and Buddhist contemplative traditions, meditation has now been adopted across various cultures and contexts for holistic health, healing, and spiritual well-being by reducing stress and increasing a sense of well-being. Mindfulness is a type of meditation practice that involves nonjudgmental awareness in the present moment. This practice that involves focusing on the body, breath, mind, and emotions without labeling them as pleasant or unpleasant is known to increase self-compassion, reduce reactivity to external challenges, and help reduce mind-body illnesses such as lower back pain, irritable bowel syndrome, migraines, acid reflux, and blood pressure. Lovingkindness meditation is another form of meditation that is especially helpful in increasing compassion and empathy. Trauma-informed approaches to yoga, meditation, and mindfulness are especially beneficial for trauma-survivors in terms of reducing PTSD and providing cognitive flexibility to reframe trauma experiences. They also help healthcare clinicians to reduce compassion fatigue and burnout. Mindfulness in communication contexts have been applied to interpersonal and mediated contexts. It is often understood as thoughtful and flexible responses to specific discursive contexts rather than based on stereotypical mental models. They have also been applied to academic resilience, texting-while-driving, and media multitasking.

Keywords: contemplative practices, complementary and alternative medicine, yoga, stress, trauma-informed approach, mind-body medicine

History, Definition, and Types of Meditation

Meditation has been described in various ways as mental silence, thoughtless awareness, relaxation of the mind, and self-observation, with the goal of cultivating greater awareness (Hussain & Bhushan, 2010). There are many variations, techniques, and methods within it but almost all of them involve silence and stillness in some form. It typically involves the following characteristics: (1) it is a self-induced state of looking inwards; (2) it involves the anchoring of attention (3) there is a clearly defined technique (4) it includes the relaxation of the body and (5) letting go of expectations and judgments (Cardoso et al., 2004). For instance, they could involve focusing on external objects such as the sunset, a candle flame, or a sound in the beginning before turning one's attention to a flow of effortless consciousness.

Meditation has been practiced in the Indian subcontinent for more than 5000 years. The Yoga Sutras describe three inner practices for self-knowledge: *dharana* (concentration), *dhyana* (meditation), and *samadhi* (equanimity) (Satchidananda, 2012). The Buddha, born in 623 BCE in Nepal, was influenced by Hindu meditation practices. Some popular types of Buddhist meditation practices are *vipassana* (insightful awareness) and *samatha* (calming) meditation. Over the centuries, many different forms of meditation have evolved and been used as a means for healing, holistic health, and spiritual transcendence across many diverse cultural traditions. Meditation provides people with the ability to cultivate and tap into inner resources such as calmness, wisdom, and clarity to meet all circumstances with equanimity.

Mindfulness meditation, rooted in Indian yogic practices and Theravada Buddhist contemplative traditions, has been defined as non-judgmental awareness in the present moment. There are two important aspects of mindfulness practice: (a) paying sustained attention to one's immediate surroundings and experiences such as internal and external stimuli and (b) approaching them from a space of openness, curiosity, acceptance, and nonreactivity. It is about moment-to-moment experiential awareness that leads to greater emotional and mental well-being. In this approach, one lowers their reactivity to challenging experiences, observes subtle bodily and sensory sensations and thoughts, and refrains from labeling them as pleasant or unpleasant. Instead, the body, breath, mind, and thoughts are simply witnessed without judgment. More recently, there has been an explosion of mindfulness in the West, especially the typically 8-week long Mindfulness-Based Stress Reduction (MBSR) program, now adopted in many medical settings, general workplaces, and learning environments (Kabat-Zinn, 1994).

Meditation and Health

Although there has been experiential knowledge of both the subtle and profound benefits of meditation through time-tested practices over the centuries, meditation has started receiving scientific attention from the medical community in the last two or three decades. Evidence of the biophysiological and health benefits of meditation has been documented widely across many contexts and populations. Within the medical context, mindfulness is perhaps the most well-researched meditation practice, which falls into the overall mind-body medicine area within complementary and alternative medicine in Western health contexts.

Research on the benefits of meditation shows that it increases individuals' well-being, reduces stress, and decreases depression (Baer, 2007). Beyond directly helping patients deal with stressors, burnout, and fatigue, they also ease symptoms of mind-body illnesses that show up as lower back pain, headaches, acid reflux, irritable bowel syndrome, and migraines. Mindful nonjudgmental awareness leads to a greater sense of self-empowerment to cope with long-term complex trauma. Mindfulness has been shown to reduce blood pressure, tension headaches, psoriasis, heart disease, chronic pain, cholesterol, and substance abuse (Kabat-Zinn, 2003). They have been shown to help with sensory pain, physical impairment, mood disorders, and overall quality of life measures.

The trauma-informed approach to health often incorporates yoga, meditation, and mindfulness into integrative mind-body practices. Trauma-informed yoga (TIY) includes meditation, movement, and breathing. It has been used to help trauma survivors such as domestic violence,

veterans, incarcerated people, and sexual assault survivors to manage substance abuse, PTSD, anxiety, and other trauma symptomology. Trauma-informed meditation and mindfulness programs help trauma survivors with reducing reactivity with trauma-related thoughts, modulate fight/flight/freeze responses, and help them in building cognitive flexibility to reframe past traumas. Specific practices such as maitri or metta meditation (also known as loving-kindness) are especially suited to increase compassion towards self and others, which could be crucial as the first step to healing. Neff (2016) finds that mindfulness meditation practices are able to increase self compassion by reducing self-judgment, finding common humanity in shared suffering, and not overidentifying with one's emotions.

Beyond their benefits to patients, meditation and mindfulness have also been shown to be beneficial to healthcare workers and clinicians. Medical clinicians often have to retain a lot of information and their medical training and practice often involves foregoing their own sleep and well-being. They are also expected to be empathetic and compassionate towards others' suffering. Since they are constantly witnessing trauma and suffering, physicians, nurses and other healthcare clinicians can experience occupational stress, burnout, compassion fatigue, and PTSD. Mindfulness meditation has been shown to help reduce anxiety, distress, and depression while increasing self-compassion, memory, and empathy. Some studies also document other outcomes such as reduced medical errors and increased patient satisfaction with the care they receive.

Mindfulness and Communication

Mindfulness has been adapted in non-medical everyday settings such as schools, colleges, sports teams, workplaces, prisons, and so on. Only recently it has been situated within communication praxis and pedagogy with long-term benefits such as stress coping, eliciting positive emotions, and increasing resilience (Ramasubramanian, 2017). Research studies have shown that mindfulness can help create heightened listening skills, help lower anxiety while public speaking, increase empathy and compassion, as well as self-awareness and connectedness with others. They can also help increase self-compassion and reduce perfectionism, which can especially help reduce speech anxieties, especially in the context of speech pathology.

Mindfulness has been seen in interpersonal contexts as a conscious and strategic use of communication through greater attention to discursive streams rather than through habituated mindless ways. Mindfulness in communication can indicate the flexibility and thoughtfulness behind message creation and reception. For instance, a physician who expresses creativity and care in interpersonal conversations may be considered mindful in their communication with patients. Mindlessness has also been associated with cognitive shortcuts and stereotypes that are used without spending cognitive resources on deliberate and intentional processing of individualized information. Another related implication, especially within medical and health communication contexts is the importance of taking a mindful approach towards interviewing and information gathering from patients. Some of these questions and conversations could be trauma-inducing, retraumatizing, probing into taboo or prohibited topics, seen as too personal or even threatening (such as safe sex, domestic violence, or drug use), which might need tact and sensitivity in approaching without the patient being coerced or pressured into sharing.

Mindfulness meditation has also been shown to increase empathy, active listening, and cognitive flexibility, which could help with mental balance, social connectedness, and interpersonal communication. Methods such as visualization, journaling, knitting, coloring, have been associated with mindfulness through flow theory as being “in the zone.” Some other research studies within health communication contexts have shown that trait mindfulness and situational mindfulness can both influence behaviors. For instance, mindfulness meditation has been shown to reduce texting-while-driving and media multitasking. Some studies have connected mindfulness with the ability to distinguish facts from fiction and encode the intentionality of the source of a message in terms of deception and hoaxes, which could be connected with critical media literacy skills. Media and spiritual well-being have also been connected through increased contemplative awareness and spiritual transcendence experienced through inspiring and elevating meditational content through mobile apps, social media groups, and online meditation podcasts and videos.

Cross-references:

See also:

IEHC0910
IEHC0914
IEHC0838
IEHC0669
IEHC0919
IEHC0917

Further reading:

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Srividya Ramasubramanian is a Presidential Impact Fellow and Professor of Communication at Texas A&M University. She is also the Founding Director of the Difficult Dialogues Project and the co-founder of Media Rise, a global media collective for social justice. Her scholarship addresses pressing contemporary global issues relating to media, diversity, and social justice, including mindfulness, yoga, spirituality, collective healing, and trauma-informed communication. She has published in several leading journals such as the *Journal of Communication*, *Health Communication*, *Journal of Media and Religion*, and *Qualitative Health Research*. She is co-author of the book “*Quantitative research methods in communication: The power of numbers for social justice*” published by Routledge.