In recent years the evidence for the benefits of practicing mindfulness regularly, and of mindfulness-based interventions, has grown hugely. This has brought much coverage in the mainstream media, which has been helpful in raising awareness but, at times, has been oversimplified or misleading. This article begins by defining mindfulness and goes on to summarise the evidence for its benefits, and the mechanisms by which they occur, with particular reference to dermatology. Courses and other ways of cultivating mindfulness are described. A list of useful resources is included.

What is mindfulness?
Mindfulness can be defined as ‘paying attention to what's happening in the present moment in the mind, body and external environment, with an attitude of curiosity and kindness’¹. It can be cultivated through a range of structured practices and in everyday life, through observing our experience, acknowledging that this is how it is at this moment, and allowing it to come and go, without becoming caught up in judging it as right or wrong, or in struggling against it.

Becoming more mindful helps us to be more clearly aware of our own bodily sensations, the thoughts that go through our minds, the ways we respond emotionally to events, and how all of these things affect one another and change from moment to moment. This gives us greater flexibility to choose wisely and flexibly how to respond to all of these experiences.

The growth of mindfulness-based interventions
The roots of mindfulness can be traced back to ancient spiritual traditions, particularly — but not exclusively — those of Buddhism. It draws on the tradition of insight meditation, which is based on open, rather than concentrated, attention. Mindfulness can be practiced through meditation and also in everyday life.

Jon Kabat Zinn, a molecular biologist by background, working at the University of Massachusetts from the 1970s onwards, has been the central figure in translating these traditions into secular, structured programmes, which are accessible to those of any religious faith or none. Kabat Zinn's Mindfulness-Based Stress Reduction (MBSR) programme is delivered to groups of 20 or 30 people and consists of eight weekly two-hour sessions and one full day spent together. Daily practice at home, with guidance via audio recordings from a teacher, is just as important as the group sessions. Participants are introduced to sitting and walking practices, the body scan (in which attention is slowly guided from the feet to the head), gentle yoga and mindfulness of everyday activities.

Mindfulness-Based Cognitive Therapy (MBCT) was adapted from MBSR by the psychologists Mark Williams, John Teasdale and Zindel Segal in the early 21st century. The format is similar, but groups are generally somewhat smaller and some components of cognitive behavioural therapy (CBT) are woven into the sessions and home practices. CBT is a widely-used psychological therapy with a very strong evidence base, and is centred on the principle that how we think affects how we feel and what we do, and vice versa. More recently, carefully tailored mindfulness-based programmes have been developed for specific populations, including Mindfulness-based Relapse Prevention for people with substance misuse problems, and the .b (stop and breathe) programme for mindfulness in schools.

Much of the evidence is based on these programmes. Learning mindfulness can sometimes be challenging, and support and guidance from a teacher is valuable.
There is qualitative evidence for the benefits of learning mindfulness alongside peers. Less intensive distance-learning programmes are also available for those who are not able to access a face-to-face course or are not ready to do so. ‘Headspace’ is a well-structured online programme, which is easy and appealing to use. ‘Mindfulness: A practical guide to finding peace in a frantic world’, is a self-guided programme for improving stress management and general wellbeing, consisting of a book and audio-recorded guided mindfulness practices. It is based on an abbreviated version of MBCT. A similar programme, Mindfulness for Health: A practical guide to relieving pain, reducing stress and restoring wellbeing, is designed for people living with pain and other medical problems, and is based on the Breathworks programme for pain, stress and illness. The evidence for these programmes is more limited, although there is a lack of direct comparisons with face-to-face studies.

Some concerns about adverse effects of mindfulness have been reported in the mainstream media, although there is no evidence for harm caused by any of the programmes described above. Nevertheless, it is important that mindfulness teachers working with people who are vulnerable are skilled and qualified to do so. Good practice guidelines for mindfulness teachers, and a register of teachers who have been verified as meeting these guidelines, are available online and it is wise for anyone considering a mindfulness course to consult the register and, if a teacher is not listed, to check if they meet the guidelines. Teacher training consists of a rigorous pathway, followed over the course of at least a year, and teachers are also required to have their own personal mindfulness practice.

How does mindfulness work? (Figure 1)

Much has been written on the mechanisms by which mindfulness might be helpful, and the evidence that these mechanisms are operating. This section will summarise some key findings from the literature.

It has been demonstrated that mindfulness practice improves our capacity to orient our attention, and to sustain its focus. The relevance of this is apparent for dermatology patients, whose distress may be exacerbated by their attention being constantly drawn to the sensation of itch. The intention in practicing mindfulness is not to try to avoid this sensation, but to give it no more attention than other aspects of experience, thus reducing the tendency to become caught up in distressing and unhelpful vicious cycles of itch and scratching.

Mindfulness can help us to see our own thought processes more clearly and to recognise our thoughts as thoughts. This can help us to react less automatically to them and, instead, to choose how to respond. It can also enable us to be less caught up in distressing, unproductive, circular, ruminative thinking. For example, a person with a dermatological condition might become more aware of their tendency to worry that everyone is looking at their skin and more able to notice whether or not this is actually happening in any given situation. They might also be able to choose more consciously whether to avoid a situation where this might happen, or go into it anyway, in the interests of doing what is most important to them in life.

Mindfulness has also been shown to improve our ability to hold information in mind while we are under stress and to remember more specifically what has been helpful in previous difficult situations. It also reduces our tendency to try to avoid distressing emotions, and helps us to regulate these emotions more skilfully. It can therefore help us to take care of ourselves in more flexible and helpful ways, rather than trying to avoid thinking about our problems. This can support better concordance with treatments and healthier ways of living.

There is good evidence that increased kindness to ourselves, cultivated through practicing mindfulness, is an important mediator for the benefits of mindfulness.
Two important reviews were published in 2015. The first considers the evidence for the benefits of Mindfulness-Based Stress Reduction and Cognitive Therapy for people with health problems. The authors conducted a systematic review and meta-analysis of systematic reviews of randomised controlled trials using MBSR or MBCT. They included 23 reviews, covering 115 unique RCTs and 8,683 unique individuals living with various conditions. Compared to control treatments of waiting list or treatment as usual, the mindfulness-based interventions significantly improved depressive symptoms, anxiety, stress, quality of life and physical functioning. The limitations of the evidence were the lack of long-term follow-up and of studies using active control conditions. The authors concluded that the available evidence supports the use of MBSR and MBCT as adjunctive treatments to alleviate psychological and physical symptoms for people with cancer, cardiovascular disease, chronic pain, depression and anxiety, and as preventative interventions.

The second review considers the evidence for the benefits of MBSR for healthy adults. It includes 29 studies and 2668 unique individuals. The review showed large effect sizes for anxiety, depression, stress and distress, and quality of life (Hedges’ g values of .55, .68, .83 and .57 respectively for within- and between-group comparisons). Changes in these variables were correlated with changes in mindfulness and compassion, and there was good maintenance of gains at follow-up (to an average of 19 weeks).

Mindfulness and medical problems

MBSR was developed primarily for people with chronic medical problems. It offers a way of changing our relationship to physical symptoms, with an emphasis on integrated awareness of body and mind, and of responses which may have previously followed automatically from the symptoms, and on cultivating balance between acceptance of the current situation and mindful action towards change, and towards more skilful and flexible coping.

The benefits of mindfulness have been demonstrated across a range of conditions, with benefits including reduced fatigue and improved quality of life, sleep, and sense of control over one’s health. These gains are often greatest for those participants who were most distressed before the intervention.

There is good evidence that mindfulness can attenuate pain through enhanced cognitive and emotional regulation, stability and flexibility of attention and acceptance, reappraisal of pain and related thoughts and feelings as fleeting, reduced anticipation and altered neurological processing.

Mindfulness and dermatology

There have been a few studies in which the benefits of mindfulness for dermatology patients, specifically those with psoriasis, have been directly evaluated. The first of these was conducted by Jon Kabat-Zinn and colleagues in 1998. In a randomised, controlled trial, participants received UV treatment with or without mindfulness practice guidance delivered by audio recording while the patient was in the light booth. The instructions specifically referred to awareness of the skin. Resolution of psoriatic lesions was significantly more rapid for the patients who received this guidance.

A more recent study in 2014 showed that, prior to mindfulness training, people who have psoriasis tend to show lower levels of mindfulness awareness, and a great tendency to judge themselves harshly for having particular thoughts and feelings, than people without psoriasis. This may be related to trying to avoid distressing experiences, thoughts and feelings related to psoriasis, an understandable but counterproductive response, and might suggest they have more to gain from training in mindfulness.

D’Alton and colleagues conducted a controlled trial of MBCT adapted for the needs of people with moderate-severe psoriasis. They found significantly reduced depression, and increased kindness towards the self, following this intervention.

Fordham and colleagues explored the benefits of mindfulness-based cognitive therapy...
therapy for people with psoriasis. Some participants noticed an improvement in the appearance of their psoriasis while others reported no visible change but did notice a change in their reactions towards their condition. Increased control over their thoughts and actions in response to their psoriasis symptoms might have contributed to the improved sleep and greater energy that some participants reported. Participants reported feeling calmer, more confident and sociable, suggesting improved self-efficacy in dealing with social interactions.

Conclusion

In summary, the evidence continues to grow that mindfulness can be helpful for our patients. This comes from specific evaluation of mindfulness-based interventions for people with psoriasis, and the wider literature. More research is needed on the role of mindfulness for other dermatological conditions.

These benefits will be maximised by ensuring the use of specific evidence-based mindfulness interventions, delivered by appropriately qualified and skilled teachers.

References

6. UK Network for Mindfulness-Based Teacher Training Organisations Listing, 2016. Available at http://mindfulnessteachersuk.org.uk/ [accessed 7.5.16]