Chapter 6
Mindfulness in Health Education and Health Promotion

Michelle Lee D’Abundo
Seton Hall University, USA

Cara Lynn Sidman
University of North Carolina – Wilmington, USA

Debbie Heller
Independence Blue Cross, USA

ABSTRACT

The term “mindfulness” has been widely referenced in research and popular media. In order to help Americans be healthier, innovative approaches to well-being like the practice of mindfulness are needed in the field of health promotion. The purpose of this chapter is to apply the concept of mindfulness to the field of health education and promotion. Topics covered include the origins and practice of mindfulness, measurement, and well-being related mindfulness research. Applications of mindfulness in health education and promotion are provided with specific emphasis on smoking and cancer. Finally, mindfulness in the workplace is described in depth with practical examples for worksite health education and promotion.

INTRODUCTION

Healthy living does not come easy, as evidenced by a high rate of Americans who are obese (35.7% in 2009-2010) (Ogden, Carroll, Kit, & Flegal, 2012) and who possess at least one of the key risk factors for heart disease (49%) (CDC, 2013), which is the leading cause of death in United States (Kochanek, Xu, Murphy, Miniño, & Kung, 2011). Interestingly, all of the key risk factors for heart disease, high blood pressure, high low-density lipoprotein (LDL) cholesterol, and smoking (CDC, 2013) are, in part, impacted by lifestyle choices.

With such growing health concerns, and the well-known impact of our own behaviors, the role of strategic and evidence-based health promotion efforts is paramount. Thankfully, research regarding some of the most efficacious ways to achieve healthy lifestyles, such as physical activity, healthy eating, and stress management is on-going. The challenge for health promotion practitioners is how to apply such research in practice to facilitate
Mindfulness in Health Education and Health Promotion

lasting behavior change. One practice receiving considerable attention in research, health promotion, workplace interventions, and the popular media is mindfulness. When individuals become more mindful, and consistently practice mindfulness-based skills, significant benefits to health can be achieved.

BACKGROUND AND DEFINITIONS

The concept of mindfulness has become increasingly popular, yet lacks a uniform definition. A common cited definition, by Jon Kabat-Zinn, a leader and catalyst to the mindfulness movement, is the following: “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (Kabat-Zinn, 1994, p. 4). Kabat-Zinn more recently proposed the following operational working definition, “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Kabat-Zinn, 2003, p. 145). Then in 2004, after a series of meetings, a group of researchers unanimously agreed that mindfulness involves two components (Bishop et al., 2004): 1) self-regulation of attention on the present moment, and 2) an orientation to curiosity, openness, and acceptance toward the experiences in the present moment. Another mindfulness definition provides further clarification regarding its components, “mindfulness can refer to any one or a combination of three things: 1) a form of awareness, 2) the practice that elevates that form of awareness, and 3) the application of that awareness for specific perceptual and behavioral goals” (Young, 2013, p. 14). Further contributing to the definition of mindfulness, Shapiro, Carlson, Astin, and Freedman (2006) posited a theory that mindfulness contains three axioms, intention, attitude, and attention, or “observing one’s moment-to-moment, internal and external experience…in the here and now” (Shapiro et al., 2006, p. 4).

While several definitions of mindfulness exist, two common concepts are that of being in the present moment and paying attention. In addition to providing an explanation of how mindfulness is defined, Shapiro et al. (2006) explained how mindfulness works in affecting positive change, worthy of discussion since we are proposing mindfulness-based practices and/or interventions in health promotion and education. According to their theory, the three components of mindfulness are intention, attention, and attitude (IAA), all of which occur simultaneously and cyclically to represent the moment-to-moment process of mindfulness. The inclusion of “intention” as part of mindfulness is unique, as it is the only theory that includes the aspect of “why” one is practicing mindfulness. This viewpoint was based on Shapiro’s 1992 research finding that intentions to practice mindfulness “shift along a continuum from self-regulation, to self-exploration, and finally to self-liberation” (pp. 3-4). In other words, the reason an individual decides to practice mindfulness seems to determine the outcome, and is therefore important. Lastly, the quality an individual brings to attention is important to mindfulness, which is considered attitude. An attitude of openness, kindness, curiosity, compassion, acceptance, nonstriving, and affection as opposed to a cold, critical attitude makes a difference in the result of the practice (Shapiro, Carlson, Astin, & Freedman, 2006; Bishop et al., 2004).

Shapiro et al. (2006) built on the three foundations of mindfulness, intention, attention, and attitude (IAA), and proposed a model to explain the mechanisms of mindfulness. Their model suggests that the result of nonjudgmentally and intentionally paying attention with openness is a shift in perspective called reperceiving. The concept of reperceiving means witnessing our experiences in the moment, but not becoming caught up in the drama. In other words, through mindfulness practice, an individual can gain objectivity to internal and external experiences, and therefore develop the ability to detach from identifying with
Related Content

Conclusion: Beyond Binary Oppositions in Evidence-Based Practice in Social Work
www.igi-global.com/chapter/conclusion/119390?camid=4v1a

Barriers to Accessing Healthcare Services in Developing Nations: Reflective Lessons for the Gulf Cooperation Council Countries
www.igi-global.com/chapter/barriers-to-accessing-healthcare-services-in-developing-nations/133680?camid=4v1a

Water and Sanitation: A Case Study for Policy Implication to Reaching Global Development Goals in Developing Nations
www.igi-global.com/chapter/water-and-sanitation/133683?camid=4v1a

Art Therapy: A Social Work Perspective
www.igi-global.com/chapter/art-therapy/119385?camid=4v1a