Journal of Community Medicine & Health Care

Open Access

Austin Publishing Group

Mini Review

Generations of Mindfulness

Raymon KA*
Emergency Medicine Physician, Muckendorf, Austria, Europe

***Corresponding author:** Keith A. Raymon, Emergency Medicine Physician, Augartengasse, Muckendorf an der Donau, Austria, Europe

Received: November 29, 2018; **Accepted:** February 11, 2019; **Published:** February 18, 2019

Abstract

In the last fifty years, we track the course of mindfulness in American society. What it says about us is compelling. Mindfulness is defined here as a mental state of receptive attentiveness to internal and external stimuli as they arise, moment-to-moment which may buffer social distress [1]. The 60's and 70's focused on mind expansion [2]. The 80's and 90's focused on mind contraction [3]. The 2000's focused on mind numbing [4]. Now, as we pass through the Teen's we are exploring techniques of mind enhancement [5]. What is considered meditation mindfulness today resides in a limited segment of the population. Meditation has been an adjunct to pharmaceutical embellishment throughout these generations. From here, our choices may reflect the direction of our societal health.

Introduction

During the post WWII reconstruction period, conservative productivity predominated. As the sixties began, experimentation with hallucinogens newly synthesized led to a mind expansion movement. LSD, psilocybin, and peyote had both entertainment and spiritual value [6].

We not only looked at what we thought, but now we began to think about how we thought. This led to significant changes in the practice of medicine and society as a whole. A backlash occurred in the 80's and 90's as we were exhausted and overwhelmed with all the revolutions, the protests, and social upheavals. People turned to sedatives, opiates, and anti-anxiety agents to numb their minds from the daily struggles [7].

The rise of the Internet and social media at the end of the 90's created a space to vent, allowing frustration and anger to give way to depression. When a sense of hopelessness and helplessness conspired in a thriving economy to make those unsuccessful feel powerless, a means of escape or relief was sought by individuals and patients.

Pharmaceutical companies brought forth a new wave of medications creating in us what would later be called the Prozac generation [8]. This movement led to a contraction of our collective minds. Out of this contraction and increasing economic turmoil both individually and in society as a whole, pain became an increasing distraction.

In Medicine, in the early 2000's, the pain scale became the fifth vital sign. Once again, Big Pharma assisted by formulating and providing synthetic opioids to vanquish the pain [9]. For a period of time folks found comfort, until a portion of our society not only found numbness but excess, addiction, and overdose.

Now, neuro-science is providing clues to the next generation of mindfulness. Mind optimization and enhancement through stimulants and through alternatives such as micro-dosing of hallucinogens have become increasingly prevalent [10]. Receptor specific pharmaceuticals have adjusted brain chemistry but not always to normal, perhaps to a new normal.

Throughout these generations, Meditation, yoga, and other spiritual disciplines have remained. Rising and falling in popularity, these techniques have been primary or an adjunct to pharmaceutical influences on mindfulness [11]. How we move forward in the practice of medicine will determine if we lead, partner, or follow our society in its quest for advancement.

Analysis

In each generation, physicians played a role in mindfulness. Involvement that was at first predominant through paternal guidance became secondary to trends. The street dealers' role waxed and waned based on public interest. Obtaining medication placed under restrictions created a sense of desperation in patients leading them to problems with the justice system but also with the pharmaceutical industry and physicians. Each of these factors influenced or were influenced by public demand and opinion.

The health-care industry attempting to position itself as the authority may have ended up alienating its constituents, our patients. Paternalism does not sit too well with the #MeToo movement [12]. The introduction of fake news to media and social media has increased suspicion, and opinion sometimes carry stronger and more attractive arguments than science.

So how do we position ourselves as physicians to remain effective advocates? To support our patients' goals, whether they be pain control, burn out avoidance, or mind optimization. How do we meet patient expectations when our tool box is occasionally lacking? To remain relevant we must not only move with the times, but move ahead of the times.

To date, physicians have built upon what they know. Perhaps we need to innovate. To move faster than simply adding building blocks to our knowledge. The introduction of artificial intelligence and telemedicine is a good first step [13]. Team building, bringing in experts from a variety of fields, both in and outside medicine, is another step.

We need to approach mindfulness in the same way gamers play strategically, by thinking outside the box. Use the tools we have not as they were necessarily intended but perhaps in an off-label new way. If

Citation: Raymon KA. Generations of Mindfulness. J Community Med Health Care. 2019; 4(1): 1030.

a patient asks us our advice on a street drug they acquired instead of scoffing, we need to discuss the pros and cons, and how the drug can be used to maximize benefit.

As physicians, we also need to advocate for non-medicinal forms of mindfulness. Meditation that focuses on spirituality rather than religion. Yoga that feeds both the body and the mind. Martial arts for focus and discipline changing the process of learning into action. Whatever program the patient is drawn to should be supported. We must also encourage education and philosophical pursuits that takes the patient out of themselves to develop new perspectives when they feel trapped in their lives, adding meaning rather than just symptom reduction.

Discussion

Mindfulness has become an important factor in the total health profile of an individual and our community. The fifteen minute appointment often forces such ideas to the back burner, but introducing them a little at a time or during a teachable moment is valuable. The over-used concept of patient partnership while helpful is unnecessary. Instead the patient should be empowered to find a healthy direction on their own leading them into the practice of mindfulness.

The key is to prod them through a positive change. Generations of mindfulness and its pursuit has shown the health care industry that paternalism should give way to advocacy. Creating choices and illuminating possible paths to mindfulness enables the patients and their family. Illustrating a course of action as the 'only option' is counterproductive, and can lead to rejection rather than compliance.

There is value in 'getting out of your head,' not just for leisure and recreation, but also in developing insight. The line between mind enhancement and mind alteration is thin, and that line is crossed when impairment ensues. Impairment can be positive if safety is assured, but more often than not, it isn't. Therefore, a patient must develop an understanding of balance when they use impairing medications to achieve mindfulness. Here, physicians can and must have a role.

Each generation has developed, or been drawn to, specific drugs to alter consciousness. By advocating for use rather than abuse, insight rather than impairment, we can assist our patients rather than alienate them to discover their maximum potential.

References

1. Black DS. A brief definition of mindfulness. Mindfulness Research Guide. 2011.
2. Slonecker B. The counterculture of the 60s and 70s. 2017.
3. Ryff C. Psychological well being revisited: advanced in sciences and practice. Psychother Psychosom. 2014; 83: 10-28.
4. Moncrief J. Research on a 'drug-centred' approach to psychiatric drug treatment: assessing the impact of mental and behavioural alterations produced by psychiatric drugs. Epidemiol Psychiatr Sci. 2018; 27: 133-140.
5. Pickersgill M, Broer T, Cunningham-Burley S, Deary I, et al. Prudence, pleasure, and cognitive ageing: Configurations of the uses and users of brain training games within UK media, 2005-2015. Soc Sci Med. 2017; 187: 93-100.
6. Lyvers M, Meester M. Illicit use of LSD or psilocybin, but not MDMA or nonpsychedelic drugs, is associated with mystical experiences in a dose-dependent manner. J Psychoactive Drugs. 2012; 44: 410-417.
7. Canham SL. What's loneliness got to do with it? Older women who use benzodiazepines. Australas J Ageing. 2015; 34: E7-E12.
8. Enserik M. The problem with prozac. Science. 2008.
9. Lovrecic B, Lovrecic M, Gabrovec B, Carli M, Pacini M, Maremmani A, et al. Non-medical use of novel synthetic opioids: a new challenge to public health. Int J Environ Res Public Health. 2019; 16: 177.
10. Prochazkova L, Lippelt DP, Colzato LS, Kuchar M, Sjoerds Z, Hommel B, et al. Exploring the effect of microdosing psychedelics on creativity in an open-label natural setting. Psychopharmacology (Berl). 2018; 235: 3401-3413.
11. Deepak KK. Meditation induces physical relaxation and enhances cognition: a perplexing paradox. Prog Brain Res. 2019; 244: 85-99.
12. Balint J, Shelton W. Regaining the initiative. Forging a new model of the patient-physician relationship. JAMA. 1996; 275: 887-891.
13. Aminololama-Shakeri S, López JE. The doctor-patient relationship with artificial intelligence. AJR Am J Roentgenol. 2019; 212: 308-310.

J Community Med Health Care - Volume 4 Issue 1 - 2019
Submit your Manuscript | www.austinpublishinggroup.com

Citation: Raymon KA. Generations of Mindfulness. J Community Med Health Care. 2019; 4(1): 1030.