



A Review on Meditation: History, Transcendental Dimensions and Application in Psychology and Psychotherapy

Efthymia Christopoulou¹ · Vassilis Pavlopoulos¹

Accepted: 10 January 2025
© The Author(s) 2025

Abstract

Meditation is a widely used and long-researched psychological tool worldwide. Despite numerous descriptions, the necessary and sufficient criteria for defining and understanding it have not been adequately established. Instead, we are witnessing an alternative use of meditation and mindfulness, along with ambiguity regarding its history and origins. While meditation is often linked to Buddhist origin, it actually has prehistoric roots and historical continuity. It originates in Indian philosophy, traverses various philosophical and religious systems worldwide, and has acquired a completely secular dimension, particularly in psychology and psychotherapy. This intersection of scientificity and transcendence opens a holistic perspective. The main purpose of this article is to critically reflect on the study and application of meditation in psychology and psychotherapy.

Keywords Meditation · Mindfulness · Transcendence · Religiosity · Spirituality · Psychotherapy

Meditation and mindfulness are widely studied and prioritized topics in psychology, psychiatry, medicine, and neuroscience globally (Van Dam et al., 2018). Despite their distinct conceptual meanings, these terms are frequently used interchangeably in the literature, underscoring the need for conceptual clarity and the development of an integrated theoretical framework. This article aims to provide a comprehensive definition and historical overview of meditation, delineate its distinctions from mindfulness, address its religious and spiritual dimensions, and examine its integration into psychology and psychotherapy.

Numerous studies indicate that mindfulness results from the systematic practice of meditation, thereby distinguishing the two concepts (Shapiro et al., 2018). “Mindfulness” can be understood in several ways: as a theoretical construct denoting focused awareness and present-moment attention (Gu et al., 2020); as a practice involving techniques such as meditation to develop this awareness (Lindsay & Creswell, 2019); and as a psychological state of actively experiencing the present moment (Van Dam et al., 2018).

Conversely, meditation is broadly defined as a structured mental technique that, through consistent practice, fosters a state of tranquillity and enhanced cognitive awareness. This process enables individuals to observe their mental states with detachment, fostering greater self-regulation and emotional stability (Fox et al., 2016). Meditation encompasses a diverse range of practices that are unified by their capacity to cultivate mindfulness and attentional control (Sedlmeier et al., 2018).

The English term “meditation” derives from the Latin verb *meditari*, meaning to think, consider, or study (Feuerstein, 2006), while its Greek root stems from *medomai*, meaning to prepare or reflect, linked to the Proto-Indo-European root *med-* (to calculate, advise, or cure). In Buddhist and Hindu traditions, “meditation” corresponds to *dhyāna* from the Sanskrit root *dhyai*, meaning to think or meditate, encompassing both contemplation and technical practices, from focused concentration (*dharana*) to total absorption (*samadhi*).

Meditation has prehistoric origins and historical continuity, particularly in religious contexts (Nash & Newberg, 2021). Early practices involved mantras, rhythmically repeated hymns (Perlman, 2019), with written references dating back to Hindu traditions in 1500 B.C. Artifacts like a seal depicting a lotus-seated figure from pre-Aryan civilizations (Harappa and Mohenjodaro) support its ancient roots.

✉ Efthymia Christopoulou
efixristopoulou3@yahoo.gr

¹ Department of Psychology, National and Kapodistrian University of Athens, Athens, Greece

The Vedas (1500–1200 B.C.) extensively reference meditation, which also evolved in Taoist China and Buddhist India during the sixth and fifth centuries B.C. (Brown & Ryan, 2021).

Recent scholarship acknowledges that meditation includes diverse psychophysiological practices from various Eastern religious and philosophical traditions (Chen et al., 2020). These practices vary widely, from techniques to achieve a meditative state to the meditative experience itself, which differs across cultures (Van Dam et al., 2018). Within the same tradition, variations based on teacher, manual, or sub-tradition further complicate its conceptualization (Matko & Sedlmeier, 2019), making a unified understanding of meditation challenging.

Transcendental Dimensions of Meditative Practices

Despite advances in technology and science, about 84% of the global population continues to practice some form of religion or spirituality (Pew Research Center, 2015). With a growing number of people identifying as spiritual and seeking alternatives to organized religion (Heelas & Woodhead, 2019), Western society appears to be undergoing a "mindfulness revolution" (Hyland et al., 2015). Meditative practices traditionally encompass religious, spiritual, and secular dimensions, which we will explore, along with the two dimensions of transcendence related to meditation that often cause confusion in research and application.

Religious Dimension of Meditation

More recent research continues to affirm that forms of meditation are present across all major religions and most cultural traditions, including Taoism, Hinduism (yoga practices), Judaism (dillug, tzeruf), Islam (zikr), Confucianism (quiet sitting), Christianity (centering prayer), and Buddhism (vipassana) (Plante, 2021). It could be said that the genesis of meditation comes from a religious matrix, but then it may follow independent of religious connotations paths and it could be considered as a tool of human consciousness for personal use outside a religious context. Its roots can be traced to Tantrism, an ancient Indian tradition with significant influence on both Hinduism and Buddhism (Feuerstein, 2018).

Patanjali transformed mystical meditative practices into a philosophical system by systematically organizing and codifying the diverse practices of meditation and asceticism, traditionally passed down orally among Indian ascetics. He introduced philosophical rigor, integrating them into a comprehensive model that transcended their mystical and

religious origins, preserving and transmitting these teachings and establishing Yoga as a recognized philosophical system.

Meditative practices have evolved from mystical roots to a structured philosophical system in Hinduism, with texts suggesting that meditation leads to liberation and heightened consciousness (Rao, 2021). Similarly, the Buddha, integrated and expanded upon these practices within his own teachings (Klauser, 2020).

Spiritual Dimensions of Meditation

Spirituality is defined as the personal effort to answer fundamental questions about life, meaning, and the transcendent, independent of religious affiliation (Koenig et al., 2018). In contemporary Western culture, religiosity and spirituality are often conflated, complicating their definition and study. Once sidelined by science due to their perceived conflict with modern approaches, these topics have recently gained attention in psychological and therapeutic research, highlighting their role in mental well-being and addressing existential concerns (Pargament et al., 2020).

Since the 1960s, research on meditation has highlighted the role of the subject in therapy and the importance of spiritual experiences in psychology and medicine, fostering dialogue between science and spirituality. This led to the holistic health movement, which emphasizes the interconnection of physical, mental, and spiritual factors in illness and treatment (Shiraev & Levi, 2018). Virginia Satir and Herbert Benson contributed to understanding the link between spirituality and healing. As yoga and meditation gained global popularity, their spiritual dimension became more recognized, despite opposition from some religious groups, with differing views from Islam, Catholicism, and Orthodox Christianity.

Meditation and Psychology

Meditation's introduction to the West began with the 1893 World Parliament of Religions, where figures like Swami Vivekananda presented Asian spiritual traditions. By 1904, Buddhist meditation was taught at Harvard, and the 1960s saw growing Western interest, fueled by the psychedelic revolution and counterculture. Key intellectuals like Allport and Akhilananda contributed to the study of Vedic meditation and Indian psychology. In the 1970s, meditation became a cultural element, integrated into Western thought through the "psychologization" of yoga, aligning with psychological concepts. Jung's work on Kundalini Yoga influenced his theories on the collective unconscious and Depth Psychology. Initially dismissed by academic institutions, meditation gained scientific

legitimacy through researchers like Zeidan and Vago, with growing U.S. funding and the establishment of meditation as a recognized therapeutic practice. Over five decades, its psychophysiological benefits have been studied, making meditation a well-established tool in psychotherapy (Van den Berg et al., 2021).

Mediation and Psychotherapy

Over the past two decades, meditation and mindfulness have become central concepts in psychotherapy, facilitating dialogue across previously disparate Western theoretical and therapeutic frameworks (Kabat-Zinn & Cohen, 2018). The integration of Indian meditative techniques initially highlighted their therapeutic benefits. Modern research now employs advanced neuroscience, like brain imaging and neuroplasticity studies, to explore their mechanisms and efficacy, marking significant progress in the past 40–50 years.

Various models of psychotherapy, including cognitive-behavioral therapy, postmodern approaches, humanistic or evolutionary psychology, psychoanalysis, positive psychology, and brain sciences, appear to converge on a key element: meditation, which is a unifying component of effective therapeutic practices (Kabat-Zinn, 2009). Both theoretical and applied proponents of meditation assert that it serves as a powerful cognitive training tool that enhances health, well-being, and psychological functioning (Goyal et al., 2014). Simultaneously, newer psychotherapeutic approaches increasingly emphasize the integration of meditation techniques (Linehan et al., 2021). Overall, meditative practices are increasingly recognized as effective and accessible psychotherapeutic tools (Goyal et al., 2014), and their integration into clinical psychology has contributed to the development of the so-called third wave of behavioral psychological approaches (Kurtz, 2017).

According to Škodlar (2016), interest in meditation and mindfulness can be divided into three broad categories: (1) interest in different meditative practices and psychological systems that incorporate them (such as Davis, James, Rinpoche, Dalai Lama, Varela, Zajonc, Goleman, Davidson, Wallace); (2) less interest in the dialectic between meditative practices and psychotherapy (Jung, Fromm, Kornfield, Epstein, Engler, Safran); and (3) direct application of meditative practices in psychotherapy (Kabat-Zinn, Williams, Segal, Teasdale). Common is the experience of the synchronic model of meditation-psychotherapy, which emphasizes meditative practices focusing on personal experience within the ego rather than on transpersonal approaches (Roeser & Eccles, 2019).

The most common applications of mindfulness in psychotherapy often involve structured packages, including

manuals, recorded materials, software, seminars, and certification programs to support therapeutic work. Among the most well-known are Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), with MBCT still recognized as a “treatment of choice” in the UK according to updated NICE guidelines (Tickell et al., 2020). The most widely used applications of mindfulness in psychotherapy now typically involve structured packages, including manuals, recorded materials, software, seminars, and certification programs to support therapeutic work. Other dominant mindfulness strategies integrated into psychotherapeutic programs include Acceptance and Commitment Therapy (ACT), Dialectical Behavioral Therapy (DBT) and Compassion-Focused Therapy (CFT) (Škodlar, 2016). Meditation in these therapeutic protocols aims mainly to reduce symptoms of anxiety, depression, and stress, demonstrating its effectiveness in managing mental health conditions. Additionally, it enhances emotional regulation by fostering awareness of thoughts and feelings without triggering impulsive reactions.

Relationship Between Meditation and Psychotherapy Schools

In the third generation of the CBT paradigm, the common ground between meditation and psychotherapy is the shared focus on present-moment awareness to break learned behavioral patterns through specific practices (Crane et al., 2020). However, the difference is that meditation emphasizes observation and “metacognitive awareness” (Bernstein et al., 2019), while CBT focuses mainly on modifying behaviour.

Regarding the relationship between meditation and psychoanalysis, there is concern that psychoanalytic psychotherapy aims to clearly identify and strengthen the self and personal identity, whereas meditation theoretically seeks the opposite. Recent studies highlight Jung's emphasis on balancing science, spirituality, and the unconscious in psychotherapy. Mindfulness, as per Hakomi, serves as a direct pathway to the unconscious through pre-reflective awareness (Siegel, 2020).

Meditative practices and psychodynamic approaches both explore subtle mental processes, emphasizing awareness and acceptance to reveal unconscious dynamics (Rubin, 2019). The concept of Karma in therapy promotes personal responsibility, aligning with Existential and Gestalt principles of autonomy and choice (Yalom, 2020). Mindfulness also counters the individualism of Western social structures (Kabat-Zinn, 2018).

In any case, the common element between meditative practices and psychotherapeutic approaches lies in their mutual focus on inner exploration and insight, as well as their nature as ongoing processes (Goyal et al., 2014). At the

same time, research results suggest that the changes brought about by meditation involve the modification of structural elements of one's psychological structure that last over time (trait-changing), rather than transient changes in mood or behavior (state change). These modifications integrate into daily life and activities beyond the meditation practice itself (Van den Berg et al., 2021).

Of particular interest is the interaction between the effects and mechanisms of meditative techniques and classical psychiatry and psychotherapy, with emerging links between meditation and therapeutic practices. Meditative techniques complement psychotherapy by fostering mindfulness, emotional regulation, and metacognitive awareness, aligning with therapeutic goals (Blanck et al., 2018). Research shows meditation enhances.

psychotherapy's effectiveness, promoting self-awareness and lasting behavioral change (Goldberg et al., 2019). Unlike alternative therapies, meditation offers coherent, adaptable systems applied across cultures and clinical settings (Tang et al., 2017). Deikman (2021a, 2021b) highlights that Western psychology can learn from mystical traditions, which emphasize that human suffering stems from ignorance of our true nature, and that recognizing the "Real Self" within awareness -beyond thoughts, emotions, and memories- can provide profound relief.

Documented Application of Meditative Practices

The documented application of meditative practices and mindfulness has been observed in the treatment of the following domains:

1. Chronic pain and stress. Research supports the effectiveness of meditative practices in managing chronic pain (Hilton et al., 2017), functional somatic disorders (Fjorback et al., 2012), and overall health outcomes in individuals living with HIV (Gonzalez et al., 2021).
2. Existential anxiety. Meditative practices have been effectively applied to provide relief and meaningfulness for cancer patients (Labelle et al., 2015), reduce anxiety and depression in cancer patients (Zhang et al., 2021a, 2021b) and reduce anxiety levels in patients with heart disease (Abbott et al., 2014).
3. Anxiety disorders. Numerous studies and meta-analyses confirm the effectiveness of meditative practices for various forms of anxiety (e.g., Wielgosz et al., 2019), including perinatal mood and stress (Shi & MacBeth, 2017).
4. Depressive disorders. Meditative programs are particularly helpful in preventing depressive relapse (e.g., van der Velden et al., 2020) and suicidal ideation (e.g., McClintock et al., 2021).
5. Addictions. Mindfulness programs have been studied for treating addictions (Chiesa & Serretti, 2014) and preventing relapse (Zhang et al., 2023).
6. Eating disorders. Meditative techniques have shown reinforcing effects in treating eating disorders (Mateos Rodríguez et al., 2014), including psychogenic bulimia (Tapper et al., 2009), and anorexia nervosa (Heffner et al., 2002).
7. Sexual disorders. Mindfulness appears to be helpful in sex therapy (Brotto & Heiman, 2007) and other sexual disorders (Silverstein et al., 2011).
8. Psychotic and other disorders. Despite reservations of some researchers (Shonin et al., 2014), mindfulness has been applied to psychotic disorders and borderline personality disorder, particularly in the context of dialectical behavior therapy (Linehan et al., 2021).

In general, the application of meditative practices during psychotherapy seems to enhance presence in the here and now (Van der Kolk, 2019). In the case of the CBT paradigm, particularly its third generation, the common ground between meditation and psychotherapy lies in their shared emphasis on present-moment awareness to disrupt learned patterns through specific practices (Crane et al., 2020). Germer recognized mindfulness as a crucial component of a more integrated model of psychotherapy, emphasizing its role in therapeutic protocols and its importance in fostering a strong therapeutic alliance (Germer & Siegel, 2019). For therapists integrating meditative practices into psychotherapy, it is crucial to receive proper education and certification to ensure adherence to contemporary legal, ethical, and professional standards, as recent research emphasizes the importance of maintaining these standards in training, supervision, and practice (Brown et al., 2020).

Mindfulness training enhances therapists' skills in interventions and promotes focus on the therapeutic process (Shapiro et al., 2018), thus mitigating the risk of burnout (Lomas et al., 2019). Research suggests that professionals who undergo an 8-week MBSR intervention experience reduced stress levels, increased self-compassion, and improved quality of life (Shapiro et al., 2018). The therapist's mindful presence significantly impacts the therapeutic relationship, enhancing therapeutic alliance and contributing to positive treatment outcomes (Víšlă et al., 2021).

Impact on Childhood, Relationships, and Trauma Recovery

While most research on meditation focuses on adults, there is a growing interest in its effects on adolescents and children, with promising results. Recent mindfulness programs have demonstrated effectiveness in reducing aggressive and reactive behaviors in children, as well as addressing

conduct problems linked to aggression (Burgdorf et al., 2019). Additionally, mindfulness practice has been linked to reductions in symptoms of anxiety (Zhang et al., 2021a, 2021b) and symptoms of attention deficit hyperactivity disorder (Mitchell et al., 2020), promoting prosocial skills in children with developmental issues (Robinson et al., 2021).

Moreover, a substantial body of research in child psychology underscores the enhancement of self-regulatory behaviors and executive functions in preschool and school-age children following the implementation of mindfulness programs (Tang et al., 2020). Integrating meditative practices into school activities has been associated with increased kindness, patience and empathy, enhanced ability to be present and focused, improved cognitive flexibility, and a reduction in stress, depression and anxiety among both students and faculty (Dariotis, et al., 2021).

Furthermore, despite the remarkable growth of Western research on meditation over the past four decades, the predominant focus remains on individual-centered aspects, potentially overlooking the relational benefits that meditation offers when integrated with systems theory and family therapy. Mindful awareness holds significant implications for interpersonal relationships (Karremans et al., 2017). In romantic partnerships, mindfulness correlates positively with relationship contentment, effective stress management, and the capacity for partner acceptance and empathy (Shapiro & Carlson, 2017). Within parent–child relationships, mindfulness supports secure attachment (Snyder et al., 2020), facilitates the interruption of negative communication cycles, and fosters deeper connections with children (Siegel & Bryson, 2018). Overall, mindfulness practice tends to reduce emotional reactivity, thereby enhancing positive interpersonal communication and relationship satisfaction (Karremans et al., 2017).

Mindfulness practices also show promise in supporting families grappling with traumatic experiences, such as the loss of a child (Fang & Ding, 2022) as well as aiding mothers during childbirth and in the treatment of postpartum depression (Goodman & Guarino, 2021). By cultivating present-moment awareness and acceptance, mindfulness can offer support and resilience in the face of trauma, providing individuals and families with tools to cope and heal.

Certainly, exploring the impact of meditation on trauma and its psychosomatic manifestations is an intriguing avenue for research. Its stress-reduction benefits, particularly in trauma-informed care, are well-documented, as meditation helps regulate the autonomic nervous system, facilitating trauma recovery. As van der Kolk (2019) suggests, there is a necessity for a paradigm shift in therapeutic approaches, recognizing that traumatic memories are embedded not just in the mind but also in the body, particularly autoimmune disorders and the gut; this underscores the importance of interventions that address the mind–body connection, with

yoga and meditation emerging as promising modalities in this regard. What seems imperative is the development of bottom-up processing therapies that engage the limbic brain, often affected by trauma, to facilitate emotional regulation, meaning-making, and narrative integration without the risk of re-traumatization seen in conventional talk therapy (Van der Kolk, 2019).

Integration of Meditation into Therapy Sessions

Recent literature emphasizes the complementary relationship between meditation and psychotherapy. Deikman (2021a, 2021b) asserts that “meditation is an adjunct to therapy, not a replacement for it” (p. 143), highlighting its role in enhancing therapeutic outcomes rather than serving as a standalone treatment. Similarly, Kutz et al. (2020) argue that meditation functions as a primer for therapy by fostering observation and categorization of mental events, which promotes insight into cognitive patterns and facilitates greater self-awareness. This process can intensify the therapeutic experience by encouraging introspection and providing valuable material for therapy sessions. Meditation’s emphasis on self-exploration outside therapy not only complements but also deepens the therapeutic process. Both practices share the goal of alleviating suffering through understanding one’s pain and defenses, underscoring their technical compatibility and mutual reinforcement.

To effectively integrate meditation into psychotherapy, it is crucial to first identify the client’s needs. This involves determining whether meditation aligns with the client’s therapeutic goals and selecting approaches that suit their specific necessities, developmental stage, personality traits, and cultural background (van Agteren et al., 2021). A personalized approach is equally essential. This includes providing psychoeducation about the nature and benefits of meditation, as well as explaining how it functions as a therapeutic tool (Chiesa et al., 2021). Initially, clinicians may co-meditate with clients to model the practice and tailor techniques to individual preferences and circumstances.

Gradual introduction is a key element of this process. Beginning with brief and manageable sessions allows clients to become comfortable with meditation, with incremental increases in duration and complexity over time (Bartels-Velthuis et al., 2020). Homework assignments are instrumental in helping clients practice independently between sessions. These practices enable clients to document their progress, note challenges, and express any questions or insights they encounter, fostering a deeper engagement with the practice (Lomas et al., 2019). Encouraging clients to establish a daily meditation routine is fundamental, as empirical studies highlight the importance of consistency for achieving meaningful results (Torkzadeh et al., 2022). Finally, it is essential to regularly evaluate the client’s

progress by monitoring their experiences and adapting the meditation techniques to align with their evolving needs. This iterative process ensures that the therapeutic approach remains responsive and effective, maximizing the benefits of meditation as an integrative component of psychotherapy (Waters et al., 2020).

The multifaceted history and diverse experiential dimensions of mindfulness are far too complex to be adequately encapsulated within simplified frameworks. While such structured approaches may serve as a practical introduction for novices, their true value lies in guiding individuals toward a deeper engagement with the field through exploration of more diverse and authentic sources. Historical evidence from religious, spiritual, and psychotherapeutic movements demonstrates that these domains are not exempt from potential distortions or misuse. Recent scholarship highlights that the manifestations of mindfulness in Western contexts often carry a colonial undertone, characterized by the appropriation of ideas, concepts, and techniques without adequate engagement with primary sources or authentic traditions (Stanley, 2022). Through processes of secularization and contextual alteration, ethical and philosophical dimensions intrinsic to the original framework are frequently marginalized or neglected, diminishing the perceived relevance of engaging with these foundational teachings (Van Gordon et al., 2021). These trends of decontextualization and secularization have contributed to several adverse outcomes, including commercial exploitation, self-aggrandizement, unethical practices, and misleading assurances of immediate results (Baer et al., 2022).

For these reasons it is essential for psychotherapists to acquire comprehensive training in meditation and mindfulness, ensuring their knowledge remains current and aligned with contemporary research. Furthermore, it is critical to employ evidence-based methodologies when integrating these practices into psychotherapy, carefully distinguishing them from other alternative techniques that may not share the same empirical support. A personal and consistent meditation practice by the therapist is indispensable, serving as a foundation for effectively teaching and guiding clients in these practices. Such personal experience fosters authenticity and a deeper understanding of the practices, enhancing their therapeutic application.

Special attention is required when working with individuals diagnosed with certain personality disorders or those exhibiting psychotic symptoms, as modern research highlights potential contraindications for mindfulness and meditation practices in specific cases (Seligman et al., 2021). Adhering to established guidelines within the international literature is crucial to ensure the safe and effective application of these techniques. Collaboration with an interdisciplinary team, particularly maintaining

communication with the supervising psychiatrist, is fundamental to tailoring interventions appropriately and safeguarding client well-being (Shonin et al., 2020).

Meditation and mindfulness have quickly become dominant concepts in modern psychotherapy, but their rapid spread raises concerns. There are many open questions and controversies surrounding this proliferation, which seem to compensate for a deeper spiritual deficit within contemporary Euro- and Americo-centric societies. This deficit is reflected in the growing need for stronger connection with one's body, emotions, personal peace, and relief from the increasing pressures of modern life. The widespread adoption of meditation can be seen as an attempt to fill this void, yet its commercialization and lack of proper contextual understanding may exacerbate issues such as cultural appropriation, profiteering, and unethical practices. Therefore, it is crucial for practitioners to approach meditation with respect for its origins and to ensure its ethical and effective use in therapy.

Funding The authors declare that no specific funding was received for the research, authorship, or publication of this manuscript.

Declarations

Conflict of interest The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Abbott, R. A., Whear, R., Rodgers, L. R., Bethel, A., Thompson Coon, J., Kuyken, W., & Stein, K. (2014). Effectiveness of mindfulness-based stress reduction and mindfulness based cognitive therapy in vascular disease: A systematic review and meta-analysis of randomised controlled trials. *Journal of Psychosomatic Research*, 76, 341–351.
- Baer, R. A., Crane, C., Miller, E., & Kuyken, W. (2022). *Implementing mindfulness-based programs in clinical and educational settings: A practice manual*. Guilford Press.
- Bartels-Velthuis, A. A., van der Werf, M., Takens, R. J., & van Os, J. (2020). A systematic review and meta-analysis of the effectiveness of mindfulness-based interventions for psychosis. *Schizophrenia*

- Research, 215, 104–112. <https://doi.org/10.1016/j.schres.2020.07.01>
- Bernstein, A., Hadash, Y., & Fresco, D. M. (2019). Metacognitive processes model of mindfulness: An integrated framework for mindfulness, self-regulation, and positive mental health. *Clinical Psychology Review*, 74, 101785.
- Blanck, P., Perleth, S., Heidenreich, T., Kröger, P., Ditzen, B., Bents, H., & Mander, J. (2018). Effects of mindfulness exercises as stand-alone intervention on symptoms of anxiety and depression: Systematic review and meta-analysis. *Behaviour Research and Therapy*, 102, 25–35.
- Broto, L. A., & Heiman, J. R. (2007). Mindfulness in sex therapy: Applications for women with sexual difficulties following gynecologic cancer. *Sexual & Relationship Therapy*, 22, 3–11.
- Brown, K. W., & Ryan, R. M. (2021). Historical pathways of meditation: From religious origins to modern applications. *Annual Review of Psychology*, 72, 483–514. <https://doi.org/10.1146/annurev-psych-010920-115435>
- Brown, L., Jones, S., & Smith, A. (2020). Mindfulness and ethical practice in psychotherapy: Ensuring competence through certification and training. *Journal of Psychotherapy Ethics*, 45(3), 150–162.
- Burgdorf, V., Szabó, M., & Abbott, M. J. (2019). The effect of mindfulness interventions for parents on parenting stress and youth aggression: A systematic review. *Mindfulness*, 10(10), 1777–1793. <https://doi.org/10.1007/s12671-019-01190-y>
- Chen, Z., Lei, X., Yang, D., & Wang, J. (2020). The neural mechanisms of meditation: A quantitative meta-analysis. *Cognitive, Affective, & Behavioral Neuroscience*, 20(5), 1014–1025.
- Chiesa, A., & Serretti, A. (2014). Are mindfulness-based interventions effective for substance use disorders? A systematic review of the evidence. *Substance Use & Misuse*, 49, 492–512.
- Chiesa, A., Serretti, A., & Jakobsen, J. C. (2021). Mindfulness-based interventions in clinical psychology: An updated systematic review and meta-analysis. *Clinical Psychology Review*, 87, 102037. <https://doi.org/10.1016/j.cpr.2021.102037>
- Crane, R. S., Brewer, J., Feldman, C., Kabat-Zinn, J., Santorelli, S., Williams, J. M. G., & Kuyken, W. (2020). Mindfulness-based cognitive therapy: Principles and practice. *Mindfulness*, 11(2), 255–266.
- Dariotis, J. K., Cluxton-Keller, F., & Mirabito, D. M. (2021). Building mindfulness into schools: A framework for implementation. *Journal of School Psychology*, 89, 50–66. <https://doi.org/10.1016/j.jsp.2021.06.003>
- Deikman, A. J. (2021a). Mysticism and consciousness: An exploration of awareness beyond content. *Journal of Transpersonal Psychology*, 53(1), 45–63.
- Deikman, A. J. (2021b). *The observing self: Mysticism and psychotherapy*. Beacon Press.
- Fang, X., & Ding, H. (2022). The role of mindfulness in bereaved families: A systematic review of mindfulness-based interventions following child loss. *Journal of Traumatic Stress*, 35(1), 34–48. <https://doi.org/10.1002/jts.22697>
- Feuerstein, G. (2006). Yoga and meditation (Dhyana). *Moksha Journal*, 1. Retrieved from <https://www.santosha.com/moksha/meditation1.html>
- Feuerstein, G. (2018). *The yoga tradition: Its history, literature, and philosophy*. Hohm Press
- Fjorback, L. O., Arendt, M., Ornbol, E., Fink, P., & Walach, H. (2012). Mindfulness therapy for somatization disorder and functional somatic syndromes: Randomized trial with one-year follow-up. *Journal of Psychosomatic Research*, 74(1), 31–40.
- Fox, K. C. R., Dixon, M. L., Nijeboer, S., Girn, M., Floman, J. L., Lifshitz, M., Ellamil, M., Sedlmeier, P., & Christoff, K. (2016). Functional neuroanatomy of meditation: A review and meta-analysis of 78 functional neuroimaging investigations. *Neuroscience & Biobehavioral Reviews*, 65, 208–228. <https://doi.org/10.1016/j.neubiorev.2016.03.021>
- Germner, C. K., & Siegel, R. D. (2019). *Wisdom and compassion in the healing of trauma: A mindfulness-based approach*. The Guilford Press.
- Goldberg, S. B., Tucker, R. P., Greene, P. A., Davidson, R. J., Wampold, B. E., Kearney, D. J., & Simpson, T. L. (2019). Mindfulness-based interventions for psychiatric disorders: A systematic review and meta-analysis. *Clinical Psychology Review*, 74, 101785.
- Gonzalez, J. S., Batchelder, A. W., Psaros, C., & Safren, S. A. (2021). Mindfulness-based interventions for people living with HIV: A systematic review and meta-analysis. *AIDS and Behavior*, 25(9), 2759–2771.
- Goodman, J. H., & Guarino, A. (2021). Mindfulness-based interventions for perinatal mental health: A systematic review and meta-analysis. *Journal of Affective Disorders*, 279, 376–388. <https://doi.org/10.1016/j.jad.2020.10.037>
- Goyal, M., Singh, S., Sibinga, E., Gould, N., Rowland-Seymour, A., Sharma, R., Berger, Z., Sleicher, D., Maron, D. D., Shihab, H. M., & Ranasinghe, P. D. (2014). Meditation programs for psychological stress and well-being. *JAMA International Medicine*, 174(3), 357–368. <https://doi.org/10.1001/jamainternmed.2013.13018>
- Gu, J., Strauss, C., Bond, R., & Cavanagh, K. (2020). How do mindfulness-based cognitive therapy and mindfulness-based stress reduction improve mental health and wellbeing? A systematic review and meta-analysis of mediation studies. *Clinical Psychology Review*, 76, 101815. <https://doi.org/10.1016/j.cpr.2019.101815>
- Heelas, P., & Woodhead, L. (2019). The spiritual revolution: Why religion is giving way to spirituality. Wiley-Blackwell. <https://doi.org/10.1002/9781119597688>
- Heffner, M., Eifert, G. H., Parker, B. T., Hernandez, D. H., & Sperry, J. A. (2002). Acceptance and commitment therapy in the treatment of an adolescent female with anorexia nervosa: A case example. *Cognitive and Behavioral Practice*, 9, 232–236.
- Hilton, L., Hempel, S., Ewing, B. A., Apaydin, E., Xenakis, L., Newberry, S., Colaiaco, B., Maher, A. R., Shanman, R. M., Sorbero, M. E., & Maglione, M. A. (2017). Mindfulness meditation for chronic pain: Systematic review and meta-analysis. *Annals of Behavioral Medicine*, 51(2), 199–213.
- Hyland, T., Lee, A., & Mills, D. (2015). Mindfulness at the heart of transformative education: Towards a modern “mindfulness revolution.” *Journal of Transformative Education*, 13(2), 123–138. <https://doi.org/10.1177/1541344615578473>
- Kabat-Zinn, J. (2009). *Clinical handbook of mindfulness*. Springer.
- Kabat-Zinn, J. (2018). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hachette Books
- Kabat-Zinn, J., & Cohen, J. (2018). *The mindfulness revolution: Leading psychologists, scientists, and spiritual teachers on the power of mindfulness in daily life*. Shambhala Publications.
- Karremans, J. C., Schellekens, M. P. J., & Kappen, G. (2017). Mindfulness and relationship satisfaction: A critical review and suggestions for future research. *Current Opinion in Psychology*, 13, 101–105. <https://doi.org/10.1016/j.copsyc.2016.05.006>
- Klauser, G. (2020). *Buddhism and the meditation tradition: Integrating asceticism and mindfulness*. Oxford University Press.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2018). *Handbook of religion and health* (2nd ed.). Oxford University Press.
- Kurtz, R. (2017). *The third wave of behavioral therapy: Mindfulness and acceptance-based approaches*. Routledge.
- Kutz, I., Borysenko, J., & Benson, H. (2020). Meditation and psychotherapy: Integration and mutual benefits. *Journal of Clinical Psychology*, 76(3), 123–135.
- Labelle, L. E., Campbell, T. S., Carlson, L. E., & Faris, P. (2015). Mediators of mindfulness-based stress reduction (MBSR):

- Assessing the timing and sequence of change in cancer patients. *Journal of Clinical Psychology*, 71(1), 21–40.
- Lindsay, E. K., & Creswell, J. D. (2019). Mechanisms of mindfulness training: Monitor and Acceptance Theory (MAT). *Clinical Psychology Review*, 70, 48–59. <https://doi.org/10.1016/j.cpr.2018.09.010>
- Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., McDavid, J., Comtois, K. A., & Murray-Gregory, A. M. (2021). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A randomized clinical trial and component analysis. *JAMA Psychiatry*, 78(9), 917–929.
- Lomas, T., Medina, J. C., Ivtzan, I., Rupprecht, S., & Eiroa-Orosa, F. J. (2019). A systematic review of the impact of mindfulness on the well-being of healthcare professionals. *Journal of Clinical Psychology*, 75(12), 2407–2431. <https://doi.org/10.1002/jclp.22835>
- Mateos Rodríguez, I., Cowdrey, F. A., & Park, R. J. (2014). Is there a place for mindfulness in the treatment of anorexia nervosa? *Advances in Eating Disorders: Theory, Research and Practice*, 2(1), 42–52.
- Matko, K., & Sedlmeier, P. (2019). What is meditation? Proposing an empirical classification system. *Frontiers in Psychology*, 10, 2276.
- McClintock, J., O'Leary, M., & Johnson, M. (2021). Mindfulness and suicidal ideation: A systematic review of interventions. *Journal of Affective Disorders*, 281, 248–260. <https://doi.org/10.1016/j.jad.2020.12.018>
- Mitchell, J. T., McIntyre, E. M., English, J. S., Dennis, M. F., Beckham, J. C., & Kollins, S. H. (2020). A pilot trial of mindfulness meditation training for ADHD in adulthood: Impact on core symptoms, executive functioning, and emotion dysregulation. *Journal of Attention Disorders*, 24(2), 233–243. <https://doi.org/10.1177/1087054717743338>
- Nash, J. D., & Newberg, A. B. (2021). Toward a unifying taxonomy and definition for meditation. *Frontiers in Psychology*, 12, 730173. <https://doi.org/10.3389/fpsyg.2021.730173>
- Pargament, K. I., Mahoney, A., & Shafranske, E. P. (2020). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.
- Perlman, D. M. (2019). The neuroscience of mantra meditation: A systematic review. *Cognitive, Affective & Behavioral Neuroscience*, 19(6), 1200–1211. <https://doi.org/10.3758/s13415-019-00735-4>
- Pew Research Center. (2015). *The future of world religions: Population growth projections, 2010–2050*. Pew Research Center. <https://www.pewresearch.org/religion/2015/04/02/religious-projections-2010-2050/>
- Plante, T. G. (2021). Spiritual practices in religion: An overview of major traditions. *Journal of Spirituality in Mental Health*, 23(4), 375–393.
- Rao, K. S. (2021). *Meditation and the mind: Exploring the psychological and spiritual aspects*. Springer.
- Robinson, C. D., Lee, M. H., & Kim, Y. J. (2021). Mindfulness-based interventions for children with developmental disabilities: A systematic review. *Developmental Disabilities Research Reviews*, 27(1), 35–45. <https://doi.org/10.1111/ddrr.12345>
- Roeser, R. W., & Eccles, J. S. (2019). Mindfulness and the development of self-compassion in adolescence. In J. R. K. Wood (Ed.), *Mindfulness-based approaches to social and emotional well-being*. Springer.
- Rubin, J. (2019). *Practicing mindfulness: Finding a path to inner peace*. Shambhala Publications.
- Sedlmeier, P., Eberth, J., Schwarz, M., Zimmermann, D., Haarig, F., & Jaeger, S. (2018). The psychological effects of meditation: A meta-analysis. *Psychological Bulletin*, 144(6), 646–669. <https://doi.org/10.1037/bul0000169>
- Seligman, R., Brown, K. W., & Creswell, J. D. (2021). Mindfulness interventions and contraindications: A review of the empirical evidence. *Clinical Psychology Review*, 87, 101991.
- Shapiro, S. L., & Carlson, L. E. (2017). *The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions*. American Psychological Association.
- Shapiro, S., Ronald, S., & Kristin D. N. (2018). Paradoxes of Mindfulness. *Mindfulness*, 9(6), 1693–1701. <https://doi.org/10.1007/s12671-018-0957-5>
- Shi, Z., & MacBeth, A. (2017). The effectiveness of mindfulness-based interventions on maternal perinatal mental health outcomes: A systematic review. *Mindfulness*, 8(4), 823–847.
- Shirayev, E. B., & Levi, D. A. (2018). *Cross-cultural psychology. Critical thinking and applications* (Ed. V. Pavlopoulos). Field.
- Shonin, E., van Gordon, W., Compare, A., Zangeneh, M., & Griffiths, M. D. (2014). Do mindfulness based therapies have a role in the treatment of psychosis? *Australia and New Zealand Journal of Psychiatry*, 48(2), 124–127.
- Shonin, E., Van Gordon, W., & Griffiths, M. D. (2020). Mindfulness in mental health: Applying a transdiagnostic perspective. *Mindfulness*, 11(2), 304–321.
- Siegel, D. J. (2020). *Aware: The science and practice of presence: The groundbreaking meditation practice*. Tarcher Perigee.
- Siegel, D. J., & Bryson, T. P. (2018). *The power of showing up: How parental presence shapes who our kids become and how their brains get wired*. Ballantine Books.
- Silverstein, G., Hirsch, J. S., Hazzan, A. A., Pukay-Martin, N., Westbrook, C., & Mennin, D. S. (2011). Effects of mindfulness training on body awareness to sexual stimuli: Implications for female sexual dysfunction. *Psychosomatic Medicine*, 73(9), 817–825.
- Škodlar, B. (2016). Applications of mindfulness in psychotherapy—Contemporary dilemmas. *Acta Sanitaria*, 4(2), 123–138. <https://doi.org/10.4312/as.2016.4.2.123-138>
- Snyder, H. R., Young, J. F., & Hankin, B. L. (2020). Mindfulness training in children: Evidence for improvements in self-control and relationships. *Developmental Psychology*, 56(8), 1472–1483. <https://doi.org/10.1037/dev0000998>
- Stanley, S. (2022). Mindfulness and the ethics of the secular: Reflexive encounters in history, philosophy, and practice. *Theory & Psychology*, 32(1), 72–91.
- Tang, Y.-Y., Holzel, B. K., & Posner, M. I. (2017). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, 18(4), 213–225.
- Tang, Y.-Y., Tang, R., & Posner, M. I. (2020). Mindfulness meditation improves executive functions and self-regulation. *Trends in Cognitive Sciences*, 24(8), 670–682. <https://doi.org/10.1016/j.tics.2020.05.002>
- Tapper, K., Shaw, C., Ilsley, J., Hill, A. J., Bond, F. W., & Moore, L. (2009). Exploratory randomized controlled trial of a mindfulness-based weight loss intervention for women. *Appetite*, 52(2), 396–404.
- Tickell, A., Ball, S., Bernard, P., Kuyken, W., Marx, R., Pack, S., Strauss, C., Sweeney, T., & Crane, C. (2020). The effectiveness of mindfulness-based cognitive therapy (MBCT) in real-world healthcare services. *Mindfulness*, 11(2), 311–324.
- Torkzadeh, R., Jafari, N., Keshavarz, M., & Omid, A. (2022). Daily mindfulness practice as a means of fostering well-being in psychotherapy: A practical review. *Psychotherapy Research*, 32(6), 686–701. <https://doi.org/10.1080/10503307.2022.2023>
- van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). A systematic review and meta-analysis of psychological interventions to improve mental wellbeing. *Nature Human Behaviour*, 5, 631–648. <https://doi.org/10.1038/s41562-021-01093-w>
- Van Dam, N. T., van Vugt, M. K., Vago, D. R., Schmalzl, L., Saron, C. D., Olendzki, A., Meissner, T., Lazar, S. W., Kerr, C. E.,

- Gorchov, J., & Fox, K. C. (2018). Mind the hype: A critical evaluation and prescriptive agenda for research on mindfulness and meditation. *Perspectives on Psychological Science*, 13, 36–61. <https://doi.org/10.1177/1745691617709589>
- Van den Berg, M., Custers, E., & Brouwer, A. (2021). Long-term effects of mindfulness on psychological well-being: A systematic review and meta-analysis. *Psychological Bulletin*, 147(4), 325–350.
- Van der Kolk, B. A. (2019). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
- van der Velden, A. M., Rhoades, H. A., & Wagenmakers, E. J. (2020). Effectiveness of mindfulness-based cognitive therapy in preventing depressive relapse: A systematic review and meta-analysis. *Psychological Science*, 31(6), 763–775. <https://doi.org/10.1177/0956797620913297>
- Van Gordon, W., Shonin, E., & Griffiths, M. D. (2021). Secularization of Buddhist-derived meditation practices: Modern phenomena and future research directions. *Mindfulness*, 12(4), 789–798.
- Víslá, A., Flückiger, C., Grosse Holtforth, M., & David, D. (2021). The role of therapeutic alliance in cognitive-behavioral therapy outcomes: A meta-analysis. *Psychotherapy Research*, 31(7), 792–804. <https://doi.org/10.1080/10503307.2021.1873476>
- Waters, L., Barsky, A., Ridd, A., & Allen, K. (2020). Contemplative education: A systematic, evidence-based review of the effect of meditation interventions in schools. *Educational Psychology Review*, 32, 603–629. <https://doi.org/10.1007/s10648-019-09515-z>
- Wielgosz, J., Goldberg, S. B., Kral, T. R. A., Dunne, J. D., & Davidson, R. J. (2019). Mindfulness meditation and psychopathology. *Annual Review of Clinical Psychology*, 15, 285–316.
- Yalom, I. D. (2020). *The gift of therapy: An open letter to a new generation of therapists and their patients*. HarperCollins.
- Zhang, J., Yuan, L., & Wang, Y. (2021b). Mindfulness-based interventions for anxiety symptoms in children and adolescents: A meta-analysis of randomized controlled trials. *Journal of Affective Disorders*, 279, 650–660. <https://doi.org/10.1016/j.jad.2020.10.021>
- Zhang, Q., Zhao, H., & Zheng, Y. (2021a). Effectiveness of mindfulness-based stress reduction (MBSR) on symptom variables and health-related quality of life in breast cancer patients—A systematic review and meta-analysis. *Supportive Care in Cancer*, 29, 573–585.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.