

Mindfulness in schools: Is it overrated?

Scientific evidence mitigates the effectiveness of mindfulness interventions

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“Sit down, rest your feet on the floor, and straighten your back. Progressively become aware of the points of contact between your body, the chair and the floor. Then, focus on your breathing. Breathe in, breathe out. Every time you notice that your mind has wandered away from your breath, gently focus it back on it. It is OK to be distracted.”

This could be an (accelerated) exercise of mindfulness, which [Jon Kabat-Zinn](#) (one of its early defenders) defined as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment”.

Mindfulness originates from Eastern religious and Buddhist traditions. Secularised in Western countries, the practice was first used in clinical settings in the late '70s as a way for adult patients to regulate their stress and anxiety. [As the number of scientific articles on the topic has expanded](#) over the years, so has the field of application for mindfulness practice.

In particular, school-based interventions have been implemented. The assumption is that children's school performance and social relationships will benefit as children train their attention and adopt a non-judgmental attitude towards their experience. [Recent reviews point to a positive impact](#) on cognitive (e.g. executive functions, memory) and socio-emotional domains (stress, well-being).

However, grey areas remain in the research, which makes it difficult to come to definite conclusions and recommendations for practice. First, the positive effects of mindfulness interventions do not seem to generalise to academic outcomes, and more studies are needed to measure these types of outcomes.

Second, most studies rely on self-report measures, which can introduce bias. Although teachers' and pupils' feedback is needed to investigate the impact of mindfulness on well-being, studies also should employ behavioural measures under blind conditions to ensure unbiased results.

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Third, it is hard to understand which ingredients of mindfulness interventions actually drive effects. Studies focus on children of different ages and implement interventions that vary both in their

content and duration. For example, mindfulness often includes elements of relaxation and yoga (body) postures, and it is hard to disentangle the effects of each component. Research is needed that carefully defines and compares mindfulness interventions with other active control groups.

Should we then look with scepticism at mindfulness practice and curb our enthusiasm? One decisive question to consider is whether these interventions could be harmful, either directly or indirectly. For example, mindfulness could have a negative impact on children through an increased awareness of negative and distressing emotions. This possibility underscores the necessity for the practice to be supervised by trained experts. Harmful effects also could be indirect, when time and energy invested in mindfulness practice are not used for more efficient interventions. Again, this is where a comparison with other active control groups is crucial.

While waiting for the current evidence to be consolidated, some will build their patience with gentle breathing, while others will get on the treadmill.

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