Article type: Review Article

Home Page URL: https://www.alliedacademies.org/journal-of-psychology-and-cognition/

Mindfulness and mental health: A cognitive perspective.

Aisha Bello*

Department of Neurophysiology, University of Lagos, Nigeria.

*Correspondence to: Aisha Bello, Department of Neurophysiology, University of Lagos, Nigeria, E-mail: a.bello@lagos.edu

Received: 03-Oct-2025, Manuscript No. AAJPC-25-169455; Editor assigned: 04-Oct-2025, PreQC No. AAJPC-25-1694555(PQ); Reviewed: 18-Oct-2025, QC No AAJPC-25-1694555; Revised: 21-Oct-2025, Manuscript No. AAJPC-25-1694555(R); Published: 28-Oct-2025, DOI:10.35841/aajpc -10.4.308

Introduction

Mindfulness. practice of purposeful, nonjudgmental attention to the present moment, has gained increasing attention in both clinical and cognitive psychology. Initially rooted in Buddhist contemplative traditions, mindfulness has been secularized and integrated into various therapeutic modalities such as Mindfulness-Based Stress Reduction (MBSR) Mindfulness-Based and Cognitive Therapy (MBCT). These interventions have demonstrated considerable success in treating anxiety, depression, and stress-related disorders. At the core of mindfulness is the capacity to observe thoughts and feelings without becoming entangled in them, thereby fostering emotional regulation and cognitive clarity. This deliberate mental posture allows individuals to break free from habitual patterns of rumination and automatic reactivity, which are common features of many psychological disorders [1].

From a neurocognitive standpoint, mindfulness practice is associated with structural and functional changes in the brain. Neuroimaging studies have identified increased cortical thickness in areas such as the prefrontal cortex, anterior cingulate cortex, and insula among long-term meditators. These regions are involved in attention regulation, interoception, and emotional processing. Furthermore, mindfulness has been linked to decreased activity in the default mode network (DMN), a brain system that is active during

mind-wandering and self-referential thought. Excessive activation of the DMN has been implicated in anxiety and depression, and mindfulness appears to attenuate this activity, thereby promoting present-centered awareness. These findings suggest that mindfulness strengthens cognitive control networks while dampening maladaptive mental patterns [2].

addition to neurophysiological mindfulness enhances cognitive functions such as attention, working memory, and executive control. Regular mindfulness training has been shown to improve performance on tasks requiring sustained attention and to reduce cognitive interference from distracting stimuli. This attentional stability is believed to underlie many of the therapeutic benefits of mindfulness, as it enables individuals to observe distressing thoughts without being overwhelmed by them. Moreover, by cultivating meta-awareness—awareness of the contents and consciousness-mindfulness processes facilitates a decentering of the self, allowing individuals to recognize thoughts as transient mental events rather than objective truths. This shift in cognitive stance is particularly useful in cognitive-behavioral interventions aimed reframing dysfunctional thought patterns [3].

Emotion regulation is another key domain in which mindfulness exerts its effects. By encouraging a nonreactive awareness of emotional experiences,

Citation: Bello A. Mindfulness and mental health: A cognitive perspective. J Psychol Cognition. 2025;10(4):308.

mindfulness reduces the tendency to suppress or avoid negative emotions. Instead, individuals learn to accept emotional states as they arise, which paradoxically diminishes their intensity and duration. This process is supported by changes in limbic activity, particularly in the amygdala, a involved emotional region in reactivity. Mindfulness practice has been shown to reduce amygdala activation in response to emotional stimuli and to enhance connectivity between the prefrontal cortex and limbic structures, indicating greater top-down regulation of emotion. These neurocognitive mechanisms help explain the observed reductions in anxiety and depression among individuals who regularly engage in mindfulness practices [4].

Despite its many benefits, mindfulness is not a universal remedy and may not be suitable for everyone. Some individuals may experience increased distress, dissociation, or resurfacing of traumatic memories during mindfulness practice, particularly in the absence of proper guidance or clinical support. Additionally, the growing popularity of mindfulness has led to its commercialization and oversimplification, often stripping it of its depth and context. For mindfulness to be truly effective, it must be practiced with consistency, intention, and awareness of its psychological underpinnings. Ongoing research is needed to clarify the mechanisms through which mindfulness influences mental health and to identify which individuals are most likely to benefit from specific mindfulnessbased interventions. Tailoring these practices to individual cognitive profiles may further enhance their efficacy in promoting psychological wellbeing [5].

Conclusion

Mindfulness offers a powerful cognitive tool for enhancing mental health by promoting attention regulation, emotional balance, and self-awareness. Through changes in brain function and structure, mindfulness enables individuals to disengage from maladaptive thought patterns and develop a more adaptive relationship with their internal experiences. While not a panacea, when practiced correctly and thoughtfully, mindfulness holds substantial promise as a means of fostering resilience and psychological growth. As our understanding deepens, integrating mindfulness with other cognitive and behavioral approaches may lead to more personalized and effective mental health interventions.

References

- Belanoff JK, Jurik J, Schatzberg LD, et al. Slowing the progression of cognitive decline in Alzheimer's disease using mifepristone. J Mol Neurosci. 2002;19:201-6.
- Canevelli M, Adali N, Cantet C, et al. Impact of behavioral subsyndromes on cognitive decline in Alzheimer's disease: data from the ICTUS study. J Neurol. 2013;260:1859-65.
- 3. Edwards M, Corkill R. Disease-modifying treatments in Alzheimer's disease. J Neurol. 2023;270(4):2342-4.
- 4. Yang F, Jiang X, Yue F, et al. Exploring dynamic functional connectivity alterations in the preclinical stage of Alzheimer's disease: an exploratory study from SILCODE. J Neural Eng. 2022;19(1):016036.
- Zhang Y, Wang J, Liu X, et al. Exploring the role of RALYL in Alzheimer's disease reserve by network-based approaches. Alzheimers Res Ther. 2020;12(1):1-4.