

Research Approaches and Theoretical Reconstruction of Chinese Mindfulness Psychological Intervention in the New Era: From Western Paradigms to the Construction of the “Omni-Present” Indigenous System

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Abstract

Since the introduction of mindfulness into China, significant progress has been achieved in clinical and public health domains. However, current domestic research remains overly reliant on Western models such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), revealing bottlenecks in cultural adaptability, a lack of ethical dimensions, and difficulties in integrating practices into daily life. Based on a bibliometric analysis of domestic and international literature from 1999 to 2025, this study proposes an indigenous innovative system—the “Omni-present Mindfulness Technology” (OMT)—which integrates the wisdom of Confucianism, Buddhism, and Daoism, Stoic rationality, and Cognitive Behavioral Therapy (CBT) techniques. In terms of theoretical construction, OMT reconstructs the “present moment” of physical time into an “Omni-present moment” endowed with action potential, advocating a shift from passive “non-judgment” to active “awareness and adjustment.” Regarding intervention mechanisms, OMT transcends the single-technology paradigm by constructing a lifestyle intervention model characterized by minimalism as the ethical premise, non-harming (ahimsa) as the behavioral norm, and physical and mental health as the ultimate goal. This approach not only fills the ethical void of Western mindfulness and realizes the integration of mindfulness into daily living but also provides an indigenous innovative solution infused with Chinese wisdom to respond to the “Healthy China” strategy and address the psychological crises of modern society.

Keywords

Mindfulness, Healthy China 2030, Omni-Present Mindfulness Technology (OMT)

1. Introduction: Global Perspectives and Local Contexts of Mindfulness Research

1.1. The Origins, Alienation, and Modern Reconstruction of Mindfulness

The concept of “Mindfulness” originates from the Pali word *Sati*. In the traditional Buddhist context, it is deeply embedded within the ethical and cosmological framework of the Threefold Training—Moral Discipline (*Sila*), Concentration (*Samadhi*), and Wisdom (*Panna*). Its primary aim is to achieve liberation (*Nirvana*) through the rigorous practice of the Four Foundations of Mindfulness (Chen et al., 2021). This traditional form of mindfulness is not merely a technique for stress reduction but a soteriological path inextricably linked to ethical conduct and a specific understanding of reality (Gong et al., 2022).

In the 1970s, Jon Kabat-Zinn pioneered the secularization of this concept through Mindfulness-Based Stress Reduction (MBSR), redefining mindfulness as “the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally.” This operational definition marked a significant “de-religiousization” and “technologization” turn. By stripping away the explicit Buddhist dogma and soteriological goals, mindfulness was rapidly accepted by Western mainstream psychology and medicine (Chen et al., 2012). It became a standardized, evidence-based intervention applicable to a wide range of conditions, from chronic pain to anxiety disorders (Duan & Feng, 2018).

However, this widespread adoption has not been without controversy. The rapid commercialization and simplification of mindfulness have triggered critiques regarding “McMindfulness.” Critics argue that by removing the ethical and social dimensions of *Sati*, modern mindfulness has been reduced to a “fast-food” style stress reduction tool (Fu, 2017). This instrumentalized form of mindfulness often focuses solely on individual symptom reduction while neglecting systemic social oppressions and the ethical roots of the practice. It risks becoming a technique for pacifying individuals in the face of structural injustice rather than empowering them to address the root causes of suffering.

As research has deepened, mindfulness has been integrated into third-wave cognitive behavioral therapies, most notably Mindfulness-Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT). In these modern reconstructions, the core mechanism of mindfulness has been conceptualized as “cognitive decentering” (or *reperceiving*). This mechanism emphasizes changing the individual’s relationship with negative thoughts—adopting a “spectator perspective”—rather than attempting to alter the content of the thoughts themselves

(Li et al., 2025). This shift has proven highly effective in preventing the relapse of depression by disrupting the cycle of cognitive rumination.

1.2. Tensions in the Local Context: The Collision between Instrumental Rationality and Spiritual Cultivation

When the Western “de-contextualized” mindfulness paradigm is transplanted back into China—a cultural soil rich in Confucian, Buddhist, and Daoist traditions—it faces significant cultural and practical challenges. The tension arises from the fundamental differences between Western instrumental rationality and Eastern spiritual cultivation (Xin Xing).

1.2.1. Ethical Conflicts: Non-Judgment vs. Moral Scrutiny

The Western mindfulness emphasis on “non-judgment” creates a distinct tension with the Confucian tradition of “moral scrutiny.” Confucian self-cultivation heavily relies on the discernment of right and wrong, good and evil (Liu, 2013). The practice of Shen Du (watchfulness over oneself when alone) requires a heightened awareness of one’s moral intentions. A purely non-judgmental stance, when imported without adaptation, may lead to a form of moral relativism that is alien to the Chinese cultural psyche, where ethical evaluation is central to personal development and social harmony.

1.2.2. Differences in Cultural Orientation: Individualism vs. Relation-Oriented

Western psychology, including its mindfulness adaptations, is often predicated on individualism, focusing on the autonomous self and internal regulation. In contrast, Chinese culture is fundamentally “relation-oriented”. In this context, the self is defined through relationships (Guanxi), and psychological well-being is inextricably linked to interpersonal harmony (Liu et al., 2016).

The Guanxi Context: Guanxi is not merely networking but a complex system of social networks and relationships based on trust, reciprocity, and implicit psychological contracts. It involves specific norms such as maintaining long-term relationships, mutual commitment, loyalty, and obligation.

The Conflict: Western mindfulness models that emphasize solitary introspection or turning inward can be misinterpreted in this context as passive escapism or social withdrawal. If not correctly guided, such practices may neglect the Confucian social responsibility of “cultivating the self, regulating the family, governing the state, and bringing peace to the world.” A mindfulness practice that isolates the individual from their Guanxi network fails to address the primary source of stress and well-being for many Chinese individuals—their social obligations and interpersonal conflicts. Research indicates that in Chinese society, Guanxi operates as a resource for support and protection, and the failure of reciprocity in these relationships can lead to significant psychological distress. Therefore, an indigenous mindfulness system must address the “dyadic” and “networked” nature of the Chinese self.

1.2.3. Barriers to Practice: The “996” Reality

The standard MBSR and MBCT courses typically require high-intensity practice, often involving 45 minutes of daily meditation and weekly group sessions. This rigid structure is disconnected from the high-pressure “996” lifestyle (working 9 am to 9 pm, 6 days a week) prevalent among Chinese urban populations (Mei, Zhang & Huang, 2026). The sheer lack of time and the exhaustion associated with this work culture lead to low adherence and high dropout rates for standard Western interventions. Consequently, there is an imperative need to reconstruct a mindfulness system that is both scientifically rigorous and congruent with the cultural psychology and living reality of the Chinese people.

1.3. The Orientation of National Strategy and the Radical Change in Social Psychological Needs

The push for a localized mindfulness system is further driven by national strategic imperatives and shifting social needs.

First, the “Healthy China 2030” Planning Outline has elevated mental health to a national strategy, emphasizing a shift from treatment to prevention and the simultaneous governance of body and mind. Mindfulness, as a low-cost, non-pharmaceutical, scalable self-regulation technology, naturally aligns with this strategic requirement for preventative mental health care.

Second, the social psychological landscape has shifted dramatically. In the face of competitive pressures in the “involution” (Neijuan) era and the lingering psychological stress of the post-pandemic era, anxiety and depression have become widespread. Traditional psychotherapy resources in China are relatively scarce, expensive, and often carry a high barrier to entry due to stigma. They are insufficient to meet the large-scale social demand for mental health support (Miao, Wang & Miao, 2014).

Finally, existing mindfulness interventions are largely confined to clinical settings (hospitals and counseling centers) and are difficult to integrate into daily life. Developing a mindfulness intervention system that conforms to Chinese modes of thinking and realizes “livingization and normalization” (making it a lifestyle rather than a therapy) is not only filling an academic gap but also an urgent task to respond to national strategies and solve social pain points (Pu et al., 2023).

2. The Evolution and Current Status of Mindfulness Research in China: A Bibliometric Analysis

2.1. Literature Growth Trends and Development Stages

Based on bibliometric analysis of the CNKI database, 11,202 articles were retrieved using the keywords “mindfulness”, “mindfulness intervention”, “mindfulness therapy”, or “mindfulness treatment”. After excluding 533 conference papers, 3,177 dissertations, and 1,645 irrelevant articles, 5,847 articles remained. Articles were included if they met the following criteria: they were peer-reviewed journal publications; focused on mindfulness as a psychological, clinical, or be-

havioral intervention; involved empirical, theoretical, or review research; were published in either Chinese or English; and contained complete bibliographic information. Articles were excluded if they were conference proceedings, master's or doctoral dissertations, duplicate publications, or studies unrelated to psychological mindfulness. In addition, purely religious or philosophical texts without psychological relevance, as well as articles in which mindfulness was mentioned only incidentally without substantive analysis, were excluded from the final dataset. This reflects the academic community's deepening understanding of this field, progressing from the superficial to the profound and from the external to the internal (Saxbe & Repetti, 2010). As shown in **Figure 1**, mindfulness research in China has experienced explosive growth in recent years.

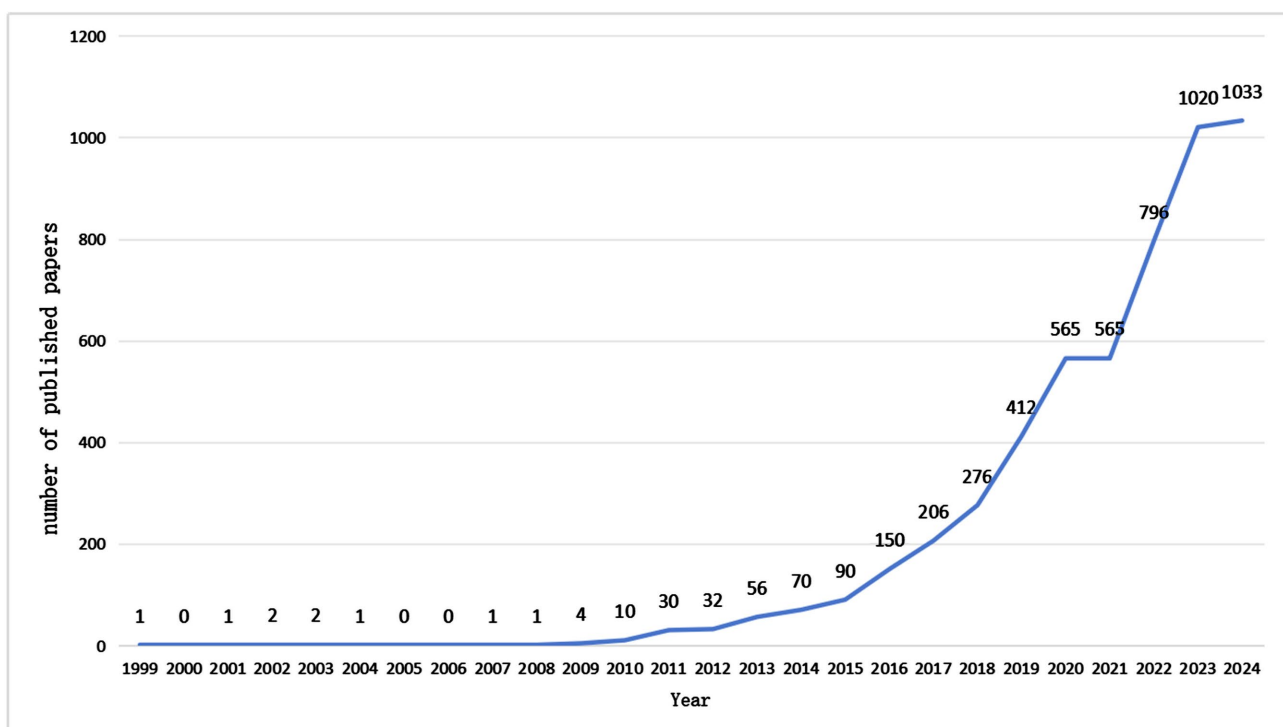


Figure 1. Publication volume of mindfulness journal articles in China from 1999 to 2024.

2.1.1. Initial Exploration Period (1999-2009): Introduction and Philosophical Inquiry

The earliest domestic literature on mindfulness dates back to 1999. Research during this decade was sparse and primarily focused on the translation and introduction of Western mindfulness concepts, as well as preliminary theoretical discussions (Wu, 2026).

Characteristics: The volume of research was minimal. Publications appeared mostly in journals of religion, philosophy, or medical humanities rather than mainstream psychology.

Focus: At this stage, “mindfulness” was viewed more as a mysterious Oriental meditation technique or a religious concept rather than a scientific psychological

intervention. Researchers engaged in conceptual analysis and debates over translation naming (e.g., distinguishing “Zheng Nian” from “Nei Guan” (Vipassana) or “Jue Zhi” (Awareness)).

Output: English publications from Chinese scholars were extremely low, totaling fewer than 20 papers over the entire decade (Wu et al., 2016).

2.1.2. Rapid Growth Period (2010-2019): Empirical Evidence and Explosion

Entering 2010, the landscape changed dramatically with the introduction of standardized Western courses like MBSR and MBCT, and the advocacy of scholars such as Liu Xinghua and Duan Wenjie (Xiong, 2010).

Characteristics: Domestic mindfulness research experienced exponential growth. The volume of publications rose sharply, and the domain expanded rapidly into clinical psychology, psychiatry, education, and management.

Statistics: Between 2010 and 2016 alone, mindfulness-related literature surged from 26 to 106 papers annually. Empirical intervention studies accounted for approximately 40% of this output. China emerged as a significant global contributor, ranking second only to the United States in publication volume during this period (Xu, 2013).

Methodology: This period was characterized by “adoption” and “local verification.” Domestic scholars imported and revised Western measurement tools such as the Five Facet Mindfulness Questionnaire (FFMQ) and the Mindful Attention Awareness Scale (MAAS). A plethora of master’s and doctoral theses focused on validating the effectiveness of these Western models in Chinese populations (e.g., college students, cancer patients, corporate employees), confirming their basic efficacy across cultures (Xu, Chen & Hong, 2024).

2.1.3. Deepening Reflection Period (2020-2024): Mechanisms and Indigenization

In recent years, while the volume of publications has remained high, the field has entered a phase of critical reflection and innovation.

Shift in Focus: Researchers are no longer satisfied with mere efficacy verification. The focus has shifted to exploring the underlying mechanisms of mindfulness (brain mechanisms, psychological mediators) and, crucially, exploring pathways for indigenization.

Contextual Drivers: The COVID-19 pandemic served as a catalyst, with a surge of studies on mindfulness interventions for the anxiety and depression of medical staff and the general public, highlighting its value as a public health emergency intervention.

Expansion: With the rise of positive psychology, research has transformed from a “disease-centric” model to a “well-being-centric” model. Studies increasingly explore cultural adaptability, such as combining mindfulness with traditional practices like Baduanjin and Tai Chi to enhance acceptability and efficacy for Chinese practitioners.

2.2. Analysis of Research Hotspots and Knowledge Graphs

Based on EXCEL, a statistical analysis was conducted on the included literature. The retrieved 5,847 articles were exported in RefWorks format, and analyzed using VOS viewer software to categorize the literature into three major directions: clinical intervention and psychosomatic medicine, workplace and organizational management, and neural mechanisms and psychological mechanisms. This allowed for a clear depiction of the knowledge map and evolution logic of mindfulness research in China (Yang et al., 2025). As shown in Figure 2, this is the key-word cluster analysis of mindfulness research in China.

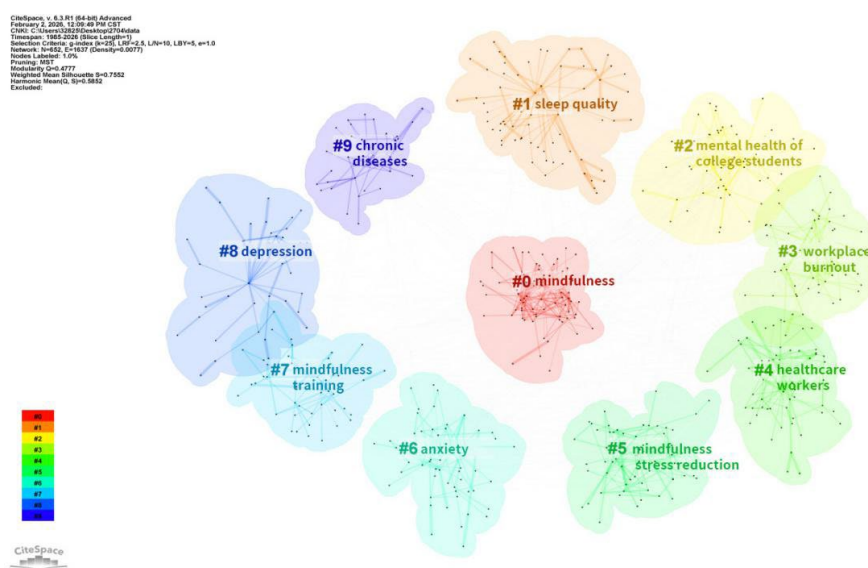


Figure 2. Chinese mindfulness research CNKI literature VOS viewer.

2.2.1. Clinical Intervention and Psychosomatic Medicine

Keywords such as “Depression,” “Anxiety,” “Sleep Quality,” and “Chronic Pain” appear with the highest frequency, indicating that clinical treatment remains the absolute core of mindfulness application.

Depression and Anxiety: Meta-analyses consistently confirm the efficacy of MBCT in preventing depression relapse, often outperforming usual care. Studies on Chinese college students demonstrate significant reductions in anxiety levels through standardized interventions (Zhang et al., 2021).

Sleep Disorders: Interventions target pre-sleep cognitive rumination and somatic hyperarousal, significantly improving the Pittsburgh Sleep Quality Index (PSQI) scores in student and workplace populations.

Chronic Disease Rehabilitation: MBSR is widely applied in the management of cancer, hypertension, diabetes, and chronic pain to alleviate psychological distress and improve quality of life.

2.2.2. Workplace and Organizational Management

The emergence of keywords like “Job Performance,” “Burnout,” “Psychological

Capital,” and “Leadership” marks a significant penetration into organizational management.

Employee Level: Mindfulness is found to reduce emotional exhaustion and counterproductive work behaviors by enhancing emotional regulation (Zhao et al., 2009).

Leadership Level: “Mindful Leadership” has become a hotspot. Research suggests that a leader’s trait mindfulness can improve the quality of Guanxi (supervisor-subordinate relationships), promote ethical decision-making, and enhance team psychological safety. This is particularly relevant in the Chinese context where leadership influence is often mediated by relational closeness.

2.2.3. Neural and Psychological Mechanisms

Advanced research utilizes cognitive neuroscience tools, leading to keywords like “Prefrontal Cortex,” “Default Mode Network (DMN),” and “Heart Rate Variability (HRV).”

Brain Mechanisms: fMRI and ERP studies confirm that mindfulness training induces structural and functional neuroplasticity. Key findings include enhanced activation of the anterior cingulate cortex (ACC) (attention control), reduced amygdala reactivity (emotional regulation), and deactivation of the DMN (reduced mind-wandering and self-referential processing).

Physiological Indicators: HRV is increasingly used as an objective marker of autonomic regulation. Mindfulness, particularly through slow breathing, enhances vagal tone and HRV, thereby improving physiological resilience to stress.

2.3. Structural Limitations of Existing Research

Despite the fruitful output, the current state of mindfulness research in China exhibits “structural imbalances” that necessitate theoretical reconstruction.

Severe Theoretical Dependency: The majority of research uncritically adopts Western definitions (e.g., Kabat-Zinn’s) and tools (MAAS, FFMQ). The applicability of these Western scales in the Chinese cultural context remains problematic, with issues regarding the reliability of reverse-scored items and cultural semantic deviations.

Rigid Intervention Models: The reliance on standard MBSR/MBCCT protocols creates a barrier to entry. The high time commitment and formal practice requirements lead to poor compliance in non-clinical Chinese settings, hindering the goal of “living-ization.”

Absence of Ethical Dimensions: The “scientific” stripping of ethical connotations from mindfulness risks reducing it to a mere attentional tool. This “naked mindfulness” creates a disconnect with traditional Chinese culture, where mental cultivation is inseparable from moral practice (Zhao & Wang, 2024).

Cultural Adaptability Challenges: Direct transplantation often results in “acclimatization” issues. Western models that emphasize individual internal experience often neglect the crucial dimension of interpersonal regulation, which is central to mental health in a collective, Guanxi-based society.

3. Regression and Transcendence: The Indigenous Theoretical Reconstruction of Mindfulness

Facing these limitations, it is imperative to construct a mindfulness theoretical system with Chinese characteristics. This is not a regression to the past but a “transcendence” achieved by integrating traditional wisdom with modern science. This study proposes the “Omni-present Mindfulness Technology” (OMT) system. OMT represents a paradigm shift from mindfulness as a “technique” to mindfulness as a “lifestyle” infused with life philosophy.

3.1. Theoretical Foundation: Deep Integration of Cross-Cultural Philosophies

OMT is built upon a deep integration of Eastern and Western philosophical and psychological resources. It injects the philosophical souls of Confucianism, Daoism, and Stoicism into the scientific framework of Cognitive Behavioral Therapy (CBT).

3.1.1. Modern Transformation of Confucian Ethics: Shendu and Pro-Setback Thinking

OMT integrates Confucian ethics to address the interpersonal and resilience deficits in Western models.

a) Ethical Boundaries: Non-Harming and Reciprocity

OMT emphasizes the behavioral norm of “doing no harm to others or oneself.” This aligns with the Confucian spirit of Shu (reciprocity): “Do not do unto others what you do not want done to yourself.” While Western mindfulness emphasizes internal peace, OMT extends practice to the interpersonal ethical level. In a Guanxi-based society, psychological distress often stems from relational dysregulation. By establishing clear ethical boundaries (non-harming), OMT provides a safe psychological space, reducing the internal friction caused by interpersonal conflict or guilt.

b) Confucian Pro-Setback Thinking (PST)

A critical innovation of OMT is the incorporation of “Confucian Pro-Setback Thinking” (Kang Ni Si Wei).

Definition: PST is a cognitive framework that interprets hardships as catalysts for ability development and character cultivation. It involves an internal optimism toward setbacks, viewing them not as failures but as essential opportunities for growth (“When Heaven is about to confer a great office on any man, it first exercises his mind with suffering”).

Mechanism: Research demonstrates that PST functions as a protective factor against depression. It operates through the “hopelessness theory of depression” pathway: PST reduces the susceptibility to hopelessness by enabling individuals to attribute setbacks to unstable, specific, and external causes, or to view them as meaningful challenges rather than futile dead ends (Ren, Mao & Wu, 2025).

Dyadic Impact: In the context of relationships, PST has been shown to positively predict marital quality. The Actor-Partner Interdependence Model (APIM)

reveals that an individual's PST not only improves their own marital satisfaction but also positively influences their spouse's satisfaction. This "cross-over" effect validates the importance of integrating such relation-oriented cognitive styles into mindfulness interventions.

Integration: OMT combines PST with the concept of Shendu (watchfulness over oneself when alone). This requires individuals to maintain inner awareness and behavioral norms even when unsupervised, creating an all-weather, internalized mindfulness mechanism that transforms stress into a "weighty mission" rather than a threat.

3.1.2. Inclusion of Daoist Health Wisdom: Wu Wei and Xin Zhai

The system absorbs Daoist concepts to address the "striving" and "control" issues often exacerbated by modern anxiety.

a) Wu Wei (Non-Action)

OMT interprets Wu Wei not as passivity but as "acting with the flow" or "effortless action." This state, similar to the psychological concept of "Flow," effectively reduces the "Striving" mindset that fuels anxiety. It teaches practitioners to align with the natural order rather than exhausting energy in futile resistance.

b) Xin Zhai (Fasting of the Heart)

OMT incorporates the practice of Xin Zhai from the Zhuangzi.

Concept: Xin Zhai is described as a meditative practice that "empties" the heart/mind (Xin) so that it becomes responsive to the world like a mirror—reflecting but not retaining or being distorted by external objects. It involves a "fasting" not of food, but of cognitive clutter, biases, and desires.

Theoretical Depth: Unlike "thin mindfulness" which is often instrumentalized for productivity, Xin Zhai represents "thick mindfulness"—a path to wisdom and virtue. It dissolves the rigid subject-object boundary, allowing for a "free flow of vital energy (Qi)" and inner transformation (Wuhua).

Application: In OMT, Xin Zhai is operationalized as "cognitive minimalism." It advocates reducing the input of external information (digital detox) and the interference of internal desires to free up "cognitive bandwidth." This aligns with modern findings on the detrimental effects of "digital chaos" and information overload on mental clarity. By practicing Xin Zhai, OMT practitioners cultivate a "mirror-heart" that can adapt to the "digital chaos" of modern life without losing the self (Qin et al., 2022).

3.1.3. Resonance between Stoicism and CBT: Dichotomy of Control and Rational Acceptance

OMT introduces the rational spirit of Stoicism to complement Eastern intuition.

Dichotomy of Control: OMT teaches the strict distinction between what is "controllable" (one's own judgments, intentions, and present actions) and "uncontrollable" (external events, others' opinions, the past, the future). Anxiety is reframed as a category error—trying to control the uncontrollable.

Rational Acceptance (Amor Fati): Acceptance in OMT is not helpless resignation but an active, rational choice to "love one's fate." This provides a robust log-

ical foundation for the “acceptance” component of mindfulness, reinforcing the cognitive restructuring techniques of CBT.

3.1.4. The Complementary and Integration Mechanism of the Three Schools

The OMT system integrates three philosophical resources to construct a comprehensive framework that spans from individual psychology to interpersonal ethics, and ultimately to existential philosophy. Its core lies in elevating mindfulness from a mere “awareness technique” to a “philosophy of life”.

Confucian ethics serves as a stable anchor for social relationships. In OMT, Confucianism assumes the function of “ethical steadiness,” compensating for the shortcomings of traditional Western mindfulness, which overly focuses on individual internal senses and neglects social relationships. In a “relationship-oriented” society, this can effectively reduce internal conflicts caused by social anxiety and moral guilt. Taoism emphasizes “yin, softness, and inaction,” while Stoicism emphasizes “fortitude and rationality.” However, the two have achieved profound logical consistency in “distinguishing boundaries” and “accepting inevitability.” Stoicism logically defines the boundaries between subjectivity and objectivity through the “dichotomy of control.” Taoism ontologically requires people to give up their pursuit of “unnatural states” through “conformity to the way of heaven.” Both point towards a kind of “cognitive minimalism”—that is, no longer wasting mental energy trying to change the uncontrollable external world (the way of heaven or fate).

The Taoist concept of “non-action” is not a passive avoidance of the world, but rather “not acting recklessly”. This concept is similar to the Stoic concept of “Amor Fati”, which means after recognizing the inevitability of reality, one should engage in present actions with the most rational attitude. This combination allows practitioners to possess both the flexibility and non-attachment of Taoism and the logical determination of Stoicism.

The academic value of the OMT system lies in its integration of Stoic philosophy as the logical foundation, addressing the rational logic question of “why to accept”; Taoist wisdom as the operational approach, addressing the experiential question of “how to accept flexibly”; and Confucian ethics as the practical groundwork, addressing the practical question of “how to navigate in society”. This integration transforms mindfulness from an isolated meditation practice into a comprehensive lifestyle system encompassing “rational cognition, ethical norms, and natural orientation”.

3.2. Core Concepts: From “The Present” to the “Omni-Present Moment”

The central innovation of the OMT system is the “Omni-present Moment.”

3.2.1. Philosophical Reconstruction of Time

In traditional definitions, “the present” is often a neutral physical time point. In

OMT, “the present” is reconstructed as an “Omni-present” field endowed with action potential.

Logic: The past is dead; the future is unborn. The “Omni-present Moment” is the only locus of power. It is the realization that awareness is not just “here and now” in a temporal sense, but “everywhere and always” in an existential sense.

Therapeutic Value: Depressive rumination lives in the past; anxious worry lives in the future. Both represent a detachment from the “omnipotent” present, leading to learned helplessness. Returning to the “Omni-present Moment” restores agency.

3.2.2. From “Non-Judgment” to “Active Adjustment”

OMT shifts the emphasis from passive “non-judgment” (which can be confusing or morally ambiguous for Chinese practitioners) to active “Awareness and Adjustment.”

Mechanism: In the “Omni-present Moment,” the individual cultivates the awareness that while they cannot control the storm outside, they have absolute sovereignty over their reaction to it. This active adjustment—regulating breathing, posture, and cognitive interpretation in real-time—integrates CBT’s active coping with mindfulness’s awareness.

3.3. Mechanism Innovation: Lifestyle as an Intervention Method

OMT posits that psychological issues are often symptoms of a maladaptive lifestyle. Therefore, intervention cannot be limited to a “technique” practiced for 20 minutes a day; it must be a “Way of Life.” OMT constructs a triadic homeostatic structure:

3.3.1. Ethical Premise: Minimalism

The Subtraction Process: Based on the Daoist principle of “losing every day” (Wei Dao Ri Sun), OMT advocates for a minimalist lifestyle. This involves decluttering the physical environment and simplifying social obligations.

Scientific Basis: Research confirms that cluttered environments and excessive choices increase cortisol levels and deplete executive function. Minimalism reduces Cognitive Load, freeing resources for mindful awareness.

3.3.2. Behavioral Norm: Non-Harming Principle

The Protective Mechanism: The norm of “No harm to others, no harm to self, no harm to environment” serves as a psychological immune system. Unethical behavior triggers defense mechanisms (rationalization, repression) that disturb inner peace.

Integration: This aligns with the Buddhist precept (Sila) as a prerequisite for concentration (Samadhi). By maintaining ethical purity, the practitioner avoids the “mental tax” of guilt and fear (Zhong et al., 2018).

3.3.3. Ultimate Purpose: Physical and Mental Health

The Value Orientation: OMT establishes holistic health as a terminal value supe-

rior to wealth or status. This addresses the “existential anxiety” of the modern era caused by value displacement. It promotes a life strategy where decisions are weighed against their impact on psychosomatic integrity.

3.4. Unique Advantages and Innovation Value of the System

As shown in **Table 1**, OMT differs from traditional MBSR/MBCT in value, culture, practice, theory and entry point.

Table 1. Comparison of MBSR/MBCT and OPT across different dimensions.

Feature	Traditional western MBSR/MBCT	OMT (omni-present mindfulness technology)
Value orientation	Value-neutral; “non-judgment”	Value-laden; “minimalism” & “non-harming”
Cultural fit	Individualistic; focus on inner self	Relation-oriented; Focus on self-in-relation (Guanxi)
Practice mode	Formal practice (meditation cushions, scheduled time)	“All-time” awareness; Integrated into daily life (eating, commuting)
Theoretical base	Buddhist psychology + scientific psychology	Confucian/Daoist wisdom + stoicism + CBT
Entry point	Psychological stress/symptoms	Psychosomatic health (sleep, digestion, lifestyle)

3.4.1. Value Orientation

By explicitly advocating ethical values, OMT resonates with the Chinese cultural propensity for moral self-cultivation, bridging the gap between therapy and moral education.

3.4.2. Full-Scenario Coverage

OMT breaks the boundary between formal and informal practice. It does not require a meditation hall but transforms the “996” workspace into a practice field (Dojo), making it feasible for busy urbanites.

3.4.3. Psychosomatic Unity

It places great emphasis on the interactive influence between physiological functions (such as sleep, digestion, and exercise) and psychological states. By effectively alleviating physiological pain (such as stomach diseases and insomnia) as an entry point for psychological healing, it aligns with the traditional Chinese medicine concept of “the unity of body and spirit” in health, and is more easily accepted by patients who may feel stigmatized by mental health treatment.

3.5. Technical Operationalization

3.5.1. Operational Procedures and Scheme Design for the Omni-Moment Mindfulness Technique (OMT)

To address the high dropout rate of Western mindfulness models in fast-paced lifestyles, such as the “996” culture, the OMT program highly integrates “formal meditation” with “life Zen”, emphasizing coverage across “all moments and all scenarios”. The program is designed to last for 8 weeks, with one 90-minute group training session per week, supplemented by 30 minutes of individual practice each day.

3.5.2. OMT 8-Week Intervention Outline

As shown in **Table 2**, this 8-week mindfulness program includes four stages: Weeks 1 - 2 simplify life and reduce negativity; 3 - 4 cultivate non-judgmental awareness; 5 - 6 build resilience through frustration training; 7 - 8 integrate mindfulness into social interaction and decision-making to achieve psychosomatic health.

Table 2. OMT 8-week intervention outline.

Week	Topic	Core practice content (intervention steps)	Psychological/Philosophical mechanism
Weeks 1 - 2	Simplify and eliminate negativity	Physical and digital desensitization: Clean up office and living spaces; disconnect from the internet for a fixed 1 hour per day to reduce ineffective social interactions.	Cognitive minimalism: Free up cognitive bandwidth and make room for awareness.
Weeks 3 - 4:	Awareness and calibration	Practice of the omni-present: Incorporate an “observer perspective” into daily actions (such as walking and using the toilet);	Label emerging emotions with a “neutral tag”. Non-judgmental awareness: Establish psychological distance and break the autopilot mode.
Weeks 5 - 6	Resilience and reconstruction	Pro-frustration thinking training: Write a “training diary” and analyze daily stressors using the “control dichotomy” to distinguish between controllable and uncontrollable factors.	Confucian resilience/Stoic logic: Change attribution style and break the chain of despair.
Weeks 7 - 8	Integration and regression	Non-action social interaction: Implementing the “Do No Harm Principle” in the relationship network; practicing active listening instead of habitual rebuttal; integrating mindfulness into career decision-making.	Taoist non-action/Relationship orientation: Optimizing the social support system to achieve psychosomatic health.

3.5.3. Standardized Definition of Specific Intervention Steps

Preparation stage: Ethics and minimalist framework

Practitioners first need to establish the intention of “non-harming (Ahimsa)” and “simplifying life”. This is not only an ethical requirement, but also to eliminate the “psychological tax” brought about by conflict or excessive choices.

Physiological entrance: Dantian breathing and mind-body cultivation techniques.

Employ the “Dantian Breathing Technique” (with the focus sinking to the lower abdomen) in conjunction with traditional “Baduanjin” or “Daoyinshu”. Leverage the regulation of physiological indicators (such as reducing heart rate variability, HRV) as a gateway to psychological mindfulness.

“Observer” ritual

Guide practitioners to perceive thinking as an “external impression” rather than an “absolute truth”. When faced with sudden stress, initiate a 10-second “omnipotent pause” and examine the current physical sensations, emotional fluctuations, and cognitive assessments from a third-person perspective.

Mobile redesign

Utilize the “control dichotomy” method for rapid real-time post-market analysis:

Step 1: Identify which aspects of the current stress are uncontrollable (such as

outcomes, attitudes of others), and immediately activate the “non-action” mode to accept them.

Step 2: Identify the factors that are currently fully controllable (such as your current breathing, the next first step action), and invest energy precisely.

Daily embedding

Practitioners are required to select three daily triggers (such as when washing hands, waiting at a traffic light, or before opening office software) for a 1-minute “all-around moment” awakening. Through this high-frequency, short-duration practice, mindfulness can be “lived into daily life”.

3.5.4. Suggested Practice Frequency

Official practice: 15 minutes of guided exercises + 15 minutes of seated meditation daily.

Informal practice: Engage in at least 5 “all-around moments” of instantaneous arousal daily.

Total exposure: Accumulated formal contact time over 8 weeks is not less than 12 hours, and individual practice time is not less than 28 hours, to ensure observable neuroplastic changes.

3.6. Limitations and Challenges

Despite the unique theoretical charm of the OMT system, its empirical foundation still needs to be consolidated. Firstly, there is a lack of empirical data. Currently, the effects of OMT are mostly based on theoretical deduction and small-sample observations, lacking rigorous verification through large-sample, randomized controlled trials. Its universality still requires data support. Secondly, cultural adaptation has boundaries. Although localization is emphasized, the “minimalist” aspect may conflict with the prevailing values of pursuing material enjoyment, affecting the acceptance of some audiences.

4. Conclusion

Mindfulness research in China stands at a critical juncture, transitioning from a phase of “imitation and adoption” to “autonomous innovation.” Over the past two decades, mindfulness has evolved from a fringe religious concept to a mainstream psychological science in China. The next two decades will define whether it can truly take root in Chinese culture.

The proposal of the “Omni-present Mindfulness Technology” (OMT) system represents a bold attempt at this theoretical indigenization. It refuses to remain an “apprentice” to Western paradigms. Instead, it returns to the lived experience of the Chinese people and the deep wells of indigenous philosophy—Confucian resilience (Pro-Setback Thinking), Daoist clarity (Xin Zhai), and the ethics of Guanxi—to find solutions for the modern spiritual crisis.

By reconstructing mindfulness from a sterile “technique” into a vibrant, ethically grounded “lifestyle,” OMT not only enriches the global discourse on mind-

fulness but also provides a pragmatic, scalable solution for the “Healthy China 2030” initiative. It offers a path to mental health that is not just about reducing symptoms, but about cultivating a life of wisdom, resilience, and harmony in an increasingly complex world.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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