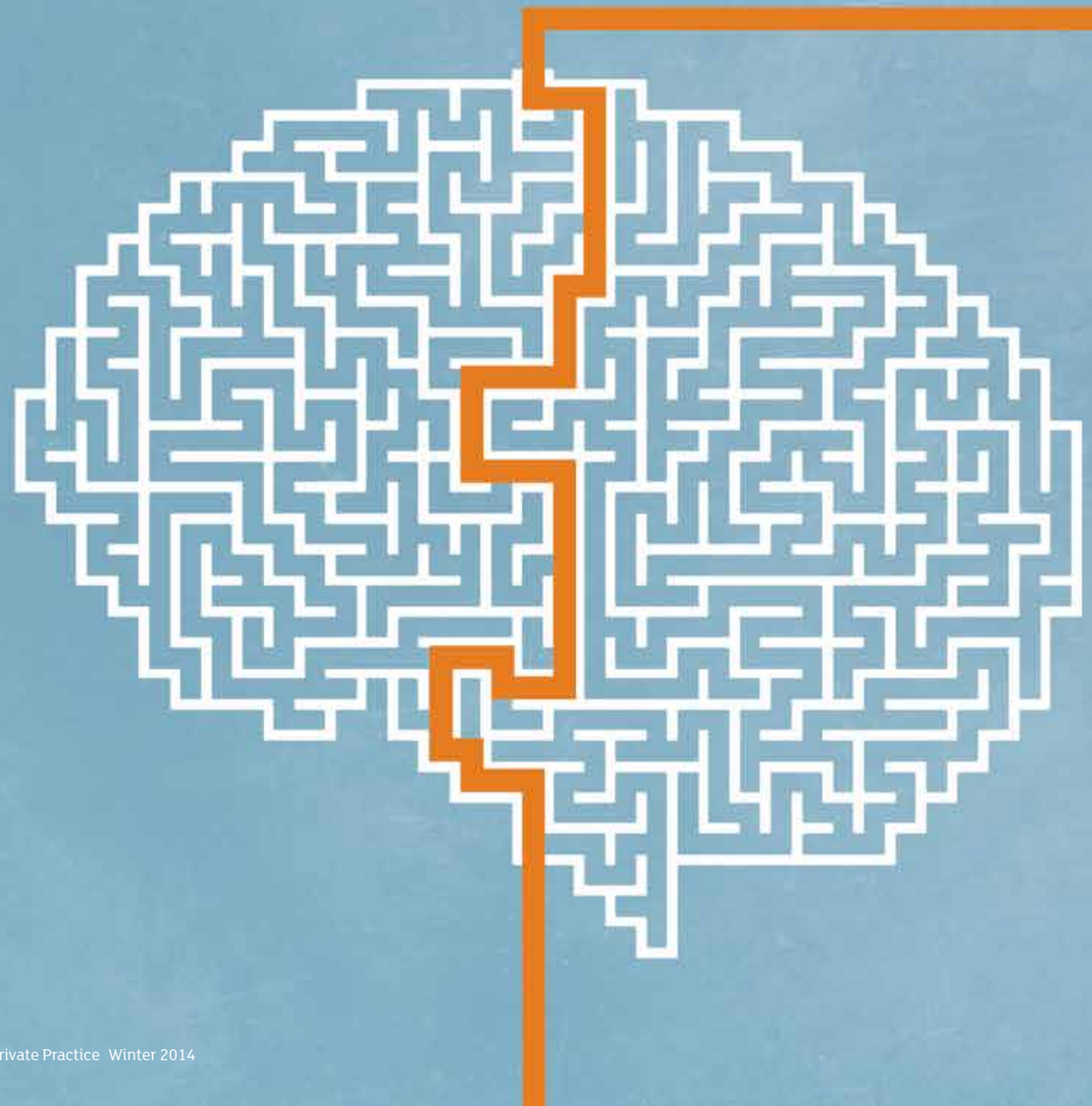
Being with what is



Because mindfulness offers a way to develop a special relationship to suffering, it can be helpful regardless of a client's presenting problem, argues **Kamila Hortynska**

Mindfulness is very much a buzzword at the moment. We hear about it from every corner of our personal and professional lives. Children can attend '.b' [dot-be] courses at school;[1] corporate employers offer mindfulness-based courses to their employees; mental health professionals follow National Institute for Health and Care Excellence (NICE) guidelines to offer mindfulness courses to those with recurrent depression who want to prevent future relapses;[2] MPs receive taster sessions in parliament and debate on how to make it more accessible to the public;[3] while some working in statutory services can access mindfulness courses for free, thanks to a current research project at the Centre for Mindfulness Research and Practice at Bangor University.[4] Research into mindfulness has grown rapidly in the last 10 years[5] and even mainstream newspapers publish pieces on mindfulness every few months. As a consequence, more and more people are interested in learning about it in the hope it can bring some benefits to their life. I have clients who specifically ask for this intervention and I imagine this is the case for all of us, both in private practice and in the NHS.

I ran a 90-minute introductory level workshop on mindfulness for anxiety at the BACP Private Practice conference in September, providing basic information, context and resources for practitioners interested in learning how mindfulness might fit within their work. In this article I will briefly summarise the main messages of the workshop and reflect on the questions raised.

What is mindfulness?

It was not surprising that most of the workshop participants were familiar with the concept. But only a few had experience of what it is. So what is mindfulness? To use the best-known description by Jon Kabat-Zinn, the founder of mindfulness-based programmes within health and mental health contexts, mindfulness means deliberately paying attention to the present moment in a non-judgmental way.[6] Within the field of psychology it is defined as awareness of present experiences with acceptance. For more detailed consideration of the construct of mindfulness within psychology, see Bishop et al.[7]

People come to see counsellors, psychotherapists and psychologists because they suffer with one thing or another and want some relief. Mindfulness offers a unique way to develop a special relationship to suffering in general and therefore can be helpful regardless of a client's presenting problem. Mindfulness originates from a 2,500-year-old Buddhist form of meditation called *Vipassana* or Insight meditation. It is at the heart of Buddhist psychology, the primary aim of which is to offer a practical way to know the mind, shape the mind and free the mind.[8] This very old but simple method of reducing our suffering is based on the assumption that even when we cannot change the cause of our suffering (and often we cannot, at least not immediately), we can still change our relationship to it and become less reactive to what is happening around us, within us or to us, and therefore reduce how much we suffer. In a very simplified way a lot of suffering in our lives comes from not accepting our present experiences (wanting what we don't have, not wanting what we have) and being preoccupied with the past or future events.

People who are depressed often feel regret, sadness or guilt, which leads to rumination. And those who are anxious worry about or fear the future. Although this workshop was focused on integrating mindfulness into work with anxious clients, the core principles behind mindfulness practice are the same regardless of presentation. Our aim in using mindfulness in therapeutic work is to help clients develop greater familiarity with the patterns of their minds and bodily responses and to teach them to create a little space between stimulus and reaction, so they can respond wisely and choose the type of action that will most support them in the long run. Our suffering seems to increase when we avoid living fully in the present moment in a non-judgmental way. Practising mindfulness helps us stay in contact with what is real in our lives and see it freshly without preconceptions, likes, dislikes and habitual, often automatic, ways of reacting. It also helps us understand how mind and body interact under stress and in personal relationships.

Mindfulness means deliberately paying attention to the present moment in a non-judgmental way

There is a fast-growing evidence base for the effectiveness of mindfulness-based interventions for physical and mental health problems.[9–11] Although there are several mindfulness programmes developed for specific problems, they are all based on either mindfulness-based stress reduction (MBSR) or mindfulness-based cognitive therapy (MBCT). However, many meta-analytic studies also include other therapies that incorporate mindfulness, such as acceptance and commitment therapy and dialectical behaviour therapy. The strongest evidence base exists for relapse prevention in depression.[12] However, intervention programmes adapted specifically for anxiety disorders are also being developed and studied.[13] Specific examples include: panic disorder,[14–16] obsessive compulsive disorder,[17] generalised anxiety disorder[18] and health anxiety disorder.[19]

Integrating mindfulness into clinical work

All those who attended the workshop were interested in how to integrate mindfulness into their clinical work. My main message is that as practitioners we have to start with ourselves. Mindfulness is not like any other technique or therapeutic strategy that you can simply add to your toolbox. It is crucial to have an experiential understanding of how it feels to use it in daily life; how hard it may be to practise simply being with your inner experience for 20 or even five minutes at a time; and how difficult it may be to find time to practise in your busy life.

I guided participants through a taster practice to illustrate some of these points. The feedback confirmed how useful it is to find out in person how easily you can become distracted by noises in the room and pain or sensations of discomfort in the body or simply the commentary of your own mind. This helped participants recognise how important it is to have a personal experience of being mindful before introducing the concept to clients.

Many counsellors commented on how the concept of being aware and choosing how to respond rather than mindlessly reacting, fits well with the Rogerian core condition of congruence – the ability to be self-reflective and react to situations based on a genuine understanding of yourself. As with other approaches to therapy, the importance of being mindful as a therapist seems very clear. This particular audience seemed to understand that this is not an approach to therapy where we 'do something' to our clients, but something we 'must be ourselves', and practise being so, before introducing it to clients.

These comments fit with the classification of the clinical applications of mindfulness within mindfulness-oriented psychotherapy. Germer[20] writes that the first level of being a 'mindful therapist' or 'practising therapist' involves simply using mindfulness yourself, embodying mindfulness and mindful attitudes through your work and being. The next level involves using the philosophy behind mindfulness and Buddhist psychology as a reference point and a way of understanding clients' presenting difficulties. He calls this level 'mindfulness-informed psychotherapy'. Only the third level, 'mindfulness-based psychotherapy', involves directly teaching clients specific mindfulness skills. Germer states that the last two levels are dependent on developing personal understanding of using mindfulness for yourself. In my private practice, as well as my NHS work, I regularly run workshops based on these three types of mindfulness-oriented psychotherapy, helping clinicians start to develop as mindfulness practitioners so they can congruently offer mindfulness-based interventions to their clients.

The aim of mindfulness practice is not to try to change the way we feel but as much as possible to accept what is present and refrain from judging our experience as good or bad

Basic introduction to mindfulness

Some delegates enquired why it is that most mindfulness courses run for eight weeks. The original MBSR course developed by Jon Kabat-Zinn in the late 1970s lasted eight weeks and most of the research conducted since on the effectiveness of mindfulness courses, whether in the original format or as MBCT courses, quotes this length of intervention. Therefore, if we are to access or offer evidence-based interventions, I suggest we opt for eight-week courses.

A lot of suffering in our lives comes from not accepting our present experiences and being preoccupied with the past or future events

Other participants were interested in whether mindfulness can be used within the limit of six sessions. Mindfulness can have a very powerful effect if one is introduced to it responsibly, gradually and by someone with appropriate experience. As it can take a long time to develop a full understanding of mindfulness and because one needs a significant level of persistence at the beginning, I believe it is better not to introduce it to clients in a rushed manner, which might increase the likelihood of them thinking it's not for them and as a consequence rob them of the opportunity of benefitting from it. So, if you are not certain whether you are able to do it justice, it may be better to only speak about it to clients and refer to a specialist. However, you can certainly practise being a mindful practitioner and bring the qualities of mindfulness into the therapeutic relationship with your clients.

Myths and misconceptions

The workshop also provided an opportunity to clarify certain widespread myths and misconceptions about mindfulness; for example, that the purpose of mindfulness is to achieve a relaxed state. Although relaxation may often be a 'side effect' experienced by some who practise body scan meditation, the aim of mindfulness practice is not to try to change the way we feel but as much as possible to accept what is present and refrain from judging our experience as good or bad. In practising mindfulness we are not actively trying to achieve a state of calm or peace: the only aim is to practise observing whatever is present in our experience without rejecting it or craving more of it. It is also worth clarifying that mindfulness practice is not about focusing on breath as a distraction from whatever else is in our immediate experience, and that focusing on the breath serves as an anchor to the present moment from which we can see more clearly the most helpful actions and responses.

This was an introductory workshop and it is hard to do justice to the topic of mindfulness in a 90-minute session. However, the reactions and questions of participants suggested this is a subject that many felt they could relate to on a personal level as well as bring into their client work. My hope is that the workshop provided answers to at least some questions and an experience of mindfulness in practice, marking the first step in a journey of discovery. Given the positive feedback, I look forward to expanding on these sessions and running more mindfulness events for BACP in the future. ■

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Dr Kamila Hortynska is a chartered clinical psychologist and accredited CBT therapist specialising in mindfulness-based interventions. She has a special interest in the use of mindfulness as a method of personal and professional development and has completed research into clinicians' development as mindfulness practitioners. She regularly provides workshops for clinicians wanting to develop as mindfulness practitioners and uses mindfulness-based approaches in both one-to-one work and group settings. For further information, visit **www.leedscbt.co.uk**

Find out more

If you're interested in learning more about mindfulness, you can attend a one-day workshop or drop-in mindfulness session in your local area or sign up for an eight-week MBCT or MBSR course. For a list of courses, visit **http://bemindful.co.uk** or **www.bangor.ac.uk/mindfulness/calendar.php.en**

Routledge is currently offering free access to its collection of 70 articles on mindfulness research until 31 December 2014. Visit **http://explore.tandfonline.com/page/beh/mindfulness-article-collection**

You can also use the internet to buy or download mindfulness meditation tracks and read some introductory texts on mindfulness.

Recommended reading

Wherever You Go There You Are: mindfulness meditation in everyday life by Jon Kabat-Zinn (Piatkus 2004)

The Miracle of Mindfulness: the classic guide to meditation by the world's most revered master by Thich Nhat Hahn (Rider 2008)

Mindfulness in Plain English by Bhante Henepola Gunaratana (Wisdom Publications 2011)