

Gerhard Zarbock • Siobhan Lynch • Axel Ammann • Silka Ringer

Mindfulness for Therapists

Understanding Mindfulness for Professional Effectiveness and Personal Well-Being

WILEY Blackwell

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Welcome

1

Before we begin you might like to pause for a moment and consider what 'mindfulness' means to you. What thoughts or images pop up? Perhaps you already know about mindfulness and have your own personal practice? Or maybe this is all quite new for you?

There is no single 'right' answer or absolute definition of mindfulness, not least because the term is used in many different ways in the literature (Hayes & Wilson, 2003). However, perhaps the most useful starting point is the ever-popular definition given by Jon Kabat-Zinn, who developed mindfulness-based stress reduction (MBSR) with colleagues back in the late 1970s. Kabat-Zinn describes mindfulness as: "paying attention in a particular way, on

Mindfulness for Therapists: Understanding Mindfulness for Professional Effectiveness and Personal Well-Being, First Edition. Gerhard Zarbock, Siobhan Lynch, Axel Ammann and Silka Ringer.

© 2015 John Wiley & Sons, Ltd. Published 2015 by John Wiley & Sons, Ltd. Companion Website: www.wiley.com/go/zarbock/mindfulnessfortherapists purpose, in the present moment, and non-judgmentally" (1994, p. 4).

While the modern Western psychological understanding of mindfulness does not simply adopt Buddhist notions, and although mindfulness is generally considered to be a natural human quality which can be cultivated with regular practice, it is important to acknowledge that secular mindfulnessbased approaches have a strong grounding in Buddhist meditation. Within a Buddhist context, mindfulness has been described as:

characterized by dispassionate, non-evaluative, and sustained moment-to-moment awareness of perceptible mental states and processes. This denotes continuous, immediate awareness of physical sensations, perceptions, affective states, thoughts and imagery" (Grossman, 2010, p. 88).

While these definitions emphasise that mindfulness encompasses more than 'just' attention, it is clear that attention plays a central role (Chiesa & Malinowski, 2011). How do these definitions fit in with your initial reflections?

We will touch on the scientific literature surrounding the nature of mindfulness and the established benefits of mindfulness training in Chapter 2, for those of you who are not overly familiar with the field. However, the purpose of this book isn't to tell you what mindfulness is, but rather to serve as an invitation to explore it for yourself. The material is aimed at those who provide some form of psychological therapy or support, but may be equally useful for those in a variety of helping professions, such as social workers, mental health project workers or medical practitioners. Equally, the material may also be useful for those who work in other capacities, such as educators.

Being a therapist is mentally and emotionally draining, regardless of whether you are 'freshly minted' or an 'old hand'. Research suggests that mindfulness training is beneficial for those in the helping professions and may serve as a useful self-care practice (Irving, Dobkin, & Park, 2009). There is some evidence that suggests that therapists who have trained in mindfulness may actually have better client outcomes, although the "jury is still out on this question" (Labbé, 2011, p. 30). The mindfulness for therapists programme presented in Chapter 3 includes a series of meditations and exercises to help you discover new ways of bringing your practice into your therapy room. Regular mindfulness practice supports the development of a decentred perspective, allowing you to step back and observe your attitudes, feelings and approaches to yourself and your client. Regular practice is absolutely essential and lies at the heart of all modern mindfulness training (Malinowski, 2008). Of course this is common sense if you wanted to learn to play the piano you wouldn't expect to be able to play after only a couple of lessons! This fits in with the research, where there appears to be a relationship between the time individuals spent practising formal meditation and the levels of change observed in measures of mindfulness and well-being (Carmody & Baer, 2008). It might be useful to take a moment to reflect on whether you're really prepared to incorporate some regular practice into your life.

For those who use mindfulness therapeutically, this book offers a way to incorporate mindfulness practice into your working day. Several years ago, some of us offered training in MBSR for therapists. The participants were fascinated by the idea of mindfulness and MBSR, but they were really looking for the most useful exercises and approaches they could use with their clients immediately. While this may be appropriate in many therapeutic approaches, mindfulness is different in

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that it is not possible to apply the 'see one, do one' approach. It takes time and practice to develop a personal experience and understanding of mindfulness, which is necessary before one can instruct others in an authentic way. If the support you provide for your clients as they begin to develop their own mindfulness practice is based on your own practice you are able to give a different quality of support and encouragement, rooted in a deep understanding of the difficulties encountered in mindfulness meditation.

Of course, we do not want to judge those of you who may have tried mindfulness exercises with your clients without practising yourself! Instead we would like to emphasise our view that in order to support your clients with their mindfulness practice credibly and successfully in the long term, it is essential that your guidance is rooted in your own practice.

As you work your way through this book you will be introduced to different practices which we hope will help you to develop and embed your personal mindfulness practice into your daily life. Recordings of all of the exercises are available online (see www.wiley.com/go/zarbock/mind fulnessfortherapists). Please see About the Companion Website at the back of the book for more details. The key types of practices are presented below.

Formal Mindfulness Exercises

These include meditations that focus on the breath, the body and mindful movement. Such formal exercises are usually practised regularly throughout the week. It is helpful to practise at least five times per week for a minimum of 20 minutes. It can be helpful to have an established place to practise, perhaps a corner of your study or bedroom. It is also useful to think ahead and plan a regular time to practise (e.g. in the morning before work, during lunch, etc.). Many people choose to attend some sort of group to support their practice and provide inspiration. Depending on your own preferences, you may find that attending a weekly yoga or Tai Chi class may suit you better than attending a meditation group.

Informal Mindfulness Exercises (Personal and Professional Lives)

These exercises help you to create moments of mindfulness in your everyday life. The book provides many suggestions as to how you can create such mini oases of mindfulness in your day. For example, you may choose to make the first few sips of your morning tea or coffee a mindfulness practice, or perhaps you could use the walk from your desk to the door as an opportunity to notice the pressure and weight of your feet on the floor, the changing pressure as you pick up your foot and the motion as you move your leg forward, ready to take your next step.

Therapist Role Mindfulness Exercises

These exercises centre on you and your role as a therapist. They aim to help you embed your mindfulness practice in your therapeutic work. For example, you may 'check in' with yourself before your client arrives, noticing bodily sensations or any thoughts or feelings which surface. During the session you may take a moment to check in with yourself again, noticing how you are sitting in your chair or the tone of your voice. There are many such examples throughout the book.

Joint Mindfulness Exercises

These joint mindfulness exercises have been designed to be done together with your client. The book includes several examples, such as the use of a joint breathing space or of short joint meditations as a way of closing a therapeutic session.

Intensive Exercises

Regular periods of intensive practice are a mainstay of most mindfulness training. If you are serious about your personal practice and bringing mindfulness into your lives, an intensive period of practice is highly recommended. Such periods can range from a single day to seven or ten days (or more). There are a variety of accessible retreats, from different traditions, which you might like to attend as you develop and expand your practice. For example, you might like to try a Vipassana, Zen or Yoga retreat. As the evidence mounts that mindfulness training is beneficial for therapists, it seems likely that there will be an increase in the support available specifically for therapists and those in the helping professions. We hope that this book will contribute to the ongoing growth and development of this field.

Client Exercises

We have also included a number of exercises which you can use with your clients. It is important that the decision to embark on these exercises is made jointly, as of course the client actually has to be willing to practise them if they are to have any impact. Mindfulness and mindfulness training isn't a 'magic bullet' and won't make your problems or concerns disappear. However, it can help you engage with yourself and your clients in a more open, empathic way and provide a strong foundation to choose how you respond to events rather than simply reacting automatically. We hope that you enjoy exploring the material!

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2 Mindfulness

This chapter serves as a foundation to the more experiential approach taken in Chapters 3 and 4. Its purpose is not to provide an exhaustive literature review but rather a brief introduction to mindfulness. We will begin by addressing some of the pressures felt by therapists and how mindfulness can help, before taking a deeper look at what we mean by mindful awareness, the five elements of mindfulness and how they relate to one another. We will also reflect on how mindfulness relates to the first, second and third person perspective, and how this can impact you in your working day, be that alone or with your clients. Finally we will introduce mirror neurons and consider the role they may play in the therapeutic relationship.

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Burden on the Helper

What made you choose to work as a therapist? Whatever your reasons, the strain of supporting others may take its toll on your health and well-being. For a profession which focuses on supporting others it is somewhat ironic that there isn't a greater emphasis on supporting those of us who work as therapists or in helping professions (Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012). The continuous professional use of empathy alongside the frequent exposure to emotionally difficult situations, such as demanding or violent clients, can leave those who work in the helping professions at risk of burnout (Paris & Hoge, 2010). Burnout is the end result of chronic overload, which is characterised by fatigue, anxiety, tension, a sense of reduced effectiveness, a drop in motivation and the prevalence of dysfunction, negativity, and cynical attitudes and practices. Fengler (2008) has described four key ways of relating to stressful situations which may increase your risk of burnout: high self-set goals, a limited understanding of your own ability, a denial of the impact of taking on a lot of work, and a permanent suppression of the fact that you are overloaded. Another explanation for the high levels of burnout amongst therapists is that regular exposure to negativity, suicidal thoughts, pessimism and self-destruction are extremely stressful and emotionally contagious. Does any of this sound familiar?

The unique therapist-client relationship approximates a close friendship or partnership in terms of emotional intimacy, yet is asymmetrical in many ways. For example, within your professional role there is an expectation that you are always friendly, tolerant and understanding, regardless of how you happen to be feeling. You do not receive the sort of reciprocal support from your clients that you would usually receive from friends and family. Rather, it is up to you to facilitate your own recovery and restore your own equilibrium at the end of every session. Learning to be sensitive to your own needs throughout your working day can support this process, while also helping you to notice your workload, stress levels and how these affect you. We feel that developing your own mindfulness practice and bringing it into your working day is one helpful way of doing this.

Mindfulness as Self-care

Building on the early work of Kabat-Zinn and colleagues, who used mindfulness to support chronic pain patients (1982; 1985), the last 30 years have seen a steady increase in the use of varying forms of mindfulness training to support clinical (Praissman, 2008) and healthy populations (Chiesa & Serretti, 2009). Mindfulness training can lead to reductions in stress, anxiety and depression, while improving health and well-being. There are a huge range of mindfulness training programmes available, many based on Mindfulness-Based Stress Reduction (MBSR), which has served as a template for other client-specific programmes such as Mindfulness-Based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002) or Mindfulness-Based Eating (Kristeller & Hallett, 1999). Mindfulness plays an important role in programmes such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), where mindfulness is used to help create mental space, and Dialectical Behaviour Therapy (DBT; Linehan, 1993), where mindfulness helps to facilitate acceptance. Because of this growing interest, you may already be quite familiar with mindfulness!

As we mentioned in Chapter 1, in order to work with mindfulness in a therapeutic context, we believe that having your own personal practice is essential. In the MBCT manual, the authors describe how they discovered this for themselves through trial and error (Segal et al., 2002). Given the popularity of mindfulness-based approaches this may seem like a burden at first. If you want to use mindfulness exercises with your clients you are placed in the position of either ignoring this advice and 'muddling along', or devoting additional time to developing your own practice. From this perspective, developing a mindfulness practice is all about being a 'good therapist' and helping others. A qualitative investigation of mindfulness training for therapists found that the majority of the participants chose to attend mindfulness training in the hope that it would help them be more compassionate and present with their clients (Irving et al., 2012).

Given the reported benefits of various forms of mindfulness training for a wide range of populations it isn't really surprising that mindfulness would be useful for therapists! If anything, it is surprising that there is comparatively little published on the topic – although that is changing rapidly. Mindfulness is coming to be considered an important self-care practice for those in the helping professions, which can be used to help reduce stress, anxiety and burnout (Escuriex & Labbé, 2011; Irving, Dobkin, & Park, 2009). Irving et al. (2012) conducted a qualitative investigation into the experiences of health care professionals who were enrolled in a mindfulness for a medical practice programme. They conducted a series of focus groups over two years with a total of 26 participants and have developed a working model of how mindfulness training is experienced by health care professionals. While they found many themes similar to those in clinical populations, they also observed that mindfulness training appeared to help the health professionals to become more aware of their own perfectionism, their need to 'fix' others and their automatic tendency to focus on the needs of others. This suggests that attending the programme resulted in deeper-level reflections about themselves and their approach to their work. Participants also felt that they became much more self-compassionate and had noticed a shift in their attitudes towards self-care practices.

While there is a paucity of long-term follow-ups with this population, a pilot evaluation of MBCT for clinicians did find that the majority of the participants were still practising mindfulness regularly 20 weeks after the end of the programme (de Zoysa, Ruths, Walsh, & Hutton, 2012). If these therapists didn't feel as though they were benefiting somehow it seems unlikely that they would still be practising so many months later! The benefits of mindfulness as a supportive tool for therapists is also supported anecdotally; for example, shortly after the 2011 earthquake in Christchurch, New Zealand, half of the counsellors and therapists present at a national training day reported that their own mindfulness practice had been their most useful coping tool (Miller, 2012). But how does it help?

Mindfulness and Self-awareness

Mindfulness, as understood from a modern Western psychological perspective (Siegel, Germer, & Olendzki, 2009), shares some similarities with theories of self-awareness, although they are not the same. Self-awareness involves directing your attention to your own ideals and standards, such as your personal values, goals and cultural and individual norms, which leads you to experience them more intensely. Increased self-awareness is also associated with higher levels of moral development. However, this may also result in you becoming more aware of any discrepancies between your 'self-aware' state and your usual state. In order to deal with this you may