

Mindfulness in mental health: a clinician's journey



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When I first went to a mindfulness retreat I was convinced that I had made a mistake. One of the coordinators welcomed me and told me that talking would cease at 7pm on Friday evening - just after dinner - and would resume again at 1pm on Sunday, just before lunch. I was shocked. I realised that I hadn't been without speech and in silence for that long since I learnt to talk.

I felt myself thrown into a turmoil. The urge to talk and deploy my thinking mind was almost overwhelming for not only were we to refrain from talking but we were to refrain from reading, watching TV, listening to the radio, using our phones or smart devices or anything that might occupy our minds. Our only instruction was to watch whatever arose – to be present in the moment - and just observe. The days were filled with hour-long meditation sessions, followed by breaks and then starting again - walking standing or sitting meditation. These were occasionally punctuated by talks from the teacher. In the first talk, the teacher - a wonderfully silky voiced Swedish woman - said that 'thinking is over rated'. That was my second shock. As a doctor, I considered thinking to be my primary asset. How could it possibly be overrated? It turned out that I was about to find out.

The inner struggle continued as I strove to just observe my thinking mind, and all of the ideas and emotions that arose within it. All sorts of things just appeared out of nowhere - judgements, musings, and ruminations - all seemingly endless. And the more I watched, the more I realised how little I was actually in control of my thinking mind. But something else began to dawn on me as well; namely, that I must be more than my thinking mind itself. Clearly it was a part of me *but I wasn't it*. The thinking me wasn't the whole me. Slowly as I continued to observe for hour after hour, something within me began to shift.

About half way through the second day, I started to feel a sense of calm and acceptance. Not that my mind had ceased to circle and buzz, but because it was something I was able to get used to, sit with and just notice for what it was – chatter, the way of the mind. And I was ok with that. It was like a different level opened up within me and as a result, when I went to work on Monday, I felt as if I had returned from a three-month break.

I knew I had to go back.

I started trying to meditate daily but it took several more retreats before I was able to sustain it pretty much on a daily basis (although I still miss the odd day). However, over time it became a vital and integral part of my life. The more I meditate the more I can cope with in life. The closer I come to the stillness within, the more comfortably I can sail in the hustle and bustle of life. In term of my profession, however, something very substantial changed as a result. I started to realise that if being present with our emotions is so important, then is it right to encourage people to avoid theirs, as we often do in psychiatric practice? Medication is

generally given to 'remove' the experience the person is having, as opposed to watching and growing from it. There was now a dissonance between the way I was learning to handle my emotions and the advice or prescriptions I was giving to my patients. Perhaps there is something here about the resistance we observe in service users who refuse to comply with our prescriptions - because they feel it numbs them, 'like putting a paper bag over my head!' Why would I expect anyone to do that when my own practice of meditation was designed to do the exact opposite?

Thankfully the evidence for mindfulness interventions has been increasing. It is now recommended by NICE for depression and anxiety and a wave of therapies - the third wave - is now based on a foundation of mindfulness techniques. More interesting for me still is the value of mindfulness in clinicians. I have published papers on this myself, which has shown that the more mindful a clinician is, the better his or her therapeutic relationships are and the better therapeutic relationships are, the better outcomes are¹.

Lately I have been working on research into forms of treatment that involve helping clinicians approach their service users mindfully. By sitting with our own distress, we are better equipped to sit with the distress of others. Techniques such as *Open Dialogue*² are based entirely around this and the results showing in the countries in which it has been used to date are off the charts compared to what we are used to in the UK.

It feels now that the same shift I started to experience on the second day of my first retreat is extending, on a mass scale, to the mental health services. A realisation is coming to us that there is a different way of being, and a different way to care for people. Medication may sometimes be needed to reduce risk or help with high levels of distress, but helping people experience their difficult emotions must be a part of our role too. Not forcibly or callously but from a place of having done so ourselves too. That way, both patient and clinician join together in a mutual journey of knowing ourselves. We are more than just the mind that thinks.

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¹ *Mindfulness In Clinician Therapeutic Relationships*, Razzaque et al., 2013

http://www.researchgate.net/publication/257132825_Mindfulness_in_Clinician_Therapeutic_Relationships

² Seikkula, J. and Olson, M.E. (2003). The open dialogue approach to acute psychosis: its poetics and micropolitics. *Family Process*, **42**(3), 403-418.