Mindfulness and Meditation in Mental Health

Mindfulness has entered the lexicon of modern mental health with a rapidity that has rarely been encountered before. Over the last couple of decades a string of new therapies have emerged from the mindfulness stable and most prominent among them are Dialectic Behaviour Therapy (DBT), Acceptance & Commitment Therapy (ACT), Mindfulness Based Cognitive Therapy (MBCT), Mindfulness Based Stress Reduction (MBSR) and Compassion Focused Therapy. All of them share mindfulness as their common foundation and the mushrooming evidence base around them has led to their recommendation across a variety of disorders, with their incorporation into a number of official treatment guidelines, including those of NICE in the UK.

To look at this picture, one could easily gain the impression that mindfulness is a new technique but in fact nothing could be further from the truth. Its existence can actually be traced back at least 2,500 years to the Buddha’s original teachings and, even before this, meditation was practiced in Indus Valley cultures up to well over 5,000 years ago – with mention of it in ancient texts of the time such as the Upanishads. Indeed, every major religion has had a contemplative, esoteric branch whose practices have been based around similar principles. So, essentially, our field is finding its way back to an ancient wisdom that had always been around.

The question many today are asking, therefore, is what is mindfulness and why is it catching on so fast? Jon Kabat-Zinn, the creator of MBCT and MBSR, defines it thus, ‘Mindfulness means paying attention in a particular way, on purpose, in the present moment, and non-judgmentally.’ It is spending time consciously engaged in awareness – awareness of whatever you happen to be doing at the time. In the meditative state, this refers to conscious awareness of breathing. All forms of meditation share this common theme of focused awareness upon a particular item - whether a mantra or an image, or activity, like breathing - while at the same time remaining open to all the experiences around it. When people first try it, they tend to comment upon how hard they find it and they often don’t realize that this is, in fact, the whole point. Becoming aware of how unfocused our mind is and how we are constantly tied to its ceaseless vicissitudes is the key realization we can develop through practices such as meditation. Then, over time, we come to realize that our thoughts are not who we are. They are a part of us, but we can choose to go
with them or not. Our thinking mind is not the be all and end all of ‘me’. It just makes us think so. This realization was perhaps most colourfully expressed by the comedian Emo Phillips who joked, ‘I used to think that my brain was the most important organ of the body, but then I realized what was telling me that.’

Understanding the nature of mind and the limitations that it imposes upon us is something that the Buddha and the ancient Brahmins before him discovered through a process of rigorous research, and they each had a sample size of one; themselves. But it was through this inner exploration that they were ultimately able to gain a wisdom that transformed the lives and attitudes of millions of people through the ages. In modern times, of course, it is to us – psychiatrists, psychologists, therapists, OTs, social workers and RMNs – that people turn to for help with their troubled minds, yet, without a better familiarity with our own minds, how equipped are we really to help others with theirs?

This, indeed, is why, I believe, mindfulness based practices are catching on so rapidly today. It is not just an intervention for the people who we treat, but it is an intervention for ourselves too. To teach mindfulness or meditation to someone, it is important to have your own practice first. Otherwise it would be like trying to teach someone to drive without ever having sat behind the wheel of a car yourself. This means that every practitioner needs to spend time looking into themselves on a regular basis. This will ultimately have a profound effect on them and their lives, which spurs them on to share these benefits with others too. That is why I, for example, after nearly ten years of engaging with mindfulness practices, am passionate about assisting others – staff and patients alike – to do the same. And I am delighted to have met, on my travels, a string of colleagues in mental health who feel exactly the same.

So far, the mindfulness wave has well and truly taken hold in the world of psychology and psychotherapy, but in psychiatry it remains peripheral. This, to me, is where the greatest urgency lies. More so than almost any of our colleagues bar perhaps nurses, psychiatrists are faced with tremendous levels of anguish, turmoil and stress in our working environment due to the nature of the problems we treat; our mandate places upon us heavy responsibilities and power over people’s lives. We can completely transform their mental states – for good or ill – in an instant with medication, or even deprive them of their liberty, and for all of this we have to be accountable to families, corporate management, as well as the criminal justice system and wider society.

The potential, therefore, for the reactions and vacillations of our own mind to become entangled in the decisions we make is substantial. Yet, how much training and support do we actually receive to help us minimise this? I work in a busy in-patient environment and I can honestly say that if it was not for my own meditation practice, the service I provide to my patients would be of a genuinely lower quality than it is today. There are times when I can feel a resistance to patient contact and, when a patient is particularly disturbed, I can sense a desire to turn them off like a tap with tranquillization rather than try, with colleagues, to listen and talk them through it. The fact that I spend time every day increasing my awareness of my own mind is what helps me to
identify these currents within, and side step them where appropriate. This, I believe, should be a core skill for any psychiatrist.

As mental health professionals, we are supposed to be experts on the mind but I have come to the realization that this is not really possible until and unless we each become experts on our own minds first. This is not something we can gain from neuroanatomy text books or the latest findings in cognitive research; it can only be gained by looking within. This, in my opinion, more than any single other activity, will make us better nurses, therapists, social workers, OTs and, most of all, better psychiatrists.

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