

**MINDFULNESS PRACTICE AS A TOOL FOR PROMOTING POSITIVE HEALTH,
PSYCHO-SOCIAL WELL-BEING AND PROFESSIONAL COMPETENCE IN HEALTH
SOCIAL WORK: IMPLICATIONS FOR HEALTH SOCIAL WORKERS**

BY

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ABSTRACT

Mindfulness is the ability to experience the present moment without judgement. It is a self-directed practice for relaxing the body and calming the mind through focusing on present moment awareness. It is a more process-oriented practice that is found in many religious and spiritual traditions such as Christianity, Islam and Buddhism. Mindfulness is a useful tool for regulating emotions by increasing awareness and developing flexibility and adaptability in responding to ones emotional experiences. It encourages acceptance rather than avoidance of one's experiences and decreases rumination about past and future events that can exhaust one's energy. Therefore, the present paper describes the nature of mindfulness, explains how it is practiced and how it is useful in promoting health and psychosocial well-being or in reducing personal and group problems such as stress, burnout, trauma, pain and so on. The paper also describes the implications of mindfulness practice for the health social workers and other helping professionals. The paper concluded by advocating proper integration of mindfulness practice into social work education curriculum with a view to helping the would-be health social workers (medical and psychiatric) acquire adequate knowledge and skills necessary for personal and effective social work practice with physically and mentally-ill individuals.

Keywords: Mindfulness, Mindfulness practice, Health, Psycho-social well-being, Professional competence, Health social workers.

Introduction

Mindfulness has been described to be a spiritual concept, having its roots in the old Buddhist traditions where conscious awareness and attention were actively cultivated (Tusaie and Edds, 2009). Multiple terms are also used to describe the process of mindfulness, including reflection and reflective practice (John and Freshwater, 2005), metacognition (Fogarty, 1994), and meditation (Germer, Siegel and Fulton, 2005). Although mindfulness has certain similarities and differences with reflection, meditation and metacognition, they cannot be used interchangeably. Reflection involves examining one's responses, beliefs and assumptions after an unusual or perplexing experience (Loughran, 1996). There is usually a problem-solving process involving a solution with a decision to act (Lowe and Kerr, 1998). Therefore, reflection is similar to mindfulness as it involves self-awareness. However, it is different from it in the sense that it does not involve attention to the present moment and being non-judgemental.

Openness or nonjudgement acceptance, which is a building block of mindfulness, can also include a meditation component. However, mindfulness is not meditation (Tusaie and Edds, 2009). Meditation is to reflect and contemplate or empty the mind to concentrate on a single object (Massion, Herbert, Weheimer and Kabat-zinn, 1995), mindfulness benefit from the ability to concentrate. However, in mindfulness there is a focus on awareness of objects as they appear in the mind concentration only allows for the attention to one object, where mindfulness is the changing elements of thought (Tusaie and Edds, 2009). When used together, mindfulness meditation allows for awareness of thoughts while being able to concentrate on a particular object (Germer et al 2005, Williams, Teasdale, Segal and Kabat-zinn, 2007).

Metacognition is thinking about thoughts (Bishop Lau, Shepiro, Carlson, Anderson et al 2004). It is the process of monitoring thoughts which are then recognized to be transient events rather than true representations of reality. Hence, metacognition is a component of mindfulness, but it does not include the additional components of being in the moment and non-judgemental. It describes one component of mindfulness and therefore it is not mindfulness.

The term "mindfulness" has also been used to refer to a psychological state of awareness, a practice that promote this awareness, a mode of processing information, and a characterological trait (Brown, Ryan and Cresswell, 2007, Germer et al 2005, Kostanski and Hassed, 2008, Siegel 2007b). The word "mindfulness" originally comes from the Pali word "sati" which means having awareness, attention and remembering (Bodhi, 2000). Mindfulness can simply be defined as

“moment-by-moment awareness” (Germer et al, 2005) or as “a state of psychological freedom that occurs when attention remains quiet and Lumber, without attachment to any particular point of view (Martin, 1997).

Although, mindfulness has both state and trait characteristics, it has also been described as a set of skills that can be developed with practice (Bishop, Lau, Shapiro, Carlson, Anderson and Carmody et al, 2004; Linehan, 1993). The definitions of mindfulness in the literature, though, are vague and varied; they have common themes involving components of awareness attention and acceptance. According to Kabat-zinn (1994) the three building blocks of mindfulness are paying attention in a particular way and on purpose, being in the resent moment, and being non-judgemental.

Mindfulness has moved from largely obscure Buddhist concept to a mainstream psychotherapy construct (Davis and Hages, 2011). It is a common factor in psychotherapy (Martin 1997) and has similarities to other psychotherapy related construct. For instance, mindfulness is regarded similar to mentalization (Bateman and Fonagy, 2004) which is the developmental process of understanding one’s own and other’s behavior in terms of individuals’ thoughts, feelings and desires. Both constructs emphasize the temporary, subjective, and fluid nature of mental states and both are thought to enhance affect regulation and cognitive flexibility (Wallin, 2007).

However, mindfulness is different from mentalizing in that mindfulness is both being aware of the reflexive self that engaged in mentalizing, and the practice of fully experiencing the rising and falling of mental states with acceptance and without attachment and judgement (Davis and Hayes, 2011). Mindfulness is also regarded to be inter-subjectivity (Benjamin, 1990) which has been theorized to relate to Buddhist psychology (Thompson 2001). Both constructs are similar in that they both enable a sense of connection with others (Thompson, 2001).

Mindfulness is practiced in several ways and tremendous benefits had been found in them. Therefore, the major thrust of this paper is on the nature and benefits of mindfulness practice and on how mindfulness practice could be used for promoting positive health and psycho-social well-being and as well its possible integrating in social work education curriculum for professional competence and effective practice with patients in health care settings.

Nature and process of mindfulness practice:-

According to Siegel (2007) there are several disciplines and practices that can cultivate mindfulness (e.g. yoga, tai chi, qigong) however, the majority of theoretical writing and empirical research on the subject has focused on mindfulness meditation developed by Davies and Hayes, (2011).

(1) **Mindful Meditation** – Walsh and Shapiro (2006) defined meditation as a family of self-regulation practice that focus on training attention and awareness in order to bring mental process under greater voluntary control and thereby foster general mental well-being and development and/or specific capacities such as calm clarity and concentration. Meditation involves assuming a comfortable position (sitting or standing), closing the eyes, casting off other thoughts and concentrating on a single word, sound or phrase that has positive meaning to the individual.

(2) **Mindfulness - Based stress Reduction (MBSR)** - This was originally created as an 8-week, patient – centered, evidence-based intervention that focuses on teaching mindfulness meditation, breath work, basic yoga and other relaxation methods. MBSR was initially developed by Jon Kabat-zinn at the university of Massachusetts Medical centre in 1979 in an effort to teach patients with chronic medical conditions how to lead fuller and healthier lives. The MBSR developed by Kabat-zinn (1990) uses several types of mindfulness practice, including mindfulness of the body (the body scan) breath, walking and eating.

(3) **Mindfulness – Based Trauma Prevention Programme (MBTPP)** - This was designed by Berceci and Napoli for social work professionals in 2007. The programme is based on the rationale that social workers as well as other professional care-givers such as firefighters, police, physicians and other service providers should learn effective self-directed techniques to maintain equanimity in the face of danger and human suffering, thereby reducing the incidence of secondary or vicarious traumatization and secondary post-traumatic stress disorder. MBTPP is in form of the following:

- (i) **Mindful Breathing** - This entails asking the participant to breathe slowly, notice how the breath moves from lungs, abdomen, ribs, chest, and shoulders and observe whether it is stifled, restricted, smooth, regulated, shallow, or even unnoticeable. By attending to the breath, the mind becomes calm and is less likely to fall prey to intrusive thoughts and “mindless chatter” that take us out of the moment. This allows awareness to emerge.
- (ii) **Body scan** – The 10-minute mindful body scan is a 3-minute exercise that invites the participants to “simply notice what’s happening now” as he or she scans specific points in

the body in sequence (Reynolds and Lee, 1992). It is best done in standing position, but sitting or lying down are also fine, if more comfortable for the participant. The participant is asked to focus on the feet, ankles, calves, shins, knees, thighs, belly and ribs, chest, shoulders and arms, neck, throat and head, lower, middle and upper back and also asked to mention what he or she notice in each case. The body scan is usually started with mindful breathing described above and it precedes trauma releasing exercises.

- (iii) **Trauma releasing exercises (TREs)** - This were designed by David Berceci over a 5-year period of observing large population of traumatized people in five war-torn countries of Africa and the middle East. It involves evoking tremors in the human body through a series of five simple exercises. The exercises produce a slight fatigue in the major muscle groups of the legs and pelvis. This is done by isolating the muscle groups and exercising them individually.
- (4) **Other Mindfulness - Practices are:** Mindfulness - Based cognitive therapy MBCT (Segal, Williams and Tesdale, 2002). Acceptance and commitment therapy (ACT), (Hayes, Strosahl and William, 1999), Mindfulness-Based Childbirth and Parenting (MBCP); Mindfulness-Based Eating (MBE), Mindfulness-Based Relapse Prevention (MBRP); Mindfulness-Based Mental Fitness, Training; Mindfulness-Based Art Therapy for cancer patients; Mindfulness-Based Elder Care (MBEC); Mindfulness-Based Emotional Balance and so on.

Before mindfulness can be practiced, it requires certain abilities and attitudes. According to Davies and Hayes, (2011) the practice of mindfulness requires one to be cognitively and affectively able to attend to the present moment and be capable of perception and introspection. Also, it requires one to have the willingness to endure uncomfortable feelings and a decision to exhibit a conscious effort.

The process of mindfulness involves paying conscious attention, being in the present moment, and being not judgemental. The aim of conscious attention is simply to see, smell, taste, touch, or hear and to be awake or aware of what is happening as you observe, notice, and attend to sensations, perceptions, thoughts, and feelings (Davies and Hayes, 2011). According to Siegel (2007) the present emotion lasts only 10 seconds and represents our experience of the here and now. Though, emotion-linked memories interfere with the focus of here and now, the awareness of these wandering thoughts in itself is part of the process of mindfulness as one returns to the here

and now without judging such wanderings (Wegner and Zanakos, 1994). The final component of the mindfulness process is to be non-judgemental. The aim is to give up expectations and let whatever happens happen.

Benefits of Mindfulness practice -

There are several benefits derivable from mindfulness and mindfulness practice. As research evidence begins to accumulate regarding the possible outcomes of mindfulness, it is possible to categorize these benefits along several dimensions. According to Davies and Hayes (2011), three dimensions that are particularly relevant to psychotherapy are affective, interpersonal and intrapersonal benefits of mindfulness.

(1) Affective Benefits -

Mindfulness helps develop effective emotion regulation in the brain (Farb, Anderson, Mayberg, Bean, Mckeon and Segel 2010). Mindfulness meditation is negatively associated with rumination and is directly related to effective emotion regulation (Chambers, Lo and Allen, 2008) decreases negative affect or brings about fewer depressive symptoms, and less rumination (Ramel, Goldin, Carmona, and McQuaid, 2004; Chambers et al 2008).

- It leads to increased positive affect and decreased anxiety and negative affect (Davidson, Kabat-zinn, Schumacher, Roenkranz et al 2003; Farb et al. 2010).
- Mindfulness meditation practice enhances working memory capacity and promoting effective emotion regulation during periods of stress (Chambers et al 2008; Jha, Stanley, Kiyonaga, Wong and Gelfand, 2010).
- It alters the ways in which emotions are regulated and processed in the brain (Williams, 2010).
- It enables people to become less reactive (Goldin and Gross 2010) and have greater cognitive flexibility.

2. Interpersonal benefits –

Studies based on concepts of mindful relating (Wachs and Cordora 2007), mindful responding in couples (Block-Leamer, Adair et al 2007) and mindfulness-based relationship

enhancement MBRE (Carson, Carson, Gill, and Baucon, 2006) revealed that mindfulness affects interpersonal behavior. Among such effects are that:

- Trait mindfulness predicts relationship satisfaction, ability to respond constructively to relationship stress, skills in identifying and communicating emotions to one's partner, amount of relationship conflict negativity and empathy (Barnes, Brown, Krusemark, Cambel and Rogge, 2007).
- Higher trait mindfulness made people to report less emotional stress in response to relationship conflict and also enter conflict discussion with less anger and anxiety (Bownes et al. 2007).
- Mindfulness is inversely correlated with distress contagion and directly correlated with the ability to act with awareness in social situations (Dekeyser, Raes, Leujssen, Leyson and Dewuif, 2008).
- Mindfulness protects against the emotionally stressful effects of relationship conflict. It is positively associated with the ability to express oneself in various situations and predicts relationship satisfaction.
- In situations where therapeutic relationship may become emotionally intimate, potentially conflictual, and inherently interpersonal, trait mindfulness aids the therapist's (social worker) ability to cultivate and sustain relationships with clients (Davies and Hayes, 2011).
- Studies among cancer patients revealed that mindfulness practice (Yoga exercises) brings about significant improvements in positive affect and reductions in negative affect, comparable to changes seen with aerobic exercise (West, Otte, Geher et al 2004; Netz and Lidor, 2003). It also brings about positive mental health, spirituality outcomes, emotional and cognitive functions and decreased negative affect (depression) (Danhaner, Mihalko, Russell et al 2009; Russell, 2003).
- Mindfulness practice (community-based Yoga programme) decreases mood disturbance, stress symptoms, brings about significant improvement in quality of life of cancer survivors (Mackenzie, Carlson, Ekkekakis et al 2013).
- Mindfulness brings about reduction in hypersexual behaviours, improving affect regulation, stress coping, and increasing tolerance for desires to act on maladaptive sexual urges and impulses (Reid, Bramen, Anderson and Cohen, 2013).

- Mindfulness education (ME) programme or mindful attention training brings about significant improvement in attention, concentration and emotional competence in the school adolescents. It also brings about significant improvements (decreases) in their aggression and oppositional (dysregulated behavior). (Schonert-Reichi and Lawlov, 2010).
3. **Intrapersonal benefits** - In addition to the affective and interpersonal benefits identified above, mindfulness has been shown to bring about intrapersonal benefits, among which are:
- Mindfulness enhances functions associated with the middle prefrontal lobe area of the brain, such as self-sight, morality, intuition and fear modulation (Siegel, 2007b).
 - Mindfulness meditation increases immune functioning (Davidson et al, 2003).
 - It improves well-being (Carmody and Baer, 2008) and reduces psychological distress (Coffey and Hartman, 2008).
 - Regular mindfulness practice alters the brain's physical structure and functioning (Lazar, Kerr Wasserman et al, 2005).
 - Mindfulness meditation brings about increased information speed (Moore and Malinowski, 2009).
 - Mindfulness practice in form of mindful breathing and body scan and trauma-releasing exercises brings about emotional calmness, positive physical and mental states following a trauma (e.g. post-traumatic stress disorder) (Berzeli and Napoli, 2007).

How Mindfulness practice is a tool for promoting positive Health and psycho-social well-being

Mindfulness practice is a tool for positive health and psycho-social well-being in the following ways.

1. **Promotion of Health and well-being –**

According to Kabat-zinn practicing mindfulness can bring improvement in both physical and psychological symptoms as well as changes in health attitudes and behaviours. Mindfulness promotes health and psycho-social well-being in the following ways:

- (i) Practicing mindfulness gives support to many attitudes that contribute to a satisfied life.

- (ii) Being mindful makes it easier to favour the pleasures in life as they occur. It helps one to become fully engaged in activities, and creates a greater capacity to deal with adverse events.
- (iii) By focusing on the here and now, many people who practice mindfulness find that they are less likely to get caught up in worries about the future or regrets over the past. They are less pre-occupied with concerns about success and self-esteem, and are better able to form deep connection with others.
- (iv) Mindfulness techniques help to improve physical health by relieving stress, treating heart disease, lowering blood pressure, reducing chronic pain, improving sleep alleviating gastro-intestinal difficulties. With these and other benefits, the physical health of individuals becomes greatly improved.
- (v) Mindfulness helps to enhance or improve mental health by reducing anxiety disorders, depressions, eating disorders, obsessive-compulsive disorder and substance abuse.
- (vi) Regular sessions of meditation decrease anxiety, stress, depression, exhaustion and irritability. It improves memory, increase reaction time, mental and physical stamina.
- (vii) Mindfulness can dramatically reduce pain and the emotional reaction to it.
- (viii) It improves mood, and quality of life in chronic pain conditions such as lower back pain, cancer etc.
- (ix) It reduces addictive and self-destructive behavior which includes the abuse of illegal and prescription and excessive alcohol intake.
- (x) Mindfulness may reduce ageing at the cellular level by promoting chromosomal health and resilience.
- (xi) Meditation and mindfulness improve control of blood sugar in type II diabetes.
- (xii) Meditation improves heart and circulatory health by reducing blood pressure, and lowering the risk of hypertension.
- (xiii) Mindfulness reduces the risks of developing and dying from cardiovascular disease and lowers its severity should it arise.

2. **How Mindfulness is a tool for promoting professional competence in social work –**

Some of the core values/principles of social work practice are non-judgemental attitude, empathy compassion and counseling skills, which mindfulness helps in promoting and which the health social workers need to acquire before becoming professionally competent to practice.

Therefore, some mindfulness-based training, interventions or programmes are useful tools for promoting professional competence in the following ways:

- (i) **Promotion of Empathy** - Mindfulness meditation has been found to produce empathy. Shapiro, Schwartz and Benner (1998) found that premedical and medical students who participated in an - 8 week MBSR training had significant higher self-reported empathy than a control group. Therefore, regular mindfulness meditation by the health social workers will help them to be more empathetic with their patients.
- (ii) **Promotion of compassion** – Mindfulness-based stress reduction (MBSR) training programme enhanced self-compassion in health care professionals (Shapiro, Astin, Bishop and Cordeva, 2005). When two components of mindfulness (non-judging and non-reacting) were correlated with self-compassion and two dimensions of empathy, taking on others perspectives (i.e. perspective taking) and reacting to other's affective experiences with self-compassion fully mediated the relationship between perspective taking and mindfulness. It is believed that with adequate knowledge and skills in MBSR, relaxation exercises, body scan and other methods of relaxation, the health social workers will be able to give compassionate care to their patients.
- (iii) **Promotion of counseling skills** - Mindfulness interventions in psychotherapy training contribute to the development of skills that impact trainee's effectiveness as therapists. For instance, mindfulness meditation had been found to have considerable positive effects on the counseling skills of counseling students and on their therapeutic relationships, including being more attentive to therapy process, more comfortable with silence and more attuned with oneself and clients (Newsome, Christopher, Dahlen and Christopher, 2006). Birnbaum (2008) also found that counselors in training who have participated in similar mindfulness-based interventions have reported significant increase in self-awareness, insights about their professional identity, and overall wellness (Rybak, and Russell-Chapin, 1998). Therefore, through regular mindfulness practice the health social workers will acquire counseling skills they need for solving the psycho-social problems of their patients.
- (iv) **Ensuring decreased stress and anxiety** - Mindfulness-based stress reduction training helps in reducing stress and anxiety associated with professional practice. For instance research has found that pre-medical and medical students reported less anxiety and depression symptoms after an - 8 week MBSR training compared to a waiting list control

group (Shapiro et al 1998) MBSR has also been shown to decrease total mood disturbance, including stress, anxiety, and fatigue in medical students (Rosenzweig, Reibel, Greeson, Brainard and Hojat, 2003). A study by Cohen and Miller (2009) revealed that interpersonal mindfulness training can foster emotional intelligence, social connectedness and reduce stress and anxiety. In the same view, constant mindful practice by the health social workers will help them to reduce stress and tensions that may arise when helping their patients.

- (v) **Enhancement of self-efficacy** – Mindfulness enhances counselling self-efficacy. Greeson and Cashwell (2009) found that counselling self-efficacy was significantly predicted by self-reported mindfulness among masters-level interns and doctoral counselling students. Therefore, regular sessions of mindfulness practice would enhance the level of efficacy of the health social workers.
- (vi) Other potential ways by which mindfulness contribute to professional competence includes increased patience, intentionality, gratitude and body awareness (Rothaup and Morgan, 2007). Based on the above findings it is believed that when mindfulness training programmes of various sorts are organized for the social work practitioners, they will be well equipped with knowledge and skills that will make them to be professionally competent and function effectively when discharging their duties.

Implications of mindfulness practice for the Health Social Workers - Mindfulness practice has many useful implications for the health social workers. These include:

1. The health social workers should have to engage themselves in regular mindfulness practice of various forms which could make them to be more competent when helping their patients.
2. The health social workers should learn how to have compassion for their patients or how to give them compassionate care. This will make the patients feel safe and secured, cooperate in their care and treatment and have trust and confidence in them.
3. They have to be more empathetic with their clients in the course of working with them or when the patients are in severe pain or emotionally down with stress of their illness.
4. They should help the patients to find meanings in their sufferings through regular mindfulness meditation with them.

5. The health social workers have the responsibility of engaging their patients in some mindfulness practices like release exercises, muscle relaxation exercises, meditation, body scan, mindful breathing in order to help them overcome their tensions or stress associated with their illness.
6. They should use their counselling skills to allay the fear, anxiety, worry and other negative emotional feelings that may be presented by the patients and their family.

Conclusion

It is not gain-saying the fact that mindfulness practice helps to promote positive health, psychosocial well-being and professional competence in health care. It can therefore be summarily concluded that mindfulness practice is a powerful and useful tool in physical and mental health care. It could also be concluded that when the health social workers engage themselves in mindfulness practice, training or exercises, they would acquire adequate knowledge and skills necessary for personal, and effective social work practice with the physically, and mentally-ill patients. They would also be able to give holistic health care to their clients, helping them to overcome the psycho-social problems associated with their illness and also facilitating their quick necessary.

Based on this and other benefits of mindfulness practice, it is highly advocated in this paper that mindfulness practice should be integrated into social work education curriculum with a view to helping the would-be social workers (health social workers) cultivating mindfulness practice for effective social work practice in health care settings.

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