

Clinical Intelligence

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Practical tips for using mindfulness in general practice

In a recent *BJGP* Viewpoint article¹ we discussed how both GPs and their patients have become more open to the prospect of using mindfulness meditation as a mainstream medical intervention.

Mindfulness derives from Buddhist practice and is described as the process of developing an open and unbroken awareness of present-moment cognitive-effective and sensory experience.²

MINDFULNESS TECHNIQUES

Following on from our previous article, here we provide seven practical tips for the effective use of mindfulness techniques in a general practice setting.

Use meditative anchors

The majority of clinically focused mindfulness programmes begin by instructing patients how to use a meditative anchor. The most commonly taught meditative anchor is that of observing one's breath. Full awareness of the in-breath and out-breath helps patients to 'tie their mind' to the present moment and to regulate thought rumination.

For patients with concentration deficits, instructing them to count their breath (that is, from one to ten and then back down to one) is normally beneficial. Similarly, some patients find it easier if they are guided using simple and gently spoken phrases such as '*breathing in, I am fully aware of my in-breath*' and '*breathing out, I am fully aware of my out-breath*'. Other examples are '*breathing in, I am here; breathing out, I am now*' and '*breathing in, there is nowhere I need to be; breathing out, I am already home*'.

Don't force the breath

When using breath awareness as a meditative anchor, it is important to discourage patients from forcing their breathing. In other words, the breath should be allowed to follow its natural course and to calm and deepen of its own accord.³

Adopt an appropriate meditation posture

Although the focus of mindfulness practice should be directed towards its maintenance during everyday activities, formal daily seated meditation sessions are an essential aspect of mindfulness training. However, rather than sitting in meditation for hours on end and making the practice into an endurance exercise, shorter sessions of between 5 and 15 minutes are far more effective at the beginning stages. As part of seated meditation practice, a good physical posture helps to facilitate the cultivation of a good mental posture. The most important aspect of the meditation posture is stability and this can be achieved whether sitting upright on a chair or on a meditation cushion. In the 8-week secular mindfulness intervention known as Meditation Awareness Training (MAT), the analogy used to explain the most appropriate posture for meditation is that of a mountain: a mountain has a definite presence, it is upright and stable but it is also without tension and does not have to strain to maintain its posture; it is relaxed, content, and deeply rooted in the earth.³

Use mindfulness reminders

'Mindfulness reminders' are a strategy for maintaining mindful awareness during everyday activities. An example of a mindfulness reminder is an hour chime (perhaps from a wrist-watch or computer), which, on sounding, can be used as a trigger by the patient to gently return their awareness to the present moment and to the natural flow of their breathing.³

Some individuals prefer a less sensory reminder such as a simple acronym. For example, in the aforementioned MAT programme, participants are taught to use a three-step SOS technique to facilitate recovery of meditative concentration by 'sending out an SOS' at the point when intrusive thoughts arise (Box 1).

Practise what you preach

According to Epstein, '*mindfulness is*

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Box 1. Sending out an SOS

1. Stop
2. Observe the breath
3. Step back and watch the mind

integral to the professional competence of physicians'.⁴ Accordingly, findings demonstrate that patients place importance on the extent to which the clinician's own thoughts, words, and actions are infused with mindful awareness.⁵ A clinician who is 'well soaked' in meditation naturally exerts a reassuring presence that helps patients to relax and connect with their own capacity for cultivating meditative stability. Thus, if a person is going to instruct others on how to practise mindfulness correctly, then it is essential that they do so from an experiential standpoint. From the GP's perspective, maintaining a regular practice of mindfulness does not have to encroach into busy work schedules. In fact, rather than 'taking time out', mindfulness practice really begins when a person gets up from their meditation cushion (or chair) and continues with work and daily tasks. So the practice of mindfulness is less about finding the time to practise, and more about simply remembering to engage a mindful attention-set during whatever activity one happens to be engaged in. For example, as you read this article, are you fully aware of your breathing? Can you feel your lungs as they rise and fall with each breath in and out? Can you feel the weight of your body on the chair you are sitting on? Do you know how you are sitting? Is your posture that of somebody who is awake and fully participating in the world or are you slumped right back in your chair? Are you fully present as you read this or is your mind already jumping to whatever you will be doing next? In short, are you fully aware of each precious moment of your life as it passes you by?

Integrate mindfulness into everyday life

Although it is undoubtedly beneficial for patients to meet with the mindfulness instructor regularly, emphasis should be placed on empowering individuals to introduce mindfulness into all aspects of their lives. Many individuals find a CD of guided meditations to be invaluable in this respect. Another effective integration strategy is to work with patients to establish a routine of mindfulness practice. Our personal preference is to do this on a case-by-case basis (that is, rather than prescribing a blanket amount of formal

meditation practice time for all people) and we generally encourage people to try to adopt a dynamic meditation routine. In this manner, patients are dissuaded from drawing divisions between mindfulness practice during formal sitting settings and practice during everyday activities.⁵ The purpose of this is to reduce the likelihood of dependency on the need for formal meditation sessions.

Employ psychoeducational techniques

As with most non-pharmacological interventions, a degree of psychoeducation regarding the mechanisms of action and projected hurdles to recovery is generally regarded as a means of augmenting clinician-patient trust and therapeutic alliance.³ Mindfulness-based interventions are no exception to this, and patients and non-patients alike generally welcome advance notice of the difficulties they are likely to encounter as their mindfulness training progresses. One such difficulty, particularly in the initial stages, is the feeling by individuals that their mind is becoming even more discursive than before. However, rather than a reduction in levels of mindfulness, research demonstrates that such feelings generally result from a greater awareness by patients of the 'wild' nature of their cognitive processes that had hitherto remained unnoticed.⁶

Particularly within the context of mindfulness-based treatments, psychoeducation should be regarded as a two-way process. In other words, in working with the patient to discuss and explore different dimensions of their mindfulness practice, a co-produced form of understanding or wisdom often emerges. This is something that both the client and clinician can benefit from and is consistent with pedagogic (teaching) techniques used as part of traditional Buddhist practice.

Provenance

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Competing interests

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