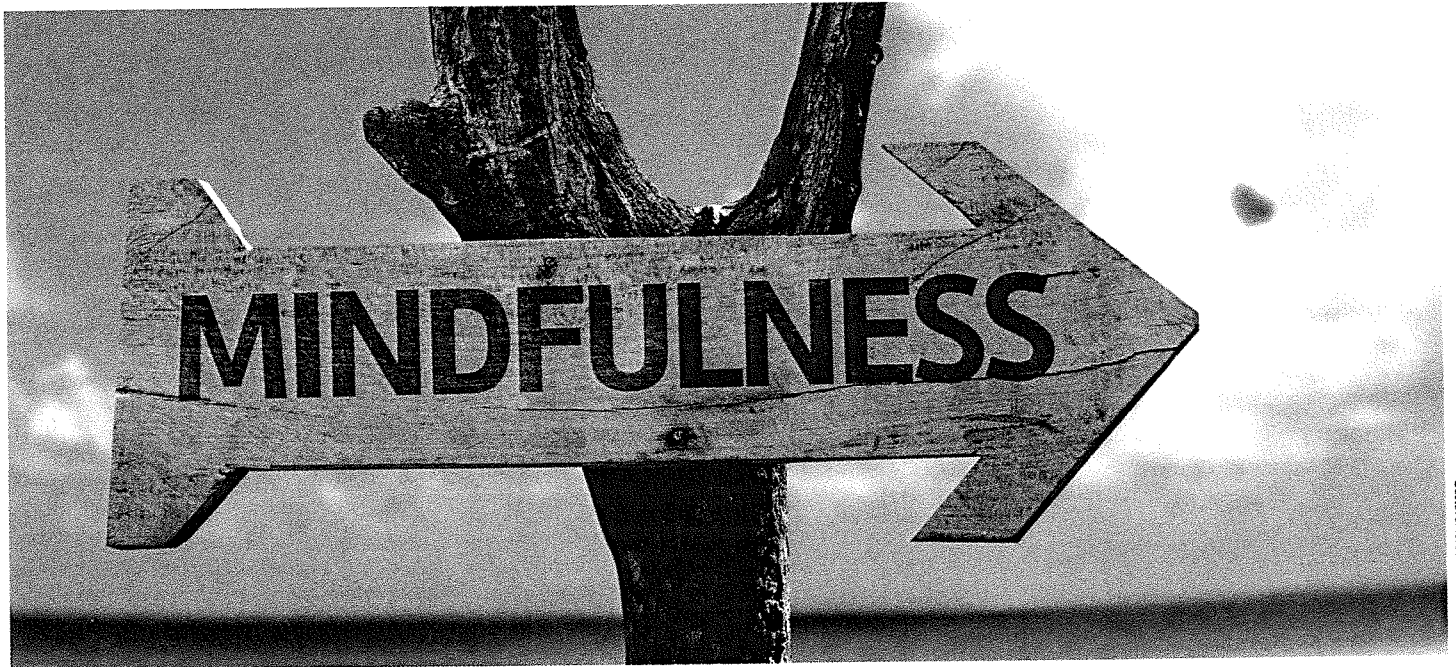




# A Brief Introduction to Mindfulness in Osteopathy

By Lorraine Nanke and Hilary Abbey



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This article presents the rationale for integrating mindfulness into osteopathic practice in the context of the Osteopathy, Mindfulness and Acceptance Program. OsteoMAP is a new clinical project being developed at the British School of Osteopathy. It aims to expand osteopaths' biopsychosocial scope of care for patients with persistent pain by using Mindfulness-based interventions from Acceptance and Commitment Therapy (ACT) in osteopathic practice<sup>1</sup>. Courses are delivered in six, one-hour treatment sessions adapted for patients' needs, capacities and choices.

## What is Mindfulness?

Mindfulness has been defined by Jon Kabat-Zinn<sup>2</sup> as "paying attention in a particular way; on purpose, in the present moment, and non-judgmentally". Mindfulness meditation has a long history in spiritual, religious and cultural traditions and is currently attracting attention in healthcare<sup>3</sup>, psychological health<sup>4</sup>, education<sup>5</sup>, sport<sup>6</sup> and the workplace<sup>7</sup>. There is increasing evidence that mindfulness is effective for different health conditions and that meditation improves neurological functioning<sup>8,9</sup>. Mindfulness was first introduced into healthcare as eight week Mindfulness-Based Stress Reduction (MBSR) courses<sup>2</sup> to help patients with long-term conditions develop compassionate, transformational approaches to managing their problems by 'healing from within'<sup>10</sup>. MBSR meditation techniques include observing breathing, body scans and mindful movement to increase awareness of body sensations and habitual 'autopilot' reactions to these sensations since observing experiences as they are, without reacting to urges to avoid discomfort, opens up choices

to respond more flexibly. Mindfulness promotes well-being and resilience and movement practices such as QiGong and Tai Chi can improve physical and psychological outcomes<sup>11</sup>. Body-based mindfulness has been proposed as a way to integrate manual therapy 'body as machine' models with holistic concepts including psychosocial factors<sup>12</sup>. Shapiro and Carlson<sup>13</sup> developed a three level system of mindfulness for healthcare practitioners: personal practice; using mindful interventions; and teaching mindfulness.

## Level 1: The mindful practitioner

Mindfulness is not a tool to apply to patients but an attitude, a way of relating to inner experiences and the world around us. Personal practice can improve practitioners' well-being, reduce stress and burnout<sup>14</sup>, support physical and mental health<sup>15</sup>, and enhance 'non-specific' factors associated with positive outcomes including empathy<sup>16</sup>, attention<sup>17</sup> and self-compassion<sup>13</sup>. There is a consensus that mindfulness can only be used effectively, ethically and authentically by people who practise themselves and do not attempt to lead patients beyond their own level. Becoming a mindful practitioner means finding a regular form of practice which works for you. It is easiest to sustain practice with others and, in addition to MBSR courses, there are many UK training organisations (e.g. <http://www.bangor.ac.uk/mindfulness/>, <http://oxfordmindfulness.org/> <http://www.breathworks-mindfulness.org.uk/> ), online resources (<http://palousemindfulness.com/selfguidedMBSR.html> ) including iphone apps (<https://www.headspace/> ) and workbooks<sup>18,19</sup>.

OsteoMAP is aligned with the ACT community, where formal



# Clinical Development

meditation is not seen as the only way of developing present moment awareness. It is based on Russ Harris' approach<sup>20</sup> and other open access resources<sup>21</sup>. Practitioner training includes learning basic mindfulness techniques and patient courses are delivered by osteopaths with a personal practice and an intention to embody this in their work.

## Level 2: Mindfulness-informed practice

OsteoMAP is a mindfulness-informed practice which integrates personal practice and mindfulness concepts into clinical work without explicitly teaching meditation to patients<sup>22</sup>. We aim to help patients become aware of bodily sensations, the way they react to sensations, and experiment with alternative responses. We use brief exercises such as five minutes Mindfulness of Breathing to develop focus, followed by Mindfulness of Comfort and Discomfort to expand awareness of sensations perceived as intense, neutral or absent, building up to longer body scans for whole body awareness. Mindfulness is used actively to slow down range of movement examinations and invite patients to notice changing bodily sensations at the 'soft edge' as ease of movement starts to decrease and the 'hard edge' of end range. Regular movement 'between the soft and hard edge' can gradually extend range<sup>18</sup> and be practiced between treatments in activities to build patients' capacity to regulate movement using sensory awareness, rather than fear of pain or thoughts about what they 'should' be able to do.

Mindfulness 'informs' osteopathic practice and expands therapeutic opportunities by using open questions to bring attention back to present moment experiences and promote self-awareness. Verbal and non-verbal expressions of avoidance (e.g. sensitivity to touch, tensing against pain) and fearful thoughts (e.g. anxiety about movements, sadness for lost abilities) provide opportunities to pause and invite patients to turn gently towards discomfort with curiosity, noticing if it is possible to make space for, and soften towards, distressing sensations. This detunes 'alarm' reactions, increases acceptance and builds confidence in choosing how to move their own bodies.

## Level 3: Mindfulness-based practice

This level involves explicitly teaching mindfulness to patients. MBSR courses have become the gold standard and Teaching Assessment Criteria<sup>23</sup> have been developed to assess practitioner competence and adherence. These are useful guidelines for practitioners teaching mindfulness but adaptations for manual therapists working with individual patients are at an early stage. Differences in outcomes from formal, structured teaching approaches in the UK Mindfulness community compared to flexible approaches in the Contextual Behavioural Science psychological community are not yet clear. OsteoMAP introduces mindfulness skills gradually and flexibly as part of ACT, with individually adapted interventions but osteopaths can develop their skills further within UK guidelines if they wish to teach mindfulness explicitly.

## Future developments

There is increasing healthcare interest in mindfulness as it can enhance personal and professional effectiveness. When integrated with practice, osteopaths can create collaborative, empowering therapeutic relationships and promote patients' well-being and resilience by developing awareness and self-care skills. OsteoMAP is only one approach but our experience suggests it has relevance for people with no prior experience and those already qualified to

teach mindfulness. For all of us, the capacity to work skilfully and authentically is grounded in a commitment to maintain a personal practice. How it evolves from here depends on how individuals and the profession respond to the opportunities and challenges of becoming a mindful osteopath.

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## References:

- Abbey H & Nanke L (2013). Developing a chronic pain self-management clinic at the British School of Osteopathy: Quantitative pilot study results. *International Journal of Osteopathic Medicine*, 16, e11-12
- Kabat-Zinn J. 1990. Full catastrophe living. How to cope with stress, pain & illness using mindfulness meditation. Piatkus Ltd.
- Mars TS & Abbey H (2010). Mindfulness meditation practise as a healthcare intervention: A systematic review. *International Journal of Osteopathic Medicine*, 13(2), 55-66.
- Keng SL, Smoski MJ & Robins CJ. 2011. Effects of mindfulness on psychological health. *Clinical Psychology Review*. 31 (6): 1041-1056.
- Meikeljohn J, Phillips C, Freedman ML, Griffin ML et al. 2010. Integrating mindfulness training into K-12 education: Fostering the resilience of teachers and students. *Mindfulness*, 1,1: DOI 10.1007/s12671-012-0094-5
- Gardner F & Moore ZE. 2004. A mindfulness- acceptance-commitment-based approach to athletic performance: theoretical considerations. *Behaviour Therapy*, 35, 707-723.
- Flaxman PE & Bond F. 2010. Acceptance and Commitment Training: promoting psychological flexibility in the workplace. In R A Baer (Ed.), *Assessing mindfulness and acceptance processes in clients: illuminating the theory and practice of change*. Oakland, CA: New Harbinger
- Tang, YY, Holzel BK & Posner ML. 2015. The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience*, 16, 213-215.
- Ivanovski, B & Malhi GS. 2007. The psychological and neurophysiological concomitants of mindfulness meditation. *Acta Neuropsychiatrica*. 19, 76-91. DOI: 10.1111/j.1601-5215.2007.00175.x
- Kabat-Zinn J. 2011. Some reflections on the origins of MBSR, skilful means and the trouble with maps. *Contemporary Buddhism*. 12 (1), 281-306. Doi: 10.1080/14639947.2011.564844
- Jahnke R, Lanka L, Rogers C, Etnier J & Lin F. 2010. A comprehensive review of the health benefits of QiGong and Tai Chi. *American Journal of Health Promotion*. 24 (6) 1-25.
- Pike A. 2008. Body-mindfulness in physiotherapy for the management of long-term pain. *Physical Therapy Reviews*. 13 (1) 45-56.
- Shapiro SL & Carlson LE. 2009. The art and science of mindfulness. Integrating mindfulness into psychology and the helping professions. *American Psychological Association*.
- Shapiro SL, Astin JA, Bishop SR & Cordove A. 2005. Mindfulness based stress reduction for health care professionals: results from a randomized trial. *International Journal of Stress Management*. 12, 164-176.
- Irving JA, Dobkin PL & Park J. 2009. Cultivating mindfulness in health care professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). *Complementary Therapies in Clinical Practice*. 15 (2): 61-66.
- Krasner MS, Epstein RM, Beckhan H, Suchman AL, Chapman B, Mooney CJ & Quill, TE. 2009. Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians. *JAMA* 30 (12) 1284-1293.
- Jha AP, Krompinger J & Blaine M. 2007. Mindfulness training modifies subsystem of attention. *Cognitive, affective and behavioural neuroscience*. 7, 109-119.
- Burch V & Penman D (2013). *Mindfulness for health: a practical guide to relieving pain, reducing stress and restoring wellbeing*. Piatkus Books.
- Stahl, B & Goldstein E. 2010. *A Mindfulness Based Stress Reduction Workbook*. New Harbinger Publications.
- Harris R (2009). *ACT Made Simple*. US: New Harbinger Publications. <http://www.actmindfully.com.au/>
- The Association of Contextual Behavioural Science. <https://contextualscience.org/acbs>
- Siegel, DJ. 2007. Mindfulness training and neural integration: differentiation of distinct streams of awareness and the cultivation of well-being. *Social, cognitive and affective neuroscience*. 2 (4), 259-263.
- Crane RS, Soulsby JG, Kuyken W, Williams MG & Eames C. 2012. The Bangor, Exeter and Oxford Mindfulness Based Interventions Teaching Assessment Criteria for assessing the competence and adherence of mindfulness-based, class-based teaching. <http://www.bangor.ac.uk/mindfulness/MBITAC.php>