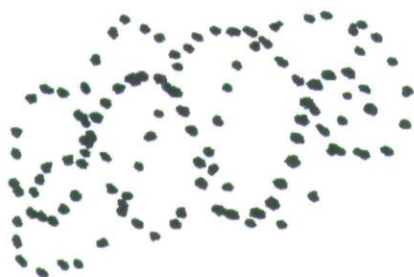


A PERSONAL JOURNEY TO MINDFULNESS: IMPLICATIONS FOR SOCIAL WORK PRACTICE

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The author of this narrative (literally) had to be hit over the head to come across mindfulness. It changed the way he interacts with the world and highlighted significant implications for how he teaches and practices social work. Although he had several misconceptions about meditation based on his experience in the 1970s, his search for a way to heal from a head injury and post concussion syndrome led him to try mindfulness practice. Mindfulness is about paying attention with a kind of penetrative awareness of what is happening in the moment. With mindfulness he healed, and noticed other unexpected changes. After his recovery, he began to explore how he might develop these practices in his work as a social worker and social work educator.



Introduction

Mindfulness is difficult to define with words as it has a kind of pre-symbolic quality. I discovered it by accident, but it has profoundly altered how I view and practice social work and teaching. Mindfulness is often associated with Buddhism, but from my experience I see it as more universal. It is more about how we perceive, respond, and act in the world – it is about being human. As people and helpers we are often so busy doing our work that we don't pause and discern how we are going about it. We can go about our lives without really paying attention to the details, the nuisances of interaction and reaction. Mindfulness invites us to investigate all of this. As a result of my journey to mindfulness not only have I gotten to know myself, I have seen a kind of paradigm shift in how I go about my work, a shift that has dramatic implications for social work and other helping professionals.

My Journey to Mindfulness

A few years ago I suffered a head injury while alpine skiing (with a helmet) that did not heal very quickly or at least not as quickly as I would have liked. I was diagnosed with a concussion, but I did not think much about this. People get concussions all the time, so I continued to work at my usual pace and intensity. I was just starting my sabbatical from my work as a university professor and had big plans for direct practice work, research, and writing. I also had to administer a summer offering of my first-year social work course and was assisting with an anti-poverty project. I did not pause but just kept on working, looking forward to finally having my sabbatical to complete my planned projects.

I was finding that my thinking and decision-making capabilities were impaired. I began to notice that I was making many more mistakes than usual and could not remember what I needed to do day to day. In June, approximately three months after my accident I was told that I now had post-concussion syndrome (PCS), a combination of physical, mental, or emotional symptoms that a person may experience for weeks, months, or even years after a concussion. My symptoms included headaches, dizziness, impaired balance, fatigue, irritability, anxiety, depression, lack of ability to tolerate stress or alcohol, difficulty remembering things, confusion or impaired cognition, impaired judgment, and difficulty concentrating. The symptoms would

come and go, and when I felt better I would try to complete my work. Even though my physician told me that I should “take it easy” and avoid any work that caused stress or fatigue, I was convinced that I could work through this. My writing and research work had stopped, but I felt that I could not abandon my students. I was repeatedly told by medical practitioners to “relax.” I found it difficult to relax. Intentionally relaxing was not something I was familiar with. In the past, I used extreme sports such as alpine skiing and white water kayaking as my method of relaxing.

My condition worsened. In July I was sent to Montreal to a world-renowned PCS expert. My hopes soared. Finally, I thought I would be told how to fix this problem. I was given a variety of computer-based cognitive and balance tests for about two hours. Then I waited. My head was pounding from the tests and I knew that I did not do well on the memory test. The tests highlighted how my mental functions had deteriorated causing me to be depressed and anxious. I had come face to face with the reality that my mental functions had deteriorated. Things that I previously took for granted were now impossible, and I began to wonder if I would ever be the same again. After sitting in the waiting room for some time, holding back the tears, my wife and I were called into the specialist’s office. The facts were that my cognitive capability was well below the average baseline and I had “the balance of a 70-year-old couch potato.” In many ways I had expected this news so it was not shocking. My next question was central. “So how do I get better?” In order to heal, I was told, I needed to relax – that any stress would only exacerbate the problem. I was devastated. I left feeling hopeless. After all, I had been trying to relax for months. A deep sense of hopelessness overwhelmed me; I entered a downward spiral and my symptoms became worse day by day.

When my brain decided to stop providing functions related to balance (i.e., standing without falling over) my medical team in Ottawa was very alarmed. I was tested further and told that it was now absolutely mandatory that I “relax.” Taking time off work now became much more than a suggestion. I was

told that I must go on sick leave or face dire risks and possible future complications. By this time, it was mid-August and my summer course had ended. With doctor’s letter in hand, I was granted sick leave. My sabbatical was now over and I was officially on sick leave. My only goal now was to heal and according to what everyone had told me thus far, this involved relaxation. But I was still unsure what exactly this meant. It seemed that the more I tried to relax the worse I felt. I could not undertake any of the usual activities that we use to distract ourselves from difficulties in life, such as reading, television, surfing the Internet, or sports. They all precipitated my symptoms. I would try to just sit in a chair and not worry – attempting to force myself to relax. It did not happen. In fact, the forcing and the subsequent failure of not be able to relax caused me additional distress I had suffered for five months. I was willing to try almost anything new.

I contacted social work and psychologist friends asking for advice on how to relax. They provided kind words and advice about antidepressants and going on sick leave from work – both things I was already doing. One friend and colleague suggested that I might try mindfulness meditation. I had tried Transcendental Meditation (TM) in the 1970s and had been using it as a technique for stress reduction, so I began a daily practice of TM and, while it helped somewhat in calming my mind and emotions, it did not lessen the intensification of PCS symptoms. I was continuing to become more and more stressed-out trying to figure out how to relax and heal.

In total frustration and desperation, I began to research mindfulness. During an internet search, I found the University of Massachusetts Medical School discussing Mindfulness-Based Stress Reduction or MBSR. I read that MBSR might help me find lasting decreases in physical and psychological symptoms and an increased ability to relax. I immediately ordered the Jon Kabat-Zinn CDs and began the program. The mindfulness CDs involve a variety of practices, including mindfulness of breathing, sitting meditation, mindful walking, and other mindful movement exercises as well as other daily-life

mindfulness practices, such as mindful eating. When I was using the CDs I simply had to follow the guided instructions. Since I could do little else, I spent most of a month listening to the CDs, walking mindfully, and generally doing everything mindfully.

I began to feel better and gradually recovered. My family doctor basically said that “what ever I was doing – to keep doing it.” By mid-September I had improved to the point where I could read without precipitating headaches. The first book I read was *Full Catastrophe Living: Using the Wisdom of the Your Body and Mind to Face Stress, Pain and Illness*, by Jon Kabat-Zinn (1990). One section in particular helped me greatly in facing challenges in my practice. Kabat-Zinn calls this the “attitudinal foundation of mindfulness practice” (1990, p.33). He reviews seven foundations:

1. Non-judging or the stance of impartial witness to our experience – just observing. By avoiding the categorizing and judging of our experience we are better able to break free of our habitual reactions.

2. Patience which is a form of wisdom involving the recognition that sometimes we must allow things to unfold in their own time.

3. Beginners’ Mind refers to the notion that to see the richness of the present moment we need to cultivate a mind that is willing to see everything as if for the first time.

4. Trust in one’s intuition and authority involves looking inside, rather than outside oneself, for guidance. It refers to the notion that we must be fully ourselves, recognizing that teachers and CDs can only be guides or signposts.

5. Non-striving recognizes that our common attitude of accomplishment can be a real obstacle in mindfulness. What is needed is an attitude of trying less and just being.

6. Acceptance refers to being with whatever is happening in the present moment as it comes and being with it fully, as it is. This allows us to be receptive and open to whatever is happening and then heal from within.

7. Letting go or non-attachment involves not trying to grasp or hold on to pleasant experiences or reject unpleasant experiences.

At first, the attitude of non-striving was the most difficult for me to understand, but through my experience of it, I developed an understanding. Further, given my social change background and orientation, I initially found it difficult to accept the notion of acceptance. My mind began to theorize about what was meant by acceptance. Did this mean that people had to accept oppressive situations or was mindfulness just another intervention to teach people how to cope with oppressive situations, situations that I believe should be changed? Although these questions became central in my incorporation of mindfulness in social work, I put these thoughts aside for the moment. My priority at this time was my own healing and recovery. I continued in my practice of accepting and embracing feelings and sensations.

As my recovery began to take hold, I had the desire to join an official MBSR or similar group to fully experience the course and to practice with other people. I contacted the Ottawa Mindfulness Clinic (OMC) asking to join their next session of eight classes. OMC provides a version of MBSR that they call Mindfulness-Based Symptom Management. Given my professional interests and personal interest, the Director recommended that I take the course as a practicum. With the practicum I could take the eight-week course like every other participant, but I would be able to attend a three-day weekend retreat whereby practicum participants would discuss the experience and build skills for delivery of the course ourselves.

My first experience with a mindfulness intervention was powerful. Not only did I experience incredible benefits, but I saw other people benefit tremendously. One participant had social anxiety to the extent that he was unable to enter rooms with large numbers of people. He shared how difficult it was to even enter the classroom to take the course. By the end of the course, he was pausing before he went into social situations and noticing what was happening in his body. He would notice tightness in his stomach and throbbing in his head. He would just let those feeling be, holding them with acceptance and openness. He

reported how the feelings would often dissipate, sometimes enabling him to move forward.

In addition to a rapid reduction in symptoms, I found that the program initiated other positive changes in my life. As my partner stated, "I like this MBSR thing - since you started it you don't blame me for things as much." My children found me to be more patient and said that I listened more. I found that I had more balance and clarity in my thinking (even compared with before my accident). In short, due to the benefits, I have continued the daily practice.

The personal experience affected my academic and research interests. I began to think about how mindfulness might benefit other people. I became trained in teaching MBSR, taking both the introductory and professional training at the University of Massachusetts and then began offering courses to the general public.

I began working with a community technology program called Learning 4 Tomorrow (L4T) – a program that intends to promote the social inclusion of people living in poverty. It is an experimental pilot project that aims to evaluate the impact of a participatory and social-change-directed model. In other words, the people living in poverty are supposed to control the program and make all the key programming decisions. At several team meetings, participants asked about training opportunities that might help the group manage personal issues, communication issues, and methods to confront the various institutions that were hampering their progress. I began to think about how I might integrate my recent mindfulness work with my established knowledge of social activism and political economy. We had further discussions and the pieces began to fall together. I embarked on the development of a mindfulness training program that would incorporate my concerns with engaging with the world. I began to develop a course that looked at social change from the inside out. Eventually, I offered the course to eight people and again was inspired by the results. The course was largely MBSR but with significant twists. We spent as much time exploring mindful living and engaging

oppressive situations in the world as we did on inner exploration.

Lessons for Helping Professionals

My experience with uncovering mindfulness illustrates the challenge we all face in just pausing for a moment and reflecting on how we are living or not living our lives to the fullest extent possible. I was on a kind treadmill of "doing," bouncing from one activity to another. Even when I was not working, I engaged in intense recreational activities that distracted me from life's difficulties. In a way, even when I was not working I was distracting myself. Many helping professionals that I know experience life in a similar way. They are touched by other people's suffering on a daily basis and find themselves with workloads well beyond the capacity of one human being.

In social work courses that I have previously taught, I often referred to holistic ways of healing and self-care. In other words, I was somewhat knowledgeable about the importance of attending to physical, emotional, intellectual, and spiritual needs. For the most part, I even thought that I was living this way. But I was deluding myself – I was living in a kind of trance or on a treadmill – always on the go. It took a major health problem for me to wake up. I am not sure if a major event such as this is a prerequisite for such a realization. I do hope that in reading this narrative social workers and other helping professionals, and anyone for that matter, might begin to see how they and their clients might be living in a similar trance and perhaps even what they might do about it.

The notion of mindfulness can be thought of as a kind of shift from a "doing mode" to a "being mode." As human beings we tend to spend much of our time as "human doings," running from one activity to another – as if we exist on a treadmill. This often distracts us from our lives. Doing mode involves a lot of thinking about the present, the future, or the past. The thinking is often conceptual, using various categories and labels to order the thoughts. In contrast, being mode allows what is happening in the present and involves directly experiencing the present without

covering it with concepts about “is it good” or “is it bad.” Meditation is an example of an activity that can be characterized by a being mode. But even with meditation we can get caught up in *doing* relaxation and *doing* meditation right. Meditation then becomes driven by a doing rather than a being mode. This is where mindfulness comes in. It is non-judgmental moment-to-moment awareness. In short, it is being in the being mode.

In order to relax I needed to find a way to escape the doing mode that I was so enshrined into. I had even made relaxing into another thing to “do.” As I entered into programs led by experienced practitioners, I began to see that my attempts to relax were counter productive. Tying so hard to relax and then failing was producing more stress. I began to understand why the notion of non-striving within mindfulness was so important. It isn’t about getting anywhere or attaining any special state of mind, even relaxation or stress relief, although these are often by-products.



What is Mindfulness?

The first uses of the term mindfulness in the English language appeared with English translations of texts written by Gautama Siddhartha, whom we call the Buddha. Mindfulness is the English translation of the Pali word “sati.” Pali is the language that was used by the Buddha 2600 years ago. The word “sati” was often used by the Buddha, but in particular it is the seventh element of Noble Eightfold Path, the practice of which is considered a prerequisite for developing insight and wisdom. The seventh element is called ‘right mindfulness’ (*sammá-sati*), which the Buddha defined as awareness in

contemplating body, feelings, mind, and mind-objects. Usage of the term has evolved and adapted to different cultural contexts, and in the more recent past it has become associated with a type of meditation. In the last 25 years, western-based professionals have engaged mindfulness as a healing modality.

What exactly is mindfulness within this professional practice context? Jon Kabat-Zinn (1990), the originator of the well-know MBSR training program, defines mindfulness as intentionally focusing one’s attention on the experience occurring at the present moment in a nonjudgmental or accepting way. Mark Lau (2006, p.1447) and his team at the Centre for Addiction and Mental Health in Toronto pull together definitions by Kabat-Zinn (1990), Shapiro, Schwartz (1998), and Segal, and Bonner, Williams, and Teasdale (2002) and describe mindfulness as a non-elaborative, non-judgmental, present-centered awareness in which each thought, feeling, or sensation that arises in the attentional field is acknowledged and accepted as it is. Jack Kornfield, an Insight Meditation teacher and Buddhist, sees mindfulness as an innate human capacity to deliberately pay full attention to where we are, to our actual experience, and to learn from it. He contrasts this with living on automatic pilot where we go through our day without really being there. We can drive to work or take a shower and not be there for it. Everyone is familiar with the experience of driving somewhere and suddenly realizing that they were hardly aware of driving, not even knowing in that instant where they are.

It is just as important to know what mindfulness is *not*, as there are numerous ideas about meditation circulating in our society. In fact, my first reactions to the notion of meditation were typical. I believed that it was about detaching or transcending our lives – about blessing out. The Transcendental Meditation (TM) I had tried in the late 1970s was about transcending consciousness with a mantra or repeated phrase. Like TM, I thought that mindfulness would be a relaxation method, and this misconception was perhaps what led me to becoming involved. Mindfulness is neither about relaxation nor transcending lived experience. It is about engaging with our life

more fully, living our lives mindfully. Relaxation is often a by-product for some people, but it is not the goal of mindfulness. Further, my participation in the mindfulness class illustrated to me just how difficult mindfulness can be for some people. When people are asked to observe and hold states of mind such as fear and extreme bodily discomfort, it is not easy or relaxing work. While it is often rewarding in the end, it is quite different from the meditation for relaxation experience that I had in the 1970s.

Non-Striving in the Practice

As I mentioned, the notion of non-striving was somewhat difficult for me to understand at first. I am achievement oriented. I would sit in my meditation posture and try really hard to make the pain in my head go away. Suffice to say, it did not work. At one point in one of the CDs, I remember Jon Kabat-Zinn saying, "...meditation is not about doing anything or getting anywhere," and then later he said to embrace whatever is happening in the moment like a mother holds her child. At first, I thought that he must be mistaken – surely I am not supposed to embrace this severe and persistent head pain and the feelings of despair that go along with it. But, I heard him say it again and again in different ways. I figured that I had nothing to lose by approaching my pain in this way, so with skepticism I began to embrace my head pain. I literally imagined myself holding the pain in open and accepting hands. Something surprising happened; the pain seemed to dissolve or soften. The pain would not always disappear, but it would seem to get lost in my consciousness. It seemed that by accepting the pain and the associated feelings, I somehow preempted the stories about the pain – about how I would never be the same. I began to slowly realize that the stories I had constructed about the pain were making the pain worse. I had come to realize that while pain is inevitable in life, suffering is optional. By accepting the pain I was changing my relationship to the pain and breaking the link in what I had begun to know as the downward spiral.

One day during a silent sitting without guided instructions, I practiced non-striving

awareness of my sensations of pain: the pain seemed to totally dissolve. It seemed that my mind cleared and all was wonderful. I immediately attempted to remember what I had just done. I wanted to remember so I could replicate it. After all, not having pain felt fantastic. I noted that I was simply holding the pain in awareness. The next day, and the day after, I struggled to reproduce this effect. I tried and tried, but without success. More or less on a whim I went back to one of the guided meditations on a CD. I had become bored with them and figured that I had heard the instructions so many times that they had little to offer. But, I sat and I listened. At one point in the CD, I heard Jon Kabat-Zinn say something that I had not heard before. He said, "Don't sit today with the idea that you can recapture what happened yesterday or any previous day." He said to just let this moment be as it is and to let go of any expectations. I followed the instruction and experienced a shift. In a way I had been striving in non-striving awareness. By stopping for a moment and just resting in open awareness, what I was trying so hard to recapture just happened on its own. I had learned a hard lesson, one that I would not soon forget.

Implications for Social Work Practice

My personal experience brings to mind numerous possibilities for social workers and other helping professionals as well as educators. The ability to heal oneself presents immeasurable benefits. Helping professionals interact with people experiencing intense and ongoing suffering. An impact this can have is that practitioners take their work home – becoming overwhelmed with the suffering they see. Mindfulness provided me a way to engage with the suffering of the world, but not be consumed by it. This does not mean that I am less sensitive or indifferent to the suffering of others; on the contrary, I find that I have more compassion and empathy for others. I have come to realize that we all experience difficulties and pain but that a shift in our relationship to such difficulties can break the cognitive link that exacerbates suffering. To me, this means that I am able to investigate suffering, whether it is my own or that of

another, in new ways. With mindfulness, I am more likely to see the truth and root of the experience and then move on to make choices with discriminating wisdom rather than acting out automatic cognitive patterns (i.e., pain > thinking about the pain > rumination stories > suffering).

In addition, mindfulness may provide us with skills for deep listening and empathy. Part of penetrating to the root of a difficulty is deep listening. Too often, I jump to conclusions based on my conceptual understanding of structures in society. Mindfulness has taught me to approach people and their difficulties with a beginner's mind, to inquire, ask questions, and truly listen to the responses. Deep listening provides numerous benefits. It deepens my compassion. It presents insightful choices and options that would have slipped by, and it develops a more profound relationship with the person.

Research pertaining to the nature of helping has found that the development of a solid relationship, also known as the therapeutic relationship, is central to a positive outcome. Several meta-analytic studies have found that it has a greater impact on a positive outcome than the intervention model (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Mindfulness has the potential to develop a strong connection between people in a helping relationship. Skills relating to deep listening, compassion, and empathy are critical in such relationships, and mindfulness has been shown to have beneficial effects in these areas (Brandon, 1976; Shapiro, Carlson, Astin, & Freedman, 2006). Personally, mindfulness has enabled me to offer helping services in the form of mindfulness group work in ways that I would previously not imagined possible. By staying present with what other people are conveying, I am able to help them inquire into their difficulties and develop their own insight into their problems. It is an empowering experience for both.

I have found that mindfulness has changed the way that I approach community work and social change advocacy. As I investigated my intentions for wanting to change the world, I uncovered a mix of anger and compassion. In the past I was not sensitive to this mixture of

motivation, and at times it hampered my effectiveness. I would react to a situation out of anger, often resulting in entrenched positions and miscommunication. With mindful non-reactive awareness, I find that I can sometimes notice my intentions whether they are based on anger or compassion. Upon noticing this I am able to pause, thereby avoiding automatic reactions. Just by pausing I feel that I have changed how things proceed. I sit with it and look deeply. More often than not, I perceive unsuspected dimensions of the situation that open up choices and courses of action that are more helpful and constructive. I have also noticed that when I do not notice my anger and it simply flares up with reactivity, I am better able to forgive myself. I go easier on myself, and this has become central to my self-care.

Finally, there are important applications for mindfulness in the academic setting. The nature of the academic endeavor for both students and faculty can be personally consuming and detrimental. We are often on a treadmill of intense "doing," either climbing our way up the academic ladder, or striving for grades in an increasingly competitive environment. This can be especially problematic in an urgent care discipline such as social work. Within this "doing" framework we as educators often teach students what to do rather than how to formulate effective relationships both with the people we work with and with the various stressors encountered in our work. Mindfulness may offer a way to notice when "doing" is necessary and when it is not. By teaching students and ourselves how to cultivate mindfulness, we may provide an important self care method.

The above is a small introduction to a few of the benefits of mindfulness practice for social work that I have found. I plan on developing and researching these further. In addition, I am editing a book entitled *Mindfulness and Social Work* which will expound on these elements and more.

Conclusion

I hope that the story of my personal journey to mindfulness provides some signposts for others. Mindfulness can be described with words, but often when someone reads the words they seem meaningless. One cannot comprehend mindfulness; one can only get a sense of it through direct experience. And, it takes some time and commitment. It is difficult for any of us to put aside expectations and spend thirty minutes to an hour each day just sitting, walking, or eating mindfully. In our busy lives, time is valuable and we like to be sure that the time we spend is worthwhile. Our action and achievement-oriented society places little emphasis on silent non-doing or just being. The power and the sense of mindfulness are accessible only through this practice.

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