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Introduction

Professional resilience is essential for social workers and other health professionals who, on an almost daily basis, expose themselves to their clients’ and colleagues’ life stresses while also managing their own. The development of professional resilience starts with cultivating a mindfulness of the state energy and information flow within and between one’s mind, body and relationships (Baldini et al. 2014; McGarrigle and Walsh 2011; Shier and Graham 2010). Mindfulness sheds light on areas of this mind–body–relationship triangle of wellbeing (Siegel 2010) that requires healing through targeted self-care strategies. Without mindfulness social workers leave themselves vulnerable to the negative effects of stress and trauma, potentially, transferring those effects onto their clients and colleagues (Epstein and Krasner 2013; Pidgeon et al. 2014; Thomas and Otis 2010). The aim in this chapter is to discuss the role and benefit of mindfulness in the development and maintenance of professional resilience with a particular focus on the links between the mind, body and relationships.

Mind, body and relationships: energy and information flow

In his Interpersonal Neurobiological (IPNB) framework, Siegel (2015) argued that the mind, brain/body and relationships are part of one system of energy and information flow within and between people. Energy is the capacity to do something, while information is the symbolic representation of something other than itself. Siegel (2015: 160) defined the mind as ‘an emergent, self-organising, embodied and relational process that regulates the flow of energy and information’. The mind is an emergent and embodied process as it is distributed throughout the brain and broader nervous system (the body) within which energy and information flows, but cannot itself be found within that body, the energy, or the information. The body is the primary, physical mechanism through which the mind’s energy and information is embodied and flows. Relationships are the basis for the sharing of energy and information in the form of behaviour, and verbal and non-verbal communication. From these IPNB-based definitions, it becomes apparent how a person’s mind and body are inextricably linked and this has an impact on the mind and body of others through their relationships.
These three elements, (1) mind, (2) body and (3) relationships, represent the three aspects of what Siegel (2010, 2012, 2015) termed the ‘triangle of wellbeing’. The state of energy and information flow between each of these three aspects is indicative of a person’s resilience and wellbeing and can be viewed like the flow of a river. Under certain conditions, such as in rocky terrain, a river can flow chaotically in the form of white-water rapids; while under other conditions, such as during a Siberian winter, the flow of the river is rigid or completely frozen. When chaotic, the river flow is uncontrollable, disorganised and potentially dangerous. When rigid, the river flow is slow, sluggish and inflexible.

In the case of energy and information flow within and between the mind, body and relationships, a person’s wellbeing is the attainment of balance between chaos and rigidity where the three aspects of the triangle of wellbeing are integrated and the flow of energy and information is Flexible, Adaptive, Coherent, Energised and Stable. Siegel (2010) utilised the acronym ‘FACES’ to remember these five characteristics of an integrated flow distinctive of a positive state of wellbeing.

In order to attain such a state of integration or wellbeing, Siegel (2015) argued that the mind uses its ability to see itself, or mindsight, to consciously monitor and regulate the flow of energy and information accordingly. Mindsight, according to Siegel, involves a presence that is grounded in the present moment, which discerns or senses the state of one’s mind, body and relationships. This presence necessarily involves a mental defusion between the person as the observer and their mind, body and relationships as the observed. Without this defusion and subsequent present-moment presence, a person’s sense of self or ‘I’ remains fused with the content of that self (i.e. the mind, body and relationships) and as a consequence they are unable to exert a great deal of control or regulation over habitual ways of thinking, feeling and acting.

In Buddhist spiritual traditions, such as Zen, Mahayana and Mahamudra traditions, this inability to exert control over the mind due to a lack of defusion and presence is not dissimilar to being swept through life by the force of one’s Karma, that is the effects of one’s actions, due to a lack of mindfulness (Flanagan 2011).

Mindfulness, discussed later in this chapter, is an aspect of mind, that functions to hold a person’s mindsight on a particular object, for example their state of mind, body and relationships, in their awareness (Black 2011; Siegel 2009). It is important to note here that mindfulness is not mindsight. It is only when people’s mindsight is held focused on an object in awareness by their mindfulness that they can effectively monitor and regulate the flow of energy and information within and between people.

Siegel (2012) highlighted the link between mindfulness and mindsight in terms of a camera set upon a tripod. A person’s mindsight can be viewed as a camera, the lens of which can be stabilised and focused when set upon a tripod, the three legs corresponding to three outcomes of effective mindfulness: (1) openness to experiences as they are, as opposed to the way they should be; (2) observation of the self as the experiencer; and (3) objectivity from the content of experiences of which are inherently transient. In the same way that a person can take a photo with a camera without the use of a tripod, so too can they use their mindsight to monitor and regulate energy and information flow without the effective use of mindfulness. Their mindsight, however, might not be very stable, leading to photos being taken (i.e. snapshots of their experiences of energy and information flow) that are out of focus thus creating a distorted or irrational image of reality. The effective application of mindfulness would foster the person’s openness, observation and objectivity (the tripod) to create a stable and more focused picture of reality.

The use of mindfulness appears to have an important role in stabilising the mind and allowing people to focus their mindsight on the flow of energy and information within their mind, body and relationships. This stabilisation and focus would then allow people to have increased
awareness and control over their thinking, feelings and actions and more space to choose courses of action that are aligned with their life values (Baldini et al. 2014; Purser and Milillo 2015; Siegel et al. 2011; Thompson et al. 2011). Mindfulness, however, is not a product of Western psychology, but has its origins in Buddhist spiritual traditions where it is utilised primarily for the attainment of Enlightenment or Buddhahood (Flanagan 2011).

**Mindfulness**

The word, mindfulness, is an English translation of the Pali word 'sati'. References to sati can be found in some of the early Buddhist scriptural texts, such as the Abhidhamma and the Vissudhimagga, which originated some 2,600 years ago from the senior disciples of the Buddha, Gautama Siddhartha, in ancient India. The meaning of sati connotes an interrelation between remembering, attention and awareness and can be defined as remembering to pay attention to something in one’s awareness (Chiesa and Malinowski 2011; Dreyfus 2011; Siegel et al. 2011). Grossman and van Dam (2011), however, have argued that sati/mindfulness is better considered in terms of its adjectival form, (being) mindful, to highlight the state-like or fluctuating nature of mindfulness.

In an everyday illustration of this definition of mindfulness, or being mindful, imagine your work supervisor advising you to be mindful of how you speak to clients in the workplace. You would then continue with your work, but now you find you are remembering to pay attention to, or being mindful of, the way you speak to each client you interact with for the rest of the day. In this way, your mindfulness is functioning to keep your attention on the object or thought – ‘how am I speaking with my clients?’ – like a type of mental glue. The utilisation of mindfulness in this way maintains your awareness focused on what you are experiencing in the present moment and choosing a course of action, for example how you interact with clients, that is in accordance with the values of your workplace or profession.

The role of mindfulness in Buddhism, like in the previous workplace example, is essentially to remember to pay attention to the Dharma (Buddha’s teachings) so they become integrated into your everyday actions and life generally (Tenzin 2014). The main difference lies in what the person is being mindful of: (a) how they are speaking to their clients at work or (b) the Dharma. Therefore, Buddhists and non-Buddhists alike can utilise techniques to strengthen and consequently benefit from mindfulness. The primary method in Buddhism that people utilise to exercise and strengthen their mindfulness is meditation (Kornfield 2008).

Buddhist meditation practices generally fall into two types: (1) Shamatha and (2) Vipassana (Tenzin 2014). The role of Shamatha meditation is for people to practice regulating their attention so that they are able to concentrate or pay attention single-pointedly on an object such as their breath, body, feelings or thoughts. This concentration or attention training requires people to exercise their mindfulness so as to anchor their attention on a chosen object continually without distraction. The second type of meditation, Vipassana, involves people applying their mindfulness and single-pointed concentrative abilities developed in Shamatha meditation to gain insight into the true nature of reality (the mind, body and all other phenomena), which is interdependent and insubstantial.

The ultimate goal of gaining such insight through Vipassana meditation, which is dependent on applying the techniques of Shamatha meditation, is to attain a permanent state of Enlightenment or Buddhahood. Tenzin (2014) argued, however, that without training their mindfulness people will be unable to attain Buddhahood as their mind will continue to be attached to objects it considers attractive, avoidant of those it considers aversive, and indifferent to everything else. In other words, a person’s state of mind remains dependent on external
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conditions. It is through meditation that people train their minds to find happiness and peace internally.

We can see from the discussion that a person’s mindfulness is essential in keeping their mind stabilised and focused on a chosen object that, when directly realised, will eventually lead them to a permanently peaceful and happy state of Enlightenment. Faith in a spiritual or religious tradition such as Buddhism, however, is not a requirement for people to possess, develop and benefit from mindfulness. The largely positive outcomes that have resulted from the integration of mindfulness into Cognitive-Behavioural Therapies (CBT), such as Hayes’ (2004) Acceptance and Commitment Therapy (ACT) and Linehan’s (1987) Dialectical Behaviour Therapy (DBT), is an example of where the development of mindfulness can be of benefit to people who might hold a more secular worldview.

In traditional CBTs, for example in Beck’s (1976) Cognitive Therapy (CT) and Ellis’ (1962, 1970, 1993) Rational-Emotive Behaviour Therapy (REBT), the mental suffering people experience is due to their thoughts and thinking processes, their cognitions, becoming distorted and rigid. Some of the common cognitive distortions Beck and Weishaar (1989) identified include: (a) all-or-nothing/black and white thinking, (b) maximisation/minimisation of importance, (c) personalisation and (d) tunnel vision. Rigidity in such cognitive distortions becomes evident when the words ‘I should’ or ‘I must’ are involved as they create a blanket or generalised nature to cognitions in the form of, what Ellis (1962, 1970, 1993) termed, core beliefs. Core beliefs are arranged with all other experiential information in mental structures that Piaget (1950, 1963, 1970) termed schemas.

Piaget argued that, as new experiential information is perceived, people try initially to assimilate new information into their established schemas as assimilation is often found to require less effort and involves less internal conflict or stress. If the new information cannot be assimilated, then a process of accommodation is undertaken to change established schemas. When the new information is either assimilated or accommodated then the person, according to Piaget, is said to have attained a higher level of cognitive development. These processes, however, can become inhibited if the cognitions that make up the structure of people’s schemas become distorted and rigid. The goal of traditional CBT, therefore, is to help people in challenging, changing and replacing these distorted or rigid cognitions with those that are more realistic and flexible.

The concepts of cognitive distortions and rigidity are not unlike Siegel’s (2010, 2012) IPNB-based river of integration, where either chaotic or rigid energy and information flow throughout a person’s mind, body and relationships has a negative impact on their overall wellbeing. The central difference between IPNB and traditional CBT, however, is in the former’s positive focus on developing mindfulness and integration instead of the deficit focus in traditional CBT on distortions and rigidity. For example, the emphasis of Hayes and colleagues (2006) is that ACT is for people to develop their psychological flexibility through the application of mindfulness directed towards reducing experiential avoidance and increasing their commitment to courses of action that are in-line with their life values.

Harris (2008: 41) defined psychological flexibility as ‘the ability to adapt to a situation with awareness, openness, and focus and to take effective action, guided by your values’. Harris’ reference to awareness, openness and focus is parallel to the core outcomes of effective mindfulness discussed earlier. Through the application of mindfulness, people are encouraged to accept all experiences that arise in the form of thoughts (including mental images and sounds), feelings and bodily sensations and become fully present in the ‘Now’. Once fully present, the person is better able to reduce any mindless reacting to external situations, reconnect with their life values, what is important to them, and commit to actions in-line with those life values.
Empirical research on outcomes associated with ACT has been largely positive. For example, in a review comparing the effects of ACT with traditional CBT, Ruiz (2012) found that people who received ACT reported a greater reduction in the severity of their depression and a greater increase in their quality of life compared with those who received traditional CBT. In a similar review, Sharp (2012) found that people who received ACT reported significant reductions in the severity of their anxiety. Additionally, in a sample of people with chronic pain, Lee et al. (2015) found participation in ACT reduced the intensity of their pain. Furthermore, Yadavaia et al. (2014) found significantly greater reductions in reported stress, anxiety and depression in a sample of adults who participated in an ACT-based workshop compared to a control group that did not participate in the workshop. The ACT group also had significantly greater increases in reported self-compassion than the control group. As the cultivation of mindfulness is a central aspect of ACT, these empirical results provide some support for the positive effect of increasing mindfulness on alleviating distress and increasing wellbeing. Social workers and other health professionals might also benefit from applying mindfulness in the context of maintaining their resilience in the face of continual stress, trauma and conflict.

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Epstein and Krasner (2013: 301) defined resilience as ‘the ability of an individual to respond to stress in a healthy, adaptive way such that personal goals are achieved at minimal psychological and physical cost’ and that resilient people ‘not only “bounce back” rapidly after challenges but also grow stronger in the process’. Given the inherent stress involved in social work, how might social workers utilise mindfulness to foster their resilience against the negative effects of vicarious trauma and burnout?

First, social workers could benefit by putting aside regular time in the day or night for formal meditation practice. This meditation practice need not be long, in the beginning; a social worker might put aside 10 minutes each day to sit down and train their mindfulness accordingly. The duration of this formal meditation can be increased incrementally much like increasing the size of the weights lifted or the speed of the treadmill at the gym. This type of practice is similar to initial Shamatha meditation emphasised in Buddhism, whereby the practitioner starts to develop their concentrative abilities through continual exercising of their mindfulness.

As mindfulness requires an object of which to be mindful of, meditation practice necessarily involves a meditation object. One example of a meditation object is the breath. In their meditation practice, the social worker would try to remember (be mindful of) focusing on their breath as it enters and leaves their nostrils, or the rise and fall of their abdomen as they inhale and exhale. It is natural for the mind to wander from the meditation object, the breath in this instance, to other objects such as the events of the day or plans for tomorrow, but by being alert the meditator calls their mind back to the meditation object and applies their mindfulness to hold their attention on that object for as long as possible. With regular practice, like the regular exercise of the body, the ability of the person’s mindfulness to hold their attention on the meditation object will gradually increase until their mind remains firmly stabilised without distraction. Social workers could expand their mindfulness practice to include additional meditation objects such as the five senses of the body, affect or emotions, thoughts and mental images, and relational phenomena such as equanimity and compassion. These objects are commonly utilised in Buddhist meditation practices (Kornfield 2008) and reflect the three aspects of Siegel’s (2012, 2015) IPNB-based triangle of wellbeing discussed earlier.

Daily meditation practice with a focus on being mindful of the energy and information flow within and between the mind, body and relationships that make up the triangle of wellbeing.
could just as effectively be applied during professional practice. For example, the social worker could practice being mindful of any bodily sensations of fear they might be experiencing prior to walking into an Intensive Care Unit to see a distressed family in order to ground themselves and present. The social worker could also practice being mindful of their thoughts and emotions arising when consulting with a colleague to foster more assertive, instead of aggressive, communication. Social workers could also be mindful of the way they are communicating or relating with their clients to ensure they create a safe and compassionate counselling space. In each example the mindfulness developed during formal meditation practice can be integrated into everyday professional situations, where it could be said that the real practice begins, resulting in a greater resilience to life stressors and trauma (Flanagan 2011; Harris 2009; Kabat-Zinn 2005).

Furthermore, the daily exercising of mindfulness creates the possibility for social workers to have greater control over regulating the energy and information flow within and between their body, mind and relationships towards a state of health that fosters their resilience (Baldini et al. 2014; Thompson et al. 2011). Siegel (2009, 2012, 2015) stated that a mindful regulation of energy and information flow leads to enhanced bodily regulation, attuned communication, emotional balance, response flexibility, fear modulation, empathy, insight, moral awareness and intuition. These health functions are not dissimilar to what social workers might try to foster in their clients, but are not necessarily the best at fostering in themselves (Baldini et al. 2014; Dombo and Gray 2013). In order to thrive in the stressful environment inherent to social work practice, it is crucial that social workers commit themselves to cultivating these health functions in themselves, through their use of mindfulness, and therefore maintain an effective and ethical practice.

Conclusion

Professional resilience is invaluable to social workers and other health professionals who work closely with people often facing extreme life stressors and trauma. In order to avoid vicarious traumatisation and burnout, social workers could benefit from a continual mindfulness of the flow of energy and information within and between their mind, body and relationships. Mindfulness originates from Buddhist traditions and is like a mental glue that stabilises the mind and keeps the person’s mindsight on the flow of energy and information so as to then regulate that flow in a healthy way characterised by enhanced bodily regulation, attuned communication, emotional balance, response flexibility, fear modulation, empathy, insight, moral awareness and intuition. The ability to be mindful is, like exercise, dependent on practice and with the primary practice method in Buddhist traditions being meditation. The integration of formal, daily meditation practice into everyday professional practice would allow social workers to strengthen their professional resilience and maintain an effective and ethical practice.

Note

1 Pali is the language in which the teachings of the Buddha were originally written.

References


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