MINDFULNESS PRACTICE AS AN EFFECTIVE TOOL FOR PROMOTING POSITIVE HEALTH AND PSYCHO-SOCIAL WELL-BEING: A REVIEW OF LITERATURE

MOJOYINOLA, J.K. Ph.D.
Department of Social Work,
Faculty of Education,
University of Ibadan,
Ibadan, Nigeria.
E-mail: jkmojoyinola@yahoo.com.

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 in responding to one's 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 study describes the nature of mindfulness, explains how it is practiced and how it is useful in promoting health and enhancing psychosocial well-being. The study also describes the implications of mindfulness practice for the health social workers. The study recommends that the Health Social Workers should engage their patients in mindfulness meditation, relate exercises, body scan, mindful breathing and muscle relaxation exercise to help them overcome the stress of their illness, emotional, social and other health problems. The study concludes by advocating proper integration of mindfulness practice into social work education curriculum and social work practice with a view to helping qualified health social workers (medical and psychiatric) and the would-be health social workers meet the physical, psychosocial, and spiritual needs of the sick and non-sick individuals.

Keywords: Mindfulness Practice, Positive Health, Psycho-social Well-being, 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 & Edds, 2009). It is a meditation practice that involves learning to observe sensations and one's reactions to them, with clear, gentle and non-judgemental awareness and in so doing let go of self-defeating habitual reactions to difficult experience (Chadwick, 2014).

Mindfulness is generally defined to include focusing one's attention in a non-judgemental or accepting way on the experiencing occurring in the present moment (Kabat-zinn, 1994; Marlatt & Kristeller, 1999). According to Brown & Ryan (2003), mindfulness can be contrasted with states of mind in which attention is focused elsewhere, including pre-occupation with memories, fantasies, plans, or worries, and behaving automatically without awareness of one's actions. It is the practice of purposely focusing your attention on the present moment and accepting it without judgement.

Mindfulness can also be defined as moment - by - moment awareness or as a state of psychological freedom that occurs when attention remains quite and limber without attachment to any particular point of view (Martin, 1997). Kabat-zinn (2003) defines mindfulness as paying attention to one's inner and outer experiences in a non-judgemental manner from moment to moment. Thus, when we are mindful, we are more aware of the current moment and we simply observe our thoughts, feelings, and sensations as they are without reacting to or trying to change them (Kabat-zinn, 2003). Mindfulness is practised in several ways, however, the goal of any mindfulness technique is to achieve a state of alert, focused relaxation, by deliberately paying attention to thoughts and sensations without judgement. This allows the mind to refocus on the present moment.

Tremendous benefits or usefulness of mindfulness practice which make it to be effective tool had been found by many scholars and researchers. Therefore, the major thrust of this study is to examine how mindfulness practice helps in promoting positive health and enhancing psycho-social well-being. The paper also aims at discussing the implications of mindfulness practice for the health social workers with a view to enhancing holistic health care and quick recovery from physical, psychological and mental health problems.

Mindfulness Techniques

There are several disciplines and practices that can cultivate mindfulness and some of these techniques are discussed in study paper. They are

1. **Mindfulness Meditation -** Walsh and Shapiro (2006) define meditation as a form of self-regulation practice that focuses 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.

Mindfulness meditation is in various forms among which are:

(i) Basic mindfulness meditation – This may be in form of the followings:

Sit quietly and focus on your natural breathing or on a word or "mantra" repeat silently (Helpgruide.org).

Allow thoughts to come and go without judgement and return focus on breath or a word.

Notice subtle body sensations such as an itch or tingling without judgement and let them pass. Notice each part of your body in succession from head to toe.

Notice sight, sound, smell, taste or touch without judgement and let them go.

Allow emotions to be present without judgement. Practice a steady and relaxed naming of emotions: "joy", "anger", "frustration". Accept the presence of emotions without judgement and let them go.

Cope with cravings addictive substance or behaviour and allow them to pass. Notice how your body feels as the craving enters. Replace the wish for the craving to go away with the certain knowledge that it will subside.

(ii) Walking meditation – This is where you focus on the movement of your body as you step after step, your feet touching and leaving the ground (an everyday activity we usually take for granted). This exercise is often practiced walking back and forth along a path 10 paces long, though it can be practiced mostly along any path.

(iii) Loving-kindness meditation – This involves extending feelings of compassion toward people, starting with yourself then branching out to someone close to you, then to acquaintance, then to someone giving you a hard time, then finally to all beings everywhere.

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, breathwork, basic yoga and other relaxation methods. MBSR was initially developed by John 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 Berceli and Napoli for social work professionals in 2007. The programme is based on the rational 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 top maintain equanimity in the fade 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-pint 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 & 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) - These were designed by David Berceli in 2005 period after 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. The induced muscle discharged in the form of tremors is used to extinguish isomatic procedural memory thereby mitigating ongoing symptoms of trauma (Scaer, 2005).

4. **Mindful observation** - This is designed to connect us with the beauty of the natural environment which is easily missed when we are rushing around. It entails picking a natural organism within your immediate environment and focus on watching it for a minute or two. This could be a flower or insect, the cloud or the moon. In this mindfulness practice, you do not do anything except notice the thing you are looking at as if you are seeing it for the first time.

5. **Other Mindfulness Practices are:** Mindfulness-Based Cognitive Therapy MBCT, Acceptance and Commitment Therapy (ACT), 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 & 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 & 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 &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 and Effectiveness of Mindfulness practice

A review of some relevant literatures indicate several benefits derivable from mindfulness practice which make it to be an effective tool in promoting physical health, mental health and psycho-social well-being. These are highlighted as follows:

1. **Affective benefits of mindfulness practice**

Mindfulness helps develop effective emotion regulation in the brain (Farb, Anderson, Mayberg, Bean, Mckeon&Segel 2010).

Mindfulness meditation is negatively associated with rumination and is directly related to effective emotion regulation (Chambers, Lo & Allen, 2008) decreases negative affect or brings about fewer depressive symptoms, and less rumination (Ramel, Goldin, Carmona, &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 & 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 & Gross 2010) and have greater cognitive flexibility.

2. **Interpersonal benefits of mindfulness practice**

Mindfulness affects interpersonal behaviour, and 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, Campbell& 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 (Barnes 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, Leijssen, Leyson & Dewulf, 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 (e.g. social worker) ability to cultivate and sustain relationships with clients (Davies & Hayes, 2011).

3. **Intrapersonal benefits of mindfulness practice -** 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 and self-sight, morality, intuition and fear modulation (Siegel, 2007b).

Mindfulness meditation increases immune functioning (Davidson et al, 2003).

It improves well-being (Carmody & Baer, 2008) and reduces psychological distress (Coffey & 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 & Malinowski, 2009).

Mindfulness practice inform 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) (Berceli & Napoli, 2007).

4. **Health and Psycho-social Benefits of Mindfulness Practice**

According to Kabat-zinn (2011) practicing mindfulness can bring improvement in both physical and psychological symptoms as well as changes in health attitudes and behaviours. These include:

Practicing mindfulness gives support to many attitudes that contribute to a satisfied life. For instance being mindful makes it easier to savour the pleasures of life as they occur. It helps one to become fully engaged in activities, and creates a greater capacity to deal with adverse events.

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.

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.

Mindfulness helps to enhance or improve mental health by reducing anxiety disorders, depressions, eating disorders, obsessive-compulsive disorder and substance abuse.

Regular sessions of meditation decrease anxiety, stress, depression, exhaustion and irritability. It improves memory, increase reaction time, mental and physical stamina.

Mindfulness can dramatically reduce pain and the emotional reaction to it.

It improves mood, and quality of life in chronic pain conditions such as lower back pain, cancer and the like.

It reduces addictive and self-destructive behaviour which includes the abuse of illegal and prescription and excessive alcohol intake.

Mindfulness may reduce ageing at the cellular level by promoting chromosomal health and resilence.

Meditation and mindfulness improve control of blood sugar in type II diabetes.

Meditation improves heart and circulatory health by reducing blood pressure, and lowering the risk of hypertension.

Mindfulness reduces the risks of developing and dying from cardiovascular disease and lowers its severity should it arise.

Mindfulness fights obesity: Practicing "mindful eating" encourages healthier eating habits, helps people lose weight and help them savour the food they eat.

Mindfulness helps health care professionals cope with stress, connect with their patients and improve their general quality of life. It also helps the

mental health professionals by reducing negative emotions and anxiety, and increasing their positive emotions and feelings of self-compassion.

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 & 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 behaviour). (Schonert-Reichi&Lawlor, 2010).

Studies among cancer patients reveal 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 & 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).

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).

The psycho-social benefits of mindfulness practice include:

Mindfulness - based art therapy brings about significant improvements in psycho-social stress and quality of life of women having breast cancer. (Monti, Kash, Kunkel, Mattews et al., 2013).

Mindfulness - based cognitive therapy is more effective in reducing stress, depressive symptoms and in improving the quality of life of diabetic outpatients (Son, Nyklicek, Pop, Blonk et al. 2013).

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

1. The social health workers have the responsibilities of engaging their patients in some mindfulness practices like mindfulness meditation, release exercises, body scan, mindful breathing, muscle relaxation exercises in order to help them overcome the stress of their illness, emotional, social, and other health problems.
2. The health social workers working in stress - related environment should be aware of the necessity of learning and practicing some forms of stress - reduction programmes

such as mindfulness - based trauma prevention programme.

3. The health social workers should use their knowledge and skills in loving-kindness meditation to show empathy and compassion to their patients. That is, they should empathize with their patients when having pain or passing through emotional turmoil and give them compassionate care.

Conclusion

Mindfulness practice helps in coping with pain, illness and stress. It also helps in easing out sufferings. Therefore, it is clear that mindfulness practice helps to promote positive health and enhances psychosocial well-being. It can be summarily concluded that mindfulness practice is a useful, powerful and effective tool in physical and mental health care. It is hoped that when the health social workers understand the various techniques of mindfulness practice and practice them, they will be able to give holistic health care to the physically and mentally ill patients and also help the emotionally or psychologically disturbed individuals overcome their pains, anxiety, depression, stresses, and other psychosocial problems.

Based on the effectiveness of mindfulness practice in promoting positive health and enhancing psycho-social well-being, its integration into social work education curriculum and social work practice is highly advocated to help the qualified health social workers (medical and psychiatric and the would-be health social workers) meet the physical, psycho-social and spiritual needs of sick and non-sick individuals.

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