A Brief Introduction to Mindfulness in Osteopathy
By Lorraine Nanke and Hilary Abbey

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. 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 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, psychological health, education, sport and the workplace. There is increasing evidence that mindfulness is effective for different health conditions and that meditation improves neurological functioning. Mindfulness was first introduced into healthcare as eight week Mindfulness-Based Stress Reduction (MBSR) courses to help patients with long-term conditions develop compassionate, transformational approaches to managing their problems by 'healing from within'. 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. Body-based mindfulness has been proposed as a way to integrate manual therapy 'body as machine' models with holistic concepts including psychosocial factors. Shapiro and Carlson 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, support physical and mental health, and enhance 'non-specific' factors associated with positive outcomes including empathy, attention and self-compassion. 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.

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’ approach22 and other open access resources21. 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 patients22. 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 range18 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 clarifies ‘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 Criteria22 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.

For further information about OsteoMAP, please contact H. Aubrey@bso.ac.uk or Lorraine.Nanke@gmail.com

References: