

Mindfulness and ma

(Part two)

Ronna Moore, Certified Mindfulness teacher, continues her two-part review of mindfulness and how it could help you in your practice.

As suggested in part one (*Massage & Myotherapy Journal*, Autumn 2018), for the clinically creative but evidence-informed therapist, there is the potential to infuse massage therapy techniques with a mindfulness flavour. There is also scope for an even closer blend of the two approaches, illustrated by the effectiveness (particularly in trauma recovery) of the Mindful Awareness in Body-oriented Therapy (MABT) program developed by Cynthia Price, a North American massage therapist and researcher.

But leaving aside any possibilities for an active integration of mindfulness with massage therapy, there is a striking parallel between the two practices. This arises in part from the fact that mindfulness and massage therapy draw, to a large extent, from the same conceptual and evidentiary well. Indeed, much of the new and newly validated 'old' knowledge being recruited in support of mindfulness is equally applicable to massage therapy. Robust evidence supports both mindfulness and massage therapy as safe and effective interventions in the management of a range of conditions, including chronic pain, stress management, anxiety and trauma. In addition, many of the underlying mechanisms facilitating such positive outcomes are common to both practices, such as the capacity to influence the autonomic nervous system, promote down regulation of threat activation systems, HPA axis and para-sympathetic activity, propel inhibition or activation of neuroendocrine transmission and modulate vagal nerve and heart rate variability function.

In an environment where one in five people in Australia is identified as living with chronic pain or having mental health issues, of which anxiety is the most common, and where there is a growing recognition of both the impact of unmanaged stress on health status and the desirability of non-pharmacological interventions, the potential for massage therapy to contribute to the wellbeing of the general population across the biopsychosocial domains of health, just like mindfulness, is

considerable.^{4,9} At the very least it fortifies the potential for massage therapy engagement in inter-disciplinary collaborations with other health providers, such as psychologists and medical practitioners, just as we have seen with disciplines having a primarily musculoskeletal focus, such as physiotherapists and osteopaths.

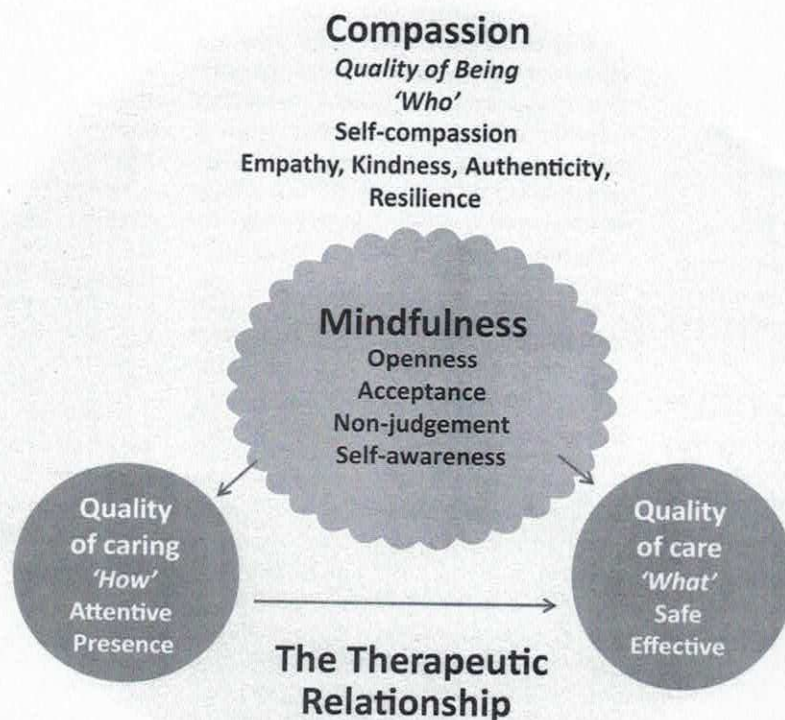
Mindfulness, the therapist and the therapeutic dyad

There is abundant evidence that the nature of the relationship between client and therapist is significant, sometimes as significant, in contributing to effective outcomes as the treatment intervention itself. In massage therapy, for instance, it can be argued that the effectiveness of treatment relies upon the extent to which the relationship translates into "embodied" trust on the part of the client. Without such trust, responsiveness to the cues for self-regulation and re-organisation delivered through the therapist's hands-on treatment may be compromised, with the result that the potential of the intervention itself may be limited. There are multiple prescriptions for the cultivation of the therapeutic relationship and therapists are more than likely familiar with many of them.^{35,29, 54}

A number of studies have been undertaken exploring the effectiveness of mindfulness training in this area of clinical practice. For example, Russell Razaque and colleagues, having examined clinician mindfulness and perceived therapeutic alliance, found that characteristics commonly associated with the ongoing practice of mindfulness were all positively correlated with a therapeutic alliance and, additionally, all predicted the quality of the alliance.^{36,35}

In both earlier and more recent studies involving clinicians and therapists, conducted by Epstein and others, it has been found that those skills and attributes purposively cultivated by mindfulness such as reflection, openness, curiosity, non-judgement, beginner's mind, acceptance, empathy and compassion were consistent with clinicians, within

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sessions, being more likely to notice subtle shifts in client behaviour, pause and reflect, allow the client to speak for longer, listen more attentively and be attuned and 'present'. Such outcomes lead Ronald Epstein to observe that an open, attentive and mindful presence promotes a 'virtuous, trusting and effective cycle' of care.^{37,38,39}

As a protective benefit to the clinician/therapist, and particularly valuable in 'boundary situations', it has also been reported that mindfulness serves to strengthen the capacity, within sessions, to enable the tracking of the therapist's own responses to shifts in a client's state or mood, to down regulate emotions, to separate from or dis-identify with adverse reactions, and to sustain concentration, maintaining both self-awareness and therapeutic responsiveness. Furthermore, in supporting ongoing professional development, mindfulness practices were seen to promote readiness to engage in frequent reflection, recognise errors, feel more comfortable about 'owning up' to shortcomings, adopt new practices, refine technical skills, and be more flexible in decision making.^{38,36,39,45}

And to be more attentive to self-care.

While the rate of burnout or secondary

traumatisation

impacting the massage therapist population in Australia is unknown, estimates are that 25-48% of health professionals across a range of settings may be adversely affected by the consequences of work-related stress or burnout, clearly a significant issue for the professionals themselves and for the client population they serve.^{39,40} Undoubtedly, some of the antecedent characteristics of burnout pertain to conditions in the work-place environment, for example, organisational or system dysfunction. But it is also known that some aspects of burnout, such as emotional exhaustion and depersonalisation, may be more closely associated with issues arising from the sometimes intensely challenging nature of the work itself. Consequences which in the past have been referred to as 'the costs of caring' and which have been the subject of a smorgasbord of academic and clinical

approaches to how best it may be avoided or ameliorated.^{39,40,41,54}

In the last decade or so, there has been considerable research interest in the role that mindfulness may play as an antidote to burnout. The most recent systematic review addressing this topic concluded that there 'is strong evidence for the use of mindfulness practice to reduce burnout among health care professionals'.⁴²

'Mindfulness is a simple but effective way of getting to know ourselves better'. Craig Hassed.

As we know, self-care, along with self-assessment, self-awareness, self-knowledge and a commitment to clinical reflection, are professional skills and responsibilities for which each therapist must find their own means to master.^{45,46,54} The accumulating evidence does suggest that a mindfulness practice may provide such a means, supporting and sustaining the therapist both professionally and personally.^{42,46}

Mindfulness and the matter of compassion

'It is not what I do that matters, as much as who I am'. Cynthia Myers, LMT.

It is no surprise that compassionate care is