Body in mind training: mindful movement for severe and enduring mental illness

The discipline of mindfulness has inspired a new programme for individuals with severe mental health difficulties. Tamara Russell introduces Body in Mind Training

Mindfulness-based approaches are garnering a considerable evidence base across a wide range of mental and physical health disorders (Grossman et al, 2004; Chiesa and Serretti, 2010). The National Institute for Health and Clinical Excellence (NICE) has recommended mindfulness-based cognitive therapy as a treatment for those with recurrent depressive symptoms, and data are emerging for its efficacy as a treatment for bipolar disorder (Williams et al, 2008), anxiety (Miller et al, 1995; Vollestad et al, 2011), and psychosis (Chadwick et al, 2005). Mindfulness training has also been a mainstay component of Linehan's dialectical behaviour therapy (DBT) (Linehan, 1993) for borderline personality disorder, due to its ability to provide relief from the intense, distressing consequences of emotional dysregulation in this population.

There was an initial reluctance to apply mindfulness training to those suffering from severe and enduring mental health problems such as schizophrenia. This stemmed in part from some dramatic but isolated case studies reporting psychosis following attendance at meditation retreats and ashrams. The work of Chadwick and others in this area (Chadwick et al, 2005; Abba et al, 2007; Davis et al, 2007) has demonstrated that mindfulness-based cognitive therapy approaches are applicable for those with psychosis, although modifications are necessary. Specifically, the modifications include shorter duration of the exercises. Feedback from participants indicated a preference for the body-based practices—such as mindful stretching and mindfulness walking.

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Mindfulness-based approaches are garnering a considerable evidence base

One reason this approach makes sense for use with this population is that despite the advances of modern pharmacotherapies, approximately 30% of people with schizophrenia remain distressed by the positive symptoms of the disorder (Garety et al, 2000). Positive symptoms include the experience of hearing voices, or beliefs that others are out to harm you. Chadwick's work particularly has looked at the way mindfulness training allows those suffering distress from voices to engage with their mental experiences in a different, kinder and more accepting way, with positive knock-on effects for anxiety and perceived ability to cope. These studies have typically included individuals who are relatively stable and in a remitted phase of illness. Might there also be utility for this training—in a modified form—for those at the more acute phase of the illness?

This was the question in mind during the development of the Body in Mind Training programme. The core practices of mindfulness training are learning to bring a kind, non-judgemental and present moment awareness to the breath and bodily sensations. This practice forms the cornerstone of all subsequent mindfulness training as it is from this position of 'safety', resting (anchored) in the breath and body, that one can begin to allow the expression and examination of distressing thoughts and feelings. In fact, in the original teachings, it is said that 'this body can teach you the whole dharma'. However, for those individuals with minds that are particularly busy, overwhelming or threatening, even sitting for a 'three-minute breathing space' or 'just watching what arises in the mind' may be too overwhelming. Therefore, combining concepts from mindfulness, psychology and tai chi, the Body in Mind Training programme aimed to provide training in body and movement awareness that could allow mindfulness to emerge at a slower rate and in a more controlled way, and introduces the concept of

Box 1. Elements of the Body in Mind Training programme*

- **Basic warm up:** Slow, intentional, mindful movements of all the major joints (neck, wrists, shoulders, elbows, waist, hips, knees, ankles)
- **Stationary elements:** Working left/right brain with co-ordinated hand movements. Mindfulness of the mental reaction when challenged with a 'difficult' sequence
- **Dynamic (moving) elements:** Using balance, posture and co-ordination with weight-shifting and mindful awareness of kinaesthetic feedback
- **Walking meditation:** Controlling weight, posture and movement. Noting and not reacting to any mind wandering during the walking

* all activities can be completed with eyes closed if the participant feels comfortable.

'anchoring the anchor' with bodily movement.

Mindfulness movement practices are not new—eastern arts such as tai chi and qi gong are types of mindfulness practice with a long history of mental and physical health benefits (Wang et al, 2004; Yeh et al, 2004). Depending on how the art is taught, mindfulness might be explicitly or implicitly part of the training. In the Body in Mind Training programme, the mindfulness is explicit—making the class 'like a tai chi class, with more talking' or 'like a mindfulness class, with more moving'. Instruction of mindfulness in this way has the additional advantage of giving the participant a gentle physical workout for the body as well as for the mind.

The gentle physical element is particularly useful for individuals with severe and enduring mental illness who have well-documented health inequalities (Sebastian and Beer, 2007), limited access to healthy-living resources such as gyms, and regularly complain of stiffness in the body as a result of medication side effects. The low-intensity nature of the physical movement means it is suitable for individuals at any fitness level (many exercises can be conducted seated) and does not require the facilitator to have specialist physical education training (just common sense).

Pilot groups

A number of small pilot groups have been run at different sites in South London to determine the feasibly and acceptability of this programme for these clients. Classes have been run on a private forensic low-security unit (male and female classes), an adult inpatient unit and in a residential care home setting (for adults with severe and enduring mental illness). In the sessions the ethos was as follows:

- Always have a go/make an attempt
- Do everything slowly and with full attention
- If anything hurts, stop immediately
- If you have to stop, lie down, rest or leave, please do so without disturbing others.

Music was used to facilitate a sense of calm and classes were conducted in a quiet room (the gym or a group room). Occasionally, classes were conducted on the ward and in the residential setting, they were conducted in the lounge (this was a mixed client and staff group).

The session followed a specified format (*Box 1*), although some flexibility was required dependent on the needs of the group.

Throughout all activities, core mindfulness concepts were explicitly noted and typically included the following statements:

- 'Be aware of deliberately and intentionally initiating and executing the motion'
- 'Notice what happens when you start or stop a movement'
- 'Be curious about what happens in the body as you move'
- 'Bring awareness to any bodily sensations arising as you move'
- 'How do you know where your arm/leg is in space when you have your eyes closed?'
- 'Notice any muscle tension, areas of relaxation, and the effort required to move'
- 'Notice when the mind wanders and bring it back to the movement without judgement'
- 'Accept all that arises in the mind, and come back to the movement'
- 'The mind might wander a million times, that is okay, in this moment, choose to focus on the body'
- 'Whatever you are experiencing, in these few moments, deliberately choose to bring the focus back to the body'.

By using movement, the mind has something to 'anchor' onto and it is from this position of relative safety that the individual can watch other thoughts and sensations arise and fall away. Unlike a body-alone focus, movement provides a greater quantity and variety of proprioceptive and kinaesthetic feedback to the mind, giving it something to 'watch'. This is vital when starting to work mindfully with individuals who have very busy or distressed minds. The facilitator highlights how slowing down movements and deliberately paying attention to them can really change our experience. This is a precursor to training in slowing down our actions and reactions in order to engage or attend to thoughts and emotions that might be driving our response. Movements are also completed with the eyes closed, to enhance kinaesthetic feedback and allow people to really 'drop into' the bodily experience.

Typically, groups were open and ran for an eight-week period. As part of the class, participants recorded their stress levels before and after, using a six-point visual scale (*Figure 1*). The average self-reported stress reduction for each group following the class is shown in *Table 1*. It should be noted that the reductions in stress following the class in these client groups are similar to those reported in the staff groups (range of 25–33%). A number of participants also gave feedback on the class. Both clients (*Box 2*) and staff (*Box 3*) reported benefit from the class, particularly noting that they liked to see 'psychology in action' (literally).

Observations and tips for others

- For clients, single sex groups seemed to work the best. This allows individuals to be comfortable with each other (particularly as relates to closing their eyes while completing the exercises)
- The music really helps people to get into the 'mindfulness zone' (and even if they are not becoming mindful, music helps with relaxation)
- For the wards, it worked better with clients coming from a single ward, rather than combining two wards, again, this

Table 1. Average self-reported stress reduction for each group

Forensic/learning disability female group	Forensic male group	Male inpatient ward	Two male-inpatient wards	Residential setting (mixed staff/client group)
23%	33%	26%	30%	*22%

* In the busy lounge setting where this class was run, results were noticeably less successful, pointing to the importance of a quiet location to obtain best results

was related to feeling comfortable enough with others in the group to really go into the experience of the body and mind and close the eyes

- The facilitator needs to model a mindful response to whatever arises in the class. Clients often adapted the exercises in their own unique way. They were encouraged to adopt the mindful stance of curiosity, exploration and examination to whatever movement they were doing
- When participants struggle with sequences, this is a great opportunity to ask them to notice what happens in the mind when we are faced with a challenge—and reiterate the motto 'any attempt is success'. Participants who struggled with a sequence one week were often teaching it to others a few weeks later—reflection on this process by the facilitator is critical.

Plans for the future

To develop this programme further, a more detailed evaluation of a closed group is planned with very basic before and after measures of anxiety, distress from anxiety and mindfulness administered. We would also like to explore the increased sense of mastery and self-efficacy that was anecdotally observed. This will allow a more detailed examination of the benefits of this approach for this group of clients. A true test of this programme would be a comparison with a group of individuals who just completed the movements (without the mindfulness element).

Clinical applications

This training is a viable option for even very distressed individuals. The ethos of the class is welcoming, encouraging any attempt and developing a curiosity about the body and one's own actions and reactions. It is suitable for those who may not yet be ready for talking therapies and is a useful adjunct for those already engaged in talking

Box 2. Comments from participants

'I didn't feel that stressed before the class, but I must have been more than I thought because I felt so chilled after'
'This (class) is a good idea because you can't concentrate on yourself on the ward because there are too many people shouting. I have been to yoga before and the breathing is better'
'I find it hard to quantify my stress levels, but I definitely look forward to the classes
'I enjoy loosening my body; we don't get much exercise on the ward'
'I feel more flexible, and it's nice to stretch my knees out'
'The class is very nice; very, very helpful to release strain and pain. I feel better now.'
'I like coming to Body in Mind as I like to get off the ward and move around'.
'I like the shouting exercises. I shout out my stress, and then we walk to calm down again. I want to go again'
'I am going to come and do Body in Mind when I leave hospital as it is good exercise and helps me relax.
'I liked Body in Mind and didn't even need a cigarette until the end'

Box 3. Staff comments about the Body in Mind Training program

'I felt so relaxed and refreshed after the class, as if I'd exhaled all the stress of the day'
'It was great to stretch out my body, I really enjoyed it and would like to go again'
'It's fantastic to see a group that puts psychology into practice. I really enjoyed taking part'
'I think it is good for the patients to have something to do, especially if it's physical as most do not get enough exercise'
'I would like to come, the staffs definitely needs to de-stress!'
'I was surprised to see the patients so focused, it has a high attendance and they all seem to enjoy it. I would come if I wasn't on the ward'

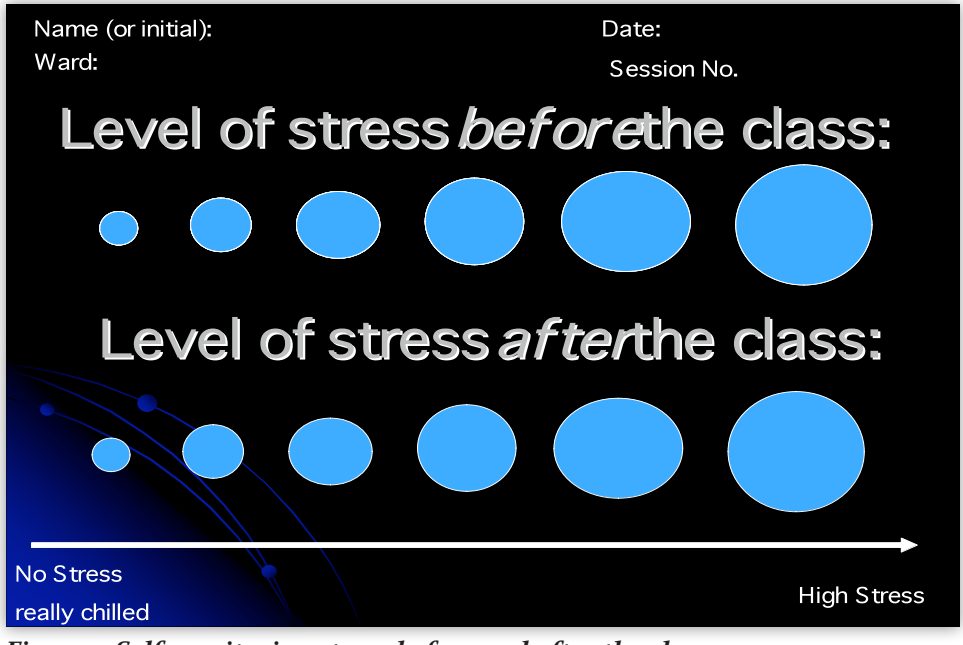

Figure 1. Self monitoring stress before and after the class

therapies. Increased awareness of the body allows for great sensitivity to changes in bodily reactions during times of emotional reactivity (learning to use the body as a barometer for emotional reactions), which can then prompt an exploration of 'what am I thinking at this time'.

Variations of this training are also in development for use by those who are in recovery and who wish to use mindfulness as a tool to help them manage anxiety related to re-integration into their community or work setting. The programme is not just for those with mental health difficulties, anyone can benefit. A version of this training has been offered to staff within South London and Maudsley NHS Foundation Trust as a way to cope with the challenges of working in a stressful inpatient environment and additionally, allow them to understand the techniques so they can use them in their work with distressed clients. BJW

More information on the staff training program is available from the author: tamara.russell@kcl.ac.uk

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