

Considerations For Offering Safe Practice Experiences

When working with new participants it is important to consider whether there may be learned aversive reactions to aspects of mindfulness practice. With all of these it is helpful to assume someone in your group is likely to be experiencing these aversions so that, when you inquire about experiences, invitations are offered to share experience of struggle or discomfort. This is especially important if there is an apparent group consensus that a practice is experienced a certain way. Actively inviting sharing of experiences that run counter to the seeming consensus helps reinforce that there will be a diversity of experience even if no-one openly speaks about different ones. The brief notes below aim to flag up possibilities to consider and offer suggestions that may help mindfulness practice be more accessible to people who, otherwise, may disengage from practicing mindfulness due to aversive reactions occurring before there have been other helpful experiences to encourage persistence. Where there are any concerns it is essential to take these to supervision.

1. **Aversion to Bodily Awareness.**

Approaching the body with the spotlight of the attention may trigger aversive reactions. Such reactions may arise in response to being attentive to specific body areas or to the body as a whole. Focusing Anchors (i.e. the chosen physical sensation that is the focus for a mindfulness practice) that are external to the body may be more accessible (e.g. sights, sounds, an object in the hand). Familiar habitual bodily experiences may be more accessible (e.g. eating, drinking, washing, stretching, yawning, dressing, grooming). The feet or the back of the body may be more approachable than the front of the body or the torso. Moving practices, especially if based on normal and familiar movements (e.g. walking, running, sports, food preparation, cleaning, hobbies) may be more accessible than static ones.

2. **Aversion to Self-Soothing.**

If someone has aversive associations with their soothing system then fear, anger, disgust, panic, shame etc. can be triggered with even tentative invitations towards self-soothing, kindness to self or self-compassion. Similarly, offering kindness or compassion to another may trigger strong reactions. There may be low key ways of gently activating the soothing system without triggering the learned reactions. The experience of warmth, comfort or a safe group may gently invite a movement towards self-soothing. Pets may be a safe context for expressing soothing behaviours – stroking, caring etc. Soothing objects held in the hand may offer another gentle stepping stone. Language using words like *ease*, *allowing*, *making room*, *warmth* or may be more accessible initially than *friendliness*, *kindness*, *compassion* or *love*. Soothing body contact such as a hand on the torso may be aversive when the intent is explicitly to self-soothe but invitations to notice the specifics of contact, warmth, movement (perhaps across a range of different hand positions) may be accessible. Kindly self-talk may not seem possible when a strong inner critic/bully is dominant but practices that introduce a sense of space around self-critical thoughts and images may offer a helpful first step (e.g. the defusion practices in Acceptance and Commitment Therapy).

3. **Aversion to Breath Awareness.**

Aversive experiences to breath awareness are relatively common and may be triggered by invitations to notice the breath. Being very specific about the actual physical sensations (movement, contact, temperature etc.) may side step associations triggered by the word 'breath' and how that word is referenced to past aversive experience. Moving the body or hands in time with the breath may be less aversive (e.g. elastic bands stretched in time with breath, moving arms or body with the breath) and using the rhythm of the breath to count

events during a practice that has another focus (e.g. using a visual focusing anchor as count 10 cycles of the breath) may be more accessible. Experimenting initially with very short practices (e.g. just a couple of breath-lengths long as a first practice) that are too short to set off significant aversive associations offers a form of gentle graduated exposure. Subsequent repeats of the practice may then be associated with a greater sense of confidence that focusing on the breath will be ok. Although the breath offers a strong anchor that many people find helpful, there is no necessity to use the breath: other anchors can be used.

4. Aversion to Being Still, Closing Eyes and/or Quiet.

More attention is available to bring aversive mental, emotional or physical experience into sharp focus when the body is still, the eyes are closed and there is little noise. Consider how 'loud' thoughts can be when lying still in bed in the dark during the quiet of the night. Starting with short, open eyed practices will reduce the availability of attention that can be offered to distressing mental experience. Introducing a movement based practice early may address fears that mindfulness is all about sitting still and so 'not for me' (ideally a 'normal' movement initially rather than unfamiliar movement). Keeping the practices quite chatty by asking for feedback on what people are experiencing as you go along in a practice can be helpful (e.g. *Who's noticing their feet are warm? Who's are cold? Who's noticing footwear? Anything else? Who's attention is wandering off? Mine is...*). Having an object to fiddle with can also be very settling (e.g. heat pads, bubble wrap, elastic bands, smooth stones, a pen).

5. Aversion to Being in a Group.

Just being in a group can be very scary and bring up lots of negative associations. Explicit contracting at the start that you do not need to speak, that you can leave the room or sit near a door can be very important. Being attentive to the group process and giving space for this in the curriculum is important: participants usually rate the experience of being in a supportive group as being very significant. It can be surprising how important a tea-break can become to a group and the group process (especially with good quality biscuits that indicate that they are being valued). In some groups there needs to be consideration of whether unstructured group interaction will be experienced as threatening. Having a hot drink while doing an activity (e.g. a psychoeducational activity that could start with some mindful awareness of the warmth of the tea in the hands and taking a mindful sip) can be a gentle way of introducing a break. Conformity is very powerful within groups and it is important to consider that the inner experience of group members may be very different to the image of themselves that they are presenting verbally or non-verbally.

6. Sensory Impairments or Physical Pain.

It is always worth considering if anyone cannot engage in a practice due to a sensory impairment, pain or lack of muscular control. Pre-course questionnaires can be helpful to find out such information as can making sure referrers know what is helpful for you to know about participants.

7. Working Within Cultural Norms.

Approaching situations with mindful awareness is a novel experience that many may find initially unsettling. Offering a learning environment that is familiar can be important in reducing unnecessary anxiety that may heighten any experiences of being unsettled. It is therefore important to consider the possible impact on the sense of safety with respect to how mindfulness practice experiences are framed. This can be done through reflecting on the underlying aim of each component involved in teaching a practice from the initial set-up to the end; considering how each component serves the needs of the participants.