Abstract

Background
In this wellbeing series we present practical advice for prehospital care providers, responders, and other shift workers. These articles are produced by experts in their field. Many of these topics were presented at the Irish College of Paramedics Wellbeing Symposium in University College Cork in May 2019.

Keywords: paramedic, wellbeing, prehospital, health.
**Introduction**

The term ‘exercise’ can cover a wide diversity of physical activities, anything from running, to lifting weights, to yoga. Similarly, the term ‘meditation’ covers an equally wide diversity of mental activities. Although it’s easy to see what someone involved in physical activity is doing, it’s much more difficult to get a sense of what someone who is meditating is doing, because we can’t see someone’s mental activity.

Meditation can include activities such as ‘body scanning’ which is simply becoming consciously aware of the physical sensations in your body. Breath awareness is a related sort of practice and consists of maintaining an awareness of the breath as one naturally breathes. Meditation can also include loving-kindness practice, which consists of intentionally directing thoughts and feelings of compassion to others. Meditators often sit on cushions with their legs crossed or folded, but meditation is a mental activity that can be practiced during movement such as while doing Tai Chi, or simply while walking or doing the dishes.

The goal of most meditative exercises is to help us become more consciously aware and accepting of our ‘internal environment’ which consists of three aspects; our mental thoughts, our emotional feelings, and our physical sensations. Usually, our internal environment is not unpleasant, but many situations that we encounter as paramedics can create last thoughts, feelings and sensations that cause us distress. Situations which include or inspire helplessness, pathos and poignancy, or moral distress (1-2) can lead to "unusually strong emotional reactions which have the potential to interfere with [the] ability to function either at the scene or later".(3)

The level of stress that leads us to become dysfunctional is sometimes referred to within the Emergency Services as Critical Incident Stress (CIS) (4) although this is a non-medical term. The American Psychological Association uses the terms Acute Stress Disorder (ASD) or Post Traumatic Stress Disorder (PTSD). These are considered formal diagnoses and have precise definitions, although they can be (somewhat overly) simply summarised as maladaptive responses to stress that last either less than a month (ASD) or longer than a month (PTSD).(5) Most people (up to 80%)(6) who experience ASD will go on to experience PTSD.

The three most common strategies that people employ in response to CIS is to try and suppress their emotions (by intentionally ignoring them), to try and avoid them (usually through distracting activities), or to simply dissociate (or ‘zone out’, often – although not necessarily – by using drugs) from them. These can be remembered using the mnemonic SAD (suppress, avoid, dissociate).

The most common recommendations for paramedics experiencing CIS are to: take a break (7), talk it out (8), laugh it off (9), or sweat it out.(10) Contrary to popular wisdom, suppressing our emotions is beneficial in the heat of the moment and is an adaptive mechanism. Paramedics can’t fall apart on the scene – people rely on us to maintain our control and focus. However, continuing to suppress, avoid, or dissociate from our emotions after our shift has ended is maladaptive as a long-term strategy. At some point we need to allow ourselves to remain consciously aware of the effects that the stressful incident had on our internal environment and to accept and integrate these experiences into our ongoing awareness.

This is where meditation may be helpful. The form of meditation that has been most rigorously studied in the West is called ‘Mindfulness Meditation’, and is often taught as a part of a course called ‘Mindfulness Based Stress Reduction’, or MBSR.(11) The founder of MBSR, Jon Kabat-Zinn, defines mindfulness as "awareness that arises through paying attention, on purpose, in the present moment, non-judgementally".(12) Mindfulness is the opposite of the SAD strategies - suppression, avoidance and dissociation.

The MBSR course is a non-religious, eight-week, group-based, evidence-based series of classes taught by certified instructors that teaches participants how to simply remain aware of their internal environment in order to allow the distressing sensations in their internal environment to integrate into their consciousness and become less distressing. Several schools of psychotherapy have now emerged that focus their therapeutic efforts on cultivating mindfulness in patients, these are often referred to as Mindfulness Based Cognitive Therapies (MBCT). A large systematic study of Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapies
concluded that MBSR improves mental health and MBCT prevents depressive relapses. (13)

The basic steps of mindfulness mediation are as follows:
1. Make time to practice mindfulness in a safe, protected space.
2. Mentally and emotionally step back from the distressing situation (de-fuse)
3. Be open – be aware of, and avoid, efforts towards control, suppression or avoidance
4. Be mindful – (remain aware of your focus of attention and don’t ‘daydream’; if your mind wanders, simply return to the present moment without a sense of frustration or anger)
5. Be accepting – allow thoughts, feelings, sensations
6. Be patient – let sensations run their course
7. Be kind – don’t be judgmental or harsh on yourself
8. Be reflective – what can you learn from this …?

However, mindfulness mediation is not a panacea. Like any intervention, meditation has indications, contraindications and precautions. In the throes of distress, increasing your awareness of your internal state can actually exacerbate distress, not relieve it. One creative study showed that intentionally inducing avoidance of your internal state (by playing Tetris!) reduced the incidence of traumatic flashbacks. (14) Most practitioners of mindfulness mediation will tell you that it is somewhat uncomfortable when you first begin (as most people who begin to exercise similarly relate!). However, it should not be acutely distressing. If you attempt mindfulness mediation and you find it is exacerbating your distress you should stop. ‘No pain, no gain’ is as poor advice for meditation as it is for strength training.

If you are experiencing the symptoms of critical incident stress and you find your attempts and mindfulness mediation are causing undue distress you should seek the help of a mental health professional with experience working with clients suffering from ASD and PTSD. This is a common area of expertise within mental health, and many counsellors specialise in working with emergency services personnel. Counsellors who focus on mindfulness-based approaches (such as MBCT or Acceptance and Commitment Therapy) can help clients experiencing difficulties in a safe and therapeutic way.

Like any therapy, mindfulness mediation may or may not work for you, or it may work only if practiced in the setting of personalised counselling. However, it is a proven area of therapy that has effects that are beneficial and wide ranging, much like a healthy diet and appropriate physical exercise do. Meditation, once thought of as an esoteric, Eastern activity has become a cornerstone of a modern, evidence-based lifestyle that can both help prevent critical incident stress as well as treat it.

Resources
Marc Colbeck is a registered paramedic with an MA in Counselling Psychology and experience as a critical incident stress counselor with emergency services personnel. Interested readers are encouraged to watch Marc’s three-part presentation on Critical Incident Stress for Paramedics on YouTube.

References
2. Lazarsfeld-Jenson, A. (2010). Moral Distress, a Diagnostic Tool that may be