

# La pleine conscience... en 45 min

Dr. Caroline C. Werner

Service de Médecine de Premier Recours, HUG

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## Plan

### Mon parcours

#### La relation entre corps et mental

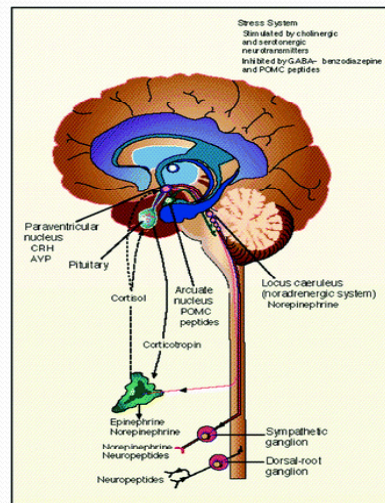
- La réaction au stress
- Impact des émotions & des pensées

#### La pleine conscience

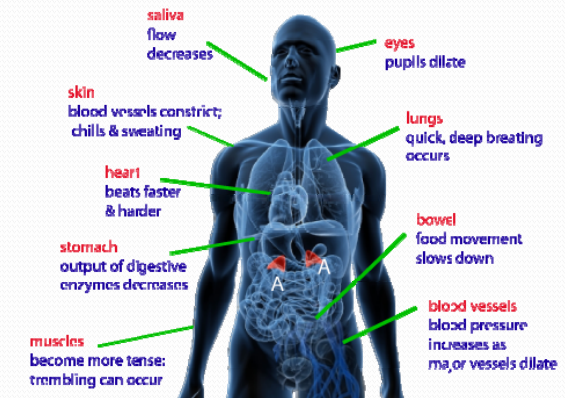
- Définition
- Le programme MBSR sur 8 semaines

#### La pleine conscience pour le médecin

## La Physiologie du stress



## « Fight or Flight »



## Le stress est essentiel pour notre survie



## Après le stress, la pause...



## Mais...



## En plus...

Relation entre des émotions et des pensées  
négatives et les réactions corporelles

- Agressivité, anxiété: Catécholamine
- Dépression, sentiment d'impuissance, tristesse:  
Cortisol



# La théorie de deux flèches

1. Facteur stressant externe



2. Composante affectivo-émotionnelle et cognitive



## A Wandering Mind Is an Unhappy Mind

Matthew A. Killgore<sup>1</sup> and David T. Gilbert

Unlike other animals, human beings spend a lot of time thinking about what is not going on around them, contemplating events that happened in the past, might happen in the future, or will never happen at all. Indeed, “mind-independent thought” or “mind wandering” appears to be the brain’s default mode of operation (1–3). Although this ability is a remarkable evolutionary achievement that allows people to learn, reason, and plan, it may have an attentional cost. Many philosophical and religious traditions teach that happiness is to be found by living in the moment, and practitioners are trained to resist mind wandering and “to be here now.” These traditions suggest that a wandering mind is an unhappy mind. Are they right?

Laboratory experiments have revealed a great deal about the cognitive and neural bases of mind wandering (4–7), but little about its emotional consequences in everyday life. The most reliable method for investigating real-world cognition is experience sampling, which involves contacting people as they engage in their everyday activities and asking them to report their thoughts, feelings, and actions at the moment. Unfortunately, collecting real-time reports from large numbers of people as they go about their daily lives is an cumbersome and expensive task; experience sampling has rarely been used to investigate the relationship between mind wandering and happiness and has always been limited to very small samples (8, 9).

We solved this problem by developing a Web application for the iPhone (Apple Inc., Cupertino, California), which we used to create an unusually large database of real-time reports of thoughts, feelings, and actions of a broad range of people as they went about their daily activities. The application contacts participants through their iPhones at random moments during their waking hours, presents them with questions, and records their answers to a database at www.thoughtandemotion.org. The database currently contains nearly a quarter of a million samples from about 5000 people from 83 different countries who range in age from 18 to 88 and who collectively represent every one of 18 major occupational categories.

To find out how often people’s minds wander, what topics they wander to, and how those topics affect their happiness, we analyzed samples from 2250 adults (53.5% male, 70.9% residing in the United States, mean age of 34 years) who were randomly assigned to answer a happiness question (“How are you feeling right now?” answered on a continuous sliding scale from very bad (0) to very good (100), an activity question (“What are you doing right now?” answered by entering one or

more of 22 activities adapted from the day reconstruction method (10, 11), and a mind-wandering question (“Are you thinking about something other than what you’re currently doing?” answered with one of four options: no, yes, something pleasant, or, yes, something neutral, or, yes, something unpleasant). Our analyses revealed three facts.

First, people’s minds wandered frequently, regardless of what they were doing. Mind wandering occurred in 40.9% of the sample and in at least 30% of the samples taken during every activity except making love. The frequency of mind wandering in our real-world sample was considerably higher than is typically seen in laboratory experiments. Surprisingly, the nature of people’s activities had only a modest impact on whether their minds wandered and had almost no impact on the pleasantness of the topics to which their minds wandered (12).

Second, multilevel regression revealed that people were less happy when their minds were wandering than when they were not [slope (β) = -0.79, P < 0.001], and this was true during all activities,

including the least enjoyable. Although people’s minds were more likely to wander to pleasant topics (42.5% of samples) than to unpleasant topics (26.5% of samples) or neutral topics (31.1% of samples), people were no happier when thinking about pleasant topics than about four common subjects (β = -0.32, not significant) and were considerably unhappier when thinking about neutral topics (β = -2.1, P < 0.001) or unpleasant topics (β = -2.9, P < 0.001) than about their current activity (Fig. 1, bottom). Although negative minds are known to cause mind wandering (13), these data analyses strongly suggested that mind wandering in our sample was generally the cause, and not merely the consequence, of unhappiness (12).

Third, what people were thinking was a better predictor of their happiness than was what they were doing. The nature of people’s activities explained 1.6% of the within-person variance in happiness and 1.2% of the between-person variance in happiness, but mind wandering explained 10.8% of within-person variance in happiness and 17.7% of between-person variance in happiness. The variance explained by mind wandering was largely independent of the variance explained by the nature of activities, suggesting that the two were independent influences on happiness.

In conclusion, a human mind is a wandering mind, and a wandering mind is an unhappy mind. The ability to think about what is not happening is a cognitive achievement that comes at an attentional cost.



**Fig. 1.** Mean happiness reported during each activity type and while mind wandering to unpleasant topics, neutral topics, pleasant topics or not mind wandering (bottom). Dashed line indicates mean of happiness across all samples. Bubble area indicates the frequency of occurrence. The largest bubble (“Mind wandering”) corresponds to 53.2% of the samples, and the smallest bubble (“praying/working/studying”) corresponds to 0.1% of the samples.

**References and Notes**  
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 13. M. A. Killgore et al., *Manuscript submitted for publication*.  
 14. H. Killgore, D. Gilbert, and T. Wilson for helpful comments.  
**Supporting Online Material**  
[www.sciencemag.org/cgi/content/full/330/6048/627](http://www.sciencemag.org/cgi/content/full/330/6048/627)  
 Materials and Methods  
 Table S1  
 References  
 18 May 2010; accepted 29 September 2010  
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 Harvard University, Cambridge, MA 02138, USA.  
 \*To whom correspondence should be addressed. Email: matthew@hug.chickadee.edu

# L’antidote face au stress: La Relaxation

« Reduced Sympathetic Nervous System Responsivity associated with the Relaxation response »

Herbert Benson

Est-il toujours possible de se relaxer?

# La pleine conscience comme traitement en amont

Interrompre le cercle vicieux entre les facteurs Stressant externes et nos réactions, induisant ainsi une modification de nos facteurs internes de stress (émotions, pensées automatiques et négatives)



## Clip: The monk and the flies



## La pleine conscience= «mindfulness»

**Définition:** Etre dans l'instant présent

- Sans jugement
- Sans attentes
- Sans filtre
- Avec bienveillance

## Le programme MBSR -1

- Développé par Jon Kabat Zinn à l' Université de Massachusetts en 1979
- Depuis la fondation :  
19.000 personnes ont participé au programme à la clinique de réduction de stress de UMass

## Le programme MBSR -2

- Un programme laïc
- 2.5 h par semaines pendant 8 semaines et 1 journée de « retraite »
- Apprentissage de la PC avec:
  - exercices formels: méditation, balayage corporel, yoga
  - exercices informels: manger, faire le ménage en PC...

## Le programme MBSR -3

### Indication

- Stress
- Hypertension artérielle, Maladies CV
- Maladies/symptômes chroniques  
(asthme, céphalées, douleurs, ...)
- Cancer
- Maladies psychiatrique (anxiété, dépression, addictions)
- Troubles de sommeil
- Fibromyalgie
- ...

## Le programme MBSR -4

### Contre-indication

- Toutes maladies psychiatriques en phase aigue
- Des patients souffrants de PTSD
- Des personnes attendant la «pilule magique» sans engagement.



UNLESS THE MOMENT IS UNPLEASANT,  
IN WHICH CASE I WILL EAT A COOKIE

## Clip: Matthieu Riccard

# RESPIREZ

# Mindfulness et les médecins

## L'écoute empathique

Being empathic means:

"To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice.."

Carl Rogers

"...Mindfulness is paying attention, in a Particular way, with intention, *in the present* moment and *without judgment...*"

Kabat-Zinn, 1990

Mindfulness- un outil pour être un médecin à l'écoute

# Le challenge d'être médecin



## « Doctors' health matters »

**Table 1: Summary of the findings in Doctors' Health Matters – the work of the Doctors for Doctors Unit in supporting doctors and promoting wellbeing within the profession**

- Doctors are more likely to have significant psychological vulnerabilities.
- Doctors are more likely than the average person to suffer from one or more of the three Ds' – drugs, drink and depression, including suicide.
- Doctors tend to some degree of obsession. This 'level of conscientiousness' is often to the detriment of their own health needs.
- There is a culture of 'working through illness' and 'self-treating' in the medical community.
- International evidence suggests that doctors are at a higher risk than the general population of developing stress-related problems, depression, or suicide.
- Doctors have higher standardised mortality rates in respect of cirrhosis, accident and suicide.

## Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD  
Ronald M. Epstein, MD  
Howard Beckman, MD  
Anthony L. Suchman, MD, MA  
Benjamin Chapman, PhD  
Christopher J. Mooney, MA  
Timothy E. Quill, MD

**P**RI-MARY CARE PHYSICIANS REPORT alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout,<sup>1,4</sup> defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy.<sup>2,5</sup> Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported.<sup>4,6-8</sup> Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout<sup>11</sup> and there are strong associations between medical student burnout and suicidal ideation.<sup>12</sup>

**Context** Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

**Objective** To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

**Design, Setting, and Participants** Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

**Main Outcome Measures** Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

**Results** Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.0; Δ=-6.8; 95% CI, -4.8 to -8.8; depersonalization, 8.4 to 5.9; Δ=-2.5; 95% CI, -1.4 to -3.6; and personal accomplishment, 40.2 to 42.6; Δ=2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ=4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ=-4.1; 95% CI, -1.8 to -6.4); total mood disturbance (33.2 to 16.1; Δ=-17.1; 95% CI, -11 to -23.2), and personality (conscientiousness, 6.5 to 6.8; Δ=0.3; 95% CI, 0.1 to 0.5 and emotional stability, 6.1 to 6.6; Δ=0.5; 95% CI, 0.3 to 0.7). Improvements in mindfulness were correlated with improvements in total mood disturbance ( $r=-0.39$ ,  $P<.001$ ), perspective taking subscale of physician empathy ( $r=0.31$ ,  $P<.001$ ), burnout (emotional exhaustion and personal accomplishment subscales,  $r=-0.32$  and 0.33, respectively;  $P<.001$ ), and personality factors (conscientiousness and emotional stability,  $r=0.29$  and 0.25, respectively;  $P<.001$ ).

**Conclusions** Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.

JAMA. 2009;302(12):1284-1293

www.jama.com

Int J Psychiatry Med. 2012;43(2):119-26.

## A mindfulness course decreases burnout and improves well-being among healthcare providers.

Goodman MJ, Schorring JB.

University of Virginia School of Medicine, Charlottesville, USA.

### Abstract

**OBJECTIVE:** Healthcare providers are under increasing stress and work-related burnout has become common. Mindfulness-based interventions have a potential role in decreasing stress and burnout. The purpose of this study was to determine if a continuing education course based on mindfulness-based stress reduction could decrease burnout and improve mental well-being among healthcare providers, from different professions. **Design:** This was a pre-post observational study conducted in a university medical center. A total of 93 healthcare providers, including physicians from multiple specialties, nurses, psychologists, and social workers who practiced in both university and community settings, participated. The intervention was a continuing education course based on mindfulness-based stress reduction that met 2.5 hours a week for 8 weeks plus a 7-hour retreat. The classes included training in four types of formal mindfulness practices, including the body scan, mindful movement, walking meditation and sitting meditation, as well as discussion focusing on the application of mindfulness at work. The course was offered 11 times over 6 years. The main outcome measures were work-related burnout as measured by the Maslach Burnout Inventory and self-perceived mental and physical well-being as measured by the SF-12v2.

**RESULTS:** Maslach Burnout Inventory scores improved significantly from before to after the course for both physicians and other healthcare providers for the Emotional Exhaustion ( $p < 0.03$ ), Depersonalization ( $p < 0.04$ ), and Personal Accomplishment ( $p < 0.001$ ) scales. Mental well-being measured by the SF12v2 also improved significantly ( $p < 0.001$ ). There were no significant changes in the SF12v2 physical health scores.

**CONCLUSION:** A continuing education course based on mindfulness-based stress reduction was associated with significant improvements in burnout scores and mental well-being for a broad range of healthcare providers.

Diminution de nombre de burn-out et amélioration du bien-être des soignants après avoir participer au cours MBSR.

## Have a break !

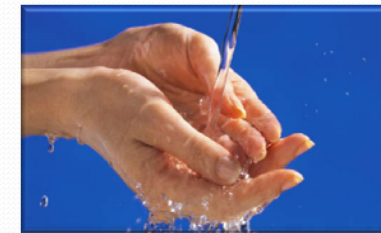
I. Pause

II. Presence

III. Proceed



## Etre présent



## Exercices guidés

- University of Rochester  
<https://www.urmc.rochester.edu/family-medicine/mindful-practice/curricula-materials/audios.aspx>
- Site francophone sur la pleine conscience en psychothérapie  
<http://www.cps-emotions.be/mindfulness/materiel-mindfulness.php>

## Conclusion

- La pleine conscience devient de plus en plus importante dans notre vie contemporaine.
- Toute personne peut bénéficier du programme MBSR si elle est motivée.
- La pleine conscience peut être un outil précieux pour le médecin et dans la relation médecin-malade.
- **Respirez!**
- **Pause - Presence - Proceed**



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- [www.ncbi.nlm.nih.gov/pubmed/?term=mindfulness+meditation](http://www.ncbi.nlm.nih.gov/pubmed/?term=mindfulness+meditation)

Merci pour votre  
attention 😊