



## Mindfulness for Pain – Ref 282

*with Alison Bale*

30<sup>th</sup> January 2023

### TRANSCRIPT

*Please note, this is not a verbatim transcript:*

- Some elements (repetition or time-sensitive material for example) may have been removed*
- In some cases, related material may have been grouped out of chronological sequence.*
- The text may have been altered slightly for clarity.*
- Capitalisation and punctuation may be erratic...*
- There may be errors in transcription. If something appears odd, please refer to the recording itself (and let us know, so that we can correct the text!)*

**Steven Bruce**

Hello there, welcome to another lunchtime CPD show, the last one of the month, we're going to be looking at mindfulness today. And I know it's not the first time we've taken this as a topic, but this might be the first one we've specifically considered mindfulness, its role in dealing with pain. My guest is joining us from India. So I'm hoping that the internet connection holds up well enough to get through our 45 minutes without any hiccups, because I think this is potentially a really important part of the whole bio psychosocial approach to treatment. So today's guest is Alison Bale. She's a McTimoney chiropractor who's also very experienced in teaching both mindfulness and meditation. And she's been qualified as a chiropractor for about 20 odd years now. And she bases her approach on sound neuroscientific principles. Hello there Alison, how are you?

**Alison Bale**

Hi Steven, I'm very well thank you.

**Steven Bruce**

I have to say that I just commented on the internet connection and I've got a better image of you than I have of people sometimes who are joining me from just down the road here so let's hope it holds up I think you've just said you've got a backup power supply there in case you get a power cut.

**Alison Bale**

Yeah, you know India can surprise you sometimes. Even be prepared for things to go wrong when they don't.

**Steven Bruce**

Well, it's great of you to join us. It's six o'clock in the evening for you in Goa I think, isn't it. But can I just start by asking you about your own background because you've done some stuff other than be a chiropractor, haven't you? And clearly, you've got a lot of experience now in this whole mindfulness thing. So where does that all stem from?

**Alison Bale**

Well, I started my work career in the corporate world, I was in publishing. And then I was a communication consultant and finished up working in the city. And just arrived at one of those points in my life where I kind of knew something had to change. And at the time, I did a lot of horse riding. And I came across an article on horse riding for chiropractic for horses. And it was just kind of like a big lightbulb moment for me, but here was something to work with animals that might pay decent money. And that's actually how I came to apply. That's how I came to apply to McTimoney.

**Steven Bruce**

As a communications consultant that sounds as though it could be quite useful in dealing with patients unless what you were somebody who worked on telecoms and radios and things like that.

**Alison Bale**

No, I was communication as in magazines, and electronic communication, but essentially communication as in, how do you explain a particular message to an audience of people if you want them to take a particular action.

**Steven Bruce**

Right, so actually, it is relevant to what we do in practice to a large degree because, you know, communication is, well, it's so important, isn't it? So tell me about mindfulness and meditation then, you teach people how to be mindful and how to meditate. You also teach practitioners. And I think you said, you've just finished a course with Oxford University on mindfulness for life?

**Alison Bale**

That was me, actually, the course at Oxford was me working on my own practice. I've meditated for more than 25 years. And I've really started just to help my own mental wellbeing, I tend to be a bit of an over thinker, and a bit of a worrier and a bit of an over planner. And I felt that meditation would help break the cycle of that a little bit. And that was really where I started, and I didn't consider using it professionally till about seven or eight years ago. But I do think that the longer you're in practice, the more you realise the whole complexity of the bio cycle and the social influences on persistent pain. And it'll be different percentages for different people. And I'd be the last person to say that you know, that there's always a single solution that's going to work for everybody, because I don't think there is. But I began to feel that I wanted some tools in my toolbox that would allow me to help people to help themselves, that would give people some options to suit themselves. That went beyond coming to me to get adjusted.

**Steven Bruce**

Right. So what's the difference then between meditation and mindfulness?

**Alison Bale**

Yeah, great question. Um, mindfulness is a skill. And we all have it. In fact, all of us will do things that are mindful, probably sometimes without even realising it. Meditation is a way of cultivating the skill. I call it the formal practice. It's widely used when you're learning mindfulness. But it isn't the only way to practice. And it isn't even necessarily the right place for everybody to start. In fact, I tend to share the story that the first person that I taught mindfulness to is someone who doesn't like to meditate.

**Steven Bruce**

Well, I was going to ask is the term meditation a bit off putting for some people because it's got almost religious connotations, hasn't it?

**Alison Bale**

It depends who you're talking to. It can either be very off putting or something that people are very drawn to. I've been based in India for 15 years, and alongside my, if you like, secular mindfulness training I've also dipped into courses here, that are more Buddhist and Hindu teachings. In fact, somebody once asked me, what do I base my mindfulness teaching on? Essentially? Is it Hindu? Or is it Buddhist, and for me, it's neither, I take quite a secular. And as far as I can, evidence-based approach, not least, because if we're being honest, I'm not a Hindu swami, I don't speak Sanskrit. I'm not a Buddhist monk,

either. I don't speak Pali. So I can't go back to any of the original texts and teach from them. And while the very spiritually driven approach really draws some people in and I've worked with mindfulness teachers who have a strong leaning towards pulling on the original Buddhist texts, no problem with that. For me, for where I come from, I try to bring quite a pragmatic, practical approach that works around, what is the problem we're trying to solve? And what would be the most workable thinking to help us make progress.

**Steven Bruce**

And you mentioned sort of the scientific principles there. So without wishing to sort of tax your memory for every little bit of evidence that's ever crossed your path, what are the principles that we're working on as opposed to the evidence at this stage?

**Alison Bale**

The principles, if you like, within mindfulness, there are nine different attitudes as articulated by Jon Kabat-Zinn, who is the guy who founded the original Mindfulness Based Stress Reduction course. And they include words like, acceptance, and nonjudgement, and patience, and trust. And it's really about understanding how those words inform how we relate to the world. I don't know if that answers your question; there's all sorts of research of different types taking different angles and different subjects to try and get under the skin of what it is you're actually doing when you're being mindful. And then what role does that play in how physical symptoms play out in your body?

**Steven Bruce**

Yeah, and I think that's where I was going with this, really, it was really, what do we think physiologically is going on that makes mindfulness an appropriate response to, in particular pain, which is what we were talking we were talking about today.

**Alison Bale**

There's been a bunch of different types of studies. One of the most recent one tried to answer exactly that question, what do we think's happening in the brain? If you teach people to be more mindful, what is it that actually changes? And what the study suggested is that mindfulness helps you develop, but the word they used was decouple the link between nociceptive information coming in from tissues, arriving in the thalamus, and the parts of the cortex that make decisions about what does that information mean? And there seem to be some suggestions that actually with only quite a small amount of fairly simple practices, fairly quickly, you could see a change between the levels of activity in the different parts of the brain and how they related to each other. But I actually tend sometimes to find it is quite useful to use, it's a Buddhist story, actually, but they talk about two arrows and the way they explain it is that when it comes to pain, pain is a protective mechanism, so to some or other extent we're supposed to have it. Doesn't mean you have to like it, doesn't mean you want it going on all the time, but it is actually something that we're supposed to have. And that pain is therefore the first arrow. In other words, it's something that everybody's going to experience from time to time. And you can't necessarily do anything about that. But there's this potential always for a second arrow. And the second arrow is in a sense not the pain itself. But it's how you respond to having pain. And bear in mind that a lot of responses are habitual and unconscious. This is true of all of us, we're not even aware that we're doing it. And it's part and parcel of how we talk to ourselves. But that's the second arrow. And that's actually the bit, the way I explain it to

patients is, it's a bit like a volume knob. And you can learn to have some control over it in the sense that it can be turning things up for you, or it can be turning them down. And this is something that you can learn to understand how you're thinking in a way that gives you a bit more of control over the secondary.

**Steven Bruce**

And, neurologically, then what is going on? Is it as simple as thinking that the brain has been distracted by something else, which is taking literally your mind off the pain?

**Alison Bale**

No, I think very much with mindfulness, what you're looking to do is turn towards not turn away from. So if we take the principles of acceptance and non judgement, which tend to sit quite nicely together, with acceptance, you'd start by acknowledging that the pain is here, and the pain is there. And at no level, are you trying to distract yourself from it, you're acknowledging that it exists and that it's there. Then what you want to try and do is to start to notice, what are you thinking about that? They have a principle in acceptance and commitment therapy, which is mindfulness basically used in a one-to-one session, but it's not the thinking is good or bad. It's just the thinking take you in the direction you want to go. So if your judgement about your pain is that this is bad and I don't like it. And I want it to go away. And why me? And why have I got this again, what you're creating is a lot of tension, a lot of tightness, a lot of constriction around being in pain. And what you can do with mindfulness is once you know that that's the habitual pattern of thinking, you can start to soften the thinking. And in its own way that helps to soften the body. For example, one of the things that I've noticed in myself, because for various reasons, I get quite a lot of burning and tingling in my hands, which I don't like particularly. But if instead of judging it, I just try to watch it and get curious what I find is that it changes, it moves, it fluctuates, and I can almost start to have a conversation with it. That changes a, the level of tension that I feel around it, but also helps actually to reduce the dimensions of the symptoms themselves. So I think it's about being aware of what it is that you're thinking and deciding whether that thinking is helping you.

**Steven Bruce**

It's interesting, I've always been quite a cynic about mindfulness, and you said earlier on that there's no one size fits all in treatment of any sort. And I just suspect that I'm probably not the right person for mindfulness, because I don't approach it with the right attitude, right from the outset. That doesn't mean I don't believe it's effective, just that I don't think it's effective for me, or at least not yet.

**Alison Bale**

I think that's quite understandable. Yeah, in fact, one of the things I would say to actually any therapist looking to introduce it to, you've got to think carefully about the person you're introducing it to, and how you're going to go about that because there's a myriad of ways of introducing it. And there isn't really one solution for everybody. And you're probably in the majority rather than the minority actually in being a bit skeptical. I can understand that.

**Steven Bruce**

Well, I got certainly one or two patients in mind at the moment, who I think if I said to them, look, I know you've got this nasty, horrible chronic pain. I think you should do some mindfulness. I think their background. and their experience so far in life, the expectations they have from everything around them

is that no, I want, I don't know, I want you to stretch the muscles or click a joint or give me a drug or carry out some surgery, obviously not me, and that will fix my pain. I don't want to have to try and deal with it through a psychological approach, because it's there. And it's very distracting and there's nothing I can do about it.

**Alison Bale**

I think that's also bound up with people very quickly hear the term psychosomatic. and it's all in the head if you're not careful. And that's a real communication hurdle to get over.

**Steven Bruce**

Yeah. Fascinating, isn't it? Because by definition, it is all in the head. But that doesn't mean it's not real.

**Alison Bale**

It's all real. Pain's always real.

**Steven Bruce**

Myore has sent in a question she says, can the information that you were talking about be different for different people? She says many factors relate to this, such as past experiences, mind frame and biomechanics, such as their adaptation and posture.

**Alison Bale**

Yeah, I mean, I think there's different ways of introducing mindfulness as a practice. And for some people, you might want to look at introducing some very simple ways of connecting with their breath. But for other people, you might not want to use the breath at all. For some people where they might want to start, this, again, is something that I found really helped me is that when I first started to practice, I couldn't work out what I was thinking. And I found that simply the act of writing things down so that I got more familiar with my habits of thinking was the best thing for me to do. Because sometimes, oddly enough, when you start to see it down on paper, you can actually start to go, oh, well, no wonder that's making me feel tense. There's quite a lot of nice practices in mindfulness teaching that are about movement. They're not about sitting, they're not about meditation, they're about movement. And again, what my experience has been that is that actually, sometimes a formal sitting practice, or a breathing practice isn't actually the right thing for me to do, and I'm better doing some movement. For other people, it might be finding ways to be mindful that they can just work into their everyday, it's just getting to understand that being that little bit more present, being that little bit more in the body and less in the head can actually be a route to helping them reduce their pain. And here are some practical ways to do it.

**Steven Bruce**

Interesting. So, if you were then to take a grumpy old bugger like me. And let's say that I've come to you and said, look, I've got this chronic back pain, and I've seen all sorts of people, it hasn't gone away. How would you try to introduce mindfulness in whatever form to a sceptic of my sort?

**Alison Bale**

I think the first things I do actually would be to find out a bit more about what you knew about mindfulness and how you perceived it and what you thought about it. Because I can recall, years ago, somebody with

a lot of autoimmune arthritis, observing to me that even in the context of having the arthritis, she'd noticed, this is without any discussion of mindfulness, if she was doing something that she was really absorbed in and preoccupied with that was taking her full, present moment attention, and that she was enjoying, her pain reduced. So, I'd like to explore with you aspects of flow, they call it in sport, when you're so in the zone and your so in the moment, and you'll have moments like this when you're treating. I mean, do you ever have moments when you're working with a patient where you're so in this zone, you know exactly what to do, when to do and you're almost not having to consciously think about it, that's an aspect of mindfulness that you're very present moment focused. So, what I try to do is I would relate it to things that you'd already feel that you could associate with, that you'd experienced. And then we perhaps talk about, well, here's a way to bring it into your everyday life or let's find something that you're already doing and bring some mindfulness concepts to that.

### **Steven Bruce**

Interesting that kind of reflects on an observation here that's been sent in by Mrs. Trellis now. You probably don't know this, but Mrs. Trellis is a bit gender fluid and Mrs. Trellis' real name is Matthew, but there's history behind this. Mrs. Trellis says I think this is why the experience of pain and its causes is different, for example, on the rugby pitch, or even in a combat situation, when accepted as a necessary part of the experience and unavoidable. So paradoxically, one can move around and beyond it. Now, I've always thought actually, that was an adrenaline response. And that while the adrenaline is flowing, you don't notice very much else at all. But as soon as it stops flowing, then the pain hits you.

### **Alison Bale**

Yeah, it's an interesting one, isn't it? I do think context is important. But I also think that in the example of combat situations, and I can recall for myself, a particular horse-riding accident where, in the immediate aftermath of the accident, I did not experience any pain. But I always attributed that to the fact that frankly, I was lying in the road having just been galloped over, and my primary thought was getting out the road. And my body wasn't actually interested in anything else until I was safely up on the grass birch. There's not going to be just one element to unpick here, there's definitely going to be an adrenaline response. And that's definitely going to change how we perceive pain and what the body and the brain think they can attend to at any given moment. And this, you know, this is partly where I also think some of the research is quite difficult. I referred earlier to the study where they looked at the decoupling. Now, what that research was done on was it was done on people who weren't in pain, and then received a stimulus to create pain. To me, that's a different animal to somebody who's been experiencing different types of persistent pain over a long period. Sometimes, for reasons they may not be fully clear on themselves. So there's got to be different aspects. We've got to leave room also for the physiological, but the context does seem to matter too what you perceive of the pain, what you think about it, whether you think you can get help quickly enough. Whether you feel reassured by the people who are trying to help you. That's all got to be part of the mix, too.

### **Steven Bruce**

Yeah, indeed. I'm still actually, we were talking about this horse-riding accident. I'm hoping that at some point in the show, you're going to explain how you talk a horse into adopting mindfulness practices, but well. They seem pretty focused to me, the only thing they're ever focused on is that piece of grass over there.

**Alison Bale**

Animals teach us not the other way around when it comes to mindfulness.

**Steven Bruce**

Simon's actually sent in a comment, which is very true that you mentioned psychosomatic and he says, it's an expression that's been so overused that in his experience, it's seen as a very negative word by patients, which is a shame because it has a very specific meaning. But as you say, patients perceive it negatively, I think.

**Alison Bale**

They do. But I was interested to be listening fairly recently to Gabor Mate. And hear him say that in his opinion, psychosomatic should be allowed to be a diagnosis in its own right. Because he merely reflects the capacity of the body to talk to the brain and the brain to talk to the body. And this happens all the time. And it shouldn't really be seen as a negative, he felt it was a valid diagnosis. One thing I would say about it that I've learned from my practice that surprised me is I tend to be a very, in my head sort of person, a thinker. But what I found through my own practice, I always used to think I gotta get my head under control in order to manage my body. So if I wanted to reduce tension in my body, I got a change what I was thinking, I've got to try and get ahead of my habitual anxiety or whatever. What I found through practice is actually sometimes you can come at it the other way around, you can work with the body, and that actually softens the mind. But I do feel that there's a big barrier, because people will think you're telling me this is all in my head. And although we know from the science, that there's a big role for the head in pain, nevertheless, for the general public, that there's a real danger that you put them off before you've even started.

**Steven Bruce**

Just going back to Mrs. Trellis for a moment, Matthew sent in a thing here, he says to paraphrase a very old medical book he once read. Pain is like the club bore, you might not be able to avoid talking to him, but you don't have to get too bound up in what he's saying. Which I suppose is, it's a nice way of expressing what you were saying there. I was going to ask you talked about movement earlier on and I don't know what sort of movement activities you might use to help them dealing with pain. But you made me immediately think of Tai Chi, which I have done to a limited extent, one brief period in my life. And I thought that, for me, that was a very nice way of focusing my mind on specific, simple activities, which kind of distracted you from everything else that was going on around you.

**Alison Bale**

I think, yeah, Tai Chi, Qigong, a lot of mindfulness teachers are also yoga teachers.

**Steven Bruce**

Can you explain what Qigong is?

**Alison Bale**

Not very well, it's a Chinese, I think it's Chinese. But it is a kind of flowing movement with the breath. And what it's all about, what you can come back to with any of these things or even if you're just getting people to move in a mindful way, is that you're asking somebody to focus only on the movement that they are



doing right at that moment. So it needn't necessarily be a yoga move, or tai chi or Qigong. It could be walking in a way that pays attention to each footfall. It could be just a conscious slowing down of our movement and paying attention to the sense of each foot as it rises and falls.

**Steven Bruce**

Right. Which all sounds very, very simple. But it does make me wonder just how experienced you have to be in mindfulness as a clinician to be able to recommend specific practices to your patients.

**Alison Bale**

Yeah, this is quite a difficult area. I think mindfulness is simple, but it's actually not easy. And it very often brings people face to face with themselves, which actually isn't always comfortable. And this is where you'll sometimes see headlines that people saying, well, mindfulness made me worse. And that can be part and parcel of the fact that when you start being aware of how you think, and what you feel, actually it can kind of shine a spotlight on it in a way that's not always very comfortable. It's not necessarily always a very pleasant experience. And this is why even for me, if somebody wants to work with me, I do a little bit of screening before I take them on. Because there are certain types of problems that I wouldn't, you know, some of the people I've trained with, have very strong backgrounds in psychotherapy, or they're mental health nurses, they've already got a very strong background in working with people who are sometimes quite troubled. And for me, I might have boundaries around thinking, well, I'm actually not the best person to work with, to work with somebody. And there might be times when really honestly, mindfulness is not what you want somebody to go for.

**Steven Bruce**

Okay, how easy is it for you to decide that? Was that something you find out after you've been doing it for a while?

**Alison Bale**

Well, I do for starters, have a little bit of a screening questionnaire. And I do invite if people are interested to work with me one to one, or even if they want to just take a course in a group, that I might invite them, we'll just have a preliminary talk. And in the same way that I would screen somebody chiropractically, I'll find out a bit more about their background, what they already know, a little bit about their medical history. And there are certain situations in which I'd ask them to talk to their doctor first.

**Steven Bruce**

Really. So here's what Darcy has to say about mindfulness and I imagine this will resonate with you. A lot of people or patients tend to think that mindfulness is a fix, with just a few weeks of effort to make the changes, reduce the pain. And of course, that can happen, but it really is a way of becoming more present in this moment. There's no other moment. This helps cut off all the psychic pain and baggage that we have and continually run all the time. It's an ongoing effort and the work, inner work has to be done, lots of exclamation marks. Is that how you perceive it?

**Alison Bale**

Absolutely. I mentioned Jon Kabat-Zinn earlier, he founded the original Mindfulness Based Stress Reduction course in the US, and I remember hearing him say that when people first used to ask him

about his own practice, he used to talk about how long he sat in meditation in the morning, but now he answers the question in a completely different way. Because mindfulness is how he relates to the world all the time. And certainly, that's now, I do formal practice, because I enjoy it. But for me, it's the attitudes of mindfulness. It's the acceptance, it's the nonjudgement, it's the patience and the trust, and the non striving and the beginner's mind and the kindness and compassion that I try to bring as a thread through the day. And it's a tricky one, do you tell people this is going to be a lifetime journey, when they're only just at the start of it? Is that going to reassure them because you're being realistic? Or is it going to put them off. And so I think, again, it's about trying to find a shortcut that people feel they can start with. But it is very much, even when I'm teaching any course, you know, I have to explain to people that it's all very well to come to the weekly sessions. But it's what you do between the sessions, that's really going to make the difference. And it's what you do going forward from there. If you can find a way to do a little bit of practice every day, you'll make progress. But I almost think it's the antithesis of a quick fix. But I can also understand why people are keen to try and get hold of what's the magic wand and I do understand that.

### **Steven Bruce**

Elvina has said that at one point, she came across a walking meditation, which sounds to me like a recipe for getting run over by a bus. Have you come across that?

### **Alison Bale**

Yeah, I use walking meditation, and it always comes with the proviso of please pick your place to walk. You know, when I did my training, we were actually at Centre, which is in the middle of a park. But it was still a question of pick your place to practice so that you're not going to get run over by somebody else trying to get from A to B much faster than you're going. But you can literally do a walking meditation just in a few, a few feet in a safe space, because it's about how you move rather than rather than needing a big amount of room.

### **Steven Bruce**

So how then practically, do we and by that, I mean, me and all those other people who are watching at the moment who don't have a background in mindfulness, how do we use this with the next patient who comes through our door?

### **Alison Bale**

Okay, well, I think there's a number of simple ways to introduce the concept of just trying to be a bit more present. So I mentioned earlier the value for some people of just getting into the habit of writing a few notes about what it is they're thinking, so that they begin to understand a bit better about what they're saying to themselves in relation to the pain. And this is not to judge thinking as either good or bad. It's to understand that and then say, okay, if that's what I'm saying to myself, is that helping me recover. For other people, it might be useful for them to start with some simple breathing practices. Now, typically, when you're teaching mindfulness, you're saying to people that we don't want you to change or control the way you breathe. But I actually think when people are working with pain, it can be quite useful to have some sort of anchor. So whether it's that you encourage somebody to just take a conscious breath. So a conscious breath is just a breath they're aware of, normally, we don't notice our breathing. But the moment that you notice your breathing, that's the moment of mindfulness. And it might be I encourage

people to just take five conscious breaths once or twice a day. Some people find it useful to have a way of breathing and there's various different options. There's something called box breathing, which means you breathe in for four, you hold for four, you breathe out for four, you hold for four, and you keep going round that box. You can also do a kind of breathe in for three, hold for four, breathe out for five so that you consciously elongate the out breath. And there are all sorts of other small practices like that, where you're not doing a formal meditation, you're just getting into the habit of when you notice yourself getting anxious, or tense or worried or overthinking about the pain that you bring your attention to something very present. There is an exercise that can be really useful for some people. And it won't work well for others. It depends how visual your patient is. But sometimes it can be useful for some people to actually get them to just stop, breathe. And let's say it's pain in the hand, you encourage them to bring as close an attention as they can bring to the hand. And then you just start asking them questions that are about the pain, but not the normal questions that you'd normally ask. So you might ask somebody, what colour is the pain? Is it shallow or deep? Is it moving or is it static? If it is moving, how is it moving? And once you've established a few parameters, you can get them to start to play with it. So if they said that the pain is red, ask them to visualise change in the colour and see what happens when they change the colour. And if the pain is moving, you can find out is it moving fast or slow? Is it spinning? And just whatever the parameters are that they can visualise whatever they can relate to, encourage them to change it. And to observe what happens when they do. Because what you tend to find is people start to get this idea that okay, if the colour starts off red, and I change it to blue, suddenly, it doesn't hurt as much. But if colour doesn't work, try movement. Just try different ways of talking about the pain and relating to it. Something else that is seemingly simple, but one of the things we try to encourage with mindfulness is creating a separation a little bit between you and the experience. And one way to do this is just to start to talk about the pain in the third person. So talk about the back rather than my back. And this is not to dismiss the pain in any way. It's just to try and create that little bit of a gap between the physical sensation and the emotion and the feelings that go with it.

### **Steven Bruce**

Okay, I've had a number of people talking about the resources that are available on the Internet, whether YouTube or other, are there recommended sites that you would suggest for people to turn to? Somebody has mentioned a thing called the Calm app. And I didn't get any specifics for YouTube guided practice, but you might know some.

### **Alison Bale**

Yeah, there's lots of different places for people to start. Calm is a popular app. As is headspace, coming to something, Steven, that we were talking about earlier about, can you do too much online? And do we actually need to be getting back more face to face? I was having a conversation with a colleague the other day and the issue with some of the apps is, because you tend to be practising on your own, does that add to that sense of isolation and there's actually an online service called Insight Timer, which has lots of different people offering free guided practices on and when you sit and use them you can see through your practice, you can see how many people you're practising with. There are a couple of good books, both of which come with, well, it used to be CDs, but now I imagine it's mp3s you can download. Marc Williams who developed the course that they run at Oxford wrote a book called Finding Peace in a Frantic World. And that takes you through some of the Oxford approach. So, it's a good book to read. And it comes with some guided practices. Jon Kabat-Zinn has done quite a lot as well, he wrote his first

book is Full Catastrophe Living. And that again, has some guided practices with it. Partly, it's about finding somebody you relate to. So yes, there are lots of YouTube options. There's lots of people on social media as well. And if anybody wants to take a look, not blowing my own trumpet, but at my website, there are some free guided practices there. And there's some blogs, and I've got a YouTube channel as well.

**Steven Bruce**

Your website is mindinsight.online.

**Alison Bale**

That's right. Yeah. But I think the way I see a lot of the apps and the YouTube, and the blogs is, it's a way for you to get familiar with how somebody teaches and also what they sound like, I know that sounds odd. But if you're going to do guided meditation with somebody, it's really helpful if you like the sound of their voice. But ultimately, I think it's also, mindfulness is easy, but it's not simple. There's also a good kind of Mindfulness for Dummies, which is a nice introduction by Shamash Alidina, that comes with some free guided meditation as well. But I'm just going to say this, of course, I would, I don't actually think there's any substitute ultimately, for sitting down and doing a course, whether you look for a teacher like me, who's an independent, and other teachers registered that you can look at, whether you'd go to something like the Oxford Mindfulness Foundation, they run regular courses, or you go to Breathworks, who are in Manchester, who also run regular courses. And what I'd say is, if it's something that you really want to understand better yourself, go and do yourself an eight-week course.

**Steven Bruce**

Right. Okay, we've got very little time left, actually Alison, and I'm not gonna be able to cover all the questions that are here. I'm surprised that there's any evidence at all to support the use of mindfulness, not again, because it doesn't work, but simply because who's going to put in the money to do the research. Do you have any references you can share with us that I can put out to the audience later? Don't do it now. But what if you can let me have them, I can send them out in a follow up email.

**Alison Bale**

Yeah, I've got a selection of references that I tend to use in a basic presentation. But what I also try to do, when I'm writing on the subject, and I've written quite a lot about mindfulness for pain, is I do actually try to dig around and include one or two academic references to say, because I, know is not the right word, but yeah, I prefer to back when I'm saying with some sort of evidence to support it, I wouldn't be that comfortable if there wasn't any. So I do tend to include references in my articles. But I've got four or five different studies that I tend to quote.

**Steven Bruce**

Thank you. It'd be great if you could share those with us later, that would be fantastic. And I have to apologise to Simon and Andrew and Claire and a few others whose questions I haven't asked. I haven't had time, I'm afraid. But I'm very grateful, Alison, for you giving up your time. Thank you. Even for an old sceptic like me, it's actually very interesting. And I will certainly be following it up.

**Alison Bale**

Well, if anybody wants, if any of the people who've got questions didn't get them answered, if they want to just get in touch with me, direct them to me.

**Steven Bruce**

I can send them through to you from here, yeah.

**Alison Bale**

Send them through to me and I'll be happy to answer what I can.

**Steven Bruce**

Thank you very much, indeed. Very good talking to you.

**Alison Bale**

My pleasure. Thank you very much.

**Steven Bruce**

Well, that's all we've got time for today. Hope you found it useful as well. I've got another show for you on Tuesday evening this week. That's the first of Feb. I'm talking to Jee Lynch. She's a consultant MSK physiotherapist and we're talking about rotator cuff dysfunction. This will be in the studio and of course, it means we'll have demos of her techniques using a live model. I had to put back Saturday's face to face first aid course sadly, because my accomplice, Malcolm is very unwell. So that one-day course has now been moved back a month to the fourth of March, again here in the studio. And it's a course that we set up for the McTimoney Chiropractic Association. But there are still some spaces for outsiders, and I promise you it will be a great day's training as always. Book it through the website if that's your preference or you can just email Elaine and the address is on the screen, Elaine@apmcpd.co.uk. Now on the eighth we would normally have followed up today's broadcast with a case-based discussion. But instead, I've got osteopath Simeon Neil Asher and Professor Bob Gerwin, talking to us online about anterior interosseous syndrome. Now, they've run a course here before, I've talked about both of them before, these guys are world experts. So it's a show not to be missed. Moving on to the 14th. I've got Matt Walden in the studio to discuss middle cross syndrome and you might not have heard that expression before and there's a good reason for that. So if you join me on Valentine's day evening for a cozy romantic dose of very practical CPD with the one and only Matt Walden, I'm sure you'll find out a lot more. Anyway, that's it for now. Hope you had a good day and I'll see you soon.