
Mindfulness-Based Strengths Practice (MBSP) for Physicians: Integrating Core Areas to Promote Positive Health

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Abstract: This chapter reviews the research and practice around mindfulness and character strengths and the integration of these two popular areas of positive psychology. The importance of these applied areas for promoting positive health among physicians and medical students is reviewed. Practical tips for boosting physician well-being and applying these concepts in a medical setting are discussed. A comprehensive program, Mindfulness-Based Strengths Practice (MBSP), is offered as an example of a program that can boost well-being among medical professionals.

Mindfulness

Mindfulness has captured the attention of the general public as well as practitioners around the world. Formalized programs are being used with significant success in clinics and hospitals worldwide. That alone is a call for physicians and medical staff to at least understand the concepts, terminology, research, and best practices. But, there is more reason to invest in the study. The science of mindfulness has exploded dramatically in recent years (Brown, Ryan, & Creswell, 2007; Sears, Tirch, & Denton, 2011), in which the research literature has increased twentyfold since the year 2000 (Black, 2010).

What is mindfulness?

There have been a number of conceptualizations of mindfulness proposed by educators, researchers, and practitioners. In order to bring unity to this construct being studied and discussed, a number of scientists gathered to discuss and create a consensual, operational definition of the construct (Bishop et al., 2004). These scientists proposed a two-component model of mindfulness:

The first component involves the self-regulation of attention so that it is maintained on immediate experience, thereby allowing for increased recognition of mental events in the present moment. The second component involves adopting a particular orientation toward one’s experiences in the present moment, an orientation that is characterized by curiosity, openness, and acceptance (p. 232).

In short, mindfulness involves the self-regulation of attention along with an attitude of curiosity, openness, and acceptance. This approach to attention provides a counterbalance to the natural
tendency of the human mind to wander, and it promotes the phenomenon of metacognition (i.e., thinking about our thinking). As metacognition builds, one is able to more easily see the complexity and automaticity of thought, as well as the vicious, negative circles that can result (Teasdale, 1999). A useful factor involved in the success of mindfulness is what is termed “decentering,” which refers to the act of viewing thoughts and other psychological phenomena as transient, mental events that pass through our awareness (Segal, Williams, & Teasdale, 2002).

**Mindfulness in medicine**

The popularity of the use of mindfulness in medicine rose substantially in the latter decades of the last century due to the pioneering research and practice of Jon Kabat-Zinn at the University of Massachusetts Medical School. His research led to the creation of the program, Mindfulness-Based Stress Reduction, now used by hundreds of hospitals and clinics around the world. Kabat-Zinn (1990) demystified the then esoteric concept of mindfulness and trained patients to face their symptoms and illness directly, no matter how severe, and he taught mindfulness to help them gain better control of their serious chronic conditions.

Subsequently, research and meta-analyses have abounded, and show clear evidence that meditation has a positive effect on well-being (Sedlmeier et al., 2012). Other meta-analyses have found mindfulness has an impact on a broad range of individuals helping them cope with clinical and nonclinical problems resulting from cancer, heart disease, and other chronic conditions (Grossman, Niemann, Schmidt, & Walach, 2004). Medical patients are finding greater relief from vexing diagnoses such as diabetes (Gregg et al., 2007), rheumatoid arthritis (Pradhan et al., 2007), cancer (Lerman et al., 2012; Speca et al., 2000), chronic pain (Kabat-Zinn, Lipworth, Burney, & Sellers, 1986; McCracken, Gauntlett-Gilbert, & Vowles, 2007), psoriasis (Kabat-Zinn et al., 1998), irritable bowel syndrome (Gaylord et al., 2011), fibromyalgia (Grossman et al., 2007), and debilitating stress related to severe medical conditions (Kabat-Zinn, 1990).

A number of psychological disorders have been successfully treated, for example, recurrent depression, chronic anxiety, borderline personality, substance abuse, binge eating disorder, bipolar disorder, and insomnia, to name a few (Baer, 2003; 2006; Chiesa & Serretti, 2013; Grossman, Niemann, Schmidt, & Walach, 2004; Linehan, 1993; Nyklicek, Vingerhoets, & Zeelenberg, 2010; Segal et al, 2002; Shapiro & Carlson, 2009). In some ways, none of this should come as a surprise as the original purpose of mindfulness, dating back 2,500 years to Buddhism, was to alleviate suffering.

A number of articles on the benefits of mindfulness have been published in *JAMA* (e.g., Krasner et al., 2009; Ludwig & Kabat-Zinn, 2008; Sibinga & Wu, 2010). Krasner et al. (2009) reported that the practice of mindfulness among physicians led to improvements in burnout (emotional exhaustion) as well as improvements in several other areas such as perspective-taking, empathy, conscientiousness, and (short-term and sustained) well-being. Physicians from John Hopkins University argue that mindfulness helps to reduce medical errors by reducing cognitive biases that physicians frequently display during diagnostic processes and can therefore help to recalibrate clinical decision-making processes (Sibinga & Wu, 2010). Pezzolesi and colleagues (2013) also discuss mindfulness as a key approach for reducing medication errors, which can
frequently occur because of individuals being forgetful, stressed, distracted, or over-engaged in multitasking.

In general, studies are finding mindfulness is beneficial to the physical and psychological well-being of doctors, medical students, and other medical staff. In a study of participatory medicine involving nearly 200 patients and healthcare providers over a four-year period, substantial benefits of mindfulness for multiple health status areas were found including blood pressure, medicine use, activity and energy levels, coping, and pain (Rogers et al. (2013)).

Mindfulness is an emerging approach for directly and indirectly targeting physician and medical student burnout, stress, and compassion fatigue. One literature review found that 14 medical schools formally teach mindfulness to students and residents, ranging from extensive programming, full-day workshops, curricula integration, and lectures, and studies of these programs find that students experience less distress and greater quality of life as a result (Dobkin & Hutchinson, 2013). In a study examining the long-term effects of mindfulness on burnout, mood, and empathy among primary care professionals, significant improvements were found including a reduction in burnout scores, improved mood and empathy, and higher mindfulness levels (Martin Asuero et al., 2013). Another study with primary care physicians found a brief mindfulness intervention to significantly impact burnout scores, including emotional exhaustion, depersonalization, and accomplishment, as well as favorably impacting stress, anxiety, and depression (Fortney et al., 2013). This study did not find an impact for mindfulness on resilience or compassion.

In a study of Norwegian medical and psychology students, mindfulness training had a significant impact in reducing mental distress, increasing well-being, and decreasing study stress among female students (de Vibe et al., 2013). Other studies have found additional benefits for medical students such as increased self-regulation and self-compassion (Bond et al., 2013).

There is significant potential for mindfulness to directly impact the communication patterns and care delivered by physicians, such as by promoting mindful listening and mindful speech. Beach and colleagues (2013) examined physician communication quality and patterns among those physicians who self-rated as high versus low in mindfulness. Those high in mindfulness were more patient-centered in their communication as represented by greater rapport building, more positive emotional tone, and discussion of psychosocial issues, and patients rated them higher on communication and reported greater satisfaction with their care.

While these studies provide optimistic and promising results for the strong impact of mindfulness among physicians and medical students, it is important to note that many of these studies are pilot, preliminary investigations without a randomized, double-blind, controlled study.

**Physician Practice Tip: Catch Your AP-ASAP.**

The human mind is notorious for being anywhere but the present moment. Our minds wander to experiences in our immediate and distant past to future planning and scenarios that might take place and so forth. This occurs pervasively throughout our daily life. When we are eating, walking, talking, driving, and working, our mind is usually elsewhere – thinking or reacting to
things rather than experiencing the present moment. This is referred to as our mind functioning on **autopilot**. An important initial step in mindfulness practice is to notice that the mind has wandered away from the present moment. We can then return the focus back. You might remember this idea as “catch your AP-ASAP” (catch your autopilot, as soon as possible).

Test it out yourself: Focus your attention on one constant stimulus in your current environment for 10 minutes. This could be the edge of your desk, the sensations of your breath, or a candle flame. Whenever your mind wanders away from that stimulus, return your focus to your breath.

- What did you notice about this exercise?
- Were you able to “catch” your autopilot mind”?
- Where did your mind tend to wander off to?
- About how long did your mind truly stick with the stimulus – and the stimulus alone? (Note that research finds that our present moments last, on average, only 3-4 seconds [Stern, 2004]).

**Questions/exercises to consider (mindfulness)**

1. Why do you think mindfulness approaches are helpful for physician burnout?
2. If you began a mindfulness practice, even 5-10 minutes of mindful breathing each day, do you hypothesize the impact would be greater on your personal life or your professional life? Why?
3. While mindfulness should not be viewed as a panacea, make a list of the many ways you might apply mindfulness with your patients. What themes emerge from your list?
4. Brief mindfulness exercises have a strong yet emerging research base. How might you integrate a mindfulness exercise into your daily medical practice?

**Character Strengths**

As discussed in Chapter 7, physicians now have at their fingertips, a research-based, consensual nomenclature for understanding what is best in themselves and their patients. The *Character Strengths and Virtues* (Peterson & Seligman, 2004) text outlining the VIA Classification of strengths and virtues (see Table 1) serves as the ideal complement to the *ICD-10* and *DSM-5* manuals. Indeed, it is important that physicians have a manual for what is best about human beings to complement systems involving what is wrong about human beings.

This VIA Classification has been found to be universal across cultures, nations, and belief systems (Biswas-Diener, 2006; McGrath, in press; Peterson & Seligman, 2004), and the VIA Survey is a validated measurement tool for assessing these 24 strengths of character (see www.viame.org). In a short period of time, the online VIA Survey has been taken by over 2 million people across every country on the globe.

[Insert Table 1 here]

**Core concepts**
Character strengths are positive personality traits and are capacities to think, feel, and behave in ways that bring benefit to oneself and/or others. There are many general principles that are important to consider when developing an understanding of or working with an individual’s character strengths (Niemiec, 2013). I will review a handful of the salient ones here.

Character strengths are multi-dimensional. There are notable dimensions and qualities that make up each strength. For example, kindness is more than being kind, it involves dimensions of generosity, care, nurturance, compassion, niceness, and altruism. The character strength of honesty involves dimensions of integrity and authenticity; zest has dimensions relating to vigor, vitality, and enthusiasm.

Character strengths are plural (Peterson, 2006), both in how we understand ourselves and how we express ourselves. Contrary to traditional approaches to character, commonly found in athletic programs, schools, and political/religious entities, human have a unique constellation of character strengths. In addition, we are rarely ever singularly expressing just one strength at a time. In most circumstances, we express a combination of several strengths. When we are interacting with a patient as they share their problems, we are not just expressing kindness/empathy, but are potentially also deploying curiosity (asking questions, taking an exploratory approach), perspective (offering wise counsel, helping the patient see the big picture), hope (presenting a degree of positivity and sharing encouragement for a good possible future), and creativity (offering the patient multiple alternative solutions to a problem they are having), to name a few.

There is a golden mean when it comes to the expression of our character strengths (Niemiec, 2014). The golden mean of character strengths can be defined as expressing the right combination of strengths, to the right degree, in the right situation. The character strength of love, for example, will likely be expressed differently with a family member (e.g., through hugging/kissing), a work colleague (e.g., a hand-shake), and a patient (e.g., expressing warmth/genuineness). In addition, love will present differently if it is combined with curiosity, with prudence, or with judgment/critical thinking. The golden mean refers to finding that optimal balance in character strengths expression that is contextually sensitive.

Character strengths are stable but can be developed (Borghans, Duckworth, Heckman, & ter Weel, 2008; Peterson & Seligman, 2004). A commonly held misconception is character is immutable and unchanging. However, character strengths are part of our personality which is mostly stable over time. At the same time, our traits can shift through normative changes based on our genetics and predictable changes in our social role (e.g., starting a family), deliberately chosen changes in our social role (e.g., joining the military), atypical life events (e.g., trauma), and deliberate interventions. In terms of developing character strengths, the key is to create new habits, which are established through practice and effort over time, allowing us to break free from routines.

Three ideas in particular are salient for medical practitioners to keep in mind when working with patients.

1. Never underestimate the value of strengths-spotting.
• Every patient encounter presents an opportunity for strengths-spotting. The approach can be quite simple – label the strength you see and offer a behavioral rationale that explains the strength. Express appreciation and value for the strength(s) you observe. For example, a physician might offer this comment to a diabetic patient – “You used a strong amount of your strength of self-regulation by tracking your blood-sugar and writing down your numbers this month. And, nice work using your strength of perseverance to really stick with your new exercise program each day.”

2. All 24 character strengths matter.
   - It is important to remember that all of us, including our patients, have all 24 of these strengths within them, to varying degrees. Therefore, any of the strengths could become a focal point to be built up and can be referred to in reference to meeting a medical or health goal.

3. Your signature strengths matter most.
   - The practice of using one signature strength in a new way each day has been linked with significantly higher happiness and lower depression with effects lasting as long as 6 months in some studies (Gander et al., 2012; Mitchell et al., 2009; Mongrain & Anselmo-Matthews, 2012; Peterson & Peterson, 2008; Rust, Diessner, & Reade, 2009; Seligman et al., 2005).
   - Signature strengths are those strengths that are highest in your patient’s strengths profile are most likely to be energizing and easy for them to express widely. When you comment on or reference these strengths in some way you are acknowledging the patient’s core identity.

One physician studying strengths framed it this way: “Character strengths offer me a paradigm shift in how I view my patients and their suffering. I now view my patients in a completely different way.”

Research

In less than a decade, over 1500 scientific studies have emerged revealing positive outcomes and correlates with character strengths. For a review of this recent research, see www.viacharacter.org/www/en-us/research/summaries.aspx. For a review of hundreds of scholarly articles and books relating to each of the 24 character strengths, see Peterson and Seligman (2004).

Character strengths have been connected with a number of positive outcomes, such as work satisfaction, self-esteem, life meaning, achievement, and engagement at school/work, to name a few. Studies have found a potential causal link between strengths and well-being in that a focus on particular strengths highly correlated with happiness (e.g., zest, hope) led to increased well-being (Proyer et al., 2012).

There are also good connections between character strengths and positive health outcomes. Studies have found character strengths are connected with not only good mental health but also good physical health (Leontopoulou & Triliva, 2012; Proctor, Maltby, & Linley, 2009). Preliminary work on the impact of character strengths on recovery from a physical illness has been done (Peterson, Park, & Seligman, 2006), and links with healthy sexuality among
adolescents have been found (Ma et al., 2008). A recent study revealed that greater endorsement of character strengths was associated with a number of health behaviors, such as feeling healthy, leading an active way of life, pursuing enjoyable activities, healthy eating, watching one’s food intake, and physical fitness (Proyer, Gander, Wellenzohn, & Ruch, 2013). All 24 character strengths (except humility and spirituality) were associated with multiple health behaviors. While the strength of self-regulation had the highest associations overall, the strengths of curiosity, appreciation of beauty/excellence, gratitude, hope, and humor also displayed strong connections with health behaviors. Previous studies have found similar results with various specific character strengths, for example, the practice of gratitude has been linked with vitality and fewer physical symptoms (Emmons & McCullough, 2003).

**Physician Practice Tip: Develop the Skill of Strengths-Spotting**

Consider whether you find it easier to spot character strengths in action as they occur in yourself or as you observe others. Whichever you choose, start there and practice strengths-spotting each day. Set up a cue that will remind you to do this exercise several times each day (some physicians set a phone alarm to sound off randomly 1x/hour). When you hear the alarm, pause and look for strengths in what you are doing or what you are observing in others. Write down your observations—the strength(s) you spot and an explanation/evidence for the strength. After a week, shift your strengths-spotting focal point outward toward others or inward toward yourself.

**Questions/exercises to consider (character strengths)**

- What are your signature strengths? How could you use one of them more consciously in your daily medical practice?
- Might you be able to spot strengths in every single patient you see? This is likely true. With some intentionality, you will quickly spot patients who are brave as they face their illness, kind and humble as they ask about how you are doing even though they are suffering greatly, zestful as they exude high levels of energy, honest as they report on how closely they adhered to their medication regimen, and grateful as they express appreciation for your help. For other patients, the strengths aren’t as obvious, however, and are still present. For example, among those patients who are being stubborn or resistant, this could be reframed as perseverant. Which “label” do you believe your patient would be more receptive to hearing and discussing?
- The appreciation of the strengths of others is a deceivingly powerful approach. How might you express value to your medical colleagues for their unique character strengths? Speculate on the impact this might have.

**The Integration of Character Strengths and Mindfulness**

At this point, it should be clear that the use of mindfulness or character strengths alone can bring benefit to one’s clinical armamentarium and support the practice of medicine. What about
bringing these powerful, intrinsic psychological processes together? What follows is rationale and best practices for integration.

What did you notice about the scientific definition of mindfulness highlighted earlier? At the core of mindfulness is two character strengths – self-regulation (i.e., relating to taking control of our attention) and curiosity (i.e., bringing an attitude of openness to the present moment). Therefore, when we practice mindfulness we are rehearsing these strengths.

The integration of mindfulness and character strengths promises a variety of benefits which have been detailed elsewhere (Niemiec, 2014). A few examples include:

- Creates a positive synergy of mutual benefit that can foster a *virtuous circle* of positive impact. Mindful awareness boosts strengths use which, in turn, enlivens mindfulness.
- Provides a greater awareness of the positive potential within us, and going a step further, the mindfulness aspect offers a pathway to explore and develop character strengths.
- Facilitates increased self-awareness and potential for change activation by bringing one’s character strengths more clearly into view. As Carlson’s (2013) research finds, mindfulness serves as a path to see oneself as one really is.
- Fosters individuals’ ability to respond appropriately and successfully in different contexts; that is, the integration may promote psychological flexibility (Kashdan & Rottenberg, 2010) and help individuals use greater practical wisdom in complex or conflicting situations (Schwartz & Sharpe, 2006).

There are two main ways to discuss the integration of mindfulness and character strengths: bringing strengths use to our mindful living and mindfulness practice (referred to as “strong mindfulness”), and bringing mindfulness practice and concepts to our strengths use (termed “mindful strengths use”).

**Strong mindfulness**

Strong mindfulness refers to bringing character strengths to help in the practice of mindfulness. This helps individuals overcome meditation barriers, enhance mindful living, and supercharge mindfulness practices (Niemiec, 2012; 2014; Niemiec, Rashid, & Spinella, 2012).

One of the biggest challenges individuals face in developing a meditation practice is the challenge of the wandering mind or what is often referred to as the autopilot mind. Mind wandering can compromise a number of cognitive skills, interfering with one’s ability to integrate present moment experience into a general context which may lead to additional problems (Smallwood, Mrazek, & Schooler, 2011). In addition, people are less happy when their mind wanders (Killingsworth & Gilbert, 2010). Mind wandering presents as a serious obstacle to those who want to start a mindfulness meditation practice – or any practice that involves self-regulation – such as relaxation/biofeedback, autogenic training, medical hypnosis, or other tools used to cope with medical conditions. Patients will frequently give up their practice of these strategies because their mind wandering leads them to feel they are failing at the practice. Mind wandering and other obstacles – both physical and psychological – are a normal part of these practices and can be as varied as bodily discomfort/pain, difficulty with scheduling time to practice, experiencing distraction, and feeling unmotivated.
Character strengths can be deployed to assist with these obstacles. Individuals should consider their signature strengths and how they might be used to overcome or manage the obstacle. For example, perseverance could be used to stick with a practice, prudence might be used to be more planful to overcome scheduling issues, and curiosity and bravery might be used to explore and directly face physical discomfort.

Strengths can also be used to enhance mindful living activities (Niemiec, 2012). Mindful living refers to the practice of being tuned in and connected with daily activities, such as walking, eating, driving, speaking, working, listening, bathing, etc. Individuals might call forth their zest and appreciation of beauty while walking from exam room to exam room, curiosity and kindness while listening to a patient, hope and creativity when speaking to the patient, and gratitude while eating.

In the end, character strengths are described as “supercharging” mindfulness because they bring the practice of mindfulness to the next level. To bring character strengths to meditation is to integrate a core part of oneself into the practice.

**Application example (for you, the medical professional):** Attending physician, Dr. Elliott, observed that a new resident had made a handful of medical errors over the last month. She pulled the resident aside to bring this to the resident’s attention and inquire further. The resident explained that he’d been feeling distracted and stressed out lately due to personal issues and stress in studying for board exams. They discussed his character strengths as well as the value of mindfulness practice. The topic of mindful walking came up as an area of interest so they brainstormed ways to build this into the busy practice. The resident decided he would practice mindful walking – even if just for a few steps – as he moved from exam room to exam room. He used perseverance to bring his attention back to the present moment, feeling his body move and the sensation of each foot making contact with the ground as he walked. Upon leaving an exam room, he would feel his in-breath and out-breath and “let go” of the last patient encounter and become fully present to his body/mind. He walked slowly and with careful prudence, noticing each step. Often, he would pause before the next room to ensure he was fully centered before knocking and turning the doorknob. This approach helped the resident manage his stress and tension right in the moment without having to take out additional time during the day.

**Application example (for your patients):** Dr. Samuels recognized the research base for applying mindfulness practices with his patients, however, with a busy primary care practice, he did not have time to spend offering long-winded meditations for each of his patients. In past years, he simply referred his patients to a counselor who utilized mindfulness in treating medical/health problems; however, he found that very few patients actually followed through. Dr. Samuels then came upon the 2-3-minute “character strengths breathing space” practice from Mindfulness-Based Strengths Practice (MBSP) and began working this into his patient visits. This offered a powerful tool that patients could take with them after their appointment and practice each day, and because of the brevity of the exercise, Dr. Samuels was able to present this self-regulation tool to as many patients as he wished in a given day. An abridged script for the character strengths breathing space of Niemiec (2014) follows:

This brief meditation is three steps, each involving use of one of your strengths. This first phase [strength of curiosity] involves bringing curiosity to your present moment. Take
notice of your present moment. Open yourself to it. Observe the details. Take an interest in this moment. Notice what you can sense right now – aware of sounds rising and falling, the contact your body makes with your seat. Allow your curiosity to explore the moment fully. Practice being curious about your thoughts and feelings, interested in whatever is in your presence right now. Simply notice these happenings in your present moment. If you find yourself getting caught up in one sensation or emotion, simply say, “What else? What else is happening in my present moment? What else is there to be curious about for me to take an interest in?”

Now, allow your attention to narrow to just one thing – your breath. This is the second phase [strength of self-regulation] of the breathing space, where the practice is to let go of all the happenings in your present moment with the exception of your breathing. Allow yourself to feel the fullness of your in-breath and the fullness of your out-breath. Feel the sensation of your breathing in your body. Concentrate just on your breath. When your mind wanders away from your breath, simply bring it back to the breath. Over and over – bring your focus back to your breath. Each time you bring your attention back to your breath, you are practicing self-regulation. This means you are “taking control” of your mind and attention. Always back to your breath.

While you continue to focus on your in-breath and out-breath, let’s move into the final phase of the breathing space [strength of perspective]. Allow your attention to expand to your body-as-a-whole. As you breathe, notice your wholeness, the oneness of your body and mind. Allow yourself to feel a sense of completeness or oneness. This can be viewed as using your strength of perspective – stepping back to see the wider view of your body/mind and your place in this present moment. This allows you to see and breathe with the bigger picture.

This character strengths breathing space can be practiced during the patient visit and offered as a tool for the patient to take home and practice. As the patient practices this particular meditation, they are not only developing their mindfulness but they’re cultivating three specific character strengths. These strengths in particular are core to meditation practice and thus help to nurture “strong mindfulness.”

Mindful strengths use

The use of mindfulness to facilitate character strengths expression is referred to as mindful strengths use (Niemiec, 2014). Mindfulness serves as a doorway of awareness that helps individuals see themselves more clearly and also directs the use of strengths. In this way, mindfulness is a meta-process for working with strengths, helping individuals tune more closely into how they might be overusing or underusing strengths, find balanced expression, combat mindlessness about signature strengths, and assist in re-appraising problems.

Consider a scenario where you are running behind in your patient schedule for the day and you know you have to get to an event that starts sharply after your work-day. The patient you are with begins to cry and ask for 10 more minutes of your time to talk something through. Does this pull on your kindness/compassion strength to give the patient the extra time? Does your
prudence (planfulness) strength strongly emerge leading you to set a firm boundary? Do your judgment/critical thinking and perspective strengths stand out and you try to find an alternate solution (e.g., asking a nurse to listen to the patient for awhile so you can move on with your schedule)? Or, perhaps other strengths emerge for you?

There is no one correct answer here but often it is our signature strengths that dictate what we will decide during these scenarios that are “strengths collisions.” Mindful awareness of our strengths and the situation can help individuals strike a balance by aligning with the “golden mean” of character strengths. The golden mean refers to expressing the right combination of strengths to the right degree (amount/intensity) in the right situation (Aristotle, 2000; Biswas-Diener et al., 2011; Linley, 2008; Niemiec, 2014). Mindfulness is used to closely tune in to internal and contextual factors in order to express a balance with strengths.

Application example (for you, the medical professional): Choose one of your signature strengths. Examine it closely, mindfully, from many different angles. Give careful consideration to your use of it in the medical context. The questions below come from a worksheet used in the MBSP program; participants are asked to choose one strength and then answer the following questions:

- What does it mean to have or express this strength at work?
- What happens if you have too little (underuse of this strength) at work?
- What happens if you have too much (overuse of this strength) at work?
- What situations/scenarios at work can you express this strength?
- What benefits does this strength bring to you and others at work?
- Describe this strength in 6 words, without including the word itself.

Application example (for your patients): It is very common for a patient to look at their rank-order of character strengths from the VIA Survey and immediately look to their bottom strengths. Often, the patient will respond with disappointment or self-criticism as they focus on a strength or two they wished was higher. There are a few responses that are important for physicians to consider in this situation:

1. Remind the patient that there are no weaknesses or deficits identified with this VIA Survey assessment. It is a measure of strengths. Those strengths that appear toward the bottom are considered to be lesser strengths – strengths that aren’t used as easily and are not as energizing for the individual as those strengths toward the top.

2. Those strengths at the top should be celebrated and explored and not mindlessly cast aside at the expense of lower strengths.

3. Mindfulness can be applied to those strengths that are lower in the profile. These strengths can be built up, although probably not to the status of a signature strength.
4. Ask the patient to consider how one or two of their signature strengths could be used to focus on the strength the patient is concerned about. This approach involves listening to the patient’s concern and interest (i.e., boosting a lower strength) while going with what is likely to be successful and energizing (i.e., utilizing a higher strength).

   - For example, a patient high in curiosity might use that inquisitive strength to address their low kindness strength by spending time asking people questions and exploring their response; they might address their low self-regulation by taking a curious, exploratory approach as they read about different approaches to diet and exercise and explore what might interest them the most.

*Mindfulness-based strengths practice (MBSP)*

MBSP is a manualized, 8-week program that merges the science and best practices of character strengths and mindfulness to help individuals to flourish. Core aspects of the program involve boosting mindful strengths use and strong mindfulness. The crux of the program is self-awareness and self-discovery. Research on MBSP is in its infancy, however, pilot studies and qualitative reviews from MBSP groups spanning six countries reflect important benefits and positive outcomes, including increases in well-being, engagement, meaning, purpose, strengths use, mindfulness practice, flourishing, achievement, and positive relationships. The 8 core topic areas and a brief description of each can be found in Table 2.

Table 2: Mindfulness-Based Strengths Practice (MBSP) (Niemiec, 2014)

<table>
<thead>
<tr>
<th>Session</th>
<th>Core Topic</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Mindfulness and autopilot</td>
<td>The autopilot mind is pervasive; everything starts with awareness.</td>
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<tr>
<td>2</td>
<td>Your signature strengths</td>
<td>Identify what is best in you; this can unlock potential to engage more in work and relationships and reach higher personal potential.</td>
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<tr>
<td>3</td>
<td>Obstacles are opportunities</td>
<td>The practice of mindfulness and of strengths exploration leads immediately to two things – obstacles/barriers to the practice and a deeper awareness of the little things in life.</td>
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<tr>
<td>4</td>
<td>Strengthening mindfulness in everyday life</td>
<td>Mindfulness helps us attend to and nourish the best, innermost qualities in ourselves and others; conscious use of strengths can help us deepen and maintain a mindfulness practice.</td>
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<tr>
<td>5</td>
<td>Valuing your relationships</td>
<td>How we relate to ourselves is an important element of self-growth. This has an immediate impact on how we connect with others.</td>
</tr>
<tr>
<td>6</td>
<td>Mindfulness of the golden mean</td>
<td>Mindfulness helps to focus on problems directly and character strengths help to reframe and find different perspectives not immediately apparent.</td>
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<tr>
<td>Optional Retreat</td>
<td>MBSP ½-day retreat</td>
<td>Mindful living and character strengths applies not only to good meditation practice but also to daily conversation, eating, walking, sitting, and reflecting.</td>
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<td>7</td>
<td>Authenticity and goodness</td>
<td>It takes character (e.g., courage) to be a more authentic “you” and it takes character (e.g., hope) to create a strong future that benefits both oneself and others.</td>
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<tr>
<td>8</td>
<td>Your engagement with life</td>
<td>Stick with those practices that have been working well and watch for the mind’s tendency to revert back to automatic habits that are deficit-based, unproductive, or that prioritize what’s wrong in you and others. Engage in an approach that fosters awareness and celebration of what is strongest in you and others.</td>
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**Physician Practice Tip: Shift from Mindless to Mindful**

Mindlessness and frequent autopilot experiences are a normal part of the human experience. It is impossible – and no doubt unwise – to eliminate them completely. A first step, as noted earlier, is to become aware of the ubiquitous nature of our autopilot mind and an immediate second step we can take is to return our attention to the present moment. An exercise used in MBSP that helps to take this to the next level is called “from mindless to mindful.”

Choose one, regular activity in your medical practice that you are bothered by, causes you distress, or has a negative impact on your patients or medical colleagues (e.g., charting new patient visits, using dictation, meeting with diabetics, treating children, consulting with a particular specialty, interacting with a pompous colleague, etc.) No doubt there are aspects of this activity that you perform on autopilot. As you reflect on this activity, consider those aspects of the scenario or person that you are mindless to, the strengths in yourself that you are blind to, and moments when you become hypervigilant or over-sensitive. For the next week, as you engage in the situation or connect with this individual, practice two things: being mindful of yourself (i.e., your thoughts, emotions, sensations, behaviors) and conscious of the character strengths you might bring forth. Note that the target with this exercise is your own autopilot nature, not focusing on trying to change the person or impact the results of the situation.

Individuals who practice this activity report making shifts toward cultivating virtue and making strength use more routine, as well as greater confidence in facing difficulties, stressors, and irritations.

**Questions/exercises to consider (integration):**

- Dr. Elliot has made a few errors in recent months in his diagnosing and charting. He has been challenged on these behaviors by his attending physician who has told him that he needs to take immediate action or he’ll face serious consequences. Dr. Elliot took the VIA Survey and observes that his signature strengths are curiosity, fairness, forgiveness, teamwork, and love. How might he use these strengths with greater mindfulness in his medical practice? What is an optimal strengths-based approach he might take with
himself? If you were supervising Dr. Elliot, how would you follow up with him using a strengths-based approach?

- Dr. Jamison has been feeling less enthused about her work in the last year. She feels as though she is just going through the motions of her daily clinic routine and she tries to get through her patients as quickly as possible so she can get home and be by herself. Dr. Jamison has some insight into this behavior and realizes she is disengaged. She has recently learned that the use of character strengths can be one of the best pathways for re-engaging with one’s life and work. Her signature strengths are creativity, judgment, love of learning, humility, spirituality, and gratitude. What would you recommend to her? Is there a way she might use mindfulness and strengths to help her tap into her relationships? Be sure to hypothesize about the role of mindful strengths use.

- Best possible self. This research-based exercise is used in MBSP and is a way to link character strengths with mindful awareness of your goals. It involves a couple steps:
  
  o Select a future time period (e.g., 6 months, 1 year, 5 years from now) and imagine that at that time you are expressing your best possible self strongly. Visualize the details clearly in a way where you have worked hard and succeeded at accomplishing your personal and/or professional goals.
  
  o After you have a fairly clear image, write about the details. Writing your best possible self down helps to create a logical structure for the future and can help you move from the realm of foggy ideas and fragmented thoughts to concrete, real possibilities.
  
  o Write about the character strengths that you observe in this image. Consider what character strengths you will need to deploy to make this best possible self a reality.

**Conclusion**

Mindfulness and character strengths are capacities in human beings that can be developed and turned to for increasing well-being and managing stress. The integration of mindfulness practices and character strengths practices is an exciting and promising area for medical practitioners and students. There are deep applications for not only helping patients improve their coping and recovery from illness but future studies might also reveal these areas can serve as a force of prevention and healthy maintenance of good habits. Mindfulness-Based Strengths Practice (MBSP) offers a rigorous program for promoting positive health, cultivating what is best in human beings, and capitalizing on what is already strong and present in order to create a flourishing life, a life of fulfillment, engagement, and meaning.

**References:**


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Bio of Ryan M. Niemiec

Ryan M. Niemiec, PsyD, is Education Director of the VIA Institute on Character, a global, nonprofit positive psychology organization that educates individuals and groups about the latest
science and practice of character strengths. He is a licensed psychologist and Adjunct Professor at Xavier University in Cincinnati.

Ryan is author of *Mindfulness and Character Strengths: A Practical Guide to Flourishing*, and co-author of a few other books including *Positive Psychology at the Movies*; and *Movies and Mental Illness*. In 2011, Ryan received a Distinguished Early Career Award from the American Psychological Association (Division 46).

Ryan has led several hundred mindfulness meditation groups for clinical and nonclinical populations over the last decade, and has delivered mindfulness retreats, lectures, and workshops to a variety of groups, including physicians, counselors, religious leaders, and the general public. He created Mindfulness-Based Strengths Practice (MBSP), the first, structured character strengths program. He teaches MBSP online to practitioners around the globe.

Ryan is an international lecturer and workshop leader. He has been invited to present his work at the United States Air Force Academy, Harvard University, the University of Pennsylvania, Washington University, Universidad Iberoamericana, International Positive Psychology Association, American Psychological Association, and European Positive Psychology Association. He blogs for Psychology Today and PsychCentral, and his work has been featured by a variety of sources including Dr. Oz, USA Today, the Huffington Post, Positive Psychology News Daily, and Greater Good.