

RECIPES for
Mindfulness in Your Library
*Supporting Resilience
and Community Engagement*

EDITED BY

Madeleine Charney, Jenny Colvin,
and Richard Moniz

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Introduction

Mindfulness (e.g., meditation, movement, reflective writing, engaged listening) is a powerful way to build personal and community resilience. In challenging times of rapid social change and uncertainty, mindfulness offers vital life skills that librarians can offer their users and harness for our own self-care and cultivation of joy. Mindfulness experiences can also be structured to support social justice efforts, nurturing community engagement and civil discourse.

This collection of stories—recipes, if you will—explore a wide range of approaches in which librarians integrate mindfulness into their teaching, collections, services, programming, spaces, partnerships, and professional development.

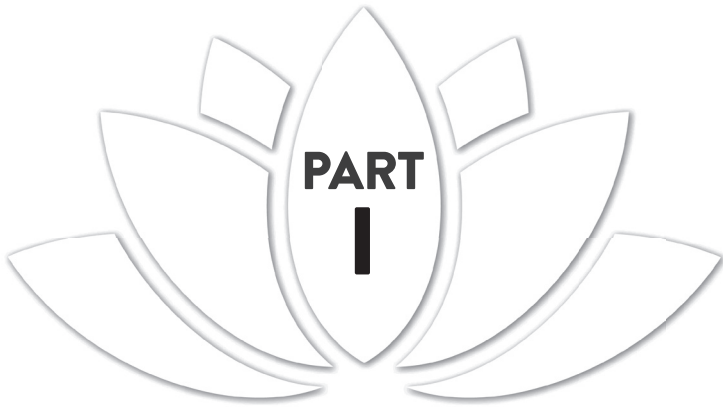
Not simply a set of techniques, mindfulness offered in libraries ideally stems from the personal practice of the librarian designing and implementing these offerings. Our hope is that this foundation also be present in administrators, who can then encourage mindfulness for their staff and patrons. From this place of authenticity, our shared leadership in this burgeoning movement will take root with credibility and lasting value.

As more librarians commit to individual and sustained reflection and practices, more of us can serve and be served from a well of abundance and clarity, now and over time. We are growing a much-needed movement to rekindle and soothe the soul of our society. While librarians' expertise is not required, our commitment and curiosity to explore are a must.

The genesis of this book sprang from Richard's mindfulness presentation (with colleagues) at the American Library Association (ALA) Annual Conference in June 2016. Afterward, he and Madeleine created a Facebook group, Mindfulness for Librarians, with Jenny joining the project soon after. Two years later, membership has grown to more than eight hundred librarians around the world and from all types of libraries. The robust sharing has been complemented by the group's "virtual hang-outs," which foster deeper discussions and forge new friendships. We even meditate together online! It became clear that the stories we were sharing deserved an even wider audience. Jamie Santoro, our wonderful editor at ALA, agreed. Our call for submissions was met with a remarkably strong response; our only regret is not being able to include all the excellent submissions.

You can read this book cover to cover or simply flip to whichever stories capture your attention. We hope the experience stirs up ideas for your own recipes for integrating mindfulness in your library. For nonlibrarians reading this book, we believe you'll find a bevy of possibilities to adapt for your own needs. Get connected with us. Join the Mindfulness for Librarians Facebook group (www.facebook.com/groups/mindfulnessforlibrarians/). Academic librarians interested in incorporating mindfulness into their teaching can also join ACRL's Contemplative Pedagogy Interest Group (www.ala.org/acrl/aboutacrl/directoryofleadership/interestgroups/acr-igcp/).

We wish you well on this unique journey—including your personal practice—as you revisit and reflect on these stories and cook up something new in your library.



Library as Hub

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1

Cultivating a “Mindful Medicine” Ethos

Rebecca Snyder and Robin O’Hanlon

In the middle of Manhattan and confronted with the disparities between privilege on the Mt. Sinai medical campus and that within the waiting rooms, Rebecca, a former doula and library technologist, and Robin, marketing director, wondered whether infusing mindfulness into innovative programming could stretch beyond exercises to create radically held space for transformational dialog in solidarity with a humanist medicine ethos. In recognition of our compatible interests, we co-organized a guided meditation workshop with our director as part of a new series she envisioned: “mindfulness for medicine.” During the workshop and while debriefing afterward, we surfaced the potential missed opportunity of solely offering contemplative library programming as meditation training. The workshop was popular. As educators with adequate space, a large urban academic medical center full of expertise, and a passion for storytelling, we began to think of our new Mindful Medicine program as a museum education program and identified ourselves as “curators.”

In medicine, issues of ethical concern are often labeled “medical humanities” and sandwiched between topics akin to contemplative practices such as visual literacy and creative expression. Interventional strategies to address the mental health of physicians and physicians-in-training are called “wellness,” “empathy,” “resilience” or, occasionally, “self-compassion.” While attention is given to the neurological benefits of mindfulness as a pillar of resilience or as a component of self-care, examining relationships between mindfulness practice and the taking of

ethical action is relatively new. In both respects, educators, administrators, and clinicians struggle to devote time to formation of a mindful ethos in the data-drowning, frenetic clinical environment.

As mindfulness becomes more widespread throughout our culture, many people use the label colloquially, as if everyone is in agreement about its meaning or purpose. In our story, we give attention to practices of mindfulness, like that of Linda Graham, as one of the pillars of resilience, or “bouncing back.” We also emphasize its relationship to awareness by making connections between the products of mindfulness and the potential action of an aware mind.

I See Trauma and Can Develop a Response

Early in our collaboration and planning, a series of traumatic events affected our campus climate. First, a student committed suicide on campus. Less than two weeks later, the dean of our medical school became a target for work-related gun violence. During these weeks, the student presence in the library swelled to almost beyond its physical capacity. Anguish, confusion, and sorrow within our space were palpable, and student groups actively vocalized concerns about everything from mental health to social justice in our local and adjacent communities. As our medical education dean described in his 2017 *New England Journal of Medicine* article, “Kathryn,” our partners in Medical Education sought to “significantly enhance mental health and well-being resources for our students.” We in the library considered how we could contribute to these efforts by offering a unique chance to stimulate dialog around charged topics.

We chose to join a groundswell of reactions taking place among our students, residents, and faculty after another series of disruptive events. A prominent educator’s dismissal following sexual abuse reports of patients was followed by a growing protest movement within our student and faculty communities in reaction to governmental threat aimed at our DACA students.

The focal point of our outreach programming was the development of Mindful Medicine, a series of engaging workshops focused on the humanistic emotional, ethical, and spiritual aspects of clinical practice and the patient experience. We listened

to skeptical remarks and confusion from our colleagues about the relevancy of the series to library operations and whether it reflected the library’s core mission. We were asked, “If this series is simply about bringing different groups and individuals together to engage in mindful discourse, how is this helping the library? If we are not leveraging the series to directly promote library services, resources, or expertise, how does it benefit us?” We were convinced, though, that this type of programming was an important form of community building, perhaps even a valve release, and would ultimately create positive associations about the library as a center for knowledge creation and contemplative practice. We wanted to move away from a purely transactional form of outreach—library “show and tell” of services has a tendency to limit our participation in activities that immediately and directly enhance usage of knowledge products or space.

The first program in the Mindful Medicine series, delivered in April 2016, was titled Narrative Medicine: A Workshop for Students and Providers. We partnered with a graduate medical educator and a physician faculty member from medical humanities. Both trained in narrative medicine, they helped us design an educational intervention in the form of a workshop to bring reflection techniques to our campus.

Where Is the Charge? What Are My Resources?

After this initial program, we formalized the program development process but intentionally left themes open to be shaped by “whatever may arise.” For each installment, we would first “listen” to the news: institutional newsletters, student groups, our partners, and academic medicine publications. Influenced by student concerns or emerging issues in medicine and medical education, we would focus on a theme. It was our desire to mirror current medical education initiatives and research activities already taking place within our community. However, we first had to acknowledge ourselves as culture observers and confront our biases. Then we needed to allow ourselves to address curricular gaps or topics that seemed to carry a notable charge, warranting more psychic space than we believed the classroom would provide. It was, to say the least, painful and scary, particularly in November 2016 America.

Nevertheless, we were spurred on by gratitude and feedback from participants who wanted to engage in contemplative learning in a more informal, interactive space than is offered in a classroom or a Grand Rounds presentation.

Once the theme was imagined, we would identify potential facilitators to participate in the program. These speakers, educators, activists, and community members were primarily recruited from our home institution based on our knowledge of their work or reputation. We frequently leveraged our collaborators' networks for recommendations, whether from in-house or from another institution. We met with the team to discuss the approach, chose target audiences, and created the learning objectives that were most appropriate. Format types combined in each session included brief presentations, panel discussions, case-based/problem-solving discussions, small group discussions, and hands-on practice workshops.

After the first program, we had enough documentation to seek continuing medical education credit for participants in the series. In September 2016, the Mindful Medicine series was accredited through our institution's postgraduate school for up to two American Medical Association Physician's Recognition Award Category 1 credits for participants, which incentivized attendance and demonstrated the value of the series' content to key stakeholders. The Continuing Medical Education (CME) application was extensive and required that we identify specific clinical gaps that our programming would work to fill. The application also required the identification of specific learning outcomes/objectives, target audiences, tools/strategies to reinforce learning results, professional competencies (i.e., patient-centered care, interdisciplinary and communication skills, performance in practice), and patient safety considerations.

Options to Change Perspective Are Available to Me

By the time our November 2016 program went live, we were actively integrating our contemplative approach with critical pedagogy and social justice librarianship. We reached out to Mount Sinai's Center for Transgender Medicine and Surgery,

which then actualized Turn Up the Mic: Reflections on Experiences with Transgender Medicine, a storytelling event with the central theme of “amplification of the patient voice.” In this program, a panel of individuals who had undergone gender reassignment surgery discussed perspectives on their care, including the conflicted nuances of communicating with providers. The ensuing discussion was sensitively moderated by Barbara Warren, PsyD, director for LGBT Programs and Policies in the Mount Sinai Office for Diversity and Inclusion and local activist for NYC trans communities. Offering the microphone to patients to tell their stories, their voices were literally amplified. Their stories also allowed the clinicians and medical students in the room to mindfully reflect on their own current or future practice, consider shared decision-making with their patients, and engage with the patients to learn more about their experiences.

Due to the sensitive nature of the topics explored and the intention to create a boundary between participants and the “presence” of academic medicine hierarchy in the space, we selected experienced educators and interactive methods for the program. Beneficial relationships with our social work and spiritual care communities ensured mindful in-room engagement between participants and influenced the themes and content developed going forward. As the program and our relationships with staff from the medical school and health system matured, we were able to approach increasingly complex topics like spiritual dimensions of LBGTTQQ geriatric care and trauma in health care.

This May Be Rhizomatic Rather Than Mechanical

Typically, in library literature, we report on “what we did” and how it could be a blueprint for actualizing a similar project or program. In the spirit of contemplative practice, though, designing an intervention or experience can be more of an art than a replicable scientific process. Like bricolage, we made choices somewhat intuitively and with materials not traditionally central to a librarian praxis. Translating this program to our new institutions would require significant transformation and, in the end, would likely look nothing like the original.

However, mindful awareness can radically influence our experiments with pedagogy by disrupting the default professional scripts or biases in one's head that may arise when considering how, or even whether, to design an intervention. As educators, we may be situated between potential connections while possessing insight or resources to make them happen. Sometimes, we don't see them. Other times, we may be under-resourced internally or environmentally and thus unable to act. Occasionally, awareness, collectivity, and privilege may align and an opportunity comes to fruition. Envisioning our institutional repository as an ethics human library was bold for a couple of library educators in a large academic medical center. Yet as we pitched the connection between mindfulness and the potential for improved awareness in clinical decision-making and patient care, we discovered that our institution had ample resources and a community ready to gather. The initial idea may, on the surface, have arisen from environmental scanning, but the manifestation and evolution of the program came from seeing beyond strategic opportunities and threats to the heart of the matter. Our community members wanted to be connected.

In the end, we were rewarded many times over with gratitude from participants and the proliferation of a community. But in sharing the experience, its nature as a watery memory, a blip, reveals itself. Equanimity needed to acknowledge continued suffering within our medical education communities while also celebrating this story remains difficult. Mindful reflection is essential to stabilize our state of being, manage our own states of overwhelm, and avoid reverting to numbness or "business as usual." The reconciliation of our limitations as librarians is itself a target of our contemplative practice now as we ground, resource, and move forward.

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