THE USE OF MINDFULNESS AS REFLECTIVE PRACTICE FOR REDUCING STRESS IN THE SCHOOL-BASED PHYSICAL THERAPIST

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ABSTRACT

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The use of mindfulness as reflective practice for reducing stress in the school-based physical therapist: a critical analysis of the literature.

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Stress is a significant problem for school-based physical therapists. Stress research is important because of the affect stress has on job retention, job satisfaction, and quality of service delivery for students. There is minimal research available on stress and effective intervention strategies for the school-based physical therapists. The literature review reveals research on stress response and stress factors. Causal factors of stress are identified as situational, systemic, and the cognitive vulnerability of the individual. The situational and systemic factors present in the work of school-based physical therapists are described. As the situational and systemic factors are often uncontrollable, the study
focuses on the individual's susceptibility to stress. The literature review also reveals research on mindfulness as an intervention strategy for stress reduction, as a meditative practice, and as a form of reflective practice. Chapter three critically analyzes the research in the literature review and relates the information to my personal experience of mindfulness meditation implementation, as recorded in a reflective journal. The focus of the analysis is to explore the question of whether mindfulness meditation as a reflective practice is an effective strategy for reducing stress in the school-based physical therapist. I discovered that in my personal experience as a practicing school-based physical therapist, mindfulness meditation was effective for reducing my stress response. Finally, because of the effectiveness demonstrated with an individual therapist, I recommended that further studies be conducted with larger groups of people in the education, mental health, and physical therapy fields.
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TABLE OF CONTENTS

ABSTRACT .................................................................................................................. II

CHAPTER I .................................................................................................................. 1

WHAT IS A PHYSICAL THERAPY? .............................................................................. 2
HISTORY OF SCHOOL-BASED PHYSICAL THERAPY ................................................. 3
RELATED SERVICE ....................................................................................................... 5
STRESSORS ON THE SCHOOL-BASED PHYSICAL THERAPIST .................................. 7
QUALITATIVE STUDY .................................................................................................... 12
STATEMENT OF THE PROBLEM .................................................................................. 13
RATIONALE .................................................................................................................... 13
RESEARCH GOALS ....................................................................................................... 14
ASSUMPTIONS/LIMITATIONS ...................................................................................... 14

CHAPTER II ............................................................................................................... 15

THE PHYSIOLOGY OF STRESS .................................................................................... 15
STRESS IN THE WORK SETTING ................................................................................ 17
PHYSIOLOGICAL EFFECTS OF MINDFULNESS MEDITATION ..................................... 23
MINDFULNESS AS A MEDITATIVE PRACTICE .............................................................. 26
MINDFULNESS AS A REFLECTIVE PRACTICE ............................................................ 32
SUMMARY ...................................................................................................................... 41

CHAPTER III .............................................................................................................. 46

IMPLEMENTATION/ANALYSIS .................................................................................... 46
SPRING 2004 ............................................................................................................... 48
CHAPTER I
Introduction

Stress is a significant problem for professionals working in the field of education. Approximately 60% to 70% of teachers show signs of stress, with a minimum of 30% showing symptoms of burnout (Cheek, Bradley, Parr, & Lan, 2003). Though stress and burnout in the teacher have been extensively studied, minimal research has been done in studying stress in the school-based physical therapist. Stress research is important because of the affect of stress on job retention, job satisfaction, and quality of service delivery for students. For example, a research study on Wisconsin school-based physical therapists revealed that situational stressors experienced at work resulted in decreased job satisfaction in 50% of participants (Chiang & Rylance, 2000). In addition, research on effectiveness of intervention strategies for stress management is minimal, with regard to teachers and school physical therapists (Jarvis, 2002).

The stress of the school-based physical therapist is profound. Isolation, frustration, and anger are felt when therapists are overwhelmed by situational factors such as: unmanageable caseload size, budget shortages, pressure for inclusion, increased driving time to multiple sites, inadequate treatment spaces and equipment, excessive paperwork responsibilities, IEP meeting time commitments, high needs of children served, and lack of administrative support (Thompson, 1996; Chiang & Rylance, 2000). Disillusionment, frustration, and guilt are felt as therapists recognize the discrepancy between expected and perceived levels of self-efficacy and goal achievement (Farber, 2000; Friedman, 2000). At a deeper level, given the perceived insurmountable stressors,
therapists express a sense of failure and disconnection as they strive to derive an existential significance from their work (Pines, 2002; Palmer, 1998).

What is a Physical Therapist?

Physical therapy means:

- Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention.

- Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions.

- Reducing the risk of injury, impairment, functional limitation, or disability, including promoting or maintaining fitness, health, or quality of life in all age populations.

- Engaging in administration, consultation, or research that is related to any of the above activities. (Taylor, 2004, n.p.)

A physical therapist focuses on the individual’s ability to move as independently as possible in an environment. The environment may be a school, home, or community setting, depending on the area of physical therapy practice. The therapist may work with children or adults. The goals for treatment will also differ depending on the setting (Hanft & Place, 1996). The focus of this study is on physical therapists, who work with children or young adults in a school setting.
History of School-Based Physical Therapy

It is important to provide some historical background on the development of the physical therapy profession and its professional organization. Physical therapists in the United States formed their first professional association in 1921, called the American Women's Physical Therapeutic Association. The association was made of 274 women, and they served as Reconstruction Aides. They worked primarily in rehabilitation with soldiers in wartime situations. Membership continued to grow, with the addition of male physical therapists and by the 1930's, the name was changed to American Physiotherapy Association. In the 1940's and 50's, physical therapists were needed to work with adult and child polio victims. They also were needed for the World War II effort. Because of the increased demand, membership in the organization surged to 8,000 members. There was also an increase in the number of physical therapy education programs, from 16 to 39. In the 1950's, the organization name changed to its current name, the American Physical Therapy Association ("A historical perspective," n.d.).

As the physical therapy profession was growing, so also was the awareness of serving the needs of children with disabilities. In 1935, the enactment of the Social Security Act, Title V, Section 504 established Crippled Children Services. CCS was established to meet the needs of “crippled” children. “Crippled” was defined as "anyone up to the 21st birthday afflicted with a congenital or acquired deformity disorder of locomotion or disease of the extremities or skeleton which is likely to yield to medical and surgical care" ("Division," n.d., p. 1). Physical therapy services were mandated under this Act, and therapists worked with children with polio, orthopedic, or neurological problems. In the 1940's, services were broadened to include children with
cerebral palsy and epilepsy ("Division," n.d.). In the 1940’s and 50’s, physical therapists began to work in public schools, often in designated separate schools for children with disabilities. Service delivery was given under the medical model and the physical therapist was not required to relate treatment goals to the educational program (Hanst & Place, 1996). Educational programming was nonexistent for the majority of children with severe special needs; these children received only custodial care. Lack of educational service for these children continued into the early 1970's ("Chapter 1," n.d.).

In 1975, the Education for the Handicapped Act (EHDA) also known as PL94-142 was passed. States were mandated to provide free and appropriate education for all children, ages 6 to 21 years old. This was especially significant for children with severe disabilities, who were previously viewed as uneducable (Hanst & Place, 1996). Consequently, a demand was created for physical therapists in the public schools to assist with carrying out the educational program of the child with special needs. Physical Therapy education programs often did not prepare students for work in the public schools. Focus in the preparatory programs was on medical-based therapy, not on educationally relevant therapy. In 1975, a pediatric section of the APTA was formed to respond to the need to provide physical therapy students appropriate preparatory programs (Hanst & Place, 1996). The APTA pediatric section was responsible for lobbying for inclusion of physical therapy in the related service category under IDEA and for making recommendations regarding: service model and delivery, accountability, job retention, and paperwork burden (Mason & Connolly, 2002).
Related Service

EHA was changed to the Individuals with Disabilities Education Act in 1990. Under IDEA and the later amended IDEA '97, the role of the PT was further defined as a related service. IDEA '97 mandates that "all children with disabilities have available to them a free and appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living" (Ripley, 2001, n.p.). Related service is described as "transportation and such developmental, corrective and other supportive services as are required to assist a child with a disability to benefit from special education..." (Ripley, 2001, n.p.). Therefore, under IDEA '97, physical therapy is provided to children with disabilities as a related service.

In order for the child to receive physical therapy as a related service, a special education identification process must be followed. The child is referred for an evaluation to determine if the child needs a special education program. The school psychologist, along with other special education professionals, evaluates the child. The physical therapist may be included in the initial referral process or may be included after the child has already been enrolled in a special education program. If the child is first determined to need a special education program, then the child can be eligible for physical therapy as a related service (Ripley, 2001).

At the IEP meeting, the physical therapist presents her initial evaluation and makes recommendations regarding service delivery. Following the evaluation and eligibility determination, an Individual Education Plan (IEP) is developed with goals and objectives, as to how and what related services will be delivered (Ripley, 2001).
parents and sometimes the child are present at the meeting, along with the professionals. Ideally, the goals and objectives are written as a team at the meeting, and physical therapy goals are integrated into the IEP. The type of service is either direct or indirect, depending on the needs. Direct service means hands-on therapy with the child. Indirect means consulting with the teacher or other professionals working with the child (Hanft & Place, 1996; Ripley, 2001).

There are differences between school-based therapy and medical-based therapy. As stated earlier, school-based therapy must be provided to a child with a disability as a related service to the special education program. The IEP team makes the decision regarding service delivery. Therapy is provided in a school setting or at home if the child is medically fragile. School-based goals focus on providing appropriate therapy to assist the child in the special educational program. Goals are integrated with the other therapies and written together as the IEP. Therapy is provided at no cost to the parents and is continued as long as the IEP team determines it is necessary. School-based therapists must consult with other therapists, as well as teachers, administrators and support personal in the child’s school (Thompson, Lindsay, & Fanetti, 2001; Ripley, 2001; Hanft & Place, 1996).

In medical-based therapy, the physician, therapist, and family make the decision regarding the amount, frequency, and duration of therapy recommended. Therapy takes place in a clinic, hospital, home, or community setting. Treatment techniques such as biofeedback, electrical stimulation, myofascial release, or craniosacral therapy may be provided (Thompson et al., 2001). Goals in medical-based therapy focus on achieving maximal functional independence, and therapists working in medical settings must show
progress in order to receive medical reimbursements. In addition, goals in medically
based therapy are isolated from the other therapies such as speech or occupational
therapy and from their educational goals. Finally, medical-based therapy may stress
collaboration with other therapies, but rarely with teachers (Ripley, 2001).

**Stressors on the School-Based Physical Therapist**

A considerable amount of time is spent at IEP meetings to educate the parents
about the difference between medical-based and school-based therapy. Sometimes a
child has gone through a medical evaluation where the doctor has recommended that
therapy be provided. Some parents prefer to have the therapy done at school for
convenience and financial reasons. For example, it is difficult for some parents to access
medical-based therapy because of inability to drive to a setting or because insurance
providers only pay for limited visits or insurance providers refuse payment because the
child is not showing progress. Therefore, the therapist often feels pressure from the
parents to provide more therapy than is recommended by the IEP team. This pressure is a
stressor for the physical therapist (Gabriel, n.d.).

With school district budget shortages, the school-based physical therapist is
pressured to limit the amount of planning time spent at IEP meetings. Motor goals are
often written prior to the IEP meeting, and are not always properly negotiated as
prioritized for the child. This reinforces the medical model, which views therapy as
separate from the educational program. If the goals are not integrated in the educational
plan, the therapist often feels isolated and not part of the educational team (Thompson,
1996). An example of integration is that when the child is having difficulty walking, the
motor goals are integrated into the specially designed physical education section or into
the life skills section of the child’s IEP. Therefore, the physical therapist must advocate
for inclusion of the motor goals within the educational plan.

With IDEA ‘97, there was also increased pressure for inclusion of children with
disabilities with same aged peers in their educational environment. Prior to this, children
had been mainstreamed with same aged peers, but often the children with physical and
mental disabilities were not attending school in their home school but in a designated
school in the district (“A changing,” n.d.). For the physical therapist, there was greater
access to other professionals to collaborate therapy and without having to serve multiple
sites, it was easier to see many children. Because there was only one site to organize,
often the therapist may have been given a room to provide therapy in a pull out situation,
with appropriate equipment (Hanft & Place, 1996).

However, delivering physical therapy service in a single building, designated for
children with disabilities, was not as beneficial for the children as it was for the therapist.
Children were not attending the same school as their siblings or other children in the
neighborhood. Children who attended the designated building were developing
awareness of children with disabilities, whereas the other children throughout the district
did not have that opportunity (“A changing,” n.d.). Parents advocated for their children
to be able to go to their home school. In some situations, their home school was
inaccessible and accessibility constraints needed to be addressed. In some districts, until
only recently, children with milder cognitive disabilities have been attending school in
their home school, but children with the most severe cognitive disabilities continued to

Having children based in their home schools impacts service delivery for the physical therapist because the therapist might serve up to six sites in one day. For example, in one day, a therapist may serve children in three or four schools, a home, and a community preschool (Thompson, 1996; Chiang & Ryland, 2000). Ideally, therapy is done in the classroom because of opportunities for collaboration with the teacher and other therapists. In addition, doing therapy in the classroom allows the therapist to integrate the therapy goals into the classroom activities and also helps combat the feelings of isolation and stigma that the child may feel if pulled out of the classroom (Thompson, 1996; Hanfi & Place, 1996). Finally, if the therapist needs help with lifting a child or moving equipment, assistance is available. However, it is not always possible to provide therapy in the classroom. Sometimes, physical therapy motor activities are more appropriately done in the gym and in this situation, physical therapy would be ideally carried out in the physical education class. However, because of difficulties with scheduling into multiple sites, the therapist is not available during the child’s physical education class and must carry out the goals in a separate therapy time in the gym. Also, an older child generally prefers to be in a separate area for privacy reasons. With limited funds, schools cannot provide a separate therapy room, so therapy is done in the hallway, bathroom, lunchrooms, closets, or any available space in a school (Thompson, 1996; Chiang & Ryland, 2000).

Serving up to six sites in one day also impacts the physical therapist emotionally and physically. The storage of equipment and the limited amount of equipment are
additional challenges; heavy and cumbersome equipment must be carried in the car and brought into and out of the school buildings. Trying to arrive at schools in a timely manner and serve the children according to the prescribed schedule is stressful, especially in inclement weather. In order to meet her schedule, the therapist often eats her lunch in the car, and is not socially connected to any one in a building. The therapist often misses social events in a school, because the therapist is working in another building at the time of the event. With increased driving time, less time is available for collaboration and consulting with teachers and other professionals. Instead, consulting is done by e-mail, phone, or spontaneously, and sometimes inefficiently, in the hallway (Thompson, 1996; Chiang & Rylance, 2000).

Budget shortages also impact the therapist. IDEA '97 does not mandate caseload size. Some states have made recommendations on caseload size, but the caseload size recommendations are not enforced. The therapist must continue to provide therapy even if she has met the maximum caseload size recommendation (Chiang & Rylance, 2000). Sometimes to address the caseload size problem, instead of hiring an additional physical therapist, a physical therapist assistant is hired. The therapist has the added responsibility of supervising the assistant, and is still solely responsible for the child's evaluations, program plan development, and attendance at IEP meetings. Recently, some districts have required therapists to bill for services that the therapists perform so that the districts receive reimbursements. This added responsibility puts pressure on an already busy schedule, as time must be allotted to proper recording and submission of the billable service. Finally, some districts have decreased the special education support personnel,
which increases the responsibilities that the therapists must take on with regard to
paperwork (Chiang & Rylance, 2000; Mason & Connoly, 2002).

A therapist’s desire to provide assistance may be beyond the actual capabilities of
the therapist (Pines, 2002; Friedman, 2000). Working in a helping profession, a therapist
is motivated to help the children that she serves. However, the therapist often has
difficulty setting personal limits on the time and effort she can commit to helping parents,
teachers, and children. Therapists are trained to rehabilitate and expect improvement in
the children. Children with severe disabilities or children with degenerative conditions
make very small gains or none at all. If a therapist’s personal worth is connected to how
much improvement the children make, she may feel disheartened and worthless (Pines,
2002; Friedman, 2000). In addition, given the fragile health of some of the children, the
physical therapist may need to face the death of a child she serves. After several years of
providing therapy and becoming attached to the child and her family, it is difficult for the
therapist to lose a child to death (Moore, 2002). Support services following the death are
not always available to the physical therapist as they are to other staff in the child’s
building, because she is not based in the building and is serving other children in the
other buildings during the time support is being provided (Jarvis, 2002). The therapist is
not always cognizant of her physical limitations, and may injure her back lifting heavy or
uncooperative children. When serving as a consultant, therapists often have unreal
expectations about being knowledgeable in all areas of study and may feel incompetent if
they are unable to provide the necessary information or skills. Finally, it is difficult for
the therapist to set limits on taking on additional responsibilities with some families
because of felt empathy with those families (Thompson, 1996; Friedman, 2000).
Qualitative Study

I have worked for 22 years as a pediatric physical therapist in early intervention programs and in the public schools. I have spent a considerable amount of time reflecting on the profession and the stressors involved. I have tried various ways of managing my stress with limited success. I have asked to change supervisors, which helped slightly with managing the paperwork I am required to do. I have set aside one day per week to eat lunch with a group of teachers and therapists, which helped with feeling connected to that building and those particular people. I have designated larger periods of time for some buildings, so that I could cut down on the number of times I visited the buildings in a week. All of these changes were helpful, but I continued to have difficulty managing the daily stress I felt.

In the spring of 2004, I began to investigate intervention strategies to manage stress in my work and personal life. I realized that before I could implement intervention strategies, I needed to develop an awareness of stressful times and areas in my personal and work life. I began to reflect on my work and personal life by keeping a journal. In this journal, I described stressful areas or themes in my work and personal life. I found the reflective process to be helpful not only when trying to develop awareness of stressors and my reaction to them but also to be helpful when I began to implement meditation as an intervention strategy.

The journal I have begun for my research includes reflections from my personal life as well as work, because I cannot deny that the stress I feel in my personal life does not affect my work life and visa versa; regardless of what physical setting I am in, I continue to reflect on my life.
Statement of the Problem

The purpose of the study is to do an extensive critical analysis of the literature on the use of mindfulness meditation as reflective practice for reducing stress in the school-based physical therapist. Data was collected through journaling and literature analysis, beginning February 2004 through February 2005. The literature predominantly spanned a 10-year period and was collected from the Internet, professional journals, books, theses, and a personal reflective journal.

Rationale

As stated earlier, stress is a significant problem for teachers and physical therapists working in the field of education. There is abundant research on stress in teachers, but minimal research is available on stress in the school-based physical therapist. Stress needs to be studied because of how stress affects job satisfaction, job retention, and quality of service delivery for students.

Additionally, there is minimal research on the effectiveness of intervention strategies for stress management in teachers and school-based physical therapists. Mindfulness meditation is an effective stress reduction intervention strategy, used in stress management programs. Mindfulness has also been studied as being integral to reflective practice in the educational and medical field. Therefore, this study will contribute research on the description of stress experienced by teachers and school-based physical therapists. Finally, this study will also contribute information on the use of mindfulness meditation as reflective practice for reducing stress in the school-based physical therapist.
Research Goals

My goals for this study are to address the following research questions:

1. What does the current literature reveal regarding the stress of the school-based physical therapist?

2. What does the current literature reveal regarding the use of mindfulness as a stress reduction method?

3. What does the current literature reveal regarding the use of mindfulness as reflective practice in the educational field?

4. What does the current literature reveal regarding the use of mindfulness as reflective practice in the physical therapy field?

Assumptions/Limitations

With this critical analysis, supplemented by my personal reflective journal, I will offer insights and information, which support my belief that mindfulness as reflective practice is a useful strategy for reducing stress in the school-based physical therapist. The assumption is that there will be literature available discussing mindfulness meditation as reflective practice and as an effective intervention strategy for stress reduction in the school-based physical therapist. The limitation is that there may not be literature available on this topic. The journal is also limiting in that it is reflective of only one therapist’s feelings and observations and does not reflect all physical therapists’ beliefs and feelings. However, the reflective journal is useful in being representative of the feelings and experiences of a school-based physical therapist, and other therapists may relate to some of the feelings and experiences and find it helpful in their work.
CHAPTER II
Literature Review

The stress experienced by the school-based physical therapist, except for situational factors which are unique to each profession, is not dissimilar to the stress experienced by teachers. Minimal research is available on the stress of the school-based physical therapist and appropriate intervention strategies. However, there is abundant research on teacher stress, which provides insight into the stress experienced by a physical therapist working in the educational setting. Therefore, information from teacher stress research will be presented, along with school-based therapist stress research. In addition, mindfulness will be discussed as an intervention strategy for reducing stress. Finally, mindfulness will be discussed as a form of reflective practice in the educational and physical therapy field.

The Physiology of Stress

The physiology of stress is a well-researched area. In 1936, Hans Selye (Selye, 1956), an endocrinologist, developed research that focused on the significant role of the endocrine system in people’s response to stress. Based on scientific experiments with animals, he developed the General Adaptation Syndrome model to describe the body’s reaction to stress. The GAS model continues to be relevant as a model to describe the stress syndrome.

In the first stage, called the alarm reaction, the body responds to a stressor by releasing adrenaline into the bloodstream. Additionally, heart rate and respiration
increases, blood pressure increases, and muscles become tense. The individual feels forgetful, anxious, and irritable. This is also called the fight or flight response, and was developed to fight real danger, such as an animal threatening to attack. However, the body cannot distinguish real danger from imagined danger and perceives the stressor as being threatening to the survival of the individual. If the stressor is removed, the body returns to its normal state (Selye, 1956; Benson, 1975; "GAS," 2004).

However, if the stressor continues, the body responds by going into the resistance or adaptation stage. In this stage, corticosteroids and noradrenaline are secreted, with an increase in blood pressure and blood sugar levels. Without relief from the stressor, the individual becomes fatigued, concentration wanes, and the individual feels lethargic. Procrastination and indecision are present, along with cynicism. The individual withdraws socially, feeling resentful, indifferent, and defiant. The individual may increase their use of alcohol, coffee, and tobacco in an attempt to decrease the stress (Selye, 1956; Benson, 1975; "GAS," 2004).

The final stage is exhaustion. The body’s reserves are depleted. The individual experiences isolation, withdrawal from social situations, and may have self-destructive thoughts. Unrelenting stress with high productions of cortisol leads to fatigue and depression. The decrease of serotonin availability also contributes to depression and susceptibility to migraine headaches (Harvey, 2002). Reduced immunity to illness and disease is also an effect of prolonged stress. Chronic stress related illnesses might be present such as ulcers, bowel problems, and high blood pressure (Selye, 1956; Benson, 1975; "GAS," 2004).
Stress in the Work Setting

In the work setting, stress in low levels can be a motivating force to perform at a higher level. For example, an individual works on a project and sets an appropriate deadline as a motivator to finish the project. When the project is finished, the individual is given a physical reward or feels satisfied that she has completed a successful project. The individual is given time to relax until the next project is resumed. However, when stress is unrelenting and the individual does not receive rewards and support, the individual’s job performance and satisfaction declines. Long-term stress eventually leads to burnout. Burnout is a state that an individual reaches when she is physically, mentally and emotionally exhausted. Taking a vacation will not cure burnout; the individual must initially become aware of her stress and then take steps to manage her condition (Pines & Aronson, 1988).

Christina Maslach and Susan Jackson (1986) described burnout in the workplace as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, which occurs in individuals who work in human service professions. Emotional exhaustion refers to feeling emotionally overextended and without emotional resources, while depersonalization refers to feeling detached, cynical, or callous towards the people who are receiving the service. Finally, the individual experiences reduced or negative feelings of accomplishment when assessing her job performance. Additionally, Isaac Friedman (2000) described burnout in the workplace as a process with three distinct phases: emergence of stress, followed by stress-induced experience, and finally the emergence of reactions to stress-induced experiences.
The causal factors of stress proposed by researchers generally fall into three categories: situational, systemic, and cognitive vulnerability. Situational factors are intrinsic to the profession. Systemic factors are the organizational factors, which relate to the educational institutions or political domain. Cognitive vulnerability is described as the cognitive factors in the individual, which affect her susceptibility to stress (Jarvis, 2002).

Research studies on stress in the school-based physical therapist focus primarily on the situational and systemic factors of stress. Bertram Chiang and Billie Jo Rylance (2000) studied the relationship between caseload size and therapy service provision, job satisfaction levels, and perceived therapy effectiveness in Wisconsin school-based physical therapists. A survey was sent out to 327 physical and occupational therapists of which 175 responded, constituting a return rate of 53.5%. The therapists were from urban and rural districts in Wisconsin, with an average of 10.53 years of school-based therapy experience. Wisconsin DPI’s mandated caseload size of 30 students for a full-time therapist was used as the normal size criteria.

Results from the survey indicated that physical therapists maintained higher than recommended caseload size; full-time therapists served 32 students and part-time therapists served 21 students. Unmanageable caseload size was identified as one of the variables associated with decreased job satisfaction in 50% of the respondents. Other variables included: poor or fair administrative support, inadequate work space, increased severity of students’ needs, increased demands for inclusion, increased IEP meeting commitments, and paperwork burden. More than 50% believed that unmanageable caseload size influenced their service delivery and ability to meet students’ IEP
objectives and treatment plan goals. In addition, high caseload size affected the therapists’ ability to develop collaborative relationships with teachers and other professionals. Recommendations from the study were that mandated caseload size be enforced to ensure quality therapy service (Chiang & Rylance, 2000).

In a study on personnel issues in school-based physical therapists, Mary Jane Rapport (2003) reported similar factors relating to job dissatisfaction in school-based physical therapists. Contributing factors mentioned were: inadequate work/office space, inadequate equipment/materials, limited staff development, isolation from colleagues, excessive caseloads, lower salaries as compared to other work settings, excessive paperwork, and lack of a career ladder. To increase the number of school-based physical therapists and quality of the therapist, Rapport (2003) made the following recommendations: more mentoring support for newly employed physical therapists, more pediatric-based courses in physical therapy higher education programs, and more school-based clinical sites for the physical therapy student, and more appropriate continuing education courses for the practicing school-based physical therapist.

There is minimal research available on cognitive vulnerability of the individual, as a causal factor of stress in the school-based physical therapist. However, cognitive vulnerability to stress has been studied extensively in the teaching profession, and insight gained from this research can be applied to the school-based physical therapy profession. Friedmann (2000) proposed the professional efficacy discrepancy approach as a theory to describe burnout in teachers. He studied eight teachers in their first year of teaching and described three stages of burnout progression. Though the study focused on beginning teachers, he believed the research had relevance to describe burnout progression in all
teachers. The teachers began their work with a high level of idealism and commitment, expecting a high level of accomplishment. In the first stage called the slump, teachers experienced feelings of despair and shock. In the second stage called fatigue and exhaustion, all teachers experienced feelings of disillusionment, two of the teachers feeling burned out. They described the factors contributing to their stress as: feeling helpless with the high needs of the students, work overload due to high number of meetings, increased time needed for class preparation, criticism from other teachers and parents, lack of recognition and reward, isolation from other teachers, feeling unprepared for handling problematic situations, and lack of administrative support. In the final stage, called adjustment, the teachers learned to adapt to the situation by lowering their expectations about student performance, class planning and preparation, and professionalism.

Friedman (2000) used this study to propose his professional efficacy discrepancy approach as a theory to describe burnout in all teachers. Teachers reported difficulty in four domains: tasks relating to students such as meeting educational objectives, establishing positive relationship with students such as maintain clear boundaries, building related issues, and relations with administration. As the stress increased, the teacher perceived a gap between expected and observed sense of self-efficacy. The teacher felt frustrated, exhausted, and unaccomplished. Friedman (2000) believed at this point that the teacher needed to lower her expectations and quality of teaching. Some teachers adapted to this situation, while others felt inconsequential and developed symptoms of burnout such as cynicism. Friedman's professional efficacy discrepancy approach can be applied to the Chiang and Rylance (2000) study in that the therapists
experienced job dissatisfaction as they observed a decrease in their effectiveness as a school-based physical therapist.

An additional study on burnout and self-efficacy looked at teacher's willingness to adopt innovative educational practices as correlated with levels of self-efficacy. The study demonstrated that teachers with strong self-efficacy beliefs showed more willingness to adopt innovative educational practices and were less susceptible to burnout. In addition, work overload was mentioned as one of the factors, which contributed to their resistance to take on more responsibility. A resistance to top-down administration policy was also mentioned as a factor. Teachers expressed that there would have been more willingness to adopt new educational practices if the teachers were involved collaboratively with administration in the development process (Evers, Brouwers, & Tomic, 2002).

Savry Farber (2000) offered a cultural perspective on teacher burnout. He believed that teachers today are not frustrated because of feeling that their work is meaningless. According to Farber (2000), cultural values have changed teachers' perspective on teaching so that previously teachers were frustrated because of being unable to reach idealistic goals and now teachers are frustrated at being unable to reach self-interested goals such as a higher salary. He acknowledged that there are exceptions to his beliefs.

Ayala Pines (2002) offered a psychodynamic existential perspective on teacher burnout. She proposed that people have a strong need to believe that their life and work are meaningful and significant. Her study demonstrated that when teachers felt a lack of significance in their work, they believed that they were insignificant and experienced
burnout. She also compared American teachers with Israeli teachers on level of burnout experienced. She found that despite the increased stress present in Israeli teachers lives, they felt that their life had more significance and reported lower levels of burnout.

Finally, religious teachers experienced the lowest level of burnout as compared to non-religious teachers, which supported the existential perspective that the religious teachers felt that their lives and work were meaningful and significant.

Parker Palmer (1998) supported the existential perspective on burnout and stress. He referred to stress in teaching as a sense of disconnectedness with the self. He believed all aspects of the self must be interconnected: the intellectual, emotional, and spiritual.

As the teacher thinks about teaching and learning, she is engaging the intellectual aspect of the self. When she feels excited or frustrated with teaching, her emotional self is active. Finally, the spiritual aspect is different for every individual, but can be expressed as the longing to be connected to something greater than oneself. The spiritual aspect is similar to the existential belief in that our work has significance and meaning. Palmer stated, "in the undivided self, every major thread of one's life experience is honored, creating a weave of such cohesiveness and strength that it can hold students and subjects as well as self" (Palmer, 1998, p. 15).

Palmer described burnout as the breaking down of the cohesiveness and strength that has been woven by the teacher. The teacher begins to "lose heart" and feel disconnected from the passions that brought the teacher to the profession (Palmer, 1998, p. 21). The teacher experiences feelings of fragmentation and diminishment. Like teachers, physical therapists have the potential to "lose heart" as they feel frustrated and disconnected from the passions that brought them to the physical therapy profession.
APTA vice-president, Janet Benzer expressed the frustrations of physical therapists in a medical setting. Though she was referring to work in a clinical setting, the sentiments are similar to the feelings of school-based physical therapists.

Most PTs are relationship people, she says. They’re in it for the opportunity to work with people, to help patients and clients get better and maintain their health. But when you look at all the trends in health care over the last several years—payers and administrators dictating how long we can work with the patient, higher patient loads, more paperwork, less reimbursements—each one of them cuts into the time we have to develop the relationships we got into the profession for. So of course people are upset with that. They feel misled. They feel it’s an injustice. And frankly, they’re right. (cited in Ries, 2004, p. 42)

Physiological Effects of Mindfulness Meditation

As demonstrated by the previous research, stress is a problem because of its potential for burnout and its impact on job retention, job satisfaction, and quality of service delivery for students. Research on intervention strategies for stress reduction is minimal with regard to school-based physical therapists. However, research is available on the use of mindfulness meditation as an intervention strategy for reducing stress and burnout symptoms.

Scientific research on meditation as an intervention strategy for stress reduction is based on the work by a cardiologist named Herbert Benson (1975). His work is based on the hypothesis that the relaxation response counteracts the fight-or-flight response described earlier. The relaxation response is described as eliciting the following
physiological changes: decreased respiratory rate, decreased heart rate, increased alpha waves, and decreased blood pressure in hypertensive people. He described the relaxation response as an altered state of consciousness, in the sense that the individual does not normally experience this state of consciousness.

Benson (1975) studied the use of transcendental meditation as a method to evoke the relaxation response. In this concentrative form of meditation, the individual assumes a comfortable position in a quiet environment. During the process of meditation, the individual focuses on an object or word and strives for a passive state of mind, where thoughts drift into awareness but the individual does not hold onto the thoughts. In his blood pressure studies, he discovered that the use of transcendental meditation reduced blood pressure in hypertensive people. In his drug studies with young adults, he found that the use of transcendental meditation reduced drug use by the young adults.

Following his discovery of the relaxation response for hypertension and drug use, Benson developed the Mind Body Medical Institute at Harvard University Medical School. The institute studies the use of meditation and other bodywork practices for evoking the relaxation response. Research at the institute has focused on the use of meditation and other bodywork practices for reducing pain in cancer patients and chronic stress in clients. Benson stated that recent research has found that as the body becomes relaxed, it releases a molecule named nitric oxide, which acts as an antidote to stress hormones (Benson, Corliss, & Cowley, 2004).

In 1979, Jon Kabat-Zinn developed a mindfulness program at the University of Massachusetts Medical School in Worcester. The clinic initially began as a pain reduction clinic and evolved into a stress reduction clinic. Currently, mindfulness-based
stress reduction (MBSR) practice is taught at the clinic and in outreach programs throughout the United States. The Stress Reduction Clinic is one of the programs of the Center for Mindfulness in Medicine, Health Care and Society at the University of Massachusetts (Kabat, 2004). The MBSR practice focuses on “intentionally focused awareness” to develop self-awareness and self-knowledge (“History,” n.d., n.p.).

Kabat-Zinn participated in a 2002 research study led by Richard Davidson (Davidson, 2003a; 2003b), which studied the biological effects of meditation on immune function and brain alteration. In the corporate work setting, Kabat-Zinn taught the experimental group mindfulness meditation for eight weeks. The control group was given the mindfulness instruction following the experiment. The experimental group was given weekly instruction, participated in a 7-hour retreat, and given home practice suggestions. Brain activity was measured in the left frontal lobe of the brain, which is responsible for more positive emotions. In addition, the participants were given the flu vaccine and at four and eight-week intervals, blood tests were done to determine the levels of antibodies in the blood. At the end of the experiment, participants who had received mindfulness training demonstrated increased brain activity in the left frontal lobe of the brain and higher levels of antibodies in the blood, as compared to the control group.

The Davidson (2003a; 2003b) study was significant because it was the first time that a study demonstrated brain and immune changes following mindfulness training. Information gained from the Davidson (2003a; 2003b) and Benson (1975; et al. 2004) studies demonstrated that mindfulness meditation practice was effective as an intervention strategy for stress reduction in the medical and general work settings.
Mindfulness as a Meditative Practice

To fully understand mindfulness practice, its Buddhist origins must be examined. Mindfulness meditation is fundamentally rooted in Buddhism. As a young man, Buddha embarked on a journey of self-discovery. When he eventually experienced "enlightenment," he was known as Buddha, which means "the awakened one" (Brannigan, 2000, p. 55).

The dharma is the foundation of the Buddha's teachings, which contain three signs of existence: "life is filled with suffering (dukkha); everything is impermanent (annica); and there is no permanent self (anatta)" (Brannigan, 2000, p. 56). These signs of existence are contained within the context of the noble truths and the Middle Way (Brannigan, 2000).

The first noble truth is that suffering is always present in an individual's life. Her life is filled with emotional and physical pain, and the joys that she experiences are transient. If she strives for the attainment of an autonomous, permanent self, sorrow is perpetuated (Brannigan, 2000).

The second noble truth is that sorrow comes from craving for "sensual pleasure, continued life, and power" (Brannigan, 2000, p. 65). Again, suffering comes from the belief that these cravings are permanent and striving for them only increases sorrow. In the third truth, Buddha states that sorrow ceases when craving ends (Whitmeyer, 1994)

The Middle Way is offered as the solution to end sorrow. Whitmeyer (1994) used the metaphor of a cloth for the eightfold path. The cloth covers the individual, with each fold being equally important and interconnected with the other folds. One fold cannot exist in isolation, and all are essential for full development of the individual.
In the first stage, which is called wisdom, individuals develop an intellectual understanding of the world. The first and second fold, right view and right resolve, are contained in this stage. Right view stresses the importance of understanding the four noble truths and the three signs of existence. Right resolve is being aware of the correct intention when pursuing an action (Whitmeyer, 1994).

The second stage is called morality and contains the third, fourth, and fifth folds. The third fold, right speech, is avoidance of language that brings harm to other people. The fourth fold, right conduct, is the avoidance of action that brings harm to other people. The fifth fold, right livelihood, is participating in work, which benefits the community and does not harm living beings or the environment (Whitmeyer, 1994; Brannigan, 2000).

The final stage is called meditation and includes right effort, right mindfulness, and right concentration. Right effort is using free will responsibility. Right mindfulness is being fully aware of one's thoughts, feelings, and actions. When involved in an activity, the individual is fully engaged and as thoughts and emotions arise, she acknowledges the thoughts and emotions, but does not attach to them. By practicing right mindfulness, she maintains a more balanced state of mind (Brannigan, 2000; Whitmeyer, 1994).

In right concentration, the individual experiences four phases. She begins by letting go of negative thoughts and feelings, which is followed by eliminating positive thoughts. She continues by eliminating positive feelings, with the final phase being a state of complete balance. Buddhists believe that right mindfulness is more important than right concentration, because in complete mindfulness, the individual is fully engaged
and present is the moment, and there is no autonomous self. For example, if the individual is reading, she is fully engaged in the reading process and does not distinguish herself as being separate from the process (Brannigan, 2000).

Finally, Buddha advocated practicing the following virtues: loving kindness, compassion, sympathetic joy, and impartiality (Brannigan, 2000). The Dalai Lama believed that meditating openly on compassion and loving-kindness is a way for people to become kinder towards themselves and more compassionate towards people in their community and in the world (Goleman, 2003).

Jon Kabat-Zinn (1994) developed his mindfulness program for stress reduction (MBSR), based on his own experience of Buddhist meditation. He acknowledged that stress is ever-present in people’s lives, but believed that mindfulness helped people develop a relationship with stress. When describing stress, he used the metaphor of ocean waves representing the stress and the individual learns to manage the stress by riding the ocean waves. In mindfulness practice, the individual is aware of the waves, but does not try to stop the crashing waves. Mindfulness helps individuals “find the sweet stillness inside the wave” (Wylie & Simon, 2004, p. 66).

Andrew Weiss, an ordained brother in Thich Nhat Hanh’s Order of Interbeing, also believed that mindfulness meditation is effective for stress reduction. He described stress, using the metaphor of clouds in the sky being representative of thoughts passing through the mind. He believed that as the individual becomes present in the moment and aware of her true self, she feels a reduction in her stress response; stress reduction is not directly focused on as a goal but occurs as a natural effect of practicing mindfulness meditation (Weiss, 2004a; 2004b).
According to Kabat-Zinn (1994) and Weiss (2004a), mindfulness is a heart-based practice. They described mindfulness as being aware of the moment and attending to where the heart leads the person. Palmer (1998) spoke similarly of teaching when he described the courage to teach as: "courage to keep one’s heart open in those very moments when the heart is asked to hold more than it is able so that teacher and students and subject can be woven into the fabric of community that learning and living require" (Palmer, 1998, p. 11). Palmer spoke of being disconnected from one’s heart and the truth of who we are, which is similar to the Buddhist idea of being open to the fullness of who we are as is "Buddha nature" – "one who has awakened to his or her own true nature" (Kabat-Zinn, 1994, p. 6).

Palmer (1998) referred to teaching as a spiritual practice, because the teacher is looking inward at her soul in her longing for connection to something greater than herself. On the other hand, Kabat-Zinn (1994) did not refer to mindfulness practice as a spiritual practice. He believed that people have preconceived ideas about the definition of spirituality, which may interfere with accepting the practice of mindfulness, if mindfulness is viewed as a spiritual practice. Kabat-Zinn preferred to view mindfulness as a "consciousness discipline" (Kabat-Zinn, 1994, p. 264) or as being "fully human" (Wylie & Simon, 2004, p. 67). Mindfulness practice allows individuals to become aware of what is in our deepest nature, or as referred to earlier as the Buddha nature. Weiss (2004a) believed that though mindfulness meditation is not a spiritual practice, a practitioner becomes aware of her true self and is connected to her spiritual roots, as she practices mindfulness meditation.
On the other hand, Kabat-Zinn acknowledged that the term “spirit” is used in the context of the Latin word spirare, “to breathe” (1994, p. 263). In mindfulness meditation practice, breathing is the focus for staying present in the moment. The breath is described as being “the current connecting body and mind, connecting our body with the outer world’s body. It is the current of life” (Kabat-Zinn, 1994, p. 24). Therefore, the body and mind are connected by breathing, which serves to ground individuals to the present moment (Kabat-Zinn, 1994; Weiss, 2004a). The connection of the body to the outer world’s body speaks to the Buddhist belief that there is not an autonomous self and that all beings are interconnected (Wylie & Simon, 2004).

Weiss believed that when we are present in the moment, we are in a “be” state of awareness, versus a “do” state (2004a, p. 4). Taking time to be still is how Kabat-Zinn described being in a “non-doing” state (1994, p.40). The intention in a “non-doing” state is to become fully aware of the moment and accept it as being complete, which is in contrast to striving to improve on the moment. Kabat-Zinn brought the concept of “non-doing” further in what he referred to as “non-doing in action” (Kabat-Zinn, 1994, p. 40). For example, in a “doing” state, an individual believes that her body needs fixing because of a disease or an imperfection that the individual has difficulty accepting. This adversarial relationship is not conducive to healing and only serves to increase the pain or frustration. In a “non-doing in action” state, the individual becomes aware of her relationship with her body and develops compassion rather than displeasure towards her body (Wylie & Simon, 2004). In the work setting, a physical therapist in a “doing” state is striving to fix a child because she believes that the child is not complete and broken because of her disability. The therapist feels frustrated because the child cannot be fixed.
With "non-doing in action," the child is perceived as already complete, and it is the therapist's job to attend to the child in a caring way to bring out the perfection that is already present (Kabat-Zinn, 1994, p. 40; Whitmeyer, 1994).

The Dalai Lama and Thich Nhat Hanh spoke of similar states in their description of mindfulness practice. The Dalai Lama believes this tendency to dislike the self or body is not present in Tibetan culture, and is a Western phenomena. According to the Dalai Lama, when in an open meditative state, the individual focuses on feelings of peace and compassion, and he proposes meditating on loving kindness as a way to develop compassion towards the self (Goleman, 2003).

Hanh referred to the "be" state in terms of the absence of a permanent autonomous self (Hanh, 1988, p. 4). According to Hanh, the self only exists in relationship to other beings; we are all interconnected. The interconnection is referred to as an "inter-be" state in which the individual exists in relationship to other people and as part of a community (Hanh, 1988, p. 3). As a community member, she is mindful that her actions are beneficial to the community (Goleman, 2003; Hanh, 1988; 1994). When the mindfulness practitioner broadens her awareness to include the concept of interbeing, the individual meditates openly on compassion and loving kindness in her relationships with other people (Weiss, 2004a).

Palmer spoke of a similar state, which he calls "contemplation-and-action" (Palmer, 1991, p. 15). Contemplation refers to the discovery of our inner truth, while action refers to the full expression of our truth. He believed that when compassion and action are integrated, the individual is living with integrity, identity, and in harmony with her heart. Palmer's belief was similar to Hanh's belief in that the individual's inner state
or solitude is reflected in her actions in the community. For both Palmer and Hanh, the ideal mindful practitioner is moving away from the autonomous self and moving towards integration into a community. Her actions and responsibility to the community reflect deep self-awareness, developed through mindfulness practice. (Palmer, 1991; Hanh, 1994; 1976; 1988).

**Mindfulness as a Reflective Practice**

Mindfulness is integral to the reflective practice used by teachers, physical therapists, and physicians. Reflection is not a new concept. Socrates said, "an unexamined life is not worth living" (cited in Whitmeyer, 1994, p. 13). John Dewey believed that reflective practice was an essential part of living and that in reflective thinking, the thoughts were not disjointed, but connected like a thread. According to Dewey, reflective thinking was: "active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends" (Dewey, 1991, p. 6).

Mindfulness concepts can be applied to the educational research on reflective practice. David Schon (1987) believed that in a given day, an individual usually performs her activities with a knowing-in-action mindset. She has performed the activities before and continues doing them without much critical thinking. However, if the situation is out of the ordinary and contains an element of surprise, she responds by reflecting on the situation. Schon (1987) believed that reflection was done in two different ways. In the first way, the individual responds by either reflecting following the activity or by interrupting the activity. This process is called reflection-on-action.
alternate way is that the individual responds by reflecting and changing her perceptions, during the activity. Schon (1987) called this process reflection-in-action because the individual is open to insight and implicit knowledge, and is reflecting in the problem-solving situation. In the reflection-in-action process, the mindful practitioner views the situation using the mindfulness concept of impermanency because the individual changes her perceptions, and is open to change within the situation; the situation is not accepted as permanent.

Ellen Langer (1997) also acknowledged the mindfulness concept of impermanency in her theory of mindful learning. She believed that when reflecting in a mindful state, an individual is open to new experiences and notices conflicting contexts, perspectives and points of view; the moment is viewed as impermanent, and the individual is responsive to change. When an individual is faced with learning a new skill, the individual is aware of the context of the skill and changes her perspective and orientation in the process of acquiring the new skill. She calls this type of learning process sideways learning, in contrast to top-down or bottom-up learning. In top-down learning, an expert or more knowledgeable person teaches to the individual and in bottom-up learning, the student learns by practicing or rote learning (Langer, 1997).

Langer's (1997) theory of mindful learning as reflective practice can be applied to the work setting. When solving a problem, the individual may assume the mindless state in which she relies on old perspectives and does not view the problem in the context of the situation. She responds to the challenge by approaching the problem in the same way, even if it is apparent that the process is not working to solve the problem. In contrast is the mindful state, in which the individual approaches the problem with a
responsive state of mind and is open to changing perceptions, creating new categories, and looking at the problem within the context of the situation (Langer, 1997).

According to Langer (1994), burnout in the workplace is viewed as maintaining a state of mindlessness. The individual maintains a rigid state of mind or is in a work setting where more flexible thinking is not encouraged. As the context is altered, the individual is challenged to respond to the change with a different perspective, which may open up ideas for changing the situation. In a burnout situation, a worker feels trapped in a situation, which she perceives as being rigid and having no control. When the environment allows for more flexible thinking, the worker assumes an open state of mind. She is able to reflect on the situation and come up with solutions to solving problems, which were previously thought of as unsolvable, resulting in decreased feelings of burnout and increased job satisfaction.

In a pilot study, Maria Napoli (2004) studied the effect of mindfulness training on teacher's behavior and perception in the classroom and in their personal lives. Three elementary school teachers and their students received 45 bimonthly training sessions, as well as an eight-week intensive mindfulness education program. The program focused on breathing techniques, movement, and sensory activities. At the end of the study, the teachers were interviewed to receive feedback on the effectiveness of the mindfulness training and implementation of the practice into their classroom and personal lives. In the area of curriculum, the teachers reported that mindfulness helped them to be more focused on key ideas and instruction implementation. In the area of anxiety reduction, the teachers reported that mindfulness was effective for calming during anxiety producing situations like test taking or when dealing with conflict on the playground. In
the area of personal life, the teachers and students reported that they were more aware and in the moment when eating or taking a walk. In the classroom, the teachers reported that mindfulness activities were integrated into the day as a way to re-focus on tasks. In addition, the teachers reported that the study could have been improved by allowing time for reflection on the mindfulness process. Also, suggestions were made to implement the program into the physical education curriculum as a unit on wellness (Napoli, 2004).

Though the Napoli (2004) study was limited in size, it demonstrated the effectiveness of mindfulness for reducing anxiety and increasing focus of the teachers and students. It is important to note that mindfulness meditation, as a reflective practice, involves more than just breathing exercises. The teachers reported that to practice mindfulness, time was needed to reflect on how mindfulness shaped their teaching and personal lives. It was interesting that the teachers used games and concrete terms because the children had difficulty understanding mindfulness, when using words like “being in the moment.” Finally, the recommendation by the teachers to move mindfulness training out of the classroom and into the physical education curriculum represented a shift in perspective about how mindfulness fits into the school. If mindfulness were viewed as building community, it would seem that mindfulness should remain in the classroom as a way to build community and a sense of connection with other students within the classroom; it would not be viewed strictly as a wellness program.

Stephen Brookfield (1995) believed that in the critically reflective process, teachers must search for their “authentic voice.” As teachers examine why and how they came to their assumptions and views on curriculum, they felt a sense of power and
dignity about their work. He believed that teaching takes on more value when reflected on and examined.

Sharon Solloway (2003) has used mindfulness in teacher education to challenge student teacher’s thinking about social issues. The students were asked to reflect on readings and keep a journal of their experience with the breathing meditation and with general mindfulness practice. The students reported that they had developed a deeper understanding of their thinking about social issues because of the time spent in meditative breathing and time spent on reflecting on their thinking.

Physical therapy research on reflective practice is relatively new. In the past, therapy research has focused on quantitative evidence-based clinical research. Qualitative research was less acceptable because evidence was difficult to measure. Acceptance of qualitative research is increasing as its contribution to the knowledge base of clinical practice is recognized. Research tends to use the single-case study design, with the emphasis on studying student’s use of critical reflection in the clinical setting (White, 2004).

Reflective practice is used in physical therapy education for increasing students’ effectiveness in their clinical settings. Students learned to critically analyze their experiences with patients and increased their clinical reasoning and decision-making skills. In the United Kingdom, Kate Morris and Marie Donaghy (2002) developed a reflection framework and over three years, studied its effectiveness in facilitating reflective practice by physical therapy students in the clinical setting. The framework has three stages. Stage one entails gathering information on a selected case study. The student chooses a patient that she works with for the study. Stage two involves speaking
with a designated mentor about her thoughts, feelings, and clinical decisions about the patient. This dialogue is taped. In stage three, the student observes the taped dialogue and writes a paper on her decision making process. This process is repeated twice per year as the students rotate to a new clinical site.

The students reported that this reflective process helped identify their own strengths and weaknesses; however, they tended to focus primarily on their weaknesses. They also noted that speaking with the mentor was helpful in analyzing how and why they solved a problem in a certain way. Overall, the students believed that the reflective framework was helpful in improving their clinical reasoning and decision-making skills (Mors & Donaghy, 2002).

Research is also being done on not only the reflective practice of experienced physical therapists, but also looking at the intuitive aspect of their work. A qualitative study was done which looked at dimensions of clinical practice by experienced physical therapists. Using a multiple case study design, each investigator collected data on one expert physical therapist by interviewing, observing, reviewing documents, and developing patient treatment plans. Therapists were nominated by peers as being experts, and had practiced therapy from 10 to 31 years (Jensen, Gwyer, Shepard, & Hack, 2000).

Four dimensions of expert practice were identified as a result of the data analysis: knowledge, clinical reasoning, movement, and virtues. In the area of knowledge, expert physical therapists drew on their therapy experience, but their primary source of knowledge was from their patient. Active listening and observation were used as ways to gain information and focus on the patient. In the clinical reasoning process, the expert physical therapists were comfortable with doubt and uncertainty, when faced with a
difficult patient or situation. For the expert physical therapists, the clinical reasoning process included reflection and centering on the patient. This is consistent with Dewey (1991), who referred to reflective thinking as containing doubt and that judgment is suspended during inquiry. Dewey said that this ambiguity may be painful, but the experts in this study experienced comfort with doubt (Jensen et al., 2000).

In addition, the experts believed that the diagnostic component was not the most important part of patient management. More important was the patient’s ability to function in the context of the social and psychological conditions of the patient’s world. This is consistent with Langer’s view of mindful learning that the patient is not seen as isolated within the clinical setting but within the context of the patient’s world, outside of the clinical setting (Langer, 1997; Jensen et al., 2000).

In the movement dimension, centering on the patient was important for the expert physical therapist. While performing movement assessments and treatments, the expert therapists focused on the conversation with the patient and family; the movement component appeared to be unconscious, without taking away attention from the patient’s conversation. Again, movement exercises were focused on increasing function in areas, which were important to the patient at home and at work (Jensen et al., 2000).

The expert therapists displayed caring and mutual respect for their patients and their families. In addition, the therapists wanted to succeed and continue learning. The therapists were satisfied and reported loving their work. As was similarly found in the Napoli (2004) study, recommendations were made for allowing more time for reflection. Finally, the researchers believed that the expert therapists provided excellent mentors for
beginning therapists because of the virtues displayed toward their patients and their superior clinical reasoning skills (Jensen et al., 2000).

Though mindfulness was not mentioned in the expert physical therapist study, aspects were present that indicate that the therapists were engaging in mindfulness practice. The virtues of caring and respect displayed by the therapists were similar to the Buddhist virtues mentioned earlier, compassion and loving kindness. Practicing a profession that does not bring harm to other people is consistent with right livelihood. Centering on the patient involves being committed to being fully present with the patient in a responsive and nonjudgmental manner, which is consistent with right mindfulness. Finally, the therapists reported loving their work, which reflects being connected to their own true nature and expressing this in their work. As referred to earlier by Palmer (1991) as contemplation and action, the therapist’s inner truth was integrated with her actions and her physical therapy practice was in harmony with her heart (Kabat-Zinn, 1994; Whitmeyer, 1994).

Ronald Epstein (1999) has studied mindfulness in physicians and believed that reflective practice depends on the presence of mindfulness. He proposed five levels of mindfulness, which may be applied to physical therapists in the clinical setting. If the physical therapist has a patient who is not responding to the treatment as expected, the physical therapist may respond according to different levels of mindfulness. In level zero, the physical therapist operates in a mindless state and denies any responsibility for the clinical problem. She continues doing the same treatment, even if it is ineffective and denies that there is a problem. In level one, the physical therapist does not use reflection, but takes some responsibility for the problem by conforming to an external standard or
rule. In level two, the physical therapist uses cognitive models to guide in the decision-making. The therapist reflects on the problem using explicit knowledge such as muscle strength and gait pattern in the clinical reasoning process. She does not reflect on personal information about the patient or her own emotions or feelings. In level three, the physical therapist becomes aware of her feelings and thoughts when reflecting; she has a cognitive and emotional understanding of the patient. In level four, the physical therapist begins to use tacit as well as explicit knowledge when reflecting. Tacit knowledge is described as the “gut feeling” or “sixth sense” that therapists use when solving a problem (White, 2004). It is also referred to as insight, when the therapist is aware of her thoughts, feeling, and attitudes, and relates this awareness to the decision making process. The expert physical therapists are at level five. They are in an open, aware state of mind and use insight, explicit knowledge, as well as experience to view the problem in context. In the reflection process, the therapist modulates their perceptions as new insight is gained. The problem is viewed as challenging, not unsolvable.

Gail Jensen (c.d.; 2004) and Epstein (1999) proposed that mindfulness be integrated into the clinical education curriculum for medical and physical therapy students. They also acknowledged the importance of providing mentors who practice mindfulness to teach the students or inexperienced therapists and physicians. Finally, the recommendations were similar to the recommendation made in the Napoli (2004) study done with teachers. When practicing mindfulness meditation, sufficient time for reflection has to be allowed for the students and experienced therapists and physicians.
Summary

This literature review presented information on stress and mindfulness practice as an effective stress reduction intervention strategy. Research was presented on the physiology of the stress response (Selye, 1956; Benson, 1975; “GAS,” 2004). Pines and Aronson (1988) described work-related stress as being on a continuum from low levels to burnout. The Maslach and Jackson (1986) model was used to describe burnout in the individual. Causal factors of stress were discussed as being: systemic, organizational, and the cognitive vulnerability of the individual. Studies were discussed in which systemic and organizational factors were described as being contributing factors to job dissatisfaction in school-based physical therapists (Chiang & Rylance, 2000; Rapport, 2003). Whereas systemic and organizational factors were often perceived as uncontrollable, the cognitive vulnerability of the individual was viewed as more controllable and responsive to intervention strategies (Jarvis, 2002).

Various researchers studied cognitive vulnerability to stress in teachers. Friedman (2000) offered the professional efficacy discrepancy approach as his theory to describe teacher burnout. He believed that burnout was experienced when teachers recognized the discrepancy between goal accomplishment and self-efficacy. Friedman’s approach was applied to the Chiang and Rylance (2000) study because the therapists experienced job dissatisfaction as they observed a decrease in their self-efficacy. In a similar study, willingness to adopt new educational practices was also associated with higher self-efficacy beliefs in teachers (Evers et al., 2002).

Farber (2000) believed that burnout has a cultural basis. In the past, teachers were frustrated because they were unable to reach idealistic goals, whereas current teachers
feel frustrated because they are unable to reach self-interested goals like a higher salary. Rapport (2003) found similar findings with her research on school physical therapists. Physical therapist expressed job dissatisfaction because of factors unrelated to idealist goals, such as lower salaries and lack of a career ladder.

Pines (2002) and Palmer (1998) offered a psychodynamic existential perspective on teacher burnout. In her study, Pines (2002) found that when teachers felt a lack of significance in their work, they believed that they were insignificant and they experienced burnout. Palmer (1998) referred to stress in teaching as a sense of disconnectedness with the self. He believed that when the spiritual, intellectual, and emotional aspects of the self are interconnected, the teacher feels significance in her work. However, when the teacher feels disconnected from an aspect of her self, she feels fragmented, diminished, and experiences burnout.

Scientific research described physiological effects of using mindfulness meditation as an intervention strategy for reducing stress. Mindfulness meditation was found to be effective for evoking the relaxation response and for producing immune changes and brain changes in mindfulness practitioners (Benson, 1975; Benson et al., 2004; Davidson, 2003a; 2003b).

The Buddhist origins of mindfulness were discussed. Right mindfulness was described as being one of the folds of the eightfold path, with the final stage called meditation. When practicing mindfulness, the individual is fully aware of her thoughts, feelings, and actions (Brannigan, 2000; Whitmeyer, 1994). Open meditation on Buddhist virtues, such as compassion and loving kindness, was also discussed as a way for people

Though researchers described mindfulness as a spiritual practice in different ways, the basic premise was that mindfulness brings the individual to full awareness of her true nature. With this awareness comes the understanding that the self is interconnected to other beings and that she exists in relationship to other people in the community. Palmer applied this perspective to teaching in that the teacher’s inner state is reflected in her actions. He believed that when compassion and action are integrated, the individual is living with integrity, identity, and harmony with her heart (Palmer, 1991; Hanh, 1976; 1988; 1994; Weiss, 2004a).

Kabat-Zinn developed a stress reduction program using mindfulness as an intervention strategy. He objected to describing mindfulness as a spiritual practice, because he believed that preconceived ideas about the definition of spirituality interfered with accepting the practice of mindfulness. However, he acknowledged that the term “spirit” is used in the context of the Latin word spirare, “to breath.” (Kabat-Zinn, 1994, p. 263). Breathing was regarded as the important connector of body and mind within the individual. Breathing also served to connect the individual with the other people in the community. Finally, breathing was described as the focus for staying present and awake in the moment (Weiss, 2004a; Kabat-Zinn, 1994).

Mindfulness was also seen as integral to the reflective practice used by teachers, physical therapists, and physicians. In the discussion of reflective practice, basic elements of mindfulness were present, such as the idea of impermanency. A situation is viewed as impermanent and the individual is responsive to change. Schon (1987)
believed that in the reflection-in-action process, the individual is open to change and is willing to modify her perception throughout the reflection process. Langer believed that in a mindful state, the individual is open to new experiences and notices conflicting contexts, perspectives, and points of view. She also believed an individual may maintain a mindless state in which she relies on old perspectives, and is not open to change within the situation. When applied to the work setting, burnout occurs in a mindless state but she believed that when the context of the situation was changed, the individual became more flexible with her thinking and experienced increased job satisfaction (Langer, 1994; 1997).

Studies were presented which used reflective practice with teachers in training and physical therapy students. Using reflective practice, teachers in training developed a deeper understanding of their thinking about social issues (Solovey, 2003). In the classroom, teachers found mindfulness effective as a way to reduce anxiety, improve general awareness and focus, and improve problem-solving skills (Napoli, 2004).

Physicians and medical students found mindfulness to be effective for improving their clinical reasoning and decision-making skills, as well as for enhancing interactions with their patients (Epstein, 1999). Though the expert physical therapists in the clinical setting did not acknowledge the use of mindfulness, their practice was indicative of mindfulness concepts (Jensen et al., 2000). In the clinical setting, physical therapy students found reflective practice to be helpful in their clinical-reasoning and decision-making skills (Morss & Donaghy, 2002). Jensen (n.d.; 2004) and Epstein (1999) proposed that mindfulness be integrated into the clinical education curriculum for medical and physical therapy students.
Research information was lacking on using mindfulness as reflective practice for reducing stress in the school-based physical therapist. I intend to analyze the information presented in the literature review, along with information presented in a personal journal, and propose using mindfulness meditation as reflective practice, as an effective intervention strategy, for reducing stress in the school-based physical therapist.
CHAPTER III
Implementation/Analysis

The purpose of the final chapter was to critically analyze the information gained in the literature review and relate the research to my personal experience of stress and mindfulness meditation. I strived to answer the question of whether mindfulness meditation as reflective practice was an effective strategy for reducing stress in the school-based physical therapist.

My personal exploration into the study of mindfulness meditation began in February 2004 and continued through February 2005. Andrew Weiss, a practicing Buddhist, believed that mindfulness practice does not require an individual to follow a strict doctrine and stressed the importance of personal experience. He stated: “The Buddha provided a way to use our personal experience to guide us to awakening” (Weiss, 2004a, p. xvi). My personal experience of mindfulness served as my research base, and I recorded my reflections in a journal. Throughout the writing process, I reflected on my thoughts, feelings and events that occurred in my life. Because of the length of the journal, I realized that it was impossible to cite every journal entry in this chapter. Therefore, I used the narrative format in which some entries were summarized around a general theme or event, and others were directly cited. Throughout the chapter, I related my personal journal reflections with the current research on stress and mindfulness.

I struggled, at times, with deciding which journal entries were significant enough to be cited. Natalie Goldberg (1986) wrote about the importance of journal writing as a form of meditative practice. She stated: “Writing practice embraces your whole life and
doesn’t demand any logical form. …it is undirected and has to do with all of you right in the present moment. Think of writing practice as loving arms you come to illogically and incoherently” (Goldberg, 1986, p. 13). When I initially began writing in the journal, I was not aware that the process of journal writing had any importance except for revealing my reflections on mindfulness. As the year progressed, I understood that the process of writing was meditative practice. I began to look forward to my writing time as a way to center myself and look deeply into my self. When I was able to relax and be present with my thoughts and feelings, I felt this way about writing: “The ability to put something down…that moment you can finally align how you feel inside with the words you write; at that moment you are free because you are not fighting those things inside” (Goldberg, 1986, p. 32). The journal entries that I cited tended to be written when I experienced insight into my thoughts and feelings.

I chose to organize the chapter into four periods, in chronological order and according to the seasons. This decision was based on the mindfulness concept of interconnectedness and acknowledging the importance of the natural world. Hanh (1976; 1988; 1994) referred to this interconnectedness as a state of inter being, in which individuals are connected to other people and to the natural world. Goldberg stated: “We shouldn’t forget that the universe moves with us, is at our back with everything we do” (Goldberg, 1986 p. 72). She reflected on practicing walking meditation and realizing that everything is interconnected and that:

Even the season we step in supports our step. So when we concentrate in our writing, it is good. But we should always concentrate not by blocking out the
world, but by allowing it all to exist. This is a very tricky balance. (Goldberg, p. 73)

Acknowledging the importance of the natural world was a constant reminder that I was always supported by the consistency and spaciousness of the seasons. I also believed that in recognizing the importance of the seasons, I was being true to my profound connection with the natural world.

As each season evolved, I was faced with different challenges and developed a deeper understanding of mindfulness practice. Beginning the journal in the spring was a natural reflection of my growing awakening of my need for change. I recognized that stress was a problem and, in my search for a strategy for reducing stress, discovered mindfulness meditation as a possible approach. As I developed awareness, I realized that the summer was a time to pull back from graduate studies and re-connect with my family and with nature. Fall presented the most challenges and provided the pivotal point for my growth in mindfulness. Finally, winter provided me with time to reflect on my insights about mindfulness and implement them in my work and personal life.

Spring 2004

The spring period was characterized by developing awareness of stress as a problem in my work and personal life, with various stressors identified. Following investigation into different strategies, mindfulness meditation was chosen as the preferred approach for stress management.
Stress awareness

I began looking at how I responded when I was presented with stressors at home and work, and if my response was consistent with the research on stress. As described earlier, Selye and Benson believed that as a stressor is introduced, the body initially responds with an increase of adrenaline and resultant increase in heart and respiration rate and muscle tension. In addition, the individual feels anxious, forgetful, and irritable. If the stressor is unrelenting, the individual experiences an increase in blood pressure and blood sugar. She feels lethargic, fatigued, with difficulty concentrating. She may withdraw socially. With continued stress, the individual experiences isolation, further withdrawal from social situations, and may have self-destructive thoughts. She may also experience depression, migraine headaches, and have reduced immunity to disease (Selye, 1956; Benson, 1975; “GAS,” 2004).

My initial responses to stressors were anxiety and physiological reactions, such as increased heart and breathing rate and muscle tightness. I wrote: “In the IEP meeting today, I could feel my heart and breathing rate increase, as I sat and waited for my turn to speak. My heart was thumping and skipping beats. I was shaking.” I also felt pain in my back and wrote: “I need to talk with one of the principals, and my back is hurting so much. I know it is not just from lifting, because it hurts just thinking about the meeting.” The anxiety response was consistently present. Initially, I felt uncomfortable but as the stress continued, I had difficulty concentrating and felt the need to socially withdraw or disconnect from the situation. I wrote: “I’ve been having dreams of being on a roller coaster or of flying. I thought it was the anxiety of school, but I don’t really know. I’ve had so much anxiety about this thesis. I don’t know how I am going to be able to do this
for a year without the stress taking over.” I wrote: “My mind is all over the place, and I’m having trouble focusing at work today with the kids.” I wrote: “At work today, I spaced out in the bathroom. I guess I was so overwhelmed with everything. For a few minutes, I didn’t know where I was.”

Even though Selye (1936) and Benson (1975) described depression and self-destructive thoughts as responses in the final stage of the stress response, I did not connect my own depression and self-destructive thoughts as being part of my stress response until later in my study. I also had not really connected my back pain to my stress response either. At this point in my study, I was primarily aware of the anxious feelings and physiological reactions, such as the increased breathing and heart rate.

Maslach and Jackson (1986) studied long-term stress and burnout in the work setting, specifically in human service professions. They described burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment. According to Pines and Aronson (1988), burnout needs to be addressed by the individual, and that taking a vacation does not alleviate burnout. The individual must develop awareness of stressors in her life, and how she experiences stress.

Therefore, I began to identify causal factors of stress, which fell into three categories: situational, systemic, and cognitive vulnerability of the individual (Jarvis, 2002). Situational and systemic variables were present in varying degrees and affected my job satisfaction. My experience was consistent with the study by Chiang and Ryland (2000), which focused on situational and systemic variables in school-based physical therapists and their effect on job satisfaction. The variables identified were: poor or fair administrative support, inadequate work space, increased severity of student’s needs,
increased demands for inclusion, increased IEP meeting commitments, paperwork burden, and excessive caseload size. Unmanageable caseload size was the most significant factor, and was identified by more than 50% of the respondents as affecting job satisfaction.

A variety of systemic and situational variables were present in my work and personal life. Caseload management and the severe special needs of the students were variables present in my work (Chiang & Rylance, 2000; Friedman, 2000). I talked in my journal about caseload management, and feeling anxious at work because of the new referrals. I wrote about new referrals in the early childhood program:

I was at work and felt no emotion at all. A couple of new kids came in with severe needs—one with a degenerative disorder and another with autism. Even though I have the time to serve them, I just didn’t want to serve them because of their severe needs. I try not to think about serving them, because it’s so overwhelming.

I wrote about a new referral at the high school:

I am feeling anxious and not excited about doing my job. I’m burned out on the kids and the parents. I’m nervous about a student’s upcoming IEP and being pressured by her parents to take her on my caseload. Sometimes, I feel powerless about managing my caseload.

I had previously worked with this student, but needed to work with her again because she was having difficulty with walking again. There is a certain relief I felt when a child did not need me anymore to benefit from her educational program, and when I needed to see her again, I felt somewhat depressed and anxious about how long she would continue
to need my services. Knowing that this child would be staying in the district until she
was 21 years old, I was envisioning providing physical therapy to her for a long time. I
decided that I needed to look past my own feelings, and make an appropriate and fair
decision on what she needed, and what I thought I could provide. Once I began to see the
child, I enjoyed working with her. I realized it was often my fear of the unknown that
made my job stressful in those situations.

IEP meetings and perceived lack of support were also identified as stressors at
work (Chiang & Rylance, 2000; Friedman, 2000; Jarvis, 2002). There is an increase in
the number of IEP meetings, starting in the spring until the end of the school year. As a
result of the IEP meetings, there is also an increase in the amount of paperwork; the
children must be evaluated, and goals must be written up. In addition, progress notes
need to be written on every child and sent home to the parents. IEP meetings were
difficult for me, because I needed to present information orally at meetings in front of
several people. Even though I was always prepared with my report, I never felt
comfortable being the center of attention. There was always the possibility that conflicts
arose from what I presented. I tried to prepare ahead of time, if there was any possibility
that there would be difficulties, by talking with parents or staff. Even with all of my
preparation, there were surprises. I preferred taking time to reflect, but often decisions
had to be made immediately, and I needed to act quickly. I often felt alone in making the
decisions, because often other staff did not support me in my decision or did not want to
get involved in the discussion. I often had a lot of fear in these situations because of my
perceptions of having no support and acting alone, and because I was afraid that I would
be pushed to do something that I didn’t want to do. I wrote: “I’m trying to set boundaries
about what I’m able to do as a school PT and I’m not getting support from anyone.” At the IEP meetings, I needed to make recommendations about the need for summer physical therapy. IEP meetings were also the time when service delivery was determined, which meant adding or taking children off of my caseload. Because I was already over the maximum caseload size recommendation, I was forever cognizant at the meetings about my caseload size and trying to keep it at a manageable size. The spring was always the time to balance the caseload size for the following school year. Therefore, I always had the stress of taking care of my own needs regarding caseload size, and trying to determine the appropriate amount of service for the child. I knew from past experience that I would not get any administrative support for managing an excessive caseload size, so I had to manage the problem by myself.

This pressure to provide more therapy than is recommended by the physical therapist was a stressor for me (Gabriel, n.d.). For example, we were developing an IEP for a child with mild motor problems. Firstly, I had provided physical therapy service directly to the girl, with mild coordination problems, for the past four years. She was showing nice steady gains, and was participating in her physical education class adequately, and was also receiving adaptive physical education services. As is typical in some situations, her mother came to the meeting with a medical report stating that her daughter needed physical therapy, and that her ball skills were poor. Because of her gains in her motor ability, I suggested that her present educational program was providing the support she needed in the motor area, and that her level of service delivery should be changed to consult. However, her mother demanded that she continue to receive direct physical therapy, and none of the other staff at the meeting said anything in support of
my recommendations. Therefore, I decided to keep her on my caseload for another year. Because I was only able to successfully remove one child from my caseload, I ended the year with a caseload that exceeded the maximum recommendation, and would begin the next school year with a full caseload. Starting the year with a full caseload meant that new referrals would have to be placed in groups, or I would have very little time for consultation with teachers and for doing paperwork and billing responsibilities.

Isolation was identified as a stressor. As is typical with itinerant therapists, isolation was a problem because of the number of buildings served and inability to connect and collaborate with the other staff members (Thompson, 1996). I wrote: “I was busy today with six transitions and then finally home. I feel lonely and not part of any group, when I have to go to all of those buildings.” I wrote: “I would like to talk to the teacher before the IEP meeting to discuss the child’s program, but I’m having trouble connecting with her, because I’m in so many buildings.” I wrote: “I missed celebrating a teacher’s birthday, because I wasn’t in that building that day.”

Because of the itinerancy of the school-based physical therapist and not being connected to one school, I often did not receive support from other staff members (Thompson, 1996; Jarvis, 2002; Friedman, 2000). I experienced this when my son’s friend committed suicide. The middle school responded by providing support to teachers and students. Because I was only in the middle school at the beginning of the day, I was not able to obtain the same amount of support that other middle school staff received. It was difficult to be in a building where so much struggling was going on, and then drive over to several buildings throughout the day, where many people were unaware of the situation.
I wrote:

I don't understand why he committed suicide. We had a crisis meeting to talk about the suicide, and how we should talk to the kids. But then I had to leave immediately to go to another building. I went from the middle school, where this event has taken over the whole school, and then drove to another building where they have not even heard of the situation. It was hard for me to focus on my work and develop some kind of understanding about the suicide.

Finally, lack of administrative support and excessive paperwork demands were also identified as stressors. Besides the paperwork associated with IEP meetings and end of the year progress reports, I was required to bill for services that I performed, so that the district received reimbursements. Time must be allotted for proper recording and submission of the billable service. In addition, changes in paperwork responsibilities of special education support personnel increased the paperwork responsibilities that I needed to perform (Chiang & Rylance, 2000; Mason & Connoly, 2002; Friedman, 2000). About billing, I wrote: "I'm having trouble finding time to do the student based service billing. When I do allot the time, the computers are so slow, and sometimes the computer freezes up, so I can't complete the billing." About lack of support, I wrote: "The director of special education has fired the person we have always worked with on paperwork issues. The new person does not know what to do as far as end-of-the-year paperwork and IEPs, so I have to notify her and obtain the necessary sheets in order to do my job. I get frustrated, because now I have to do extra paperwork or the job does not get done."

As stated earlier, I had begun to manage some situational and systemic factors as ways to reduce my stress at work. For example, in order to reduce my feeling of isolation
and develop a connection to a group of people, I had begun to schedule myself into eating lunch one time per week with the early childhood staff. I enjoyed the commaderie I felt with them, and also felt like it helped with the collaborative aspect of my work. They were more willing to carry out my suggestions, and I was more comfortable working together with the staff on their goals that were not specific to physical therapy as well (Thompson, 1996; Hanft & Place, 1996). I had also incorporated scheduling myself into a building for a larger block of time, thus reducing the number of buildings I served in one day. I attempted this in all buildings, but was most successful in the early childhood site, predominately because of the large number of kids I served in that building (Thompson, 1996; Hanft & Place, 1996). Finally, I had addressed a systemic factor, which was requesting a change of my supervisor to one who was based in the same building as my office. With the change in my supervisor, I was able to receive paperwork back in a timely manner. Even though I had to continue communicating with the initial supervisor for some issues, the paperwork issue was resolved. I realized that these changes were helpful, but many of the situational and systemic causes of stress were uncontrollable. Therefore, I also needed to look at my cognitive vulnerability as a cause of my stress. Cognitive vulnerability was described as the cognitive factors in the individual, which affected her susceptibility to stress (Jarvis, 2002). I believed that developing awareness of my cognitive vulnerability would be helpful in learning how to manage stress in my work and personal life.

Friedman (2000) proposed the professional efficacy discrepancy approach as a theory to describe burnout and teachers. The teacher has high expectations in her job performance, and when she sees a discrepancy between her expected and observed level
of performance, she feels dissatisfied and may develop burnout. The school-based physical therapists also reported job dissatisfaction as they observed a decrease in their job effectiveness (Chiang & Rylance, 2000).

My experiences were consistent with Friedman's (2000) approach to burnout. I expected to perform at a high level in my work and personal level. My graduate studies were causing me some stress. I was putting a lot of pressure on myself to focus on a research topic that I viewed as significant. Even though I was interested in pursuing meditation as my research topic, I did not feel confident that stress and meditation would be accepted as legitimate topic for a thesis. I wrote: "I know what I want to do, but I'm afraid of people thinking the topic is too far out there." I had begun to feel unenthusiastic about work, and forced myself to look happy just to get through the day. I talked to my advisor about my concerns, and he told me to relax. "Relax" is such a subjective word, but I interpreted it to be letting go of my worries about this paper and everything attached to the paper. I began to think about taking a break from my graduate work over the summer, despite the guilt I felt about not staying on track with my original goal of taking the research class over the summer.

In my family life, I was having trouble managing four children and all of their activities, along with work and school. I not only had high expectations in my performance as a physical therapist, I also expected myself to be the perfect mother and wife (Friedman, 2000). My husband was having difficulty managing his own stress and telling me he was "this close to having a nervous breakdown." Even though the children were older, they still expected attention, and I put pressure on myself to always be available to them, even if it felt impossible sometimes.
At work, I was not always aware of my physical limitations and I was experiencing back pain from lifting the children. The children in the early childhood class were challenging, because they were having difficulty with transitions and needed to be held and carried to the gym. I wrote: "When a student cried, I instinctively picked him up like I would my own children and did not stop and think of how I could comfort him differently, without hurting myself." Another child was challenging because he was unable to move on his own, and I needed to lift him during therapy (Friedman, 2000).

Pines (2002) and Palmer (1998) offered the existential perspective on burnout in the workplace. Pines (2002) believed that people needed to feel that their life and work were meaningful and significant. When individuals felt a lack of significance in their work, they believed that they were insignificant and experienced burnout. Palmer (1998) proposed that when a teacher believed that all aspects of her self—the intellectual, emotional, and spiritual—were interconnected and expressed through her teaching and personal life, she felt fulfilled in her work. However, when she felt disconnected from the passions that brought her to teaching, she felt fragmented and diminished.

IEP meetings were a time when I needed to feel significant, and when I evaluated my worth based on the child’s progress. At the IEP meeting, I assessed the child’s progress and wrote goals. Because I worked with many children with severe physical and mental limitations, progress is slow and in some cases, progress means that there has not been any loss of mobility. For the child with a degenerative condition, there has often been no progress and only degeneration of her physical condition. I often put pressure on myself that if the child has not made sufficient motor gains, then I have not done my job adequately. If I was particularly hard on myself, I then concluded that I was not a
competent physical therapist, and I felt worthless (Pines, 2002; Friedman, 2000). In my journal, I wrote: "I hate IEPs because I have to say what I’ve done, and I feel like I haven’t done anything all year. I’ve done therapy, but I can never present any changes. Parents give me thank you cards but I never feel I deserve them."

IEPs were also difficult, because of the empathy I felt towards the parents. IEP meetings were an emotional time and, even though I tried to present the information in a positive manner, it was still sad for some parents to hear information about their child. I felt their sadness and often left the meetings feeling emotionally drained (Friedman, 2000).

I also began to question my intentions in being a physical therapist. I did not feel satisfied in the work I had done. I felt fragmented, and didn’t feel as though the spiritual aspect of my self was interconnected with my emotional and intellectual self (Palmer, 1998). At this point my life, I needed to feel some satisfaction and reward from helping people (Friedman, 2000; Pines, 2002), and I wrote:

I began my work, wanting to help. Now I’ve come to place where I realize I want to feel gratitude, and it can’t happen because the families are so needy themselves. I am not Mother Theresa, who gave unconditionally. I create stress for myself trying to be a saint. I need to accept my own imperfections.

Also, at the end of the school year, I always felt a lot of loss with my own family. My children were growing up, which meant they would eventually move away. I was always proud of the work they had done, but it was still difficult. I wanted to hold on to the year, and not move on to the next phase in my life. I did not have enough time to absorb the changes I was feeling at the end of the year, before launching into summer
activities and summer school. However, I did not feel such anxiety as I had earlier in the spring, because I had eased off of graduate classes, and I was looking forward to a summer when I could re-connect with my family.

**Mindfulness Implementation**

Initially, my focus was on finding a strategy that would reduce my anxious feelings and physiological reactions, such as increased heart and breathing rate. I found research, which supported using meditation for stress reduction and eliciting positive emotions. Benson’s (1975) research revealed that meditation practice was effective for eliciting the relaxation response. He described the relaxation response as an altered state of consciousness, with the following physiological changes: decreased respiratory rate, decreased heart rate, increased alpha waves and decreased blood pressure. A 2002 research study (Davidson, 2003a; 2003b) found that participants who had received mindfulness meditation training demonstrated increased brain activity in the left frontal lobe of the brain, which is associated with positive emotions. The participants also demonstrated positive immune changes.

In February, I began working on guided meditations during a set time at home (Moen, 1992). I believed that if I worked on guided meditations at home, the effect would carryover into work and help reduce my anxiety at work. When doing the guided meditations, I experienced feelings of disconnectedness. I wrote:

I concentrated on color, any color that stood out to me. It was a deep turquoise and I was lying on a beach looking up at the stars with someone. I then felt my
body being lifted up to the sky and the stars, and I was looking down at myself. I was gone and felt lonely.

I experienced this disconnected feeling in the past, when I was under extreme stress and was unnerved that I voluntarily induced this feeling. I realized that guided meditations were not helpful for me, if I was left with a feeling of disconnectedness.

I recognized that I was under more stress than I was aware of, and talked to my psychologist about the stress and disconnection I felt when doing guided meditations. She was familiar with my response to the stressors in my life, and interpreted the disconnection as being a reaction to extreme stress. I wrote:

I told her of feeling disconnected when trying some of the imagery exercises.

She suggested doing the breathing more often when doing the exercises, to help me feel grounded. She also thought it may be helpful, if I had more structure to the guided meditation, like using a tape.

Following her suggestion, I listened to a set of meditation tapes by Edgar Cayce (1988). He believed that “if prayer is like talking to God, meditation is a way of listening to the divine within” (Cayce, 1988, n.p.). His tapes provided guided meditation, focusing on spiritual centers in the body, along with tranquil music in the background. When listening to the tapes, I tended to visualize myself separate from reality. Using my breathing to ground myself in reality was difficult, because I was distracted by the guided meditation. I wrote: “I tried listening to the tapes, but it was not relaxing. I couldn’t focus on my breathing and the tapes at the same time.”

I realized that I did not want to escape reality, but wanted to become more grounded in reality, and using meditative breathing would help me to feel more grounded.
and to be in a calmer, more aware state of mind. I discovered that concentrative breathing was at the base of the bodywork practices I already used, such as yoga and chi gong. Concentrative breathing was also something I could do informally at work or at home.

I listened to a tape by Joan Borysenko (1998) on meditative breathing. She suggested using a phrase to help focus in the moment. In her tape, she talked of Thich Nhat Hanh’s use of “coming home” as the phrase (cited in Borysenko, 1998, n.p.). I wrote: “I listened to the tape today. I liked the phrase “coming home”. I tried using “coming” for the in-breath and “home” for the-out breath. This phrase helped me to stay focused on my breathing and present in my body.”

Kabat-Zinn wrote about stopping and staying present in the moment with our breathing. He suggested this practice, which I felt was helpful:

Stop, sitting down, and becoming aware of your breathing once in awhile throughout the day. It can be for five minutes, or even five seconds. Let go into full acceptance of the present moment, including how you are feeling and what you perceive to be happening. For these moments, don’t try to change anything at all, just breath and let go. Breathe and let be. Die to having to have anything be different in this moment is your mind and in your heart, give yourself permission to allow this moment to be exactly as it is, and allow yourself to be exactly as you are. Then, when you’re ready, move in the direction your heart tells you to go, mindfully and with resolution (Kabat-Zinn, 1994, p. 12,13).

Near the end of February, I had two different experiences with stress reduction. In my first experience, I discovered that mindfulness was more than just using meditative
breathing. I could not wait until I was under extreme stress to begin using meditative breathing. Physically, I felt a reduction in the anxiety at a particular moment, but mentally I continued to feel disconnected. In my journal I talked about going into the bathroom, after being with the children in the early childhood room, where I took a break and tried meditative breathing to help reduce some of the anxiety I was feeling. I wrote that: “I spaced out in the bathroom and for a few minutes, I didn’t know where I was.” I interpreted this feeling again as being under extreme stress, and that focusing only on breathing was not working to ground me in reality. I needed to develop awareness of my thoughts and feelings, before I felt overwhelmed by them.

The other experience, which I called my “breakthrough,” also happened at work in late February. I developed an understanding of my experience of grounding and centering. I enrolled in a professional development class at work, where we threw pots on the pottery wheel. I wrote: “I loved the feel of the clay and I could focus on my breathing. I felt centered.” Throwing the pots reminded me of when I threw pots in college, where I focused on centering for most of the class and ended up with just a few pots. I always felt relaxed, and began to remember what it felt like to be centered. Mary Caroline Richards wrote: “As human beings functioning as potters, we center ourselves and our clay. And we all know how necessary it is to be “on center” ourselves if we wish to bring our clay “into center” and not merely agitate it or bully it.” (cited in Speight, 1983, p. 217).

I finally understood how it felt to be grounded and centered. I had come to a comfortable place within myself, where my mind, body, and spirit were integrated. As Palmer (1998, p. 15) stated: “In the undivided self, every major thread of one’s life
experience is honored, creating a weave of such cohesiveness and strength that it can hold students and subjects as well."

It was interesting that following the experience I had with centering the pot, I had a discussion with the occupational therapist. He believed that professional development work should be focused on concrete techniques and methods that directly impact the work we do. I told him that I disagreed with him, and told him that methods classes have been helpful. However, I believed that art, music, and bodywork practices have been most helpful to me, because I felt more centered and developed insights that were not available to me when I focused on concrete methods. I told him of my experience with the pottery class, but I don't think I convinced him of the legitimacy of this experience for my work. However, this experience reinforced my belief that in order for me to feel satisfied in my work, I needed to feel that my body, mind, and spirit were integrated and expressed through my work.

After that centering experience, I continued to use breathing as a way to calm my anxiety. I also began to use my rediscovery of centering as a reminder of what it feels like to feel centered and connected to the present moment. I placed my pots on my desk, because I was proud of them, and because they reminded me of what it felt like to be present and connected.

Andrew Weiss acknowledged that grounding is not referred to in Buddhist literature on mindfulness. However, he believed it is a helpful concept for describing being present in one's body. I related my own feeling of being grounded and centered to his perspective on grounding. He wrote: "By "grounded" I mean having my attention completely and fully inside my body no matter what I am doing, whether I'm walking the
dog or writing this sentence" (Weiss, 2004a, p. 68). He believed that the first step toward feeling grounded is developing awareness of the breath inside the body. The breath is what takes a person home. As thoughts and feeling arise, the breath creates a safe space to welcome feelings and thoughts that may seem overwhelming.

Kabat-Zinn discussed the concept of "non-doing" to describe being present in the moment. He wrote: "This has everything to do with holding the present moment in its fullness without imposing anything extra on it, perceiving its purity and the freshness of its potential to give rise to the next moment" (Kabat-Zinn, 1994, p. 45). In "non-doing in action", the individual performs an action without forced effort, as in: "The inward stillness of the doer merges with the outward activity to such an extent that the action does itself" (Kabat-Zinn, 1994, p. 40). All of the practices I viewed previously as drudgery were actually meditative practice waiting to be discovered. Doing the dishes, cooking, and even shopping could actually be viewed as meditation. When I viewed my work as meditative practice, I did not view my work as a place full of overwhelming stress, but a place I could practice becoming more aware and more present in my life.

The interesting result of this shift in perspective was that as I developed awareness of myself, I realized that I was becoming increasingly overwhelmed by stress. The stress did not disappear, as I had hoped, when I discovered this new perspective on life. I still had a long way to go, before I looked at work as solely meditative practice.

In early March, I was still struggling with the issues of being present in the moment and taking a psychic break out of the moment. Mindfulness meditation stresses being present in the moment, but I was not really clear on what actually was meant by being fully present in the moment. I wrote: "I know it is important to be present in the
moment but I need times away too. I'm not sure where I stand anymore on this. For my own survival, I need to check out sometimes.” I decided that I needed to take structured time for myself, when I could focus on mindfulness breathing in a less stressful setting. I was off of work for spring break, and took long walks in the land behind our house, walking through the woods and wetlands. I spent a lot of time by myself and focused on my breathing while I was walking and doing tai chi. Borysenko (1998) believed that doing bodywork exercises, like yoga, while focusing on breathing, was helpful for reducing stress. I found that when I incorporated the breathing with the tai chi practice, I was able to slow down. In the past, I had not connected the breathing, as being so central for keeping focused and engaged with the movements. Angel, my dog, was my guide in mindfulness mediation, because when she saw a squirrel or smelled a mole, she was totally mindful and present in the moment.

As I neared the house after my walk, I sensed the anxiety building up in me, because of the uncertainty around my husband. I never knew what mood he was in, and if he would be yelling about something that was bothering him. I felt the same way walking into work and being in a heightened state of anxiety. I wrote: “Mindfulness meditation is the most difficult to do when I'm with my husband or at work because I'm in such a heightened state of anxiety. Things keep coming at me, and I need to do the awareness breathing constantly.”

I listened to a discussion on the radio by Weiss (2004b), on the topic of mindfulness. He was talking about attachment, and how that relates to mindfulness.
I wrote:

I kept thinking about what Weiss said about our thoughts and emotions. He said that the thoughts are like clouds in the blue sky and that they float by in our mind.

Thoughts and emotions continue to be present, but our relationship to them changes with mindfulness.

I tried incorporating the nonattachment concept, with the breathing awareness I had been practicing in my mindfulness meditation.

When I was at work, I tried to key into when I was beginning to feel anxious, instead of waiting until I was overwhelmed. I had the most success doing the breathing during transitions between classrooms and buildings, and when I went to the bathroom. Before an IEP meeting, I found it helpful to take some time to tune into my breathing, and check in with myself to see what my anxiety level was like. Then throughout the meeting, I continued to breathe, and monitored how I was feeling. I was aware of my thoughts of feeling incompetent or insecure, but tried not to attach to them.

I had more difficulty at home, because if I took time alone to take a walk and practice mindfulness, my husband interpreted this as me being reclusive and an extreme introvert. If I tried breathing and not attaching to his words as he was yelling, he became angrier because he interpreted my silence as not being passionate enough. I wrote: “I tried meditating when he was yelling at me. I didn’t listen to him fully and tuned into my breathing. I knew I had to attend to my breathing and thoughts, because he was sucking the energy out of me.” I knew cognitively not to attach to the negative thoughts and feelings around what he said, but I found it impossible to practice mindfulness at these times with my husband.
April was a welcome relief, and I took a walk on the Red Cedar trail with Angel, my dog, and had a magical time. I wrote:

For once I felt calm, just listening to the river. It doesn’t happen very often. I can’t say anything major has happened in my life as a result of mindfulness meditation, but I have made a choice to tone down class commitments over the summer.

I wanted to hold onto the feelings I had at the river, and remember that peace when I practiced my mindfulness breathing.

In April, in one of my classes, I listened to a discussion by John Williams (class discussion on April 11, 2004) on meditation. I wrote: “John Williams talked about mindfulness meditation as opening up the awareness of the self to the fullness of who we are. I hadn’t heard it described that way before, and I liked that perspective.” He also introduced us to walking meditation, which emphasized not only being fully present in the body and mind, but also being aware of the natural world, while one is walking. He suggested that we take a meditative walk outside. I wrote: “I took a walk in class and got out of my grief to look at the juniper berries and soft, fuzzy buds on the trees. I was not used to walking so slowly and without a purpose other than to be aware of nature and my breathing.” I found the walking meditation and discussion especially helpful, because my son’s friend had committed suicide over the weekend, and I was having trouble adjusting to the shock. I also needed to help my son adjust to the shock and bring him to the funeral. I found mindfulness breathing to be helpful as a way to focus on my breathing and gain some control over my crying.
When I was alone at work, I focused on slowing down and becoming aware of my emotions. If I felt overwhelmed, I took a break as a way to shift perspectives on the situation. Weiss believed that:

When you find yourself getting overwhelmed like this, and your mindfulness is not strong enough to keep you stable, stop the meditation and do some walking meditation, preferably outdoors, or something else that you really enjoy. This will bring more attention toward the world around you, and that will balance things out. (Weiss, 2004a, p. 104)

Williams’s (2004) discussion on developing awareness on the fullness of who we are was helpful in putting the suicide in perspective. I wrote:

Gatrett’s reality was not the truth, because he really was not alone. When I think I’m alone and have suicidal thoughts, there are many people who are aware of me. The word for Buddha is truth, and the essence is to find out what our true nature is and to act truthfully. The mind sometimes plays tricks on us, and the tricks are sometimes too much for people to bear.

I also was having difficulty with how the middle school was explaining the suicide. The parents had requested that the students not be told that it was a suicide, even though his close friends had already been told that it was a suicide immediately following the death. As a staff member, I was expected to not be truthful about the suicide when talking with students and found that expectation difficult. I continued to be honest with my son and his close friends, because I wanted to be consistent with the truth.

My experience of having self-destructive thoughts and the shame I attached to them, spoke to the concept of attachment. Weiss (2004a) believed that as the thoughts
come through our consciousness, an individual observes and does not become attached to them. Kabat-Zinn (1994) wrote that: “Meditation means cultivating a non-judging attitude toward what comes up in the mind, come what may. Without it, you are not practicing meditation.” In meditation, an individual seeks to be in direct contact with the feelings and thoughts without labeling them as good or bad. I wrote: “I feel ashamed that I have these thoughts, but I have to try not to label them as good or bad. I can be aware of the thoughts, but I don’t have to get caught up in the shame and despair that I attach to them.”

In May, I had additional responsibilities at work because of the increase in the number of IEP meetings and written reports due. However, I could see the end of the year closing in, and felt some relief that the year was ending. I was getting anxious for the school year to finish and wrote: “I still hate going to work but once I’m there, I get into it.” I began getting up early so I could have some quiet time to myself and practice some mindfulness, before I went to work. I found it helpful to have the meditation time, so I could meet the stressors I encountered when I got to work. I felt like I formed a protective shield around myself to help withstand the stressors at home and work. I wrote:

I’m waking up early now before work to walk with Angel. I am trying to hold some time to myself before I begin work. It feels like when I go swimming and I soak my hair with water to protect my hair from the chlorine. My hair and I are protected from whatever assaults me. That is how I feel when I wake up and take time to walk. Also, I feel connected to the earth waking up.
As the school year ended, I was struggling with the issue of change. I was finishing up another school year, as were my children. With the school year ending, I realized that my children were growing and would soon separate from me. I also needed to adjust to the summer period, which seemed to be coming quickly. I wrote: "I feel sad and fearful about my children growing up and seeing change around me." This difficulty with change was related to the mindfulness concepts of impermanency and attachment. Weiss (2004a) believed that: "As you practice, you will come to experience that everything in life is like your thoughts and feelings: Everything arises and passes away."

Transformations

As a result of mindfulness implementation, I made some positive changes in my work and personal life. Initially, I began to look at my stress response and to identify stressors in my work and personal life. I also began to develop awareness of basic mindfulness concepts, and how I could implement these in my life. Gradually, I saw a shift in how I approached stress.

As I looked at my stress response, I realized that I responded to a stressor by increasing my heart and breathing rate, and becoming anxious. These responses were consistent with the research (Selye, 1956; Benson, 1975). I also recognized my long-term stress responses, such as isolation and social withdrawal. These responses were also consistent with research on long-term stress and burnout (Maslach & Jackson, 1986; Pines & Aronson, 1988). With this awareness, I began to identify causal factors of stress in my work and personal life.
I identified causal factors of stress, which fell into three categories: situational, systemic, and cognitive vulnerability (Jarvis, 2002). I found that situational and systemic factors were related to my job satisfaction, which was consistent with the study by Chiang and Rylance (2000). I had begun to manage some situational and systemic factors in my work, as ways to reduce stress, but found that many of these factors were uncontrollable. Therefore, I began to focus on my cognitive vulnerability to stress. I recognized that I had high expectations in my work and personal life. I often perceived a discrepancy between my ideal performance and my observed performance at work and at home (Friedman, 2000). I also found that my personal worth was connected to the perception that my work was significant (Pines, 2002; Palmer, 1998; Friedman, 2000). When I believed my work was insignificant, I felt insignificant.

My focus initially was on finding a strategy to reduce my stress response. Research supported the use of meditation to elicit the relaxation response and for use in stress management (Benson, 1975; Davidson, 2003a; 2003b). I began exploring guided meditations, which were not helpful for reducing my stress response. However, from this experience, I learned that I needed to focus on meditative breathing as a way to feel more grounded and centered. I began to use practices, which helped with staying present with my breathing (Borysenko, 1998; Kabat-Zinn, 1994). When I began practicing meditative breathing in my work, I found it helpful for reducing stress in the moment, but I continued to have feelings of disconnection when I was under extreme stress.

My understanding of grounding and centering was deepened during a professional development course I participated in at work. As I was throwing pots, I felt grounded and centered. When I was practicing my meditative breathing, I used the centering
experience as a reminder of what it felt like to be centered and present in the moment. From that experience, I realized that in order for me to feel satisfied in my work, I needed to feel that my mind, body and spirit were integrated in the work I did (Palmer, 1998).

I continued to develop awareness of the mindfulness concept of being present in the moment. I found it difficult to be present, when I was feeling overwhelmed at work and at home, and began to study the concept of attachment/nonattachment as a way to develop awareness of my thoughts and feelings (Weiss, 2004a; 2004b). I began to incorporate the nonattachment concept with the meditative breathing when I practiced mindfulness at work. I found this approach helpful especially during identified stressful times, such as IEP meetings. I also found this perspective helpful when struggling with an unexpected tragedy. In some situations, however, I continued to be overwhelmed and had difficulty staying present in the moment. In these situations, I found the walking meditation to be helpful, and learned to take walking breaks at home and work, when I needed the change in perspective (Weiss, 2004a). Another positive change I made during this time was that I decided to ease off of my graduate work for the summer and concentrate on my family life.

As the school year came to a close, I had more work responsibilities because of an increase in IEP meetings and written reports due. I discovered that taking time for a meditative walk before work was helpful for withstanding the stress of the day. I also found that viewing the issue of change from the mindfulness concept of impermanency and attachment was helpful for adjusting to the changes I experienced in my work and personal life (Weiss, 2004a).
Summer 2004

The summer period was characterized by re-connection with my immediate family and my family of origin. Though I was not involved in graduate work in the summer, I continued working on implementing mindfulness into my personal and work life. Near the end of the summer, I was faced with an unexpected family challenge, and I found the mindfulness approach to be helpful in managing my stress during this time.

Stress Awareness

In the summer, I continued to identify stressors in work and my personal life and further developed awareness of my stress response. I also concentrated on implementing the mindfulness knowledge into my life. Because I only worked two mornings/week, my stressors at work were less than during the school year. However, I needed to adjust to managing my own children’s activities and being responsible for their care for a larger part of the day.

I began summer school immediately after finishing the school year, which did not leave me any time to rest and adjust to the change. I had a relatively light schedule in the summer, so work was less demanding than over the school year. I only worked two mornings per week and drove to three sites. I worked with the children in the early childhood classroom, with a child who was medically homebound, and with older children in another building. Most of the children had significant physical needs and would show significant regression if they did not receive physical therapy over the summer. Finally, I did not have any administrative demands, and minimal paperwork.
With the lighter caseload and minimal paperwork demands, I was able to focus more easily on the children's goals and needs. When I worked in the summer, I believed that the work I did was significant, and I felt worthwhile (Pines, 2002; Friedman, 2000). I experienced a high level of professional self-efficacy and could see growth in the children (Friedman, 2000). Finally, I felt connected to the passions that brought me to the profession in the first place. I loved working with the children and could focus my energy on them, without the added stressors I experienced during the school year. I related my feelings to the statement: "In the undivided self, every major thread of one's life experience is honored, creating a weave of such cohesiveness and strength that it can hold students and subjects as well as self" (Palmer, 1998, p.15).

The occupational therapist and I worked collaboratively with some children. We scheduled the majority of our kids together over the summer, so he and I could discuss and share ideas. I have worked with him for many years and if one of us felt tired, the other person naturally picked up the pace. It has always worked out well, and I worked together with him whenever it was appropriate, and I could arrange my schedule to make it happen. Working collaboratively also benefited the student, because we overlapped in many areas, and the student was not pulled out of the classroom as often when he saw both of us at the same time (Thompson, 1996; Hanft & Place, 1996).

I was feeling a respite from the stressors of work and personal life, and enjoyed being with my family. As I was working over the summer, I had the usual physical demands of running after and lifting children, but with a smaller caseload, my back did not hurt. I had pulled back from my research on mindfulness, and was not taking any
graduate classes. My husband was not working, so he was able to help with my children’s activities, and he was generally more stable in his moods.

In mid-July, I was faced with a personal family challenge. In mid-July, my mother found out she had colon cancer, which had spread significantly to her liver. I found this to be a significant stressor, which affected my ability to work and take care of my own family. I wrote: “I feel sad and kind of lost about it all.” I continued going to work, hoping that work would keep me focused on something other than my mother’s situation. However, I was not really present with my own children or the children at work. I wrote: “My mind is in such a crisis mode. I don’t think it is possible even with the breathing to be present. I should probably not be at work, but I feel a commitment to continue working.” I finished working a few days after I wrote that section in my journal.

I spent the rest of the summer with my mother and on vacation with my family. I met with my family at the Mayo clinic to discuss her prognosis and treatment. It was difficult for me to hear that she had a limited life span, and I didn’t really know how I could help her. I stayed with her during her initial chemotherapy treatment in Moorhead, and helped her around the house. I wrote:

Today, the doctor said now my mom has a 50% chance of living for two more years. The doctors seem to change the life expectancy all the time, so I don’t really know anymore what to think. I have this need to be with her all the time, and I can’t do that because I have other responsibilities, so I feel frustrated.

I spent a lot of time crying when I was alone, and looking strong when I was with her or with my family. I always thought I had to present myself as strong to my family, so the
family wouldn't fall apart. One of my sons had an anxiety disorder in the past in reaction to a relative near dying, so I was careful to keep things as normal as possible for him.

I related this experience to my need to experience a high level of effectiveness in my work and personal life. I felt frustrated with what I perceived as my inability to be the perfect, strong parent and an effective worker in all situations (Friedman, 2000). At work, I was often struggling with my own depression, and trying to look happy and upbeat for the children and staff. In between buildings, I would cry in the car, and then arrive at the buildings ready to work and with a happy façade. I had a difficult time accepting that I did not always have to be happy and competent at work and at home.

In August, I went with my family to the Boundary Waters Canoe Area in Minnesota and to a lake cabin in Wisconsin, hoping that the time away would help me relax. When I was with my children, I was able to take my mind off of my overwhelming feelings of loss and helplessness. However, when I was alone, I could not escape from the pain I was feeling, and then being in these quiet, beautiful places seemed to make the pain worse.

I ended the summer with strong feelings of urgency. I wanted to finish the thesis, so my mother could see me graduate, but I also wanted to spend time with her. Both of these desires only made my life more stressful. I needed to slow down and be open to change and life, but I could not see it at the time. I felt so out of control and wanted some guarantees that my mother would continue living for a while longer.
Mindfulness Implementation

In June, I had an experience that affected my view on centering. My son had earned a scholarship to attend a Scottish arts camp in Ohio, and I attended with him also. At the camp, we had frequent discussions about harp playing and on occasion, the discussion turned to practicing. I remember Sue Richards, an experienced instructor, telling us that even if we could not practice, if we just touched the harp with our hand for a few minutes every day, we would feel connected to the instrument. She said that maintaining the connection to the instrument is the important thing in playing the harp. I wrote: “I had never heard of practicing approached in that way, even though it made total sense when she said it. I see the harp now as not so threatening or something to conquer, but of having the potential of deep connection.”

I related the centering experience to using meditative breathing as a way to check in with myself. As Camile Maurine and Lorin Roche stated: “Meditation should be a deeply intimate relationship with yourself” (2001, p.31). Even if I could not set aside a formal time to practice mindfulness breathing or my awareness, I could periodically take some deep breaths and reflect on how I was feeling, and stay connected to myself. Kabat-Zinn wrote about taking time to attend to oneself:

Dwelling in stillness and looking inward for some part of each day, we touch what is most real and reliable in ourselves and most easily overlooked and undeveloped. When we can be centered in ourselves, even for brief periods of time in the face of the pull of the outer world, not having to look elsewhere for something to fill us up or make us happy, we can be at home wherever we find ourselves, at peace with things as they are, moment by moment. (1994, p. 96)
I found the centering experience with the harp to be helpful when I needed to adjust to my mother’s cancer. Sometimes, I used the mindfulness breathing to stay focused on the present, when I was distracted by my thoughts and overwhelming feelings. I wrote: “Just consciously being aware of my thoughts is not enough to quiet my body and mind. I still need to do the breathing.” When I needed time to myself, I played the harp. I wrote: “I love playing the harp outside, when the wind blows through the strings and creates a beautiful sound. I think it is the only thing now that calms me down.”

However, at other times, I did not feel very successful at mindfulness at all. I could not calm myself down with my breathing, and I was overwhelmed by my feelings. Kabat-Zinn wrote: “Buddhism is fundamentally about being in touch with your own deepest nature and letting it flow out of you unimpeded” (1994, p. 6). I did not feel like I had any control over the feelings I was experiencing, and found it difficult to let them just flow. I was becoming aware of feeling so out of control and fearful, but at the same time I needed to be the responsible parent to my children and be in control. I did not tell them I was fearful, because I wanted them to believe I was strong, and I would take care of them. Therefore, I felt like I was living a double life and not living a truthful life.

I related the cancer to my understanding of impermanency (Weiss, 2004a). I knew from the mindfulness information that life is impermanent, but I still felt alone. I wrote: “I know that we all have to die sometime, but I still feel lonely and desperate about hearing she has only a few years left to live. I also don’t know about the quality of those years. I’m not ready to let her go soon.”
When I was in the Boundary Waters Canoe Area, in my attempt to escape the pain I was feeling, I found that I had limits to what feelings I could handle. Weiss wrote: "We must understand the limits of what we can handle at any given moment" (2004a, p. 103). I learned that when I was overwhelmed with thoughts and feelings, the only thing that helped me was changing the context. For example, one beautiful afternoon, we were on top of a high cliff picking blueberries, and I was looking down to the lake thinking of jumping into the lake. I wrote: "Everything is reduced to the minimum up here, including the boundary between life and death. I always feel like I'm in this gray zone, with my need to decide if I want to live or not." It was frightening, and I could not stop the thoughts, so I walked away. I later asked my psychologist about why I had suicidal thoughts in that beautiful place. She interpreted the experience as a desire to escape the extreme pain I was feeling. After that experience, when I was overwhelmed by extreme thoughts and feelings, I began to change the context of where I was. For example, when I was driving and overwhelmed, I pulled over to the side of the road and took a walk. If my husband was yelling, I walked away and left the situation. After I changed the context, I was able to do some meditative breathing and calm myself down.

I also learned that trying to escape from the pain I was feeling by going to beautiful places did not work. I needed to face my suffering slowly, but avoiding or escaping from the pain did not make it go away. I related this belief to what Kabat-Zinn wrote about mindfulness and transformation: "There can be no resolution leading to growth until the present situation has been faced completely and you have opened to it with mindfulness... In other words, you must be willing to let life itself be your teacher" (1994, p. 198).
Transformations

During the summer, with a lighter workload, I was not faced with many stressors at work. In the beginning and middle of the summer, I enjoyed a respite from the stressors of work and personal life; I enjoyed work and spending time with my family. However, near the end of the summer, I was faced with challenges in my family life, and I found mindfulness implementation to be helpful in handling these personal challenges.

I enjoyed working in the summer, because of the reduced caseload and ease with which to work collaboratively with the occupational therapist. We worked together, and I found this approach to be effective for the children and for reducing my feelings of isolation that I experienced over the school year (Thompson, 1996; Hanft & Place, 1996). Less paperwork and administrative demands also meant more time focused on the children, which I valued (Palmer, 1998). Because I did not feel stressed at work, I did not feel compelled to focus very often on my breathing and thoughts, except to be aware of how relaxed I felt.

In my personal life, I needed the mindfulness approach to help me adjust to my mother's cancer. I became aware of the intense feelings I had around losing my mother to cancer and being alone. I also needed to recognize that I had no control over the cancer, which was difficult. I believe the meditative breathing was helpful at times, as was the awareness of my thoughts and feelings. During certain times, when I was overwhelmed and meditative breathing was not helpful, I learned that changing the context of the situation was helpful. This helped to change my perspective and reduce my overwhelming thoughts and feelings. Finally, I was reminded again that life is
impermanent, and that change is inevitable. I learned that I needed to face my struggles and be open to the changes occurring in my life (Weiss, 2004a; Kabat-Zinn, 1994).

Fall 2004

The fall was characterized as being my breakthrough period. During this period, I continued identifying stressors and worked on implementing the mindfulness approach into my work and personal life. Some stressors were unique to this period because of the timing of the school year. However, I was again faced with a personal challenge, which affected my work and personal life. Though difficult, I found this challenge to be an invaluable learning experience, with regards to my understanding of mindfulness.

Stress Awareness

The fall presented a variety of stressors, which were difficult to adjust to, given my present level of stress. I felt like I needed time to connect with my mother and time to absorb the shock of the cancer and loss I was feeling. I was not given that gift of time and was struggling with trying to be the competent worker and strong parent. I still held high expectations of myself, with regard to my work as a physical therapist and as a mother. I was aware that I needed to readjust to balancing the heavier workload with lowering my expectations, but I found this difficult. I continue to believe I could perform at the same level of effectiveness as in the summer and if I could not, I believed that I was not a good physical therapist and mother. At the time, I did not connect that my way of approaching the situation was not working, and I was becoming exhausted holding onto those beliefs (Friedman, 2000).
I also missed the emotional and spiritual connection I had developed with my family, and with the children at work. Over the summer, when I was able to slow down and spend time with my family and the children, I felt fulfilled and that my life had significance. I appreciated being able to focus on my children and my family and perform work that was integral to my value of giving service. When I was caught up in trying to manage my family’s activities and my caseload, I did not feel like my life’s work had significance (Palmer, 1998; Pines, 2002).

Even though I had worked as a school physical therapist for several years, I always felt overwhelmed when the school year began. I often put unrealistic expectations on myself of what I should accomplish in the first weeks of the school year and became easily exhausted (Friedman, 2000). I believed that, as a competent worker, I needed to be outgoing and re-connect with my fellow workers, even though this social style was in direct contrast to my natural way of interacting with people; I generally preferred smaller groups of people and needed time to adjust to large groups of people. I also was struggling with the added stressor of my mother’s cancer. Therefore, when we gathered for our in-service training and social time, I put pressure on myself to be friendly and social, when often I didn’t feel that way. People asked if I had a good summer, and I smiled and told them I had a great time. I did not want to tell them about my mother, because I was afraid of crying and being unable to control my tears. So I continued my double life of smiling on the outside and struggling inside. Other than the occupational therapist, I didn’t really feel close to anyone else at work, and felt isolated and alone (Thompson, 1996).
The main situational stressor for the beginning of the year was setting up my schedule for when I would see the children. I needed to meet with teachers in all of the buildings to set up my schedule. I had to do this before school started because teachers were under a lot of stress, when the children arrived, and preferred to meet before this time. Therefore, I traveled to several schools in one day to set up my schedule, and often had to re-connect with teachers if the pre-established time conflicted with another child’s scheduled time (Thompson, 1996).

I felt pressure from teachers requesting their ideal times for inclusion purposes, and to ensure the least disruption in the child’s academic classes (Chiang & Rylance, 2000). Teachers and principals often became focused on only their own students, and believed that their student was the highest priority for scheduling. Unfortunately, I had to schedule many children, and they were all high priority. I also had to look at my own needs and how much disruption I could handle in my schedule. For example, I wanted to see all the children in the building on the same day (Thompson, 1996; Hanf & Place, 1996). I wrote: “By the end of the day, I was worn out. I felt like a zombie and was operating on pilot in a fog.”

I started back up with my graduate work, and began my research foundations class. With renewed confidence about my topic, I began working on my thesis with a vengeance. I woke up early and took a long walk in the morning, as this was the only peaceful time I had in the day. The rest of the day was spent working at my job, working on my thesis, or taking care of my family. Even though I was studying all of the research on mindfulness, I was not really aware of the stress I was putting on myself. I knew I was under extreme stress, but I had put a goal out there to accomplish, and I was going to
accomplish it. I wanted so badly to finish this thesis, because I was afraid my mother would not be around next year or even this summer. I thought that finishing the graduate program would be something to make her happy, amidst all of the sadness around the cancer. I wanted her to be proud of me, because she had always wanted me to get my master's degree. I wanted to feel significant around my mother, just like I wanted to feel significant at work (Pines, 2002; Friedman, 2000).

In September, I struggled with caseload size management (Chiang & Rylance, 2000). A new child moved into the district, with an unusually high number of minutes recommended for direct physical therapy. Because he transferred into the district, we had to adopt the IEP, and I had to provide all of the minutes of therapy. I rearranged my schedule to accommodate his needs, but this change left me with little time to see any additional children in the future. I wrote: "I am feeling fear again about being unable to control the influx of kids and it's only September."

I also began experiencing back pain. I thought that I was in shape from all of my physical activity in the summer, but I was not prepared for all of the lifting at work and the sitting I had been doing while working on my thesis. Initially, I continued working and did not modify my way of lifting and handling the equipment. I continued to put pressure on myself to work at a high level of performance, even when I was experiencing pain. I believed if I could not continue working in my usual manner, I was not an effective therapist (Friedman, 2000). I felt frustrated about not being able to move as easily as I normally would with the kids. I wrote in my journal: "My back hurt the whole day. I did not feel very spontaneous and playful, always watching my back. I was again fearful of the disk and that it was not going to heal."
I think I was in denial about the extent of the pain and my stress level, and kept working even when I experienced severe pain. I related the denial as a disconnection with myself. The pressure I placed on myself, along with the stressors in my work and personal life, were being reflected in my back pain, and I was disconnected from that aspect of my self (Palmer, 1998). I believed that the pain would go away, and that it wasn’t as bad as it was. I had gone to the doctor for my yearly check-up at the end of September, and he told me I needed to think about cortisone shots and maybe surgery. I did not want to hear that, and told him I would think about it, even though I was thinking that the back pain was going to be gone soon. The disc had shrunk the year before, and I believed the pain would go away again.

I realized that if I wanted to continue working, I needed to make accommodations in my personal life and work in response to the back pain (Friedman, 2000). I tried to limit the amount of reaching, lifting, and running that I did. I was mindful of my activity level and wrote:

One time I had to run and get a student, because I saw no other alternative.

When I did catch him, he sat down and refused to budge. I normally would have lifted him up, and carried him back to the gym. I knew I couldn’t lift him, so I sat down with him and eventually got him to stand on his own and walk back to the gym. It took more time, but it was easier on my back, and maybe he learned more from this strategy.

When I couldn’t react like I always did, I felt like life slowed way down. I had to lower my expectations about what I could accomplish with the children. I asked for help with lifting and with working with uncooperative children. For example, one child
refused to stand up during the motor activities, and I had previously lifted her up only to have her sit down a few seconds later. She was heavy, and pulling her up constantly was hard on my back. I asked another teacher to work with her, while I worked with another child, because I could not lift her anymore. I felt guilty and useless about not working up to my expectations (Friedman, 2000).

I had to change my therapy approach with another student, who I had worked with for several years. He and I usually played sports together for his therapy, and I was usually running a lot with him. I again felt inadequate when I could not work at my expected level of performance (Friedman, 2000). I wrote in my journal:

Today when we played kickball, I couldn’t run after the ball. He asked me why I wasn’t running. He thought I wasn’t trying, or that I didn’t want to play. I told him my back hurts, and it’s hard to run. He just said, okay; let’s play a different game. I was making a big deal out of not being an active therapist, but I don’t think that is the only quality that makes a good therapist for him. He was fine with shooting baskets and climbing on the equipment outside, and telling me about what he did on break. I feel so guilty and inadequate, when I can’t be as active as I want to be. I’m still concerned about tomorrow and how I can work with the heavy kids.

At home, I also had to make accommodations with my family and my exercise. I could walk only a mile, before I had to stop because of the pain. I couldn’t play sports with the children, which I loved to do. I needed help with cleaning the house, because I couldn’t do that anymore. I had planned to drive up to Moorhead to see my mother and my father, but was unable to drive for long periods of time. I felt inadequate as a parent
and a daughter, when I was unable to carry out the responsibilities I felt were important as a good daughter and mother (Friedman, 2000).

Finally, in late October, I hurt my back making the bed and couldn’t move or work anymore. Even then, I called in every day and told them maybe I would be better in a few days. I held out hope that if I could get a cortisone shot, I would be back at work soon. However, I had to wait for twelve days for my cortisone appointment. During the waiting period, I was in excruciating pain and could not do anything, but lie in bed and look out the window. If I did get up to walk, I needed a cane and had to be mindful of every movement, such as just turning my head.

I felt like life just stopped, and I was living one long meaningful moment. Everything that defined me was gone. I was an active person, and most of my enjoyment in life came from being active. I was not used to staying in one place the whole day, doing nothing. I couldn’t work anymore, so I lost a sense of significance I got from doing something I felt was worthwhile. I felt helpless as a parent, and needed to ask for help from my kids just to put on my socks (Pines, 2002). I also felt isolated from people, because I didn’t go to work or anywhere else.

When I finally went in for my cortisone shot, the doctor decided that I had suffered too much nerve damage, and needed to have emergency surgery. I had a difficult time adjusting to the fact that I was having surgery, knowing I would be off work for a while. I felt responsible for the kids at work, and was concerned if they would receive physical therapy service, while I was gone. I believe that I contributed to my own stress by not focusing on my needs, and instead focusing on my beliefs that I was an incompetent therapist by not being able to provide therapy (Friedman, 2000).
The back surgery was successful for pain relief, but I continued to have weakness and numbness in my right leg. I didn't work for six weeks following surgery, and spent time recovering at home. Even though I was not working, I continued to be concerned about how the children were being served. I was frustrated by the lack of support from my special education supervisor, and her refusal to respond to my attempts at communication with her. Support was important at this vulnerable time, because I connected level of support with my belief that I was worthwhile, and that the work I did was significant. When I received flowers and cards from co-workers, I felt significant; on the other hand, when I received no support from my supervisor, I felt insignificant and that I was just a worthwhile employee (Pines, 2002; Freedman 2000).

Shortly after my back surgery, one of my students died unexpectedly. I had worked with him for five years, and was attached to him. He was naturally mindful of the present moment, and taught me a lot about patience and being grateful for whatever came my way. I always felt responsible for him, and because he was so helpless, I always thought he deserved extra special care. Previously in my work, when children died, I believed that I shouldn't get so attached to them, because it was too painful when they died (Moore, 2002). I wrote:

I knew I didn't want to get close to the children with severe needs, because of the increased chance they would die. I allowed myself to get close to him, because I thought that I can't keep holding back just because I was so afraid of losing him. It is very painful, but it was worth having the time with him, and all of the other children I have lost.
I continued to check my e-mail at work, because I wanted to feel connected to a community other than my own small world at home. Even though I tended to need a lot of time to myself, I realized that work provided me with a sense of community (Pelmer, 1998). I didn’t belong to a church or any other social group. Even though I wasn’t particularly close to anyone at work, other than the occupational therapist, I still felt connected to the people there, and with all of the activity associated with going to work. I continued to see people from work, when I went shopping or went to my son’s basketball games, and they asked how I was doing. I appreciated their concern, but I also realized that they only wanted to express their concern, and didn’t want to hear how I was doing in the fullest sense. I didn’t think they wanted to hear that I was lonely, and was feeling a lot of loss around not being able to do the things I love. So even though I appreciated their concern, I got tired of telling them that the pain was gone, and I was feeling a lot better.

Contact with the teachers was nonexistent, even though I knew of three IEP meetings that were scheduled, while I was absent from work. One of the teachers called me to review the motor goals of some of the children who had already had their IEP meetings. I was happy that she called, because I felt worthwhile and that my expertise was valued. I was feeling disconnected from the people at work, and that I was not really appreciated (Fines, 2002; Friedman, 2000). She asked how I was doing, and I told her that I was doing okay but “I needed to figure out how I could do my job differently when I returned to work.”

The occupational therapist attempted to keep in contact with me, and keep me informed about happenings at work. I realized I missed seeing him and some of the
people at work. I wrote about some of the stressors at work (Thompson, 1996; Chiang & Rylance, 2000):

I don’t miss the anxious feelings I get when I wonder if I’m doing the right thing and if people will find out that I don’t know what I’m doing. I also don’t miss the isolation, helplessness and loneliness I feel when I’m trapped in a room with a child. Also, rushing from building to building is difficult—feeling like my body is moving forward, and I’m still catching up to what just happened. I don’t have time to absorb and process what happens with one child, before I move onto to the next child.

I was thinking of my need to prove I can do something perfectly, and how it makes work difficult (Friedman, 2000). I wrote:

I feel like I can’t stop the need for perfection and the more I feed it, the stronger it gets. I relate this to my dog, Angel. When she runs after a car, and she thinks that she has the power to scare the car away when really, the car moves it on its own accord. Because she believes that she scared the car away, she continues to run after every car that comes by our house. I continue to think that if I do a job perfectly, all the chaos in my life will disappear. I believe that somehow I have the power to be able to control all of the difficulties in my life with my perfection. If I can perform a job well and momentarily the chaos goes away, I believe that the perfection has really worked. Unfortunately, reality sets in and my difficulties return. I believe then that I didn’t do the job as well as I thought, and this feeds me to strive for more perfection. When I look at this perfection tendency
mindfully, I realize that I cannot control all of the chaos going on around me. I
can control my response to difficulties and try to be less fearful.

I began to push myself more with walking and swimming. I believed that my
healing was happening so slowly, and I was impatient to return to my previous activity
level. I had expectations for how active I should be and I was not meeting them
(Friedman, 2000). I continued to have pain, which limited how far I could go. Of course,
this was frustrating and I tried to be mindful of my need to control the progression of my
healing. I was fearful that I would not be physically ready to return to work after
Christmas break. I wrote: "I have to stop feeling like I have to control everything and try
to relax and let life happen. My body will heal in its own time."

I had planned to stay home for Christmas but because my mother was having
difficulty with her cancer, I spent much of the Christmas holiday with my parents. I felt
pretty useless up there. I wrote: "I don’t cook the kind of food they like. I feel trapped
because I want to be helpful, but I feel like a slave and it’s hard to find time for myself. I
feel like I have to be available to my mom constantly, and I’m drained." There was a lot
of tension around waiting for C-T scan results. We were afraid there would be bad news,
but our family does not talk about anything that really matters, so there was a lot of
hidden tension. Finally, I went with her to her appointment and found out the cancer was
continuing to slowly grow, and the chemotherapy was just keeping the cancer at bay.
There was discussion about changing the type of chemotherapy, but because of her heart
condition, our family decided to continue with the present therapy.

I needed to drive home after the appointment because there was a storm coming.
I hated to leave my mother right after hearing the news. I knew that if I looked at the
situation mindfully, I would not feel pulled into the depths of emotions like I usually do. I could instead recognize the loss I felt, when I had to say good-bye and not become so attached to the feeling. I wrote: "When I left her sitting there after the appointment, I gave her a hug, and her blue eyes were almost pleading. She looked so vulnerable, not like she usually does. I felt badly leaving, but I needed to leave. I think about her now and can't get that image out of my mind. I felt the finality of her life in that moment."

Mindfulness Implementation

With the stress of beginning the school year as a physical therapist and as a graduate student, I realized that I needed to practice mindfulness in my approach to life. In my graduate work, I needed to focus on finding research, which addressed using mindfulness in physical therapy practice. I did not think I would find research specific to school-based physical therapy practice, but I hoped to find research in the general area of physical therapy practice. I discovered that I needed to look at physical therapy from another perspective and found information in the clinical education section of physical therapy. When I contacted Gail Jensen, a physical therapist who had published research on mindfulness, she responded and stated that she was pleased that there were more physical therapists in the field, who felt that mindfulness was important. I saw this as an indication that even though I believed that this was a worthwhile topic, this support reinforced my desire to continue pursuing this topic (Pires, 2002; Friedman, 2000).

In my work as a physical therapist, I needed to become aware of my stress response because of the back pain I was experiencing, and the effect this was having on my work. Even if I was not completely aware of the connection between my back pain
and my stress response, I was being forced to become more mindful of how I moved, and how I did my therapy with the children. As the pain increased, I tried to make accommodations in how I worked, so I could continue working. I thought of what Kabat-Zinn (1994) wrote about how meditation is about stopping and being present. I wrote in the journal:

I thought about mindfulness. I'm not really sure what it is. It seems so vague when I think of developing awareness. I was walking over to a school to see a child, and my back hurt, and I just stopped in my tracks. I took a deep breath and thought what's the big rush. If I'm late, it isn't such a big deal. Then I was ready to move on. I've been just stopping lately, which is not my personality to do anything slowly or not to just soldier on and ignore the pain.

When I eventually was unable to work and needed to stay home, I had a lot of time to think about mindfulness and breathing. The interesting thing I learned was that I thought the breathing would have been helpful for the pain, but I couldn't stay present with the pain. The pain was too severe, and I needed to use visual imagery as a way to remove myself from the pain (Moen, 1992). I wrote: “Today I imagined that the pain along my leg was a lightening bolt that shoot up into the sky. It helped with giving me some relief from the pain.” I did not have any problem with feeling disconnected, because the pain always brought me back to the present.

Mindfulness was helpful with my awareness of how I moved. Every movement was done in slow motion, and I needed to be aware of any miniscule change because if I didn't, I experienced excruciating pain. If I got up to go to the bathroom or to the kitchen, I was fearful that the pain would take hold of me, and I wouldn't be able to make
it back to the bed. Mindfulness was also helpful with being aware of my thoughts. I had a tendency to let my thoughts continue on a path of worst-case scenario. Mindfulness helped with being aware of my tendency to imagine the worst and instead, I needed to try and focus on the present (Weiss, 2004a; 2004b).

Having time to reflect on my mother and her cancer was also helpful. I needed to focus more on myself and less on my mother. Mindfulness helped me become aware of my fears and not to drown myself in those feelings (Weiss, 2004a). I feared that when she died, I would be unable to take care of myself, and the loneliness would be unbearable. I needed to recognize that I had those fears, but also I needed to imagine life without her and work on building my own sense of family. I talked with her often and realized that even though she couldn’t control her cancer progression, she was able to control her response to the cancer. She continued to have a positive, hopeful attitude and continued doing the things she enjoyed. She did not pressure me to finish the thesis and was more concerned about my back than if I finished the graduate program. I continued to be concerned for her, but I also decided I needed to take care of myself.

I thought about mindfulness, and how I wanted it to be the cure for my anxiety and depression. I realized that anxiety and depression continued to be present in my life, but mindfulness helped with developing a relationship with those feelings (Weiss, 2004a; 2004b; Kabat-Zinn, 1994). I calmed myself down slightly with the breathing, but I felt so helpless with the depression. I tried to stop and recognize my thoughts, when I knew I was thinking the worst thoughts. My family told me I shouldn’t be working as a physical therapist, because it was too hard on my back, but their concern only made me feel
fearful and sad. I wrote: “I start thinking about what work I could do instead, and I feel sad. Physical therapy is all I ever wanted to do so I don’t really know what I’d do.”

When I was walking and felt pain in a different area in my leg, I felt frustration that I was not improving quicker. I tried changing my focus, which helped relieve some of the stress (Weiss, 2004a). I wrote: “I stopped when I felt overwhelmed and took some deep breaths and focused on the crows in the trees. It helped to switch my mood.”

Finally, I thought of the loving kindness aspect of mindfulness (Weiss 2004a; Kabat-Zinn, 1994). I had high expectations about how I should be able to move better than I do, and that I shouldn’t be experiencing depression. I wrote: “Today I thought I really should be meditating openly on loving kindness towards myself. I am too hard on myself.”

In mid-November, after being totally dependent on someone to drive me around, the doctor finally gave me permission to drive my car. I felt a great sense of freedom and satisfaction in being able to drive on my own. I related this experience to helping a child at work bring out the perfection of her self (Kabat-Zinn, 1994). I wrote in the journal:

I can understand now how the child must feel when she can finally put on her coat or walk from place to place. I am often in a rush and don’t take the time to be aware or mindful of her need for independence. Instead, I pick the child up because I’ve decided she is walking too slowly, or I put on her coat because I don’t have the patience to wait for her to do it herself. So when I limit her independence, I am depriving her of experiencing the fullness of her self.

Near the end of November, I was able to walk about a mile or two a day, depending on my pain. I was happy to be active again, but was frustrated about not being
able to move as easily as I had been able to do in the past. I developed some empathy towards the children I work with in regard to their difficulties with learning motor skills. I related the mindfulness concept of impermanency, and realized that I needed to become more compassionate towards myself (Weiss, 2004a; Kabat-Zinn, 1994). I wrote in my journal:

I was trying to stand on one foot to test if my leg was getting stronger. I was having trouble standing for more than five seconds. I couldn't get my body to do what I wanted it to do no matter how hard I tried. It was frustrating because doing things with my body has always been easy for me, and I've never had to think about moving or learning a new sport. I thought about a student and how I test his balance by having him stand on one foot every few months. He always tries hard and can never stand more than five seconds. I knew trying to balance was hard for him, but I didn't really understand the frustration he must feel in having a body that doesn't respond no matter how much he tries to do a motor task. I feel betrayed by my body, because it has let me down. Mindfulness would look on this experience as nothing is permanent, and I must view my body as impermanent and try to be open to this change. Also, the main thing is giving compassion toward myself. I didn't cause this to happen, and it just is happening right now. I hope it changes because it is difficult, but I can't control it anyway.

In early December, I continued to struggle with different areas of mindfulness. I knew that I disconnected from the moment, when I was overwhelmed by my emotions or thoughts in certain situations (Weiss, 2004a). I knew it was related to my tendency to disconnect in situations, which I perceived as threatening. I also became more aware of
my Post Traumatic Stress Disorder diagnosis, and how my tendency to disconnect was playing out in my life. I had never considered my tendency to disconnect a serious problem before, because I found it useful to remove myself from situations, which I perceived as threatening or overwhelming. I could take a psychic break, but still be physically present. However, I realized that lately I was disconnecting in many situations that didn’t appear threatening. I wrote in my journal:

I don’t know why I am disconnecting so often now. I don’t see any thing traumatic happening to me. I think the thesis and back problems have triggered the PTSD again, especially the dissociation. I don’t feel present most of the day and can’t sleep well at night. I’ve been spaced out most of the time. I feel the dark presence of someone next to me. Sometimes the person talks, and other times he is just there.

I began to read about dissociation, and how I could relate the information to mindfulness. Marlene Steinberg and Maxine Schnall (2000) described dissociation as a disconnection of the self, and the focus of treatment was on integrating the disconnected self into a whole self. The individual initially had to identify the dissociated parts of the self. This approach was similar to mindfulness, where the individual develops awareness of her inner truth or true nature (Weiss, 2004a; Kabat-Zinn, 1994; Palmer, 1998). After identifying the parts of the self, Steinberg and Schnall (2000) believed the individual learns to comfort and connect with the different parts of the self. Externally, the individual must provide a safe environment and surround herself with supportive people. Internally, the individual learns to believe that she is worth comforting, and learns to comfort herself. She learns to ground herself to the present moment, when a trigger sets
off the dissociative thinking. She may also distract herself or use visual imagery to interrupt the thoughts.

When I looked at this mindfully, I thought of what Jon Kabat-Zinn had talked about with regard to mindfulness and therapy. He talked of creating a space for the other person in the therapeutic relationship (Wylie & Simon, 2004). I wrote in my journal:

For myself, I need to create a space for myself that feels safe and grounded, but also I need to become more spacious in my thinking. I worry so much and get caught up in my thoughts, that I feel like I’m being sucked into a dark hole. If I can open up my awareness, I can feel more spacious and connected to something outside of myself. I went outside and took a walk this morning. It was so beautiful. The sun was bright with a perfectly blue sky. The snow sparkled, and I kept thinking about why it was sparkling when it didn’t snow last night. Then I looked closely and realized that the sparkling was from ice crystals that had formed. Just focusing on the crystals helped me feel aware of the beauty of the moment and see things differently.

I thought of the therapeutic relationship I had with a child at work, and how I viewed mindfulness and spaciousness in this context (Wylie & Simon, 2004). I wrote in my journal:

When I am with a child, I try to create a space for her but I don’t think I always create my own space. I’m not really aware of myself in the relationship, and it’s hard to set limits and boundaries. I think through by viewing the relationship as creating space helps me realize that the child is a separate unique person that
changes every day. I can't expect her to be the same person with the same behaviors and abilities every day.

Finally, I related the internal comforting aspect of therapeutic strategies for dissociation to the loving kindness aspect of mindfulness. Steinberg and Schnall (2000) believed that trusting herself or other people is difficult for someone who has been physically or sexually abused. Therefore, the person needs to learn to trust her ability to comfort herself. In addition, the person who has been abused views the dissociative part of the self as destructive and wants to get rid of it rather than comfort it. Steinberg and Schnall (2000) believed that the person must work toward integration of the separate selves into a complete whole self. I found that trying to be aware of my fear and loss around losing my ability to move was difficult for me. Also, having what I perceived as a disfigured body was difficult for me. Finally, being mindful of the dark presence beside me was not always helpful because I felt frightened by it and wanted it to go away. I realized that I did not have control over what I was experiencing, but I could try to be gentler towards myself, as in practicing loving kindness meditation (Weiss, 2004a; Kabat-Zinn, 1994). I was, however, not at the point of comforting the dark presence beside me, and just wanted it to go away. In my journal, I wrote:

Feeling a lot of loss and fear around my back and loss of function. I don't know when and if I will regain function, and if I can do the things I love to do, like sports. I know all this mindfulness information and understand it intellectually, but it's still painful to see and experience moving so slowly and at times painfully. I don't even know this new body, and it is easier to separate myself from it. I can't say I feel connected to my body, and sometime I feel like my leg
is an appendage stuck on my body, but it doesn't belong to me. I have more empathy toward the kids with degenerative conditions. I used to think they were so disconnected from their bodies, but how else were they to try and accept this loss of function in their body.

As I practiced mindfulness, I became increasingly aware of my struggle with the loss of mobility and the shame, I associated with this condition. I wrote: "I hate this body now. I think people are looking at how I walk so slowly. I can't control it and I have to work on accepting it." I found it difficult to look at my condition with a mindful attitude, viewing the changing condition of my body as a necessary part of life, and being open to this change (Weiss, 2004a; Kabat-Zinn, 1994). I wrote:

I find it difficult to roll with life, and not try to control it. My body feels so temporary. Am I going to be like this forever? I know that mindfulness is based on the idea that life is impermanent, and I should not become attached to the permanent state of my body. However, it is difficult for me to accept what feels like such a sudden change in my body. I believed that as I aged, I would slowly lose mobility and somehow that would be easier for me to accept. Given the gift of time, I could absorb the loss more easily.

I was becoming more mindful and aware of how I responded to students, who had also lost function in her ability to move. I worked with a student, who had a degenerative condition that caused her to slowly lose her strength and sensation in her legs and arms. She was a teenager and often felt self-conscious about the way she looked. I always told her that the other students were more concerned about themselves than her appearance. I wrote: "I really wasn't listening to what she told me. I heard her struggles, but I often
minimized her frustrations. For her, seeing her body degenerate at an age, when she already was self-conscious about her body, was difficult for her. I am an adult, and am finding it difficult to accept a different body.”

Flashbacks from a past trauma were overwhelming me during this time. I did not realize that the trauma I experienced with the back problem would bring up memories from a past trauma. Mindfulness helped me become aware of the feelings of shame and humiliation that were present (Weiss, 2004a). I wrote: “I feel responsible because he said to tell him what I needed. I told him to touch me. This makes the shame worse, because I told him to touch me.” I had some understanding that the intensity of shame I was feeling was associated with the past trauma. To re-experience some of the memories and feelings was difficult for me to have to undergo. I always believed that experiencing the trauma was difficult enough the first time, but to continue re-experiencing the feelings of shame and humiliation made life frustrating and draining.

Upon suggestion by my psychologist, I tried containing my thoughts and feelings to a certain part of the day, when I could reflect in my journal. This was an attempt to decrease the amount of time I was thinking and getting upset by my thoughts and emotions. I found it helpful most of the time to find a quiet time in the day, when I could relax and concentrate on myself (Kabat-Zinn, 1994). This also was the time, when I could practice my meditative breathing. However, there were some days that I could not contain my emotions to a certain part of the day, and I would have to take time throughout the day to breathe deeply (Weiss, 2004a). To bring my emotional state to a more even keel, my psychologist suggested I go back on medication. I considered this
option but decided not to do that. I wrote: "I have not resolved my feelings about being on the medicine. I feel like a failure when I'm on it and so spacey."

Being with my mother over Christmas break touched my own sense of vulnerability. During the remaining days of Christmas break, I tried to spend more time with my husband. I finally told my husband about the PTSD, and how it affects my life. From telling him this, I felt more comfortable being vulnerable with him, and he understood more why I was so emotionally distant most of the time. I wrote:

I have been trying hard to be more vulnerable with him. I feel completely helpless and naked. I am thinking about sense of time and being in the moment. When I am the most vulnerable, the time of vulnerability is just a moment of openness to him and life. It is so fleeting. If I look at the moment as something to cherish for its simplicity and nakedness rather than attach all of my fears to it, I feel less anxious. My tendency is always to panic and think that he will use my vulnerability against me at a later time, and I will be humiliated. I was listening to Simple Gifts song and had not really listened closely to the words before. This time I believed one of the verses related to how I was feeling about vulnerability and living in the moment. "When true simplicity is gained, to bow and to bend we will not be ashamed; to turn, turn will be our delight 'til by turning, turning, we come round right" (Ma, 2004, n.p.). After listening to this verse, I understood more what mindfulness and being in the moment meant. It was not just staying mentally focused, it also meant being present emotionally and allowing myself to be vulnerable and open.
Transformations

During the fall, I became aware of how I responded to stressors in my personal and work life. In the beginning of the school year, I was trying to balance family issues around my mother’s cancer and managing four children, with my graduate work and my work as a physical therapist. As far as mindfulness implementation, I focused on the stressors associated with the beginning of the year and continued developing awareness of my thoughts and feelings. I also continued to use meditative breathing to calm myself.

When the back pain became the major stressor, I began to focus on managing the pain and eventually made accommodations in how I worked with the children (Friedman, 2000). Initially, I did not understand that my back pain was related to how I responded to stressors in my life. My response to the pain was to rest and to focus on modifying how I moved. I believed that the back pain was a physical problem, not connected to the emotional and spiritual aspects of my self.

Because I was eventually unable to move, I was forced to stay present in the moment (Kabat-Zinn, 1994; Weiss, 2004a). In my mindfulness work, I had previously tried to stay present and focused in the moment. However, I did not really feel like I was living in the moment until I could not move. I understood what Weiss (2004a) wrote about developing space around my feelings and my pain. I needed to do this to adjust to the emotions I was feeling. I also came to some understanding about taking a break when the emotions were overwhelming. I also found that when I was present with my feelings of shame and loss, I became aware of similar feelings around a past trauma. Though this realization was difficult for me to experience, I developed some understanding around
my tendency to disconnect from the moment and learned to be compassionate towards myself.

My experience was consistent with Weiss’s (2004a) reflections on compassion. He believed that when one is mindful of their deepest feelings, one feels vulnerable and has difficulty facing the feelings that arise. However, when one is in this vulnerable state, compassion naturally arises. I found that I needed to feel loving kindness and compassion towards myself in order to be able to breathe and let go of the emotions.

Even though I was not at work, I often reflected on the children I worked with previously. When I was compassionate towards myself, I was able to feel empathy towards the children. I understood more deeply how difficult it was for the children to learn motor skills and the frustrations they felt. I also empathized with the older children, who had difficulty accepting their bodies or their degenerative disease. I believe that the time that I spent alone, away from work, was invaluable for teaching me empathy and for learning how to be more compassionate with the children, when I returned to work as a physical therapist.

I developed an awareness of impermanence and a reconnection with the natural world. I needed to adjust to the reality that I could not move the same way any more, and I couldn’t do the same activities that I enjoyed anymore. I was feeling a loss with my mother and a loss with my own mobility. Being at home alone with only my dog as my companion, I became more attentive to the natural world. Being mindful of the changing season and the transition into winter made me more accepting of my losses and the concept of impermanence. I had always connected to the natural world, but when I needed to move so slowly, I experienced nature more deeply. I felt more present in the
rhythms of the natural world and experienced comfort, knowing that the losses I experienced were part of the cycle of life (Kabat-Zinn, 1994; Weiss, 2004a).

Winter 2005

The winter period was characterized by reflection on my insights about mindfulness, with implementation into my work and personal life. I returned to work and because of my back pain, I needed to change my previous ways of approaching work. I needed to use the mindfulness knowledge that I had learned while being at home, and apply this to my present work situations. I also found it helpful to integrate the mindfulness as reflective practice research into my physical therapy practice. Though I had begun to see the importance of loving kindness and compassion meditation during the fall, I intensified my interest and practice in these areas. Finally, because I returned to work and became more active in the community, I became increasingly aware of mindfulness as it relates to a sense of community.

Stress Awareness

In January, I returned to work. I had hoped to be more physically ready and free of back pain when I returned, but I realized I had to accept the physical condition of my present body. Again, I had set unrealistic goals for where I believed I should be in my healing. I had thought about ways to make my job easier, and one of the ways was to allow more time in the morning, so my body and mind would slowly ease into the day. On my first day returning to work, the reality turned out differently than I had planned. I had not planned on having to clean off my iced over car, which took an endless amount
of time, I knew I would be late for my appointment with the personnel director, but kept
telling myself that I would be okay and if I was late, it did not mean I was an inadequate
worker (Friedman, 2000). The personnel director did not care that I was a few minutes
late, and was more concerned that I took it easy upon my return to work. I wrote: "I tried
to be cognizant of my movements and responses to things going on around me and the
kids I worked with during the day. I don’t know if it was from being conscious of my
every move or just from the job itself but I was exhausted by the end of the day."

I was overwhelmed by all of the walking involved with going in and out of the
buildings and walking up and down the hard tile floors. I also was overwhelmed by the
high needs of the children (Chiang & Rylance, 2000; Friedman, 2000). I wrote:

I had forgotten how low functioning some of the kids were, and about the
enormous amount of patience required to work with them. I panicked and thought
I may have to change my schedule, because I don’t think I’m giving them enough
individual time, when they are seen in the group. I have to talk this over with
Bob.

By the end of the day, I wrote: “All I want to do is take a nap and not even attempt to
look through the paperwork I need to do.” As the week ended, my back was sore, and I
was ready for a rest. I wrote:

I liked being back in a regular routine and being with the people at work. I still
feel impatient with how slow the kids in the early childhood class respond and
with some of the noncompliance. It takes them forever to unzip their coat. I feel
like I have to tie my hands down to not do it for them.
I talked with Bob about my concerns, with giving the kids enough time. I realized
that in order to decrease my stress level and increase my job satisfaction, I needed to
lower my expectations of what I could accomplish with the children (Friedman, 2000). I
wrote:

Bob reminded me that the kids progress slowly. I have to remember that I will
have a lot of time to work with these kids, and everything is not going to happen
quickly. I feel guilty and uneasy if I’m not showing people my worth, and if I
base my worth on the kids progressing, I end up feeling worthless. I have to
lower my standards and even small changes or maintaining a level is significant
for these children.

I also needed to re-connect with the staff members, and was feeling some
isolation because of having been away for so long. I needed to re-adjust to working alone
in my office, and to being the itinerant worker between buildings. I felt some isolation
and loneliness being in my office, because I didn’t have anyone to talk with, and the
office was so lifeless and sterile (Thompson, 1996). White cement walls without
windows did not help to lift my mood.

Bob was helpful with lifting the kids and monitoring my movements. I
appreciated his help, but sometimes I felt frustrated (Friedman, 2000). I wrote: “I was
rolling with an autistic child, and he said I shouldn’t be doing that. I just felt like all the
fun has been taken out of my job. I’m trying to be mindful and open to change but it’s
hard when it seems like I’m losing the ability to do the things that make the job fun.”

I needed to deal with the grief I was still feeling about the student who had died in
November (Moore, 2002). When I worked in his classroom, the staff and children still
talked about him. When I used to work with him, a student with autism was used to
seeing me coming in to work with the student, and he knew that when I came I would
take out the big red ball. Sometimes, he would take out the ball for me, because he knew
my routine. I wrote:

He was agitated because I wasn’t working with the student anymore, and my
routine had changed. He kept rocking and making noises. I also felt lost, trying to
adjust to the student not being there. I loved talking to him and holding him.

When I got back to the office, I put his picture up on my bulletin board, and
started to go through his file. I decided I was ready to let go of the paperwork, and I
shredded it. I felt like part of my connection to him was finally gone, when I shredded the
paperwork, but it was comforting to look at his picture. I also felt more of a connection
to the staff in his classroom because of this student. I wrote: “Maybe the good thing
about this student dying is that I feel more connected to the people in his classroom. If I
need to talk about this student, I believe that these people would understand my feelings.”

By the end of the second week back to work, I wrote: “I felt lucky to have made it
through this week without hurting myself. I look at work differently now (Friedman,
2000). It feels temporary and I don’t know anymore how long I can physically continue
doing this job. I have been trying to move along moment to moment.” I didn’t feel as
stressed that week, and I wrote: “I have been trying to give myself five minutes between
kids just to collect my thoughts and focus on my breathing. I think it was helpful, and I
didn’t feel like I was being sucked dry.”

In mid-January, I continued to work my regular schedule at work. The early
childhood class continued to pose the greatest challenge, as far as stress on my back. I
was lifting heavy children, and though I was mindful of my back while lifting, I
experienced pain later in the day. I felt frustrated about being unable to manage the pain.
I wrote:

I am being mindful and aware of my body when I am working, so when I feel
pain later, I wonder what I did wrong. I feel torn between leaving work, and
sticking it out for the rest of the day. Of course, the whole time I’m thinking how
I can’t do this job anymore, and what can I do instead.

I tried focusing on my breathing, but it was difficult when I was in such pain. Finally, I
went down to the nurse’s office and got some medication, which helped slightly.

The rest of the week went better. My schedule was eased somewhat, because
some children were absent. I was able to catch up on my paperwork. I needed to write
progress notes on the middle and high school children. I understood that most of the
children at this age maintained their progress level, and a few improved with their motor
skills. However, I always tended to look inward at myself and assessed my worth as a
person and therapist, based on the children’s progress (Pines, 2002; Friedman, 2000). I
wrote:

I felt okay writing the progress notes, except for one boy who is doing well, but
his parents are never happy with his progress. I always feel responsible for his
lack of progress, and I feel inadequate around them. I don’t know how to make
him progress with his breathing, and no one else in the districts knows either. So
I try not getting too worked up about him, but I still think that I should be able to
fix him. It may be that he never improves with his breathing, and I have to accept
that fact.
When I saw the early childhood children again later in the week, I told myself I needed to be firm about getting help, if I thought I needed assistance. Bob was out sick, and I knew I couldn’t see all the children in the motor group alone. I asked the para educator if she could help me, and she willingly came down to the gym. Two of the children demonstrated a skill that I had never seen them do before. Working with her collaboratively was helpful, because she told me about the skills they did during their regular gym time (Thompson, 1996; Hant & Place, 1996). I wrote:

I felt good that the boys were able to drive the roller racers independently. We’ve been working on this for almost two years, and it is nice to see some progress once in a while. It’s fun also to see the smile on the boys’ faces, when they drive the racers all by themselves. It is a hard class for me to work with, but also probably the most gratifying, because I do see some progress.

I started to feel like I was not setting adequate boundaries with some of the staff (Friedman, 2000). Because of my own experience with back problems, some staff wanted to tell me their own back-story. I wrote:

I feel like I am a sponge for some people’s problems. People want to tell me their own back-story, which is okay, but often I am caught in the hall on the way to another building, and I don’t know how to politely tell them I need to go to my next building. I like all of these people, but I feel pressured by my own time constrictions to cut off their interactions. Then all the way to the building, I am rushing trying to get there on time or apologizing when I get there for my lateness.
Setting appropriate boundaries was also an issue with a few of the students (Friedman, 2000). Two of my teenage students liked to talk with me about things going on in their life. They did not ask to have me fix their problems, and just wanted me to listen to their struggles. My response, however, was always to think about how I could help make their lives more tolerable. The other teenage student had trouble adjusting to his own disease and dealing with difficult personal family problems. I was feeling depressed and overwhelmed listening to his struggles.

During the final week of January, I became sick with a cold. I went to work on a day when I felt pressured to be there, even though I should have stayed home. I wrote:

I felt spacey all day because I was sick. I should have stayed home, but I was worried about using up my limited amount of sick days. I feel more pressure now because I used so many sick days, when I was out with my back. The bottom line is that I have to take care of myself, and not worry so much about money.

I decided to stay home the following day because I was still sick with a fever and didn’t feel effective at work. I wrote: “This week seemed to be about being sick. I was aware of being spacey and not fully engaged in my work. I was physically present but not emotionally or psychologically present.”

I attended the resiliency training session later that week. I had originally begun the training before my surgery, and was unable to finish it until that week. I was hesitant to join the training session, because I didn’t know this group of people, and I wanted to feel comfortable sharing personal stories. I also was not totally accepting of the way the resiliency concepts were taught. It felt too much like a cult being led by the leader of this movement, and I did not think that following an all-knowing leader was healthy for my
personal growth. I had already experienced something similar to a cult, and so I was hyper vigilant about anything that resembled cults.

I was having difficulty with the behavior of one of my students (Chiang & Rylance, 2000; Friedman, 2000). She was extremely moody, and I was not always sure what was the cause of her outbursts and crying spells. Even though I had worked with her for five years and believed I had developed a good relationship with her, I found myself losing patience with her. I usually concentrated on giving her space to work through her emotions, and was not so concerned about accomplishing the therapy goals on her IEP. On this day, however, I needed to evaluate her for her upcoming 3-year evaluation, so felt under pressure to accomplish the task. I decided I needed to be more creative in how I approached testing with her, because directly testing her was not working.

In February, the weather improved, and I began to take walks outside when I needed a break at work. I was aware that walking helped reduce my stress and gave me a different perspective on work situations. I wrote: “I have more energy and actually took a walk, when I was at one of the schools. I missed walking like I used to before my surgery. The walking helped me to feel fresher and have more patience with the kids.”

I was feeling pleased with the progress that I was seeing with the children in the early childhood classroom. When I saw that my work had contributed to their growth, I felt worthwhile and significant. I also was lowering my expectations of the children and felt satisfied with smaller changes (Friedman, 2000; Pines, 2002). I wrote: “The children were trying new things. It is exciting for me to see that. One boy pushed the scooter on
his dummy and another one let me pull him on the scooter. These are small things, but it’s progress."

I was also more relaxed in my approach with another one of my students about what I believed I needed to accomplish (Friedman, 2000). I had set up a weight program for the student, as part of his therapy program, and felt under pressure from his doctor and his family to make sure this program was followed. In his adaptive physical education class, he sometimes followed the same weight program, which meant I needed to change his therapy, when he saw me on the same day. I was becoming more adaptable to change. I wrote: "We just walked today because he had already done his exercises in the morning. I guess as long as he’s walking, that is good."

I also felt more relaxed in how I viewed my caseload size and my work performance. Being aware of my anxious feelings and thoughts was helpful. I also didn’t constantly question if I was doing my job in the best way (Friedman, 2000). I wrote: "I just did what I could and was satisfied with that. I don’t have to work so hard to be the best therapist. If I have an overload of kids, I’ll try but maybe I can’t just see them and I have to accept that."

Though I was relaxed in some areas in my life, I still continued to feel anxious about other issues. I was feeling uneasy about my thesis, my upcoming trip to Arizona and about a new child that I was seeing. I knew that I needed to structure my thesis, but I was uncertain about how the paper should flow. I felt like I was in limbo. I kept approaching it from the same perspective, and I was not making any progress. I was becoming increasingly frustrated. In addition, I wanted to see my mother in Arizona, but I was anxious about the trip. I wrote: "I’m nervous about the trip—getting there, flying
and being with my mom so long. Seeing her so weak is hard on me.” Finally, I was unclear about how I should proceed with therapy with a new child. I was intrigued by him, but I also believed I must be doing something wrong, because I wasn’t seeing a lot of progress. Somehow his lack of progress reflected on my therapy ability (Friedman, 2000).

I continued to experience a lot of pain in my back and leg. I tried to modify my way of moving. I was more successful at home, because I didn’t feel under time pressure. At work, I often felt pressured to move more quickly than I should have (Friedman, 2000). I wrote: “I am pushing myself at work, and pushing myself to finish the thesis. I know my back pain is related to the increased time I am spending on my thesis.”

I continued to struggle with my feelings of loss around the student, who died in November (Moore, 2002). I expected I would not still be affected, but I still felt a lot of loss when I went into his classroom. I wrote: “Feel sad today about this boy. I miss him.” I recognized that I felt sad, and tried to contain the feeling and not become overwhelmed. I needed to go and see another child who was medically fragile, and I needed to be mindful of her needs (Chiang & Ryfance, 2000). Later in the day, I made some time for myself to attend to my sadness.

When I saw the other student who was medically fragile, I struggled sometimes with how little progress she had made. I recognized that I often connected my sense of personal worth to her level of progress (Pines, 2002; Friedman, 2000). I was aware that this tendency contributed to my frustrations, but often I found it difficult to practice a healthier approach.
I wrote:

I went to see the student at her house. I was a little frustrated, because she was not feeling well and was not able to move very well or maintain positions for very long. I love her for who she is, but when I try to measure her worth and my worth by how much she performs or make changes, I feel frustrated and question if I'm doing something wrong.

I also found it difficult sometimes to accept her limitations, especially that she may never walk (Friedman, 2000). When I worked with the children with severe needs, I always held out the hope that a miracle would happen, and they would walk. I even had dreams about the children walking. As I talked with her father about the possibility of her ever walking, he told me that the doctor had said that she probably would never walk but that his wife continued to hold out hope that her daughter would walk. I related personally to how his wife felt about her daughter. When I thought I reached a level of acceptance with her daughter’s limitations, she would have a moment of brilliance, and spark my hope again about walking. I wrote: “Sometimes these times sustain me when I'm feeling hopeless about the child. It gives me hope for something beyond the respirator and all the limitations she has on her life.”

Even though I felt hopeful with these changes, I also needed to continue being realistic. I found it too difficult to attach my worth and level of happiness on the child’s progress (Pines, 2002; Friedman, 2000). I felt out of balance and as if I was on a roller coaster; when the child was performing well, I felt significant, but when she was not able to continue performing at that level or showed regression, I felt frustrated and unhappy.
An older student with a degenerative disease often asked me if she would continue walking. I felt so vulnerable because I didn't know the answer, and she wanted to know her future. I wanted to tell her that she would always walk, and never need a wheelchair, but I knew that she would know I wasn't being truthful. She respected my knowledge, and wanted me to be honest. I wrote: "I told her that if her disease progresses as slowly as it has so far, she should be able to walk for a long time." She is a student who works hard and follows through with doing her exercises at home. I also wrote: "I told her that I think that you are doing so well, because you work hard and continue doing your exercises." I wanted her to know how important it was that she was a participant in her own therapy.

Her strong involvements in her own therapy program made me feel valued and worthwhile (Pines, 2002; Friedman, 2000). She is my only student that follows through with her exercises at home. When she does this, I feel like she values what I have to teach her. I have always had high expectations for her and believed that she could walk even when her sister and teachers wanted her to be in a wheelchair two years ago. I believed that part of the reason therapy worked so well with her was because we both had high expectations, and when I raised the bar on what I expected her to perform, she was always ready to work. When I did therapy with her, I felt gratified in my work. I was challenged intellectually, and engaged spiritually and emotionally with her (Palmer, 1998).

In contrast, most of the other students were not actively involved in their therapy outside of the therapy session. I was frustrated by my desire to educate the students and parents to become more active in their therapy program. When there was a lack of
response, I felt like they did not value what I had to teach them and ultimately did not value me. I continued to try different ways to reach the families, thinking there must be a way that would work. I found it difficult to accept the fact that there would be little participation from the children and families, and that I needed to lower my expectations if I wanted to feel satisfied in my work (Friedman, 2009).

In February, I went to Arizona to see my parents. My mother was spending a few months there, because she was unable to stand the cold, due to her chemotherapy. Luckily, she was able to receive her chemotherapy treatments there, and she was pleased with her new doctor. I viewed this trip as a chance to see my mother, and offer them some support. When I was with her in Arizona, sometimes I felt inadequate and was not sure of what kind of support she needed. She tended to withdraw, because she was coping with her own pain. I realized that, just as in my work, I felt appreciated when I received more feedback about what someone needed. I wanted to feel like what I did was worthwhile (Pines, 2002; Friedman, 2000). Other times, however, I was able to relax and enjoy just being with my parents.

Seeing my mother's health decline was stressful for me. She was tired, and in pain from a shot she had received. Even though she tried to be active, I knew that her energy level was low. I felt like her decline was happening so quickly, and I needed more time to adjust. Coming down to see her was a way for me to adjust to possibly losing her, because I needed to see the reality of her situation and do some anticipatory grieving. I understood the dynamics of what was happening with my relationship with her possible death, but I still felt overwhelmed and sad about the situation.
As the week in Arizona ended, I was happy that I had taken the trip. I had been able to spend time with my sister, and developed some perspective on my paper and my work. My sister is more adaptable than I am, and more open to change. When I was with her, I admired her ability to take risks and that, even though this is stressful for me, I needed to work on being more open to change. I also finally developed a structure for how I wanted the thesis to flow, and felt more comfortable having accomplished this huge task. In addition, seeing my sister working on starting her own business, I felt less anxious about possibly needing to change jobs in the future if I was unable to physically do my job anymore. Finally, I had never been away from my family for more than a day, and I realized that I felt refreshed from being away, and also that I could separate from them and enjoy being alone.

When I returned to Wisconsin, I felt overwhelmed by my responsibilities at home, and with trying to balance my family responsibilities with work and writing the thesis paper (Friedman, 2000). I went from a relatively peaceful state to this frantic life. I wrote: "I think most of the time I'm not present completely, and just get through the day with half a brain." With the increased stress, my back started to hurt again at work, and I struggled with deciding if I should stay at work and or go home and rest.

One of my students, who was medically fragile, was sick and almost died in the hospital. I wrote: "Please don't die. I don't want another child to die so close together to the other student. I haven't really adjusted to his death yet." I talked with the student's mother, and tried to listen with compassion, without letting her needs overwhelm me. When I got off the phone, I wanted to do something more for the family because I felt so empathetic toward the family. I knew I needed to consider what was realistic for what I
could really offer without feeling overloaded. I decided that listening compassionately was enough to offer her at this time, and I accepted my limitations (Friedman, 2000).

With the stress I was feeling, I was having difficulty focusing at work. I continued thinking about my mom and her poor health. I was also concerned about my son, who was having a recurrence of his anxiety disorder. He experienced severe separation anxiety two years before, in response to his grandfather’s heart attack. Since that time, he had been relatively free of anxiety, but now he was having obsessive thoughts that were troubling him. I felt powerless about how to help him and, as his mother, thought I should be able to find a way to relieve his anxiety (Friedman, 2000).

Finally, relationships with people at work were a stressor for me. I was told by the occupational therapist that some people were complaining about my lateness and about my son coming with me to the middle school at the start of my day. Because he wouldn’t tell me who was complaining, I felt uneasy being in that work environment. I also needed to interact more with my special education supervisor because of the increased number of IEP meetings. The IEP meetings that she attended were generally tenser, because we needed to make decisions regarding placement in buildings. We needed to determine the amount of support the child needed in order to function in their educational environment. She continued to be rude towards me, and I found this to be a stressor. I wanted to have a good working relationship with her and receive some support. When I was with her, I felt inadequate and incompetent. I knew that she did not single me out with her rude behavior, but I still felt insignificant around her (Chiang & Rylance, 2000; Friedman, 2000).
Mindfulness Implementation

When I was home in the fall, I became aware of the environment I created for myself inside the house. I have always preferred being outside, but when I was unable to move very well, I became attuned to the space inside my house, and its effect on my state of mind. I found that if I kept the house reasonably neat, this helped to relax me. Also as I lay in bed, I used to focus on a picture of my boys at Lake Superior. The picture was propped against a bright orange vase that my son had made for me. Looking at that scene always helped to create a sense of spaciousness around my thoughts and feelings; I felt relaxed and present in the moment (Weiss 2004a).

When I returned to work in January, I realized that I needed to create a comfortable work environment (Klein, n.d.). I wrote:

I brought in a picture of a bear, silhouetted against a purple sunset, over a mountain lake. I like to look at it, and I can get lost in the picture. I'm trying to feel comfortable in here. I tried some breathing to settle me down. I have to remind myself to check in like this more often throughout the day.

I found that as I reflected on my practice using the mindfulness approach, I felt more connected to the work I did, and valued my work (Brookfield, 1995). When I worked with the children in the early childhood class, I initially found it difficult to practice the mindfulness approach. I was aware that I was impatient with the children, and felt overwhelmed by their needs. I was so focused on my fear of moving and hurting myself that I was not mindful of the relationship I was developing with the children. I was also only focusing on their limitations, and how I was going to fix them. I knew that I needed to relax, and be present with the children. I needed to practice being in a non-
doing state, where the child was perceived as being complete, and it was my job as a therapist to attend to the child in a caring way to being out the perfection that was already present (Kabat-Zinn, 1994; Whitmeyer, 1994). The second week of work went easier. I wrote: “I felt more focused today and less stressed. I felt more comfortable and patient when working with the early childhood children.” I realized that I had lowered my expectations about their progress and was giving them more space and time to work on their skills. By creating the space, I was more respectful of their abilities and was enjoying the children more (Friedman, 2000; Wylie & Simon, 2004).

By the end of the second week back to work, I wrote:

I felt lucky to have made it through this week without hurting myself. I look at work differently now. It feels temporary and I don’t know anymore how long I can physically continue doing this job. I have been trying to move along moment to moment.

I didn’t feel as stressed that week and I wrote: “I have been trying to give myself five minutes between kids just to collect my thoughts and focus on my breathing. I think it was helpful and I didn’t feel like I was being sucked dry.”

I wrote: “I am being mindful and aware of my body when I am working so when I feel pain later, I wonder what I did wrong. I feel torn between leaving work and sticking it out for the rest of the day. Of course, the whole time I’m thinking how I can’t do this job anymore and what can I do instead.” I tried focusing on my breathing but it was difficult when I was in such pain. Finally, I went down to the nurse’s office and got some medication, which helped slightly.
I continued to work on making my work environment more comfortable. When I was overwhelmed with the paperwork, I practiced meditative breathing. I also found it helpful to practice yoga (Borysenko, 1998). I had not done it in the past because I was afraid that someone might see me and think I was not working. I had defined working as being glued to the desk, even if I felt uncomfortable. I wrote:

I need to re-think my definition of my work time and that it should encompass taking care of myself. If I need to get up and stretch, then that is okay. I got up and did some yoga in my office. It was not the same as doing it in my living room, looking out at the open field but practicing yoga helped bring me down to a more stable mood so I could continue working.

When I worked with the older students, I needed to develop a therapeutic relationship that was cognizant of appropriate boundaries (Friedman, 2000). I also recognized that decisions needed to be made within the context of their lives (Jessen et al., 2000). For one student, social issues were important to her. She has a degenerating disease, and I have told her how important it is for her to eat and sleep well. Because she needed to spend time on the Internet to connect with her Asian friends, she was not eating her lunch. Her parents did not monitor her as closely as I did with my own children, so I tended to want to swoop in and take care of her, like I would my own children. She seemed to be doing okay without my help, but we did work out a compromise in which she would not skip every lunch and when she did, she would bring a snack. I wrote:

Sometimes, I know I am too involved with her life but I don’t feel right if I don’t help her in areas that I can offer assistance. I am afraid that no one is watching out for her and she needs more guidance than she is getting. I guess she touched
my heart two years ago when she said she didn’t want to live and I feel drawn to help her.

With the other student, he needed to talk about personal family issues (Jensen et al.; Weiss, 2004a). I needed to work on focusing on his needs and listening, with compassion. I wrote:

I am having a hard time leaving what he tells me at work, and I tend to bring it home and think about how I can fix his situation. I am not a counselor, but I feel like I become a counselor with these older students, because I see them consistently every week and while they do their exercises, we talk. I know that my job is to focus on their motor needs and how it affects school performance, but the motor is connected to how they feel about their bodies. During the time I have with him, I can listen to him with an open heart and mind and just value that listening time. Beyond that, I have to let go of controlling his life to make it more livable. I have to take care of myself and give myself credit for having an open heart and listening to him.

I thought of what Kabat-Zinn said about how mindfulness relates to establishing a therapeutic relationship:

The therapist is trying to cultivate a kind of autonomy that’s already here, that’s at his or her core, even though the patient might not be able to experience it yet. Holding that kind of space for the other person is probably the most compassionate thing one human being can do for another. That’s what I’d call love. But what’s most important for the therapists, in my view, is to approach what you do with real caring, and not just as a job to get done. That means truly
recognizing that every single person is different, even though you’ve seen a million cases that may seem the same. That means experiencing each moment with them as unique—and that may mean reminding yourself, “This is a human being, who’s always more than any small story she may be telling herself at any moment.” (cited in Wylie & Simon, 2004, p. 67)

When I reflected on my relationship with this student and am disturbed by how much chaos exists in his life, I realized that part of my difficulty in working with him is accepting that there will always be chaos in life. If chaos isn’t happening in my own life, it happens in other people’s lives, and even though I attempt to order or fix their lives, chaos continues. Kabat-Zinn believed that mindfulness mediation helps people find acceptance with the relationship between chaos and order in their lives. He wrote:

Living systems are continually at the edge of chaos. That’s why meditation can teach us the deepest lessons of what it means to be alive. It shows us how to surf the wave between chaos and the order. Even when it’s very, very turbulent, meditation helps us find the sweet stillness inside the wave. That’s what I call being awake. (cited in Wylie & Simon, 2004, p. 66)

When I participated in the resiliency training at work, I found a lot of similarity between mindfulness and resiliency (Mills & Spittle, 2001). I wrote:

There is the idea that emotions are thoughts that flow through my mind, and I can give them space to grow or acknowledge them. I like the analogy of the goldfish. If I put the goldfish in a small container, the goldfish stays small but if I put the goldfish in a larger container, the goldfish will grow larger. If I want to give
emotions space to grow, it is my choice. I don’t have to feel overwhelmed by my emotions. This is similar to the mindfulness concept of being aware of thoughts and emotions and not becoming attached to them (Weiss, 2004a; 2004b; Kabat-Zinn, 1994). I felt more relaxed about trying to be open to what resiliency training had to teach me, and working through the concepts in small groups was helpful for understanding the material.

Using mindfulness as reflective practice was helpful, when solving problems I was having in the students’ therapy sessions. One of my students was having difficulty during a testing situation where she was asked to perform a skill, which was difficult for her to do. She became overwhelmed, was crying and refused to work. I used my insight and experience to help me decide how to respond to the student. I was able to give up my goal of accomplishing the test to see what was the best solution based on her immediate needs, and to view the problem in context (Jenun et al., 2000; Epstein, 1999; Schon, 1987). I wrote:

Today she had a meltdown about not wanting to do the pushups and then about not wanting to throw the small ball. I usually give her time to calm down, and she comes around. I didn’t force her to do it but asked her to just hold the ball while I worked with another student. Then when I told her that we had five minutes left and we could play a fun game, she told me she wanted to play with the ball.

On another occasion, I needed to balance my goals with her need to direct her therapy. I tried to be flexible, and took a risk hoping I could adapt to whatever happened.
I wrote:

I let her set up the equipment for an activity she chose, and actually she had a good idea for working on goals I also wanted to address. In the end, being open to her ideas created a better way to teach the skills.

When I altered the context so that she was viewing the situation from a different perspective, she felt in control of her own therapy and was more open to trying a difficult activity. When I was operating in a more mindful state, she also became less rigid and more open to change (Langer, 1997, 1994). In addition, allowing her to have space around her overwhelming feelings helped her to calm herself down and look at the situation from a different perspective (Weiss, 2004a).

I needed to develop a new perspective around my problem, with structuring my thesis. I was feeling uneasy and unclear about how I should proceed. This feeling of being uncertain was discussed in the reflective thinking research. Dewey (1991) believed that reflective thinking contains doubt, and that judgment is suspended during inquiry. He also believed that the ambiguity involved in the reflective process is painful. I needed to approach the thesis from a different perspective, and that would help me to become more flexible in my thinking (Langer, 1997). I looked at my trip to Arizona as an opportunity to look at structuring my thesis more creatively.

In my work, I looked at my comfort level with doubt and uncertainty. When I was feeling secure and my mindfulness was strong, I viewed uncertainty like the expert physical therapists (Jensen et al., 2000). I was open to the challenge of an interesting child and was intrigued by the uncertainty. I wrote: "He was great today. He wasn't self-stimming [self-stimulation] so much and let me handle him. He continues to be a
puzzle, but he is also interesting to me.” However, on other days, I am uncomfortable with more puzzling children, and I feel inadequate if I can’t immediately think of a solution. On those days, I am less open to change and am more rigid in my thinking (Langer, 1997). When thinking in this mindless state, I feel dissatisfied about my work performance (Friedman, 2000).

With another middle school student, I had to trust my intuition about how to proceed with his therapy. I felt uncomfortable with taking a risk and not following my usual way of doing his therapy. He was complaining of back pain and because I didn’t know him that well, I didn’t know if he was being truthful or trying to avoid doing his exercises. I decided to trust him, and not push him to do his exercises. I wrote:

With trusting him, I took a risk and it felt uncomfortable. Afterwards, I felt guilty about not making him do his exercises, but knew I had to go with my intuition about this pain. I feel guilty but I have to let go of the guilt. I can recognize I have this feeling, but I have to try and not hold onto it. I made the best decision I could have made.

I felt better a few days later, when I saw the student again. He told me his pain was gone, and he was ready to work. I believed trusting him helped with building our therapeutic relationship (Jensen et al., 2000; Epstein, 1999; Schon, 1987).

I was reminded that I needed to be open to the moment, and let my heart lead me in the direction I needed to go (Kabat-Zinn, 1994). When I sat with my uncertainty and recognized the thoughts and feelings, without attacking them, I became more comfortable being in this ambiguous state. In addition, I became more open to change, and developed a new perspective on the problem. I understood more what Langer (1997)
described as sideways learning. The moment is viewed as impermanent, and the
individual is responsive to change.

When I experienced pain, I found it helpful to visualize space around the pain
(Weiss, 2004a). I wrote: “I focused on the pain and imagined a cushion around the pain.
It helped a lot with keeping the thoughts about the pain contained.” I was not always
successful in managing the thoughts and pain and wrote: “Sometimes I’m not always
conscious of my tendency to think the worst. By the time I recognize it, I’m already
feeling dejected and worn out.”

Though I experienced sadness around the student’s death, I also felt more of a
connection to the staff in his classroom, because of this student. I did not feel the same
degree of isolation, as when the middle school student died. I had focused on working
collaboratively in the classroom and had developed a good working relationship with the
staff (Thompson, 1996; Hanft & Piance, 1996). I wrote: “Maybe the good thing about this
student dying is that I feel more connected to the people in his classroom. If I need to
talk about this student, I believe that these people would understand my feelings.”

I related the collaborative relationship I had developed to the mindfulness concept
of interbeing. When I worked with staff, I tried to be present with my self and with the
staff at the same time, acknowledging that my self existed in relationship to the other
staff members in the classroom. I tried to practice loving kindness and compassion
towards the staff and children. Because we had the shared focus of the child needing
compassion and a shared desire to give compassion and loving kindness, I found it
natural to feel connected and present with the staff (Hanh, 1976; 1988; 1994; Weiss,
2004a).
Even with the compassion I felt towards myself and with the other staff, it was
difficult sometimes to be present with the sadness. What was helpful for me was
maintaining a feeling of hopefulness. I found Emily Dickinson’s poem on hope to be
helpful:

Hope is the thing with feathers
That perches in the soul
And sings the tune without the words,
And never stops at all.
And sweetest in the gale is heard;
And sorer must be the storm
That could abash the little bird
That kept so many warm
I’ve heard it in the chilliest land,
And on the strangest seas;
Yet never, in extremity,
It asked a crumb of me. (cited in Todd and Higginson, 1982, p. 20)

I could not find specific references to the concept of hope in the mindfulness
literature. Weiss believed that when he felt a space around a thought, that space is
mindfulness. I often felt a space around a thought or feeling and experienced the space as
hope. There is an acknowledgement that God is present, and that I have put this thought
on another level of consciousness. I needed to sometimes adapt Buddhist principles to
my own spiritual beliefs, because they are central to who I am. Weiss believed that in his
own practice, he also needed to adapt Buddhist principles to his own use, as he
incorporated mindfulness into his life (Weiss, 2004a). When I looked at hope from a
mindfulness perspective, I wrote:

I believe that hope is about faith and being in the present moment; it is seeing the
truthfulness of the thought or feeling, but also giving a little space or cushion
around the truth. I think that God gives us the cushion of time and hope to help us
absorb the inevitable truth, when it is too difficult to face immediately. I hold out
hope for my mother and the children at work, especially when the challenges seem so insurmountable.

When I was in Arizona, I needed to focus on my intentions for being there. Sometimes I felt edgy and wanted to be out hiking and experiencing the natural area. I needed to take a breath and relax in the moment. Instead of focusing only on myself, I needed to focus on myself and others at the same time, as in interbeing. I was interconnected with my family, and I existed only in relationship to other people (Rahula, 1976; 1988; 1994). I began to look more deeply into the practice of loving kindness and compassion, and how I could practice this with my family.

Loving kindness is a practice, which focuses on improving relationships with other people, based on the concept of interbeing. When practicing loving kindness, Weiss believed that: “Only by embracing your unkindness can you be kind; only by spending time in the sewer can you find you way out” (Weiss, 2004a, p. 156). I realized that I needed to face my own fears about death, so that I could offer loving kindness to myself and to my mother at the same time (Weiss, 2004a). As Hanh wrote: “We must look death in the face, recognize and accept it, just as we look at and accept life” (1976, p. 51). I did not make the connection between my own fears of death and my difficulty accepting her possible death. I had the intention of giving her support, but I didn’t realize that I needed to show loving kindness toward myself as well, when trying to face death. I wrote:

Loving-kindness has to do with developing a relationship between myself and other people. There is a dichotomy going on with looking at the self, while in relationship with the other person. As I work to extend myself to my mother, I discover my own self. The process is to meditate on positive thoughts to our self
and to the other person. I think the mindfulness aspect is that we are creating spaciousness in our heart for our self and the other person, and the intention is to connect with the other person, as in interbeing.

I needed to make time for myself in order for me to be supportive to my family. I found that spending time writing in the journal was a way to face some of my fears about death. When I was overwhelmed, I allowed myself time away by walking around the lake or sitting outside listening to the birds.

When I was with my mother, I tried to practice meditating on compassion. When meditating openly on compassion, as I helped other people, I also helped myself (Weiss, 2004a). Weiss wrote: "As I listen, I breathe in the pain and anguish, as I breathe out, I offer compassion and healing. I find this helps me to stay present with the other person and to listen more attentively" (Weiss, 2004a, p. 167). I wrote:

When I massaged my mom's feet, I felt relaxed helping her. I felt happy to be able to give her the massage, and I also felt connected to her. Sometimes, when I try to breathe in the pain of the other person, it is difficult to let that go, especially when I am at work. I thought it was helpful to practice what Weiss (2004a) talked about as far as letting go after an interaction. When I said goodbye to myself, it was helpful to put closure to the interaction.

When I returned to work, I needed to practice loving kindness with one of my supervisors. I usually do not feel particularly kind towards her, because of my past interactions with her when she has been rude, and also because of what I perceived as a lack of support from her. When I was in an IEP meeting, I tried to incorporate the intention of loving kindness meditation into my listening, and tried to meditate on
positive thoughts toward her and myself. When she inevitably said something that was inappropriate and rude, I tried to let the words go, and listen with my heart and mind. I still felt shaken by what she said, but I felt that I had begun developing a different approach to my interaction and felt more in control of my relationship with her. I thought that the next time I would again try to approach her with kindness and be more open with my heart (Weiss, 2004a; Hanh, 1976; 1988).

I also needed to practice loving kindness and compassion toward the staff in the middle school, where my office is and where I start my day. I was feeling uneasy and uncomfortable after being told by my co-worker that people were complaining about my lateness, and that I brought my son into work. At first I was thinking that I don’t like the staff in the building, but realized that there were only a few who were complaining, and I can’t generalize my feeling toward everyone in the building. I was aware of the truth that I was late and even though it was difficult, I made more of an effort to come to work on time. I also decided that I needed to let go of my anger and continue being kind to the people in the building, because I needed to work on building community in my building. I did not want my anger with a few people to interfere with my need to make the work environment a comfortable and supportive place for myself (Weiss, 2004a; Hanh, 1976; 1988; 1994).

I related this experience to one I had with my mother-in-law. I did not know at the time I was practicing loving kindness meditation, but I realize now that is what I was doing. I was having difficulty accepting her way of interacting with my children, which I interpreted as unkind and rude. I decided one day that I would be kind to her and accept her unconditionally, knowing that she was not going to change her personality. I tried to
be understanding of her way of looking at life. I thought that even though I didn’t like the way she interacted with my children, I could have a good relationship with her. After that point, we were able to have a good relationship, and I enjoyed our conversations. I realized she probably had a difficult time expressing her love, because she often told me that I had wonderful children and that she loved me. When she died, I was happy that I had made the effort to be kind and compassionate towards her and tried to accept her for what she could give (Weiss, 2004a).

When my son was having trouble with having obsessive thoughts, I talked to him about mindfulness, though I didn’t use the word “mindfulness”. I tried to use language that a ten-year-old would understand. I told him that the thoughts are present, and not to focus on making them go away, but to imagine what visual image the thoughts could represent. He told me that the thoughts were clouds in the sky, big puffy ones. After that, I told him he could watch the clouds float by and that he was the boss of his thoughts. I wanted him to feel like he had some control over his situation. He later told me that he found this practice helpful sometimes, but that he continued to have the interfering, obsessive thoughts (Kabat-Zinn, 1994; Weiss, 2004a).

I also needed to practice mindfulness in my approach to helping him. He was going to be performing in a talent show, and this was the stressor and cause of his anxiety. I wanted to tell him that he should develop an alternate plan in case he couldn’t continue with his performance. I decided to give time space, and trust that he would figure out a way to handle his anxiety, so I didn’t mention anything about the plan. When he did his performance, he made it through without any problem and felt confident. Because I believed mindfulness was helpful for me, I wanted it to work for helping him.
with his anxiety. I felt disappointed and frustrated, when using mindfulness did not work completely for removing his anxiety. Upon reflection, I was reminded that I had been practicing mindfulness for a year and did not always see change with the practice. I also needed to continue giving him space to decide how he needs to manage his anxiety (Weiss, 2004a; Wylie & Simon, 2004).

At the end of February, I participated in my final resiliency training session and again found similarities with mindfulness. I found my knowledge about mindfulness to be helpful when listening to the discussion on being aware of thoughts and feelings, and when talking about centering and being present in the moment (Mills & Spittle, 2001). Because my study of mindfulness has been largely done in isolation, I found the discussion about awareness and centering to be helpful in bringing in different perspectives on these topics. I still preferred mindfulness, mainly because I was more comfortable with the language used to describe a similar concept. For example, being present in the moment would be described in resiliency terminology as focusing on the blue dot. I needed language that touched more on what I felt was the spiritual aspect of the concept.

Despite having difficulty with the terminology, I liked discussing the ideas as a group, and also liked the discussions about bringing resiliency out in the community. When we talked about being in a community, I related this again to the concept of interbeing. I had previously focused on my self in relationship to my family and people at work. As part of that community of learners, I was mindful that my actions were beneficial to the community present. Furthermore, when I left that small group of learners, I realized that I was responsible for continuing to develop mindfulness and that
my actions were beneficial to the larger world (Hash, 1976; 1988; 1994; Goleman, 2003; Palmer, 1991; 1998).

As I neared the end of this period, I had mixed feelings about being finished with my journal reflections. I wanted to finish my thesis and graduate, because I looked forward to having more freedom. However, I felt sad about leaving the project behind. I had become attached to writing in the journal and working on my thesis. When I wrote, I always felt like I would find some insight to a situation that had been troubling me. My life often felt disconnected and when I wrote, I started to make connections between my thoughts and felt more at peace. The mindfulness concept of impermanency was important in reminding me that I had become attached to the thesis, believing that the thesis was going to show me the way to greater awareness. As Weiss wrote:

The Buddha used to say that the teachings of mindfulness are a raft that takes us over the waters from the shore of delusion to the shore of awakening. It would be silly, he reminds us, to worship the raft or carry it around on the land (2004a, p. xix).

I recognized that when I stopped writing, I would continue to exist and would carry with me the knowledge I have learned from my study about mindfulness. I needed to let go of the thesis and be open to further insights that would come to me. I realized that writing in my journal was essential for helping guide me in my continued growth, and I needed to proceed with the writing even after I finished with my thesis.
Transformations

When I returned to work, I learned that I needed to lower my expectations about the children's level of progress and my work performance, in order to feel more satisfied in my work. I also needed to lower my expectations on my family responsibilities as a parent and daughter. When I did this, I relaxed and enjoyed life more fully (Friedman, 2000).

Though I continued to have pain when I worked, I began to become more mindful in how I approached the pain. I tried to create space around the pain, which helped to relieve some of the pain. I also learned to become more compassionate toward myself, if I needed to modify how I worked with the students (Weiss, 2004a).

I also focused on creating a work environment that was more comfortable (Klein, n.d.). When I needed to take a break, I took a walk or practiced yoga in my office. I also placed a nature picture on my desk as a way to create a feeling of spaciousness around my thoughts and feelings (Weiss, 2004a). Even though some stress factors in my work environment were uncontrollable, I focused on the factors that I could control.

I recognized the importance of work relationships, and the difficulty I have with feeling isolated. I developed insight on my feeling of isolation, when I related the mindfulness concept of interbeing with the collaborative approach I used in my work. When I collaborated with other staff members, I felt connected with them and my feelings of isolation were reduced (Thompson, 1996; Haftr & Place, 1996; Hanh, 1976; 1988; 1994).

I integrated the research on mindfulness as a reflective process into my study and found this helpful in viewing my work from this perspective. I also felt pleased with my
mindful approach to the students during therapy and how I encouraged them to also adopt a more mindful approach. I began to be more open to how I viewed my work and to the possibility that I may need to change professions (Langer, 1994; 1997; Jensen et al., 2000; Epstein, 1999; Schon, 1987; Dewey, 1991).

I intensified my integration of loving kindness and compassion into my mindfulness practice. I realized that though I already practiced loving kindness with my family and students, I developed a deeper understanding of what the concepts meant to me in my life. When I viewed my family from the perspective of interbeing, I understood more what the researchers meant by the self, existing in relationship to other people.

When I returned from Arizona, I tried to implement the sense of interbeing with improving my relationships with the staff and students at work. I recognized that I generally practiced loving kindness and compassion with the students, but needed to work on setting limits with how much I could offer them, and on letting go of some of the student’s troubles. With the staff, I worked on developing connections and awareness with even the more difficult staff members. Making the effort to be more open to the more difficult staff members made me feel less stressed in my work (Hanh, 1976; 1988; 1994; Weiss, 2004a).

When I participated in the resiliency training session, I was given insight on how mindfulness concepts were related to the resiliency concepts. I developed awareness of being part of a community, and how the mindfulness concept of interbeing related to the sense of community. I enjoyed discussing the concepts of resiliency and mindfulness with the community of learners (Hanh, 1976; 1988; 1994; Goleman, 2003; Palmer, 1991; 1998).
Finally, I realized that though I was looking forward to graduating and having more free time, I felt a loss about giving up the thesis. The issue of impermanency and willingness to be open to change were related to this difficulty. I realized that I needed to continue writing in my journal as a way to continue the connection with my self, and to work on being open to what life has to offer me in the way of increasing awareness.

Conclusion/Recommendations

As I analyzed the literature and reflected on my own experiences, I discovered that mindfulness meditation as reflective practice was an effective strategy for reducing stress in the school-based physical therapist. I did not arrive at this conclusion quickly, and the changes I experienced were subtle.

Throughout each period, I deepened my awareness about my stress response and my knowledge of mindfulness mediation, as I implemented the approach into my work and personal life. Initially, I believed that mindfulness meditation meant only using meditative breathing for decreasing the physiological responses to stressors. However, I learned that mindfulness meditation was more than a technique, and actually an approach to life. My research focused on basic concepts, which were important for influencing my mindfulness understanding such as: impermanency, attachment/nonattachment, being present in the moment, interbeing, and changing perspective. I related these concepts to situations in my work and personal life. In addition, I found that relating the mindfulness mediation research with the reflective practice research was significant for making applications to my physical therapy practice. Specific relevance was seen in the areas of improving problem solving skills and enhancing the therapeutic relationship with the
students. Finally, broadening my mindfulness practice to include meditating openly on loving kindness and compassion, helped with feeling more connected to the people at work and in my personal life.

This study re-affirmed my belief that in order for me to reduce my stress response and feel greater satisfaction in my work, I needed to integrate the spiritual aspect into my work. Though mindfulness meditation, in its classic Buddhist form, is not defined as a spiritual practice, I found the approach helpful in developing awareness of the significance of spirituality in my life. At times, I felt frustrated by the classic definition of the mindfulness approach, because I was unable to relate the research on mindfulness to my own sense of spiritual practice.

The journal was an effective means for increasing awareness of my thought processes, my emotions, and my spiritual life. Keeping the journal close to me throughout the day was ideal for writing down my reflections. As I experienced the depth of the thoughts or raw emotions, the reflections were true to my experience, and insights were more readily available. However, I learned that it was not always possible to reflect in the journal immediately and that with the time lag, the depth of the insight may have been lost. During those times, I needed to set aside a structured time in the day for writing in the journal. Creating enough time and providing comfortable conditions was conducive to easing into the quiet reflective period.

Most importantly, I needed to remind myself that the time dedicated to writing in the journal was valuable and worthwhile. Having a busy life as most graduate students do, I found that studying the topic over a year was helpful for not feeling rushed about understanding and reflecting on mindfulness. Even though I studied this topic for about
one year, I still believe that I have a rudimentary understanding of mindfulness and how it works in my work and personal life; I needed to lower my expectations on my depth of understanding, as the year progressed.

Reflecting on my thoughts and feelings was at times an intense experience. I had expected to disclose my feelings and thoughts when I wrote in the reflective journal, but I had not expected to experience the feelings of shame and fear that came out of my reflections. I didn’t realize that I would experience flashbacks and dissociative reactions, associated with the extreme stress and trauma. Having experienced the intensity of these emotions, I would recommend for some people it may be helpful to have someone to talk with about their thoughts and feelings. Finally, taking breaks from the study may also be helpful, when experiencing overwhelming emotions.

Even though the study focused on one school-based physical therapist’s personal experience of stress and mindfulness implementation, I believe that the study has relevance to other physical therapists. From reading this study, the physical therapist may begin to see the importance of integrating the spiritual aspect in her work, as a way to reduce stress and improve job satisfaction. Though mindfulness meditation was the focus of the research, other spiritual practices may also be effective. For the physical therapist who already is aware of the importance of spirituality in her work, she may feel affirmed in her beliefs. Finally, for the physical therapist, who is uncomfortable with integrating her spiritual beliefs with her work, she may view the mindfulness meditation approach as an effective form of reflective practice for improving problem solving and the therapeutic relationship in her physical therapy practice.
Besides applications in the physical therapy field, I believe that the research study has relevance for teachers and mental health professionals. As revealed in this study, research demonstrated that mindfulness meditation was effective for stress reduction, improving concentration, and improving problem-solving skills in teachers and students. I proposed that the mindfulness meditation approach could also be implemented in the classroom as a way to build a sense of community. When reflecting on my own tendency to dissociate, I found that mindfulness was helpful for becoming more aware of and connected to the present moment. Mindfulness meditation could be studied as a therapeutic strategy for persons suffering from Post Traumatic Stress Disorder or Dissociative Disorders. In addition to general stress reduction, I found mindfulness meditation to be also effective for reducing my anxiety and depression, and may be an effective strategy for people with similar conditions. In the areas of pain management, I found that mindfulness meditation was effective for minor pain control, but that using visual imagery was more effective for managing intense pain. Finally, these recommendations for mindfulness mediations use are based on my personal experience, and further research in these areas is needed to demonstrate effectiveness for larger groups of people.
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