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Mindfulness with Children and Youth: A Hermeneutic Phenomenological Inquiry into Paediatric Therapists' Experiences

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Health and Rehabilitation Sciences

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Abstract

Background: Mindfulness has become popular as a treatment approach for many health conditions and has been taken up by diverse health practitioners in recent years. While research into mindfulness-based interventions is on the rise, much of this research originates in the field of psychology and is aimed toward adult populations. Occupational therapists, including those working with children and youth, have begun to take up mindfulness to support their clients to participate in daily activities, and there is evidence that clinical uptake has outpaced research in this area.

Method: A scoping review was undertaken to understand the breadth of literature regarding mindfulness in paediatric occupational therapy. Then a Heideggerian-informed phenomenological methodology was applied understand the practice experiences of eight North American occupational therapists who utilize mindfulness-based approaches in their clinical work with children and youth. Semi-structured interviews and a metaphor elicitation exercise were undertaken with participants

Results: The scoping review revealed 14 articles relevant to the topic. Overall, included articles heavily relied on quantitative methods, with limited representation of qualitative approaches. Within occupational therapy, mindfulness was identified as a health promotion strategy in addition to offering support for children with developmental disabilities and some physical and mental health conditions.

The results of the phenomenological study revealed occupational therapists' practice-generated knowledge of mindfulness within their practices. Participants linked mindfulness with enhanced participation and the development of healthy habits in their young clients. Further, participants noted that they made adaptations to mindfulness practices and worked to make the practices playful to enhance interest in mindfulness. Participants also observed a shift in their orientation toward clients because of mindfulness, including their own personal practices. Results revealed that participants perceived mindfulness impacting their therapeutic relationships with clients, noting that mindfulness supported them in creating a safe space, being present, authentic, and

accepting of clients. Finally, metaphor analysis revealed participants' perspectives on mindfulness as a tool, a support and exploration, and themselves as guides and gardeners.

Conclusion: This research offers practice-generated knowledge about the contributions of mindfulness to paediatric occupational therapy practice and therapeutic relationships with children. Further it highlights some key areas for future research.

Keywords

Occupational Therapy, Paediatrics, Mindfulness, Phenomenology, Metaphor, Practice Based Research

Summary for Lay Audience

Interest in mindfulness has grown in recent years, with popular media touting the benefits of mindfulness for everything from stress to pain. Research into mindfulness has also expanded significantly, with year over year increases in publications observed. The clinical use of mindfulness by health providers to treat a range of physical and mental health conditions is on the rise. In some areas, the clinical application of mindfulness has outpaced the research. This is particularly true in paediatrics and within the profession of occupational therapy.

Occupational therapists are concerned with enhancing their clients' performance of daily activities, what are known as occupations. Occupations are broadly understood as anything a person wants to do, needs to do, or has to do. Occupational therapists support people with a wide range of physical and/or mental health conditions. In paediatrics, occupational therapists often focus on supporting clients with engagement at school, to participate in play and leisure activities, and to develop skills to care for themselves. Occupational therapists make use of many treatment approaches and strategies to support occupational performance in their clients, and mindfulness has begun to be taken up within the profession. There is limited research to date regarding the utility of mindfulness in occupational therapy practice, the ways in which mindfulness can support client engagement in daily occupations, and how mindfulness is being utilized by clinicians.

In order to gain an understanding of the research evidence regarding mindfulness within paediatric occupational therapy practice, a literature review was undertaken. This revealed a small number of articles with mixed results. Following this literature review, eight North American occupational therapists working with children and youth who employ mindfulness practices with their clients participated in interviews aimed at understanding their experiences and practice-generated knowledge. The results of this work reveal the potential benefits of mindfulness for enhancing participation in daily activity, developing a positive relationship with clients, and highlight a number of areas in need of further study.

Co-Authorship Statement

I, Kirsten Smith, wish to acknowledge that this thesis is comprised of five integrated manuscripts which are the product of collaborative efforts. I completed the primary intellectual work, including the design, recruitment, data collection, analysis and writing described in this thesis. Dr. Elizabeth Anne Kinsella was my primary supervisor who provided guidance on theoretical, methodological, intellectual, and editorial matters. My advisory committee members, Drs. Sheila Moodie, Lisa McCorquodale, and Gail Teachman also provided advice on theoretical, methodological, intellectual, and editorial matters

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I am grateful for the incredible support and encouragement I have received over the past five years. My supervisor, Dr. Elizabeth Anne Kinsella has been both a pillar of support and a font of wisdom. This dissertation would not exist without her passionate support of my growth as an academic and her dedication to the work itself. I am also grateful to my supervisory committee members, Dr. Sheila Moodie, Dr. Lisa McCorquodale, and Dr. Gail Teachman. They have been incredibly generous with their knowledge and expertise throughout this journey. I feel privileged to have had such a dynamic team offering their support and guidance along the way.

To complete a PhD while working clinically and mothering a young child is no small feat. To do so during a global pandemic often felt impossible. From the outset of this journey, I have been fortunate to have the ongoing support from family and friends, for which I will be forever grateful. Their understanding and encouragement has been instrumental to this work.

To my son Curtis, I hope you look back on this time with fondness. We were offered an incredible gift in the midst of this pandemic to learn and grow together. It is a rare thing in our world for a parent and child have such an opportunity. You may never fully realize the gifts you brought to this work, from your willingness to celebrate my successes with unbridled enthusiasm, to your reminders when it was time to step back and declare it “good enough.” I hope I have made you proud and inspired you to chase your dreams even when they feel beyond reach.

Finally, this work would not have been possible without the eight occupational therapists who shared their insights with me. I appreciate your generosity of spirit and time in sharing the important work you do with the children and youth you care for. I thank you sincerely.

Table of Contents

Abstract.....	ii
Summary for Lay Audience.....	iv
Co-Authorship Statement.....	v
Acknowledgments.....	vi
Table of Contents.....	vii
List of Tables.....	xii
List of Figures.....	xiii
List of Appendices.....	xiv
Chapter 1.....	1
1 Introduction.....	1
1.1 Coming to Mindfulness.....	1
1.2 Mindfulness.....	3
1.3 Mindfulness-Based Approaches.....	4
1.4 Mindfulness with Children and Youth.....	5
1.5 Mindfulness in Occupational Therapy Practice.....	6
1.6 Qualitative Research on Mindfulness.....	8
1.7 Emergent Tensions and Rationale.....	9
1.8 Aim of the Research.....	9
1.9 Plan of Presentation.....	10
1.10References.....	12
Chapter 2.....	17
2 Mindfulness-Based Interventions in Paediatric Occupational and Physical Therapy Practice: A Scoping Review.....	17
2.1 Methodology.....	18

2.1.1	Procedures.....	19
2.2	Results.....	22
2.2.1	Descriptive Analysis.....	22
2.2.2	Thematic Analysis.....	31
2.3	Discussion and Implications.....	37
2.3.1	Future Directions.....	39
2.3.2	Strengths and Limitations.....	41
2.4	Conclusion.....	41
2.5	References.....	42
Chapter 3	50
3	Phenomenology of Practice: A Heideggerian-Informed Approach to Researching in the Health Professions.....	50
3.1	Being as Being-in-the-World.....	51
3.1.1	The World as Accessed Through Umwelt.....	52
3.2	Existential Dimensions of Being-in-the-World.....	53
3.2.1	Temporal Dimensions of Being-in-the-World.....	54
3.2.2	Spatial Dimensions of Being-in-the-World.....	55
3.2.3	Relational Dimensions of Being-in-the-World (or Being-With).....	55
3.2.4	Corporeal Dimensions of Being-in-the-World.....	57
3.3	Action-in-the-World.....	57
3.3.1	Verstehen (Understanding).....	59
3.3.2	Befindlichkeit.....	59
3.3.3	Eigenlichkeit (Authenticity).....	60
3.4	A Heideggerian Phenomenology of Practice.....	61
3.5	Conclusion.....	61

3.6	References.....	62
Chapter 4.....		
4	Mindfulness in Paediatric Occupational Therapy Practice: A Phenomenological Inquiry	65
4.1	Methods.....	67
4.1.1	Methodology.....	67
4.1.2	Theoretical Framework.....	67
4.1.3	Methods.....	68
4.2	Findings.....	69
4.2.1	Drawing from Personal Practice	70
4.2.2	Enhancing Participation	72
4.2.3	Fostering Healthy Habits	73
4.2.4	Adapting for Children.....	76
4.2.5	Keeping it Playful	78
4.2.6	Doing With.....	78
4.3	Discussion and Implications	79
4.3.1	Study Limitations.....	84
4.3.2	Study Implications	84
4.4	Conclusion	85
4.5	References.....	86
Chapter 5.....		
5	Mindfulness and Therapeutic Relationships: A Phenomenological Inquiry into Paediatric Occupational Therapists' Practices	93
5.1	Method	96
5.1.1	Methodology.....	96
5.1.2	Theoretical Underpinnings.....	97

5.1.3	Methods.....	97
5.2	Findings.....	99
5.2.1	Fostering a Safe Space	99
5.2.2	Enhancing Presence	100
5.2.3	Being Authentic	101
5.2.4	Cultivating Acceptance.....	102
5.3	Discussion and Implications	103
5.3.1	Study Limitations.....	106
5.3.2	Study Implications	107
5.4	Conclusion	108
5.5	References.....	108
Chapter 6	115
6	Metaphors of Mindfulness in Paediatric Occupational Therapy Practice.....	115
6.1	Methodology.....	116
6.2	Methods.....	118
6.2.1	Participants.....	118
6.2.2	Data Collection	118
6.2.3	Data Analysis	118
6.3	Results.....	119
6.3.1	Idiographic Metaphors of Mindfulness.....	119
6.3.2	Idiographic Metaphors of Therapist as Mindfulness Facilitator.....	122
6.3.3	Elicited Metaphors	124
6.4	Discussion.....	126
6.4.1	Strengths and Limitations	130
6.5	Conclusion	130

6.6	References.....	131
Chapter 7	136
7	Implications and Conclusion.....	136
7.1	Methodological Contributions	136
7.2	Contributions to Occupational Therapy Practice	138
7.2.1	Mindfulness and Human Occupation.....	138
7.2.2	Mindfulness and the Therapeutic Relationship.....	141
7.2.3	Child-Centred Approaches to Mindfulness	142
7.2.4	Mindfulness and Critical Approaches to Occupational Therapy	143
7.2.5	Mindfulness and Clinician Well-Being	144
7.3	Contributions to Education	145
7.4	Contributions to Child Health and Well-Being	146
7.5	Quality.....	146
7.5.1	Quality Considerations.....	146
7.5.2	Researcher Reflexivity.....	150
7.6	Strengths and Limitations	152
7.7	Reflections on the Process	153
7.8	Concluding Thoughts.....	154
7.9	References.....	155
Appendices	162
Project Title: Mindfulness-Based Approaches in Paediatric Rehabilitation.....		165
Project Title: Mindfulness-Based Approaches in Paediatric Rehabilitation		167
Curriculum Vitae		171

List of Tables

Table 1: Quality Assessment of Included Studies	22
Table 2: Characteristics of Included Studies	24
Table 3: Participant Characteristics	69
Table 4: Elicited Metaphors.....	124

List of Figures

Figure 1: Flowchart of study retrieval and selection process

21

List of Appendices

Appendix A: Ethics Approval.....	162
Appendix B: Letter of Information and Consent Form	165
Appendix C: Semi-Structured Interview Guide.....	168

Chapter 1

1 Introduction

1.1 Coming to Mindfulness

Max van Manen (2014) writes “a phenomenological question may arise any time we have had a certain experience that brings us to pause and reflect” (p. 31). I came to this research as a result of my own experiences, both personally and clinically. Identifying how I came to mindfulness and, for that matter, how I came to be an occupational therapist required me to acknowledge an experience that I had spent most of my adult life running away from. For so long, I chose not to acknowledge this trauma, or to address it, choosing instead to pretend it did not exist. Old wounds have a way of resurfacing and I found myself at the beginning of my PhD journey once again facing this trauma. I open this dissertation by sharing this experience as a way of situating myself in relation to the research, and also in relation to my interest in mindfulness and its potential affordances for therapeutic practice.

On a bleak November afternoon, as the sun began to fade over the Colorado foothills, I went back to Columbine High School. The exterior was much unchanged, some cosmetic upgrades here and there, but substantially the same as it was 18 years prior. Until this visit, I had not so much as set foot on the property. I had avoided even driving down the street in front of the building for fear of my own pain and the reminder that this place held. In running away, I could avoid the pain. I could pretend my wounds did not exist. I could be free of the memories of this place. Or so I thought. Occasionally, I would revisit this place. I would have vivid nightmares of the tragedy that occurred, of the losses that I and so many of my peers experienced that day. Behind Columbine, in an adjacent public park stands the public memorial. I knew I had to go. In a small, hollowed out section of Rebel Hill, is a sombre reminder of the events of April 20, 1999. Memorials for the dead, quotes from students and teachers, a water feature. It is beautifully made, but to me it is substantially incomplete. Within the brick walls of the memorial is no mention of those injured, physically, psychologically, or both. It would appear, in terms of the “official

discourse” of the event, that you only mattered if you died. My experiences were certainly impacted by the loss of friends, but also by the resiliency of the survivors.

I came to be an occupational therapist because of the events that took place at Columbine and in the months that followed. In watching the journey of a friend who survived, I learned about resiliency, forgiveness, hope, and importantly, presence. My friend underwent years of intensive physical therapy as a result of injuries sustained in the shooting. Watching her rehabilitative journey opened my eyes to the diversity of healthcare careers. I came to admire her occupational therapist most of all. This therapist appeared to understand people as complete, holistic beings who gained meaning and life through participation. Up until I met her, I had felt strongly drawn toward a career in medicine. But witnessing this occupational therapist, and the profound impact she had on my friend was life-altering. I knew then that I wanted to be an occupational therapist, a situation I recognize as extremely rare in this profession.

I came to mindfulness through a less direct path. My friend’s constant focus on the present, on dealing with the “now” in her rehabilitation journey was at times infuriating for me. I was still dealing with my pain from the past and thought she should too. Now I recognize how her laser focus on the present moment helped plant the seeds for my mindfulness journey.

Many years later, I found myself a busy clinician, struggling to cope with the stress of daily life while carrying so much emotional baggage. A colleague of mine saw my struggles. She knew I was hurting, and without ever asking why, she started to teach me mindfulness. Brief meditations here, a yoga practice there, and soon I began to understand the power of a mindfulness practice. Mindfulness offered something unique: the ability to be in the present, without judgement. This was new: an opportunity to pause, to breathe, to be. I found healing and strength in the practice and recognized that mindfulness offered powerful benefits. For someone who had spent her entire life trying to measure up, trying to be “good enough,” there was profound peace in just ‘being.’

At the time, I was working with children who were grieving the loss of their own loved ones, kids much like I had once been. Up to that point, I had been almost hyper-focused

on goal achievement and child development in my clinical work. With these children, I began to recognize that so many of the young people with whom I worked were hurting. They were struggling as I once had and needed more than what I was offering to them in my practice. I found myself taking courses, learning as much as I could to support these children, including completing training as a children's yoga instructor. I began to introduce mindfulness practices to children and youth through my work as an occupational therapist. I was privileged to witness incredible moments of hope and healing in my practice.

Yet, my literature searches revealed almost nothing specific to mindfulness within the profession of occupational therapy, and even less related to paediatric occupational therapy. When speaking with peers, I found many of them were also applying mindfulness to their clinical work or expressing interest in such but struggling with the lack of profession-specific evidence to support their clinical decision-making. Taken together, these influences are the impetus for this research. It is my hope that this research contributes to the profession of occupational therapy and facilitates positive change for the clients with whom we work.

1.2 Mindfulness

There are a range of descriptions of mindfulness within the literature. These are discussed in more detail within the manuscripts in the dissertation, with a brief introduction here. Mindfulness arises from Eastern traditions and has become popular in recent years in secular Western culture. Thich Nhat Hanh (2011), Buddhist monk and scholar, writes: "mindfulness allows you to be fully present in the here and the now in order to enjoy the wonders of life that have the power to heal, transform and nourish us" (p. 16). Mindfulness researcher and psychologist, Baer (2003) has defined mindfulness as "the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise" (p.125). Willard, an expert on mindfulness for children and youth, (2016) writes that mindfulness is "paying attention to the present moment with acceptance and non-judgment" (p. 29). Jon Kabat-Zinn, founder of the Mindfulness-Based Stress Reduction program, (2003) proposes a working definition of mindfulness as "the awareness that

emerges through paying attention, on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment.” (p. 145). In later definitions, Kabat-Zinn was noted to add “in the service of self-understanding and wisdom” to the end of the above definition (mindful.org, 2017). Commonalities of these definitions include a focus on attention to the present moment with a non-judgmental attitude. Hayes and Shenk (2004) note that “it is unlikely that any one definition will allow it to enter into scientific discourse unambiguously” (p. 253), suggesting the need for greater study into how researchers and practitioners are operationalizing mindfulness and mindfulness-based interventions.

1.3 Mindfulness-Based Approaches

There has been a proliferation of research into the usefulness mindfulness-based approaches for a range of health conditions (Baminiwatta & Solangaarachchi, 2021) In a recent review of mindfulness-based approaches, Zhang and colleagues (2020) reported that the two most widely adopted approaches include Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). In addition to these two approaches, Baer’s (2003) review identified Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Relapse Prevention as primary mindfulness-based interventions used in health and social care with adults.

In their review, Zhang et al (2020) reported that there exists a consensus in the literature regarding the effectiveness of mindfulness-based interventions for a range of conditions, including depression, anxiety, stress, insomnia, addiction, psychosis, pain, hypertension, weight control, cancer-related symptoms, and prosocial behaviors. Similarly, Semple and Burke (2019) report positive effects of mindfulness-based approaches for adults to manage stress, anxiety, and depression, and as a supportive treatment for eating disorders, PTSD, chronic pain, and substance abuse. Mindfulness-based approaches have been adopted in a range of settings, including healthcare environments, schools, higher education, and workplaces (Kinsella et al., 2020; Zhang et al., 2020).

While mindfulness-based interventions are generally considered safe, there exists a body of literature highlighting potential adverse effects of mindfulness (Britton et al., 2021,

Lindahl et al., 2019). It is believed that adverse effects of mindfulness are often underreported, as they are not commonly monitored in studies (Zhang et al., 2020).

1.4 Mindfulness with Children and Youth

While there exists an established body of literature regarding mindfulness-based approaches for adults, the research into mindfulness-based approaches for children and youth emerged later and continues to develop (Semple & Burke, 2019). In a 2012 review, Greenberg and Harris identified growth in the number of research articles related to mindfulness for children and youth. They noted that the majority of these studies focused on the role of mindfulness in the fields of education and psychology (Greenberg & Harris, 2012). Harnett and Dawe (2012) reported in a literature review that “mindfulness-based interventions hold promise for improving outcomes for children and adolescents,” but caution that there is a need for greater methodological rigor in many studies and that the mechanisms of change in mindfulness-based approaches are not understood. (Harnett & Dawe, 2012). In 2019, another review identified that mindfulness-based approaches appear promising for children and youth with a range of health conditions, however, further research was needed to provide a more complete picture (Semple & Burke, 2019).

School-based mindfulness programs have been studied for at least 15 years. A study by Schoeberlien & Koffler (2005) revealed that school-based mindfulness programs have the potential to increase self-awareness, emotional intelligence and improve social skills. Napoli, Krech and Holley (2005) found that a school-based program of mindfulness improved selective attention, reduced test anxiety and improved teacher ratings of ADHD-associated behavior. A review by Weare (2013) found that school-based mindfulness programs are highly acceptable to staff and students, and are likely to provide improvements in mental health, mood, self-esteem, self-regulation, positive behavior and academic learning. Rempel (2012) identified that school-based mindfulness programs have the potential to facilitate learning and address psychological difficulties students face, particularly stress. Rempel (2012) argued that school-based implementation of mindfulness programs could serve as universal treatment and

prevention programs, thereby reducing the stigmatization that could occur from participation in targeted programs. She notes, however, that support for this approach is not yet reflected in the literature (Rempel, 2012).

A scoping review completed by this author (Smith, unpublished) consisting of 106 peer-reviewed articles revealed mindfulness programs for children and youth have the potential to impact stress, eating behavior, pain, aggression, sleep, ADHD symptoms, substance use behaviors and executive functioning in children ranging from 5-18 years of age. Zoogman, Goldberg, Hoyt and Miller (2015) found in their meta-analysis that mindfulness for children and youth was overall helpful and did not appear to cause harm, particularly in healthy participants recruited from schools (Zoogman et al, 2015). Their findings suggest that mindfulness may target symptoms of psychopathology and further study into the role of mindfulness clinically is required (Zoogman et al, 2015).

1.5 Mindfulness in Occupational Therapy Practice

Within the profession of occupational therapy, research into mindfulness is in the early stages. For occupational therapists themselves a growing body of literature points to the role of mindfulness in supporting them to manage their daily work stresses and reduce the risk of burnout (Smith et al., under review). To date, there has been limited study of the application of mindfulness-based approaches in the profession of occupational therapy.

In a 2016 scoping review, Hardison and Roll identified 16 articles exploring the use of mindfulness in physical rehabilitation. They note that only two of the included studies employed an occupational therapist as the mindfulness provider, but the remaining articles were identified to fit within the scope of occupational therapy (Hardison & Roll, 2016). Based on the synthesis of the literature, they report that mindfulness-based approaches appeared to be helpful for clients with musculoskeletal disorders and chronic pain. They also report trends of improvement for clients experiencing neurocognitive and neuromotor disorders (Hardison & Roll, 2016).

In a 2020 scoping review, Kinsella et al. identified 50 articles on the use of mindfulness in allied health education. The review highlighted that mindfulness appears to support

allied health students to manage stress, anxiety and depression and to show potential to enhance students' focus, presence and empathy in professional practice settings (Kinsella et al., 2020). Further it pointed to the need for further research within allied health programs, including within the profession of occupational therapy (Kinsella et al., 2020).

Within the occupational therapy and occupational science fields, there are calls to consider the contributions of mindfulness to human occupation, and recognition of conceptual connections between mindfulness and occupation (Goodman et al., 2019; White et al., 2020). Elliot, an occupational scientist, suggests that “mindfulness in both its informal and formal practice is new and highly relevant terrain for occupational science to embrace” given the potentially fruitful relationship between mindfulness and occupation (Elliot, 2011, p. 374). In the field of occupational therapy, Reid has considered the relationship between mindfulness and human occupation for some time. Reid developed a theory of occupational presence and posited that participation in daily occupation can facilitate brief moments of mindfulness (Reid, 2005). Further, she argued that mindful participation in daily occupation can contribute to well-being (Reid, 2008, 2011). Reid (2009) also contended that mindful presence in occupational therapy practice can enhance occupational therapists' insight and reflective skills. In 2011, Reid explored the link between mindfulness and occupational engagement, noting that mindfulness can improve the depth and meaning of occupational experiences, which in turn can impact client well-being. McCorquodale (2013) linked mindfulness with the ‘being’ component of Wilcock’s (2006) Occupational Perspective of Health, while arguing that mindfulness can enhance professional practice, improve well-being for clinicians and foster social justice. A recent study linked a mindfulness-based occupational therapy intervention to improvements in occupational performance and satisfaction in adults as measured with the Canadian Occupational Performance Measure (Alfuth et al., 2022).

Occupational therapists frequently work with children who experience difficulties integrating with their peers, participating in play, or who struggle with school performance. Therapists in clinical practice have begun to explore the potential of mindfulness-based approaches as a therapeutic intervention. As elaborated in Chapter 2, recent literature suggests mindfulness may be used by occupational and physical

therapists as a health promotion strategy, and to address the needs of children with developmental disabilities, and some physical and mental health conditions. Nonetheless, in the context of paediatric health care, professional practice appears to have outpaced the research in the application of mindfulness-based approaches in therapeutic practice (Perry-Parrish et. al., 2016).

1.6 Qualitative Research on Mindfulness

While quantitative methods are useful for determining the “factors that influence an outcome, the utility of an intervention or understanding the best predictors of outcomes” (Cresswell, 2003, p.21-22), qualitative research may serve to provide insights into the lived experience of phenomena that is not captured by a quantitative approach. Further, qualitative research in health and social care has been proposed to “humanize” health care and complement quantitative research inquiries (Cypress, 2015).

There exist calls for qualitative research examining lived experiences of mindfulness (Bruce & Davies, 2005; Kinsella & Smith, 2021; Varela, 1993). To date, however, most of the research on mindfulness has been conducted using quantitative methods (Huynh et al., 2018). A 2017 review of mindfulness for occupational therapy practitioners and students revealed only two qualitative studies and one mixed methods study, pointing to the lack of qualitative research in this area (Dean et al., 2017). A 2019 review of qualitative research on school-based mindfulness interventions for children and youth revealed only seven articles (Sapthiang et al., 2019). Key themes of emotional regulation, stress reduction, improved coping and social skills and relaxation were identified within the review, pointing to the potential affordances of mindfulness to enhance children’s well-being, as well as the need for further research. Matthews and Anderson (2021) argue that there continues to be limited research examining the lived experience of mindfulness, despite calls for such dating back at least 15 years. It has been proposed that “the rich contextual detail of qualitative approaches allows researchers to explore mindfulness with different information and different perspectives” (Huynh, 2018, p. 787).

1.7 Emergent Tensions and Rationale

This study responds to calls for practice-based and qualitative research on mindfulness, particularly within the context of the professional practices of paediatric occupational therapists. This study investigates the current state of knowledge on the use of mindfulness in paediatric rehabilitation in occupational and physical therapy. The study examines paediatric occupational therapists' accounts of how they use mindfulness-based approaches in their practices, and advances practice-based knowledge in this domain.

Paediatric mindfulness literature has tended to focus on the ways mindfulness can be used in educational settings (Weare, 2013) with little attention paid to the ways in which it can be utilized in rehabilitation practice. Models and conceptual frameworks emerging in paediatric mindfulness practice, therefore, may well be inadequate for understanding the applications of mindfulness in clinical practice. This study contributes to knowledge that can support the development of profession-specific models and conceptual frameworks.

This research contributes knowledge that advances scholarly and practical conversations about the use of mindfulness-based approaches in clinical occupational therapy practice with children. This research is relevant to front-line therapists, to the rehabilitation professions, to health care managers, to policy makers, and to youth and their families, in their quest to better understand how mindfulness is currently being used by therapists to support children and youth.

1.8 Aim of the Research

The overarching aim of this research was to learn about mindfulness-based approaches in paediatric rehabilitation, with a particular focus on occupational therapy. The first objective was to conduct a scoping review of the literature to better understand the application of mindfulness-based interventions in paediatric occupational and physical therapy practice. The second objective was to inquire into the practice experiences of

paediatric occupational therapists who employ mindfulness-based approaches with their clients. As part of this approach, an analysis of metaphors of mindfulness in paediatric occupational therapy practice was undertaken. A third direction of inquiry focused on exploring what a Heideggerian informed phenomenology of practice framework could bring to the study of practitioners' practices.

1.9 Plan of Presentation

Five integrated manuscripts and a concluding chapter comprise the dissertation beyond this introductory chapter.

The first manuscript (Chapter 2), titled *Mindfulness-Based Interventions in Paediatric Physical and Occupational Therapy* is a scoping review of mindfulness in the professions of occupational and physical therapy. A version of this paper has been submitted to *Physical and Occupational Therapy in Paediatrics*. The central question of this paper is: What is the current state of knowledge as depicted in the peer-reviewed literature regarding mindfulness-based interventions in paediatric occupational and physical therapy practice?

The second manuscript (Chapter 3) is titled *Phenomenology of Practice: A Heideggerian-Informed Approach to Researching the Practices of Health Professionals*. This theoretical paper applies Heideggerian perspectives to propose a phenomenology of practice as useful to the study of health professional practices. This framework underpins the research design, and the work reported in chapters four, five and six. It may be of interest to researchers who wish to use a Heideggerian phenomenological approach to inquire into the professional practices of health and social care providers.

The third manuscript (Chapter 4) is titled *Mindfulness in Paediatric Occupational Therapy: A Phenomenological Inquiry*. This paper inquires into the lived experiences of occupational therapists who utilize mindfulness in their practices with children and youth. The central question of this paper was: What are occupational therapists' experiences with mindfulness in therapeutic practice with children and youth? The findings point to six key themes that depict practitioners accounts of experience: drawing from personal

practice, supporting occupation, fostering healthy habits, adapting for children, having fun and doing with. A version of this manuscript has been submitted to *Disability and Rehabilitation*.

The fourth manuscript (Chapter 5) is titled *Mindfulness and the Therapeutic Relationship: Reflections from Paediatric Occupational Therapy Practice*. This paper inquires into participants accounts of mindfulness in the therapeutic relationship with children and youth. The central research question guiding this paper is: What are occupational therapists' experiences of the therapeutic relationship with children and youth when they incorporate mindfulness-based approaches into their practices? The findings highlight four themes: fostering a safe space, being genuine, enhancing presence, and cultivating acceptance. This manuscript has been prepared for submission to the *Scandinavian Journal of Occupational Therapy*.

The fifth manuscript (Chapter 6), titled *Metaphors of Mindfulness in Paediatric Occupational Therapy Practice* presents an analysis of idiographic and elicited metaphors across the empirical data. The central question of this paper was: What metaphors are revealed in paediatric occupational therapists' accounts, and what do they tell us about their use of mindfulness with children and youth? Five predominant metaphors were identified. Three were related to mindfulness in therapeutic practice: mindfulness as a tool, mindfulness as exploration, and mindfulness as support. Two were related to therapists' views of their work using mindfulness with children and youth: therapist as a guide, and therapist as a gardener. This manuscript has been prepared for submission to the *British Journal of Occupational Therapy*.

The concluding chapter (Chapter 7) discusses the implications of the findings as they pertain to occupational therapy practice with respect to: mindfulness and human occupation, mindfulness and the therapeutic relationship, child-centred approaches to mindfulness, the potential of mindfulness to support critical approaches to therapy, and the affordances of mindfulness for clinician well-being in practice. Implications of the research for professional education and child health and well-being are also considered.

This chapter considers quality criteria, reflexivity in the study, strengths and limitations of the research, and avenues for future research.

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Chapter 2

2 Mindfulness-Based Interventions in Paediatric Occupational and Physical Therapy Practice: A Scoping Review

In recent years, there has been a proliferation of research into mindfulness across a range of populations and settings, including in clinical healthcare practice (Creswell, 2017; Farias & Wikholm, 2016). While various definitions of mindfulness exist in the literature, Kabat-Zinn (2003) offers an operational working definition of mindfulness as “the awareness that emerges through paying attention, on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment.” (p. 145). Growing evidence supports the use of mindfulness-based interventions (MBIs) as a treatment approach for a range of mental and physical health conditions in adults and children (Creswell, 2017; Moll, Frolic, & Key, 2015). The popularity and use of MBIs is on the rise across clinical groups (Creswell, 2017; Farias & Wikholm, 2016).

In occupational and physical therapy practice, the use of MBIs also appears to be on the rise. Crane and Kuyken (2013) note that mindfulness-based interventions are increasingly being adopted by a range of health professionals, including both occupational and physical therapists. Further studies note that mindfulness may contribute to occupational capabilities, a key foundation of occupational therapy practice (Elliot, 2011; Goodman et al., 2019). MBIs can vary significantly, ranging from manualized programs including Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), to more informal practices such as meditations and yoga. While some may consider yoga and mindfulness to be distinct practices, a growing body of literature points to yoga as a form of mindfulness. The founder of Mindfulness-Based Stress Reduction, John Kabat-Zinn (2013) emphasizes the practice of yoga as a means of practicing mindfulness. A study conducted by Carmody & Baer (2008) noted that the yoga component of mindfulness-based stress reduction was most strongly associated with improvements in psychological well-being, highlighting the importance of yoga in structured mindfulness-based interventions. Yoga has been referred to as ‘mindfulness in motion,’ given the strong ties between the two practices (Salmon et al., 2009). Gordon

(2013) writes, “it can be hypothesized that the two [yoga and mindfulness] are closely related and that yoga may be used interchangeably with mindfulness skills or exercises” (p. 1226).

Perry-Parrish et al (2016) note that the research into mindfulness-based interventions for children continues to emerge. Much of the literature on mindfulness for children and youth has focused on the school setting or the profession of psychology (Greenberg & Harris, 2012; Harnett & Dawe, 2012; Singh & Joy, 2020). It has been reported that MBIs offer clinicians a group of techniques that support the development of positive coping skills, improved symptoms of anxiety and depression, and improvements in global functioning in children (Perry-Parrish et al, 2016). Investigation into the use of mindfulness-based practices in paediatric occupational and physical therapy remains scarce. MBIs for children and youth have been identified as a priority for research (Singh & Joy, 2020). There is a need to examine the existing research on MBIs in paediatric occupational and physical therapy practice, in order to disseminate this knowledge to rehabilitation clinicians, health policy makers, and researchers.

2.1 Methodology

A scoping review was undertaken to identify, summarize and describe the current state of knowledge on mindfulness-based interventions in paediatric occupational and physical therapy practice. The purpose of a scoping review is to systematically map the main concepts and evidence sources of a particular area of study (Arksey, & O'Malley, 2005; Levac, Colquhoun & O'Brien, 2010). Scoping reviews are appropriate when a field is emergent, and it is anticipated that there will be a limited number of articles on the topic (Munn et al., 2018, Thomas et al., 2017). A scoping review typically focuses on mapping the breadth of research in an area (Levac, Colquhoun and O'Brien, 2010). Arksey and O'Malley (2005) have suggested that a scoping review should focus on identifying all pertinent literature in a particular area. To that end, the current scoping review included a range of research methodologies and literature reviews. The guiding framework for scoping reviews as posited by Arksey and O'Malley (2005) was adopted, with modifications as recommended by Levac, Colquhoun and O'Brien (2010) as follows: (1)

identification of the research question; (2) identification of relevant studies; (3) study selection; (4) data extraction; and (5) data synthesis. The PRISMA checklist for scoping reviews (Tricco et al., 2018) was utilized to enhance methodological rigour in the review.

2.1.1 Procedures

Step 1: Identifying the Research Question

The primary question to be addressed by this scoping review is: *What is the current state of knowledge as depicted in the peer-reviewed literature regarding mindfulness-based interventions in paediatric occupational and physical therapy practice?*

Step 2: Identifying Relevant Studies

A reference librarian was consulted to guide the search strategy. The following databases were searched: CINAHL, Scopus, PsycINFO, PubMed, ProQuest Nursing and Allied Health and Web of Science. Key terms included: (meditat* OR mindful* OR contemplat* OR yoga) AND (rehabilitat* OR occupational therap* OR physical therap* OR physiotherapy*) AND (child* OR teen* OR youth* OR adolescen* OR paediatric* OR paediatric*). The search was limited to articles that were peer-reviewed and written in English or pre-translated to English. No limit was set for the start date; results included works published through to the date of our search (October 31, 2020). The initial search generated 2,084 articles which were uploaded in Mendeley reference management software. Six hundred forty-five duplicates were removed yielding a total of 1,439 articles for consideration.

Step 3: Study Selection

Articles included in the review met the following inclusion criteria: addressed mindfulness-based interventions in paediatric occupational and/or physical therapy practice (i.e. clients under 18 years of age); included the terms “mindfulness” and/or “meditation” and/or “contemplation” and/or “yoga”; included one or more of the following terms “occupational therapy” and/or “physical therapy.” Included articles were published in English and were peer-reviewed. Articles were excluded if they: focused on professions outside the targeted professions; were not available in English; focused on

yoga strictly as an exercise without incorporating other mindfulness practices; or represented grey literature.

Two reviewers independently completed title and abstract screening with 1,439 articles, which yielded 93 articles for further review. A manual search of the reference lists yielded an additional 2 articles for a total of 95. Each article was then reviewed in its entirety and rated for relevance on a scale of 1-6 independently by two reviewers. The independent ratings were then compared. In the case of discrepancies, a third author provided an independent relevance rating. Articles that explicitly addressed the use of MBIs in paediatric physical and occupational therapy practice were given a relevancy score of 6 while articles that addressed the use of MBIs in paediatric rehabilitation professions more broadly but included the professions of physical and occupational therapy were given a relevancy score of 5. Fourteen articles were rated ≥ 5 on the relevancy scale and included in the final analysis. Figure 1 outlines the study retrieval and selection process.

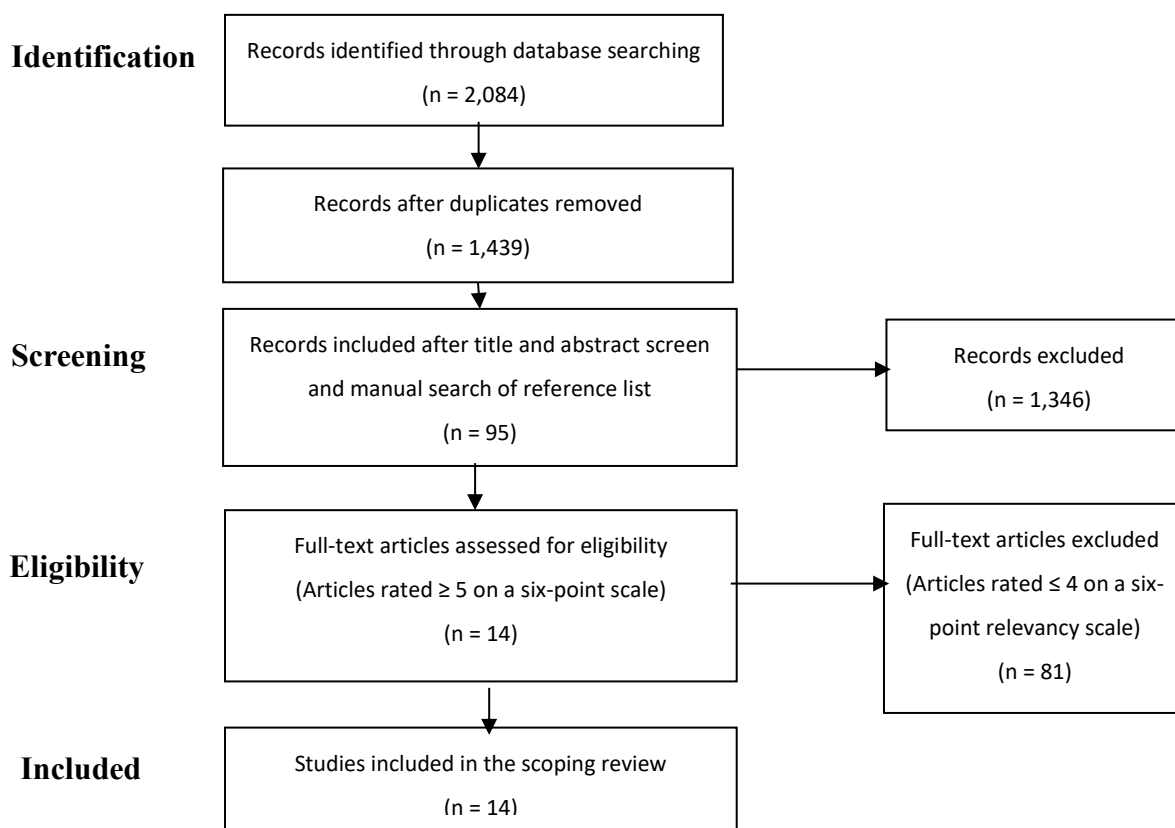


Figure 1: Flowchart of study retrieval and selection process

Step 4: Charting the Data

Data was extracted from the 14 identified articles by the first author, with verification of the extracted data completed by the remaining authors. Data was extracted according to: title, author(s), publication year, name of journal, location of study, research objectives/question and purpose, research design, population, setting, methodology, methods, conceptualization of mindfulness, baseline/outcome measures, key findings, limitations, profession, training/education of facilitator, and inclusion of the child's perspective. While quality assessment is not typically completed as part of a scoping review (Peters et al., 2015; Tricco et al., 2016), a brief assessment of each article's quality was undertaken using the McMaster University Critical Review Forms (Law et al., 1998; Letts et al., 2007). This quality assessment tool is comprised of two separate assessment forms, one for quantitative studies and the other for qualitative study. These

Butzer 2015	X	X	X		X	X	X	X
Case- Smith 2010	X	X		X	X	X	X	X
Conn 2017	X	X	X	X		X	X	X
Garg 2013	X	X	X		X		X	X
Hample 2020	X	X	X		X	X	X	X
Hooke 2016	X	X	X		X	X	X	X
Kaur 2019	X	X	X	X	X	X	X	X
Klatt 2013	X	X	X		X	X	X	X
Koenig 2012	X	X	X		X	X	X	X
Lee 2020	X	X	X		X	X	X	X
Paniccia 2019	X	X	X		X	X	X	X

Overall, eight quantitative studies, one qualitative study, two mixed methods studies and three reviews were included in this scoping review. Study designs included: uncontrolled

pre-test/post-test designs (n=7), controlled pre-test/post-test designs (n=2), interviews (n=2), systematic reviews (n=2), focus groups (n=1) and literature review (n=1). Participants in the studies ranged in age from 4-17 years, and were diverse with regard to reason for engagement with physical or occupational therapy services. Professional contexts included: school environment, hospitals, and an intensive camp program. A range of mindfulness practices were represented with most MBIs reported to incorporate multiple practices, including: yoga, breathing exercises, meditation, guided relaxation, guided visualization, chanting, and body scan. Interventions ranged in frequency and duration from as little as four 45-minute sessions to a high of one hundred thirty 20-minute sessions. Table 2 presents an overview of all extracted data.

Table 2: Characteristics of Included Studies

First Author & Year	Location & Journal	Profession represented	Population	Intervention	Design & Baseline/ outcome measures	Role & training of mindfulness facilitator	Inclusion of child's perspective	Key Findings
Butzer 2015	United States Journal of Evidence-Based Complementary & Alternative Medicine	Physical therapy	36 total: 18 grade two students 18 grade three students	10 weekly 20 minute sessions Incorporated: yoga, breathing exercises, meditation, guided relaxation	Quantitative: uncontrolled pre-test/post-test Attention Network Test; Salivary cortisol; Behavior observation survey (Likert scale)	Facilitator noted as trained 200-hour children's yoga instructor	No	Results of Attention Network test not reported; Significant decrease in salivary cortisol noted from week 1 to week 10 in grade two students (p<0.01), no change noted in grade three students Significant improvements in teacher reported behavior for grade two students (p<0.05), no change reported for grade three students

Case-Smith 2010	United States Journal of Occupational Therapy, Schools & Early Intervention	Occupational therapy	24 third grade students	8 weekly 45 minute sessions guided by OT and 15-minute sessions guided by teacher 4 times per week Incorporated yoga postures, guided visualization, breathing exercises; added music and creative activities	Qualitative: focus group and interview Focus groups conducted 2 weeks post-intervention Teacher interview 2 weeks post-intervention	PI and graduate students trained by the PI Training of PI not documented	Yes, through focus groups	Three themes emerged from the focus groups: feeling calm and focused, controlling their own behavior and supporting a positive self-concept
Conn 2017	United States Journal of Burn Care & Research	Physical therapy	50 children 6-12 years old who attended a camp for children who have experienced burns	45-60 minute sessions daily for 4 days (duration of camp program) Incorporated yoga, meditation breathing exercises and yoga games	Quantitative: uncontrolled pre-/post-test design Modified Yoga Evaluation Questionnaire (YEQ)	Facilitators noted as trained 200 or 1000 hour yoga instructors	Yes, through questionnaire	Significant decreases reported in somatic anxiety as measured on YEQ (p<0.001) Significant decreases reported in cognitive anxiety as measured on YEQ (p<0.001)
Garg	United States	Occupational therapy	51 children 5-9 years old with a diagnosis of	20 minutes 5 times per week for 12-15 weeks	Quantitative: uncontrolled pre-/post-test design	Teachers administered program with students after	No	Statistically significant changes to independence, attention, transition and

2013	Journal of Occupational Therapy, Schools & Early Intervention		multiple handicapping conditions, developmental disabilities, or Autism Spectrum Disorder	(low duration), 16-19 weeks (medium duration) or 20-26 weeks (high duration) Get Ready to Learn program: yoga postures, relaxation, chanting and breathing exercises	Get Ready to Learn Data Sheet (4 item Likert scale completed by teachers measuring independence, attention, transition, and self-regulation)	receiving 1 day training and materials developed by occupational therapist		self-regulation after all durations ($p \leq 0.05$)
Hample 2020	United States Journal of Occupational Therapy, Schools & Early Intervention	Occupational therapy	8 children 6-13 years old with diagnosis of Autism Spectrum Disorder	30 minute sessions once weekly for 8 weeks using the first 8 lessons from The Interoception Curriculum conducted by PI and graduate students; Body check activity incorporated 3 times daily by classroom teacher	Quantitative: uncontrolled pre-/post-test design Interoceptive Awareness Interview	PI (occupational therapist) and graduate students led weekly sessions Training of PI not documented	Yes, through Interoceptive Awareness Interview	Significant improvement noted in Interoceptive Awareness Interview ($p < 0.0001$) Better attunement to body and emotional states Improved ability to notice and make meaning of body signals
Hooke 2016	United States	Physical therapy	13 children 10-17 years of age who had completed	45 minute weekly sessions for 6 weeks; participants	Quantitative: uncontrolled pre-/post-test design	Facilitator noted as holding 200-hour yoga teacher	No	Scores for fatigue, sleep and balance remained stable pre- to post-intervention

	Journal of Paediatric Oncology Nursing		cancer treatment	were provided with DVD and encouraged to practice at home between sessions Incorporated: breathing exercises, yoga postures, guided meditation; added music	PedsQL Multidimensional Fatigue Scale, Adolescent Sleep-Wake Scale, Bruininks-Oseretsky Test of Motor Proficiency (BOT-2), Spielberger State Trait Anxiety Inventory	training; physical therapist collaborated with yoga teacher regarding precautions for individual participants		For younger participants (6-12 years old), significant decreases were noted for anxiety (p=.04) For older participants (13-17 years old) anxiety scores trended lower but did not reach significance (p=0.1)
Kaur 2019	United States Journal of the American Physical Therapy Association	Physical therapy	24 children 5-13 years old with Autism Spectrum Disorder	40-45 minute expert-led sessions 2 times weekly & 20-25 minute parent-led sessions 2 times weekly for 8 weeks Incorporated yoga postures, breathing exercises, guided relaxation; added social activities and music	Mixed methods: uncontrolled pre-/post-test design with exit questionnaire Bruininks-Osteresky Test of Motor Proficiency (BOT-2) Imitation test Parent exit questionnaire (Likert scale)	Expert sessions led by paediatric physical therapist with training in Applied Behavioral Analysis and yoga	No	Gross motor and bilateral coordination skills improved from pre- to post-test as measured with BOT-2 (p=0.03) Imitation errors were reduced from pre- to post-test in imitation test (p=0.03) Parents reported intervention was useful, they would continue to practice, and would recommend it to others

Klatt 2013	United States Journal of Positive Psychology	Occupational therapy	20 children in two third grade classrooms	45 minute sessions once weekly for 8 weeks Move-Into-Learning Program Incorporated yoga, guided meditation, guided visualization, breathing exercises Added music and arts-based activities	Mixed methods: uncontrolled pre-/post-test with interview Connor's Teacher Rating Scale- Revised Short Semi-structured interviews with teachers	Graduate students trained by the PI Training of PI not documented	No	Significant improvement in behaviours such as hyperactivity (p=0.002) Significant improvements in attention-deficit/hyperactivity disorder index (p<0.001) Significant improvements in cognitive/attentiveness subscale (p<0.001) Interviews supported the pre-post test data and suggested intervention as feasible and acceptable
Koenig 2012	United States American Journal of Occupational Therapy	Occupational therapy	48 children 5-12 years old with Autism Spectrum Disorder	15-20 minutes 5 days per week for 16 weeks Get Ready to Learn program: yoga postures, relaxation, chanting and breathing exercises	Quantitative: Controlled pre-/post-test design Aberrant Behavior Checklist Community (ABC) completed by parents & teachers	Teachers administered program after completing 2.5 hour in-service and receiving materials developed by occupational therapist	No	Significant decreases found in ABC scores when compared with control after 16 weeks in total behavior scores (p=0.029) and irritability/agitation/crying domain (p=0.05) Improvements noted in classroom management as measured by student off-task behavior and teacher redirection in coded videos

					Video observations			
Lee 2017	Hong Kong Hong Kong Journal of Occupational Therapy	Occupational therapy	N/A	N/A	Systematic review	N/A	N/A	Review found that mindfulness interventions for individuals with ADHD have historically been focused toward adult populations with limited study for paediatric populations Results from studies incorporating adolescent and adult populations showed statistically significant improvements Study limitations and low number of studies limited conclusions justifying need for further research
Lee 2019	United States Alternative and Complementary Therapies	Occupational therapy & Physical therapy	N/A	N/A	Literature review	N/A	N/A	Concluded that rehabilitation professionals including occupational and physical therapists are uniquely suited to support children in developing mindfulness to reduce boredom
Lee 2020	Hong Kong International Journal of Environmental	Physical therapy	42 children aged 4-6 attending kindergarten	15 minutes daily for 5 days Incorporated deep	Quantitative: controlled pre/post-test design Pedometers	PI was noted as facilitating program, no details on training of PI provided	Yes, through Smiley Face Likert Scale	Significant increase in reported happiness on the Likert scale for the intervention group with no changes reported in the control group ($p < 0.05$)

	Research and Public Health			breathing, body scan, visualization, awareness of thoughts and emotions	Smiley Face Likert Scale Children's Emotional Manifestation Scale Penn Interactive Peer Play Scale Test of Playfulness			Significant increases in playfulness noted in intervention group (p<0.05) Significant improvements in extent, intensity and skill of play were noted in intervention group, and were larger than those for control group (p<0.05)
Paniccia 2019	Canada American Journal of Occupational Therapy	Occupational therapy	6 youth 13-17 years of age with persistent concussion symptoms	45 minute sessions once weekly for 8 weeks Incorporated meditation & yoga	Quantitative: Repeated measures design (pre/post test and 3 month follow up) Children's Assessment of Participation and Enjoyment (CAPE) Self-efficacy Questionnaire for Children Heart Rate Variability	Facilitator was noted as occupational therapist with training as a yoga instructor	Yes, through questionnaires	No changes reported on CAPE Trends of increased reported self-efficacy in academic, social and emotional domains at post-test Trends of decreased symptoms reported on the Post-Concussion Symptom Inventory which were maintained at 3-month follow up

					Postconcussion Symptom Inventory			
					Godin Leisure-Time Exercise Questionnaire			
Weaver 2015	United States American Journal of Occupational Therapy	Occupational therapy	N/A	N/A	Systematic Review	N/A	N/A	Concluded that almost all studies reviewed reported reductions in anxiety following intervention. Noted study limitations and use of wide range of outcome measures which highlights need for further research

2.2.2 Thematic Analysis

Key findings in this review linked mindfulness interventions in occupational therapy or physical therapy practice to physical and emotional well-being for children. To enhance the utility of this review, key findings have been grouped by participant characteristics.

2.2.2.1 Mindfulness as Health Promotion

In five of the articles, MBIs were utilized as a health promotion strategy with broad groups of children, such as those within a classroom setting.

Butzer et al. (2015) reported the use of a classroom-based MBI for children in grades two and three which consisted of 30 minute practices once weekly for 10 weeks. Practices were noted to include yoga, breathing exercises, and meditation. The authors reported improved overall mood in grade two students as reported by teachers using Likert scales.

It should be noted, however, that these results were not observed in the grade three participants. Further, this study reported decreases to salivary cortisol, a marker of stress, in the grade two students, with no significant change reported in the grade three participants (Butzer et al., 2015). Significant improvements in teacher-reported children's ability to deal with stress and anxiety using a Likert scale were only noted for grade two students, and not for the grade three participants (Butzer et al., 2015). Likewise, significant improvements in teacher-reported attention span, ability to concentrate, and ability to stay on task, in grade two students was reported, with no change reported for grade three participants (Butzer et al., 2015). In the final teacher-reported measure, Butzer et al. (2015) reported significant improvement in social interaction in grade two children, while no changes were reported for grade three students.

In their literature review, Carsone and Smith (2019) posit that cultivating mindfulness in school-aged children can reduce the social and economic consequences of boredom. They note that rehabilitation professionals, particularly occupational therapists, are well-suited to recognize and respond to boredom in children and youth (Carsone and Smith, 2019). They note that features of mindfulness including presence and non-judgment can enhance satisfaction and participation in daily occupations, which in turn can reduce the negative impacts of boredom (Carsone and Smith, 2019).

Case-Smith et al. (2010) reported the use of a classroom-based MBI, which consisted of yoga, guided visualization, breathing exercises, and arts-based activities. This MBI was conducted in 45-minute once weekly sessions for 8 weeks. Case-Smith et al. (2010) noted that the 7–9-year-old participants reported feeling calm and relaxed and that the MBI helped them to feel more in control of their behavior and supported a positive self-concept. One participant was quoted as saying the program “changed me from bad to good” (p. 233). Another participant reported a sense of empowerment: “It means it gives you power and you can be strong... you can be strong in the whole wide world by using your power” (p. 234). Further, the authors reported these participants as observing changes to their ability to concentrate following the MBI. One participant was quoted as saying of the program, “It makes you concentrate in school” (Case-Smith, 2010, p. 231). Another participant said, “...it makes us focus about what we are about to do and it helps

us. Because when we're focused, we...are focused on our work and we get a better grade" (Case-Smith, 2010, p. 231-2). Finally, participants reported improved self-regulation and ability to manage behavior following the MBI. One participant was quoted as saying of the program, "It helps me, like when I get mad it helps me calm down" (p. 232). Another participant said, "...it helped me with my anger problem because when people was rolling their eyes and stuff at me, I just fight, but now I tell the teacher" (Case-Smith, 2010, p. 233). Teacher reports in this study also noted improvements to classroom focus with one teacher reporting: "The children became more and more focused during the school year and the yoga was a part of that" (Case-Smith, 2010, p. 232).

Klatt et al. (2013) reported the use of an 8-week classroom-based MBI consisting of once weekly 45-minute sessions incorporating yoga, guided meditation, guided visualization, breathing exercises and arts-based activities. It should be noted that this MBI was delivered in third grade classrooms of a public school within an urban disadvantaged neighborhood, with students who were identified to be at 'at-risk.' The authors reported significant decreases to levels of inattention and oppositional behavior based on teacher reports on the Connor's Teacher Rating Scale-Revised (Klatt et al., 2013). Further, qualitative reports revealed that teachers found students to be alert and ready to learn following the MBI (Klatt et al., 2013). One teacher was noted as saying the program "seemed to relax the children so that they could focus on what I was trying to teach them next" (Klatt et al., 2013, p. 238), while another teacher reported, "I think they learned how to relax. There were times when they would be all worked up and I would tell them to remember just to breathe and let it go, and I think they learned how to do that" (p. 238).

Lee et al. (2020) reported use of a 5-day, 15-minute daily classroom-based MBI consisting of storytelling, breathing exercises, body scans and visualization exercises for kindergarten children. The authors reported significant increases to kindergarteners' happiness, playfulness, and emotional well-being after the MBI. In this study, happiness was measured through a Smiley Face Likert Scale, emotional well-being was assessed

through the Children's Emotional Manifestation Scale, and playfulness was assessed through the Test of Playfulness Scale (Lee et al., 2020). Conversely, the authors reported no changes to kindergarteners' levels of peer interaction as measured with the Penn Interactive Peer Play Scale following the MBI (Lee et al., 2020).

2.2.2.2 Mindfulness for Children with Developmental Disabilities

Four articles focused on the application of MBIs for children with developmental disabilities.

Garg et al. (2013) reported use of a classroom-based MBI consisting of yoga, relaxation exercises, chanting and breathing exercises for children receiving special education services. The MBI was noted to consist of 20 minute sessions, 5 days per week, with varying durations between 12 and 26 weeks. Participants were noted to range in age between 5 and 9 years and had a diagnosis of Autism Spectrum Disorder (ASD), developmental disabilities and multiple diagnoses. The authors reported statistically significant improvements to teacher-reported levels of student independence, attention, ability to cope with transitions and self-regulation for all durations of the MBI (Garg et al., 2013). The most significant changes were noted for the high duration group (20-26 weeks of MBI) for all areas except level of independence (Garg et al., 2013). The medium duration group (16-19 weeks of MBI) was noted to show the most significant improvements to teacher-reported level of independence (Garg et al., 2013).

Hample et al. (2020) reported use of a MBI that consisted of thirty-minute once weekly sessions over 8 weeks for children 6-13 years old with ASD in a self-contained special education classroom. The MBI was noted to incorporate adapted mindfulness and yoga activities centred on interoceptive awareness. Significant improvements in interoceptive awareness and improved ability to notice and make meaning of body signals as measured through the Interoceptive Awareness Interview was reported as an outcome of the MBI (Hample et al., 2020).

Kaur and Bhat (2019) reported use of an 8-week MBI for children 5-13 years of age with ASD. The MBI consisted of 20-45 minute sessions 3-4 times per week and incorporated yoga, breathing exercises, relaxation exercises and social activities in addition to music. Kaur & Bhat (2019) reported that participants were noted to reduce imitation errors following a yoga and mindfulness-based intervention, suggesting an enhanced ability to attend to the actions and directions of others. Further, improvements in gross motor skills and bilateral coordination as measured with the Bruininks-Oseretsky Test of Motor Proficiency 2nd edition were reported following the MBI. The mechanism of change was not identified in this study, but it is theorized that these results are likely the result of participation in a physical activity such as yoga (Kaur & Bhat, 2019).

Koenig et al. (2012) reported use of a 16-week MBI consisting of 15-20 minute sessions 5 days per week for 5-12 year old children diagnosed with ASD. The MBI included breathing exercises, meditation practices and yoga. The authors reported significant reductions in irritability/agitation/crying in children with ASD as reported by teachers and measured by the Aberrant Behavior Checklist-Community after the MBI (Koenig et al., 2012). Further, a trend toward reduced social withdrawal was noted following the MBI, however this finding was not statistically significant. No changes were reported with regard to stereotypic behavior or inappropriate speech. Video coding of participant behavior in the classroom noted reductions in off-task behavior and teacher redirections (Koenig et al., 2012)

2.2.2.3 Mindfulness for Physical Health Conditions

Three articles explored the role of mindfulness in supporting children and youth to manage a variety of physical health conditions.

A single article described the utility of MBIs for paediatric burn survivors aged 6-12. The MBI was described as a 4-day camp which incorporated meditation, breathing exercises and yoga in daily 45-minute sessions (Conn et al., 2017). The authors reported significant

decreases in somatic and cognitive anxiety in participants following the MBI as measured with a modified version of the Yoga Evaluation Questionnaire (Conn et al., 2017).

A single article explored the impact of MBIs for children 6-17 years of age who had completed treatment for cancer. Hooke et al. (2016) described the MBI as comprised of 6 weekly classes of 45-minute duration with a DVD of practices for independent use between sessions. They noted the MBI consisted of breathing exercises, yoga postures, and meditation, with incorporation of music into the activities. The authors reported significant decreases in anxiety scores on the Spielberger State-Trait Anxiety Inventory for 6–12-year-old paediatric cancer survivors after a six-week mindfulness program (Hooke et al., 2016). A downward trend in scores for participants 13-17 years of age was reported following intervention, however, this finding did not reach statistical significance. No significant changes to balance as measured with the Bruininks-Oseretsky Test of Motor Proficiency 2nd Edition were noted following the MBI (Hooke et al., 2016).

A single article focused on the use of MBIs to support youth 13-18 years of age in managing persistent concussion symptoms. Paniccia et al. (2019) reported the MBI utilized a combination of meditation practices and yoga postures in 45-minute sessions once weekly for 8 weeks. While their findings did not reach significance, trends of increased self-efficacy in academic, social and emotional domains were noted for participants following the MBI were reported (Paniccia et al., 2019). In addition, trends of decreased post-concussion symptoms as measured with the Post-Concussion Symptom Inventory following the MBI were reported, however, this finding did not reach significance.

2.2.2.4 Mindfulness and Mental Health Conditions

Two articles considered the role of MBIs for managing mental health conditions in children and youth.

Lee et al. (2017) completed literature review to explore the role of MBIs to support youth 12-18 years of age in managing Attention Deficit Hyperactivity Disorder (ADHD). While 9 articles were identified for this review, only four identified the target population of children and youth (Lee et al., 2017). Across the three studies focused on adolescents, significant improvements in parent teacher-reported attention (Lee et al., 2017). In the single study focused on children, significant reductions in parent and teacher-reported inattention was noted (Lee et al., 2017). The authors conclude that mindfulness-based interventions appear to have “clinical value for individuals with ADHD” (Lee et al., 2017, p. 39). It is important to note that this literature review was conducted to inform practice within the discipline of occupational therapy, however, the included studies were predominantly from the field of psychology.

Weaver and Darragh (2015) conducted a systematic review of yoga interventions to address anxiety in children and youth aged 3-18. Sixteen articles were included in the final review. Yoga interventions were identified to include breathing exercises, meditation practices, and relaxation exercises. Generally, the included articles noted positive results, with the authors reporting that mindful yoga practices “may be effective in reducing anxiety and anxiety-related symptoms or behaviors in children and adolescents” (p. 7). Significant decreases in anxiety were noted only for those MBIs with “very specific populations” or those provided at a high frequency. Again, this review was intended to inform occupational therapy practice, however the included studies were predominantly from the field of psychology.

2.3 Discussion and Implications

The findings of this study offer important insights while highlighting a number of gaps in the literature that require attention and future research. The studies in this review reported a high rate of positive outcomes as a result of participation in mindfulness-based programs. The results point to the potential of mindfulness interventions to enhance positive emotional states, reduce anxiety, improve sense of self, develop attention and self-regulation, boost social engagement and support positive physical changes. The

findings may be of particular interest to occupational and physical therapists targeting these areas within their practices with children and youth.

As therapy services take place in a wide range of environments, including hospitals, clinics and within the community, it is important to consider that the vast majority of studies in this review took place within the child's natural environment (i.e. school, camp). Parents identify integration of children's rehabilitation programs into the child's natural environment as a priority (Stefansdottir & Egilson, 2016). All studies in this review utilized interventions directed toward the child or adolescent, with no family-centered programs reported. Parents of children with disabilities often report a desire for collaboration in their child's rehabilitation program (Stefansdottir & Egilson, 2016). A consideration of the child's holistic context (physical, social, institutional and cultural environment) in the design of MBIs is recommended. Future research into the use of MBIs in other settings (i.e. hospital, clinic, etc.) and within family-centered care models would be valuable contributions to support clinicians to utilize MBIs in their practices with children and youth.

Study populations in this review included healthy populations receiving health promotion programs and children with ASD, ADHD, burns, cancer and persistent concussion symptoms. Physical and occupational therapists provide professional services for a range of conditions and health needs. Further, this review includes a narrow range of childhood conditions, and omits a number of relatively common childhood conditions, including cerebral palsy, spina bifida, Down Syndrome and mental health diagnoses including depression. As a result, there exists a number significant gaps in this body of literature that require attention to better serve the needs of paediatric physical and occupational therapists and the clients they serve.

For the most part, this review highlighted limited training for those facilitating the mindfulness-based interventions. Many researchers relied on their professional education as a rehabilitation provider to conduct the interventions, with a few studies employing those with further training in mindfulness-based approaches. Interestingly, no studies

identified that the intervention facilitator maintained a personal mindfulness practice, despite a growing body of evidence suggesting this can have a strong impact on effectiveness (i.e. Grepmaier, et al., 2007, Greason & Cashwell, 2009). Health professional regulatory bodies expect clinicians to act within their personal scope of practice, and to obtain continuing professional education to expand this scope (Wise, 2008). Demarzo et al. (2015) report that there are “no accepted international standards or professional qualifications” for training of professionals in MBIs. They note two prominent training programs available to clinicians, however neither is specific to MBIs for children and youth (Demarzo et al., 2015). Further, financial and time limitations may impact the accessibility of high-quality education for clinicians, which may further limit the opportunities for safe and effective incorporation of MBIs in paediatric physical and occupational therapy practice. Clinicians hoping to incorporate mindfulness-based interventions into their clinical repertoire are encouraged to cultivate a personal mindfulness practice, and to seek high quality training programs to enhance effectiveness and safety. Consideration of education in MBIs within physical and occupational therapy preparatory and continuing education programs may be of use in enhancing accessibility of this training.

Many of the included studies utilized yoga as a form of mindfulness practices. It appears that yoga as an MBI may be particularly salient for both physical and occupational therapists in practice. For physical therapists, mindfulness-based yoga interventions may offer natural opportunities to develop balance, flexibility and strength while providing an opportunity to develop body awareness. For occupational therapists, yoga may be seen as an opportunity to blend two dimensions of occupation, doing and being (Wilcock, 1998).

2.3.1 Future Directions

Given the range of ages and developmental needs of clients attending paediatric physical and occupational therapy services, attention to childhood development may be warranted in the design of mindfulness-based interventions. A program suitable for a six-year-old may be regarded as childish by an adolescent. Further study with clear descriptions of interventions and developmental considerations are recommended. The use of arts or

play-based approaches to MBIs, speak to the importance of developing interventions that are meaningful and relevant to children and youth. In a number of studies, differences in outcomes were reported in different age categories. A number of studies reported statistically significant improvements in various areas for children under 12 years of age, while results were not significant for adolescent participants. One study revealed significant results for children in grade two, but not grade three. Further research is required to better understand developmental and age-related differences in MBIs.

The studies in this review represented a narrow selection of childhood conditions commonly treated in paediatric physical and occupational therapy practice, with a number of apparent gaps. Further, many studies focused on the use of MBIs as a health promotion strategy. While this approach is certainly within the scope of practice for both physical and occupational therapists, it may not be representative of clinicians' caseloads in practice. Future research is warranted to understand the potential contribution of MBIs to a wider range of health conditions, including those commonly treated by paediatric physical and occupational therapists.

The included studies represented a diverse range of intervention frequency and duration. Previous literature reviews on mindfulness in the field of psychology have indicated that programs with higher frequency and longer duration often report more statistically significant outcomes (Greenberg & Harris, 2012; Harnett & Dawe, 2011). However, emerging studies with adults have shown that even short mindfulness practices can be of benefit (Strohmaier, 2020). Given the cost of therapy services, it will be important to continue to study the optimal frequency and duration of programs with children and youth to affect positive change while balancing the need for cost-effective services.

Greater emphasis on eliciting and foregrounding child and youth participants' perspectives regarding the acceptability, feasibility and effectiveness of MBI interventions is warranted. Article 12 of the UN Convention on the Rights of the Child affirmed children's rights to form their own opinions and express their opinions freely (Department of Justice, 2019). Five articles in this review incorporated the views of the

child/youth participants themselves, and of those, only one study did so using open-ended prompts. In general, these views highlighted the positive outcomes or children's enjoyment of the MBIs without the counterbalance of challenges or difficulties related to the use of MBIs. Challenges related to developing a mindfulness practice have been documented for other populations (Irving et al., 2012; Langdon et al., 2011), and it would be reasonable to assume that similar difficulties exist for children. Further research aimed at eliciting rich descriptions of lived experiences from child participants in MBIs is needed, including those descriptions of difficulties arising from developing a mindfulness practice.

None of the studies identified negative outcomes or adverse effects. While studies in adult populations have generally reported positive outcomes, adverse effects have also been reported (Baer et al, 2019; Lindahl et al, 2017). It is possible that adverse effects may occur through the implementation of MBIs with children and youth. Some studies reported attrition from experimental or control groups, but few reported the reasons. It is possible that attrition could have resulted from undocumented negative outcomes or adverse effects. It is important that adverse effects, and reasons for attrition, be documented in future studies.

2.3.2 Strengths and Limitations

The strengths of this study include the systematic nature of the review and the implementation of a rigorous analysis process. The study included a moderate quantity and range of papers from two paediatric rehabilitation professions. Limitations include the exclusion of studies published in languages other than English, and the decision not to include grey literature. Further, the vast majority of literature was from North America, with limited representation from other areas of the world.

2.4 Conclusion

This study has identified, summarized and described the state of literature in the area of mindfulness in paediatric occupational and physical therapy. This review maps the types

of mindfulness approaches and intervention protocols being utilized by paediatric occupational and physical therapists. The review demonstrates that there is an emphasis on using quantitative methods to explore the impact of MBIs with a still nascent body of research conducted using rigorous qualitative methodologies. The majority of these studies have been undertaken in North America. The results point to the potential of mindfulness interventions to support health promotion initiatives and address children's needs as they relate to developmental disabilities and some physical and mental health conditions. The results of these studies are not conclusive and should be interpreted accordingly. In view of the results, further research on mindfulness and its role in affecting change for children receiving physical and occupational therapy services is recommended. In sum, this study has mapped the current state of the literature on mindfulness in paediatric occupational therapy and physical therapy practice, identified emergent conversations and potential contributions to rehabilitation with children and youth, and pointed to important areas for further research.

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Chapter 3

3 Phenomenology of Practice: A Heideggerian-Informed Approach to Researching in the Health Professions

Phenomenology, a philosophical perspective oriented toward understanding of the phenomenal world through human experience, has been taken up over time as a research methodology in health and human sciences (Finlay, 2009, Park Lala & Kinsella, 2011). Historical variations of phenomenology exist, which carry implications for the types of inquiries that can be addressed through phenomenology, and for the types of knowledge claims that a phenomenological study can make. A grasp of the philosophical perspectives underlying the methodology is important for development of a phenomenological study that is defensible, coherent and rigorous (Crotty, 1998). Phenomenology offers “a rich portrayal of experience, taking into account context” and interpretive meanings (Wilson, 2014, p. 2). Phenomenologies of practice focus this portrayal of experience on “the kinds of inquiries that address and serve the practices of professional practitioners” (van Manen, 2014, p. 15).

In this paper, I propose that returning to Heidegger’s philosophy can assist in grounding a useful phenomenology of practice to guide research. This paper draws specifically on Heideggerian perspectives to articulate a Heideggerian-informed phenomenology of practice. The aim is to advance research into the practices of health and social care providers, in a way that foregrounds the taken-for-granted knowledge and practice-based wisdom that practitioners possess. I argue that attention to a phenomenology of practice, informed by Heideggerian perspectives, supports an approach to the study of practice, aimed at advancing understanding of what it is to “be-in-the-practice-world.” It should be noted that the tenets presented within this paper are not all encompassing of Heidegger’s theory as only those that are of significance to this phenomenology of practice have been highlighted.

This paper is comprised of three distinct, but interrelated sections. The first considers Heidegger’s contention that human existence, or *Being*, is always contextual, what Heidegger referred to as being-in-the-world. The second takes up four key characteristics

of being, or existentials, related to temporal, spatial, relational and embodied aspects of existence. The third considers practice as action-in-the-world, and is informed by Heidegger's concepts of *verstehen*, *befindlichkeit*, and *eigentlichkeit*.

3.1 Being as Being-in-the-World

To help connect to "life" the theoretical concepts related to Being as Being-in-the world, a brief vignette of a simple practice, is offered. Max van Manen (1997) writes that vignettes such as this "express a certain disdain for the alienated and alienating discourse of scholars who have difficulty showing how life and theoretical propositions are connected" (p. 119). While the intended application of this phenomenology of practice is to support in-depth research into the practices of health and social care providers, the practices of these providers are often specialized and complex. To enhance clarity of the theoretical concepts presented in this paper, a vignette of the simple and accessible practice of baking drawing on the experience of the first author with her child, is used bring the conceptual ideas to life.

It is a couple of days before a holiday celebration. My young son has asked to bake cookies in preparation for the holiday. Given that it is a weekend afternoon, with no other demands on my time, I agree. We wash our hands, pull our aprons over our heads and begin. We measure ingredients, mix them together, knead the dough and let it chill. Even the break in activity while the dough chills in the fridge is important- it offers opportunity for a board game. Once the game is over and the dough has chilled, we return to baking. My son giggles while he sprinkles flour onto the counter before placing the dough on top. He holds the rolling pin and I place my hands over his, to assist him in rolling out the dough. Soon he is cutting out various shapes and placing cookies onto the baking sheet, while I move cookies into and out of the oven. He tells me about school, his friends and his excitement for the holiday. The words flow easily and we laugh together. Eventually, the cookies are all baked, the kitchen is cleaned and our activity together ends.

For Heidegger (2010), human existence, or being, is always being-in-the-world. Heidegger uses the word *Dasein*, which translates from German as ‘being-there’ to describe human existence. He writes:

Being-in is not a ‘property’ which *Dasein* sometimes has and sometimes does not have, and *without* which it could *be* just as well as it could be with it. It is not the case that human being ‘is’ and then on top of that has a relationship of being to the ‘world’ which it sometimes takes upon itself. *Dasein* is never ‘initially’ a sort of being which is free from being-in, but which at times is in the mood to take up a ‘relation’ to the world. This taking up of relations to the world is possible only *because*, as being-in-the-world, *Dasein* is as it is. (p. 57)

According to Dreyfus (1991), an assumption of Heidegger’s philosophy is that humans are already and always engaged in the world. As Sandberg and Dall’Alba (2009) write, “person and world are inextricably related” (p. 1353). For Heidegger (2010) “Being-in-the-world, and thus the world as well, must be the subjects of our analytic in the horizon of average everydayness as the nearest kind of being of *Dasein*” (p. 66). Here, humans are indivisibly linked to the world in which they exist, and an understanding of human existence requires an understanding of one’s contextual, socio-cultural, political and historical situatedness in the world.

3.1.1 The World as Accessed Through Umwelt

One of the first insights of relevance to a phenomenology of practice is Heidegger’s distinction between *welt* and *umwelt*. Heidegger (2010) writes of both the *welt* (world) and *umwelt* (surrounding environment) that humans find themselves in. He distinguishes between *welt* and *umwelt* as follows: “The closest world of everyday *Dasein* is the surrounding world [Umwelt]” (Heidegger, 2010, pg. 66). King (2001) elaborates, “*umwelt* means a world that is round-about us, as world that is nearest, first at hand” (p. 68). While the world broadly, with all its cultural, historical and political influences may impact upon daily life, Heidegger argues that the *umwelt*, or surrounding environment, plays most significantly into daily life, simply by virtue of its “nearness” to us. As a concrete example, while world politics may indirectly impact upon one’s daily life, it is

the local and national politics and the lens with which we view politics that more profoundly shape day-to-day life. Heidegger (2010) further explains that humans access the world through their *umwelt*, or surrounding environment.

In the practice of baking cookies, the *umwelt* can be seen to be our immediate environment, the kitchen in which we baked. This *umwelt* provides the opportunity for us to be together, engaged in the activity of baking. Our home kitchen is situated in a specific neighbourhood, in a specific city, within a larger national and international context, with varying cultural and social norms. These contexts make up the larger world in which we engaged in baking.

When studying the practices of health and social care professionals, the concept of *umwelt* may be useful for attending to the immediate practice world of the practitioner, for example the clinical or organizational environment in which a practitioner is employed, and more broadly to the larger practice environment and regional or national legal systems and regulatory bodies. The notion of *welt* or 'the world' can also be important and can be understood as the broader global communities of like-minded practitioners, in addition to the world at large, including broad historical, political and cultural influences on a practice. Both the immediate practice environment and larger practice 'world' may shape the way in which practice is viewed and undertaken. Questions aimed at understanding and acknowledging the influence of both (*umwelt* and *welt*) can provide additional insight into professional practices.

3.2 Existential Dimensions of Being-in-the-World

Heidegger writes of characteristics of existence, which I propose carry key importance for understanding practice. Four of these include *temporality*, *spatiality*, *relationality* and *embodiment*.

3.2.1 Temporal Dimensions of Being-in-the-World

Heidegger (2010) writes at length about the temporal aspects of life, and their impact on the being of humans. Heidegger (2010) writes of 'thrownness', referring to the fact that we, as human beings, are 'thrown' into a world in which we had no hand in creating, including the social, cultural, and historical contexts in which we find ourselves. Yet, each of these contexts has influence over our being-in-the-world. Heidegger (2010) writes that humans learn from the past, exist in the present, and plan for the future. Shaw and Connelly (2012) note that “For Heidegger, the observation that humans are always living through the passage of time meant that humans are always changing and thus always 'becoming'” (pg. 402). Heidegger (2010) argues that everything we do has temporal bounds.

In the baking example, the activity began at a certain point in time, and ended at a certain point in time. Further, the activity was bound within the temporal and social context of preparing for a holiday celebration.

Given this emphasis on temporality, considerations of the temporal dimensions of practice are important to a Heideggerian informed phenomenology of practice. Practices are influenced by time. An individual becomes a practitioner at a certain point in their lives, after achieving a certain level of education and becoming enculturated into his or her profession. That same individual may work 30-40 years in the same profession before retiring. These temporal dimensions provide very concrete limitations of time in which one can practice. However, there are also more existential temporal dimensions in which our practices are shaped by historical contexts; for instance, the historical development of a profession has implications for the practice of that profession in the here and now. Further, expectations of what the future will hold have implications for the ways in which individuals engage in practice. Questions focused on understanding an individual's conceptions of their own temporal limitations as a practitioner and the temporal dimensions of their practices can contribute meaning and clarity to the practice itself.

3.2.2 Spatial Dimensions of Being-in-the-World

When considering spatiality, Heidegger (2010) recognised that each of us are limited in the space in which we inhabit. We are born in a certain context; we exist in certain social spaces. Spatiality is referred to by Heidegger as “the space of our inter-relations and mutual distinctions, the opening where in 'worlds' and 'horizons' of being unfold” (Krummel, 2006, p. 406).

In the vignette presented at the beginning of this paper, space is seen to shape the practice of baking. The kitchen itself affords physical space within to manipulate the tools and products of baking. The cultural and social context afforded time away from work and other life demands in which to engage in this activity with a child. Indeed, baking outside of this context would look and be fundamentally different.

When considering a phenomenology of practice, the spatial dimensions of practice are of interest. Practices are engaged in within particular situated environments. The environment can both facilitate or limit one’s ability to engage in specific practices. In this way, questions aimed toward making sense of the spatial contexts of individual practices can help us to better understand the ways in which practice worlds are fundamentally bound and shaped by spatiality.

3.2.3 Relational Dimensions of Being-in-the-World (or Being-With)

Humans exist in the world with other humans, with animals and even with objects. Heidegger (2010) calls this existence with others being-with. This being-with is implicated in many of our daily tasks. Each day we engage with countless others and objects. Being with others is fundamental to being and to understanding. Heidegger (2010) writes “I am not in the sense of my own self, but I am the others...” (pg. 115). He is implying here that we are socialized into ways of being. As Sandberg and Dall’Alba (2009) elaborate: “as soon as we are born, we begin to be socialized into existing ways of being that already incorporate an understanding of what it is to be a person, of others and of things” (p. 1357).

Exploration of the being-with of people who have experienced a particular phenomenon can offer insight into the phenomenon. In practice, interactions with others have a profound influence on our experience as does our interaction with various non-human objects within the environment. From a Heideggerian perspective, the exploration of practices invites consideration of the ways in which practitioners are ‘with’ others, for instance how practitioners communicate, engage with and provide care to other human beings, animals, or even non-human objects within the practice world. These engagements cannot be disentangled from the experience of practice. Indeed, being-with others in our practice world essentially defines practice. Further, use of objects, technology and equipment shape the ways in which we engage in practice and the ways we interact and behave in our practice world. Our being-with these non-human objects is fundamental to practice. As described by Sandberg & Dall’Alba (2009), “Human as well as non-human beings, such as tools and equipment are intertwined in practice worlds.”

Relational dimensions are evident throughout the baking vignette presented earlier. From the decision to engage in a practice (baking) together, to the sharing of tools and responsibility, to the social engagement undertaken as part of this task, the relation between adult and child, and child with adult are inextricably woven into the practice. It should be noted, however, that even the baking task had been undertaken without another person, it would likely still have been a relational activity, such that one person would have been preparing cookies *for* another, the activity still focused on relationship. Further, practices that incorporate the use of non-human objects, technology or equipment carry the relational dimension of being-with these objects.

When considering a phenomenology of practice, relational aspects may be seen as woven throughout the practice. Even practices that are considered solitary likely carry a relational dimension that can be explored. Questions attending to relations with others and with the non-human objects of practice can support understanding of the very nature of practice itself.

3.2.4 Corporeal Dimensions of Being-in-the-World

Heidegger's (2002a, 2002b, 2010) writing set the stage for other phenomenologists, most prominently Merleau-Ponty, to more deeply explore embodiment. Heidegger writes, "the whole being of the human being is characterized in such a way that it must be grasped as the corporeal being-in-the-world of the human being" (Heidegger, 2002a, p. 199).

Heidegger writes further that, "*Dasein* [human existence] is physical-body and lived-body and life; it does not just have nature as its perceptual object- it is nature" (Heidegger, 2002b, p. 328). Merleau-Ponty (1962) famously wrote that we are not consciousnesses that have bodies, but that we are our bodies. Attention to the link between thought and action that lives through the body's being-in-the-world has much to offer in understanding practice.

In the vignette, both my own body and that of my son are involved in the practice world of baking. We don aprons, we wash our hands, we engage with the tools such as measuring cups, spoons, bowls and rolling pins using our hands. Further, kneading the dough is an action taken by the body to achieve the practice. Finally, our bodies engage with one another, sharing space, supporting one another, such as in the example of my assistance with the rolling pin. The practice of baking may be seen as embodied.

A Heideggerian phenomenology of practice calls for attention to the body that is engaged and entwined in both practice and the world. Whether the goal is to heal an injury, manage pain or enhance lost capability the body is centred in the forefront of much of health and social care. What is sometimes lost in the conversation is the role of the practitioner body. The knowledge inherent in the practitioner body, appears to often go unnoticed and to be taken for granted. Questions focused on the lived bodily experiences of practice may offer insights otherwise overlooked.

3.3 Action-in-the-World

Heidegger argues that one's existence or Being occurs in the world, Heidegger notes that humans are always taking action. He writes, "*Dasein* [human existence] is already acting" (p. 287). For Heidegger (2010), human existence is underpinned by involved action in the

world. He posits that through action, humans develop an understanding of the world (Heidegger, 2010). He argues that all action is purposeful, whether we are conscious of it or not (Heidegger, 2010). Taken together with his writing on being-in-the world, it appears that to Heidegger, all action can be considered action-in-the-world. This action-in-the-world constitutes the “doing” of a practice, which is fitting for the primary focus of phenomenology of practice, the everyday practice of living (van Manen, 2014).

According to Heidegger (2010), human action-in-the-world is influenced by care (*sorge*). Heidegger (2010) writes that humans’ “being toward the world is essentially taking care” (p. 57). For Heidegger, humans find themselves “in a world that matters to them in one way or another” (Wheeler, 2018). Heidegger claims “that everything one does can be understood as a way of caring” (McConnell-Henry et al., 2009, p. 4). Some scholars have identified that care can be closely tied to our being-with others in the world, with one scholar writing of care as being “actively engaged in another's lifeworld” (McConnell-Henry et al., 2009, p. 4).

Heidegger writes of care being fundamental to the decisions we make and by extension it may be seen as essential to the practices we undertake. As humans we care about the practices in which we engage. We are likely socialised to engage in some practices but fundamentally our attention and care or concern for either the practice or the outcome of the practice is what causes us to return over and over again to engagement in the practice. Care is therefore important to understanding the practices we undertake and proposed as a component of a Heideggerian-informed phenomenology of practice.

In Heideggerian theory, care, which “unifies and discloses Dasein’s [humans’] being-in-the-world,” is made up of many existential parameters (Elpidorou & Freeman, 2015, p. 664). Three are particularly salient for this phenomenology of practice. They include *verstehen* (understanding), *befindlichkeit* (situatedness), and *eigentlichkeit* (authenticity). Each of these concepts will be discussed in depth below.

3.3.1 Verstehen (Understanding)

The first Heideggerian parameter of existence proposed as relevant to a Phenomenology of Practice is *verstehen*. Heidegger writes of *verstehen*, often translated as understanding, as a basic parameter of human existence. Scholars disagree about whether Heidegger used *verstehen* as strict understanding, or if he was perhaps referring to a more empathic understanding of human behavior (Gendlin, 1978). For Heidegger, understanding can move in two directions: one toward the world (*welt*) and one toward the self. He also argues that some understanding is implicit, not cognitive. It can be sensed or felt, rather than thought (Gendlin, 1978).

Heidegger (2010) writes that *rede*, or speech, is the articulation of *verstehen*. Written and spoken communication about our own experiences in the world are a necessary expression of understanding (Heidegger, 2010). For Heidegger (2010), we make sense of our practices and all other experiences through language.

A Heideggerian-informed phenomenology of practice may offer affordances by drawing attention to the ‘understandings’ that inform the practices of practitioners. Questions that probe deeply into accounts of human understanding of phenomena, as well as understandings of the contextual, social, material, economic, political, cultural conditions of practice may help to delve deeper into the phenomenal experience of a practice.

Phenomenological methods focused on engaging with language, such as interviews, written responses, metaphors, stories, anecdotes, or poetry, play an important part in accessing understanding about practices. Thinking about how language shapes and is shaped by practice, and how it informs our common orientations a key element to be considered for a fulsome understanding of the practice.

3.3.2 Befindlichkeit

Befindlichkeit has been translated in many ways, including as sensitivity or attunement. While these terms may capture part of what Heidegger meant, some scholars warn against seeking a direct translation for *befindlichkeit*, as Heidegger himself struggled to find an appropriate term for the concept in German, choosing instead to develop his own

term (Gendlin, 1978). Befinden, as a verb, translates to English from German as “to feel”, “to be,” or “to be situated” (Gendlin, 1978). Gendlin, (1978, p. 45), writes: “In German a common way of asking how are you is *Wie Bedinfen sie sich?* Which literally says how do you find yourself?” He continues to explain that this verb is used in questions such as “How do you feel?”, but also to explain that something or someone is situated somewhere or in some way. He elaborates, “Finding oneself thus has three allusions: the reflexivity of finding oneself; feeling; and being situated. This refers to how you feel but also how things are going for you and what sort of situation you find yourself in” (Gendlin, 1978, p. 45).

In a Heideggerian phenomenology of practice, researchers will want to begin to form an understanding of how participants ‘sense themselves’ in situations (Gendlin, 1978). Forming an understanding of the ways practitioners make sense of or situate themselves within their practice world is an important component of understanding their being-in-the-practice-world. The ways in which both research and interview questions are worded can draw attention to this important concept in Heidegger’s philosophy.

3.3.3 *Eigenlichkeit* (Authenticity)

Heidegger writes of humans’ “inevitable tendency to fall into an everyday mode of existence, an absorption into the common world of experience that is most readily at hand” (Sherman, 2009, p.2). Heidegger (2010) refers to this way of being as *das Mann*. Put differently, humans “unknowingly surrender their unique individuality to commonly defined styles of living, thinking and communicating and define themselves by them” (Sherman, 2009, p. 2). Heidegger (2010) writes of this reduction of human possibilities as movement toward the average. He refers to this state as “inauthenticity.” van Manen (2007) notes that practice requires a practitioner to act within ethical and pragmatic constraints. These constraints can “become a hegemony of technological and calculative thought, making it difficult to escape from the preoccupation with outcomes, observables and standards that dominate discussions of practice” (van Manen, 2007, p. 19). According to Wilson (2014), a phenomenology of practice can assist practitioners to “break free” from the inauthenticity of this hegemony “by drawing attention to the

complex sensed and felt moral and relational contingencies of practice” (p. 3). Miles et al (2013) note that “to be authentic is to be present, to be fully engaged in the activity and the other person” (p. 275). For a phenomenology of practice to reflect the lived experience of a practice, an understanding of the ways in which the practitioner can engage authentically, and the ways that practice constraints may limit capacities to act authentically, are fruitful lines of exploration.

3.4 A Heideggerian Phenomenology of Practice

Emerging from the philosophical and theoretical commentary in this paper, I propose that a Heideggerian-informed phenomenology of practice offers a useful framework for investigating the lived experiences of human practice. Within this paper an example of a simple practice was presented to highlight some of the concepts related to Being-in- the world however, they can be applied to the much more complex practices of health and social care providers.

To make sense of practices, which I have considered as action-in-the-world, attention to Heidegger’s existential parameters of temporality, spatiality, relationality, corporeality and his concepts of *verstehen*, *befindlichkeit*, *summing* and *eigentlichkeit* may be useful. While a Heideggerian-informed phenomenology of practice may be of relevance to advancing understanding a range of human practices, I posit that it is well-suited to investigations into the practices of health and social care providers.

3.5 Conclusion

This manuscript has focused on proposing a Heideggerian-informed phenomenology of practice and suggesting that this approach may offer affordances for research into health and social care practice. Heidegger’s theoretical concepts, including existential parameters have been considered. In a phenomenological study focused on the life experiences of health practitioners, I argue these dimensions provide a fruitful framework. The inclusion of a simple practice vignette offered a concrete example of these dimensions and highlight the usefulness of this lens for research. I contend that attention to these aspects of practice have the potential to support in-depth

phenomenological inquiry aimed at understanding what it is to “be-in-the-practice-world.”

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Chapter 4

4 Mindfulness in Paediatric Occupational Therapy Practice: A Phenomenological Inquiry

Mindfulness arises from Eastern traditions and has been variously defined in the literature. Thich Nhat Hanh (2011), a Buddhist monk and scholar, wrote: “mindfulness allows you to be fully present in the here and the now in order to enjoy the wonders of life that have the power to heal, transform and nourish us” (p. 16). Baer (2003) has defined mindfulness as “the nonjudgmental observation of the ongoing stream of internal and external stimuli as they arise” (p.125). Willard (2016) identified mindfulness as “paying attention to the present moment with acceptance and non-judgment” (p. 29). Kabat-Zinn (2015), whose work on mindfulness has been popularized in Western health care contexts, defined mindfulness as “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (p. 1481). Commonalities of these definitions include a focus on attention to the present moment with a non-judgmental attitude. A growing body of literature has highlighted the breadth of definitions and difficulties associated with developing an operational definition of mindfulness (Amaro & Singh, 2021; Grossman, 2019). This literature suggests the need for greater study into how researchers and practitioners are operationalizing mindfulness and mindfulness-based interventions.

In a 2012 review, Greenberg and Harris identified a proliferation of research articles on nurturing mindfulness with children and youth. Harnett and Dawe (2012) reported a similar trend with regard to studies of mindfulness with children, with year-over-year increases in published articles. Saunders and Kober (2020) highlight that this trend has continued, with the majority of research in fields of psychology and education.

A growing body of evidence supports the use of mindfulness to address a variety of health conditions in children (Semple & Burke, 2019), with increased use across paediatric clinical groups (Saunders & Kober, 2020). In the context of child health, Perry-

Parrish et al. (2016) report that clinical experience with mindfulness has outpaced the research evidence, highlighting the need for practice-based research to understand how clinicians are utilizing mindfulness in their professional practices. Saunders and Kober (2020) argue that research on mindfulness with children and youth remains underdeveloped.

In a recent scoping review of mindfulness with children in paediatric physical and occupational therapy, mindfulness interventions were identified as having potentially positive outcomes for children receiving physical and occupational therapy services (Smith et al., under review). The outcomes, pointed to potential affordances of mindfulness interventions to support health promotion strategies and address the needs of children with developmental disabilities and some physical and mental health conditions (Smith et al., under review). Mindfulness interventions were also used as a health promotion strategy. The review identified scant qualitative research and pointed to a need for research aimed at eliciting rich descriptions of lived practice experiences in this area (Smith et al., under review).

While the literature on mindfulness interventions is growing, little research has examined the perspectives of practitioners who adopt such approaches in their practices. Calls to advancing practice-based knowledge are growing in a range of professional fields (Green, 2008; Green 2009; Higgs & Titchen, 2001) The importance of practice-based knowledge for better response to the complexities of client care (Straus & McAlister, 2000), and as a key source of evidence for decision-making have been argued (Jeffery et al., 2021). In recent years, calls have been made for the incorporation of practice-generated knowledge into evidence-based practice frameworks to support clinical decision making (Fleming & Rhodes, 2018).

This study responds to calls for research into the use of mindfulness interventions in therapeutic practice with children and youth. In addition, the research contributes to practice-based knowledge by inquiring into practitioners' experiences of using mindfulness in therapeutic practice. The aim of the study was to inquire into the lived

experiences of occupational therapists who utilize mindfulness in their practices with children and youth. The primary research question was: What are occupational therapists' experiences with mindfulness in therapeutic practice with children and youth?

4.1 Methods

4.1.1 Methodology

Hermeneutic phenomenology was the methodology of this study. Hermeneutics has been described as “the practice and theory of interpretation and understanding in human contexts” (Moules et al., 2015, p. 3). Heidegger advocated for the use of “hermeneutics as a research method founded on the ontological view that lived experience is an interpretive process” (Dowling, 2007, p. 133). Wright-St. Clair (2015) notes, “Heideggerian phenomenology is a way of uncovering and interpreting people’s situated experiences in the world” (p.54). For Heidegger (2010), phenomenology is concerned with human experience as it is lived.

4.1.2 Theoretical Framework

The theoretical framework was informed by a Heideggerian phenomenology of practice. Phenomenologies of practice are particularly concerned with the application of phenomenological methods to professional contexts (van Manen, 2007, 2014). Phenomenologies of practice attend to concepts such as the ‘everyday,’ ‘the life-world,’ and ‘being-in the world’. Heidegger (2010) writes of human existence as “being-in-the-world” to refer to the inextricable link between people and the world. For Heidegger (2010), there are a number of key parameters of existence, however four are particularly salient for this work. These include: human understanding of self and world (*verstehen*), one’s situatedness within a particular context or situation (*befindlichkeit.*), and ways in which human beings find themselves concerned with, or caring for, others in the world (*sorge*). For Heidegger, these parameters inform our actions in the world. These parameters may offer a useful framework for thinking about actions in professional practices.

4.1.3 Methods

Institutional research ethics board approval was obtained prior to study commencement. The first author, KS, recorded reflexive notes throughout all phases of the research and led study design, data collection and data analysis. The interview guide was informed by the Heideggerian concept of being-in-the-world and his four parameters of existence. The guide was pilot tested with an occupational therapist who applies mindfulness practices in clinical work, and further refined. Recruitment advertisements were posted on social media sites, and through national professional organizations. Local professional practice leaders were emailed the study advertisement by a member of the research team and asked to circulate it amongst colleagues. Participants took part in 90–120-minute semi-structured interviews using Zoom teleconference software. Interviews were audio recorded and transcribed verbatim by the first author. Each participant was assigned a pseudonym to protect confidentiality. Participants were English-speaking licensed occupational therapists who provide clinical services to children and youth under the age of 18 for a minimum of 2 years. The aim was to recruit 8-10 participants for the study. The sample size was intentionally small, as per phenomenological methodology (van Manen, 2014), and to allow for the depth of inquiry and data analysis inherent to phenomenology.

Transcripts were analyzed using Finlay's (2014) four processes for engaging phenomenological analysis: **seeing afresh, dwelling, explicating and languaging**. This approach has been developed to provide researchers with a method for analysis that is congruent with Heideggerian philosophy (Finlay, 2014). **Seeing afresh** is an attitude to approaching the data with an openness to new understandings. **Dwelling** refers to “settling into the data, respectfully embracing the language... and making ourselves thoroughly at home with it” (p. 126). A whole-parts-whole approach was undertaken. In the preliminary read, transcripts were read with an aim to understand the whole. Then line-by-line reading accompanied by reflexive note taking and excerpt marking was undertaken. The **explicating** phase involved synthesis, integration, and clarification; where “emergent themes” were “pulled into larger themes or narratives” (p. 129). Mind mapping of overarching themes within and across participants was completed to provide

a “birds-eye” view of each transcript (Davies, 2011). The research team met to share mind maps, salient quotes and to identify emergent themes. Finally, in the **linguaging** phase, the researchers met to revisit key excerpts from the transcripts and consider the framing of emergent themes.

4.2 Findings

Eight occupational therapists who met the inclusion criteria consented to participate in the study. Demographic information was collected. Seven of the eight participants identified as female, which was expected given the female to male ratio with the profession of occupational therapy (Newell, 2020). Participant experience as an occupational therapist in paediatric care ranged from 3-31 years, with an average of more than 13 years. Experience with mindfulness in clinical practice ranged from 2-10 years, with an average of 5 years. See Table 3 for full details of demographic information.

Table 3: Participant Characteristics

Pseudonym	Years in OT Practice	Years in paediatric practice	% paediatric clients	Practice Area	Province or State	Years bringing with mindfulness to practice
Melanie	29	17	50%	Rehabilitation clinic	Ontario, Canada	7
George	13	13	100%	Mental health clinic	Nova Scotia, Canada	10
Sophie	4	3	50%	Mental health clinic	Ontario, Canada	4
Isla	6	5	75%	Hospital	Nevada, United States	2

Ashley	4	4	100%	School-based	Ontario, Canada	2
Emma	13	11	100%	Clinic and school-based	British Columbia, Canada	3
Brigid	31	31	100%	School-based	New Jersey, United States	5
Claire	23	23	100%	Rehabilitation clinic	Alberta, Canada	7

Six key themes were identified in the data: drawing from personal practice, enhancing participation, fostering healthy habits, adapting for children, keeping it playful, and doing with.

4.2.1 Drawing from Personal Practice

All participants indicated that their personal experiences with mindfulness influenced their decision to bring mindfulness into their professional practices with children and youth. For example, Melanie stated: “I have had a lot of other personal things that have been really challenging that have led me to use yoga and mindfulness as a tool to help me in everyday life. When I realized how effective it was for me in everyday life, I started using it with everyone else.”

Ashley echoed this idea stating, “After immersing myself in it [mindfulness], I really noticed the benefits. Then I started to pick it up when talking with clients.” Other participants noted that personally useful mindfulness approaches, often seeped into their professional practices:

I started to do yoga for myself and really just fell in love with the practice. ... I started doing a lot of kid [yoga] trainings and through that training I started really

getting into mindfulness ...anytime it works for me I figure it probably works for kids too. (Brigid).

Emma noted a link between her personal use of mindfulness and her application of it with clients, saying, “the things we believe in and the things we practice end up sort of seeping out into our professional practice.”

Some participants highlighted a “disconnect” in bringing mindfulness to children and youth without a personal practice. Sophie said, “If I’m going to tell my clients this is a healthy habit and you should try to do it, then I should be doing it myself.” Isla described practicing mindfulness as helping her to be authentic with others, stating that it would: “almost feel really inauthentic or hypocritical...to help somebody with mindfulness if I’m just talking them through it. So, I felt like I needed to have my own practice.”

For some participants mindfulness supported managing workplace demands. Melanie stated,

I have a very, very busy and challenging practice with clients who have very challenging life histories...Mindfulness is what helps me. It makes me resilient. It allows me to have a positive attitude. It allows me to move forward in my day despite all the other weights that I carry on my shoulder.

George observed mindfulness helped him be more intentional: “I am trying to be aware of what I am feeling and perceiving. I am trying to be more purposeful and intentional in terms of how I am reacting to things.” For Claire, mindfulness offered an opportunity for self-care: “I notice the moon and the stars in the sky every day. Doing little things like that just fills my cup.” Isla described mindfulness is as “an attempt to recognize what’s going on and what’s good for us and what isn’t. It’s hard to be your best and give your best to patients when you’re exhausted.” She also reflected that mindfulness practices can build self-trust and confidence:

I think a lot of women would say this, but I grew up not trusting my instincts, not trusting my body, not trusting my mind. I feel like it (mindfulness) helps me to listen to myself a little bit and acknowledge it somehow. It helps me slow down a little bit which is helpful for me to feel more confident, more safe, more present.

Sophie observed that mindfulness helped her to maintain equanimity, even with challenging adolescent clients: “It helps me not to react to some of the things they say.”

4.2.2 Enhancing Participation

All participants indicated that mindfulness practices assisted their clients to enhance participation in daily routines and activities (i.e., occupations within the occupational science literature). For many, mindfulness was seen as foundational to daily activities. George noted, “I see mindfulness as a core or foundational piece of just about anything that we do.” Brigid observed,

Anytime you’re more present with whatever activity that you’re doing, it will improve your participation. It’s through our participation that we change our brain, and we change our hearts, and we change our minds. It’s not through thinking about it. We have to actually do something.

Sophie echoed this idea, saying:

Having people experience mindfulness is kind of like a base skill to just engaging in occupation (meaningful activities), because if you’re trying to do something but your mind is constantly wandering somewhere else, that’s not super helpful.

George also noted that mindfulness practices supported his clients participating in their preferred activities:

You can see the chain of teaching the mindfulness skills as a way to bring awareness to the different emotions and states and cues and all of those pieces help them to become aware, to take control. It helps them to spend more time doing the stuff that they want to be doing.

Melanie highlighted the way mindfulness supported one of her clients to engage in play activities:

I had this client who scored fairly low on all things motor based, and he wasn’t able to play outside with his friends. He wasn’t able to play sports. I used a combination of

mindfulness and yoga to help him get in touch with his body and he is now outside playing with his friends all the time.

For many participants, daily activities or ‘occupations’ were noted as optimal opportunities to introduce and practice mindfulness with children and youth. For example, Isla reported,

I do some simple cooking with them, and we try to be very attentive to all the senses that go into it, like sight, smells, temperature. Cooking kind of naturally lends itself to using all those senses. I think it’s easy to just kind of take those for granted as part of the cooking process. It’s nice to kind of just notice it and appreciate it for a second.

Emma noted that supporting children to participate more fully in their play activities was a strategy to help develop mindfulness skills. She noted, “When a child is really truly in that play, they’re just so into what they’re doing. I think that play can be just such a place of mindfulness.” Sophie offered this example of using an occupation to enhance mindfulness practice: “I have a client where we used ‘Take 5’¹. It prompts you to notice a sensation in your body that you weren’t otherwise aware of. So, she used ‘Take 5’ when she was brushing her teeth and because she did it every day, she actually starting using it more.”

4.2.3 Fostering Healthy Habits

All participants noted that they considered mindfulness an important healthy habit for children to develop. Sophie stated, “I look at the basis of health as movement, nutrition, sleep and mindfulness. To me, mindfulness is the next healthy habit.” Likewise, Brigid stated,

We need to teach kids to have really healthy habits, like how to use movement as a source of stress reduction... I want to help kids create a sense of joy with

¹ See <https://www.mindwellu.com/take-5> for more details.

movement. I think teaching that message to kids extremely young is important. Mindfulness is about what makes your heart sing, what makes you feel good.

Claire observed that “mindfulness is really about habits, doing little things that fill our cup.” Melanie noted “being able to get ourselves into a state of mindfulness allows us to approach our everyday life in a more healthy and integrative way.”

Other participants highlighted mindfulness in the context of mental health. George stated,

It’s such a core part of mental health. Being aware of the different sensations of feelings and letting those things be there. I think when we’re not aware of those things, they tend to bottle up and get bigger and come out in different, not constructive ways.

Isla expressed similar ideas, noting, “People need something to connect things in their bodies and their minds because there’s just so much disconnecting happening. I see so many mental health struggles in teens and there’s just so much disconnection, I think we all need mindfulness.” For Isla, mindfulness offered an alternative to negative mental health behaviors: “Sometimes mindfulness is about finding a health alternative to self-harm.” Ashley discussed mindfulness as a lifelong tool to support well-being:

Over the past year all of our health has suffered in some way. For me, I realized the importance of mindfulness being lifelong learning and it made me reflect, think. I wish I knew and practiced these strategies and practices as a kid. So that’s what I do now, I bring it to kids, so they can develop these skills for life.

Brigid noted that mindfulness practices could be used to manage difficult emotions, “If a child is really upset, they might use mindfulness as a way to bring themselves back to a place of equilibrium.”

Other participants noted how mindfulness helped to move children away from automatic responses and to develop a habit of pausing before responding. For example, Isla stated,

Mindfulness is being able to observe your thoughts and movements. So you could put a pause between that stimulus and response. Mindfulness is being aware

enough to observe what you're thinking and doing. So then you can intentionally think and do what you want to do.

Brigid also spoke of a pause as being an important for one of her clients: "Mindfulness helped to get a little bit of a pause. So that pause is really the seed of executive functioning. The thing that we want to teach kids all the time is all about how to get that pause." Sophie noted that mindfulness helped her clients to develop emotional regulation skills: "Mindfulness is really about being in the moment a...it's the core of emotion regulation, and emotion regulation ... is why clients come and see me"

Participants also noted that mindfulness helped their clients to become more aware of body signals. Isla observed,

Mindfulness gives the chance to hear the messages of your body that you would otherwise have neglected. It's a component of self-care where you can be aware of what your body is needing or asking for so that you can respond in a way that's more supportive of it.

Melanie echoed, "I talk to them about understanding their body signals, learning what their body signals are so that they can then understand how their body signals are related to their emotions." Brigid talked about teaching children to attend to the body: "It's also about being in your body. I think I teach kids a lot about that. You know this hamster wheel can really get away from you. So being in your body is super important. That's what I teach." Emma noted that mindfulness helped one of her clients manage sensory processing difficulties: "the mindfulness piece really helped her to make some of those connections of what are the things that really work for her and what are the things that make it really difficult for her and how to work around those and advocate for herself that 'this is who I am and what I need.'"

4.2.4 Adapting for Children

All participants adapted the mindfulness practices with young clients. Many discussed how existing mindfulness programs were not suited to their clients. George observed, “I try to use some structured mindfulness practices. Often though, they’re too long and the kids get bored.” Claire stated, “I don’t use a lot of the traditional mindfulness practices... I feel that a lot of those practices are just beyond reach for the kids I am working with.” Melanie indicated that certain client populations may necessitate adaptations to mindfulness, to make it accessible. She said, “I have really tried to work on how can I grade this (mindfulness) down for my younger clients with autism so its concrete enough for them.” Sophie noted that some practices were not suitable saying, “there are some practices that are very serious. And they’re not so much for children and youth.” Both Ashley and Brigid noted a need to make mindfulness practices client-centred, using the child’s interests to support mindfulness practices. Ashley reflected, “I usually focus on the child’s strengths and interests. So, I’ll just start with ‘what do you like?’ A lot of my practice is built off of what they tell me.” Similarly, Brigid noted, the importance of “meeting the kids where they are” and experimenting:

There are kids who are movers and shakers, and they’re probably not going to sit and do a body scan, so you have to kind of meet kids where they are. Then I think you need to try out a lot of stuff to see how it went.

Arts-based approaches were noted as making mindfulness practices more accessible and meaningful for children and youth. Brigid noted that art supported her clients to increase awareness of body sensations: “I definitely do some art projects where we bring a mindful aspect to it. Like we’re just going to be quiet for a little bit and let’s just feel the paints and what’s happening, just feel it in your body.” Emma noted that art-based approaches offered opportunities to practice mindfulness. She said of her clinical mindfulness practices, “some are art like drawing how you are feeling. It gives those opportunities to tune in and practice a little bit of mindfulness in little spurts so the kids are getting the practice.” Isla noted that her clients were often more willing to try mindfulness if it was paired with a creative activity. She reported, “with art, I find most

teens love it and so if they won't do anything else, they'll do something creative. I'm just giving them paints because they love painting and guide them through a mindfulness practice that way." Sophie noted, "paint is really fun. I bring my paints and I'll do a five senses meditation and have the clients paint out what they are experiencing." George offered this insight:

Sometimes we might do some mindful colouring. One of my favorite ones to do because it is a fun activity is just having a blank sheet of paper and putting the pen or pencil to the paper and just letting the pen or pencil move all over the page and resisting the temptation to try to purposely draw something. Just resisting judgment about this isn't what I want it to be. It's just a pen on a piece of paper.

Ashley observed, "we do a lot of mindful colouring." A few participants noted that music and dance were key features of mindfulness practices with the children and youth they support. Isla noted, "We'll play music and dance. We dance a lot. I've even done hula." Brigid also reported using dance to facilitate mindfulness: "We do a lot of dancing."

Many participants also spoke about time in nature as supporting mindfulness for children and youth. Melanie noted, "we will often go out to the park and use the experience there for mindfulness. I think that getting outside in nature is really important." Sophie observed, "We have a lot of hiking trails and forest space. We try to go out into nature to some mindful walking or a grounding activity and really just appreciate nature." George stated that being outdoors can facilitate opportunities for mindfulness:

When you are out for a walk with a young kid, they are just fascinated by everything. They just notice like 'look at this piece of grass,' and 'look at this one, its taller than this one.' As the adults, we are just like 'we need to get going down the street,' but they are just so in the moment. And there's no rush to get anywhere or feelings coming from the thing that just happened before. It's cool when you are able to sit back and enjoy these blades of grass. As adults, we have to purposely stop and do these things.

He also noted that nature-based approaches were a component of his practice: “We have a playground close to the office. Sometimes we’ll do stuff at playgrounds. Sometimes we go on nature walks and really focus on the sounds we hear and the colours we see.”

4.2.5 Keeping it Playful

All participants identified the importance of bringing play into mindfulness practices with children and youth. For Isla, play offered a perfect opportunity for mindfulness: “I always play with the kids. It’s just like, let’s lose ourselves in this play. You’re more present in play than anywhere.” Brigid echoed this idea: “Play is always part of my mindfulness work in some way. That could be play with materials, play with how we’re moving our bodies, a combination of those things... then just asking questions, like, ‘what do you notice?’” Claire noted that it took her some time to feel comfortable bringing play to the mindfulness work she did with her clients. She said, “When I first started, I was a bit stiff, or by the book. I brought way more fun into my work. I thought I was kind of fun before, but kids love coming to see me. I feel that my practice improved by being more playful, and more curious and following their ideas.” Ashley observed that she focuses on playfulness first: “I focus on having fun and then they’re applying mindfulness, but without actually knowing it.” Sophie offered this example of the role of play in supporting mindfulness: “I use play. I have this 11-year-old who is angry and wouldn’t talk about anything. We ended up playing because that was a way to engage him. He loved playing Lego. We used it as a way to talk about being in the moment and paying attention, which is really mindfulness.”

4.2.6 Doing With

For all participants, mindfulness practices were identified as an opportunity to participate with a client as opposed to doing therapy ‘on’ or ‘to’ a client. Emma noted,

I think that through working on mindfulness, it really shifts you from doing therapy to someone versus coaching them and supporting them to learn about themselves. It’s like, I’m not coming here to fix you. I’m coming here to understand you and who you are and how you function in the world and my role is not to fix anything. My role is to support you to meet your goals.

Brigid noted that practicing *with* her clients was one of her favourite approaches,

The best thing about mindfulness is that you do it at the same time with the kids. So it's not the therapy is for them where we are above and they are below. We do it next to them, we do it with them at the same time.

George offered a similar sentiment:

I like to do mindfulness together with clients, so it become less like "I am going do this, I'm going to read you this thing and you're going to do it, kid." Instead, I'm going to join you, and this is a thing that we're both going to do.

Ashley noted that practicing mindfulness together shifted the power dynamic in the therapeutic relationship, "I work on a mutual relationship where I don't want to be seen as higher up on a hierarchy. I'll ask them, do you want to try practicing together? And they seem to really like that." For Sophie, mindfulness approaches required her to rethink her approach,

I think for a long time my work was more you have an issue, we give you a service. We give you the skills so you can generalize it in your day-to-day life. But with things like yoga and mindfulness, it's an ongoing practice. I like attending a mindfulness class every week. Why wouldn't we offer the same thing to children and youth? This means we have to change the way we practice as therapists.

4.3 Discussion and Implications

This study draws on phenomenologies of practice to generate knowledge about the practices of eight occupational therapists who utilize mindfulness in their work with children and youth. Given that Perry-Parrish et al. (2016) report that clinical experience with mindfulness has outpaced the research evidence, a focus on these clinical experiences provides new insights while highlighting the value of practice-generated knowledge. The value of practice-generated knowledge is not always recognized (Kinsella & Whiteford, 2009), despite it being one of the strongest influences on daily

decision-making (Estabrooks et al., 2005). There exists a body of literature calling for consideration of practice experience as an important contribution to knowledge development (Kinsella & Whiteford, 2009, Metzler & Metz, 2010). Green (2008) contends that health practitioners are seeking more evidence based in the real contexts in which they find themselves. The findings of this study help make visible phenomenologies of practice that inform practice-based knowledge.

Participants frequently expressed that a personal mindfulness practice laid the foundation for bringing mindfulness to their clinical work. This is an encouraging finding given that a primary recommendation in Michalak et al.'s (2019) *Principles for Responsible Integration of Mindfulness in Individual Therapy* is that “mindfulness training should be delivered by an experienced therapist with long standing mindfulness practice” (p. 808). Jon Kabat-Zinn (2013), the founder of Mindfulness-Based Stress Reduction, writes that mindfulness “cannot be taught to others in an authentic way without the instructor practicing it in his or her own life” (p. 149). A growing body of literature has linked the quality of a mindfulness facilitator’s personal practice to their effectiveness with clients (Escuriex & Labbe, 2011; Grepmaier et al., 2007; Keane, 2014). Keane (2014) reported that all participants in a study of psychotherapists reported that “a personal commitment to [mindfulness] practice” was helpful “to internalise attitudes and qualities that, in turn, influence therapy work” (p. 696), such as non-judgement, openness, respect and trust. It appears that a personal mindfulness practice offers strong benefits for clinicians opting to use mindfulness within their clinical role.

The benefits of a personal practice was one of the themes in this research. Given the challenging workplace conditions faced by rehabilitation therapists (Dean et al., 2017; Hammig, 2020) and the levels of stress reported (Gupta et al, 2012; Kim et al., 2020), there exists a need for effective approaches to foster well-being. A growing body of literature exploring the role of mindfulness for health care professionals, including occupational therapists, highlights the positive effects of mindfulness, including reduced stress, decreased symptoms of burnout, enhanced mental health, improved relational skills, and enhanced well-being (Dean et al., 2017). A recent scoping review of occupational and physical therapists’ personal application of mindfulness found that

mindfulness practices helped to enhance the well-being and relational capabilities of these practitioners (Smith, et al., under review). While this was not the primary focus of this study, it was a salient theme in the findings. Further research attending to the lived experiences of mindfulness in relation to practitioner well-being is warranted.

Mindfulness was seen to offer affordances to participation in daily activities, or occupations. For the purposes of this work, we define occupation as “all that people need, want or have to do” (Wilcock, 2005, p. 8). Participants observed that mindfulness appeared to enhance attention to task during daily activities, to improve performance or satisfaction; many also indicated that daily activities served as a foundation for mindfulness practices. This is consistent with existing literature. Reid (2009) posits that mindful attention in daily occupations can contribute to well-being. Elliott (2011) has also written about the potential for mindful occupational engagement to improve well-being: “Applying these mindfulness principles while participating in the occupations of daily life creates a new way of being with oneself, within one’s social world, and within the occupational choices present each day” (p. 369). Calls for the incorporation of mindfulness into occupational performance are growing (Elliot, 2011; Reid, 2009; Reid, 2011; White et al., 2020). Further research in this area is strongly recommended.

The framing of mindfulness practices as a habit by participants in this study is interesting in light of literature regarding habit development and maintenance. Habits are framed as “learned behaviors acquired through practice” (Rogers, 2000, p. 120). Fritz and Cutchin (2016) note that “habitual behaviors are more likely to be consistently engaged in than non-habitual behaviors,” even in times of stress or difficulty (p. 93). Participants in this study noted that their goal was to offer consistent opportunities to practice mindfulness so that their clients could call on these skills in times of overwhelm or stress. Persch and colleagues (2015) argue that “occupational therapy practitioners... have an extraordinary opportunity to deploy healthy habits interventions for children” (p. 2). They note that occupational therapists have a unique opportunity to contribute to the health and well-being of children through the promotion of healthy habits. For the participants in this study, the opportunity to support children and youth in developing positive habits including mindfulness practices appears salient. One limitation of habit development in

health care contexts is the limited opportunity to achieve the frequent repetitions required to develop a habit (Rogers, 2000). Many participants noted that they often had the ability to work with individual clients for long durations; this would allow for enhanced opportunity to develop habits. Therapists may recognize these opportunities and optimize their use to build health habits in clinical practice. Additionally, many participants were able to support their clients in learning mindfulness practices within their natural environments, such as at home or school. Rogers (2000) highlights the potential role of occupational therapy in habit development, within peoples' natural environments. Further research is required to understand the mindfulness interventions and habit development with children and youth.

A growing body of literature notes that adaptations to mindfulness-based interventions designed for adults are required when bringing these interventions to children and youth, particularly in light of reduced adherence to intervention protocols for this population and mixed data with regard to efficacy (Kohut et al., 2017; Saunders & Kober, 2020).

Participants in this study adapted mindfulness practices to help enhance their relevance to children and youth, incorporating shortened practices, play-based approaches, music and the arts. A growing body of literature exists supports the role of arts-based approaches to mindfulness for children and youth in other clinical settings (Coholic et al., 2020).

Rationales for incorporating arts-based approaches into mindfulness practice vary, but generally include the need for age- and developmentally-appropriate activities, the desire to enhance engagement, and to incorporate opportunities for self-reflection and expression (Coholic et al., 2020). There is a call in the literature for child and youth-centred mindfulness programs (Coholic et al., 2020, Diaz et al., 2012), as opposed to merely adapting programs developed for adults. This appears to be an ongoing need in the field given the findings from this study. Play is considered the primary occupation of children (O' Brien et al., 2000). Play has been defined as "a subjective attitude in which pleasure, interest and spontaneity are combined and that is expressed through freely chosen behavior where no specific performance is expected" (Kuhanek et al., 2010, p. 4). The occupational therapists in this study noted many of these features in describing their approaches to introducing mindfulness. O'Brien and colleagues (2000) recommend

occupational therapists undertake several actions to incorporate playfulness into their work, which were discussed by participants in this study. These include the provision of a “playful environment” and the use of “unstructured and child directed” treatment sessions (O’Brien et al., 2000). Michelle Elliot (2013) notes that the incorporation of fun and humor into occupational therapy services is not meant to minimize the challenges of the client, but to provide positive coping mechanisms. A body of literature highlights the importance of play in occupational therapy and suggests that play is often used as a means to achieve a therapeutic goal, rather than as a desired outcome, even in paediatric care (Kuhaneck et al. 2013; Lynch & Moore, 2016). Participants emphasized the importance of play as an occupation for children, opting to incorporate child-led play activities into their mindfulness work, noting that play offered natural opportunities to practice mindfulness. Willard (2016) notes that “play, games and movement are ways to creatively engage kids in mindfulness” (p. 137). A study by Diaz et al. (2012) recommended the use of play-based approaches in mindfulness given that their child and youth participants requested such.

Historically, rehabilitation practices have been underpinned by the model which “situates disability and impairment within the individual” (Phelan, 2011). Further, impairment has often been considered an undesirable trait, to be remedied (Kielhofner, 2005). The growing field of disability studies argues that disability is socially constructed and questions the value in pushing for “normalization,” particularly in child and youth contexts (Njelesani et al., 2015). For participants in this study, there appears to be a consideration of mindfulness as falling away from the traditional medical model, focused on “fixing” an impairment, and drawing toward a more holistic approach, focused on awareness and advocacy. This aligns with traditional conceptions of mindfulness. For example, Buddhist monk, Thich Nhat Hanh (2011), writes of his experience of bringing mindfulness practices to children and youth: “there is no plan to fix the children. We offer them space to be who they want to be. We share some of the practices. But more than anything we allow them to be who they are” (p. 26). It is possible that the incorporation of mindfulness practices can support clinicians in thinking critically about

how they conceptualize disability and illness, and the aims of their work. Further research is warranted given the findings of this study.

4.3.1 Study Limitations

These findings highlight six key themes related to occupational therapists' incorporation of mindfulness-based approaches with children and youth. Phenomenological methods carry a number of strengths. Maxwell (2013) describes the ability of researcher's interests to guide the topic of study as an advantage as it enhances interest and motivation. Data collection in phenomenological methods focuses on the collection of lived experiences, which allow the researcher to gain first-hand knowledge about the meaning of these experiences from participants (Maxwell, 2013). The iterative nature of qualitative research approaches, including phenomenology allow for ongoing data analysis and the revision of tentative themes as new data emerges (Miles et al., 2014). Patton (2002) notes that "the human factor is the greatest strength and the fundamental weakness of phenomenological qualitative inquiry and analysis—a scientific two-edged sword" (p. 433). While phenomenological methods result in compelling research data, there are limitations to this approach. Researcher influence continues to be identified as a concern (Creswell, 2014; Patton, 2002). The unconcealment of the researchers' beliefs, values, and presuppositions through ongoing reflexivity can aid a researcher to address this issue (Finlay, 2003). To this end, reflexive notes were kept throughout the design, data collection and data analysis phases of this research. Further, qualitative approaches are not intended to provide data which is generalizable to the broader population, and the results should be interpreted in that light.

4.3.2 Study Implications

This study carries implications for rehabilitation professionals, particularly occupational therapists, who incorporate mindfulness-based approaches into their practices. This study makes visible the practice experiences of occupational therapists who incorporate mindfulness into their clinical work which is an important contribution to practice-based knowledge. The ways mindfulness was used to "support occupation" is particularly compelling given the centrality of the mission of the profession on enabling occupation.

The theme “fostering healthy habits” is a unique dimension of the therapists’ practice revealed in the study, with important implications for childhood rehabilitation. There were some key considerations for the incorporation of mindfulness practices into clinical work with children and youth, including the benefits of drawing from a personal mindfulness practice, the need to adapt programs to resonate with children and youth, the importance of bringing fun to such approaches, and opportunities to engage ‘with’ children as partners.

A number of areas for future research are evident. First, the perspectives of children and youth were absent from this study. Given calls in literature for first-hand accounts of mindfulness (Bruce & Davies, 2005; Diaz et al., 2012), it is important that child and youth voices be given attention. The design of engaging and appropriate mindfulness-based could be better informed with the benefit of children’s perspective (Diaz et al., 2012). Further study is warranted to understand the contribution of personal mindfulness practices to the clinical work of rehabilitation professionals. Further study of the contributions of mindfulness practice to occupational engagement, and the benefits of occupation-centred mindfulness practices in general would be a valuable addition to the mindfulness and occupational science literature. Development and testing of child-centred mindfulness practices incorporating play, the arts, and other developmentally appropriate approaches is warranted. Finally, consideration of the impact of mindfulness on therapists’ approaches to children and youth with disabilities is recommended, given the emergent critical perspectives highlighted in the study.

4.4 Conclusion

The purpose of this phenomenological study was to investigate occupational therapists’ perceptions of incorporating mindfulness within their professional practices with children and youth. Six themes depicting the practice-based knowledge of therapists were identified: 1) drawing from personal practice, 2) enhancing participation, 3) fostering healthy habits, 4) adapting for children, 5) keeping it playful, and 6) doing with. The findings open conversation about the application of mindfulness-based approaches within the context of rehabilitation, particularly in occupational therapy practice.

Recommendations for clinicians considering the integration of mindfulness within their professional practices are highlighted and areas for future research are proposed.

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Chapter 5

5 Mindfulness and Therapeutic Relationships: A Phenomenological Inquiry into Paediatric Occupational Therapists' Practices

In occupational therapy, the therapeutic relationship is considered a foundational component of practice (Taylor, 2020). The terms therapeutic alliance, therapeutic relationship and helping relationship are often used interchangeably to describe “an intentional relationship established by a health care worker with a service user to promote recovery” (Evatt & Scanlan, 2022, p. 1). In this paper we will use the terminology interchangeably, with therapeutic relationship as the predominant term. The ability to foster a positive therapeutic relationship has been identified as a key element of client-centred care (Clarke et al. 2017). Taylor et al. (2009) reported that 90% of 568 occupational therapists in their study reported a link between the quality of the therapeutic relationship and positive outcomes in therapy. Evatt and Scanlan (2022) report that occupational therapists in mental health care identified the importance of the therapeutic relationship as a foundation for positive engagement. Further, they reported behaviours including being friendly, demonstrating consistency, listening, getting to know the client beyond the illness, being flexible, and engaging in activities together, as strategies to assist in the development of a positive therapeutic relationship (Evatt & Scanlan, 2022).

Within paediatric care, given the complexity of the relationship between the child, family and care provider (Crom et al., 2020), it has been argued that therapeutic relationship is even more important than in adult-oriented care. In the field of paediatric mental health, Hartley et al. (2022) identified six themes pertaining to the experience of therapeutic relationships from the perspectives of children, family members and nurses. One striking theme was that “therapeutic relationships are the treatment” (p. 7). The remaining five themes include: “cultivating connection,” “knowledge is power,” “being human,” “the dance,” and “it’s tough for all of us in here.” Fourie and colleagues (2011) in a study of children receiving speech language pathology services identified having fun, managing power differentials, trust, and routines as important for development of a positive

therapeutic relationship. Roberts et al. (2015) report that the therapeutic relationship between nurses and children requires a broader view of the family context while ensuring that the child is “empowered within the family unit” (p. 11).

A growing body of literature in the fields of psychology and psychiatry suggests that mindfulness practices may support the development of a positive therapeutic relationship/alliance (Dobkin and Lucena, 2016; Leonard et al, 2018; Johnson, 2018). Within psychology, Leonard et al. (2018) reported that mindfulness was correlated with higher levels of perceived alliance. Johnson (2018) likewise reported a moderate correlation between mindfulness and therapeutic alliance in counselors-in-training. Keane (2014), in a mixed methods study, reported that mindfulness practices appeared to support the development of key psychotherapist abilities, including attention and empathy, which underpin the therapeutic relationship. According to Michalak et al. (2019), “preliminary empirical evidence... shows that therapists’ mindfulness practice strengthens the therapeutic alliances with their patients” (p. 802) in individual therapy. Razzaque et al. (2015) write that there is a clear “relationship between mindfulness and therapeutic alliance” and that the specific mindfulness factors of “non-judgmental acceptance and openness” are significant predictors of quality therapeutic relationships (p. 172-173). Falb and Pargament (2012) reported that mindfulness offers a range of benefits to the therapeutic relationship, and specifically that clinicians who practice mindfulness become “less judgmental and more accepting” (p. 352). While this body of literature is compelling, much of this literature has focused on therapeutic relationships with adults, with limited attention given to mindfulness and therapeutic relationships with children and youth. Further, the connection between mindfulness and therapeutic relationships in paediatric rehabilitation is an area that has not to our knowledge been explored from the perspectives of therapists.

Mindfulness is a concept with deep roots in Eastern traditions, which has been defined in a variety of ways. In Western health care contexts, a popular definition from the mindfulness-based stress reduction tradition is: “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible”

(Kabat-Zinn, 2015, p. 1481). In an effort to summarize key themes in mindfulness, Nilsson and Kamzemi (2016) analyzed 33 definitions from the literature. They reported four core elements of mindfulness definitions including: attention and awareness, present-centredness, external events (referring to stimuli in the environment to which attention can be given), and cultivation (developing positive character traits through mindfulness) (Nilsson & Kazemi, 2016). One additional theme - ethical mindedness - was identified as arising from definitions in Buddhist scholarship (Nilsson & Kazemi, 2016). In recent years, there have been calls to develop a definition that is true to mindfulness' historical roots (Analayo, 2019). This is significant as mindfulness was historically considered to be "socially shared and relational" (Stanley, 2012). Drawing from Buddhist writings on mindfulness, Mahalingam (2019) writes that mindfulness can facilitate the development of a sense of interconnectedness. Likewise, Surrey (2005) writes that "the fruits of meditation may include a growing experience of deep interconnection with others" (p. 91).

In their scoping review, Babatunde and colleagues (2017) note that while therapeutic alliance appears to have a positive influence on treatment outcomes in physiotherapy, further study is required in the profession of occupational therapy. Further, they note that most literature focuses on the perspective of the client, with limited acknowledgement of therapists' perspectives (Babatunde et al., 2017).

In light of the growing body of literature pointing to the potential of mindfulness to support therapeutic alliances, and the importance of the therapeutic alliance when working with children, the aim of this study was to inquire into paediatric occupational therapists' experiences of mindfulness within the therapeutic relationship with children and youth. The question underpinning this study was: 1) What are occupational therapists' experiences of the therapeutic relationship with children and youth when they incorporate mindfulness-based approaches into their practices?

5.1 Method

5.1.1 Methodology

A hermeneutic phenomenology of practice methodology was adopted for this study. Phenomenology is a philosophical mode of understanding that has also been developed into a methodological approach (Dowling, 2007; Park Lala & Kinsella, 2011). Heidegger (2010) writes,

phenomenology means: To let what shows itself be seen from itself, just as it shows itself from itself. That is the formal meaning of the type of research that calls itself 'phenomenology.' But this expresses nothing other than the maxim formulated above: 'To the things themselves!' (p. 32)

Put another way, Heidegger calls researchers back to the lived human experience of the phenomenal world (van Manen, 2014). Wright St. Clair (2015) highlights that "Heideggerian phenomenology is a way of uncovering people's situated experiences in the world" (p. 54). Neubauer, Witkop and Varpio (2019) describe phenomenology as a research methodology that utilizes the perspectives of those who have experienced a phenomenon to gain an understanding of that phenomenon.

While any human experience can be a phenomenological topic, phenomenology of practice "refers to the kinds of inquiries that address and serve the practices of professional practitioners (van Manen, 2014, p. 15). Phenomenology of practice is intended to reflect on practice, while developing "an embodied ontology, epistemology and axiology of thoughtful and tactful action" in practice (van Manen, 2014, p. 15). Kesselring and colleagues (2010) argue that phenomenology of practice "both reveals practices in their depth and also, importantly, helps to preserve and shape the ethos of a practice" (p. 5). Hermeneutics has been described as "the practice and theory of interpretation and understanding in human contexts" (Moules et al., 2015, p. 3). Heidegger advocated for the use of hermeneutics as he believed that all lived experience is inherently interpretive (Wright St. Clair, 2015). The hermeneutic circle, or movement

between the parts and the whole, serves to foster deep reflection on a phenomenon, and enhance understanding of that phenomenon (Gadamer, 2004).

5.1.2 Theoretical Underpinnings

Two key concepts from Heideggerian phenomenology informed this study: *Being-with* and *Sorge*. For Heidegger (2010), *mitsein*, or *Being-with* refers to the fact that humans exist in the world with other humans, with animals and even with objects. Stolorow (2014) writes that *mitsein* is “the existential structure that underpins the capacity for relationality” (p. 161). Heidegger (2010) argues that *mitsein* is an essential component of all our daily tasks as human beings embedded within a social world. The concept of *mitsein* invites deep consideration of the ways in which humans are “with” one another.

In Heidegger’s native German, *sorge* translates to care. Heidegger (2010) writes that human’s “being toward the world is essentially taking care” (p. 57). For Heidegger, humans find themselves “in a world that matters to them in one way or another” (Wheeler, 2018). Further, Heidegger claimed that all practices undertaken by human beings can be considered a form of care (McConnell-Henry et al., 2009, p. 4). Care is closely tied to *Being-with* others in the world, as care is to be “actively engaged in another's lifeworld” (McConnell-Henry et al., 2009, p. 4). Heidegger (2010) notes that an authentic relationship requires humans to attune themselves to another and extend their care toward the presence of the other. While Heidegger was speaking to all human relationships, the concept of *Sorge* is particularly salient for healthcare workers.

5.1.3 Methods

5.1.3.1 Recruitment

Ethical approval for the study was granted by the institutional Research Ethics Board. Recruitment materials were posted on social media sites, through national professional organizations and via email to local professional practice leaders. Given that phenomenological research aims to elicit rich descriptive data, smaller sample sizes are the norm (van Manen, 2016). Eight occupational therapists who self-identified as meeting the inclusion criteria were purposively recruited to the study. Inclusion criteria

were: 1) English-speaking, 2) licensed occupational therapists, 3) utilizing mindfulness in their professional practices, 4) with at least 50% of practice with children and youth (defined as individuals under the age of 18 years).

5.1.3.2 Participants

Participants signed a written consent form to participate in the study. Seven of the eight participants identified as female; this is consistent with gender patterns in the profession with 92% of occupational therapists identifying as female (Newell, 2020). Six participants were from Canada while two were from the United States. Years in occupational therapy practice ranged from 4-31 years, with an average of 15 years. For five participants, paediatric clients represented 100% of the focus of their occupational therapy practice, while for one participant it represented 75%, and for two participants 50%. Practice settings were rehabilitation clinics (3), schools (3), mental health clinics (2), and hospital (1), with one participant working across two practice areas. Participants identified bringing mindfulness into their clinical work from between 2 and 10 years.

5.1.3.3 Data Collection and Analysis

The therapists participated in 1.5-2-hour semi-structured interviews using Zoom teleconference software. Interviews were audio recorded and transcribed verbatim. Finlay's (2014) four processes for phenomenological analysis, which are congruent with Heideggerian philosophy, were utilized. The research question was used as an anchor for the analysis process. *Seeing afresh*, the first process, has been described as approaching the data with an openness to new understanding. The second process, *dwelling*, is described as "settling into the data, respectfully embracing the language... and making ourselves thoroughly at home with it" (Finlay, 2014, p. 126). To facilitate this process, a whole-parts-whole approach was undertaken. During the initial read of transcripts, the objective was to glean an appreciation of the whole. During the second read, transcripts were read line-by-line to identify key excerpts informing emerging themes. Themes were iteratively mind mapped for each transcript, and compared across transcripts, to understand the parts in relation to the whole (Davies, 2011). During the *explicating* phase of the analysis, the research team met to review the individual mind maps, collective

mind maps, key quotes, and reflexive notes to “synthesize... emergent themes into larger themes” (Finlay, 2014, p. 129). In the *linguaging* phase, the research team worked to generate the language that best represented what was heard in the data for each theme.

5.2 Findings

5.2.1 Fostering a Safe Space

Fostering a safe space to introduce mindfulness practices to children and youth was a prominent theme in the data. The relationship between safety and client choice was highlighted by all participants. Emma (all participant names are pseudonyms) explained the importance of choice: “When they say no, I’m giving them space to say no. Giving them autonomy over choice and body. I’ll say ‘okay, that’s fine if you don’t want to try today. I’m going to ask you again another day.’” Brigid echoed this idea, saying, “I put zero pressure on them. It’s like, ‘join me if you want.’ I think anytime you make it an invitation a lot of the pressure goes away.” Isla discussed how client choice was essential in her practice, saying, “It’s easy to have a conversation about it and ask, ‘hey would you be willing to try this with me and it’ll take a couple minutes’ and they’re usually up for it. If they say no, I do not push because there is no benefit to that.”

Openness and curiosity were also identified in relation to fostering safety. Melanie noted, “I treat it like an experiment. We try to be curious and just see what happens.” The language of experimenting was also used by Brigid, who said “I encourage a spirit of let’s just experiment. Let’s see what happens. Mindfulness is about being curious.” George highlighted the need for an attitude of curiosity: “I am a big fan of talking about and using language of experimenting. I will ask the kids, ‘are you willing to try this out?’ It’s not much of a risk to trying it out. I usually lay this out, ‘the worst case is maybe you get a little frustrated.’”

The importance of creating a sense of non-judgment was also discussed in relation to safety. George noted that from his perspective, non-judgement enhanced client engagement in mindfulness practices: “Maybe clients are more likely to do it because it's

explained from a non-judgmental place. Non-judgment is kind of built in. They don't get push back around not doing it right."

5.2.2 Enhancing Presence

All participants noted that mindfulness practices assisted them in being more present with their clients. Emma noted, "It helps me to be present. It helps me to be where I am in that moment with that child and really to tune into what's actually happening and picking up on those cues and being able to just be there to support them and accept them and care for them as they are where they are in that moment." Melanie shared similar thoughts: "I feel like when I am completely present and mindful and able to listen and hear what they say, they are able to be more present and mindful with me. It helps me to connect well with most of my clients." Claire indicated that her mindfulness practice assisted her with developing presence and trust with clients: "I feel like it has made me aware of those things I may otherwise not notice. I think it has helped me to build trust with some of my more complicated clients." Isla observed that mindfulness practices helped her to really know and understand her clients: "I feel like with mindfulness it is a way to kind of communicate with them in a way that I don't normally. I feel like I can get to know them." Emma noted that particularly for paediatric clients, presence is essential for developing a positive relationship: "Kids do notice, right. They can tell when you're disengaged and it will change how they engage with you." Sophie offered a clinical example of presence:

I had a client who refused to sanitize her hands coming into the clinic. She just sat in the corner and wouldn't engage. I just sat there with her and modeled being calm. It worked after 45 minutes. Eventually she sanitized her hands. I think three years ago I would have had difficulty sitting there and not saying anything and waiting. I would feel like, no, I have to be doing something. With a little bit of mindfulness, I was like 'this is just what I need to do and its okay'. I'll just sit here and it helped.

Sharing mindfulness practices was noted as fostering a sense of connection and community. Brigid offered this insight: "When we practice together, there's this deep sense of connection. I love that. It's supposed to be about a community feeling like we

are doing it together. I always do yoga in a circle. I always do mindfulness in a circle. I always sit on the floor with them because I always want them to feel that I'm with them at the same time." Sophie observed: "Practicing together is about feeling like you are a part of that common humanity. That you are not alone. They're often egocentric, just by their developmental stage. I'm like, 'I understand it feels like you're the only one, but everyone has times where they feel sad.' As human beings, we're community seeking."

5.2.3 Being Authentic

Participants noted that the work they did to incorporate mindfulness into their practices enhanced their ability to be authentic with clients. Melanie observed, "I often share with my clients my own personal journey with mindfulness. I feel like sharing my journey allows me to connect authentically with them and it also shows them real life examples of how it can actually help someone." Melanie further noted that her own experiences with mindfulness served as a jumping-off point for conversations with clients: "Mindfulness kind of gives us this opening where we can talk about our own journey or struggles and how that helps us to just be very human with our clients. Sometimes that's such an important key piece of what we do." Ashley indicated that her own experiences with mindfulness allowed her to be vulnerable, "You learn through mindfulness about letting yourself go. I feel like mindfulness has taught me in a way to be more raw and vulnerable." Brigid identified vulnerability as a key step to developing a strong therapeutic relationship: "I think leading mindfulness and leading yoga requires us to be authentic, to be vulnerable a little bit. To not always say the most eloquent thing and to be okay with that. That's probably the appeal in packaged mindfulness practices, they say it the right way and the perfect way. But that takes away the vulnerability which takes away that connection." She elaborated to note that therapist vulnerability can, in turn, encourage client vulnerability: "When you show up as your authentic self, you give permission for everyone else to do the same."

5.2.4 Cultivating Acceptance

Cultivating acceptance was another theme that arose in the interviews. A number of participants observed that with mindfulness the therapy sessions became less about changing the client and more about developing acceptance. Brigid offered this reflection:

I don't want to see kids as a bunch of deficits, and I am coming in there and trying to fix them. We don't need to use so much force and coercion and manipulation. If the environment is more accepting of children then they can flourish on their own. We all feel a little bit broken in an unconscious way, and so we kind of foist that on kids, especially disabled kids. So my mindfulness practice is about how can I tweak what I am doing to make it that the kids start to feel more empowered.

Claire noted that mindfulness was a part of her plan of care for many clients, regardless of the reason for referral to occupational therapy:

Sometimes we are expected to fit the traditional OT role, you know, work on fine motor skills or learning skills or whatever. But if we don't have enough strategies to support our kids and meet them where their needs are, then we just won't do justice for that child. So if I need to use a mindfulness approach for a certain child, then I will, regardless of the reason for referral.

George observed that he sometimes experienced skepticism or reluctance from parents who did not immediately see the value in mindfulness-based approaches:

Sometimes there's this skepticism from parents not understanding why we're doing this because we're not getting to "the problem." So then its having to work to help parents to see we need to work on this awareness piece first before we can work on helping them calm down when they get really upset...

Emma offered this reflection from her clinical work:

The client was a bit hesitant but once we got into it and started and she started to notice and practice her body scans little by little... I think she got to the point where she was really understanding that I wasn't there to make her do anything. I

was there to coach her through starting to tune into her own needs and into her own environment and what it was because she hadn't had that opportunity. So she could find tools that helped her and really understand who she was as a person so that she could advocate for herself in a more effective way.

Overall, it appears that many participants identified that mindfulness helped to reframe their beliefs about therapy and helped to facilitate a sense of acceptance.

5.3 Discussion and Implications

Given the growing body of literature linking the quality of the therapeutic relationship to positive outcomes, consideration of approaches designed to enhance therapeutic relationships are warranted. Participants in this study identified that mindfulness practices supported them in fostering a safe space, being present with clients, engaging with clients in an authentic manner, and cultivating acceptance.

The potential of mindfulness practices to support therapists to foster a safe space for children and youth was an important finding of this study. A growing body of literature highlights the importance of safety within the therapeutic relationship, particularly within paediatric care. For example, Crom et al. (2020), in a phenomenological study of therapeutic relationship in paediatric physical therapy noted that children and parents reported that the relational skills of the therapist were more important than technical knowledge and skills. Further, child recipients of physical therapy reported that they needed to trust the therapist in order to feel safe in the relationship and that this was a prerequisite for treatment (Crom et al., 2020). While the use of mindfulness to support the development of a safe space within occupational therapy practice appears to be a novel finding, research in other sectors has shown a connection between mindfulness and safety (Gardner & Kerridge, 2019; Lee, 2012; Parnas & Isobel, 2019). Parnas and Isobel (2019) identified relational mindfulness as a key foundation to interpersonal safety in the therapeutic relationship in psychiatry. In the education sector, Gardner and Kerridge (2019) noted that a brief mindfulness practice at the start of class was reported by post-secondary students to "foster a safe learning environment" and enhance students' sense of belonging (p. 15). The potential of mindfulness to contribute to the creation of safe

environments for children is an interesting area for consideration. Further study into mindfulness and the creation of safe spaces within the therapeutic relationship in the field of occupational therapy is an area where future research may be warranted.

The potential of mindfulness practices to foster therapists' ability to be present with children and youth is an important finding of the study. Presence has been identified as a key component of therapeutic relationships (Miciak et al., 2018). Miciak and colleagues (2018) define presence as "being in the moment or embodied in time and space" (p. 5), which is striking similar to existing definitions of mindfulness.

Vo (2015), developer of 'Mindful Awareness and Resilience Skills for Adolescents' writes of introducing mindfulness to young people:

...it is best and most effective when we share ourselves with the children without the idea that we are sharing the practice. Our presence and ordinariness are fundamental in making any activity enjoyable. How we respond, our quality of being, our warmth and kindness, is what most benefits children (p. 29).

The importance of presence is also a topic of attention in the mindfulness and health care literature. In this context, Epstein (2001), family physician and mindfulness researcher writes of mindfulness as supporting presence when interacting with patients; he attributes this presence to an enhanced sense on the client's part of having been heard. Presence in therapeutic relationships has been closely linked to two other themes, acceptance and being authentic.

Kabat-Zinn (2013), a leading physician scholar in mindfulness-based stress reduction, writes of the relationship between presence and acceptance,

seeing and being seen complete a circuit of reciprocity of presence... That presence holds us and reassures us and lets us know that our inclination to be who we actually are and to show ourselves in our fullness is a healthy impulse, because who we actually are has been seen, recognized and accepted. (p. 71-72).

In the mindfulness literature, Buddhist monk, Thich Nhat Hanh (2011), highlights the relationship between presence and acceptance. He writes that mindfulness with children

is simply to be with a child. It is to let the child reveal to us who she or he is... It is being open to accept what is being offered and improvise with it, so as to be playful yet caring. Let our interactions be a moving meditation (Hanh, 2011, p. 30).

Likewise, Martin (2021) writes that the hallmarks of presence in nursing are “vulnerability and authenticity” (p. 259), showing the relationship between presence and being authentic.

The findings suggest that mindfulness supported therapists in this study in being authentic in their relationships with children and youth. Being authentic has been identified as a key condition for positive therapeutic relationship with children (Miciak et al., 2018). Miciak et al. (2018) note that being authentic in therapeutic relationships with children is comprised of three aspects: being yourself, being honest and investing in the personal. Participants also identified a willingness to be vulnerable as supporting authenticity in practice. This is consistent with previous literature. For example, Martin (2021) writes that “presencing requires exposing one’s vulnerability to come alongside one who is likewise vulnerable” (p. 259). In their qualitative study, Evatt and Scanlan (2022) reported that self-disclosure was a key approach used by occupational therapists in mental health settings to develop therapeutic relationships. Mindfulness has also been linked to the development of self-knowledge and the ability to be oneself (Carlson, 2013). Taylor (2020) identified that critical self-awareness underpins therapeutic use of self and facilitates the ability of occupational therapists to “respond to clients from the heart... intuitively, spontaneously and emotionally” (p. 70). Interestingly, the ability to relate to clients as human beings has been linked to the meaning paediatric occupational therapists’ derive from their professional practices (Smith & Kinsella, 2009). High rates of burnout and attrition have been reported within the profession in recent years (Bruschini et al., 2018), and the need to find practices – such as genuine human relationships - that sustain therapists’ well-being has been identified (Kinsella et al.,

under review). It appears that mindfulness may support occupational therapists in being authentic and vulnerable with their paediatric clients, which in turn may support the development of positive therapeutic alliances and also enhance therapists' sense of meaning in practice. This presents an interesting avenue for further study.

A growing body of literature in the field of disability studies brings a critical lens to deficit-oriented approaches to health care which focus primarily on impairments (Goodley, 2016). In occupational therapy, McColl (2021) writes, "Occupational performance problems... are seen as residing primarily within the individual. Our highly individualized approach in occupational therapy can result in an almost exclusive focus on the person and his or her assets and limitations." (p. 5). One key difficulty with such an approach is that the therapist becomes responsible for "fixing" these impairments (Turpin, Roger & Hall, 2012). Further, such approaches can lead to objectification of the client which creates risk for oppression and inauthenticity (McCorquodale & Kinsella, 2015). The findings suggest that therapists in this study adopted an alternative approach to "fixing" impairments. Instead, they appeared to focus on developing the therapeutic relationship by fostering a safe space, enhancing presence, being authentic, and cultivating acceptance. The tone of the interactions between therapists and youth appeared more in line with a 'being with' and 'acceptance of what is' orientation, as opposed to a focus on 'fixing' or 'repairing'. In this way therapists who use mindfulness may be charting a departure from traditional therapeutic approaches of 'distance' and 'objectivity'; a departure that has been called for by those who critique past practices (McCorquodale & Kinsella, 2015).

5.3.1 Study Limitations

These findings highlight four themes related to paediatric occupational therapists' experiences of mindfulness and the therapeutic relationship in practices with children and youth. Strengths of this research include the focus on practice experiences of occupational therapists, and the depth and quality of data collected, and the use of a rigorous phenomenological approach to the study.

The use of in-depth phenomenological interviews offers a rich depth of insights, however given the small sample size, the findings represent a situated sampling of the broader range of perspectives that may be available and must be interpreted in this light. In terms of representation, it should be noted that participants were predominantly white, middle class, and female. While the perspectives of clinicians address a gap in the literature, children and youths' perceptions of mindfulness in the therapeutic relationship would enrich these findings and is recommended for future research.

A failure to adequately account for one's preunderstandings in relation to the research has been identified as a potential challenge in phenomenological research (Moran, 2019). The use of reflexive notes throughout the design and implementation of this research was undertaken to address this issue (Errasti-Ibarrondo et al., 2018, Olmos-Vega et al., 2022).

5.3.2 Study Implications

This study highlights the ways in which mindfulness has the potential to support therapeutic relationships in the practices of occupational therapists who work with children and youth. Mindfulness practices may assist in shifting one's orientation from fixing to an orientation of fully 'being with' children and youth in the therapeutic encounter, which may support occupational therapists to take a more critical stance, as has been called for within the profession. (Hammell & Iwama, 2011). Given the established importance of therapeutic relationship, the findings from this study may offer preliminary support for inclusion of mindfulness training within health professional education programs. While further research is required, the study points to fostering a safe space, enhancing presence, being authentic, and cultivating acceptance as potential affordances of bringing a mindful approach to the therapeutic relationship.

A number of areas for future research arise from this study. Most importantly, inclusion of the perspectives of children and youth in future research is warranted. Research focused on the experiences of children and youth who participate in mindfulness-based interventions within the context of a therapeutic relationship would inform a more fulsome understanding of this subject. Qualitative research focused on the experiences of other health professionals who incorporate mindfulness into their practices may be

warranted, as practitioner perspectives are underrepresented in the literature. Given the emergent findings related to the affordances of mindfulness to transform therapist perspectives away from ‘fixing’ toward ‘being with’ children and youth, further inquiry in this area is recommended.

5.4 Conclusion

The aim of this hermeneutic phenomenological study was to investigate occupational therapists’ perceptions of mindfulness in the therapeutic relationship with children and youth. Four themes were identified: *fostering a safe space, enhancing presence, being authentic, and cultivating acceptance*. The findings highlight key contributions of mindfulness to development of the therapeutic relationship, from the perspective of occupational therapists. Implications for occupational therapy practice are highlighted and areas for future research are proposed.

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Chapter 6

6 Metaphors of Mindfulness in Paediatric Occupational Therapy Practice

In their ground-breaking work on metaphor, Lakoff and Johnson (2008) note that metaphors permeate everyday life in that they influence both thought and action. Metaphors abound in daily language use, and consideration of the deeper meanings behind metaphors can bring previously unconscious ideas to the surface (Lakoff & Johnson, 2008). Metaphors are defined as “understanding and experiencing one kind of thing in terms of another” (Lakoff & Johnson, 2008, p. 5). Metaphors invite consideration of the relationship between the two objects of comparison, eliciting new or different understandings. (Redden, 2017). It has been argued that metaphors can make complex topics easier to understand (Schmitt, 2005), help enhance communication (Steen, 2011), offer new understandings, and facilitate action (Jacobs & Heracleous, 2006). Goatly (2011) highlights that in addition to fulfilling conceptual functions, metaphors also fulfill interpersonal, emotional and communication functions. Nardon and Hari (2021) write that “metaphors are personal, imaginative and creative and allow for a new understanding of experience by highlighting some things and hiding others” (p. 3).

In occupational therapy, metaphors have been used to make sense of professional practice. To name just a few instances, Finlay (2000) used metaphors of “battle ground” and “safe haven” to understand occupational therapists’ experiences of working in interdisciplinary teams. Wood (2004) related aspects of professionalism in occupational therapy to the “heart, mind and soul” of practice. Denshire (2005) used the provocative metaphor of a circus when exploring imagination and reason in occupational therapy practice.

A small body of scholarship has researched therapists’ metaphors in occupational therapy practice. Davis (2008) analyzed student occupational therapists’ metaphors for helping and found two key themes related to client-centredness and client autonomy and responsibility. Mackey (2013) explored metaphors used by occupational therapy practitioners to describe their working lives and identified five types of metaphorical

stories: the battle, the love story, the magazine, the journey, and the pantomime. More recently, Smart et al. (2021) analyzed parent and therapist generated metaphors to understand expectations for paediatric rehabilitation services, including occupational therapy. They identified the four metaphors of force, appreciation, illumination and relationship (Smart et al., 2021). It appears that the use of metaphor is generative for making sense of aspects of occupational therapy practice.

Denshire (2005), argues that metaphor offers a different approach to reflection on professional practice and may be useful for clinicians to make sense of their experiences. In occupational therapy, metaphors have been used to reflect on occupational therapists' ideal versus actual practices, and to uncover "beliefs, values... and underlying assumptions about professional practice" (Kinsella, 2000, p. 25).

The value of metaphor has also been discussed in the mindfulness literature. Scherer and Waistell (2018) examined metaphors of mindfulness in Buddhist Monk Thich Nhat Hanh's work and found they offered deep insight both psychologically and practically. Deliberate metaphors used in Buddhist teachings about mindfulness have been studied and results noted they offered both explanatory and reconceptualization insights (Silvestre-Lopez, 2020).

Given the reported power of metaphorical language, an analysis of the metaphors used by occupational therapists to describe mindfulness in their professional practices was undertaken. The primary question of this study was: What metaphors are employed in paediatric occupational therapists' accounts concerning mindfulness interventions, and what do these suggest us about their views on the use of mindfulness with children and youth?

6.1 Methodology

This study adopted hermeneutic phenomenology as its methodology. In Heideggerian phenomenology (2010), understanding of a phenomenon is revealed through the first-hand accounts of those who have lived the experience. Miles et al. (2013) write that "hermeneutic phenomenology uses an interpretive approach to study participants'

everyday worlds from the perspectives of the people experiencing a particular phenomenon (p. 274).

A Heideggerian phenomenology of practice was utilized as the theoretical framework for this study. Such a framework draws attention to the experience of being-in-the world and to action in the world. The Heideggerian (2010) concepts of care (*sorge*), understanding of self and the world (*verstehen*) and speech (*rede*) are particularly relevant to this work.

Hermeneutics focuses on the art of interpretation (Kinsella, 2006). The hermeneutic circle is commonly used in hermeneutic phenomenology and encourages deep reflection on meanings inherent in a text (Grondin, 2016). For Heidegger (2010), human beings are always engaged in interpretation as a fundamental characteristic of humanity. Further, he argues that all interpretation is situated and therefore always incomplete (Heidegger, 2010).

While Heidegger (2010) voiced objections to the use of metaphor, leading some to contend that metaphor analysis falls outside the scope of a Heideggerian phenomenological study, other scholars have noted that Heidegger makes regular use of metaphors in his writing (Stellardi, 2002; Ricoeur, 1978). Ricoeur (1978) writes,

In Heidegger himself the context considerably limits the import of this attack on metaphor, so that one may come to the conclusion that the constant use Heidegger makes of metaphor is finally more important than what he says in passing against metaphor. (p. 280).

Lakoff and Johnson (2008) argue that humans “live by metaphor,” in that metaphors structure the actions undertaken in daily life (p. 4). As phenomenology is concerned with the study of “quotidian practices of daily life” (van Manen, 2014, p. 15), it can be argued that metaphors permeate phenomenological inquiries. Lakoff and Johnson (2008) also note that their work on metaphor stems from the phenomenological tradition, which further underlines a fit between metaphor analysis and phenomenology.

6.2 Methods

6.2.1 Participants

Eight occupational therapists who identified as using mindfulness-based approaches in their professional practices with children and youth participated in this study. Seven participants self-identified as female and one as male. Six participants were from Canada and two were from the United States. Participants practiced as occupational therapists between 4 and 31 years, with time in paediatric practice ranging from 3-31 years. All participants identified that at least 50% of their caseload was focused on children and youth under the age of 18. Experience with mindfulness in clinical practice varied but ranged between 2 and 10 years. Participants were assigned a pseudonym to protect confidentiality.

6.2.2 Data Collection

Two approaches to metaphor generation were used. First, an idiographic approach (Grant & Oswick, 1996) was utilized to inductively examine metaphors that appeared without prompting during the semi-structured interviews. This approach is considered to be rich and generative, while reducing demand on participants (Redden, 2017). Second, a metaphor elicitation or *forced metaphor approach* (Tracy, 2010) was utilized whereby, participants were asked to develop a metaphor that described their experience of applying mindfulness in professional practice as part of the interview. Benefits of this approach include fostering critical thinking and evaluation, while offering comparisons that are rich sources for analysis. Drawbacks include the inherent difficulty of generating metaphors on the spot, which can reduce creativity (Redden, 2017). To reduce the demand on participants, they were given a 10-minute reflective break in which to generate their metaphors. The interviews were audio recorded, and transcribed verbatim.

6.2.3 Data Analysis

Interview transcripts were read multiple times by the first author with a particular focus on identifying idiographic metaphors, or those words and phrases that were used

metaphorically as these appeared organically within the transcript. Both idiographic and elicited metaphors were extracted, grouped together and mind mapped (Davies, 2011) to aid in the analysis of patterns and relationships across the data and eventually a set of key themes.

6.3 Results

Within the interviews participants used many idiographic metaphors of both mindfulness and themselves as facilitators of mindfulness practices with children and youth. Three dominant idiographic metaphors were identified within the interview transcripts, whereby mindfulness was described as: 1) a tool, 2) exploration, and 3) support. In addition, two predominant idiographic metaphors for occupational therapists as facilitators of mindfulness practices were identified. Facilitators of mindfulness were described as: 1) a coach and 2) a gardener. While many of the elicited metaphors fit within the above-noted themes, some stood apart as unique. As a result, the elicited metaphors have been presented separately.

6.3.1 Idiographic Metaphors of Mindfulness

6.3.1.1 Mindfulness as a Tool

The most common metaphor for mindfulness, appearing 38 times in the data, was that of a “tool”. Participants identified that mindfulness could be applied by themselves and their clients to achieve certain goals. For Emma, the tool metaphor was a salient one. She observed, “I will introduce it as this is just another tool to help us to tune into our bodies and understand how our brains and bodies are working together.” She reflected: “I think that being able to tune in and use mindfulness tools to understand ourselves better so that we can engage in our environment and with the people in our lives and in our occupations in a more effective and joyful way.” Isla also made frequent use of the metaphor of a tool, stating, “Mindfulness is such a useful tool because it only needs you and your body. You already have everything you need with you.” Isla noted that mindfulness didn’t need to replace other approaches but could complement other tools used by a child: “We don’t need to strip them of tools that help them. We can just add to their toolbox.” Brigid also used the metaphor of mindfulness as a tool frequently in the

interview. She commented on mindfulness as a clinical tool she could make use of: “I have a lot of tools in my toolbox. Mindfulness is one of them.” She also connected this metaphor to the teaching of mindfulness to clients: “I want to equip these kids to have as many skills as they can to help them be functional adults. We have to equip them with the tools they need, like mindfulness.” Like Isla, Melanie observed that mindfulness was only one of the strategies she might draw upon, stating, “Mindfulness is one of the many tools that I’m using to help get the children to be in a much calmer state.” Likewise, Ashley observed: “I often tell kids that mindfulness is just a tool in their toolbox.” Further, she reflected, “We give kids a lot of tools and strategies. Mindfulness is one.” Claire also noted that mindfulness was just one approach she might take, stating: “It’s one of the tools in my toolkit.” She also observed that choosing the ‘right’ tool was important, “We have to be careful to use the right tool with each client. You know mindfulness is one tool, but one size doesn’t fit all.” George observed that he made use of mindfulness practices to support a specific goal with clients. He offered, “I have used mindfulness practice like a body scan as a tool to help support relaxation.”

Three participants, Brigid, Isla, and Melanie described how the metaphor of mindfulness as a tool was useful but perhaps oversimplified what mindfulness was about and needed to be used with caution. Brigid stated, “I get lost sometimes in the ‘tool’ of it. Mindfulness is who we’re supposed to be. We’re supposed to be present in our own lives.” Similarly, Isla said: “I often call it our most underutilized tool. But I don’t want to jump to that language. It’s not just a tool. It’s so much more.” For Melanie, the metaphor of mindfulness as a tool was tempered with caution about expectations: “What I say to parents often too is there are all these tools and strategies we can use to help like mindfulness. But it’s not a magic wand.”

6.3.1.2 Mindfulness as Exploration

Another common metaphor, appearing 21 times within the data, was that of mindfulness as exploration. Ashley noted that her own experiences with mindfulness felt like exploration: “Once I explored with mindfulness, I started to apply it to practice,” and “I’m still exploring a lot of different practices.” Ashley also talked about exploration with

clients: “I encouraged the client to explore mindfulness to see what worked for him. He tried different things and said deep breathing was helpful.” Claire observed about exploration within her practice: “We explore with mindfulness. I jump into playful games and activities and encourage the kids to be curious about what our bodies are telling us.” Emma used the exploration metaphor to highlight the fit of mindfulness for children and youth: “We use mindfulness to do a lot of exploration and it helps kids to start to tune into the signals that their bodies are sending them.” Brigid, when speaking about mindfulness, observed: “It’s really an exploration. The yoga mat is a place to explore and mindfulness is about exploring.” She also noted, “We have a lot of freedom to just explore the practices and see what fits for the child.” George used the metaphor of exploration saying “I’m a big fan of exploring. I’ll ask them if they are willing to try a mindfulness practice and see what happens.” Melanie also used this metaphor noting: “I love to explore yoga, meditation and mindfulness practices to see what might work for my clients.” Isla echoed what other participants had said, “With one client we explored a bunch of different practices until we found what was calming for her. It helped her articulate what worked or didn’t work for her.” Finally, Sophie noted that she felt she helped to facilitate exploration on the part of her client: “So I explored the experience of mindfulness with the client. What did it look like? What did it feel like?”

6.3.1.3 Mindfulness a Foundation

A final commonly used framing of mindfulness was that of offering support, such as a foundation or a pillar. This metaphor appeared 19 times within the data. George used this metaphor most frequently. He framed mindfulness as a foundation, saying “It’s come to me that it [mindfulness] is kind of a core or foundational part of the work we do. We have to work on those foundation pieces first or we’re not really addressing the problem.” Emma also used this metaphor, referring to mindfulness as a support: “I try to work from a lens of how can I support this client? Mindfulness helps me do that. It helps to support kids to meet their goals.” Likewise, Claire stated, “It [mindfulness] helps me to support my clients and meet them where they are.” Brigid used the language of a foundation, saying “I started creating mindfulness programs for my clients because it is just so foundational. There is so much emphasis on development and the social-emotional piece

gets thrown to the side like it doesn't matter." Sophie used the language of mindfulness as support for building a foundation : "Mindfulness is like building your foundation. It's like building the base for doing other work." Ashley noted about her clients, "Mindfulness supports the kids in doing something they need to do." Isla echoed this idea, saying: "Mindfulness supports them [children] in getting through a school day when its stressful and scary and hard." Finally, Melanie framed mindfulness as supporting individuals to carrying the metaphorical weights inherent in life: "Mindfulness is about moving forward each day despite all the weights that we carry on our shoulders."

6.3.2 Idiographic Metaphors of Therapist as Mindfulness Facilitator

6.3.2.1 Therapist as Guide

The most common metaphor participants used to describe themselves as facilitators of mindfulness was that of a guide, teacher or coach, supporting the client to develop skills and strategies for life. This metaphor was salient, appearing 32 times in the data. Brigid observed that like a coach, she supported her clients to achieve certain aims. She reported, "The thing that we want to teach kids all the time is how to get a pause, just be more conscious in general. I have to coach the kids to help them find their own pause." She discussed benefits of coaching the adults around her paediatric clients as part of her practice: "When we teach or coach the adults in the room [about mindfulness], the benefits extend to the kids. Adults impact kids more than we realize." Claire also noted an impact from coaching adults: "Part of supporting the kids is coaching the adults around them." She also observed the impact of regular opportunities to practice mindfulness, saying, "Part of coaching is building confidence. I want the kids to feel confident in their mindfulness." Emma echoed the role of adults in children's lives: "Working with kids means we are also working with parents. This means I am sort of the coach for mindfulness." Emma she also observed that mindfulness helped to shift her approach to clients, stating: "Mindfulness shifted me from 'doing therapy to someone' to coaching them and supporting them to learn about themselves." Sophie noted that she shifted in and out of the role of coach, saying, "When there are moments when I'm able to coach a client through a mindfulness practice, then I do. I often coach them to do

mindfulness practices and they're able to do it and they feel good after." George described his overall approach to mindfulness in practice as coaching:

I approach it like coaching. We don't learn to play basketball by only ever playing in the championship game, right? Like we usually practice things and we practice them when there's not as much going on. If you're practicing the shot, you're doing it. You don't have everyone kind of running around, right? And that's like when we're learning mindfulness skills. We have to practice them at the times when we already are kind of calm.

Ashley highlighted the benefit of practicing mindfulness with the support of a guide: "We practice together. I can show them what it looks like and how it works. Then later I see them applying mindfulness without really thinking about it. All that practice sort of became ingrained in the child." Melanie used the metaphor to describe how she modifies mindfulness practices for children, noting: "I find breathing exercises with kids, they don't really get it. So I guide them through more active mindfulness practices." Isla used this metaphor to describe a specific client encounter:

I guided her through an exercise where we did some imagery of her favourite place. Because of her trauma history, it was easier for her to do this than to start by observing the present moment. We got there, but we had to start somewhere safe.

6.3.2.2 Therapist as Gardener

A less common, but salient metaphor used by participants to describe their use of mindfulness in practice was that of a gardener, focused on nurturing the growth and development of young clients, both as humans and practitioners of mindfulness. This metaphor was identified in the data 15 times. Brigid reflected on her role as a mindfulness facilitator as that of planting seeds and nurturing them: "We practice taking a pause. That pause is really the seed of executive functioning. My job is to plant this seed and help it flourish." Ashley drew on the gardener metaphor stating, "My job in

bringing mindfulness to them is to help deepen their roots so that they're strong and can grow and flourish." She also observed that her own growth was linked to her mindfulness work: "I love practicing together. I want to grow together with these kids." Claire noted that, like plants, an individualized approach was necessary to support each client's growth: "We know that we are wanting to cultivate awareness in the child. It doesn't need to be a certain way. We can be creative to help each child, even when doing something like mindfulness." Emma observed that mindfulness helped her to establish a positive therapeutic environment for her clients. She stated mindfulness, "helps me to cultivate a safe environment to work with the child. It helps me to be calm and grounded." Sophie expressed similar ideas, saying, "I had to cultivate my own mindfulness practice. Only then could I share mindfulness with the kids I work with." Isla described mindfulness as "planting seeds of calm."

6.3.3 Elicited Metaphors

In the concluding section of the interview, participants were invited to describe a metaphor of mindfulness within their professional practice. It should be noted that many of these metaphors highlight key themes presented above, however some were unique. Elicited metaphors are presented in Table 4 below.

Table 4: Elicited Metaphors

<i>Participant</i>	<i>Metaphor</i>
<i>Ashley</i>	Butterfly - "It's like turning into the butterfly. Once you hatch, like once you become that butterfly, it's beautiful and you feel free. I can do what I need to do, just like fly freely be happy. The little caterpillar eating the leaf is like getting little bits of knowledge that help you grow. You start to learn and then you grow. And then once you actually apply it, you hatch and then you see the benefits in your life. As a butterfly, as somebody who's kind of emerged at the other side, these kids are still caterpillars that you're showing the way to become a butterfly."

<i>Brigid</i>	Mirror -“Mindfulness for me has been a mirror, separating me from my thoughts and allowing me to be more of a witness to what is happening in my life. So using mindfulness has made me realize that make that that. My mission should really be about bringing out the light in others by bringing out the light in myself. I feel like kids are just a reflection of us. You know, they hold up a mirror to us, so anytime that we take the time to really see the light in kids and that's all the time you know really they are the light bearers you can see the light in yourself, you know? So you start to realize that we're one.”
<i>Claire</i>	Exploring -“Mindfulness is curious, fun exploring. It is like being in a submarine exploring the depths of who we are.”
<i>Emma</i>	Anchor -“Mindfulness is an anchor. The reason I said anchor is because mindfulness allows me to be present with the child I am with, in the moment we are in, regardless of what it is. Mindfulness is something that I can come back to to regulate myself and to help to co-regulate the child. For the child... it allows them to tune into what their body, the signals of, what's happening on the inside and the outside of the body. It helps them to return to self and find what feels good for them so that they can engage in what they want to and what they need to. So that's why I think that it's an anchor.”
<i>George</i>	Binoculars - “Mindfulness is like binoculars that help us see the lion of big emotions out in the distance. Then we can choose an action about what we're going to do in that situation, rather than having to react because the lion is attacking us.”
<i>Isla</i>	Weather - “Mindfulness is like your body is like the weather and you're just observing what's happening with it. You're not trying to control it, you're not trying to make it rain or make it the sun shine on you. You're not trying to do anything but notice what is happening and then respond

	to it so. So you really are the meteorologist. I help kids notice what's happening and then recommend what they can do. For example, if there is a tornado coming, you can't stop it from coming but you can prepare yourself for it. My job is to prepare others, like these kids.”
<i>Melanie</i>	Tree - “What comes to my head immediately is a tree that's grounded and rooted, but growing and spreading out. The groundedness piece is the piece that allows them to be connected and staying present in the moment and that staying present and connected in the moment is what then allows them to grow and branch out and, and become this big full spectacular tree.”
<i>Sophie</i>	Coach - “If you think about soccer, I'm kind of the coach. You can have the ball, and I can tell you all kinds of different ways that you can score a goal. But when you're in that moment you're going to have to choose which way you want to score the goal because I am not on the field doing it. Same for mindfulness, I can teach the different ways of doing mindfulness but in a way, they're going to have to choose in the moment which one they need or what makes sense because there are so different many ways to do mindfulness.”

6.4 Discussion

While a rich variety of metaphors were used by participants, five salient themes were identified, as well as an array of interesting elicited metaphors. Three themes discuss mindfulness as a tool, as exploration, and as a support. Two themes relate the participants to a coach or a gardener. These metaphors highlight practitioners' knowledge about the experience of mindfulness in paediatric occupational therapy practice and provide opportunity for deeper reflection on its meaning.

The theme of *mindfulness as a tool* reveals how mindfulness may be viewed as helpful for therapists' practices with children. Occupational therapists use the language of tools

to describe both clinical interventions (Dibsdall, 2021), and theories and models that inform practice (McCull & Stewart, 2003). It appears that for practitioners in this study mindfulness was part of a toolbox of approaches used in therapeutic practice, with a number cautioning that it was not necessarily a panacea, and one stating it was not “a magic wand”. While calls for incorporation of mindfulness into occupational therapy curriculum exist, they predominantly consider the role of mindfulness in supporting students’ and clinicians’ well-being (Dean et al., 2017; Reid, 2013). Given the findings of this study, it appears that mindfulness facilitation education within the professional curriculum may offer an important contribution to the training of occupational therapy students. A few participants highlighted that despite their description of mindfulness as a tool, mindfulness was more than a tool and linked to the ‘being’ of a person. Caution regarding the use of instrumentalist language to describe the affordances of mindfulness was expressed by a number of participants. It is not uncommon for metaphors to serve as a means of simplifying or making accessible a difficult concept (Lakoff & Johnson, 1980), and it appears that this application of metaphor may be present.

The theme of *mindfulness as exploration* highlights the way in which mindfulness may offer opportunities to test out approaches with clients. Participants often noted that mindfulness offered opportunities to “explore what worked” for an individual client. It may be that mindfulness is useful for an aim of the profession to respond to the individualized needs of each client and recognizing their unique circumstances (Meadows et al., 2020). The metaphors of exploration highlight a sense of the unknown outcomes of mindfulness as a process. In this way, mindfulness may lend itself to a process-oriented approach to therapy. Finally, the metaphor of exploration appears salient within occupational therapy literature. For instance, in one study, student occupational therapists identified “exploring the unknown” as a metaphor for healing (Davis, 2008), perhaps mindfulness offers one way of engaging healing through such exploration. Interestingly, the participants in the Davis (2008) study identified ‘exploring’ as navigating the unfamiliar terrain of rehabilitation as a potentially negative or frightening experience. Interestingly, participants in the present study tended to frame exploration as a neutral or positive experience. It is possible that perspectives of participants in the present study

aligned with attitudinal qualities of mindfulness (Kabat-Zinn, 2013), whereby they did not label or judge the exploration as positive or negative, but rather adopted the attitude of allowing it to be what it is.

The theme of *mindfulness as a support* was linked to participants accounts of building mindfulness as building a foundation. Participants differed in their ways of applying this metaphor, noting that mindfulness was foundational for health and well-being, and also for participation in daily activities, or what is referred to as ‘occupations’ within the occupational science literature. Given the body of literature linking occupational participation with well-being, it is unsurprising that this dual consideration of mindfulness as a foundation for well-being and occupation was seen (Reitz & Scaffa, 2020). The framing of mindfulness as a foundation of well-being or health appears well supported by the literature; research into the role of mindfulness for enhancing the well-being of children and youth is flourishing (Semple & Burke, 2019). The consideration of mindfulness as supporting participation in daily occupations is nascent (Goodman et al., 2019) and appears a fruitful avenue for further research.

The metaphor of *occupational therapist as guide* arose frequently in the study. The metaphor of guide suggests a relational orientation between therapist and child and aligns with a ‘power sharing’ rather than a ‘power over’ view. It is also consistent with the professions’ philosophy of enablement of occupation (Restall & Egan, 2021) In a study of occupational therapy students’ metaphors for healing, Davis (2008) reported that students identified “being a tour guide” as a metaphor for facilitating healing. The students noted that this metaphor helped to highlight the nature of a collaborative approach to therapy, providing space for the client to make individual choices within therapy (Davis, 2008). The findings from the present study resonate with this use of guide as a metaphor. Further, ‘coaching’ , which implies a guiding relationship with clients, is a key approach detailed in occupational therapy’s enablement-oriented framework (Townsend and Polatajko, 2007), such that ‘coaching’ or ‘guiding’ align with therapeutic approaches advocated within the profession.

The metaphor of *occupational therapist as gardener* also resonated with the analysis of student occupational therapists' metaphors for healing with participants describing healing as like "watching a flower grow" (Davis, 2008). This metaphor describes the role of the therapist as "nurturer and cultivator of new growth" (p. 247). While these students were reflecting on occupational therapy practice broadly, this emphasis on growth appears particularly salient for clinicians working with children, who are often asked to apply developmental models when framing therapeutic interventions (Reitz & Scaffa, 2020). This primary focus on linear developmental models has been critiqued in recent years (Burman, 2008; Gibson et al., 2015), and a shift in perspective may be present within participant metaphors in this study, whereby some participants noted a focus on cultivating mindfulness, with less of an emphasis on comparing children against 'normal development' models of growth. It should be noted that this was not the case for all participant metaphors. Finally, this metaphor offers insight into the ways in which mindfulness may support the development of safety within the therapeutic relationship. Further research in this area is warranted.

The elicited metaphors varied broadly, but generally offered insight into occupational therapists' experiences with mindfulness in practice. Some fit with themes identified within the idiographic metaphors. For example, the butterfly and coach metaphors offered by Ashley and Sophie fit well within the *guide* theme. Isla's metaphor of weather appears to fit with the *guide* theme, in that she noted her aim to support children in preparing for whatever comes. Claire's metaphor of exploring algae with the theme of *exploration*. Some participants, including Emma and George used specific artefacts for their metaphors, an anchor, and a pair of binoculars respectively, which potentially aligns with the *tool* theme. Melanie's metaphor of a tree fits well with the *gardener* theme. One elicited metaphor stood as unique. Brigid's metaphor of a mirror pointed to the interconnectedness of each person:

My mission should really be about bringing out the light in others by bringing out the light in myself. I feel like kids are just a reflection of us. You know, they hold up a mirror to us, so anytime that we take the time to really see the light in kids ... you can see the light in yourself, you know? So you start to realize that we're one.

The findings of this study offer unique insights into metaphoric representations of occupational therapists' experiences of mindfulness with children and youth. Metaphors are commonly used linguistic devices that can help describe experiences that may be difficult to articulate (Kinsella, 2000). These metaphors offer interesting representations of paediatric occupational therapists' interpretations of their use of mindfulness with children and youth. As mindfulness practices are a relatively new adoption within the profession, it is revealing to see the ways in which the metaphors of mindfulness reveal alignments with the theoretical foundations of the profession. These metaphors serve to foster conversation about the contributions of mindfulness to occupational therapy in terms of their affordances as tools, as means of exploration and as an approach to supporting clients. In addition, they reveal conceptions of the work of therapists as deeply relational and as cultivating conditions of growth (i.e. as gardener or guide).

Future study into the affordances and challenges of using mindfulness practices with children, youth and families, and within rehabilitation practice with different groups are important as the use of mindfulness in health care practice continues to grow.

6.4.1 Strengths and Limitations

The strengths of this study include the focus on metaphors to illuminate key themes related to the practices of occupational therapists who use mindfulness. The research was strengthened by application of a theoretically-grounded methodological design, and the focus on the lived practice experiences of the participants. This sample size of eight is robust for phenomenological data, however a larger sample size may have offered more richness in the data. Further, there was limited diversity across participants; a more diverse population could have contributed to a wider range of perspectives.

6.5 Conclusion

The aim of this phenomenological study was to identify, analyze and interpret metaphors used by participants to describe mindfulness in their clinical practices with children and youth. Three themes were identified within participants' metaphors of mindfulness: 1) mindfulness as a tool, 2) mindfulness as exploration, and 3) mindfulness as a support.

Two additional themes were identified within participants' metaphors of themselves as facilitators of mindfulness: 1) therapist as a guide, and 2) therapist as a gardener. In addition, elicited metaphors generally aligned with the themes identified for idiographic metaphors, and some offered additional unique insights. The findings open conversations about therapists' framing of the use of mindfulness within the context of paediatric occupational therapy.

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Chapter 7

7 Implications and Conclusion

The aim of this doctoral research was to inquire into mindfulness-based approaches in paediatric rehabilitation, with a particular emphasis on the profession of occupational therapy. Given that clinical practice with mindfulness-based approaches for children and youth appears to have outpaced the research (Perry-Parrish et al., 2016), this research endeavored to make visible the professional experiences and practice-generated knowledge of occupational therapists applying mindfulness in their work. The findings of this research offer important insights for clinicians, researchers and policy makers interested in occupational therapy and child well-being. Further, the findings highlight a number of areas for future research.

7.1 Methodological Contributions

This research employed a Heideggerian-informed phenomenology of practice as its methodology, outlined in Chapter 3. While Chapter 3 made use of a simple practice to illustrate the concepts, Chapters 4, 5 and 6 outline the application of aspects of this framework to research into the more complex practices of paediatric occupational therapists. Wilding and Whiteford (2005) argued that Heideggerian phenomenology is well-suited to research in occupational therapy “because it allows exploration of rich, multifaceted, intangible and dynamic phenomena” (p. 119). The depth of findings about practice-based knowledge, and the volume of data collected, highlight the fruitfulness of this framework to support research into health professionals’ practices.

The Heideggerian-informed phenomenology of practice outlined in Chapter 3 offered insights throughout the research process. Most predominantly, this theoretical framework supported the development of the interview guide (Appendix C). Questions were developed in line with the four existentials of temporality, spatiality, relationality and corporeality. As such, specific questions focused on participants’ experiences of time, space, relationship, and embodiment were posed. Further, Heideggerian concepts of authenticity (*eigenlichkeit*), care (*sorge*), and consideration of the practice environment

and larger professional contexts of participants (umwelt and welt) informed an implicit domain of attention within the work. The interview questions also explored the participants' reflexivity and their sense of situatedness (befindlichkeit) within their work. As a result, the Heideggerian phenomenology of practice also called attention to a number of complexities of practice which otherwise may have been absent from the work. What resulted was a deep, fulsome interview guide, that while quite lengthy, gleaned deep insights from participants and revealed participants' understandings (verstehen) of their practices with children and youth.

Many of the Heideggerian concepts arose again in data analysis, as the research team moved through the steps of explicating and languaging the themes (Finlay, 2013). Therein, the research team considered the ways in which the findings at times resonated with Heideggerian theory. There was some debate as to whether to use Heideggerian terms to language the emerging themes; occasionally it was clear that in order to remain faithful to the words of participants, these terms were most resonant and therefore employed (such as in the case of authenticity as a theme in Chapter 5).

The use of a metaphor generation exercise and metaphor analysis within this Heideggerian-informed phenomenological study appears to be a novel approach. The metaphor analysis offered deeper insights into the experiences of the participants and is posited to have supported participants in describing experiences that are otherwise difficult to articulate. While the value of metaphor analysis is revealed in Chapter 6, further engagement of metaphor analysis in phenomenological studies is recommended to continue to refine this approach to research.

The phenomenological approach in this study, while not explicitly critical at the outset, offered a lens toward critical considerations of occupational therapy practice and the place of practice-based knowledge in professional life. It has been argued that phenomenology espouses critical thought. For example, Max van Manen (2014) writes:

The ethical-philosophical attitude of phenomenology eminently seemed to empower subjectivity to radicalize itself and to struggle to dislodge and confront the unexamined assumptions of our personal, cultural, political, and social beliefs, views

and theories... phenomenology, in its multiple contemporary manifestations and historical orientations continues to make us mindful to be critically and philosophically aware of how our lives (and our cognitive, emotional, embodied, and tacit understandings) are socially, culturally, politically and existentially fashioned (p. 13).

Put another way, phenomenology requires researchers to “expose the distortions within everyday life and the trappings of preunderstandings” (Bentz & Rehorick, 2008, p. 24). Indeed, phenomenology is intended to meet people in their situated contexts, bringing to light their lived experiences of a phenomena that we may learn more about the meaning of this phenomena. This at times unsettles taken for granted views and assumptions, and in this way poses critique or resistance to everyday normative understandings and reified views.

The Heideggerian phenomenology of practice (2010) used in this study brought attention to relational and contextual aspects of daily life, which, as noted in Chapter 3, influence our being-in-the-world. Further, Heidegger (2010) notes that care can be either positive or negative. He cautions that through care, humans may have a tendency to “leap in” or “take over” in a situation, which may leave the person being “cared for” dependent and dominated. Heidegger notes that care in its most positive sense may lie in our being-with-one-another authentically such that we may “free the other for himself in his freedom” (p. 119). It is here that we see the potential of a Heideggerian lens to support critical insights into relationality and the ways in which it may liberate or oppress.

7.2 Contributions to Occupational Therapy Practice

The findings of this work offer several contributions to knowledge of relevance to occupational therapists in clinical practice which are discussed below.

7.2.1 Mindfulness and Human Occupation

This study responds to calls in the literature for research into the potential of mindfulness to enhance participation in daily occupation, given conceptual overlaps between the two constructs (Goodman et al., 2019; White et al., 2020). The findings of the

phenomenological study pointed to a bidirectional relationship between mindfulness and children's occupations, whereby daily occupations were highlighted as an opportunity to develop mindfulness and mindfulness was seen to potentially enhance engagement in daily occupations. Reid (2011) posited this bidirectional relationship in her theoretical paper on mindfulness in occupational engagement and the findings of this study offer concrete clinical observations of such. A 2020 literature review of mindfulness in occupation-based interventions in occupational therapy practice indicated scant literature regarding the incorporation of mindfulness in clinical occupational therapy practice despite the established conceptual connections (White et al., 2020). The findings presented within this dissertation offer further clinically relevant insights to contribute to the emerging body of literature.

It has been posited that the use of daily activity, or occupation, as an opportunity to practice mindfulness may reduce the time burdens associated with mindfulness practice (Reid, 2009; Goodman et al., 2019). Further, it has been argued that routine daily occupations may enhance consistency of mindfulness practice when mindfulness is paired with daily occupation (Goodman et al., 2019; White, 2020). The findings of this dissertation highlight how occupations may offer a natural opportunity to practice mindfulness free from the challenges of developing new daily habits and routines. There has also been interest in the potential contribution that mindfulness may offer to occupation (Goodman et al., 2019; White, 2020). In their most recent practice guidelines for children and youth, the American Occupational Therapy Association identified meditation and yoga as occupation-based interventions that can support mental health, positive behavior and social participation in children and recommended their use by occupational therapists (Cahill & Beisbier, 2020). Occupational scientist Michelle Elliot (2011) posited that mindfulness may enhance one's experience of an activity and therefore may contribute to participation in daily occupations. The findings highlighted the view of some therapists that mindfulness could serve as a "foundation" of daily occupation, whereby mindfulness may offer possibilities for enhancing children's ability to participate in daily roles and routines. This research offers concrete examples of how therapists are applying mindfulness within their clinical practices within the profession of

occupational therapy, specifically in the area of paediatrics. The findings of this research appear to offer real-world examples of theoretical concepts that are emerging in the occupational science and occupational therapy literature and highlight the need for further research exploring the relationship of mindfulness and occupation.

The findings presented in this dissertation appear to support the claim by Perry-Parrish and colleagues (2016) that clinical practice has outpaced research in the area of mindfulness interventions for children and youth. Participants in this study described their own clinical experiences with mindfulness, and the ways in which it related to occupational participation on the part of their clients. These findings speak to the value of practice-generated knowledge, particularly in emerging research areas, to support clinicians in the work they do (Kinsella & Whiteford, 2009; Metzler & Metz, 2010). The findings from this study offer occupational therapists' insight into the practice-based applications of mindfulness from their peers.

While research into the relationship between mindfulness and occupation is nascent, some considerations of such exist in the literature. For example, a recent study linked a mindfulness-based occupational therapy intervention to improvements in occupational performance and satisfaction in adults as measured with the Canadian Occupational Performance Measure (Alfuth et al., 2022). In a systematic review of mindfulness in occupational therapy practice, White et al. (2020) identified only one publication [Carsley & Heath, 2018] that considered the role of occupational engagement and mindfulness for children or adolescents, and it was within the field of psychology. To our knowledge, chapter four represents only the second publication to describe the relationship of mindfulness and occupation with children and youth, and the first specifically focused within the profession of occupational therapy. Further, it represents the first qualitative study of clinicians' practices in this area. As a result, this remains a key priority for future study. In 2011, Michelle Elliot argued that the profession was missing a "tremendous opportunity" to expand the knowledge base through research into the relationship of mindfulness and occupation. In 2020, White and colleagues argued that occupational therapists have "under claimed the value of mindful participation in daily, routine activities and occupations" (p. 6), pointing to the need for further research

into the clinical applications of mindfulness within the profession. In 2019 Goodman et al. noted that mindfulness has the potential to enhance health and well-being yet noted that literature was nascent in the field and called for further empirical research in this area. It is likely that further study in this area will enhance clinical understanding of mindfulness and its relationship to occupation to support occupational therapy clinicians in the work they do.

7.2.2 Mindfulness and the Therapeutic Relationship

A nascent body of literature points to the potential of mindfulness to enhance the quality of interpersonal relationships, however, to date much of this literature has focused on familial and couple's relationships (Skoranski et al., 2019). For example, Carson and colleagues (2004) reported that a mindfulness program enhanced relationship satisfaction, relatedness, closeness, and acceptance between romantic partners. Likewise, trait mindfulness was found to be beneficial for relationship processes in cohabiting couples (Iida & Shapiro, 2017). More recently, Kappen et al. (2019) reported improved relationship satisfaction and partner acceptance following a two-week online mindfulness program. In general, studies "suggest that individuals' mindfulness is associated with greater skill in interpersonal interactions" (Skoranski et al., 2019, p. 2661). Some studies have also explored mindfulness within the context of other relationships including friendships and parent-child relationships. For example, in a 2018 study, Pratscher and colleagues noted that mindfulness appeared to impact upon friendship quality. Additionally, a mindfulness program was found to enhance parent-youth relationship quality (Coatsworth et al., 2010).

Within healthcare contexts, mindfulness has been linked to empathy, compassion, listening skills and conflict management skills (Moll et al., 2015). The therapeutic relationship (i.e., the relationship between a care provider and client) has been shown to be a strong predictor of outcomes in occupational therapy (Taylor et al., 2009) and is considered to be of utmost importance in paediatric care (Crom et al., 2020). The findings of this research highlighted eight occupational therapists' experiences of mindfulness within the therapeutic relationship with children and youth, particularly in the areas of

fostering a safe space, presence, and acceptance while facilitating genuine interactions with children and youth. While two of these themes (presence and acceptance) appear frequently in the literature, the other two (safety and being genuine) appear to be novel findings that speak to potential affordances of mindfulness within the therapeutic relationship between children and occupational therapists. Further study of mindfulness within the therapeutic relationship, particularly in other areas of occupational therapy practice, would enhance the emergent findings of this research.

As this research was focused on the experiences of occupational therapy clinicians, what is missing is the perspectives of children and youth and their families regarding mindfulness and the therapeutic relationship. The scoping review presented in Chapter 2 highlighted the need for consideration of children's views on mindfulness and the role of mindfulness within family-centred care models. While some conversation arose in Chapter 6 whereby participants in the study noted their role as "coach" to parents, there is insufficient data to draw any conclusions. Future study focused in this area would enhance understanding of mindfulness within the therapeutic relationship and offer a complimentary perspective on the findings of this research.

7.2.3 Child-Centred Approaches to Mindfulness

As mindfulness-based interventions (i.e., Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy, etc.) were originally developed and tested on adult populations, child-centred mindfulness programs are more incipient within the field (Saunders & Kober, 2020). There exists a body of literature examining the potential of adult-oriented mindfulness-based mindfulness programs that have been adapted for use with children and youth (Ruiz-Iniguez et al., 2019). While there may be benefits to such an approach, a number of authors have identified concerns with such, whereby the developmental needs of children may not be adequately considered in the design of mindfulness-based programs (Burke, 2010; Greenberg & Harris, 2012; Saunders & Kober, 2020). In 2012, Greenberg and Harris identified a need within the mindfulness literature to "identify what 'age-appropriate' practices are" (p. 164), yet this continues to be an issue within the field. More recently, it was argued that "optimal features of child

and adolescent mindfulness-based programs may be very different than adult mindfulness programs and thus require careful consideration” (Saunders & Kober, 2020, p. 1878). The findings of this research highlight real-world examples of adaptations to mindfulness practices by occupational therapists working with children and youth. Saunders and Kober (2020) have argued that adaptations to mindfulness programs should have appropriate rationale but note that “direct experience teaching mindfulness to a particular population” may support decision-making when adapting such programs (p. 1878). This highlights the value of the findings of this research given the focus on clinical experiences of the participants in this study to inform practical approaches to integrating mindfulness into therapeutic practice that lay the groundwork for future research.

Three key areas stand out as priorities for future research given the findings of this study. The first is continuing to build an evidence-base for the range and approaches to mindfulness-based interventions in therapeutic practice with children and youth. The second is developing an understanding of children’s perspectives on adapted mindfulness programs. While the participants in this study spoke of adaptations including incorporation of art, music, and play, the acceptability of such approaches is less known. Further, given the findings of this research which highlight the ways in which occupational engagement was used to support development of mindfulness skills for children and youth, research focused on the impact of activity- or occupation-focused mindfulness programs may represent a unique contribution to the profession of occupational therapy.

7.2.4 Mindfulness and Critical Approaches to Occupational Therapy

It has been argued that phenomenology takes an essentially critical stance (Wilding & Whiteford, 2005), yet “critical features of the phenomenological tradition have been lost in newer streams of phenomenology” (Park-Lala & Kinsella, 2011, p. 204). It is interesting, therefore, that the findings of this phenomenological research demonstrate emergent critical perspectives on the role of occupational therapy in childhood disability.

There is a growing body of literature that reveals that mindfulness practices may support critical perspectives on a range of social issues, including politics and finance (Magnuson, 2008; McLeod, 2006). Mindfulness has also been posited to support critical reflective practice in the field of social work (Wong & Vinsky, 2021). Mindfulness arises from Eastern traditions and is commonly linked to Buddhist principles (Shonin et al., 2005). It has been argued that mindfulness, when considered from a Buddhist lens, is far richer and encompasses the development of ethics (Kang & Whittingham, 2010). A 2019 article explored the role of mindfulness for children with learning disabilities and found that mindfulness could support children “to resist oppression, discrimination and stereotypes placed upon them from an ableist society” (Peddigrew & McNamara, 2019, p. 7). One of the interesting findings in this research was the theme of shifting therapeutic perspectives from that of “fixing” a child to one of acceptance. This research suggests that mindfulness may offer affordances in shifting perspectives of therapists from conventional deficit-oriented approaches to more critical and inclusive perspectives with the consequent potential to reshape rehabilitation practices and environments in new ways. The research and highlights the need for further research in this emergent area.

7.2.5 Mindfulness and Clinician Well-Being

While the potential of mindfulness practices for supporting health practitioners’ well-being has been considered extensively within the literature, the affordances of mindfulness within the profession of occupational therapy are less known. A scoping review undertaken by this author and colleagues pointed to the need for qualitative research exploring the potential contribution of mindfulness practices for supporting occupational therapists’ well-being in practice (Smith et al., under review). While not a primary focus of this research, the findings contribute first-hand accounts of mindfulness in clinical practice. While not reported in the findings, it was interesting as a researcher to note that participants observed that their personal use of mindfulness practices seemed to enhance their resiliency in practice. This research makes a small contribution to respond to calls in the field of for more first-hand lived accounts of mindfulness (Bruce & Davies, 2005).

7.3 Contributions to Education

The findings of this research point to the potential value of incorporating mindfulness training into the education of student occupational therapists. Mindfulness programs for occupational therapy students have been studied and found to offer benefits for managing stress, anxiety and depression (Kinsella & Smith 2021; Reid, 2013). Further, novice occupational therapists who received training in mindfulness identified that their training in mindfulness was helpful as they transitioned to clinical practice (Kinsella & Smith, 2021). Given the findings of this research where participants identified the benefits of mindfulness practices for their own well-being, it is possible that introduction of mindfulness into occupational therapy curriculums may be supportive of students' mental health and wellbeing as they enter practice and contribute to wider uptake of the practices.

Health professions education programs and university curricula may do well to consider how mindfulness courses may offer benefits to students and future practitioners. There are various possibilities for how mindfulness instruction may be woven into the curriculum; it could be offered as elective courses or as part of the core curriculum, or as part of a fieldwork practicum course. It has been shown that even courses of relatively short duration such as 4-6 weeks can be effective. Training in the formal curriculum of MBSR generally takes 8-12 weeks and may offer benefits for future therapists and health care practitioners. While further research is still needed, this research offers qualitative findings that point to compelling reasons that those designing health professions education curricula may consider integrating mindfulness into educational programs.

It is important to note that courses in mindfulness appear most effective when traditional learning approaches are brought into partnership with experiential practice (Kinsella & Smith, 2021; Reid, 2013). In this study, participants highlighted the importance of a personal mindfulness practice for those clinicians wishing to facilitate mindfulness with their clients, which is well supported in the literature in other fields, particularly psychology (Michalek et al., 2019). The opportunity to develop a personal mindfulness

practice as a student may assist clinicians in achieving the depth of experience that appears necessary for effective provision of mindfulness interventions with clients.

7.4 Contributions to Child Health and Well-Being

There is a growing body of literature linking mindfulness practices to child health and well-being, stemming from a broad range of disciplinary perspectives. The scoping review in Chapter 2 highlights the literature specific to occupational and physical therapy and reveals the potential of mindfulness as a health promotion tool, and for very specific paediatric populations. This research brings forward clinician-identified applications of mindfulness within paediatric therapy practice and highlights the potential affordances of such. In this research, mindfulness was framed as a healthy habit for children and youth that occupational therapists are well-suited to address, particularly in light of calls within the profession for health promotion initiatives (Morris & Jenkins, 2018). The development of healthy habits in children can enhance health and well-being regardless of a child's age, developmental stage or formal diagnosis (Persch et al., 2015).

7.5 Quality

A plethora of quality criteria for qualitative studies exist (Ravenek & Rudman, 2013; Rolfe, 2006; Tracy, 2010), however many of these criteria are incompatible with hermeneutic phenomenology. van Manen (2014) notes, "A common problem for phenomenological researchers is to be challenged in defending their research in terms of references that do not belong to the methodology of phenomenology" (p. 347). He argues that measures of validity that are appropriate to other qualitative research methods, including member checking or triangulation, are not appropriate in a phenomenological study.

7.5.1 Quality Considerations

van Manen (2014) offers criteria for evaluative appraisal of phenomenological studies, which were adopted to evaluate the quality of this study. These include heuristic questioning, descriptive richness, interpretive depth, distinctive rigor, strong and addressive meaning, experiential awakening, and inceptual epiphany.

7.5.1.1 Heuristic Questioning

For van Manen (2014), the fundamental question regarding heuristic questioning is, “does the text induce a sense of contemplative wonder and questioning attentiveness?” (p. 355). He writes of wonder as “the willingness to meet what is utterly strange in what is most familiar” (van Manen, 2011). In this manner, good phenomenological texts should provide rich, deep insights and fresh perspectives on the phenomenon being studied.

Within the study, Finlay’s (2013) four-step process was utilized to support data analysis. The process of “seeing afresh,” offered opportunity to approach the data from a place of curiosity, with an openness to what the data would reveal. The author also made use of reflexive journaling to document and reflect on emerging insights and new perspectives revealed in the data.

7.5.1.2 Descriptive Richness

van Manen (2014) notes that phenomenological texts should offer “rich and recognizable experiential material” (p. 355). Denzin (1989) writes of ‘thick description’ in qualitative studies, noting that, “A thick description ... does more than record what a person is doing. It goes beyond mere fact and surface appearances. It presents detail, context, emotion, and the webs of social relationships that join persons to one another. Thick description evokes emotionality and self-feelings. It inserts history into experience.” (p. 83).

In this study, data collection focused on eliciting the contextual and relational details of practice. Analysis focused on making visible these contextual and relational details and the ways in which they shaped the therapeutic practices with children and youth. Finally, salient themes to represent the findings of the research were presented throughout the dissertation drawing on the words and quotes of participants and their own descriptions whenever possible. The goal was to “show” the themes as much as possible, rather than “tell” them.

7.5.1.3 Interpretive Depth

van Manen (2014) writes that phenomenological texts should “offer reflective insights that go beyond the taken-for-granted understandings of everyday life” (p. 356). The analysis approaches of “seeing afresh” and “dwelling” offered new insights and allowed for a depth of analysis beyond the superficial (Finlay, 2014).

7.5.1.4 Distinctive Rigor

The fundamental question of distinctive rigor for van Manen (2014), is, “does the text remain constantly guided by a self-critical question of distinct meaning of the phenomenon or event?” (p. 356). Here, van Manen (2014) is cautioning against focusing on an experience while losing sight of the phenomenon at hand.

Using a Heideggerian-informed methodology and keeping a clear focus on the research questions within each project, allowed for a steady focus on the phenomena under investigation throughout the study. As such, the findings of this study offer fresh perspectives on the experience of mindfulness in therapeutic practice with children and youth, which are likely to be fruitful for clinicians, policy makers, service-users and researchers alike.

7.5.1.5 Strong and Addressive Meaning

van Manen (2014) writes that a phenomenological text should “speak' to and address our sense of embodied being” (p. 356). In other words, phenomenological researchers are seeking the 'phenomenological nod.' van Manen (1997) writes of the phenomenological nod as follows: “a good phenomenological description is something we can nod to, recognizing as an experience that we have had or could have had” (p. 27). In this way, interpretations in phenomenological studies need to seem legitimate among the range of possible interpretations (van Manen, 1997). van Manen (1997) notes that a phenomenological description should “resonate with our sense of lived life” (p. 27).

Giorgi and Giorgi (2003) write that descriptions will never be 'perfect', only adequate or inadequate. van Manen (1997) also writes of the need for a phenomenological description to be an “adequate elucidation of some aspect of the lifeworld” (p. 27). To determine the

adequacy of an interpretation, van Manen (1997) offers some insight: “a good phenomenological description is collected by lived experience and recollects lived experience, it is validated by lived experience and it validates lived experiences” (p. 27).

This work endeavored to elicit lived experiences from participants throughout the interviews, and findings were written using direct participant quotes whenever possible. The research team affirmed the experience of a ‘phenomenological nod’ when working with the thematization of the findings. Readers are invited to assess for themselves whether they experience a ‘phenomenological nod’ as they engage with the findings.

7.5.1.6 Experiential Awakening

The primary question of concern for van Manen (2014) with regard to experiential awakening is “does the text awaken prereflective or primal experience through vocative and presentative language?” (pg. 356). Put another way, the text “should not limit itself to conceptual analysis and propositional argumentation” (M. van Manen, personal communication, March 25, 2021). In this study, participants were asked to provide clinical examples and a metaphor to depict their practice. These approaches were utilized to try and move beyond solely rational understandings and to aid the participants in describing their prereflective embodied experiences. Further, the findings utilized direct quotes as often as possible to attempt to represent experience using vocative and presentative language.

7.5.1.7 Inceptual Epiphany

van Manen (2014) suggests that a phenomenological text should “offer us the possibility of deeper and original insight and perhaps, an intuitive or inspired grasp of the ethics and ethos of life commitments and practices” (pg. 27). As a result of the focus on practice in this study, new perspectives on the application of mindfulness in paediatric occupational therapy practice and implications for the therapeutic relationship are offered. Further, ways of thinking about practice and practice-generated knowledge have been uncovered through this study. These perspectives may run counter to the prevailing ideas of knowledge in practice and this study highlights the value of practice-generated knowledge.

7.5.2 Researcher Reflexivity

Reflexive journaling can “encourage iterative attempts to understand and contextualize intersubjective aspects of research encounters” (Myer & Willis, 2018, p. 4). Lincoln and Guba (1982) argue that reflexive journaling is a foundation to enhancing the quality of qualitative research. Further, reflexive journaling in phenomenological research has been considered to enhance rigor, both ethically and methodologically (Smith, 1999). Lincoln and Guba (1982) propose that the reflexive journal should be used to document: evolving researcher perceptions, study procedures, methodological decisions and introspections that arise while conducting research. Myer and Willis (2018) identify that reflexive journaling can assist researchers to fine-tune interview techniques, work through ethical situations, explore self-presentation, and examine differences.

I maintained a reflexive journal throughout all phases of this research, from study design to manuscript preparation. This journal now occupies three handwritten notebooks and has served as a place to collect my thoughts, worries, questions, insights, and musings along the way. It has also served to document key decisions throughout the research process. A few excerpts from my reflective journal are presented below, to show how reflexivity permeated the research process.

7.5.2.1 Journal Entry: Who Am I?

This entry appears early in the journal, and considers my own positionality toward the research, and arose from a conversation in one of my courses.

Who am I? When this question arose today, I wondered why it even mattered. So much of my education has been influenced by (post)positivist perspectives. Isn't my research supposed to be separate from me, from who I am? That's what I had always been taught. It was definitely a shift in perspective and understanding as we dug into different paradigms today. So, who am I? I am a woman. I am a mother and a wife. I am an occupational therapist. I am university educated. I come from an upper-middle class background and continue to be privileged to have sufficient means for myself and my family. I identify with a diverse heritage but recognize that the colour of my skin has granted me many privileges in life. What about who I am to this research? I am a

mindfulness practitioner. I am a certified children's yoga instructor. I am a clinical team lead occupational therapist. In many ways, I will be a lot like my participants. In some ways, I may be different. Will those differences be a problem? How will they impact the research?

7.5.2.2 Journal Entry: Pilot Test

This entry was added during pilot testing of the interview guide and shows reflexivity about my own disposition toward talking and the implications for conducting interviews.

I just finished pilot testing my interview guide. I think it went pretty well. It has been so long since I have done research interviews, it was good to practice and get back into it. I am such a talker that it is hard to keep my mouth shut, listen, and ask probing questions. I want to add my own experiences and ideas to the conversations, so I have to remind myself often that there is a place for that, and it is not in the interviews. I have decided to conduct a reflexive interview, using the semi-structured interview guide. I think this will serve two purposes: 1) to help reveal my own thoughts and ideas about mindfulness in my practice as a paediatric occupational therapist, and 2) by getting my own thoughts out I hope to come to the interviews with an improved sense of presence and attentiveness.

7.5.2.3 Journal Entry: First Interview

This entry was completed following the first interview with a participant and reflects again on changes to the interview guide arising from the interview.

First interview done! I am so glad to be at this stage, finally progressing forward after so many delays due to COVID. It was a great interview, but really long... it lasted for almost 2 hours! I think there will be some rich data at the end of it all, but there might be a lot of data to manage. This participant talked a lot about doing mindfulness with kids in groups. Something I hadn't considered asking participants was about the delivery of their mindfulness interventions- are they working with kids one-to-one or in groups? Since I have always worked in one-to-one models of client care, maybe this was an oversight on my part. I have penciled this question into the guide to ask other participants. As much as

I know about occupational therapy, there are still blind spots! Always a humbling experience to be reminded of it.

7.5.2.4 Journal Entry: Time

This journal entry was completed during the manuscript preparation and reflects a question that arose.

Time. What is it? How do we experience it? Is it more than just mathematical, just numbers to measure the day? In conversation with Anne today, it came up that perhaps we considered time in too narrow a manner, ignoring experienced time. We could have asked participants about their perceptions of time when introducing mindfulness to clients- does it slow down? Does time fly? We perhaps didn't give this enough attention when drafting the interview guide. What gaps does this create? How does it limit our interpretations?

7.6 Strengths and Limitations

There are several notable strengths to this research. Maxwell (2013) describes the ability of the researcher to use their motivation and personal interest to guide the topic of study as an advantage, which was certainly true in this research. The scoping review presented in Chapter 2 employed a systemic approach to the literature search, guided by the search terms developed in collaboration with a research librarian. The application of a rigorous analysis process represents a strength of this work. The empirical work presented in Chapters 4, 5, and 6 made use of a theoretically grounded methodological design. Further, this work focused on the lived practice experiences of paediatric occupational therapists who have applied mindfulness-based approaches in their clinical work. The sample size for this work is considered robust in phenomenological methods (van Manen, 2014). Finally, the richness and sheer volume of data collected represent a strength of this work.

The findings of this research are subject to potential limitations. Both the scoping review in Chapter 2 and the empirical work presented in Chapters 4, 5, and 6 highlight paediatric practice experiences with mindfulness from a predominantly North American context.

Limited diversity of participants was also noted in the empirical work. Further, while the sample size is considered robust, a larger sample size may have offered different perspectives. As a result, the findings represent a situated sampling of the broader range of perspectives that may be available. Further, formal mindfulness training varied across participants and was not a criteria for inclusion. In retrospect, parallel training backgrounds, such as training in MBSR, may have offered an interesting dimension to the research. An explicitly critical lens was not adopted for this research, however adoption of a critical lens may have offered deeper insights, and this remains a limitation of this work. Finally, the influence of the researcher's pre-existing beliefs has been identified as a concern in interpretive research (Creswell, 2014; Patton, 2002). Reflexivity has been identified as a tool to help uncover the researcher's beliefs, values and presuppositions (Finlay, 2003). To that end, reflexive journaling was utilized throughout the design, data collection and data analysis phases of this work, and excerpts of this journal have been included within the dissertation for transparency.

7.7 Reflections on the Process

Heidegger (2010) wrote:

To learn means: to become knowing. In Latin, knowing is *qui vidit*, one who has seen, has caught sight of something, and who never again loses sight of what he has caught sight of. To learn means: to attain such seeing. To this belongs our reaching it; namely on the way, on a journey. To put oneself on a journey, to experience, means to learn (p.143).

I can think of no better words to describe the journey of completing a PhD. It was through the experience of doing this research, of grappling with the challenging theory, that I learned, both about research and about myself. When I started this doctoral program, I was self-admittedly terrified of philosophy. Throughout my coursework I struggled with a sense of imposter syndrome. Surely my classmates and professors could see that I knew so little about philosophy and that I was struggling to make sense of it all! When I was first introduced to Heidegger and his work, his ideas on care and authenticity “struck a chord.” As challenging as it was to grasp, I wanted to know more, I wanted to

“see”. I was privileged to have the support of a wonderful colleague who joined me in reading Heidegger’s seminal text, *Being and Time*. Chapter 3 represents my deeply situated, highly contextual interpretations of my reading of Heideggerian theory. I acknowledge that there are likely many blindspots, and that I read it as a scholar without formal philosophical training. Nonetheless, there were many points that resonated for me over the course of more than a year of reading and dwelling in the text, in reading secondary interpretation of the work to help, and in engaging in dialogue with my colleague and supervisor, as a means to help me navigate the material from my own situatedness. In the end, I found this material served to guide my thinking throughout the research process, and offered a ‘fusion of horizons’ (Gadamer, 2004) so to speak, that helped to bring attention to aspects of practice that I knew from experience were important but often missing from the literature. For that, I am grateful and hope that it may be fruitful in future research. I am also grateful for the gift of the journey. It offered me the opportunity to “catch sight” of the value and contributions of theoretical work when designing a qualitative study.

7.8 Concluding Thoughts

This study sought to gain a better understanding of occupational therapists’ experiences with mindfulness in their clinical practices with children and youth. The study began with a scoping review of mindfulness-based approaches in paediatric occupational and physical therapy practice. This was followed by the articulation of a Heideggerian-informed phenomenology of practice, which informed the methodology of the empirical part of the study. Eight North American occupational therapists in paediatric practice participated in 90–120-minute in-depth interviews that inquired into their use of mindfulness in their therapeutic practice with children and youth. This research presents practice-generated knowledge about therapists’ experiences of mindfulness in paediatric occupational therapy practice and therapeutic relationships with children, as well as evocative metaphors of practice in this domain.

I started out this dissertation by reflecting on a traumatic experience from my youth which I believe contributed to my personal experience of anxiety. This experience brought me to mindfulness as an approach that offered healing, respite and solace. My experiences fueled an interest in mindfulness in my clinical practice with children and youth, which became the impetus for this dissertation. I hope that the findings of this dissertation may encourage therapists to consider the potential affordances of mindfulness in therapeutic practice with children and youth, and foster recognition of the value of the practice-based knowledge of therapists. My dream is that the findings ultimately benefit children and youth, particularly those experiencing illness, trauma or disability, so that they may experience enhanced quality of life and well-being through mindfulness.

7.9 References

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Appendices

Appendix A: Ethics Approval



Date: 26 May 2021

To: Dr. Elizabeth Anne Kinsella

Project ID: 118643

Study Title: Mindfulness-Based Approaches in Paediatric Rehabilitation: A Phenomenological Inquiry into Practices with Children and Youth

Application Type: HSREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 08/June/2021

Date Approval Issued: 26/May/2021 09:18

REB Approval Expiry Date: 26/May/2022

Dear Dr. Elizabeth Anne Kinsella

The Western University Health Science Research Ethics Board (HSREB) has reviewed and approved the above mentioned study as described in the WREM application form, as of the HSREB Initial Approval Date noted above. This research study is to be conducted by the

investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Research protocol May 3, 2021	Protocol	03/May/2021	3
Web Ad Mindfulness in Paediatric Rehab May 3, 2021	Recruitment Materials	03/May/2021	1
Email script survey clinical coordinators May 3, 2021	Email Script	03/May/2021	1
Email script survey participants May 19, 2021	Email Script	19/May/2021	2
Draft interview guide May 19, 2021	Interview Guide	19/May/2021	2
Demographics chart Mindfulness in Paed. Rehab. Study	Interview Guide	25/May/2021	1
LOI and consent letterhead May 25	Written Consent/Assent	25/May/2021	2

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
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Mindfulness in paed rehab budget	Study	03/May/2021	1
May 3, 2021	budget		

No deviations from, or changes to, the protocol or WREM application should be initiated without prior written approval of an appropriate amendment from Western HSREB , except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University HSREB operates in compliance with, and is constituted in accordance with, the requirements of the TriCouncil Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2); the International Conference on Harmonisation Good Clinical Practice Consolidated Guideline (ICH GCP); Part C, Division 5 of the Food and Drug Regulations; Part 4 of the Natural Health Products Regulations; Part 3 of the Medical Devices Regulations and the provisions of the Ontario Personal Health Information Protection Act (PHIPA 2004) and its applicable regulations. The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Nicola Geoghegan-

Morphet, Ethics Officer on

behalf of Dr. Joseph Gilbert,
 HSREB Vice-Chair

Appendix B: Letter of Information and Consent Form

Letter of Information and Consent

Project Title: Mindfulness-Based Approaches in Paediatric Rehabilitation

Principal Investigator: Dr. Elizabeth Anne Kinsella, Faculty of Health Sciences, School of Occupational Therapy, Western University.

Co-investigator: Kirsten Smith, Graduate Program in Health and Rehabilitation Sciences, Western University.

You are invited to participate in a semi-structured interview on mindfulness-based interventions in paediatric rehabilitation practice. It should take approximately 60 minutes of your time. This study is being conducted to serve requirements for a PhD.

BACKGROUND

Mindfulness, and its applications for children and youth is a topic of growing interest to parents, health and rehabilitation providers and to society at large. The popularity and use of mindfulness practices with children and youth are on the rise, however, the use of mindfulness in paediatric rehabilitation appears to have outpaced the research. This study aims to advance understanding of the ways in which Canadian paediatric rehabilitation providers are currently using mindfulness in their practices with children and youth.

PARTICIPATION

We are seeking 10 occupational therapists and 10 physical therapists who incorporate mindfulness into their treatment approaches with children and youth to participate in this study. This study is open to paediatric rehabilitation professionals who practice in Canada.

Your participation in this interview is voluntary. You may refuse to take part in the research or discontinue the interview at any time. You are free to decline to answer any particular question you do not wish to answer for any reason.

As a thank you for your participation, you will receive a \$25 gift certificate to Chapters. A web-link with information about how to redeem your gift, will be forwarded to you once your participation is confirmed. In order to forward the gift certificate to you, your name and email address will be retained. This information will be stored in a locked filing cabinet separate from the data.

BENEFITS

You will receive no direct benefits from participating in this research study. However, your responses will help us learn more about the ways rehabilitation professionals are applying mindfulness-based interventions in practice with children and youth, which in turn can inform future clinical practice, research, and policy decisions.

RISKS

The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering sensitive interview questions. Again, you are free to decline to answer any particular question for any reason. Interviews will be scheduled at a time that is convenient for you. Every effort will be made to protect your privacy, however, we must acknowledge that there is a small risk of breach of privacy.

CONFIDENTIALITY

To comply with local and national recommendations with regard to COVID-19, the interviews will be conducted via Zoom, Western University's licensed virtual meeting program. You will be provided with a unique meeting ID and password to access the Zoom meeting. Zoom uses encryption and other security features to ensure protection of data. Further, Western University's contract with Zoom prohibits the use and/or sale of personal information of Zoom users. The interview will be audio recorded then transcribed. When recording with Zoom, two files are created, one audio and one video file. The video file will be destroyed immediately following the interview. The audio file will be retained for transcription, then destroyed. Transcription will be conducted by the co-investigator (Kirsten Smith) or a trained work-study student. Transcriptions will be assigned an alias name to ensure confidentiality.

All data collected will remain confidential and accessible only to the investigators of this study. The data will be de-identified and a pseudonym of your choice assigned to maintain your confidentiality. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Identifiers will be retained for 7 years then securely destroyed.

You will not waive any legal rights as a result of participation in this study.

Representatives of The University of Western Ontario Health Sciences Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

CONTACT

If you require any further information regarding this research project or your participation in the study you may contact researcher Kirsten Smith by email or telephone or Dr. Elizabeth Anne Kinsella by email.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics.

If you would like to receive a copy of any potential study results, please provide your name and contact information to Kirsten Smith by email or telephone.

If you consent to participate in this study, please sign and return the enclosed Consent Form to Kirsten Smith.

This letter is yours to keep for future reference.

Consent Form

Project Title: Mindfulness-Based Approaches in Paediatric Rehabilitation

Principal Investigator: Dr. Elizabeth Anne Kinsella, Faculty of Health Sciences, School of Occupational Therapy, Western University.

Co-investigator: Kirsten Smith, Graduate Program in Health and Rehabilitation Sciences, Western University.

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____

Person Obtaining Informed Consent (please print): _____

Signature: _____

Date: _____

Appendix C: Semi-Structured Interview Guide

Draft Interview Guide

Background information (not presented to participants): Max van Manen writes, “phenomenological understanding is not primarily gnostic, cognitive, intellectual, technical but rather it is pathic, that means situated, relational, embodied and enactive.” The following questions endeavour to attend to the enactive, contextual, relational and embodied knowledge that participants have gleaned from their practices.

Situating the self: Reflexivity on Mindfulness

- How did you come to have an interest in mindfulness?
- Do you have a mindfulness practice in your personal life? If so, can you describe your practice? (ie. how many years, frequency of practice, type of practices)
- What, if any, benefits has mindfulness offered to you in your life? Can you tell me 1-2 specific examples or short stories that exemplify the benefits of mindfulness that you have experienced in your personal life?
- Have you experienced any challenges in developing a personal mindfulness practice? What are these challenges? Can you tell me 1-2 specific examples or short stories that highlight these challenges?
- What is mindfulness to you? How do you define mindfulness?
- What brought you to the use of mindfulness in your practice with children?
- How, if at all, does your personal mindfulness practice impact your use of mindfulness with children?

Stories of mindfulness

I’d like to begin by inviting you to tell me a story about a time when you used mindfulness in your practice with children where you felt “this is what it’s all about”

- Prompts: What was that like, how did it feel, what was the environment, who was involved, how did you experience it, what were the outcomes, what did you observe – about the child, about yourself?

Is there another story that comes to mind?

- Prompts: What was that like, how did it feel, what was the environment, who was involved, how did you experience it, what were the outcomes, what did you observe – about the child, about yourself?

Enactive practice experiences

- Tell me about the types of mindfulness-based approaches you utilize in your professional practice.
- What informs your choice of mindfulness-based approaches in your professional practice?
- How do you introduce a child or youth to mindfulness? How do you explain it to them?
- What do you do when a child is skeptical of or hesitant about mindfulness?
- What does a typical mindfulness session with a child look like in your practice? What considerations do you weigh in designing your sessions?

Contextual practice experiences

- How do you perceive mindfulness in the context of your profession? In the context of rehabilitation as a whole?
- What in your practice environment supports you in using mindfulness-based approaches with your clients?
- What in your practice environment hinders you from using mindfulness-based approaches with your clients?
- Does your professional culture support integration of mindfulness into your practice? Are colleagues and administrators generally supportive or skeptical about mindfulness?
- What do they say? how do they act? How do you know when they are supportive? How do you know when they are skeptical?
- Are parents generally supportive or skeptical about your use of mindfulness in practice?
- What do they say? How do they act? How do you know when they are supportive? How do you know when they are skeptical?
- How does time impact upon your ability to introduce mindfulness practices with your clients
- What type of resources, including space, do you currently have to introduce mindfulness practices with your clients?
- What type of resources, including space, do you require to introduce mindfulness practices with your clients?
- If you could have any resources you like, what would you ask for?
- Has the COVID-19 pandemic impacted the way in which you introduce mindfulness to your clients? If so, can you describe these changes?

Relational practice experiences

- What influences your decision to introduce (or not) a mindfulness-based approach with a particular child?
- How has engaging in mindfulness-based practices with children and youth impacted your professional relationship with your clients?
- In what ways are you free to engage authentically with the children and youth you work with? How does the introduction of mindfulness-based approaches impact upon this authentic engagement?
- Does mindfulness impact upon your therapeutic presence with clients? In what ways? Does your personal mindfulness practice have an impact here? In what ways?

- How has engaging in mindfulness-based practices with children and youth impacted your professional relationship with your clients' families and caregivers?
- What impact have you noticed on your relationships with colleagues since bringing mindfulness-based approaches to your work? Does your personal mindfulness practice have an impact here? In what ways?
- What do you do to ensure your approaches are safe, meaningful and trauma-informed?
- How does mindfulness support you in caring for your clients?

Embodied practice experiences

- How does it feel in your body to engage in mindfulness practices personally?
- How does it feel to engage in mindfulness-based approaches with children and youth?
- How do you know that the approaches are impacting your clients?
- What types of mind-body practices (i.e. Yoga, Body Scan, Guided Meditation, Mindful walking) do you utilize?
- In what ways do you 'embody' mindfulness?

Enactive experiences of children

- In your experience, what impact does mindfulness have on children's ability to engage in daily activities? What activities do you see as most impacted by mindfulness practices?
- How do you perceive mindfulness shaping the ways children approach their everyday activities?
- Do you perceive a relationship between mindfulness and play? Can you describe this?
- Can you describe a time when mindfulness shaped a child's engagement in an activity? What was that like?

Metaphor Prompt:

Metaphors can help identify beliefs and values and highlight our underlying assumptions. They can also be a powerful tool to help describe experiences and professional knowledge. I am going to ask you to develop a metaphor for your application of mindfulness in clinical practice with children and youth. We will take a brief break for you to gather your thoughts and then reconvene in 5-10 minutes.

Break (5-10 minutes)

- Will you please share your metaphor with me?
- Please describe how this image works as a metaphor.
- Is there anything about this metaphor that doesn't quite fit or feel right? Can you tell me about those things?
- Please tell me what this metaphor reveals about your practice.
- Is there anything about your practice you want to examine or reflect upon as a result of developing this metaphor?
- As we've been discussing this metaphor, have you had other insights develop? What are they?
- Is there anything else you'd like to discuss about your metaphor for applying mindfulness in your clinical practice with children and youth?

Curriculum Vitae

Name:	Kirsten Smith
Post-secondary Education and Degrees:	<p>The University of Western Ontario London, Ontario, Canada 2002-2006 B.H.Sc. (Hons.)</p> <p>The University of Western Ontario London, Ontario, Canada 2006-2008 M.Sc.(OT)</p> <p>The University of Western Ontario London, Ontario, Canada 2017-2022 Ph.D.</p>
Honours and Awards:	<p>Ontario Graduate Scholarship 2019-2020, 2020-2021</p> <p>Canadian Child Health Clinician Scientists Program Rising Researcher Award 2020</p> <p>Mindful Society Spirit of Leadership Award 2019</p> <p>Certificate of Excellence in Teaching, Western University 2017, 2018</p> <p>Teaching Award for Overall Effectiveness, Western University 2015, 2016</p>
Related Work Experience:	<p>Instructor Western University 2014-2016, 2017-2019</p> <p>Teaching Assistant Western University 2018-2022</p> <p>Occupational Therapist SARI Therapeutic Riding 2020-Present</p>

Occupational Therapist
Pursuit Health Management
2013-Present

Occupational Therapist/Clinical Supervisor
Physical Relief
2008-2012

Publications:

Kinsella, E.A., Jarus, T., Lysaght, R., **Smith, K.**, Schmitz, C., Thomas, A., Cameron, D., Duncan, A., Roberts, M., MacKenzie, D., Martini, R., and Paterson, M. (Accepted). Research on Education: Advancing a National and International Agenda in Times of Transformation. OT Now. Forthcoming Nov 2022.

Kinsella, E. A. & **Smith, K.** (2021). Embodied Mindfulness in the Professional Education Classroom. In S. Loftus & E.A. Kinsella (Eds). Embodiment and Professional Education: Body, Practice, Pedagogy. (pp. 89-103). Springer.

Kinsella, E. A., **Smith, K.**, Bhanji, S., Shepley, R., Modor, A. & Bertrim, A., (2020). Mindfulness in allied health professions education: A Scoping Review. Disability and Rehabilitation, 42(2): 283-295. <https://doi.org/10.1080/09638288.2018.1496150>

Trenc, K. & Kinsella, E. A. (2009). Paediatric occupational therapists' reflections on meaning in professional practice: a phenomenological study. Canadian Journal of Occupational Therapy, 76(4): 299-308.