

# Capturing presence moments: The art of mindful practice in occupational therapy

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## Key words

■ Mindfulness ■ Occupational therapy practice ■ Awareness ■ Reflection

## Mots clés

■ Pleine conscience ■ Ergothérapie ■ Conscience, réflexion

## Abstract

**Background.** This paper explores theoretical and practical views of mindfulness and phenomena of presence moments. The potential for altering life and enabling change through lived experience of mindful presence moments has relevance for occupational therapy practice. **Purpose.** To suggest ways for occupational therapists to become mindfully present during practice. Based on theoretical perspectives drawn from the fields of psychology, philosophy, psychoanalysis, neuroscience, and education, a four-fold approach will be outlined for occupational therapists to practice mindfully and experience presence moments. **Key Issues.** This approach emphasizes key concepts of awareness, non-judgment, reflection, curiosity, and commitment to practice. A clinical scenario is used to illustrate the approach. **Implications.** The ideas raised in this paper need to be incorporated into daily practice by occupational therapists so that a culture of mindful practice can be cultivated. Suggestions are provided throughout the paper for an agenda of potential research studies to address aspects of mindfulness and presence moments more fully.

## Résumé

**Description.** Cet article explore les différents points de vue théoriques et pratiques sur la pleine conscience et les phénomènes des moments de présence. L'ergothérapie peut tirer profit des moments de pleine conscience vécus, puisque ceux-ci ont le pouvoir de transformer la vie ou de rendre le changement possible. **But.** Proposer aux ergothérapeutes différentes façons de devenir pleinement conscients lorsqu'ils pratiquent. En se fondant sur les perspectives théoriques de domaines comme la psychologie, la philosophie, la psychanalyse, la neuroscience et l'éducation, les grandes lignes d'une approche à quatre volets seront exposées afin que les ergothérapeutes puissent exercer en étant pleinement conscients et vivre ainsi des moments de présence. **Principaux problèmes.** Cette approche, qui a été démontrée à l'aide d'un scénario clinique, met en valeur des concepts clés tels la conscience, le non-jugement, la réflexion, la curiosité et l'engagement envers la profession. **Conséquence.** Les idées suggérées dans cet article doivent être intégrées quotidiennement à la pratique de l'ergothérapie, afin qu'une culture de pleine conscience puisse être développée. L'article présente aussi différentes possibilités de projets de recherche pour ceux et celles qui voudraient pousser plus loin la question des moments de pleine conscience et de présence.

**M**indfulness has been discussed by many philosophers, psychologists, neuroscientists, educators and healers over the years (Heidegger, 1996; Husserl, 1964; Kabat-Zinn, 1994; Merleau-Ponty, 1962; Senge, Scharmer, Jaworski, & Flowers, 2004; Siegel, 2007; Stern, 2004). Mindfulness involves a kind of consciousness for a presence moment to unfold (Stern). Presence moments have been defined as a felt experience of what is happening during a short stretch of consciousness. More than a century ago, philosopher John Dewey (1902/2001) expressed his thoughts about occupation, and he stressed that people should put the maximum of consciousness into whatever is being done.

The current paper explores the theoretical and practical aspects of mindfulness. It also explores how mindfulness is important to the practice of occupational therapy and its relationship to the experience of presence moments. Reid (2005) advanced the theory of occupational presence, suggesting that during short moments of time people can experience a conscious awareness of being aware of the self while being engaged in an occupation-in-place. Reid (2008a) further proposed that these lived, felt experiences may contribute to a person's well-being through the tuning into "doing" moments, such as preparing a meal, skiing, making a splint, enabling a client to take a shower, or riding the subway.

There are many questions that need to be answered in

relation to mindfulness and presence in occupational engagement for the field of occupational therapy. Some questions are: What is a presence moment from an occupational therapy perspective? How is it structured? How long is it? How is it related to consciousness? Does it lead to meanings? How is it co-created between therapist and client? What role does experiencing presence moments play in change?

This paper begins a dialogue with respect to these points. In addition, this paper briefly discusses how mindfulness and living in the present moment can be learned and suggests ways in which related concepts contribute to occupational therapy practice. A practical method is proposed and illustrated by a scenario showing how occupational therapists can cultivate various facets of a mindful practice.

## Mindfulness

An enriched view of mindfulness informed by Eastern and Western thinking suggests that attentiveness to the present is foundational. Eastern lines of thinking about mindfulness are grounded in Buddhism (Thera, 1996). Kabat-Zinn (1994, 2002), a medical doctor, is representative of Eastern thoughts of mindfulness. Kabat-Zinn (1994) defines mindfulness as “a means of paying attention in a particular way, on purpose, in the present moment, and in a non-judgmental way” (p. 4). This definition suggests that being mindful is an active state—an intentional state—“paying attention on purpose.” Intentions can create a gearing up of our neural system to be in the mode of sensing and focusing (Siegel, 2007). Dewey (1902/2001) and Stern (2004) suggest that it is this intention that leads to transcending ourselves and that this transcendence is related to greater well-being.

The main concern with mindfulness is learning how to dampen the “internal attention wandering” that occurs when attention is scattered. Viewed this way, mindfulness helps when we lose our focus and reminds us to refocus. “Mindfulness is very much like what you see with your peripheral vision as opposed to the hard focus of normal or central vision” (Weick & Putnam, 2006, p. 277). Consequently, the essence of mindful awareness is attending to intention, which embodies the sense of presence, not relaxation (Siegel, 2007), where conscious attending does not occur.

Langer (1989, 1997), a psychologist, embraces Western treatments of mindfulness that have been adopted by several organizational (Fiol & O'Connor, 2003), educational (Epstein, 1999), neuroscience (Siegel, 2007), and psychological researchers (Brown & Ryan, 2003). Rather than talking about meditation, Langer's (1997) emphasis is on switching modes of thinking (from mindless to mindful). Langer's primary view of mindfulness is on “active distinction making and differentiation,” which refers to reading the situation in different ways (Langer & Piper, 1987,

p. 280). Mindlessness, however, is seeing only in terms of familiar categories and ignoring details that are incidental to the process of categorization. Gunaratana (2002) also highlights how hanging on to fixed categories and thoughts of control may lead to restlessness, stress, and anxiety and does not lead to mindfulness.

The subjective feel of mindfulness is that of a heightened state of involvement and being in the present (Langer & Moldoveanu, 2000). Langer's (1989) view of mindfulness is fundamentally pragmatic and is based on the relationship of action, cognition, memory, and emotion. These connections between mental activity and action in the world are emphasized in Western perspectives. Langer's formulation includes openness, undivided observation of what is occurring both internally and externally, ideas of acting with awareness, and being non-judgmental. Today, more Western thinkers who espouse views of mindfulness share perspectives similar to those that are held predominantly among Eastern thinkers.

The concept of self-monitoring and self-reflection in education (Dewey, 1902/2001; Epstein, 1999; Epstein, Siegel, & Silberman, 2008) has a great conceptual overlap with mindfulness. A self-reflective person will “attend moment to moment to his or her own actions” (Epstein et al., p. 5), and to his or her own physical and mental processes during everyday tasks with clarity and insight. Other features include a curiosity to examine the effects of those actions and a willingness to improve or change behaviour and patterns of thinking in the future. It is suggested that reflective practice, which is linked to mindful practice, is at the heart of effective clinical work, and it plays a central role in occupational therapy practice. Schön (1983) coined the concept of “reflection-in-action” for effective professional practice. “The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation that he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings that have been implicit in his behaviour” (p. 68). Epstein et al. apply Schön's reflection-in-action idea for effective clinical practice by proposing the cultivation of an observing self in which the individual monitors his or her own internal mental processes and outward-directed behaviour. It seems likely that reflection-in-action versus reflection on action (that is, reflection activities during the actual clinical event rather than some time after it) would lead to greater improvement in self-monitoring during clinical practice; however, this distinction needs to be studied further. Schön's work has influenced work in occupational therapy (Mattingly & Fleming, 1994) regarding the process of clinical reasoning and reflective practice. The critical issue is that it is the reflection-in-action process that leads to better clinical reasoning regardless of the type of clinical reasoning process used.

Current research is confirming that mindfulness improves the functioning of the brain and subjective mental well-being (Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007; Farb et al., 2007). Neurocognitive evidence shows that the middle prefrontal regions in the brain are among the most important for achieving a focus on the present moment and associated well-being (Farb et al.; Siegel, 2007). The middle prefrontal region involves metacognition, that is, being aware of awareness, which is one aspect of what we can consider a form of reflection. Consequently, mindful awareness involves reflection on the thoughts, feelings, and emotions of the mind that emerge moment by moment and help us recognize when we are distracted, fatigued, or biased and which may help to recalibrate the alerting, orienting, or executive functions (Epstein et al., 2008). Heightened awareness, a result of mindful reflection, may lead to a heightened appreciation of how one's actions affect others (Block-Lerner, Adair, Plum, Rhatigan, & Orsillo, 2007).

## Mindful presence

A discussion of mindful presence and mindfulness shows that these two concepts are interdependent and share many concepts. Mindful presence is being fully conscious and aware in the present moment (Senge et al., 2004). In the past three decades, the psychological issue of experiencing being in the moment has become a conscious preoccupation for many people (Nachmanovitch, 1990; Persig, 1974). Concepts discussed as being important for mindfulness, such as being open beyond one's preconceptions, letting go of old identities, and the need for control, are aspects of presence, of "letting come," which suggests a way for change or transformation (Senge et al., p. 14). As with mindfulness, for living presence moments there needs to be an intention, a willingness to surrender. In his autobiographical book *Zen and the Art of Motorcycle Maintenance*, Persig illustrates the concept of surrender by retelling how one of his students experienced being in the moment while she was engaged in a writing exercise that her teacher gave her. With intention, she consciously fully attended to aspects of a particular environment and consciously shed her preconceived recollections of seeing things in that environment. She described how she saw fresh aspects of the environment. The potential for this experience to be transformative is suggested by Dewey (1989), who holds to the primacy in experience of the immediate qualitative world while surrendering past judgments and expectations.

The potential of co-created moments (Stern, 2004) is also relevant to occupational therapy practice because much of the occupational therapist's work is surrounded by others' intentions, feelings, actions, and thoughts, which interact with the occupational therapist's own, so that what is the occupational therapist's and what belongs to others has the potential to break down. Through these shared present

moments, the potential for our intentions and actions to be modified or created can occur.

Neuroscience research has led to the discovery of mirror neurons as being crucial for explaining co-presence ideas and such things as reading other people's intentions, experiencing what someone else is experiencing, and capturing an observed action so that one can imitate it (Gallese & Goldman, 1998; Rizzolatti & Craighero, 2004; Rizzolatti, Fogassi, & Gallese, 2001). It has also been proposed that mirror neurons are responsible for an internal resonance that allows us to be attuned to ourselves in a form of self-relationship (Siegel, 2007). Mirror neurons sit adjacent to motor neurons. They fire in the brain when a person is not doing anything but watching another person. This sort of "participation" in another person's life creates a feeling of sharing the person's intentions and thus a shared understanding. There is evidence that neural mechanisms exist that explain a natural dyadic coordination that exists between people (Lee, 1998; Port & van Gelder, 1995). An example of this coordination is coordinating the speed of and rate of our movements with others—such as when one person washes a plate and another person dries it in one smooth motion with no pause in between the washing and the drying. What we do not know is why some people differ greatly in the manifestation of certain forms of resonance activity with others. Do they have systems of braking and inhibiting going on? Is it that the nervous system is under- or over-aroused? Does the level of importance of the present moment mean anything? These are some questions that future research can address.

Being aware of our senses and states in our daily life, including intentions, thoughts, feelings, emotions, smells, hearing, and tastes, allows us to move from operating on "automatic pilot" to sharpen the acuity of awareness so that quality of life is enriched in the present moment. "Past exists in our memories, future in our plans, the present is our only reality" (Persig, 1974, p. 314-315). Persig describes his conscious awareness of the things around him as he pilots his bike down the road: the changing shapes, burning hills, sound of the engine, and feel of the throttle. "On a motorcycle the frame is gone. You're completely in contact with it all. You're in the scene, not just watching it anymore, and the sense of presence is overwhelming" (p. 5). This present awareness of the senses is the reason mindful awareness may be fundamentally different from the phenomenon of flow, in which a person is non-consciously immersed in the sensations of an experience (Csikszentmihalyi, 1990) and becomes lost in the automaticity of that stream. The conscious awareness of the senses is conceptualized as thinking about varying levels of stimuli when we think of presence. Stern (2004) describes polyphonic and polytemporal presence moments as moments when a person is attending to other stimuli, such as feeling pain while they

are attending to something else, such as cooking a meal. In this situation, the person is described as being in a foreground presence moment when they are cooking but in a background presence moment of feeling pain. With flow, the attention is focused on one single thing in the absence of other stimuli. With presence moments, attention and consciousness tend to flit about and focus on a single happening for shorter periods while remaining open to any and all other stimulation, and the sense of self as the one who is experiencing this is never interrupted (Stern).

This leads to thinking about the possibility of temporality in presence moments. Presence moments have a duration that is said to vary depending on what is happening. Trevarthen (1999) says that when the autonomic nervous system is aroused, presence moments can last up to 30 seconds. This length of time was observed by Abdel-Hafez, (2006) who examined how people's engagement in everyday occupations led to a recalled experience of presence moments. The philosopher Husserl (1964) and others have discussed the temporality of presence moments (Siegel, 2007; Stern, 2004). It seems obvious that playing a cello, composing a letter, or assisting someone with carrying out an activity of daily living requires a presence with a duration. The relevance to occupational therapy is that the sense of self during these presence moments is viewed as continuous, not fragmented. The aesthetic quality of being "in the moment," as Persig (1974) and Dewey (1958) would have it, is to exist as part of the immediate course of events. "Our presence experiences are so deeply embodied in our actions and movements . . . that it is not strange that we know we are experiencing" (Stern, p. 37). Dewey suggests that these experiences cause the self to remake itself as though it is continuously becoming.

We may think as though the mind imposes a form on these "occupational moments," which is not unlike Nelson's (1994) concept of occupational form. In order to understand the meaning of form in this context, it is helpful to think about occupational moments, for example, when someone listens to music. he or she does not hear the separate notes that make up a musical phrase rather but hears it as a whole. Likewise, a person does not feel the discrete finger joint movements to grasp the pen as it forms individual letters on the page. Instead, a person experiences the moment of picking up a pen and writing on the page as a wholeness. Presence moments then are holistic happenings; for example, if we say hello to someone, there are affects, cognitions, sequence of actions, and perceptions as well as sensations. Each can be looked at separately, but first-person experience is not broken up; it is felt as a whole. Another phenomenological characteristic that Husserl (1964) proposed regarding presence moments was that the experiencing self takes a stance relative to the present. A stance refers to a distance or closeness to the experience or the degree of involvement,

engagement, or emotional investment. It may be that in order to experience presence moments during occupational engagement, there must be a certain degree of personal investment with the activity (Mageau & Vallerand, 2007). For years, occupational therapists have discussed the meaning of investment in occupation (Fidler & Fidler, 1963).

Husserl (1964) suggested that presence moments are made up three parts: (1) present of the present moment; (2) past of the present moment, referred to as retention; and (3) future of the present moment, which implies anticipation or prediction in the immediate future. This anticipation is seen readily in musicians when they improvise in a group (Nachmanovitch, 1990). Stern's (2004) work with babies shows how mothers and babies anticipate behaviours during an interaction. The role of mirror neurons to his work on attunement is relevant. Reid (2008b) reported on a case study of a student musician's experience recalling her lived experience of playing her trumpet in a group. The student musician described a level of attunement with other players as well as how she anticipated other's musical phrases. She described having more than one moment in which she was consciously aware of sensations and feelings while she played her instrument. Future research should involve developing methodologies for monitoring presence moments that come and go during engagement in occupations that are different from Larson and Csikzentmihalyi's (1983) use of the experience sampling method. Issues of temporality and a means of representing episodes of consciousness and present moments may be monitored as recalled and co-constructed through the use of narratives and visual representation techniques.

## Becoming mindfully present

Enablement reasoning (Canadian Association of Occupational Therapists [CAOT], 2007a), which is considered to underlie the way of approaching the key enablement skills of occupational therapy practice, suggests a form of self-reflection. Mindfully approaching the enablement skills outlined in Enabling Occupation II (CAOT) may improve occupational therapy practice. Various approaches are used to cultivate mindfulness, such as meditation, yoga, t'ai chi, centering prayer. The mindfulness-based stress reduction program that Kabat-Zinn developed has been adopted around the world to teach meditation in schools, hospitals, prisons, corporate offices, and a range of other settings (Kabat-Zinn, 2003). This eight-week program has had the most research to support its use in the treatment of various medical problems (Kabat-Zinn). Neuroscience research has also shown that mindfulness training has the potential to alter brain regions responsible for affective states (Davidson et al., 2003).

Educational approaches to self-awareness that incorporate Langer's (1989) conceptualization of mindfulness and Schön's (1983) concept of the reflective

practitioner offer a pragmatic approach to learning and modeling mindful practice (Borrell-Carrió & Epstein, 2004; Epstein et al., 2008; Novack, Epstein, & Paulsen, 1999). Epstein (2003) developed a teaching method to develop mindfulness and presence. The dimensions of his approach consider priming, availability, asking reflective questions, role play, active engagement, modeling while thinking out loud, practice, praxis, and assessment and confirmation. Epstein's method relies heavily on meta-awareness, self-reflection, examining situations from a variety of perspectives, and suspending judgment. A cornerstone to this method is the incorporation of intentional learning principles (Bereiter & Scardamalia, 1989). The intentional learning process leads a person through the stage of acquiring knowledge, solving problems, critically thinking, and reflecting on what and how he is learning.

## Mindfulness in the context of occupational therapy practice

Mindful practice should not be reserved for a perfect time and place but should be practiced during the real, everyday life of occupational therapy practitioners. A self-transformation process through being mindful, may increase occupational therapists' ability to influence the self, colleagues, and clients to be more reflective and connected (Stange, Piegorsch, & Miller, 2003). In the field of occupational therapy, the process of critical self-reflection that is integral for the cultivation of mindfulness is upheld in the *Profile of Occupational Therapy in Canada* (CAOT, 2007b). In the profile, critical reflection is associated primarily with the role of the scholarly practitioner. The relationship between critical self-reflection and mindful awareness suggests that critical reflection allows a person to attend, moment to moment, and be present with others. However, as the profile is a competency framework that reflects more the competencies for clinical expertise (that is, "what a person is able to do in terms of knowledge, skills, and abilities"), it does not reflect the therapists' capabilities (that is, "the extent to which an individual can adapt to change, generate new knowledge and improve their performance") (Fraser & Greenhalgh, 2001, p. 799). Dewey (1985) views attitudes, skills, and knowledge as tools for enhancing the overall quality and values of human life and activity. This means that attitudes, skills, and knowledge are largely subordinate to the direct qualitative meaning of experience. The distinction between competencies and capabilities therefore, raises another question: "How many occupational therapists espouse the values of critical self-reflection or demonstrate them in clinical practice?" Linking Dewey's (1989) thinking about aesthetics and educational experiences to occupational therapy practice is relevant if we hold the perspective that occupational therapy is essentially a creative act of reconstructive doing.

Since insights are developed through mindful awareness, the occupational therapist's work will be influenced. Eastern perspectives of mindfulness (Thera, 1996) suggest that remaining focused increases our concentration, or our staying on track. This leads to being aware of what is happening at the present. It is through making mistakes (being in a hurry, poor listening), that strategies can be learned to engage in a way to create more presence. In addition, mindfulness cultivates empathic understanding and responding (Block-Lerner et al., 2007), critical self-reflection (Epstein, 1999), moment-to-moment presence awareness (Siegel, 2007; Stern, 2004), and the cultivation of life experiences that are an expression of quality (Granger, 2006; Senge et al., 2004). Mindful occupational therapy practitioners bring extra skills to their engagement with clients by keeping track of events as they unfold, including their own internal processes as they intervene with clients as well as how their clients are likely to be attending. When occupational therapists accept openly the experiences of their existence with their clients, they are committed to more valued action. For example, occupational therapists can help their clients be aware of their internal experiences.

Mindfulness can be a partial solution for making occupational therapy practice more personally satisfying. The following four-fold method (Taking Stock, Active Availability, Reflectivity, and Practice) is presented to promote mindfulness in occupational therapy practice based on Eastern and Western views of mindfulness and embraces an educational perspectives of self-reflection (Dewey, 1902/2001; Epstein et al., 2008). Following a description of the method, a case example will illustrate some of the main concepts.

## A method for mindfulness in occupational therapy

### Taking stock, preparing

Taking stock involves setting the expectation that the occupational therapist will practice mindfully. Being mindful is an active state, an intentional state (Kabat-Zinn, 1994). Related to but extending the two first stages, "enter/initiate" and "set the stage," in the Canadian Practice Process Framework (CPPF) for occupational therapy practice (CAOT, 2007a), occupational therapist will recognize her or his own thoughts and feelings before and during the clinical interaction. the occupational therapist will also encourage his or her clients to observe their own thoughts and feelings during the encounter. In so doing, the occupational therapist will take a moment to prepare for each client interaction. He or she may use different preparation strategies such as observation, reading some relevant literature, or attending sessions in mindfulness. Epstein (2003) suggests reading a client's report to bring focus to the situation and asking oneself whether prior relevant clinical experience can affect the client interaction.

## Active availability

Not rushing and watching what is unfolding at the moment creates a sense of presence or being there (Stern, 2004; Senge et al., 2004). Langer (1989) and Kabat-Zinn (1994) suggest being available to the moment and having an open and undivided observation of what is occurring both internally and externally in a non-judgmental way. Dewey (1989) and Persig (1974) both emphasize the role of attention to the here and now, “this individual thing existing here and now with all the unrepeatable particularities that accompany and mark such existences” (Dewey, p. 181). It is this focus on the present during an occupational therapy clinical moment that allows the client and the therapist to feel in tune with each other and regard each moment as worthy of attention (Siegel, 2008; Stern). Consequently, a mindful perspective to active occupational engagement takes on a new meaning of being present physically and mentally.

## Reflectivity

Asking reflective questions may help the occupational therapist invite doubt and ambiguity so that he or she can keep an open mind and let go of pre-conceived assumptions (Epstein, 2003). Critical self-reflection is at the heart of effective clinical work (Epstein, 1999; Epstein et al., 2008), and it plays a central role in occupational therapy practice (Kinsella, 2007; Mattingly & Fleming, 1994). Reflective questions do not need to have one correct answer, rather that they disrupt common ways of thinking and enable one to approach the situation with a fresh sense. Reflective questions can also improve the occupational therapist's ability to listen and observe. Reflective questions can invite the unexpected, surprises that the questioner sees and attends to (Dawson, 2003).

## Practice

Being curious and having an open mind to novel situations can be routinely practiced by occupational therapists. Mindfulness means suspending preconceived assumptions that can lead to making wrong decisions (Epstein, 2003; Borell-Carrió & Epstein, 2004). Occupational therapists can adopt a mindset of rather than categorizing what is observed into set categories, for example, “Is this occupational concern a self-care, leisure, or productivity one?” The mindful occupational therapist will begin to see the bigger picture and thus be available to really listen.

The above method suggests that practicing occupational therapy requires sensitivity because it is an art with meditative properties and it necessitates being fully present here and now with a focus on immediate experience and not merely on “theories, attitudes, abstractions, projections, expectations” (Dewey, 1985; Epstein, 1999, p. 835). This method means that the occupational therapist puts his or her knowledge and skills into action while at the same time

observing him- or herself in action. This may be easier for the experienced clinician who has relevant professional knowledge that is more than facts, skills, attitudes, but rather the summation of years of living through day-to-day experiences (Epstein, 2003).

## Application of a method for mindfulness in occupational therapy

The following clinical scenario is used to illustrate how this four-fold method may be applied in occupational therapy clinical practice. Ameera is a young mother of 28 years who is caring for a premature infant at home. Ameera has been living in Toronto for two years after immigrating from Afghanistan with her husband. Jafar is currently 2 months corrected age and has recently been discharged from hospital. Ameera has been referred to a community-based occupational therapy service to provide ongoing support for Jafar's feeding issues and general motor development. Ameera is married, but her husband's work schedule prevents him from helping out with Jafar's care.

## Taking stock, preparing

Prior to the home visit, the occupational therapist takes time to read the hospital discharge notes. As part of being culturally competent, the occupational therapist conducts a search of the literature to read about prematurity and consequences of prematurity for women who live in Afghanistan. She pays attention to her own thoughts and thinks that she is fortunate to have had a healthy baby born three years ago. A major role for the occupational therapist is to honor and cultivate a non-judgmental attitude while being fully aware of Ameera's experience of moving to Toronto and experiencing a premature birth. She is consciously aware of her expectations for the visit in that she thinks she and Ameera may share many feelings about caring for newborns. She observes that she has had prior experience working with families of premature babies and is aware of thinking that she will be of assistance.

## Active availability

When the occupational therapist arrives, Ameera is in the process of giving her baby a mustard oil massage, (an integral component of traditional care practices in many rural villages in Afghanistan). The occupational therapist sits down and watches Ameera. She observes the pre-massage preparations, notices the smells, and thinks about the absorptive potential on the baby's skin. The occupational therapist actively listens to Ameera as she starts describing why doing the massage is important for her. Ameera says the mustard oil rubbed into the baby's skin is for the promotion of strength, maintenance of health, and providing warmth. The occupational therapist nods to Ameera. The occupational therapist is tuned into Ameera's warmth as a mother wanting to do the best for her

child and shares an understanding for wanting the best for one's child. At the same time, she is consciously aware of her thoughts of how often women from locations such as Afghanistan bear the burden of guilt because they are often blamed for their children's illnesses.

## Reflectivity

We will assume during another visit that the occupational therapist has accumulated recent evidence that suggests that the practice of mustard oil baby massage may have detrimental effects, particularly for preterm infants or for those whose skin barrier function is otherwise suboptimal. The occupational therapist asks herself what other approaches to baby massage Ameera can use and how she can introduce them while respecting Ameera's culturally sensitive practice? For example, other natural oils, such as sunflower, sesame, or safflower seed oil, may have a more beneficial impact on newborn health and survival. The occupational therapist explores the potential for the introduction of alternative natural oils with Ameera. The occupational therapist does not rush when speaking but provides Ameera with knowledge of potential hazards. Ameera tells the occupational therapist she will consider changing to other oils provided that some of the contextual factors, including smell and perceived absorptive potential, are maintained. The occupational therapist notes that she has listened to Ameera, and both the therapist and Ameera share a mutual understanding of what is desired and how to proceed.

## Practice

The occupational therapist visits the mother and baby once a week. The occupational therapist helps Ameera recognize how she is doing the baby massage and how the baby reacts to the new smells and the body manipulation. She helps Ameera observe the baby's reactions to body rubbing and moving as well as her efforts to be attuned to her baby. The occupational therapist helps Ameera notice her feelings and thoughts during this procedure. Every visit provides a chance for the occupational therapist and Ameera to practice attentiveness and openness to new situations.

## Conclusion

This paper offers a discussion about how mindfulness and living in the present is fundamental for effective clinical practice of occupational therapy. It is suggested that mindful practice helps the occupational therapist see each situation with a fresh mindset. A mindful approach to practice may improve occupational therapists' capabilities in how they practice and manage change (Fraser & Greenhalgh, 2001).

A method has been proposed to enhance occupational therapists' practice by embodying some critical elements of mindfulness and presence. The impact of mindfulness in occupational therapy practice can only be assessed once

occupational therapists are willing to practice in a mindful way. More occupational therapists are discovering the potential of mindfulness (Mathew, 2008; Walloch, 1998). Along with introducing the potential of mindfulness for the field of occupational therapy, this paper shows the relevance of theory to support its adoption.

## Key messages

- Mindful presence is intentional awareness of what is, being aware of awareness.
- Mindful practice helps the occupational therapist see each situation with a fresh mindset.
- A mindful approach to practice may improve occupational therapists' capabilities in how they practice and manage change.

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