COMMENTARY: MINDFULNESS AND ITS INFLUENCE ON THE NEPHROLOGY SOCIAL WORKER AND CIRCLE OF CARE

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Nephrology social workers in major medical centers often respond in haste, are quick to react, and consequently miss the "sacred moment" within the therapeutic relationship. Professional and personal awareness and clarity can be cultivated through the practice of mind-body interventions. This paper examines how mindfulness meditation and other techniques within the realm of relaxation therapy enhance self-awareness, compassion, and non-judgmental practice for the nephrology social worker. This study highlights the experience of a nephrology social worker who has utilized mind-body interventions as a component of reflective practice. As a result, patient dignity and engagement with family members and healthcare providers, as part of the circle of care in a hospital-based nephrology program, are strengthened.

REACTING IN A DISTORTED REALITY

We are more connected in our society by the use of technology than we have ever been, in that we have the ability to instantly communicate with Internet and mobile devices at the touch of a button. This is indeed both marvelous and ironic. I believe that in this time of instant communication, we as human beings collectively feel more isolated and lonely than we ever have. Sadly, there is a parallel, underlying desperation to find happiness, solace, and a sense of belonging in an ever-changing, faster-paced world.

This paper will explore and understand more deeply how the cultivation of mindfulness positively contributes to increased nephrology social worker clarity, equitable care, resilience, and compassion. I will also touch on my own professional and personal journey of acquiring enhanced awareness through mindfulness. In doing so, I will describe some of the opportunities that I have had in fostering mindfulness, along with other complementary mind-body interventions, within the nephrology circle of care in a hospital-based nephrology program. Mindfulness offers hope not only for patients, but also for nephrology social workers struggling to provide essential psychosocial services while attempting to take care of themselves amid caseloads that often exceed the Council of Nephrology Social Workers (CNSW) standards (Merighi, 2004).

As a frontline nephrology social worker in a busy regional hospital, I bear witness to this desperation in the behavior of the clients who I have the privilege to serve daily. Additionally, I also witness this desire for solace in colleagues who come to my office frustrated, angry, and lacking clarity. This is exacerbated by radical changes in roles and responsibilities in healthcare and heightened consumer expectations over the past decade (Galantino, Baime, Maguire, Szapary, & Farrar, 2005, p. 256).

> Approximately 40 million working-age Americans suffer from psychological disorders and, according to the National Institute for Occupational Safety and Health, stress-related disorders are fast becoming the most prevalent reason for worker disability. In a sample of 46,026 employed persons, medical care costs were 70% higher for those who where reported being depressed, and 46% higher for those who reported being stressed. (Goetzel et al., 1998, p. 843)

In our struggle to cope with these present-day demands that are raw and expose our vulnerability, we frequently react based on our "misconstrued reality" (Gyatso & Ekman, 2008). Riskin (2004) defines "misconstrued reality" or "mindlessness" as the equivalent of functioning as if the "lights are on but nobody's home."

Consequently, we function on "auto pilot" (Allen et al., 2006, p. 286) and have misconceptions of others and situations even though we may make conscious efforts to be nonjudgmental. "Preconceived judgments fuel automatic, scripted reactions, impulsive actions, and more chaos" (Gyatso & Ekman, 2008, p. 41). We become volatile by reacting rather than being emotionally aware and intelligent in our responses (Gyatso & Ekman, 2008, p. 38). "Being judgmental of one's experiences is seen as having a tendency to amplify their effects. Rather than evaluating our cognitive and emotional experiences, mindfulness teaches us to simply notice them" (Allen et al., 2006, p. 288).

This scenario is particularly relevant for nephrology social workers in the United States who are frequently struggling to validate their service in a medically based model of care, now accountable to stringent mandated Conditions for Coverage. Nephrology social workers, increasingly more accountable to the public eye, must frequently demonstrate adherence to the evidence and strive for favorable patient outcome measures.

> This unrelenting stress has negative repercussions for healthcare professionals with increased depression, decreased job satisfaction, disrupted personal relationships, psychological distress, and self-harm. Stress negatively affects [healthcare professionals'] ability to concentrate, their decision-making abilities, their ability to foster healthy professional relationships and, ultimately, the therapeutic relationship becomes devoid off empathy, awareness, objectivity, and compassion. (Shapiro, Astin, Bishop, & Cordova, 2005, p. 165)

The dilemma is that many frontline nephrology social workers become exhausted and victims of burnout or compassion fatigue. Unfortunately, in their quest for quality patient care and favorable patient outcomes, nephrology social workers frequently neglect themselves. Nurses are notorious for taking care of others but lack the capacity and wherewithal to practice self-care (Raingruber & Robinson 2007, p. 1142).

> Taking care of ourselves is intrinsically related to caring for our patients. When we are well rested and happy we can better listen to the people we serve and act from a personal store of empathy and compassion. Becoming more sensitized to our own emotional and psychospiritual issues attunes us to patients' needs and allows us to serve them and their families better—and potentially saves healthcare dollars. (Firth, 2001)

Tenzin Gyatso (the Dalai Lama) and Dr. Paul Ekman, authors of the book *Emotional Awareness: Overcoming the Obstacles to Psychological Balance and Compassion* (2008), refer to the concept of "emotional intelligence." This concept refers to being "in sync" with our emotional existence. These authors argue that emotional intelligence is derived from increased awareness and equips us with more skill to handle emotional challenges, to be more responsive to the struggles of others, and to have more compassion (Gyatso & Ekman, 2008, p. 1). Mindfulness increases awareness.

> There is great opportunity, and perhaps even a responsibility, for us to reduce unnecessary suffering in the world, and quite ironically, it can be done with tools that we and our clients already and always have had—our minds, our bodies, and our breath. (Wisniewski, 2008, p. 19)

WHAT IS MINDFULNESS?

Derived from Buddhist roots, mindfulness cultivates awareness and acceptance. Bell (2009) uses the analogy of "trying to explain the Zen of a meditation experience as being similar to trying to explain color to someone who is color blind." (p. 128)

A tentative definition of mindfulness is "fully being into the present moment without judgement or evaluating that experience" (J. Kabat-Zinn, 1990). The practice of mindfulness focuses on "being" as opposed to "doing," and "observing one's experience without trying to change" (Shapiro, Brown, & Biegel, 2007, p. 106). Mindfulness helps us wake up from this sleep of automaticity and unconsciousness, thereby making it possible for us to live our lives with access to the full spectrum of our conscious and unconscious possibilities (Lord, 2010, p. 273). Mindfulness is simply seeing "what is" (Rock, 2006, p. 350).

I believe that mindfulness can be a cornerstone for increased self-awareness, empathy, and self-healing. It is presumed that, ultimately, the nephrology social worker and all persons that they interact with will thereafter benefit when the social worker has increased clarity and awareness derived through the practice of mindfulness.

> Mindfulness is paramount to effective social work practice, as it allows the therapist the opportunity to be attentive to the moment and, by doing so, the client feels more connected, less judged, and on common ground with the therapist. Mindfulness prevents the therapist from reacting in scripted, preconceived ways in favor of reserving judgment and reaction so that the patient, ultimately, feels more freedom to govern their own actions. (Wisniewski, 2008, p. 18)

More specifically, mindfulness facilitates a "fuller awareness" that promotes more "flexible, adaptive responses to events, and helps to minimize automatic, habitual, or impulsive reactions" (Bishop, 2004, p. 230).

MINDFULNESS-BASED STRESS REDUCTION (MBSR) AND SOCIAL COGNITIVE THEORY

The Mindfulness-Based Stress Reduction (MBSR) program, as promoted by Jon Kabat-Zinn, falls under the realm of social cognitive theory, focusing on interventions geared towards modification of behavior.

> This theory contains a number of constructs that are important for understanding human behavior and how it can be changed. These include reciprocal determinism (in which there is a dynamic interplay between the environment and the person's cognitions and behaviors), the importance of the person's perception of the environment, behavioral capability (an index of the person's knowledge and skill to perform a given behavior), anticipated outcomes of behaviour and the value a person places on the outcome,

self-control, observational learning, reinforcement, self-efficacy, and emotional coping responses. (Baer, 2006, p. 363)

MINDFULNESS AND ITS APPROPRIATENESS TO PHYSICAL AND PSYCHOLOGICAL DISTRESS

Research to date supports the benefits of mindfulness for the client population with regards to amelioration of illness symptomatology, including "assessment of Mindfulness-Based Stress Reduction (MBSR) for chronic pain, rheumatoid arthritis, type 2 diabetes, chronic fatigue syndrome, multiple chemical sensitivity, and cardiovascular diagnoses" (Merkes, 2010, p. 200). Mindfulness is also gaining much attention in the area of oncology care, and further contributes to other mind-body interventions that have been successfully utilized under the umbrella of supportive care in oncology (Mackenzie, Carlson, Munoz, & Speca, 2007, p. 60; Foley, Huxter, Baillie, Price, & Sinclair, 2010, p. 72). In oncology care mindfulness is validated in the literature for "reductions in stress and improvements in mood, quality of life, and sleep problems" (Carlson & Bultz, 2008, p. 127). Mindfulness has also demonstrated efficacy in the treatment of depression and anxiety (Williams, Teasdale, Segal, & Kabat-Zinn, 2007). The literature suggests that mindfulness is a beneficial therapy for a whole myriad of physical and psychological health challenges.

MINDFULNESS AND THE NEPHROLOGY SOCIAL WORKER

More recently, there has been an interest in how mindfulness is of assistance to the healthcare professionals who provide frontline service to patients on a day-to-day basis. Hence, amongst the chaos and impact of stress on healthcare professionals is the hope that mindfulness may foster resilience, clarity, and a moment-by-moment appreciation within the therapeutic relationship (Schure, Christopher, & Christopher, 2008). This may be considered a reciprocal benefit in practice for both nephrology patient and nephrology social worker.

Wong challenges social workers who work in healthcare to "leave their comfort zone in order to nurture, as mindfulness unsettles old beliefs and challenges preconceived ideas" (Wong, 2004, p. 5). Mindfulness necessitates a metamorphosis. "This constant influx of stress on healthcare professionals often contributes to burnout exhibited by decreased attention, reduced concentration, compromised decision-making skills, and suboptimal relationships with patients" (Shapiro, Brown, & Biegel, 2007, p. 105).

Bell validates the practice of mindfulness as an adjunct requirement for the enhanced therapist's well-being, highlighting reciprocal benefits to the client during the psychotherapy encounter (2009, p. 140). Bell maintains that psychotherapists who practiced mindfulness techniques became more in touch with their essence, more reflective, less judgmental, less reactive, more creative, more compassionate, and clearer in their thinking (p.140). Further, Bell suggests that this enlightenment allows the psychotherapist to have a more heightened "therapeutic presence" with the client (p. 141).

Mindfulness enhances awareness and helps the therapist to appreciate and celebrate "interconnectedness" in the therapeutic relationship, with enhanced awareness of all senses (Kabat-Zinn, 1994, p. 213). Hence, mindfulness dovetails nicely to also promote increased professional fulfillment.

O'Driscoll reports how numerous qualitative and quantitative research studies have demonstrated that counseling psychologists who are engaged in mindfulness have more enhanced therapeutic interventions with clients (2009, p. 16). O'Driscoll paints an emerging theme that increased mindfulness parallels with positive patient clinical outcomes due to the therapist's enhanced objectivity, comfort with silence in the therapeutic process, and comfort in a sacred space that the therapist and patient share (p. 17). The literature confirms that counseling psychologists who are exposed to mindfulness attest to more satisfaction and less rigidity in the therapeutic encounter and more positive outcomes reported by clients (O'Driscoll, 2009, p. 17; Brown & Ryan, 2003).

McCollum and Gehart examine the effects of mindfulness on beginning therapists, and conclude that mindfulness is a useful addition to clinical training, as it instills a calming effect, heightens therapeutic presence, and enhances compassion (2010, p. 357).

Chan, Ng, Ho, and Chow (2006) addressed the ramifications of repeated traumatization specific to healthcare workers, and promoted the embracement of a "mind-body-spirit holistic model of care to assist both patients and healthcare workers in today's specialized, compartmentalized, and heavily bureaucratic hospital settings" (p. 823). The authors acknowledged the burden carried by many of today's healthcare workers who are repeatedly exposed to patients who are frightened, suffering, and dying. This accumulation of work-related distress leads healthcare workers to look for a deeper meaning of pain and suffering in the lives of their patients, as well as their own. The mind-body-spirit approach to care promotes the concepts of appreciation of the moment, immersion of body in movement, acceptance of pain and suffering, appreciation of life as a part of nature, and the ability to demonstrate compassion (p.826).

O'Donovan and May sought to validate that "mindful" therapists (e.g., social workers, psychologists and counsellors) have the advantages of enhanced well-being, job satisfaction, diminished burnout and, as a result, enhance patient intervention and have better outcomes (2007, p. 52). The authors maintain that both therapist and client benefit when the practitioner has more clarity and an appreciation of the moment in a non-judgmental fashion. O'Donovan and May confirm that a mindful therapist is more compassionate and more present. Hence, the practice of mindfulness can only benefit the nephrology social worker.

A MEANDERING JOURNEY TO MINDFULNESS APPRECIATION AND AWARENESS

As a nephrology social worker, I provide frontline counseling and support to patients and families affected by chronic kidney disease. I employ mind-body interventions that include relaxation, visualization, autogenics, progressive muscle relaxation, guided imagery, and mindfulness as therapeutic interventions across the nephrology patient trajectory (Petingola, 2010). These interventions are beneficial for my patients, for caregivers, and for nephrology health team members. As a proponent of reflective practice, I am aware of my professional and personal growth while employing mind-body interventions in my busy practice. As a result, I am more insightful, more present with my patients, less judgmental, and more compassionate; I appreciate more and complain less.

Additionally, I have come to realize that both relaxation methods and mindfulness are distinct, yet equally significant, therapeutic modalities that benefit the entire nephrology circle of care. Interestingly, the process that initially entailed the acquirement of relaxation techniques to assist patients logically unfolded to include mindfulness as a mechanism for self-care as a nephrology social worker.

> Inherent in the practice of non-judgmental awareness is observing one's experience without trying to change it, e.g., just noticing the tension of a muscle, as opposed to trying to relax a tense muscle; just noticing a thought as it arises, as opposed to trying actively to change the thought. Traditional relaxation methods vary in their approaches, but all differ from mindfulness meditation in that there is an intentional focus to relax during the practice, either through specific exercises or through imagery techniques. (Jain et al., 2007, p. 11)

My meandering journey into increased clarity and mindfulness commenced in 2005. At that time, our nephrology program hired counsellors from a private counseling agency to assist many of our new hemodialysis patients with needle phobia issues. Needle phobia is "a fear or aversion to needles, pins, or other sharp objects, which may cause psychological and/or physical symptoms" (Munson, 2002, p. 2). Our program consisted of two full-time nephrology social workers who had already established longstanding relationships with the patients. It was suggested that we receive appropriate training to begin instituting deep breathing and safe place visualization techniques in the nephrology program. As a professional, I had issues with fear and lack of confidence in the area of mind-body interventions until one of the nephrologists summoned me, with no notice or preparation, to help a patient to get through femoral dialysis access. I held this big burley gentleman's hand, played my relaxation music disc, and guided this patient with deep breathing and safe place visualization through the invasive and painful procedure. In the end the patient, nephrologist, nurse, and I were calm, connected, present, and in unison. It was an extraordinary happening.

My exposure to relaxation therapy cultivated a keen interest in the application of these techniques for persons afflicted with chronic kidney disease. Nephrology patients have distress due to illness effects, family dynamics, dietary constraints, time restrictions, functional limitations, expenses, changes in employment, complex relationships with staff, role changes, changes in self-perception, changes in sexual functioning, medication effects, and awareness of impending death (Cukor, Cohen, Peterson, & Kimmel, 2007, p. 3042). Dialysis patients experience profound loss related to alteration in financial status, lifestyle, hobbies or interests, dignity, autonomy, self-esteem, independence, and self-determination (Bargiel-Matusiewicz, 2006, p. 33). "Patients are not only coping with end-stage renal disease (ESRD) but also with the ramifications of comorbidities, diminished quality of life, body image issues, and numerous losses" (Gehlert & Browne, 2006, p. 474).

Depression is thought to be the most common psychiatric abnormality in patients with ESRD treated with hemodialysis, with rates as high as 30% in some dialysis centers (Kimmel, Cohen, & Peterson, 2008, p. 99). Depression may be associated with worse medical outcomes, including increased mortality (Cukor, Cohen, Peterson, & Kimmel, 2007, p. 3042). Additionally, studies have demonstrated that ESRD patients receiving dialysis treatment have a lower quality of life than people in the general population. This may contribute to reduced adherence to treatment (Mukadder, 2004).

The harnessing of relaxation therapy skills as a clinical intervention to assist nephrology patients at the Hôpital régional de Sudbury Regional Hospital (HRSRH) introduced patients, families, and staff to tangible skills that they could master and use independently, facilitating autonomy, and control. Relaxation therapy cultivated profound life-altering adaptation, affirmation, and empowerment. Immersion in relaxation therapy as part of my therapeutic practice was a precursor to my own fascination with mindfulness.

While implementing relaxation and visualization interventions in our nephrology program, my nephrology social work colleague and I were inundated with testimonials by patients who were very pleased with the effects of these learned techniques. This positive feedback, however, was purely anecdotal; therefore, we felt compelled to complete a research study that might validate our "gut" instincts. Hence, two surveys were developed and provided to participants in the nephrology program at the HRSRH from May 2005 until October 2006. Neither of these surveys utilized validated survey tools. Survey results suggested that utilization of relaxation and visualization might be promising for those afflicted with chronic kidney disease.

The first study sought to examine the effectiveness of relaxation techniques with nephrology patients (of various dialysis treatment modalities) and caregivers, and examine the clients' independent use of relaxation therapy over an extended period of time (6-month duration). We sought to determine if the relaxation techniques continued to be utilized, effective, and recommended by clients to others. This sample consisted of 25 participants of whom 84% were nephrology patients of all treatment modalities, 12% were family members, and 4% were staff. Staff members requested relaxation therapy in an effort to manage their own professional self-care. Hence, they were included in this initial sample. Respondents were asked to complete a survey with nine multiple-choice questions and one open-ended question. All participants finished one to five relaxation therapy sessions over a 6-month duration, from May to November 2005 (Petingola & Spence, 2007).

All respondents agreed that relaxation therapy was "helpful," and 48% found relaxation therapy to be "very helpful" to "extremely helpful." After the initial 6 months of implementing the therapy, 83% of survey participants "continued to utilize relaxation skills," and 50% of survey participants utilized relaxation skills "frequently" and "very frequently." Of the initial 25, 92%, favored individual therapy as a treatment choice, while only 8% were receptive to relaxation training in a group venue. All participants "would recommend" relaxation therapy to others, and 72% would "strongly recommend" relaxation therapy (Petingola & Spence, 2007).

The second study commenced in October 2006 with 21 randomly selected participants who had completed relaxation therapy training (standard training usually consists of five sessions minimally). Of this sample, 85% were pre-renal insufficient patients (stage 4-plus) and hemodialysis patients, 9.5% were family members, and 4.8% were renal staff. Four multiple-choice questions and one open-ended question were completed. Of those respondents 76% completed relaxation therapy more than 6 months previously. The remaining 24% completed relaxation therapy within the 3 months following their training. Of the 21 study participants, 90.5% indicated that they were "continuing to practice the relaxation skills" taught to them, 38% "would recommend this therapy to others," and 61.9% "would strongly recommend this therapy to others." Results demonstrated that respondents were overwhelmingly pleased with relaxation therapy as an effective technique for anxiety, sleep disturbance, fear of needles, difficulty coping, fear of dialysis, pain control, and caregiver stress. Relaxation techniques continued to be credible and practiced by most respondents beyond 6 months after training officially ended (Petingola, 2009).

> "After three sessions with my renal social worker, I was able to relax more on my own and am sleeping better and longer now. The deep breathing and visualizations help to ease the stress I build up from worrying and caregiving." [dialysis patient]
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> "I practice relaxation very frequently…every time I come to dialysis I get into my space…that's what my renal social worker taught me…I'm still nervous but I've come along way." [dialysis patient]
>
> "You save me." [nephrology staff member]
>
> "People that have a problem with dialysis…it does help…I use it without thinking now…I close my eyes and hold my arm out." [dialysis patient] (Petingola, 2009)

I have now had the opportunity to provide relaxation therapy to nephrology patients awaiting surgical intervention, undergoing femoral insertion for hemodialysis, with needle phobia, with anxiety due to fear of dialysis or transplantation, in the surgery suite undergoing angiogram and angioplasty, and with palliative patients who have discontinued dialysis. This has all been very rewarding, and I have had the opportunity share my work with nephrology colleagues nationally and internationally. In addition to my work in the nephrology setting, while working for Wellsprings Canada (a network of community-based centers that offer programs providing support, coping skills, and education to cancer patients and their families), I have also provided relaxation and visualization sessions to patients affected with cancer.

During the course of providing relaxation sessions, I began to recognize the benefits experienced in the actual facilitation of relaxation. I began to sense a connectedness and an intimacy during therapeutic encounters. I became more comfortable with silence in the therapeutic relationship, and began to sense a bond between nephrology social worker and client. "With compassionate silence there is a shift from the 'doing' (purposely laying the foundation for silence to occur), which is sometimes awkward and uncomfortable, to an 'inviting' silence, with qualities of warmth and healing" (Back, Bauer-Wu, Rushton, & Halifax, 2009, p. 1113). I began to encounter "a silence that resonates healing, invokes compassion, and facilitates a common bond" (Back et al., 2009, p. 1113). I became humbled by the impact of these sessions on nephrology patients. Additionally, members of the nephrology team began to request sessions to assist with their levels of anxiety, anger, grief, and stress. I began to receive correspondence from nephrology social workers who had a keen interest in developing their relaxation therapy skills, and a zest for sharing their successes with their implementation. All of this piqued my interest in mind-body interventions, namely mindfulness meditation.

In 2009 and 2010, I completed two intensive mindfulness meditation training courses with the Centre for Mindfulness, through the University of Massachusetts and the Omega Institute in Rhinebeck, NY. The most recent was a 7-day, intensive mindfulness meditation course comprising 250 medical health professionals from all parts of the world, all struggling with the same issues, all striving to learn how to be more aware. Ironically, although I was there to learn how to implement mindfulness meditation to

assist my nephrology clients, this immersion transformed my personal attitude about mindfulness. Most proponents of mindfulness suggest that you must practice it to teach it, and I agree with this thinking (Baer, 2006, p. 6). As a nephrology social worker practicing and teaching mindfulness techniques, I am more aware, less impulsive and more impartial.

DOES ELEVATED AWARENESS DERIVED FROM MINDFULNESS MEDITATION HEIGHTEN ALERTNESS TO THE CHAOS IN HEALTHCARE?

I believe that heightened clarity derived from mindfulness does make one more aware of the toxicity of the healthcare environment that we work in. The unfortunate concern is that those who are not aware continue to live an opaque existence and inadvertently contribute to workplace chaos by reacting rather than by making a choice about how to respond.

> A large part of mindfulness training is geared toward changing a stress reaction into a stress response, in which emotional arousal is effectively managed. Emotional arousal decreases present-moment awareness, and inhibits the ability to see the whole context of the situation and the options available. (Baer, 2006, p. 363)

I understand the emotional and practical turmoil in which nephrology social workers practice. I also understand the accompanying vulnerability, as I face it daily in frontline practice. I am assaulted by sirens, overhead pages, and angry, vulnerable, and very sick patients with multiple comorbidities, as well as worried healthcare team members trying to stay afloat amongst workload demands. Even as I write this, the headline of our local newspaper reads "Gun-Wielding Man Demanded Drugs," about a 47-year-old man entering our hospital scared, vulnerable and highly reactive (Mulligan, 2010, p. A1).

GETTING THE WORD OUT

As a nephrology social worker, I have had the opportunity to begin to reframe my practice to include mindfulness. In June 2009, I facilitated a special "walk on the labyrinth" for persons afflicted with cancer in Sudbury, Ontario. Walking the labyrinth is a powerful opportunity for "mindful walking." The labyrinth is a useful metaphor for many of life's passages. No matter how lost you feel in the *true* labyrinth you never feel lost when you walk this type of labyrinth. A labyrinth is distinct from a maze in that it is comprised of a safe passage in and out, and its focus is on healing rather than trickery. When walking a labyrinth, one must be cognizant that the journey is comprised of three parts including a pathway into the centre, the centre of the labyrinth itself, and the pathway back out. Walking a labyrinth is done in a mindful, meditative state that allows one to transcend excess worries and baggage, emerging empowered for life's challenges.

> The labyrinth is an ancient symbol that works well as a therapeutic tool to encourage mental focus through meditation or prayer, which can be instrumental in releasing mental and physical tension. Many recognize the labyrinth as a metaphor for the path we walk through life, and as an appropriate symbol that creates sacred space for enhancing psychological and spiritual growth. As a therapeutic tool, the labyrinth provides willing clients an opportunity to examine problems, questions, or issues from various perspectives, while also affording time and space for personal reflection before making a decision. (Peel, 2004, p. 287)

In April 2010 and 2011, I facilitated mindfulness walking, sitting meditation, and mindfulness eating sessions for nephrology social work colleagues at the National Kidney Foundation Spring Clinical Meetings in Orlando, FL, and Las Vegas, NV, respectively. I also facilitated similar sessions in October 2011 with my Canadian nephrology social work colleagues at the Canadian Association of Nephrology Social Workers Annual Conference in Halifax, Nova Scotia. Mindfulness walking is an exercise that consists of walking methodically at a slow pace, with a forward gaze, cognizant of your breathing, heartbeat, and every associated movement that the function of walking necessitates. Walking mindfully means walking with no agenda, no destination and no expectations. Eating mindfully helps to anchor one to be truly cognizant of the entire dining experience, using all senses and aware of the texture, smell, appearance, and taste of every bite. Sitting mindfully usually entails zeroing in on breathing, and truly focusing on the moment. It implies acceptance of all feelings and thoughts that emerge and just "letting go." I continue to receive correspondence from participants who report that the mindful walk part of the session has impacted their lives and practices. Feedback from workshop participants inspires my work in this area.

> I just wanted to give you some feedback regarding your relaxation training, and especially the meditational walk exercise at the National Kidney Foundation annual meeting. I would like to thank you for this experience and to let you know how refreshing and inspirational my experience was with this [technique] during our vacation at Glacier National Park in U.S. and, especially, in Canada at Watterton. It was our first visit to both and I cannot tell you how moving it was to take in the majesty of the scenery and beauty. To add [those locations] to the grounding experiences from the meditation was truly spiritual. I was able to obtain a Native American flute to learn to play and share with others….I hope your influence on others in this area provides great benefits and fulfillment. [NKF mindfulness walk participant; received 6 months post-conference]

I have utilized mindfulness and loving kindness techniques with nephrology nursing staff after the death of a longstanding hemodialysis patient by incorporating these techniques into a special debriefing session.

> The Buddhist sense of compassion (karuna) is distinguished by a focus on those who are suffering by suspending a sense of self; furthermore, it encompasses wise action to relieve such suffering, similar to altruism. (Kristeller & Johnson, 2005, p. 393)

In November 2010, I organized another "walk on the labyrinth," this time for frontline nephrology healthcare professionals, where a group of staff, comprised mostly of nephrology nurses, and I shared a silent mindfulness walk in the midst of a winter storm for over two hours, which was followed by sunshine, color and clarity.

"Walking a labyrinth together, client and therapist, can be a powerful activity as the movement itself around the circular path provides a connection, and can lead to a deeper relationship" (La Torre, 2004, p. 121). "We came together again in the center and then walked out slowly, saying very little but feeling a quiet connection" (La Torre, p. 122).

I have also implemented a weekly relaxation and visualization group for patients and caregivers with mindfulness breath and relaxation techniques that have had great success.

> Group delivery is potentially a more cost-effective approach than individual instruction alone. As in other group therapy techniques, group delivery of mindfulness techniques provides the participant with advantages, such as learning from other's insights, increased motivation to practice through peer support, and assistance with the isolation common to many illnesses. (Allen et al., 2006, p. 292)

But the most salient experience that has occurred so far in my journey also occurred in November 2010. I was preparing for my nephrology relaxation group and had posted many signs in the unit inviting attendance. In my haste, I ran by a very full waiting room with hemodialysis patients sitting anxiously, waiting for notification that their dialysis treatment spot was ready for them. During these long waits, patients are very talkative, sometimes argumentative, and sometimes quiet and removed. Several patients at that point asked "How come your relaxation groups always occur when we can't make it and have to be on dialysis?" We discussed alternate times, and this will be taken into account for the next commencement of sessions. I then asked this large and curious group if they would like to experience a feeling of peace and tranquility with a meditation and they demonstrated eagerness to try. I then proceeded to lead the group through mindfulness breathing and body scan meditation techniques. Mindfulness breathing exercise allows one to simply experience the sensation of each breath, not trying to change it but to be with it. Body scan is an exercise whereby the participant will lie down or sit with eyes closed, just noticing or breathing into various parts of the body in a methodical manner.

Participants seemed to enjoy the experience, and indicated a desire to do this again.

Perhaps the winter storm at the labyrinth walk was symbolic of a new awareness and clarity that is spreading throughout the healthcare community in the nephrology program at Sudbury Regional Hospital. Perhaps this new awareness will offer solace and peace, while fostering resilience and hope for both nephrology patients and staff. My next goal….mindfulness meditation for all healthcare professionals throughout our organization and the construction of a permanent labyrinth?

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