



The Integral Role of Heartfulness Meditation in Rehabilitation

Robyn Gisbert*PT, DPT, CCFP and Margaret Schenkman PT, PhD, FAPTA

Department of Physical therapy, University of Colorado, USA

***Corresponding author:** Robyn Gisbert, Physical Therapy Program, Department of Physical Medicine and Rehabilitation, University of Colorado, USA

Received Date: June 07, 2021

Published Date: June 22, 2021

Introduction

We are navigating an unprecedented time in our lives and in the history of our country. Each of us is facing challenges not only in our daily lives, but also in our expectations for our future. We live in an environment that can bring out many different fears and uncertainties—all of which can lead to a sense of imbalance and can sap our resilience. By and large, we are seeing the strain of the pandemic and evolving sociopolitical climate on the country. Physical therapy students, clinicians, and the patients they serve have additional stressors from their roles within the healthcare system and the challenges therein. Paradoxically, these unprecedented times can be the harbingers of opportunity and innovation if we can learn how to utilize them for the positive. One often untapped resource is raja yoga which can assist physical therapists, students and patients to navigate their respective situations in the current environment with greater ease. Here, we discuss the stresses and strains that make health and health care particularly challenging in today's world, as well as the manner in which Heartfulness Meditation, a form of raja yoga, can facilitate navigating this current environment.

Student Perspective

Physical therapy students are under unique pressures during their education. Doctoral training is a provocative and demanding experience with graduate students facing unique stressors including intense academic rigor, long hours, feelings of inadequacy, social isolation, and accumulating student loan debt. Graduate students are more than six times as likely to experience depression and anxiety as compared to the general population [1]. This may predispose students to professional burnout with

studies suggesting that burnout begins during graduate training [2&3]. Undoubtedly, it has been even harder during the pandemic with students experiencing social isolation and adjusting to virtual learning spaces. Physical therapy students train hard to be prepared to care for others. Emphasis in education is placed on evidenced-based management of patients through clinical reasoning. The acquisition of psychomotor skills is equally prioritized. Yet, adequate training to develop the clinician's most important tool, their internal well-being and peace of mind, is missing. Nor are the necessary skills readily and wholly embodied by physical therapy educators to model this balance and well-being for their students.

Clinician's Perspective

Physical therapy clinicians face their own predicaments and moral distress as they work to balance the competing needs of their patients and the institutions for which they work. Long hours, insurance reimbursement restrictions, and mountainous paperwork add burden as practitioners bear witness to the pain, loss, and suffering of their patients. Support to mitigate the effects of this vicarious trauma is rare in clinical settings, priming the clinician towards burnout. The prevalence of burnout in physical therapists was measured in a study through the American Physical Therapy Association in 2015, revealing 29% of the responding professional therapists have high emotional exhaustion, and 13 % have indicators of burnout [4].

It is likely these numbers are even higher today with the effect amplified by the pandemic. Frontline healthcare providers in this devastating situation are under not only the risk of death from infection but also insurmountable psychological pressure [5]. This

is particularly poignant for physical therapists and the patients they treat in rehabilitation settings as they work intimately in close proximity and sometimes on a daily basis. It is bound to take a toll as articulated by Dr. Rachel Remen in her book *Kitchen Table Wisdom* [6]. She writes, "The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

Patient Perspective

Rehabilitation patients, likewise, are feeling the effects of navigating their health concerns during these times. The prevalence of mental illness is increasing with suicidal ideation in adults at an all-time high. Patients are in a rather vulnerable position when in rehabilitation. They may be experiencing pain, trauma, loss of function, and fear of the unknown related to their health condition. Furthermore, with the pandemic patients have been isolated from the human contact and support of loved ones. This global public health emergency has had an enormous deleterious impact on mental health. A narrative review found that individuals affected in the pandemic may have a high epidemiological burden of depression, anxiety disorders, stress, panic attack, somatization disorder, sleep disorders, emotional disturbance, PTSD symptoms, suicidal behavior, and many more mental health problems [7]. In sum, the pandemic has magnified and added to the stressors of being a rehabilitation patient.

The Interaction and Need

The effects of stress percolate in the nervous systems of students, educators, practitioners, and patients. As these individuals function together in healthcare environments, the stress is contagious. The individuals' nervous systems co-regulate by way of mirror neuron circuitry [8] thus compounding both negative effects of stress and the need for strategies to offset the stress. Students and clinicians of the health care professions alike are suffering from a lack of training that supports their own mental and emotional well-being and that of their patients. As clinicians and patients are all interacting together, the degree to which each has grounding within themselves will inform the quality of the interaction and experience of stress in the environment. In the clinician and patient relationship, treatment delivery and patient interactions are typically focused within the physical realm. While physical therapy is a profession that is patient centered, this focus is on the patient's goals and personal factors to achieve physical goals. Continuing education for clinicians is likewise weighted towards physical skill acquisition. Often missing for both patients and clinicians is education about approaches that can assist them to adapt emotionally and mentally to challenging life circumstances. Strategies also are needed to develop internal grounding that can assist them to work in the challenging environment of health care.

The Proposed Solution

A potent approach for these individuals to become more aware and grounded in their own self is the practice of meditation,

or yoga of the mind. Growing evidence demonstrates that yoga can be beneficial for students of healthcare professions, health care workers, and for patients. Relief of stress, in part due to gabaminergic modulation, is a primary feature of yoga [9&10]. Through yogic meditation practices, patients may be able to better adapt to their new 'normal' and clinicians can learn to weather the difficulties of caring for others more effectively while navigating their own personal life struggles.

Patanjali's Yoga Sutra describes the eight-fold path in which the ashtanga (eight limbs) can be practiced leading to spiritual development [11]. These stages of yoga lead one to full enlightenment of expanded consciousness. This is characterized by total connectedness with self, others, and one's circumstances. Within the eight-fold path, the third limb, known as asana, is a physical practice of using postures of poses to exercise the body. Asana is the most widely known form of yoga in our culture, is frequently practiced by healthcare students and clinicians, and is a well-accepted evidenced-based intervention known to benefit patients in rehabilitation [12].

A recent study found that even in the absence of a full yoga session, mild state anxiety can be reduced with 20 minutes of yogic postures, meditation, or focused breathing; this is true even for individuals with no prior yoga experience [13]. In Heartfulness Meditation, a form of raja yoga, the practitioner focuses directly on the seventh this form of yoga is specifically focused toward developing internal balance and expanded consciousness. This type of meditation can lead to greater inner peace and balance, as well as adaptability of thinking, all of which can lead to enhanced well-being.

Heartfulness meditation is a daily practice of relaxation, meditation, a rejuvenation process, and connecting with one's innermost self [14-16]. The spiritual teachers that developed this practice understood how to focus yoga directly on the mind with the aim to expanding consciousness. Thus, starting at the Patanjali's first sutras is not necessary to experience states of fully expanded consciousness. From a healthcare perspective, Heartfulness meditation has been shown to decrease burnout and enhance wellness in physicians and nurses. This same study demonstrated and statistically significant increase in telomere length in meditators age 24-33. [17] Heartfulness meditation could also help rehabilitation patients as they adapt to a new life following injury, disease, and losses related to their health condition.

Conclusion

We can envision a future world in which the emphasis of rehabilitation is sufficiently holistic to incorporate Heartfulness Meditation, or other meditation practices focused on expanding consciousness, as part of both the practitioner's and patient's lives. Although the health care system is not yet prepared to incorporate meditation as part of patients' medical care, we encourage physical therapists and physical therapy students to utilize these powerful

practices to enhance their ability to navigate their increasingly complex lives in the health care system with calmness and inner balance. Then, in their interactions with patients, they will be much more able to mitigate stress which they can mirror to their patients. Clinicians who are themselves well-grounded can impart well-being approaches to their patients as role models of balance, acceptance, and inner peace.

Acknowledgement

None.

Conflict of Interests

No conflict of interests.

References

1. Evans TM, Bira L, Gastulum JB, Weiss LT, Vanderford NL (2018) Evidence for a Mental Health Crisis in graduate education. *Nat Biotechnol* 36(3): 282-284.
2. Balogun JA, Titiloye V, Balogun A, Oyeyemi A, Katz J (2002) Prevalence and determinants of burnout among physical and occupational therapists. *Journal of allied health* 31(3): 131-139.
3. Nedrow A, Steckler NA, Hardman J (2013) Physician resilience and Burnout: can you make the switch? *Family practice management* 20(1): 25-30.
4. Anderson EZ, Gould Fogerite S, Pratt C, Perlman A (2015) Identifying Stress and Burnout in Physical Therapists. *WCPT Congress Physiotherapy* (101).
5. Yang S, Kwak SG, Ko EJ, Chang MC (2020) The Mental Health Burden of the COVID -19 Pandemic on Physical Therapists. *Int J Environ Res Public Health* 17: 1-7.
6. Remen RN (1996) *Kitchen Table Wisdom: Stories that Heal*. (8th Edn).
7. MM Tasnim S, Sultana A, Faizah F, Mazumder H, Zou L, et al. (2020) Epidemiology of mental health problems in COVID-19: a review. *F1000Res*.
8. Dimitroff SJ, Kardan O, Necka EA, Decety J, Berman MG, et al. (2017) Physiological dynamics of stress contagion. *Scientific reports* 7(1): 6168.
9. Beart PM (2020) Yoga and GABA: New Insights from the Science. *W J Yoga Phys Ther & Rehabil* 2(4).
10. Billek Sawhney B (2019) Mindfulness Meditation: Effectiveness on Physical Therapy Students. *Yoga Phys Ther Rehabil* 4: 070.
11. Johnston C (1982) *The Yoga Sutras of Patanjali*. 1st American Edition. Brotherhood of Life Publishers.
12. Mooventhan A, Nivethitha L (2017) Evidence based effects of yoga in neurological disorders. *J Clin Neurosci* 43: 61-67.
13. Wheeler EA, Santoro AN, Bembenek AF (2019) Separating the "Limbs" of Yoga: Limited Effects on Stress and Mood. *J Relig Health* 58(6): 2277-2287.
14. Patel, KD, Pollock J (2018) *The THESE references are still incorrectly formatted -they are critical to respect the origins of the practice Heartfulness Way*. 1st Edition New Harbinger Publications. Oakland, CA.
15. Heartful.org <https://heartfulness.org/us/>
16. Principles of Heartful Living. <https://principlesforheartfulliving.com/>