

**MINDFULNESS PRACTICE AND COPING WITH PHYSICAL
INJURY: IMPLICATONS FOR THE HEALTH SOCIAL
WORKERS.**

BY

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ABSTRACT

Physically injured patients are commonly seen at the out-patient department of health centre, hospitals and health clinics. Trauma, also known as injury is physiological wound caused by an external source such as road traffic accident, home, environmental and occupational accidents. Sustaining injury could lead to frustration, demoralization and or depression on the side of the patient. The health social worker therefore, has a germane responsibility to assist the physically injured to cope with the injury through mindfulness practice. Whereas, mindfulness practice is a mind-based approach that help people change the way they think and feel about their experiences, especially stress felt when one is traumatized. This paper thus elucidates what physical injury is, the causes and effects on the patients' psyche. Coping strategies and mindfulness practice were clearly defined. The implications of mindfulness practice and coping with physical injury was as well succinctly discussed. The paper concluded that, mindfulness practice skills should be included in the social work education curriculum to expand the frontier of knowledge on social work education and practice across the globe. Taking a mindfulness practice course can give the social worker more insight into patients' emotions, boost their attention and concentration, and improve relationships.

Key words: Physical injury, Trauma, mindfulness practice, Health social work and Curriculum.

Introduction

Mindfulness is a way of paying attention to and seeing clearly whatever is happening in one's life. It will not eliminate life's pressures, but it can help an individual respond to them in a calmer manner that benefits the heart, head and body. It helps to recognize and step away from habitual, often unconscious emotional and physiological reactions to every day events. It provides people with a scientifically referenced approach to cultivating clarity sight and understanding. Practicing mindfulness allows individuals to be fully present in his or her life, work and improve his or her quality of life. According to Marganta (2013), mindfulness is paying attention to something on purpose and with fresh eyes. Instead of focusing on how badly a person wants the pain to stop, he pays attention to the pain with curiosity and without judgment. This is why mindfulness is so helpful. This approach is very different from what the brains naturally do when people experience the physiological sensation of pain. The mind typically launch into a litany of judgments and negative thoughts.

Marganta (2013) further said that people judge the pain and only make the pain worse. It is imperative that negative thoughts not only exacerbate the pain, they also fuel anxiety and depression. The mind starts brainstorming on ways to soothe the pain. Perhaps, this is responsible for wailing and yelling from patients on the hospital bed, trying to attract attention to his painful experience after sustaining an injury and wanting the pains to subside almost immediately. The brains scour for solutions to pains from injury and this creates a lot of frustration, stress and feeling of being trapped. Therefore, it is important to realize that mindfulness teaches people with chronic pain to be curious about the intensity of their pain, instead of letting their minds jump into thoughts like "This is awful". It also teaches individuals to let go goals and expectations, when you expect something will ease your pain, and it doesn't or not as much you'll like, your mind goes into alarm or solution mode, thinking nothing ever works.

It is needful to note that, awareness and thinking are very different capacities. Both, of course, are extremely potent and valuable but from the perspective of mindfulness, it is

awareness that is healing, rather than more thinking. Only awareness can balance out all of our various inflammations of thought and the emotional agitations and distractions that accompany the frequent storms that blow through the mind, especially in the face of a chronic pain condition. Mindfulness therefore provides a more accurate perception of pain. For instance, when one thinks he is in pain all day, bringing awareness to his or her pain might reveal that it actually peaks, valleys and completely subsides. When the individual is in pain, he thinks of what works for him and what doesn't. Some mindfulness-based strategies include:

- Body scan – which involves bringing awareness to each body part. Kabat (2009) said instead of immediately reacting to your pain, the body scan teaches your brain the experience that it can actually be with what is there.
- Breathing – when pain arises, the brain reacts automatically with negative thoughts. Though one cannot stop these first few negative thoughts, you can calm your mind and “ground your breathing”.

Distractions – A distraction can be a helpful tool when your pain is high. The key is to pick a healthy distraction. For instance, it could be anything from playing a game on your iPod to focusing on a conversation with a friend to getting lost in a book. Mindfulness is an effective practice for approaching chronic pain. It teaches individuals to observe their pain, and be curious about it. Mindfulness is therefore the state of being conscious or aware of something. It is a mental state achieved by focusing one's awareness on the present moment while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations, used as a therapeutic technique.

Physical Injury

Physical trauma is referred to as physical injury. In medicine however, the word trauma patient usually refer to someone who has suffered serious and life threatening physical injury potentially resulting in secondary complications such as shock, respiration, failure and death. Gaetano and Joni (2008) defined physical injury as unintentional injury of sufficient severity to require medical attention. Injuries take many different forms, and occur in many different ways. Non fatal injuries may also be treated

by and reported to, many different authorities and many may not be reported at all. Injury rates also vary substantially between different age ranges and by gender. Injury is damage to a biological organism which can be classified on various bases. It is a general term referring to the effects of physical harm. Injury can be classified into: ultimate cause, modality, location and activity injuries:

-Intentional injuries such as suicide attempt or self harm; injuries as a result of violence war; and various forms of accidents are regarded as being under the ultimate cause of injuries.

-Traumatic injury – a body wound or shock produced by sudden physical collision or movement; other injuries from external physical causes such as radiation, poisoning, burn or frostbite and injury from toxin or as adverse effect of a pharmaceutical drugs fall under the modality classification while

-Injury by location includes: wound, an injury in which skin is torn, cut or punctured (an open wound) or where blunt force trauma causes a contusion (a close wound).

In pathology, this specifically refers to a sharp injury which damages the dermis of the skin. Brain injury, spinal cord injury, nerve injury, soft tissue injury, cell damage including direct DNA damage are injuries by location while sports and occupational injuries are classified under activity injuries. Physical injuries can be devastating to the individual that has been injured and to the ones that are close to them. In addition, often times the overall quality of life and the mental attitude of the individual may be affected as well. There is the need to say that physical injury has the ability to be debilitating and in some instances may alter a large portion of the injured individual's life. For these reasons, it is important to not only address the physical injury itself, but also the mental aspects associated with the injury as well. Injury can occur to or affect anybody part. Such part of the body include: back, elbow, foot and ankle, hand and wrist, head, hip or groin, knee, leg neck and shoulder. Physical injury to any of the body parts results into pains at such designated locations. Relief of such pains however depends on the treatment given to the patient. The causes of injury include: negligence, battering, child abuse,

substance and alcohol use, old age, environmental hazards including poor arrangement of home and office.

April (2007) in his contribution affirmed that there are three broad classifications of injuries that relate to how and when the injury occurred. These classifications are acute injuries, overuse injuries and re-injuries. Acute injury occurs suddenly and is usually associated with some form of physical trauma. April further stressed that, when an injury occurs out-of-nowhere, and there are no traces of symptoms previous to the time of sudden injury, they are classified as acute. He however warned that acute injury should be taken very seriously and cautiously too. Some examples of acute injuries include: Bruises, sprains, strains, broken bones, lacerations, eye injuries and concussions.

Overuse injuries occur from repetitive actions that put too much stress on the musculoskeletal system. An overuse injury develops over time and cannot occur suddenly, 'out of the blue'. Signs and symptoms are often vague and will have a gradual onset after much repetition of specific movements. Most likely too, the pain will start out of being a dull, aching pain and will gradually increase to sharper pains if not treated. Again, overuse injuries must not be dismissed as "nuisance problems" of little medical consequences. Re-injuries are simply the occurrence of an injury before or after it has healed. Re-injuries can occur to either acute or overuse injuries. In the African context, Ojedokun (2004) noted that road traffic accident victims have the tendency to be involved in the same form of accident repeatedly. He classified this as "accident repeaters". It should also be noted that injury inflicts pain.

Using mindfulness to relieve pains and Coping with physical injury

Danny (2013) asserted that, correct exercise can see chronic pain and aches banished forever. He reiterated that mindfulness encourages one to tune in to your body to release part-up tension. Also, being told to smile could be annoying, but it might help someone's health. Pain from injury creates tension in the body and the brain responds by turning up "volume" on its pain amplifiers, creating even more suffering. Also, meditation can stop that cycle. Clinical trials show mindfulness can reduce pain by about 90% and with practice; the pain and suffering can evaporate. According to Danny (2013)

living within chronic pain and illness can be intolerance. Even after taking maximum doses of painkillers, the aching soon returns with a vengeance; to move hurts, doing anything hurts but it pays to ignore the hurts. It is note-worthy that the latest medical approach or advances show that using “mindfulness” can be more powerful than the most commonly prescribed painkillers. Mindfulness meditation has been shown in clinical trials to reduce chronic pain by 57%. Accomplished meditations can reduce pains by over 90%. Also, it should be noted that mindfulness is the core of a new treatment for chronic pain and illness that is based on an ancient form of meditation.

In the same vein, imaging studies show that mindfulness soothes the brain patterns underlying pain and over the time, these changes take root and alter the structure of the brain itself, so that patients no longer feel pain with the same intensity. Many patients say they barely notice it all. Hospital pain clinics now prescribe mindfulness meditation to help patients cope within suffering arising from wide range of diseases such as cancer (and the side effects of chemotherapy), heart disease, diabetes and arthritis. Mindfulness is also used for back pain problems, migraine, fibromyalgia, colic disease, chronic fatigue irritable bowel syndrome and even multiple sclerosis. Meditation is said to achieve remarkable result, because it turns down the ‘volume’ control on pain. In recent years, scientists have begun to work out how the mind’s pain amplifier is controlled but more importantly, they have discovered ways of turning down the ‘volume’ control of suffering. It has also been discovered that a typical meditation involves focusing on different parts of the body and simply observing with the mind’s eye what has been found. This allows one to see the mind and body inaction, to observe painful sensations as they arise, and to let go of struggling with them. Meditation makes remarkable things to happen. The suffering begins to melt away of its own accord. It is pertinent to note that pain comes in two forms - primary and secondary. Primary pain arises from illness, injury or damage to the body or nervous system. The message is sent to the brain by the body. Secondary pain is the minds reaction to primary pain but it is often far more intense and long lasting. It is important to emphasis that secondary pain is real. It is secondary pain because it is the mind’s reaction to primary pain and has been processed before it is consciously felt.

In the same vein, brain scans confirm that mindfulness soothes the circuits that amplify secondary pain. In effect, mindfulness teaches the patient suffering from injury to turn down the volume control on his or her pain as this is being done, any anxiety, stress and depression being experienced begins to melt away and then the body can relax and healing begin to take place. Danny (2013) further confirmed that mindfulness has been used to cope with the extreme pain in a paragliding accident. It was further asserted that mindfulness has been found to be an extremely powerful painkiller and can accelerate healing.

Steven (2013) also affirmed that if physical pain remains chronic and intractable and receiving the best medical treatment available, patients may still be able to help themselves more than anyone else can by practicing mindfulness. Meditation is therefore based on observing rather than controlling. This applies to how people cope with pain as well as all other things. Steven further asserted that in mindfulness, a patient is able to see that his or her awareness of sensations, thoughts and feelings is different from sensations, thoughts and feelings themselves. Mindfulness is characterized as non-striving. It is a kind of meditation that involves not doing anything at all but being there, awake and attentive. Mindfulness is called the beginner's mind. It is practiced as a way of life, a way of being here and now in a state of relaxed alertness. Using the skills of mindfulness can lead to learning to live with pain or any kind of stress in an active way.

One more important thing to note is that there are dramatic differences in the ways that people experience pain that is strongly mediated by one's consciousness and by how one looks at it. Steven (2013) observed that the pain experience of a native American engaged in a sacred dance ritual will be dramatically different from a person who was subjected to the same physical injury or trauma by way of an assault or traumatic accident or torture. Also, the battle field injury that represents a ticket home will hurt less than a very similar injury that represents the end of a beloved career or livelihood. The most powerful contributions that mindfulness practice can make to the painful experiences of physical injuries is coming to terms with things as they are.

Use of mindfulness in Physical Injury

Jenn (2013) said everyone suffer an injury at some point. Being sidelined and sedentary can feel extremely isolating and debilitating when the sufferer is prohibited from something he loves and which he loves to be identified with. Jenn (2013) gave some mindfulness concepts for preventive care to keep the physically injured moving onward and upward as follows:

- (1) Don't play the blame game – Accidents can happen for reasons that are beyond rationale. Choosing to find fault or gain insight can therefore have a fabric influence over ones perspective. Assigning blame implies a sense of control, but the physically injured have no reign over anything.
- (2) Remember - there is no need to punish yourself– the body of the physically injured defines mortality and the confidence in his abilities is bruised; judgments start to appear. Whereas, the human body and mind is supreme of all mammals because of its vast dexterity to be resourceful and creative. The physically injured must find courage once again, and move on to the next stage as quickly as possible.
- (3) Find forgiveness – It is human to err. This is the problem with having abilities. The physically injured spends a lifetime fighting out how to manage these ever-changing vessels of flesh and bone that are controlled by an elusive psychological command center. He must allow the space to make mistakes.
- (4) Strengthen your weakness – Injuries usually occur in the places where humans are most, vulnerable. Besides this physical manifestation, it can be a signal that mental approach may need treatment. There is the need to be mindful when we get too excited. The evasive ego may lead the way to overshoot the definition of what 'fit' means. Perhaps this is a great time to revisit intension and priorities for why and how to participate in activities.
- (5) Don't rush – the physically injured should let the body do its own repair work to take as long as desired for healing to take place. To hurry and accelerate the process of healing can precipitate becoming re-injured. Suffers should be grateful for everyday progress and should not get ahead of events of healing.

- (6) Stay disciplined – physical injury treatment require discipline because consistent repetition of drug, application of hot or cold water treatment or physical therapy is the main ingredient that every remedy needs to be effective.
- (7) Keep going – An injury is hardly a reason to quit. It is a time for the physically injured to recalibrate with a fresh approach or a new pursuit. The most important thing is to stay energetic and open to new possibilities.

Kabat, (2009) said, mindfulness is both a meditation practice and a fundamental way of being and perceiving. As a meditation practice, the mind is trained to pay attention and be in the present moment as an antidote to our usual ‘automatic pilot’ mode of doing. As an art, mindfulness is an embodiment of being present with your full attention in this moment, with kindness and compassion. The science regarding mindfulness has given an evidence that mindfulness is an empirically supported clinical intervention across a wide-range to populations, a means of fostering self care for helping professionals and a catalyst for going beyond the professions focus on pathology to include positive growth and development (Williams, 2011). Danny (2013) posited that mindfulness movement includes: meditation, wrist rotations and warm hugging arms. Also, smiling actually makes people happier while frowning makes people unhappy.

Mindfulness, also translated as awareness is a spiritual or psychological faculty that, according to the teaching of Buddha, is considered to be of great importance in the path to enlightenment. ‘Correct’ or ‘right’ mindfulness is the seventh element of the noble eightfold path. Enlightenment therefore is a state of being in which greed, hatred and delusion have been overcome, abandoned and are absent from the mind. Mindfulness, according to Sieget (2007) is an attentive awareness of the reality of things; it is an antidote to delusion and is considered as such a ‘power’. Alternate translations include; attention, awareness, concentrated attention, inspection, self correlation, recollection, retention, reflective awareness and presence.

Effects of Trauma on Psyche

Gaetamo and Joni (2008) said Trauma can take many forms and occur at any life stage. The impact of trauma is especially pronounced in childhood. Trauma may always

be considered in the context of each person's individual perception. What may be traumatic to one person may not be traumatic to another individual. It is the subjective perception of "threat" that determines the intensity of each person's reaction. Human beings have evolved highly effective consciousness and conscious response patterns to manage stressful or threatening situations. The brain and body make up a complex interdependent system. The autonomic nervous system has two complimentary divisions- The sympathetic nervous system and the parasympathetic nervous systems. These systems regulate our emotional and physiological states. They become activated and prepare humans to respond when they are confronted by a threat and calm us after the danger has passed. However, under pressure of trauma or chronic stress, both of these systems can malfunction, becoming hyperactive and over-functioning. These malfunctioning produce a chronic, underlying state of deregulation or imbalance in the body, which may result in over-arousal and hyper-vigilance or sluggishness and dissociation. This deregulation of the brain and body systems perpetuates mental, emotional and physical distress (Stolorow, 2007).

The long-term effects of unresolved Trauma affect the brain. The brain is the central processing organ for all sensory information and the primary regulators of all mental and emotional functions. The traumatic experience becomes encoded in the brain as memories and throughout the body as sensory information. Being both sensory and visual, the memories of big-T, traumas are stored in both hemispheres of the brain but primarily in the right hemisphere. In order for any traumatic experience to be processed, it must be felt by the right side of the brain, then analyzed, interpreted and understood by the left side of the brain. Otherwise, a traumatized patient may relive an event over and over again without examining it and coming to terms with what it means. Cumulative trauma or chronic stress can freeze a person into rigid response patterns that cannot be adapted to new situations. Therefore, untreated survivors may be sensitive to flash backs and prone to exaggerated emotional responses and may have difficulty dealing effectively with new stressful situations. These individuals lack resilience and display exaggerated responses to even relatively benign events; they habitually react to "level-two" threats with a "level-ten" response. Whereas, flash backs and intrusive thoughts can be disturbing or even debilitating, and thoughts of self injury or actual self harm should not be dismissed.

Lastly, post traumatic stress disorder (PTSD) is yet another long-term effect of trauma. It can result from any overwhelming and disturbing event or psychologically unmanageable situation (Fonagy, 2007).

Implication of mindfulness for health social work

Mindfulness has the capacity to be more broadly applied to social work practice. This is due to the fact that mindfulness is not only performed as structured meditation, but also as an intentional way of acting through life itself (Boyce, 2011). In the spirit of the biopsychosocial model informing the modern social worker, the beneficial qualities of contemplative methods are: (1) Biological effects, (2) psychotherapeutic methodologies and the therapeutic relationship and (3) social applications.

Hypertension is a deadly disease. Mindfulness can be used to relieve pains, most especially with the use of meditation. Hypertension is referred to as “hidden epidemic” and a major cause of cardiovascular diseases. Health care ramifications of a population with lower blood pressure are significant. Research also shows that working with relaxation response (RR) is an effective means to reduce the amount of medication required to treat hypertension (Dusek, Hibberd, Buczynski, Chang, and Wohlhueter 2008). In the same trend, due to the fact that there is no cost in working with RR methods, and that side effects are practically non-existent, the social worker has free and effective techniques that can be taught to help those economically disadvantaged with some of the most prevalent forms of illness. Benson, (1975) teaches a single method, taking about 10 minutes which is enough to see beneficial health effects when practiced regularly, and notes that issues such as irregular heart beats, pain, premenstrual syndrome, infertility not flashes due to menopause and insomnia are also improved or eliminated through the regular elicitation of the RR.

From a medical point of view, mindfulness-based stress reduction (MBSR) has shown to improve the effectiveness of the immune system in response to a flu vaccine (Davidson, Kabat-Zin, Schumacher, Muller and Santorelli, 2003). While these beneficial results are certainly good news to the social workers dealing with populations in bad health, perhaps what is even more prevalent from a social work perspective is that the

improved health is affiliated with increased psychosocial functioning (Fang, Reibel, Longacre, Rosenzweig, Campbell and Douglas, 2010). Mindfulness-based psychotherapy has been developed in the past 35 years. MBSR also teaches the patient meditation, yoga, as well as other mindfulness based techniques such as a “body scan” which was discussed earlier in this paper. Most body scan sessions incorporate educational components on the physiological aspects of stress, how to best respond and effective methods to reappraise and perceive stress (Baer & Krietemeyer, 2006). MBSR from a psychotherapeutic context has also been shown to be efficacious in the reduction of anxiety disorders. Mindfulness and therapeutic relationship also extend itself to the relationship the social worker fosters within the larger perspective of the groups, communities and organizations that make up society (Brenner and Homonoff (2004)). According to Turner (2008), mindfulness techniques appear to support the capacity to help regulate one’s own emotions to better handle the client’s difficult expressions of affect. In the same vein, Hick (2008) said therapeutic relationship describes the quality of interpersonal transactions between the clinician and client and that therapeutic relationship is a primary factor to a positive client income. It is against this background that, social workers often spend large portions of their working hours confronted with suffering of all forms, a difficulty widely known to produce ‘burn out’ among clinicians. It was concluded that, studies of mindfulness have been found helpful in this area for social workers as well as many other helping profession (Kessen, 2009). Bercei and Napoli (2006) details the personal and professional tolls that trauma experienced vicariously through their clients have upon social workers, and that chronic exposures increases the probability of stress disorder such as PTSD. Bercei developed a mindfulness-based Trauma prevention (MBTP) program for social workers and it is also applicable for other professional caregivers such as firefighters, police and physicians that may face exposure to either direct or vicarious trauma.

The social applications of mindfulness is that the beneficial latitude of meditative or mindfulness-based interventions implicates not only psychotherapy and case work, but a greater range of populations that are at-risk, marginalized or victimized. With modernity of globalised culture, it has become even more necessary to frame social work within care humanistic values contextualized outside of any theological framework. Perhaps,

due to this same globalization, social work is among other helping professions having found a core aspect of eastern spiritual traditions useful in a secular sense.

Conclusively, if mindfulness becomes a systemic component of educational, correctional and health-care institutions, an obvious need arises for a group of legitimately qualified professionals to instruct mindfulness based skills to the clients or professional members of these institutions.

Conclusion

Sequel to the foregoing, it is therefore concluded that mindfulness is an essential tool in clinical practice. It has been documented by scholars that patients suffering from physical injuries can benefit from mindfulness practice. Therefore, mindfulness practice skills should be included in the social work education curriculum to expand frontier of knowledge of the health social workers in particular and social work education in general. Taking a mindfulness practice course can give the social worker insight into patients' emotions, boost their attention and concentration, and improve relationships.

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