



National Hospice and Palliative Care Organization
Palliative Care Resource Series

**INTEGRATING MINDFULNESS INTO
PALLIATIVE CARE: CARING FOR
OURSELVES**

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Mindfulness is a natural fit with palliative care for patients, families and the clinicians who care for them. Teams providing palliative care can utilize mindfulness practices to enhance mutual support and self-compassion. Rather than allowing our work to carry the potential for compassion fatigue and burnout, we can approach this work with the intention to cultivate a boundless compassion.

When we experience less reactivity, it can open a little space between our internal reactions and our observable responses, allowing for choice in how we respond to the day's events and interactions. Training attention and awareness in this way makes it possible to bring mental processes under greater voluntary control, fostering general mental well-being and developing specific capacities such as calmness, clarity and concentration (Walsh & Shapiro, 2006).

BENEFITS OF MINDFULNESS

Palliative care providers are on the front lines of response, witnessing the often-damaging results of aggressive medical treatments, of traumas and sudden illnesses, of the ravages of cancer, heart and respiratory failure and other long-term illnesses, and of dying and death.

Mindfulness teaches us to stay present with suffering acknowledging that the human tendency is to turn away from suffering. The fields of palliative care and mindfulness practice strengthen the practitioner through this willingness to stay with suffering.

- Scientific studies in many fields including oncology indicate that mindfulness practice results in the reduction of psychological distress, relief of stress and anxiety, increased immune functions, decreased inflammatory responses, lower sensitivity to pain and fatigue, and can cultivate positive mood states and enhanced quality of life.
- Studies have also shown that novice meditators experienced fewer depressive symptoms and less rumination and had significantly better working memory capacity and sustained attention compared with the control group.
- In 2010, Hoffman concluded that mindfulness-based therapy may be useful in altering affective and cognitive processes that underlie multiple clinical issues, which is consistent with evidence that mindfulness meditation increases positive affect and decreases anxiety and negative affect.
- Another 2010 study showed that working memory capacity increased with meditation practice. Mindfulness meditation practices and self-reported mindfulness were correlated directly with cognitive flexibility and attentional functioning.
- Research supports the notion that mindfulness decreases emotional reactivity and increases emotion regulation.
- Mindfulness meditation may also give meditators greater cognitive flexibility and resiliency.

Practice: “Getting Better at It”. Many report a desire to learn about and practice mindfulness but also report limited time to practice and ask if daily practice is required. Regular practice certainly enhances and deepens mindfulness practice. We get better at what we practice. If you play the piano for 8 hours a day, assuming good instruction has taken place, the part of your brain that you use when you play the piano grows and you get better at playing the piano. The very core of palliative care is presence. Through mindfulness we practice presence. The intention in palliative care practice of being present, allows us to get better at staying present and providing open-hearted, compassionate care. (See reference for Bosler & Greene TedEd Talk, 2017)

Cultivating compassion, the antidote to burnout: In palliative care, practitioners repeatedly open themselves to the suffering of others, both the sick and dying, and those who stand to lose a loved one. In an article *Can Compassion Fatigue?*, author and division chief of palliative care at the University of New Mexico, Dr. Lisa Marr, asks the question: “Could something in the way we approach patients day after day affect burnout?” Furthering this notion, when we open to suffering, can we consider this a compassion practice and appreciate that it deepens and broadens compassion rather than draining us of compassion as if it were a finite resource?

How do we do this work without suffering? We don’t. We suffer with, the very definition of compassion. The better question is how not to be immersed in it or to run away. Through personal reflection and team support, we maintain the ability to distinguish between our needs and the needs of those we serve.

To say compassion can fatigue assumes that there is a limited well of compassion in each of us. Once it is used up, either we must replenish the well, or move along without it, devoid of our compassion, or with impaired compassion. What is the common prescription to replenish the well? Make time for ourselves and work on “self-care.” In other words, “me time.” ... [On the other hand,] compassion manifests itself in each moment. And I believe that if we are truly engaged in that moment, not focusing on ourselves or worrying about where I should or could be at that moment, but truly engaged in the interaction with the other person, then compassion cannot fatigue, and frankly, burnout is less likely to occur. ... If we are wholeheartedly engaged in each moment...then I believe compassion cannot fatigue. Compassion can arise anew in each situation, each moment, since it is a response to what is in front of us. It’s what we do, not who we are. Forgetting the self, for those moments, listening intently and responding as best we can, we let the world unfold for us, rather than think it is we who must unfold the world. Energy is saved; burnout lessens. We are dancing with the other in that moment, involved in a relationship with infinite potential, not a puppeteer who must command each step of the dance. Curiosity arises, because we cannot predict what will happen next. Entering into a patient interaction with... “No agenda” opens up the possibility, the potential of each moment, and our response to that moment becomes part of a lively, intricate dance, not a well-scripted play we have seen thousands of times before. In the end, it takes a lot of energy to keep up walls. Alternatively, if that energy is spent wholeheartedly engaged in what is in front of us, rather than protecting ourselves and judging and labeling the other, we might find we are not so tired emotionally and we are not as burned out as we think we are. We find that our compassion is not a finite entity that can be used up, but is, in fact, infinite. (Marr, 2009)

Too often, patients are labeled and become identified with their problems or worse, as their problems, and providers situate negative feelings and responses to problems with patients, losing sight of the separation between the two. Unwittingly and inappropriately, patients’ troubles weigh us down, requiring that we remove ourselves to replenish. Patients are then wrongly blamed for our feeling weighed down. Finding compassion in each interaction helps us grow compassion in the very context of the work, externalizing the problem from the patient. We suffer with our patients as they face their biggest challenges.

Mindfulness and Palliative Care are relational practices: Through the practice of mindful listening, we can use self-awareness when our own internal monologue begins, or our mind wanders or our thoughts race ahead to what might happen later. It can allow us to refocus on being present with what is happening in the present moment. This quality of attention can only enhance our interactions with those we take care of and those with whom we work.

Mindful listening helps with concentration on the present and many find they can engage more easily while relaxing into a natural state of presence, without a lot of effort. When we engage those we serve as if the purpose of every meeting is a heart-to-heart encounter, we give ourselves permission to let down our guard and can cultivate authenticity in how we relate. Relational mindfulness deepens our connection with ourselves, one another, and our world-at-large.

ADDITIONAL PRACTICES TO EXPLORE AND INTEGRATE

Mindfulness has many forms beyond sitting practice focusing on the breath. Here are some examples to engage the reader's curiosity, with encouragement to explore what works in both personal meditation practice and palliative care practice and interdisciplinary team meetings.

- **Body Scan:** Led- or self-guided meditation focused on recognizing bodily sensations and natural reactions without trying to alter the perceptions, but rather employing unbiased concentration. Application: While relaxed in a chair, on the bus or train, or in a parked car, sequentially concentrate on the position and sensations of the body starting with the feet and gradually transition focus upward through your entire body. Where you find tightness or holding, soften the best you are able. This can be an excellent cleansing transitional practice between patient visits in an office, clinic or hospital, or in the home.
- **Loving-Kindness Meditation (compassion practices):** Bring forth focused attention on warm, loving feelings for close loved ones – human or animal – followed by redirection of those feelings towards larger circles of others and to oneself. Application: In a relaxed and comfortable position, close your eyes and visualize a close loved one or dear animal and the emotions associated with them. Then, perceptually transition those feelings to other family, friends, and colleagues. Bring this loving attention back to focus on yourself, allowing it to rest with you.
- **Walking Meditation:** Anytime. Use a brisk or leisurely gait with direct focus on the experience and feelings associated with the movement. Application: Make the walking you do throughout your day a mindfulness practice, feeling into the movement with each step as you lift, move and plant your foot. Remain present with your body while walking, supporting present moment awareness.
- **Mindful Movement:** With purposeful attention, participate in disciplined, relaxing movement coupled with attention centered on direct physical experiences and emotional responses to the actions as they arise, rather than focusing on the activity itself. Application: Yoga, tai chi, qi gong, etc. can enhance body awareness and calm one's mind.

“Everyday mindfulness” is developed by intentionally bringing mindful awareness to the execution and completion of seemingly ordinary day-to-day or job activities. This is a great way to incorporate practice into your day so that even in the midst of a busy life, you can stay grounded and breathe calm and ease into the day. Jan Chozen Bays’ book *How to Train a Wild Elephant* contains numerous wonderful everyday mindfulness practices.

- **Begin each day at work, alone or with colleagues, with a “mindful minute.”** Use a chime or bell, start with a deep cleansing breath, and sit in silence for 60 seconds. This is also an excellent way to start clinical supervision or a staff meeting.
- **Threshold Practice** – Be mindful when crossing over a threshold, moving from one space to another, of the space, activity or role you are leaving and the distinct space, activity or role you are entering into. What intention befits the new space?
- **Mindful Hand-washing** – Take the few moments during hand washing, a frequent event in medical settings, to focus attention on the sensations of the water’s temperature and scent of the soap. Be present with hand washing, not focusing on what comes next. Take a deep cleansing breath.
- **Mindful Listening** – Practice listening to another with intention toward genuine interest and empathy, and attention to their experiences, views, feelings and needs while noting your own thoughts, feelings and judgments as they arise. Resist forming responses before they have finished speaking.
- **Practice with Conflict or Disagreement** – In the thick of a difficult situation, complete a brief breathing exercise by taking four to five long deep breaths focusing on the relaxing effects of purposeful deep breathing. No one needs to know. Allow communication without resistance.
- **Avoid Distraction of Multi-tasking** – Throughout your day, concentrate on the present moment and with each activity, set aside electronic devices to avoid the distractions of multitasking. Use the sound of the various devices around you as a reminder, and then take a mindful breath before answering phone calls or text messages.

Have a Mindful SNACK: Next time you are stressed out, overwhelmed or suffering in some way, reach for a moment of calm awareness. This mindfulness SNACK can last 30 seconds, 3 minutes or 30 minutes, making it easy to access whenever you need a boost. Practice individually or as a group. Here is how to do it:

- **Stop** what you are doing. Stopping, by definition, requires us to begin again. We can always begin again.
- **Notice** what is happening within and around you.
- **Accept** what is happening here and now. This can be tricky. Acknowledge what is happening, notice any struggle with it, and acknowledge it for what it is without judgment.
- **Curious.** Ground yourself with questions about your direct experience. What am I feeling in my body? What thoughts are arising? What emotions follow? What do I need to do?
- **Kindness.** Respond to yourself and others, even your mistakes (they can be great teachers), and observe how that helps get things back on track.

(Developed by Carla Naumberg, PhD. Used with her permission.)

Should the SNACK practice cause you to notice hunger arising, you may also fall back on the more broadly known STOP practice. (Goldstein, 2013)
Stop. Take a Breath. Observe. Proceed. (body, thoughts, feelings)

Feeling Overwhelmed? Remember RAIN (Brach, 2016)

- **Recognize** what is going on in the present moment
- **Allow** the experience to be just what it is
- **Investigate** with curiosity and kindness
- **Natural** awareness comes, rest here, allow non-identification with the experience

RESOURCES TO EXPLORE

- Sit in community at local meditation centers for either spiritual or secular offerings
- Sign up for an online program offering MBSR or MAPs classes
- Read books
- Subscribe to Mindful Magazine, print or electronic version
- Be familiar with and refer to websites such as Mindful.org or The Lion's Roar
- Sign up for their email newsletters
- Download and utilize apps such as Headspace for phone or computer
- Download guided meditations
- Tune in for weekly podcast <http://marc.ucla.edu/meditation-at-the-hammer>
- Integrate everyday mindfulness practices into your daily life
- Get training in mindfulness facilitation
- Start meetings and supervision with a mindful minute
- Kill two birds with one stone and take discipline-specific mindfulness-based continuing education courses
- Download a mindfulness clock onto your computer
- Consider mindfulness at the beginning of visits where applicable
- Use mindfulness exercises for interdisciplinary meetings for team development and reflection

ADDENDUM

Brief History of Mindfulness in US Medical Settings:

There is a variety of approaches to teach and apply mindfulness in medical settings. This brief history and overview is intended to provide guidance for individuals interested in integrating mindfulness into their treatment plans, to help make mindfulness available for families wishing to enhance coping with caregiver stress, and to inform practitioners' personal use and interdisciplinary team use.

- The mindfulness movement entered medical settings in the US primarily through Jon Kabat-Zinn's work Mindfulness-Based Stress Reduction (MBSR). First developed in the 70s and launched at the University of Massachusetts Medical School in 1979, the MBSR program was designed as an intervention to address chronic pain and stress-related conditions that many physicians found difficult to treat.
- Subsequent clinical studies documented physical and mental health benefits of mindfulness in general, and MBSR in particular.
- MBSR has proliferated and continues to expand globally, remaining one of the most prominent mindfulness offerings in health and mental health practices. It is increasingly offered in medical schools and other medical and mental health training programs.
- As of 2015, more than 20,000 patients have participated in the UMass program, which has produced 1,000 certified MBSR instructors and MBSR programs in about 720 medical settings in more than 30 countries.
- Community-based mindfulness and MBSR programs are widely available for palliative care patients and families to access and can be recommended as part of healthy coping and well-being.

The MBSR program is a structured eight-week course that entails weekly group meetings in the form of two-hour classes, a one-day retreat (a six-hour mindfulness practice) which takes place between sessions six and seven, formal home practice (a minimum of 45 minutes of daily meditation, six days a week), and instruction in three formal techniques: mindfulness meditation, body scanning and simple yoga postures.

"The Decade of the Brain," 1990-2000, involving the Library of Congress and the National Institute of Mental Health of the National Institutes of Health, was an effort "to enhance public awareness of the benefits to be derived from brain research." Mindfulness research proliferated and further evidence-informed treatments resulted. From only a dozen or so in 2000, the total number of research articles in the database of the American Mindfulness Research Association was an impressive 3,403 by 2014. 667 articles were published in 2016 alone.

Increasing public awareness of neuroscience and a new understanding of "neuroplasticity," the ability of the brain to form and reorganize synaptic connections, a groundswell of interest in mindfulness has arisen. Significant expansion in communities, schools, and the culture generally, has given rise to a variety of ways to learn and deepen mindful awareness and its related practices. One such program, offered through UCLA's Mindful Awareness Research Center, co-founded by prominent neurobiology researcher, Daniel J. Siegel, MD, and behavioral geneticist, Susan Smalley, PhD, draws on the same Buddhist sources and is similar in some ways to MBSR, with a progression for deepening practice, is known as MAPs (Mindful Awareness Practices) classes.

MAPs classes lay the foundation for students to understand basic principles of mindfulness, develop a personal meditation practice, and apply the principles in their daily lives in an ongoing way. These 6-week courses are helpful for people of all backgrounds and religions, and progress into more advanced topics such as working with difficult emotions, relational mindfulness, making obstacles useful, cultivating self-compassion and opening to joy, for those who wish to continue to expand and enhance their practice.

Integrating available community resources, either for learning mindfulness practice or for advancing an existing practice, into palliative care can enhance supportive palliative care with patients and their family members. Additionally, research indicates that provider-patient relationships are enhanced when providers across a variety of disciplines develop a personal practice of mindfulness.

Mindfulness has become widely accepted in mental health practice and is incorporated into a variety of mental health treatment modalities such as Acceptance and Commitment Therapy (ACT), Mindfulness-based Cognitive Therapy (MBCT) and Dialectical Behavioral Therapy (DBT), as well as generally utilized in eclectic psychotherapy which incorporates mindfulness-based language and approaches. Because there is a diversity of mindfulness offerings which are expanding into more and more communities, and due to growing availability of reliable online programs, ways of learning and deepening mindfulness are available in a variety of different formats for broad, geographically diverse audiences. The American Mindfulness Research Association (AMRA) publishes a list and interactive map of mindfulness research and/or training programs worldwide. (<https://goamra.org/resources/find-program/>)

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