



National Hospice and Palliative Care Organization  
**Palliative Care Resource Series**

**INTEGRATING MINDFULNESS INTO  
PALLIATIVE CARE: CARING FOR  
PATIENTS AND FAMILIES**

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## INTRODUCTION

Mindfulness is garnering attention in areas such as education, business, prisons, law enforcement, US military and veterans' services, and in an array of health care and mental health settings. Rooted in ancient wisdom traditions, particularly Buddhism, mindfulness is frequently utilized in modern application as a means to foster improved physiological and psychological health.

Mindfulness is a natural fit with palliative care given its potential to alleviate emotional distress, reduce suffering and promote well-being. This resource presents an overview of mindfulness as a practice, and considers ways to offer mindfulness when providing palliative care to patients and their family members.

## WHAT IS MINDFULNESS?

**Mindfulness is paying deliberate attention to present moment experiences with openness, curiosity and willingness to be with what is.** (Smalley and Winston, 2010)

For the purposes of this resource, mindfulness mainly refers to meditation. In practice, this means:

- Assuming a meditation posture (From Buddhist tradition: sitting, walking, standing or lying down)
- Focusing attention on "an anchor," typically the breath
- Deliberately, kindly, and non-judgmentally noticing whatever arises in the present moment – thoughts, emotions, physical sensations, images in the mind's eye, sounds, even smells.
- When the mind wanders – to something that has happened in the past or to some future event that has not yet happened – the key is to notice and then to return attention to the anchor and thereby to present moment experiences.
- The most commonly taught anchor is training attention to one's breath – the rising and falling of chest or belly, or cool air in, warm air out at the nostrils. Other anchors such as focused attention to feet planted firmly on the ground or if one is supine, the location of where one's hands are resting are options when attention to breath is difficult due to pain, physical illness, breathlessness or high anxiety. If the physical body is not an option, one can use sound in the environment or a neutral object in the visual field such as a candle.

Through staying present, mindfulness can:

- cultivate awareness of both internal and external stimuli as they happen
- reduce reactivity to these stimuli
- increase the potential to deepen self-awareness and interpersonal presence with and attunement to others.

## MINDFULNESS AND PALLIATIVE CARE

### **By its very nature, palliative care is rooted in mindfulness**

- Through clinicians, spiritual care providers and psychosocial clinicians providing steady presence and compassion to those who are suffering.
- Through bringing one's full attention to clinical assessments and supportive interactions, and acknowledging what arises for patients and families, as well as for us, during these interactions - something social workers call "clinical use of self".
- Through attunement to those we care for such that they have an experience of expanded time and space allowing for the fullness of their experiences during which the clinician is able to stay present with suffering.
- Through being appropriately curious and inquiring about the true nature of patient and family experiences in a manner not common to general medical practice
- Through witnessing experiences, those of patients and families as well as our own, just as they are, allowing, containing and staying present with difficult emotions with no effort toward changing or fixing them.
- Through repeatedly opening our hearts thereby cultivating compassion.
- By acknowledging our shared humanity, including suffering and death.

### **Mindfulness is a transdisciplinary approach and enhances clinical relationships**

- Spiritual care providers, regardless of whether or not they are religiously affiliated, are grounded in "listening presence" and routinely use mindfulness practices during patient and family support visits.
- Several studies suggest that mindfulness promotes empathy and decreases stress, anxiety and depressive symptoms for premedical and medical students.
- Nursing students reported better quality of life and a significant decrease in negative psychological symptoms following exposure to Mindfulness-Based Stress Reduction (MBSR)
- Mindfulness training was shown to foster emotional intelligence and social connectedness, and to reduce stress and anxiety for counseling trainees.
- Mindfulness may contribute to the development of beneficial attentional processes such as attunement that aid psychotherapists in training and may increase patience.
- Present moment orientation in social work practice allows us to tune into what is going on within us and around us while we are doing the work.
- All disciplines must remember and teach trainees that over time clinicians realize that much of our inner talk is inaccurate and not helpful to our client or to aligning with the client. We become aware that when we jump to conclusions or judgments, we react from our own fear or suffering. We learn that we can utilize the observing self and come to know more clearly our inner voice.

**State versus trait awareness:** It is helpful to remember that mindfulness is a meditation practice (process) used to strengthen the capacity – one available to any person, anytime – to establish and sustain mindful awareness (outcome). Being mindful is a *personal trait* referring to the core characteristic of mindfulness, a receptive state of mind simply observes what is taking place.

Meditation practice brings about mindfulness as a *state of being*, with sustained attention on body, breath and sensations, and awareness of whatever arises in each moment. In essence, doing the work of palliative care with intention to be mindful is a practice unto itself.

## MINDFULNESS APPLIED IN PALLIATIVE CARE PRACTICE WITH PATIENTS

**As a clinical oncology social worker at the Simms/Mann-UCLA Center for Integrative Oncology, I work primarily with patients and families dealing with advanced cancer and facing end of life.** Through collaboration with numerous oncologists, a palliative care nurse practitioner and physicians, oncology nurses, research professionals and varied staff who provide all levels of care to patients, we have been able to make mindfulness widely accessible and it is frequently integrated into our work with palliative care patients and families.

These three patient stories and a description of a mindfulness group provide context for application of mindfulness approaches within palliative care.

**“David”** is a Jewish man in his 60s treated for an indolent cancer over more than two decades. He has remained connected to his faith and is a long-term meditator, off and on over the years, though he sometimes finds it difficult to sustain a daily practice. When his disease transformed into a more aggressive form, he recommitted to daily practice to address living with uncertainty and the feeling of being let down by his own body. Although “acceptance” remains a difficult concept for him, he uses practice and is slowly growing his willingness to accept his cancer’s life threatening nature. His career has led him to MBSR, allowing him to implement aspects of MBSR into his cancer coping. David endorses benefits from daily practice, participation in a weekly mindfulness-based cancer support group, and weaving mindfulness-based language into counseling support while at the same time maintaining his own faith traditions. Additionally, to his delight, he has found that, through a relational mindfulness practice of seeing through the eyes of another, he has grown closer to his older sister who lives with chronic illness.

### Helpful Approaches:

- Maintaining faith tradition
- Long-term individual mindfulness practice
- Previous MBSR training
- Weekly mindfulness group practice for cancer patients
- Mindfulness-based counseling support
- Body scans and specific meditations addressing coping with physical pain
- Relational mindfulness activities

**“Alan”** referred to himself as a “lapsed Catholic” who had a history of childhood trauma and chronic anxiety, and was socially isolated. He found being diagnosed with concurrent primary cancers in his 50s traumatizing and downright unbelievable. As a result of progression of one of the cancers, he had been referred to palliative care. When he was introduced to mindfulness for coping, he likened it to the contemplative prayer he had experienced as a young man and took to it eagerly. He was also an athlete who could extrapolate the practice of sport and concentration to his “work” of coping with cancer. Due to his trauma history, it was initially difficult to stay with sensations in his body because he experienced anxiety as deeply somatic. However, through therapy and regular meditation, he can stay with episodes of anxiety, name it and release worry more readily. His growing ability to see worries like clouds passing in the sky has reduced anxiety’s influence on his life in general and related to coping with cancer. He has found non-cancer-related community-

based practice groups helpful for deep practice and he reported, “I am able to be myself there, not a sick person.” As his symptom burden has increased from both cancer and its treatments, he continues to practice mindfulness and to gain insights into meaning in his life and what matters most to him.

**Helpful Approaches:**

- Individual trauma therapy
- Individual mindfulness practice using feet planted firmly on the ground as his anchor since focusing on breath and body was activating to anxious sensations
- Group mindfulness practice (non-cancer) in community
- Mindfulness-based counseling support

“*Paige*” was a young woman, ambitious and bright, early in her career and she had never heard of cancer being diagnosed in people in their 20s. From the beginning, she was told her cancer would ultimately be terminal but that the time frame was difficult to predict. Consistent with best practices, palliative care was provided concurrently with anti-cancer therapies for significant disability and side effect management. Though she had never heard of mindfulness, Paige was curious and willing to give it a try to address emotional suffering as well as the physical. She signed up for and took a Mindful Awareness Practices class, or MAPs, with her sister through the Mindful Awareness Research Center at UCLA. Among other elements, she found it profoundly important as her physical abilities and stamina faltered, to differentiate between “doing” and “being.” Paige was ultimately forced to give up her career so she took to compassion practices to be kind to herself and her body as her health failed. She decided to attend a weekend silent retreat and explore lovingkindness more deeply. In her final weeks of life, she struggled with the question, “What am I supposed to be doing?” She applied a mindful eating practice she had learned in MAPs to be fully engaged with eating strawberries she had purchased at her local farmer’s market. Rather than doing anything, she delighted in savoring the most delicious strawberries she had ever tasted. Her hospice chaplain was well versed in mindfulness and the practice Paige had developed benefited her and her entire family during her final days. Her sister, who survives her, appreciates her own practice of mindfulness in the grieving process, thinking of it as Paige’s legacy and a gift to her and her entire family.

**Helpful Approaches:**

- Mindful Awareness Practice (MAPs) classes
- Everyday mindfulness practices and compassion practices
- Body scans and other practices for physical pain
- Silent Retreat
- Counseling using present moment orientation

## MINDFULNESS AS A GROUP INTERVENTION

As a regular offering, mindfulness-based support groups can bring together patients and loved ones for a foundational experience of mindfulness in a supportive setting as they face advanced illness together. Combining guided mindfulness practice, individual sharing about mindful coping and psychoeducation about normative aspects of adaptation during treatment and advanced illness can enhance well-being and build community. In addition, concerns about coping with aspects of advanced illness such as anxiety, depression, physical pain and the grief surrounding loss can be addressed in a safe environment.

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