Mindfulness & Life Threatening Illness
Four Movements

- Intention
- Coming Back
- Turning Towards
- Kindness
Outline

- INTENTION Trish Bartley
- COMING BACK Susie Chater David Shannon
- TURNING TOWARDS Ursula Bates Kate Binnie
- KINDNESS Trish Luck Christina Shennan
- Conclusion Stirling Moorey
Intention

What really matters?

Trish Bartley
Overarching Intention

- direction
- values
- meaning
- translation into everyday
What is your intention?

- for this workshop?
- for your work?
What Really Matters?


- Automatic intention fuels the habitual

- Cultivated intention supports practice in the service of what really matters
Juliette

10 Skype sessions over 12 weeks

- Beauty
- family
- laughter
- home
Daniel

On phone, weekly over 9 months

- Family
- Music

Nature and his roots
Role of intention with people with life threatening illness

Pausing on the “threshold”
Connecting to Intention
Coming Back

MBSR with Hospice Staff – a study

Susie Chater
Hospice Mindfulness Study

Susie Chater

schater@stcolumbashospice.org.uk
Hospice Study

4 THEMES

Theme 1  Using the practices and Skills

Theme 2  Self Awareness

Theme 3  Attitude change
  (cultivating non judgement ; self care)

Theme 4  Behaviour change
  (being present and focused; slowing down)
“Doing the 3 minute breather… helped me physically as well as letting me slow down, like calm down basically”
“...in stressful situations, I found it helpful that I can sort of ground myself...now I can think I'm standing here, my feet are on the ground...”

“...I've found the mindful walking useful as well as just making me slow down, making me more aware of where I am and what I'm doing in that particular moment...”
Hospice Study

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     (being present and focused; slowing down)
“recognizing, well yesterday I was very tired or today I'm fine.....allowing me to know where I am or if I'm a bit uptight or whatever ... and I found that quite helpful...”

“I think that was good because it made me realize that I'm maybe not happy in my own company...or always run away from things...”
“I realized that the stress was completely self imposed because I wanted to do everything for everyone... and I don’t have to...”
Hospice Study

4 THEMES

Theme 1  Using the practices and Skills
Theme 2  Self Awareness

**Theme 3  Attitude change**
(cultivating non judgement ; self care)

Theme 4  Behaviour change
(being present and focused; slowing down)
“just trying to accept more that its as good as I can do… rather than feeling I've got to do this… just accepting that you are only human”
“I think with families… being more tolerant of family situations and not prejudging as we get so many different families coming and they’ve all got different problems.”

“I've changed the way I relate to a few colleagues… I've a tendency to have a preconceived idea about them… I feel that I've changed the way I think… and I no longer go in with these preconceived ideas…”
“I often work through my lunch/tea break…I’ve made my mind up that I was going to have lunch…I am being more mindful to myself and know that I need to have a break so that’s helped”

“It’s a combination of being kind to myself and allowing myself… not to have to… spend all my time working”
Hospice Study

4 THEMES

Theme 1  Using the practices and Skills
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       (cultivating non judgement ; self care)
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       (being present and focused; slowing down)
THEME 4 Behaviour Change – being present and focused

“I am able to be more focused on something and try and put aside everything else at that moment...like when speaking with families or to patients to try and clear my mind of everything else whilst I'm doing that ”
“my strongest experience was just being present with people… I’m confident to sit with patients/families in silence rather than filling the space with talking”
“It's not that you don’t listen, but it's that you're more aware to listen.”

“I think being aware of how our ideas can influence or block their communication [patients], or block what they are trying to say to you.”
“I think it's made me less impulsive in a sense... I'm going to give myself permission not to rush and it's more likely that I'm not going to make mistakes.”
Notice the quality of your attention right now without judging it; simply notice
Coming Back

Mindfulness & the care-giving encounter at end of Life

David Shannon
Mindfulness & the care-giving encounter at end-of-life

Mindfulness & Life-Threatening Illness,
CMRP 2015 Conference, Saturday 4th July
David Shannon C.Psychol., Reg. Psychol. Ps.S.I.
Senior Psychologist
Our Lady’s Hospice & Care Services, Dublin;
CMRP Core Trainer
Why awareness is important in Palliative Care?

“The way in which care is given can reach the most hidden places.”

Dame Cicely Saunders
Pain & Suffering

- Pain defined as (tissue) damage to ‘parts’ of a person
  (International Association for the Study of Pain, 1994)
- Suffering happens to ‘whole’ persons
- How we respond to suffering rests in large part on our ability to be with our own suffering.
  Kearney (2009)
Why awareness is important in Palliative Care?

"Violence is what happens when we don’t know what else to do with our suffering."

(Palmer, 2015)
Why awareness is important in Palliative Care?

- Awareness of transference and counter-transference (Barnard, 1995; Arbore, Katz & Johnson, 2006)

- Awareness of self-protective behaviours (Speck, 1994)
Mindfulness-informed care

- A way of staying present with experience, "which includes suffering"  
  (Bruce & Davies, 2005)
- Mindfulness = Heartfulness
- Awareness of the ‘healer-patient’ continuum
- Awareness of limitations and ‘failures’
Care-giving as mindfulness practice

- Communicating
- Bathing
- Feeding
- Toileting
- Dressing

- Mobilising
- Assisting
- Intervening medically
- Being with dying
“Coming back” to the caring encounter at end-of-life

- “sati” – a “remembering” aspect
- “Intention” is integral
- ‘Coming back’ with gentleness, kindness and curiosity
- Common humanity
Who’s suffering is it, anyway?

Our ability (as carers) to be present to ourselves (limits) means we are more likely to stay present to the other in suffering.’

Kearney et al. “Being connected...a key to my survival” JAMA: 2009; 301:11
Being with Dying

Roshi Joan Halifax

- G   Gathering attention
- R   Recalling intention
- A   Attuning to self/other
- C   Considering...what will serve?
- E   Enacting & Ending
Turning Towards

Mindfulness at
End of Life

Ursula Bates
Mindfulness at End of life

Ursula Bates Principal Clinical Psychologist
Our Lady’s Hospice and Care Services Dublin Ireland Chester 2015
• This case study draws on data gathered as part of a larger qualitative exploratory study of individual mindfulness sessions in palliative care.

• Eight patients participated in eight individual sessions of MBSR.

• The inquiry section of each session was audio taped, transcribed and analysed using a grounded theory approach.
• The aim of the study was to explore the awareness of the patients
  The content of their awareness
  The psychological processes they used in developing awareness
• There are only two published studies with the palliative population.
<table>
<thead>
<tr>
<th>Author</th>
<th>Study Population</th>
<th>Intervention</th>
<th>Sample, Mean Age and Gender</th>
<th>Method</th>
<th>Data Analysis</th>
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<tbody>
<tr>
<td>Chadwick et al. (2008)</td>
<td>Terminal cancer patients</td>
<td>Vipassana</td>
<td>$N=4,54 - 77$ (no info)</td>
<td>interviews</td>
<td>IPA</td>
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<td>Bauer-Wu et al. (2008)</td>
<td>Adult; Cancer</td>
<td>Individual MBSR</td>
<td>$N=20,51, (5$ males, $15$ females)</td>
<td>SES*, HADS*</td>
<td>SPSS</td>
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<tr>
<td>Tsang et al. (2012)</td>
<td>Terminal cancer patients</td>
<td>MBSR (Body Scan)</td>
<td>$N=48,71.4, (26$ males, $22$ female)</td>
<td>Questionnaire SF.36</td>
<td>SPSS</td>
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Patient OH

<table>
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<td>Gender</td>
<td>F</td>
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<tr>
<td>Ethnicity</td>
<td>White Irish</td>
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<tr>
<td>Religion</td>
<td>RC</td>
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<tr>
<td>Age (years)</td>
<td>39</td>
</tr>
<tr>
<td>Marital Status</td>
<td>M</td>
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<tr>
<td>Profession</td>
<td>Accountant</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Metastatic Breast Ca</td>
</tr>
<tr>
<td>Time since diagnosis</td>
<td>3 years</td>
</tr>
<tr>
<td>Cognition</td>
<td>No impairment</td>
</tr>
<tr>
<td>ECOG status</td>
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Session 1

- PH: Past History
- PI: Past Illness
- PC: Past Coping
- C/L: Cognitive / Linguistic
- MP1: Mindfulness Processing 1
- MP2: Mindfulness Processing 2
- MP3: Mindfulness Processing 3
- R: Resonance
- OT: Opposing Tensions
- EP: Emotional Processing
- CI: Current Illness
- CC: Current Coping
Session 8

PH  Past History
PI  Past Illness
PC  Past Coping
C/L  Cognitive / Linguistic
MP1  Mindfulness Processing 1
MP2  Mindfulness Processing 2
MP3  Mindfulness Processing 3
R  Resonance
OT  Opposing Tensions
EP  Emotional Processing
CI  Current Illness
CC  Current Coping
Pattern of processing over time
Key Learning Points

• Curriculum
  – Raisin and yoga exercise were not used
  – Some imagery added

• Patient Content
  – No one abreacted
  – Main content was about symptoms and management of illness

• Patient Process
  – Mindfulness level 2 processing is critical to progress

• Teacher
  – Must embody the curriculum and the practice.
Turning Towards

Music and the breath – ‘living until you die’

Kate Binnie
Music Therapy in Palliative Care

Anonymous (British) Death Plays the Violin
Fine Arts Museums of San Francisco
“After silence, that which comes nearest to expressing the inexpressible is music.”  

Aldous Huxley
Creative expression through music….

‘Can empower us at life’s most challenging moments. It can voice one’s darkest struggles. … Oppression can become vision. Despair can become determination’  (Berger 2006)
Music and the breath

• When talking isn’t available....
• The breath becomes a shared space – it’s inter and intrapersonal.
• The body’s rhythms & shapes, the breath’s speed, timbre, depth and weight become a musical landscape...
• A sigh becomes a lullaby, a moan becomes a lament.
• The therapist plays the internal world of the wordless patient.
Beccy

OK enough separate boot will be good.
In Conclusion

• “Music Therapy reaches aspects of the patient that we struggle with, or find hard to navigate” (Dr B Macgregor, Palliative Care Consultant, KHH)

• More than a “distraction” - creativity moves us on (Hartley, N. 2007)

• Less a “treatment” rather a “developing of the creative possibilities latent within the patient” (Jung)
Kindness

Resilience for the Caregiver

Trish Luck
Resilience for the Caregiver

2015 CMRP Conference
Mindfulness and Life Threatening Illness Workshop
Dr Patricia Luck
Palliative Care Physician and Certified Mindfulness Teacher
What enables us to meet the challenges of work and life?
When we get knocked off balance

What disrupts you?
How do you react habitually?
Do you have a way to restore yourself?
How long does it take to invoke?
Resilience: a definition for clinicians

The capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost...

Resilient individuals “bounce back” after challenges while also growing stronger.

Epstein RM, Krasner MS. Academic Med March 2013
Hypothesis: clinician resilience is a capacity that can be grown
Fostering habits of mind

- Attentive observation
  - Using attentional bandwidth
- Critical curiosity
  - Cognitive flexibility
- Beginner’s mind (perception and perspective)
  - Ability to hold contradictory information
- Presence
  - Mental stability, ability to slow down

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Optimism
by Jane Hirschfield

More and more I have come to admire resilience. Not the simple resistance of a pillow, whose foam returns over and over to the same shape, but the sinuous tenacity of a tree: finding the light newly block on one side, it turns in another. A blind Intelligence, true. But out of such persistence arose turtles, rivers, mitochondria, figs – all this resinous unretractable earth.
## Comparison of Role Functioning Scores

### RF2 Comparison

<table>
<thead>
<tr>
<th>Score</th>
<th>Active</th>
<th>Control</th>
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</thead>
<tbody>
<tr>
<td>Pre</td>
<td>50.00</td>
<td>77.78</td>
</tr>
<tr>
<td>Post</td>
<td>75.00</td>
<td>77.78</td>
</tr>
</tbody>
</table>

MPhil Palliative Medicine Dissertation Research, 2005, Dr Patricia Luck
show up and choose to be present
pay attention to what has heart and meaning
tell the truth without blame or judgement
be open to, not attached, to all outcome

Angeles Arrien
Kindness

Kindness in MBCT for Cancer

Christina Shennan
Kindness in MBIs

- Practices, teachings
- Poetry, stories
- Participants
- Teacher
Some Kindness practices
MBCT Ca

• Best wishes to self and others – weekly
• Thread exercises – week 4
• Coming to the breath with kindness week 5 and on
• Friendly wishes – All day
• Friendly letter home – week 8
Kindness

“It’s a good feeling to be sitting in a room where we all just wish each other well. Even or especially to those we haven’t clicked with yet.”

Participant 2014
Kindness

All Day Practice
A message to each of you from the mindfulness drop-in group at CancerHelp
Thank you
Conclusion

Closing the Circle: Intention and Skillful Action

Stirling Moorey
Conclusion

Attention, Intention and Skillful Action
Balance of attention in life threatening illness

- Problem focus
  - The diagnosis and how we get information, prepare ourselves for treatment etc.

- Life focus
  - Aspects of our life and identity that continue despite the illness e.g. family roles, friends, job

- Emotion focus
  - The emotional resonance of all this, pleasant, unpleasant and neutral
Balance of awareness

Life Focus

Breath/Body

Internal Focus

Problem Focus
Skillful action

- actively engaging with the disease and its treatment, planning for the future etc.
- living our lives, aware that there is much still going on that isn’t illness.
- allowing the painful thoughts and feelings that are a natural part of adjustment to be present as they arise.
Skillful Action

- Nurturing Activity
- Connection

Life Focus

- Problem Solving
- Overcoming avoidance

Problem Focus

- Breath/Body

Internal Focus

- Gently Turning Towards
- Ritual
Coping Breathing Space

Becoming aware

Gathering and focusing attention

Expanding attention

Emotion  Life  Problem
Intention
Coming Back
Turning Towards
Kindness