

Patricia Lynn Dobkin

## Mindfulness

Mindfulness is a *way of being* in which an individual maintains *attitudes* such as, openness, curiosity, patience, and acceptance, while focusing attention on a situation as it unfolds. Mindfulness is influenced by one's *intention*, for example, to act with kindness, and *attention*, i.e., being aware of what is occurring in the present moment. It is an innate universal human capacity that can be cultivated with specific practices (e.g., meditation, journaling); it both fosters and is fostered by insight, presence, and reflection.

**Mindfulness in Medicine** Clinicians need to be skilled in listening fully to and being totally present to their patients/clients to foster healing [1]. Even the most seasoned clinicians face ongoing challenges relative to shifting between the automaticity demanded by fast-paced environments which require multitasking and deliberate, focused attention necessary for monitoring and clinical decision making [2]. In order to make mindfulness relevant to these specific concerns and constraints, as well as to engage health-care professionals more fully in the process, mindful medical practice programs have been developed. For example, Krasner et al. [3] conducted an open trial of a modified mindfulness-based stress reduction (MBSR) program that included aspects of appreciative inquiry [4] and narrative medicine [5] with primary care physicians. One year following the 8-week program with monthly follow-up classes, mindfulness, empathy, and emotional stability were enhanced while physician burnout decreased. Moreover, increases in mindfulness were significantly correlated with physician self-reports of improved mood, perspective taking, and decreased burnout. McGill Programs in Whole Person Care has offered mindfulness-based medical practice since 2006. The program is closely

modeled after MBSR but includes role-plays, based on Satir's communication stances [6], other exercises emphasizing communication skills and interpersonal mindfulness, based on insight dialogue [7] and emphasizes self-care. It aims to help clinicians integrate mindfulness into working relationships with patients and colleagues. In a sample of 110 health-care professionals (half of whom were MDs), following the 8-week course, significant decreases were observed in participants' perceived stress, depression, and burnout, as well as significant increases in mindfulness, self-compassion, and well-being. Hierarchical regression analyses showed that decreases in stress predicted well-being; as did increases in mindfulness and self-compassion [8, 9]. Moreover, 93 % reported increased awareness and continued meditation practice following the program; 85 % indicated that they had a meaningful experience of lasting value [10]. Fortney et al. [11] studied an *abbreviated* mindful intervention for 30 primary physicians who attended 18 h of classes with access to a web site that was designed to support their practice; they reported similar improvements both immediately following the intervention and 9 months later.

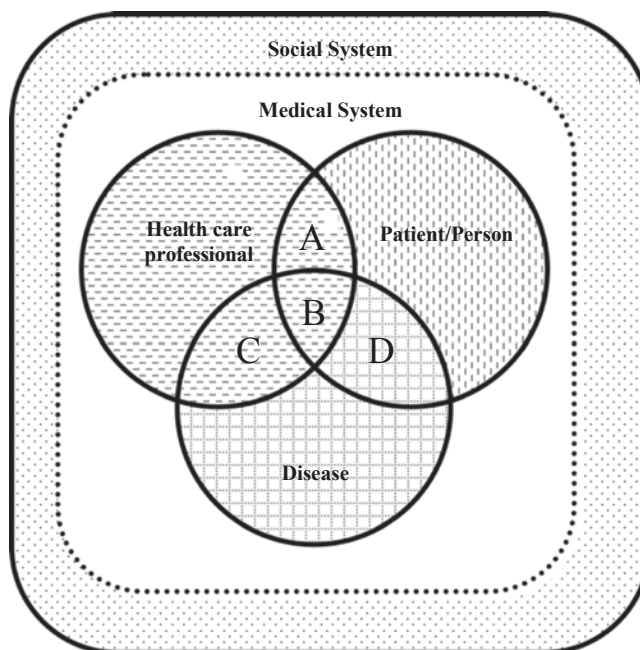
**Mindfulness and the Therapeutic Relationship** Two decades ago, Stewart [12] published a review showing that the quality of physician–patient communication was linked to better patient outcomes (e.g., emotional health, symptom resolution, pain control). Soon thereafter, physicians began exploring how mindfulness could positively influence medical practice [13, 14]. Hick and Bien's [15] edited book highlights how mindfulness can enhance the therapeutic relationship by cultivating crucial therapeutic skills such as unconditional positive regard, empathetic understanding, and improve different therapeutic interventions (e.g., substance abuse, psychoanalytic psychotherapy). It is hypothesized that positive patient outcomes are due to the therapists' own attention and affect regulation, acceptance, trust, and nonjudgment of patient experiences, and their ability to tolerate patient emotional reactivity. Two qualitative studies [8, 16] found that when physicians and clinicians

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took a mindful medical practice course, they felt less isolated professionally. Moreover, they indicated that mindfulness improved their capacity to be attentive while listening deeply to patient concerns. In the first study to examine if practitioners' mindfulness influenced the medical encounter, Beach et al. conducted an *observational study* of 45 clinicians caring for patients infected with the HIV virus [17]. Medical visits were audiotaped and coded by raters blinded to mindfulness scores; patients independently rated their perceptions following the visit. Clinicians who scored high on mindfulness were more likely to engage in patient-centered communication (e.g., they discussed psychosocial issues, built rapport) and they displayed more positive emotional tone with patients. Patients reported better communication with the more mindful physicians and they were more satisfied with their care.

Escuriex and Labbé [18] reviewed the relationship between clinicians' mindfulness and treatment outcomes. Much like the research cited herein, clinicians benefited from mindfulness training personally and professionally. They reported increased capacity for empathy and ability to be present without becoming defensive or reactive. Nonetheless, in this review the link to patient outcomes was mixed. While their interpretation indicated that there is not a simple correlation between clinician mindfulness and mental health outcomes, this may be because they *assumed* that the clinician is responsible for prompting patient improvements. In a subtle way, this fails to recognize that patients have to take responsibility for coping with illness *in partnership with the clinician* (as shown in Fig. 1.1).

Evidently, mindfulness allows for a trusting relationship to develop between the clinician and the patient. This, is the "space" in which healing can take place with the clinician who accompanies the patient on the journey towards wholeness, even when no cure is possible. She/he invites the patient to approach the illness experience in a deeper way, exploring its meaning and opportunities. This is accomplished through an "analogic" form of communication. In addition to the words spoken, the clinician's genuine concern for the patient is shown through his or her posture, gestures, facial expression, voice inflection, sequence, rhythm, and cadence in speech. Clinicians who intuit when to be silent, when to allow time for integration of information, or when to use touch reassure the patient that he/she is not abandoned to his/her fate. Being present in this way provides a safety zone in which the dark side of illness can be explored: the fears, losses, and implications. To be able to be receptive to suffering, the clinician needs to be able to tolerate uncertainties, strong emotions, and address existential issues. This is much more than "bedside manner"; rather, it is true empathy in action. Herein lays the heart of medicine.



**Fig. 1.1** A clinical encounter. Numerous factors influence the encounter when a person/patient seeks treatment for a disease or illness. There are three intersecting foreground elements: the health-care professional, the patient/person, and the disease. These are embedded in two overlapping "contexts," i.e., the medical and social systems. In the *left circle* is the doctor who arrives with her/his professional "know-how" and personal history. She/he meets the patient in *A*, encounters the patient and disease together in *B*, and the disease itself in *C*. *A* is a place where healing may be fostered. *B* is the intersection of the clinician, patient, and disease; this is where curing may occur. *C* contains the professional's "tool box" containing medical knowledge, procedures, diagnostic tests, surgery, and medications. The person, in the *circle on the right*, arrives with his/her genetic loading, psychosocial characteristics, personal and medical history, as well as health-related behaviors. These will impact the disease in *D* (e.g., obesity, smoking with coronary heart disease). Moreover, the patient/person brings to the disease or illness certain beliefs, expectations and hopes

Dr. Kearsley [19], a radiation oncologist, shows us *his* heart in Wal's story. His keen observation of the unshaven Wal with good knees, who "shuffles in; his fair skin makes him look anemic...who wears old faded fawn shorts and old green sandals...whose cheeky smile breaks across his ancient seafarer face; a toothless grin..." (p. 2283) may give the reader pause when it is revealed that Wal was an engineer in his younger days. The mind, if not open and able to see the whole person in this human being, may have *presumed* that Wal originated from the "underprivileged class," especially given that, in addition to prostate cancer, he had emphysema, diabetes, and "bad circulation." A less mindful oncologist may have hurried through the visit since he (the doctor) thought the cancer was cured. His joining with the patient is evident when he uses common language, "How are you, *mate*; what's new?" Dr. Kearsley is unquestionably aware of himself (his thoughts and feelings), his patient

(his need to relate his stories), and the context (two hungry medical students who seemed impatient and confused about why the visit was taking so long). Significantly, Dr. Kearsley shares with us the truth of how exquisite presence can provide “a memorable and sublime silent encounter that provided unexpected sustenance and meaning to the daily routine” (p. 2283).

To approach all this from a mindful perspective, the clinician may open a dialogue with the patient that includes the medical aspects of the presenting problem (e.g., fibromyalgia) and encourage patient coping strategies that may be useful to help her live as fully as possible with the disease or illness. The clinician would listen with an open, clear mind to the patient’s views and observe his/her own as well as the patients’ reactions. The patient, in turn, would communicate honestly with the clinician, understand her role, and engage in self-care behaviors (e.g., pacing, adherence to exercise) that impact her quality of life [20]. Mindfulness is the skill set that facilitates these healing aspects of the clinician–patient encounter.

## Narratives and Therapeutic Insights

Narrative medicine [21, 22] provides a model for the development of empathy, reflection, and trust in clinical practice. Charon [21] defined narrative competence as, “the ability to acknowledge, absorb, interpret, and act on the stories and plights of others” (p. 1897). In alignment with mindful medical practice, when faced with a story one needs to *pay attention*; which according to Charon is, “a combination of mindfulness, contribution of the self, acute observation, and attuned concentration” [23 (p. 1265)]. Reflective writing (one aspect of narrative medicine) affords the clinician an opportunity to delve deeply into the meaning of patients’ experiences as well as his own. The act of writing a narrative uncovers multiple layers of a clinical encounter; the process invites the writer to discover what may have been overlooked in the rush of seeing so many patients throughout the day. It encourages *presence*; in both the writer and reader. Moreover, narrative medicine cultivates *affiliation*; the clinician connects with the patient while paying full attention; the writer connects with the reader by representing the clinical encounter in words. Consistent with Whole Person Care [24], narrative medicine promotes caring for the patient as much as curing diseases.

The subsequent chapters included in this book are narratives crafted by physicians and other clinicians who consciously apply mindfulness in their work with patients. While some guidance was provided so that the chapters would have similar structures, the freedom to write what emerged for them when contemplating this invitation was extended to the coauthors. This is consistent with key mindful attitudes such

as: being present to not knowing, being curious and open minded while attending to one’s own inner wisdom. The intention of this book was to showcase how mindfulness enriches both medical practice and clinician’s lives. This book was written from the larger context of McGill Programs in Whole Person Care with our stated mission as:

To transform western medicine by synergizing the power of modern biomedicine with the potential for healing of every person who seeks the help of a healthcare practitioner. We plan to achieve this objective by serving as champions for whole person care at McGill [University] and in the wider community through our teaching, research and translation of knowledge. ([www.mcgill.ca/wholepersoncare](http://www.mcgill.ca/wholepersoncare))

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Mindful Medical Practice

Clinical Narratives and Therapeutic Insights

Dobkin, P.L. (Ed.)

2015, XX, 163 p. 5 illus., 1 illus. in color., Hardcover

ISBN: 978-3-319-15776-4