

Transforming the Patient Experience through Presence and Intention

By JEROME STONE RN, MA



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How often have we arrived at the bedside of our patients with mind out of sorts and thoughts disheveled? How do patients experience us, their caregivers, when our intention is to get out of the door and on to the next task as quickly as possible?

Regrettably, I can recall numerous times in my career as a nurse when my mind was preoccupied and my intention was set on getting my work done. In reflection, I can't imagine how my patients must have felt when they realized that the person charged with their care was distracted and not fully present.

The Imperative of Showing Up

Having been a nurse for more than 30 years as well as a long-time practitioner of meditation, I've come to understand that the transformation of my own mind can have a "ripple effect" on the minds of my patients. When I make it my primary intention to be present, aware and compassionate at the bedside, their experience of me as caregiver (and by extension their experience within the healthcare system) is transformed. This is why it is wise for our profession to promote a contemplative approach to patient care, behooving us to work with our minds as a necessary skill to providing genuine, attentive and compassionate care.

What Research Has on its Mind

Early investigations into meditation were done through first-person methodology; the original meditation practitioners conducted it. In particular, the historical Buddha and many subsequent practitioners of Buddhist meditation have related their experiences of personal, mental and psychological transformation to others who have recorded voluminous anecdotal evidence on the effects of meditation. Interestingly enough, much of this first-person data describes effects and personal transformation that has since been validated by the rigors of modern scientific inquiry.

In the 1970s, research on meditation began to substantiate the idea that something positive was happening to those who meditated. In an article titled, "Physiological Effects of Transcendental Meditation," Dr. Robert K. Wallace (1970) reported that during periods of transcendental meditation (TM), practitioners experienced decreased oxygen consumption and heart rate, increased skin resistance, and their electroencephalograms (EEG) showed specific changes in certain frequencies of brain activity. Subsequent studies carried out by Dr. Wallace and his colleague Dr. David Orme-Johnson, well-known for his numerous and ongoing studies in TM, have continued to show that meditation provides significant and measurable positive benefits to its practitioners (Badawi, Wallace, Orme-Johnson, & Rouzere, 1984; Gaylord, Orme-Johnson, & Travis, 1989; Orme-Johnson, Schneider, Son, Nidich, & Cho, 2006).

Recent innovative research in neuroscience has demonstrated that meditative practices can result in significant, observable changes in the brain and in the dynamics of information processing (Davidson, 2010; Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004; Zeidan et al., 2011). At the University of Wisconsin in Madison, Dr. Richard Davidson and his staff have pioneered numerous imaging and electrophysiological studies of the human brain to observe the neurophysiological dynamics of cognitive functioning and emotional regulation, the neural substrates of various central nervous system disorders, and the effects of meditative and contemplative practices on neural pathways and dynamics of the brain.

In a number of studies, Davidson and his colleagues have enrolled both

long- and short-term meditators (some monks and other lay practitioners) to determine whether mindfulness and meditation have any observable effect on the brain and the neural correlates of cognitive processes (Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008; Lutz, Greischar, Perlman, & Davidson, 2009; Slagter et al., 2007). What Davidson and his colleagues have observed in these groundbreaking studies is that specific regions of the brain responsible for information processing and emotional regulation can be mediated and modulated through the means of meditative practices. Essentially, meditators can "rewire" their brains (i.e. neuroplasticity) to alter the negative effects of stress and anxiety on both the neurochemical landscape and their behaviors as well.

Perhaps most profound of all, these studies have shown that not only do seasoned meditators experience positive results, but that even laypeople can modify how they respond to environmental factors, to their own thoughts, and to the neurological predispositions within their brains—in essence, they can measurably transform their minds. In a study conducted by Dr. Sara Lazar and her colleagues at Massachusetts General Hospital, it was found that in as little as eight weeks, *people who had never meditated before* who practiced 27 minutes a day were able to "make measurable changes in brain regions associated with memory, sense of self, empathy and stress" (Hölzel et al, 2011).

The Three Pillars of Meditation Practice

How then do we begin this transformation of the mind so that we can show up present and attentive at the bedside?

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There are many ways to learn meditation and become skilled in its practice. The following method is one approach for beginning to work with meditation.

The meditative mind that we bring to the bedside consists of three components that have at their heart a *compassionate intention*, forming a foundation upon which to base a meditation practice:

1. Mindfulness (focus)
2. Meditative awareness (attention)
3. Spaciousness (openness)

To gain these skills, we begin by working with our breath, using it as an anchor for our mindfulness and awareness. By using the breath, we have access to an object of meditation that is always available to us—at any time, in any place.

Mindfulness is the ability to maintain focus on an object

or subject. In mindfulness at the bedside, we are directing attention towards and focusing the mind on the patient rather than the many things that could be clouding our consciousness.

We begin mindfulness practice by gently resting our attention on the breath, watching it enter into and leave the body, without trying to manipulate or regulate it at all. Whenever we stray from mindfully attending to the present, we return to the breath, simply focusing on its natural flow.

Meditative awareness is the observer of mindfulness; it oversees and recognizes when we've become distracted from our mindfulness, gently guiding us back into the present. It's subtle and not scolding, like a kind teacher saying "back to the task at hand."

We practice meditative awareness by "watching" our mindfulness, making sure that we're not lost in thoughts or

A Short Meditation Exercise

The following is a basic script for practicing meditation.

Mindfulness, Awareness and Spaciousness in Meditation

Begin by stilling your body, and sitting upright on a chair, couch or cushion. Keeping the spine straight, breathe out a long exhalation, and as you do, allow your body and mind to relax. The posture is relaxed, awake and dignified. The hands can rest gently on the knees or in the lap. The eyes are open, simply resting the gaze on whatever is in front of you, without thinking too much about what you're viewing. Simply relax into this moment, whether it's for three minutes or 20 minutes. Give yourself a timeout, open up space within your mind, and free it from any constrictions that you may feel. If you're feeling stress or tension anywhere in your body, breathe it out and let it go. *Pause...*

Become mindful of the fact that you're breathing. Watch the movement of the breath as it flows into and out of the body. Mindfully watch the breath flowing in and flowing out, not manipulating the breathing in any way. When your attention strays from your breath, using the awareness of watching your mind, bring your mindfulness back gently and without comment or critique. *Pause...*

Maintain a sense of humor, what we could call a spacious humor, about it all. Spaciousness is about allowing this mindfulness to engage all that enters your field of awareness without concern for good or bad, distracted or undistracted. *Pause...*

Continue to practice this way for a while. Just mindfully watching the breath, maintaining awareness of when you become distracted, and spaciously bringing the mind back to the breath. *Pause...*

Once you've settled into your meditation, begin to notice how you're feeling. Is there anything about the quality of your mind or how you feel now that is different from how you normally are? Is there any sense of well-being, being "good in your skin," that you feel? Are you more at peace with your thoughts as they arise? If you could, would you wish your sense of well-being to be available to those who you care for? Does your sense of well-being affect how you care for others?

Continue to practice, noticing which quality may be strongest or lacking, not criticizing or analyzing what you're doing—just mindfully watching the breath, maintaining awareness of when you become distracted, and spaciously bringing the mind back to the breath. And then quietly set aside the method, and simply remain in a state of calm abiding. *Pause...*



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distraction. In this way, meditative awareness is the process whereby the conscious aspect of the mind oversees the cognitive practice of mindfulness.

Spaciousness prevents us from becoming claustrophobically constricted or narrow in our focus and keeps our presence humorous and open to all possibilities. It's what prevents us from becoming too serious about our practice when we find ourselves hopelessly distracted from the seemingly easy task of watching our breath. *Spaciousness* could almost be considered an attitude—one of openness to all that arises within the mind, without judgment.

In practice, *spaciousness* is the part of a compassionate intention that allows us to speak truth to our patients, knowing in our hearts that doing so will help them move through a particular obstacle. Likewise, it is also the space to allow for silence and not do or say anything.

Of Final Importance

No matter the method of meditation, it's important to have the following two personal commitments to achieve a stable practice. First, we need to generate a desire or intention to learn how to work with our minds *for the benefit of others* (i.e., knowing that it will help change our patients' experiences of their care). Second, we need to practice in earnest and with enthusiasm, understanding that by practicing, we'll actually benefit not only ourselves but also everyone around us (even our spouse or partner, kids or parents!)

Through meditation and the gradual process of transforming our minds, we can learn to show up more present, intent on helping those we serve. In this way, we can change how our patients experience their care, and maybe even help them to transform their minds a little too!

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