

# Conference Poster Abstracts

## Judith Ashton | *Touch For Healing*

### Background to massage & touch therapy:

The nature of touch begs relationship; you and I are together. When a person is terminally ill tactile hunger, need for physical contact, love and the reassurance that they are not alone can be increased. Touch, when applied mindfully, with the intention of directing healing towards the clients is a powerful tool. Touch is wordless communication that offers compassion, love and support. These are important messages at critical stages of life.

### Objectives:

Research shows that touch therapies are beneficial 1) psychologically and 2) physiologically for both clients and primary carers:

1. To relieve stress and pain, to reduce depression and calm emotions, to reduce aggression, to improve restlessness and sleep patterns, to control and diminish anxiety and fear, to enhance the quality of life, and to increase a sense of wellbeing etc.
2. To increase white blood cell count, to decrease cortisol levels (stress hormone), to lower blood pressure, to aid breathing, to alleviate fatigue, to balance bowel habits, enhance lymphatic function and much more.

### Methods / Service Description:

The benefits of and application of touch can be taught to both health professionals and family members. It is a simple hands on method and an attitude and can be delivered anywhere and meets the client on the physical, emotional and spiritual level.

### Results / Outcomes:

25 years personal research and research from Touch Research Institute USA shows objectives will be successful.

### Conclusions:

Touch therapy should be included in care for living and dying. Conscious touch and compassionate methods of communication are fundamental aspects of being human and are archetypal ways of expressing love and caring especially during times of illness and dying.

Judith Ashton studied humanistic psychology and biodynamic massage with Gerda Boyesen in England (1977-1982), trained in meditation and subtle energy with Bob Moore and worked with a Professor of cardiology for 5 years. Her "Touch for Healing" courses for nurse tutors at the University of Surrey were highly recommended by the English Nursing Board. She taught "Touch for Healing" to staff at Sobell Hospice Oxford and presented a paper at The First Scandinavian Conference on Death and Dying. She currently lives in Ireland and is director of Blue Room Healing and Meditation Centre in Bennetsbridge, Kilkenny and is current president of The Irish Massage Therapists Association.

## Angela Edgehill | *Palliative Care For All: Integrating Palliative Care into Disease Management Frameworks*

### Background:

The physical and psychological symptom burdens of many life-limiting, non-malignant diseases compare to those of cancer. Palliative care has a role in the care pathway of people with non-malignant conditions, but traditionally specialist palliative care (SPC) services have focussed on people with cancer.

### Objectives:

The Irish Hospice Foundation (IHF) and the Health Service Executive (HSE) undertook a joint study in 2007/08 – the Extending Access Study – on how both specialist and non-specialist palliative care could extend to people with non-malignant diseases, with an initial focus on three conditions with high morbidity and mortality.

### Methods:

Wide-ranging review of literature and consultation through collaborative disease-specific working groups, guided by a national steering group.

### Results:

The study's report "Palliative Care for All" outlines findings and recommendations on extending access to this patient population.

#### *Challenges identified included:*

- establishing clarity on the role of palliative care in non-malignancy;
- developing collaborative approaches between SPC, disease-specific specialists, primary care and older persons' services for those with advanced life-limiting conditions and
- lack of comprehensive chronic disease-management services in Ireland.

### Conclusions:

#### *SPC professionals have key leadership role in:*

- Providing education on all levels of palliative care
- Supporting and collaborating with non-SPC colleagues in delivery of Levels 1 and 2 palliative care within their clinical practice.
- Ensuring equitable access to SPC for people with non-malignant conditions
- Advocating for and promoting awareness of palliative care for non-malignant diseases.

#### *There is a need for:*

- Clarity on the role and timing of all levels of palliative care interventions for people with non-malignant conditions.

Angela Edghill is a research/project officer in Programme Development at the Irish Hospice Foundation.

## Mary Egan | *If I wake before I die: remembering what is at stake in medical encounters*

### Background:

This project has been constructed from fieldwork in hospitals and hospices in the Dublin area. The study highlights the shortcomings of a dominantly physicalist approach to human suffering and points the way for medical professionals to be more fully accomplished in their role as patient advocates.

### Objectives:

To identify the limits of agency in medical encounters in order to rethink the horizons of possibility in terms of the doctor's presence and the outcome for the patient on a personal level. The study evaluates Palliative Care, identifying aspects of the basic model of palliation that have permitted its flourishing, given its paradoxical philosophy (as a sub-discipline within western biomedicine) that cure is not always possible and death not always the worst outcome.

### Methods:

The project employed a narrative and participant observer style of ethnography centred both in hospitals and two Dublin hospices. The extended time spent at these field sites was augmented by a series of lengthy semi-structured interviews with both patients and staff. During the writing-up phase, extensive literature reviews on ethics, on social science perspectives on medicine and on palliative care were brought to bear on data collected.

### Results:

The project examined harmful microstructures within encounters between doctor and patient in the mainstream setting and identified the bias toward the physical that produces a particular form of medical doctor, medical encounter and a constrained vision of human suffering. By applying a similar analysis to the Palliative Care setting, the broader understanding of suffering on physical, psychological, social and spiritual levels was revealed as being equally appropriate for, and more humane in, the mainstream medical arena.

### Conclusions:

Hospice care has been consistently able to address the entirety of the person at the end of his life, displaying a greater grasp of meeting the patient on his own terms and with an enlarged moral imagination. Consequently, seemingly unavoidable harm to patients in mainstream settings is neither necessary nor ethically adequate.

Mary Egan is a medical doctor who worked for two years in the hospice setting in Ireland and is currently working as a GP in Galway. She holds a masters degree in Anthropology from NUI Maynooth.

## Martin Fegg | *Mindfulness based supportive group psychotherapy for relatives of palliative care patients: a randomized-controlled prevention study*

### Background:

Many studies found that relatives of palliative care patients suffer from intense psychological distress. Psychotherapeutic interventions, however, have mainly been developed for cancer patients and only few programs exist for their relatives. Based on newer developments in behavioural therapy ("third wave"), we have developed a group intervention (approx. 8 participants) consisting of seven sessions (150 min each). The manual includes mindfulness meditation, meaning-centered interventions, acceptance-enhancing approaches and value-based commitments. For treatment integrity, the sessions are video-taped and led by several trained psychotherapists.

### Objectives:

1. Are there positive effects of the intervention on quality of life and psychological symptoms?
2. Are these effects significant when compared to untreated controls?

### Methods:

The applicability and effectiveness of the group intervention are evaluated in a randomized controlled trial. The participants are relatives of inpatients of two Palliative Care Units and a radio-oncology department. Self-report questionnaires include psychological symptoms (Brief Symptom Inventory, BSI) and quality of life (Satisfaction With Life Scale, SWLS). They are submitted at baseline, pre-/post-treatment and a follow-up after 3 months.

### Results:

First results (n=27, 21 female, age:  $54.0 \pm 15.5$ ) show a decrease of psychological distress during the intervention (BSI (pre) =  $0.93 \pm 0.43$  vs. BSI (post) =  $0.79 \pm 0.43$ ) and increase of distress in controls (BSI (pre) =  $0.41 \pm 0.24$  vs. BSI (post) =  $1.07 \pm 0.52$ ). In the intervention group, quality of life was constant in time (SWLS (pre) =  $4.32 \pm 1.68$  vs. SWLS (post) =  $4.29 \pm 1.33$ ) while it decreased in controls (SWLS (pre) =  $3.55 \pm 1.28$  vs. SWLS (post) =  $2.48 \pm 0.46$ ).

### Conclusion:

First results show positive effects of the group intervention on psychological distress and quality of life. However, these data have to be interpreted carefully because of the low number of participants. The study is still ongoing.

Martin Fegg is a psychotherapist whose expertise focuses on the psychological aspects of quality of life, meaning in life and coping in palliative care patients. Areas of his research were funded by grants from the German Cancer Help and other public and private foundations. Since 1999, he has worked at the University of Munich. In 2008 he received an award from the German Palliative Care Association for the development of an individualized measure of meaning in life.

## Dr. Bernadette Flanagan | *Embracing Solitude: Autobiographical Resources for the Journey Home*

### Background:

Illness narratives often reflect on the anxiety, fear and frustration generated by involuntary propulsion into solitude. Jean Dominique Bauby's *The Diving Bell and The Butterfly* and Thomas deBaggio's *Losing My Mind: An Intimate Look at Life with Alzheimers* are representative books of this genre.

### Objectives:

To disseminate notable engagements with solitude in order to provide a resource for those embracing the journey into solitude precipitated by illness. Wider questions regarding the politics of solitude and the ethical question of the just distribution of solitude will also be addressed.

### Method:

Through a series of detailed readings of lives which embraced periods of solitude (voluntary and involuntary, men and women, Western and Eastern, in health and illness) including those mentioned above, and others such as those of Tenzin Palmo, Sara Maitland, Thomas Merton, Henry David Thoreau, Master Hsieh and Mary Sarton, a cartography of solitude will be constructed. In response to the questions: what would it be like to be in solitude for an extended length of time, the character, desires, storyline and insights of each author will be introduced. These will be set against historical location and cultural setting, philosophies and spiritualities of transformation, uniqueness and repeatability.

### Outcomes:

Insights from autobiographical narratives of solitude will be assembled. An assessment of solitude's values and dangers will be provided.

### Conclusions:

The journey into solitude destabilizes the autonomous independent self and its logical, linear view of life's journey. The journey into solitude calls to be understood and re-valued.

Dr Bernadette Flanagan is Director of Research at All Hallows College, a linked college of Dublin City University. Her publications include *Women, New Monasticisms* and *A Space of One's Own* (Wipf & Stock forthcoming 2010); *With Wisdom Seeking God: Papers from the First European Conference on the Academic Study of Spirituality*, co-edited with Una Agnew (Leuven: Peeters, 2008); *Lamplighters: Exploring Spirituality in New Contexts*, co-edited with David Kelly (Dublin: Veritas, 2004); *The Spirit of the City: Voices from Dublin's Liberties* (Dublin: Veritas, 1999). She is a co-director of the All Hallows-Waterford Institute of Technology Spiritual Capital Research Centre.

## Dr. Monika Führer | *Spirituality in paediatric palliative care*

### Background:

Spirituality plays an important role in the death concepts of children. Therefore spiritual care is a central part of paediatric palliative care. To bring palliative care to the families' homes the Munich coordination centre for paediatric palliative care (CPPC) was founded in 2004. Between 3/04 and 8/08 the CPPC team - two paediatricians and a social worker - took care of 150 patients (median age 5 y, range 7 d – 43y).

### Project description:

In January 2009, when a chaplain started to work in the CPPC a retrospective analysis of spiritual care provided by the CPPC was conducted. The charts of 55 unselected cases from 2007 were analysed. However, in many cases explicit information on e.g. the cultural and spiritual background of the families or the involvement of chaplaincy was lacking. We therefore decided to go into the narrative documentation to discover the traces of implicit spirituality.

### Results:

22% of the families came from foreign countries and diverse cultural and spiritual backgrounds. In 29% the religious denomination and in 9% the involvement of chaplaincy was documented. Two exemplary case vignettes are presented:

1. The father of a 13 year old girl with leukaemia from a German/Chinese family who was in her dying process two weeks before Christmas deeply regretted the missing of family rituals. This family discovered the tea harvest as a source of spirituality that helped them to connect with their ancestors and to create meaning.
2. The family of an 8 year old girl with trisomy 21 who died from leukaemia reported on her being extremely irritable and agitated. In this child the physical presence of her pastor holding her hand was instrumental to bring peace to her final journey.

### Conclusion:

Specific education and training is necessary to identify spirituality as an already present resource in the children and their families. Special tools are to be designed to help palliative care teams to uncover these resources.

Born 1961 in Munich, Germany

1997 Board examination for Paediatrics

1998 - 2006 Attending Physician for Haematology, Oncology und Stem Cell Transplantation, Children's University Hospital Munich

since 2004 Head of the Coordination Centre for Paediatric Palliative Medicine, University Clinics of Munich

2005 Faculty Development Course in Palliative Care, Harvard Medical School

2006 founding member and speaker of the Bavarian Working Group on Paediatric Palliative Medicine

11/2006 – 11/2008 Head of the Department for Stem Cell Transplantation, Children's University Hospital Munich

2007 Specialist for Paediatric Palliative Medicine

2009 Professor for Paediatric Palliative Medicine, University Clinics of Munich

**Dr. Tara Kingston** | *The effect of a Mindfulness Based Cognitive Therapy intervention on distress in cancer outpatients*

**Aim:**

Mindfulness-based interventions have been found to be successful in reducing distress in a number of different patient groups. Whilst the use of Mindfulness Based Stress Reduction has been explored in cancer patients suffering from symptoms of distress, this is, to our knowledge, the first randomised study of Mindfulness Based Cognitive Therapy (MBCT) in this population.

**Method:**

In Phase 1, 16 individuals were randomised to either MBCT (n=8) or treatment as usual (TAU) (n=8). Mindfulness, mood and quality of life were assessed before and after the 8 weeks of treatment or TAU. Mixed ANOVAs examined the effects of group and time; significant interactions were analysed using tests of simple effects. In Phase 2, the TAU group also received the intervention and results of their post-MBCT assessments were combined with those receiving MBCT in Phase 1. Both groups were followed up at 3 months. Repeated measures ANOVAs examined changes in variables over time (pre-treatment, post-treatment and 3 month follow-up).

**Results:**

Analyses of significant interactions revealed that MBCT participants had significant decreases in anxiety ( $p < .05$ ), isolation ( $p < .05$ ), over-identification ( $p < .05$ ), and a significant increase in the KIMS Observe scale. Compared to pre- and post-treatment, at three months follow-up participants were significantly less depressed ( $p < .001$ ), less anxious ( $p < .01$ ), and less psychologically distressed ( $p < .001$ ).

**Conclusions:**

The results are encouraging and suggest that larger controlled trials are warranted. Findings imply that like other third wave cognitive therapies (eg ACT) the full positive impact of intervention may not be seen for some time after treatment has ended.

Dr Tara Kingston is a Senior Registrar in Psychiatry. She qualified in medicine from the Royal College of Surgeons, Dublin. She also holds a BA degree in Psychology and Italian and a post-graduate diploma in Cognitive Behavioural Therapy, both from Dublin University, Trinity College Dublin. She is an accredited member of the British Association of Behavioural and Cognitive Psychotherapy and has a special interest in Mindfulness Based Cognitive Therapy.

## Sofia Laureano-Schelten | *Self-Compassion: evaluation and its relation to psychopathology and adaptive psychological functioning*

### Background:

With its roots in Eastern tradition, compassion has recently been the subject of growing interest and research in the Western culture, particularly in the field of psychology. A compassionate attitude towards oneself can be defined as self-compassion, which is based on three components: self-kindness or the ability to be kind and understanding to oneself, rather than too self-critical; common humanity or the ability to understand one's experiences as part of a greater human experience and not as isolated or separated; and mindfulness or the ability to show a balanced awareness of our painful thoughts and feelings, without over-identifying with them (Neff, K. 2003, 2007).

### Objectives:

The goal of this investigation was to contribute to knowledge of self-compassion by evaluating its relationship to several aspects of psychopathology and adaptive psychological functioning. The Self-Compassion Scale (Neff, 2003) was used along with 7 other scales measuring attachment, early experiences, anxiety, depression, stress, social comparison, optimism, happiness and group versus individual functioning.

### Methods:

The study involved 156 participants (71 males, 85 females, M age= 19.9 years; SD=1.97), from a vocational school in Viseu, Portugal. Students were asked to fill out 8 self-report questionnaires in one sitting, while meeting in groups of no more than 20. The data was analysed using the SPSS computer statistics programme.

### Results / Conclusions:

The results obtained show a negative association between self-compassion and constructs measuring psychopathology, along with a positive association between self-compassion and measures of adaptive psychological functioning. More specifically, the results show that self-compassion is negatively related to depression, anxiety, stress and early experiences of abuse and neglect, as well as positively related to secure attachment, more positive social comparison and greater happiness and optimism. This research study also highlights the role of self-compassion as a mediator of the effect of attachment and early experiences on depression. Finally, data obtained from a scale that was specially developed for this research – Group versus Individual Functioning Scale – show a relationship between self-compassion and a preference for group functioning. Gender differences in self-compassion were also found. The results of this investigation emphasize the benefits of compassion towards oneself, while highlighting its potential when used in a clinical context.

Sofia Laureano Schelten is a Clinical Psychologist and a graduate of the University of Coimbra, Portugal. She wrote her Master Thesis on self-compassion while completing a one-year internship at the University Hospital of Coimbra, where she had the opportunity to apply CBT, compassionate and mindfulness techniques to individuals with mood, anxiety and eating disorders. Sofia is currently living in Dublin, where she has been working with children and adults with different mental health needs and intellectual disabilities, at Mater University Hospital CAMHS and Daughters of Charity Services.

## **Brona Mooney** | *Learning to Care Through the Study of Art*

### Background:

In recent years, nurse educationalists have displayed interest in the use of art as a teaching methodology. A visit to the Art Gallery offers opportunity for critical and creative exploration of knowledge through experience. Works of art can communicate a broad spectrum of human experiences and can be used to enhance student learning. This is particularly useful in helping students to develop a deeper understanding of the more abstract areas of nursing.

### Aim and Objectives:

The aim of this study was to utilise student-centred teaching/learning strategies that promoted the development of intellectual, reflective, interpersonal and social skills required for professional nursing practice.

### Methods:

A visit to the National Art Gallery was undertaken with second year nursing students (n=100). Students were asked to select a painting that they perceived to be spiritual in nature and to write their subjective impressions and reasons for choice. Selected paintings were discussed with fellow students and a Gallery Guide and written reflections recorded. Following the gallery visit, students were invited to participate in focus group interviews. Data was subject to thematic analysis and a number of key themes emerged.

### Analysis and Results:

This experiential method of learning allowed for critical and creative exploration of knowledge through observation and experience in the National Gallery of Ireland. Students gained knowledge about the human condition through reflection and peer appraisal of works of art and demonstrated increased understanding of the nature and essence of caring for patients.

### Recommendations:

Recommendations include the need to incorporate the aesthetics as a platform to explore the more abstract elements of nursing curricula and promote greater student involvement in curriculum development and evaluation in the future.

Bróna lecturers in Nursing Studies in the National University of Ireland, Galway. She qualified as a Registered General Nurse from St. Vincent's Hospital, Dublin and has worked as a critical care nurse in the U.S.A, U.K. and laterally Ireland. She completed a Bachelors of Nursing Science at Trinity College Dublin, Followed by a Masters in Nursing (Education) at U.C.D. She has worked at James's Hospital as a Nurse Tutor, Trinity College Dublin where she lectured in Nursing Studies from 2002-2005 and currently NUI, Galway. Her research interests are spirituality, ethics, human rights, critical care nursing, health promotion and nursing education.

**Brona Mooney** | *Spirituality and the Older Person: Nursing students' reflections through the medium of art*

**Background:**

Spirituality is a broad concept and is often described as a central focus understood at a personal level by an individual. Many older persons perceive themselves to be highly spiritual and deem spirituality as an important platform to assist them in achieving a sense of well-being and wholeness. Providing spiritual care is very much part of the 'art' of nursing. However, spirituality is an abstract subject area which does not lend itself to didactic teaching methods. In recent years, nurse educationalists have displayed interest in the use of art as a teaching methodology. One example is an art gallery visit, which offers opportunity for critical and creative exploration of knowledge through experience.

**Aims of the study:**

This study aims to describe nursing students' experience of learning spirituality through the medium of art.

**Research / Teaching Methodology:**

A visit to the National Art Gallery was undertaken with second year nursing students (n=100). Students were asked to select a painting that they perceived to be spiritual in nature and to write their subjective impressions and reasons for choice. Selected paintings were discussed with fellow students and a Gallery Guide and written reflections recorded. Following the gallery visit, students were invited to participate in focus group interviews. Data was subject to thematic analysis and a number of key themes emerged.

**Findings / Conclusions:**

Works of art became a vehicle for personal reflection upon students' own understanding of spirituality. This poster will explore students' particular views of spirituality and the older person. Qualitative extracts from both the focus group interviews and students reflective writings will be presented. Results indicate that works of art can communicate a broad spectrum of human experience can be used to enhance student learning.

Bróna lecturers in Nursing Studies in the National University of Ireland, Galway. She qualified as a Registered General Nurse from St. Vincent's Hospital, Dublin and has worked as a critical care nurse in the U.S.A, U.K. and laterally Ireland. She completed a Bachelors of Nursing Science at Trinity College Dublin, Followed by a Masters in Nursing (Education) at U.C.D. She has worked at James's Hospital as a Nurse Tutor, Trinity College Dublin where she lectured in Nursing Studies from 2002-2005 and currently NUI, Galway. Her research interests are spirituality, ethics, human rights, critical care nursing, health promotion and nursing education.

**Daniela Muggia** | *A research at Parma Hospital on staff trained in “Empathic Care For the End of Life”: stress highly reduced through Tibetan traditional compassion meditation techniques*

“Empathic Care for the End of Life” (“ECEL”) is a non-religious form of care yet dealing with the spiritual dimension of carers and patients. It is founded on the latest insights from both Neuroscience (Mirror Neurons, Rizzolatti, Parma) and Quantum Physics, and acknowledges Tibetan Thanatology as one among the greatest of the planet. Part of the personnel training focuses on the empathic meditation techniques from this tradition. Two studies were carried on in parallel:

“ECEL” benefits for hospital staff and economics: 79% of participants tested before, during and after CME (MIB, HADS tests with control group) showed a subjective stress reduction strong enough to exit the burn-out zone. Results were more relevant in those trained for 7 months in “compassion meditation techniques”. The remaining 21% was also studied. Upon extending their training, they also obtained a lasting stress reduction. Outcomes were doublechecked by the Hospital Management and staff absences from work were reduced by 50% still at 18 months after the beginning of the CME.

“ECEL” Impact on patients and families: Oncologic patients often change hospital to get their treatment. Since hospital staff members are the only stable element of this equation, they were given the task of collecting statements from patients, their families and staff members themselves. Statements on the ECEL impact range from anticipated (self)bereavement for patients and families to analgesic effects on severe oncologic paediatric patients.

ECEL training seemed to specifically enhance staff creativity in terms of improving their patients’ quality of life. Short projects on empathic care addressed to Day Hospital oncologic patients and hemato-oncologic paediatric patients were developed by the same staff members. Empathic techniques replaced standard anesthesia in MR and CAT on oncologic patients suffering from severe claustrophobia and oligophrenia. These results encourage us to further research.

Daniela Muggia, PHD in Modern Languages at Torino University, postgraduate in Thanatology at Naples University. Volunteer in Spiritual Care of the Dying since 1991. Teacher in CME since 2005 at the University Hospital, Parma; delivered lectures at Parma Irecoop, Torino University and Ticino University (CH) during Psycho-oncology and Nurses Master Courses. 2008 “Terzani Prize” winner for Medical Humanities in Italy, together with Parma Hospital. Currently planning a new 2-3 years CME course in ECEL for the Cardiology Intensive Care Department of the same Hospital and further research on patients.

**Inge Nieuwstraten** | ***“Facing death and facing life”: primary care patients who have survived a potentially life-threatening illness talk to psychotherapists about their difficulty in adjusting to life***

**Background:**

The authors work one day per week in a primary care setting in Kerry, where they see GP-referred clients. Many clients are experiencing health problems, which may be physical and/or psychological in origin. Referrals concern help for the client in dealing with becoming part of ordinary life again after surviving a life-threatening illness.

**Objectives:**

The aim of the study is to give a voice to clients experiencing difficulty adjusting to a ‘re-entry’ into ordinary life after a serious illness.

**Methods / Service description:**

The method is phenomenological. The data were collected from client self-reports and from their therapists’ clinical notes. Informed consent was obtained from the clients. Some direct quotes from the volunteer participants are used in the poster.

**Results / Outcomes:**

The volunteer participants in this study experienced both existential crises and subsequent personal growth during the course of their serious illness. The patients accepted of their illness status and ‘sick role’ during this time, often feeling a sense of both sadness and peace in the face of death. Post-recovery, clients experienced difficulty in adjusting to their changed health status, and to the after-effects of both illness and treatment (such as altered physical strength and vitality and body image), often making comparisons with their state of health before the illness. Feelings of gratitude for survival alternate with frustration and insecurity about the future. Relationships with supportive family and friends during the illness may be experienced as ‘constraining’ after recovery.

**Conclusions:**

Clients’ return to improved physical health status is not always reflected in improved psychological well-being. The acute threat to survival having passed, patients need different kinds of support in facing life anew, in a body that may not look the same, or function the same as before the illness. Relationships too need to reflect a return to improved health status.

Inge Nieuwstraten is a university lecturer (department of Applied Psychology, UCC) and a practicing psychotherapist. She has previously published on life and death issues (O’LEARY, E., and NIEUWSTRATEN, I. 2001. Emerging psychological issues in talking about death and dying: A discourse analytic study. *International Journal for the Advancement of Counselling*, 23, pp. 179-199.). She is interested in personal growth after trauma and loss (Furlong, M., Nieuwstraten, I.M., and O’Leary, E. 2008. Spiritual containment, confusion and emergence: Spiritual coping processes following the death of a parent in adulthood. Presentation at the Joint BPS/PSI conference of the counselling psychology divisions, Dublin).

## **Emer O'Loughlin | *Assessing the impact of mindfulness-based stress reduction in the context of conjugal bereavement***

### **Background:**

The death of one's spouse is generally regarded as one of the most traumatic events that people may experience during their lifetimes (Holmes & Rahe 1967). Some studies have indicated a link between regular practicing of mindfulness-based techniques and reductions in a variety of distress symptoms (e.g. Astin 1997). However, no research has investigated the impact of mindfulness-based stress reduction programmes on individuals experiencing conjugal bereavement.

### **Objective:**

This study aimed to assess the impact of an 8-week mindfulness-based stress reduction programme on the degree of pathological grief, mood difficulties, and general wellness of a group of conjugally bereaved individuals.

### **Methods / Service Description:**

A total of 7 participants attended an 8-week mindfulness-based stress reduction programme adapted from Kabat-Zinn (1990) and Segal et al. (2002). The groups were run in a publicly funded setting. The techniques aimed to help participants to cope better with the often overwhelming emotions that they often found themselves confronted with, through growing in both self-compassion and in their awareness of how their minds and bodies react towards their grief. Participants underwent pre- and post-intervention assessments measuring the extent of their mood difficulties, grief, and general wellness, in addition to structured interviews following the intervention.

### **Results:**

Quantitative results were indicative of an overall decline in mood difficulties and grief, as well as a slight rise in general well-being following the programme. However, these results were not significant. Qualitative results indicated that participants felt better able to cope following the programme.

### **Conclusions:**

Although the small sample size and lack of control group means that the current results ought to be regarded cautiously, they are nevertheless indicative of a somewhat beneficial impact of mindfulness-based techniques among conjugally bereaved populations.

Emer O'Loughlin completed an honours moderatorship degree in psychology and French at Trinity College Dublin in 2007. She is currently in the process of completing a Research Masters at University College Dublin investigating patterns of suicide among young women in contemporary Ireland. She concurrently works at the Blackrock Hospice as a part-time psychologist in training.

## Dr Eileen Palmer | *Clinical compassion in acute hospital palliative care bringing breathing space into the urgent ward consultation*

### Background:

Acute hospital care can be experienced as impersonal, devoid of kindness and focussed around targets, throughput and efficiency. There is evidence of high levels of unmet palliative care need in acute hospitals, yet in England this where most of the population die. Wise decision making and kindness do not form part of undergraduate or postgraduate medical training. Where there are unexpected complications of technical treatments and complex clinical decision making, teams can sometimes lose sight of the person inside the body they are struggling to salvage. Re-engaging with the real needs and priorities for that person requires a capacity to consult with depth. In particular, there is need to avoid premature closure and instead to develop the openness and curiosity that allows the “invisibles” or hidden agendas that are most meaningful for the patient to emerge.

### Objective:

To demonstrate that mindful, compassionate presence and simple patient focussed opening questions can transform outcomes even in situations of great complexity in a busy acute setting

### Methods:

Signposts to recognising potentially difficult clinical consultations are described along with ways of approaching them that may help engender clinical compassion and the ability to be deeply with the person who is suffering. Two case studies are described to illustrate the process and outcomes.

### Results:

In each scenario there was a transformation in outcome from fear and suffering to relaxation and healing. The longest intervention took just over an hour. The shortest was ten minutes.

### Conclusions:

Even in busy acute hospital settings, compassionate clinical care combined with a clear focus on humane and meaningful patient directed outcomes can transform patient outcomes in situations of extreme complexity. The use of two simple questions: “Did I hear what really matters most for this person right now?” and “Was I kind?” may provide meaningful outcome measures for interventions.

I am a senior medical consultant in palliative medicine in the North of England, and medical director to Hospice at Home West Cumbria. I have worked in palliative medicine since 1990. I co-authored “Palliative Care for the Primary Care Team”, and developed the [www.gp-palliativecare.co.uk](http://www.gp-palliativecare.co.uk) website. My meditation practice dates from 1970. I attended retreats with Thich Nhat Hahn and the Dalai Lama. In February 2008 I attended the Mindfulness Based StressReduction 7 day intensive training in the USA. I am currently enrolled on a Masters program in mindfulness based cognitive therapy at Oxford University. I have taught simple meditation to patients as part of our local palliative care service “Living for Today” program. My interest is in the role of mindfulness in developing wise decision making and compassion in clinical staff.