

The Role of Mindfulness in Hospice & Palliative Care in Taiwan

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ABSTRACT

Hospice palliative care aims at providing all-encompassing services for patients with terminal diseases suffering from physical, mental, social and spiritual symptoms and pain. Since clinical Buddhist chaplaincy training has been practiced for more than 10 years in Taiwan, there are two topics I would like to discuss below: (1) the comparison between spiritual care and mindfulness-based care: body, mind, and spirit as compared with body, feeling, mind, and Dharma; and (2) the relationship between the Fourfold Mindful Establishment and the triune brain model (i.e., the innermost reptilian brain, the old mammalian brain, and the neocortex).

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Key Words : Hospice & Palliative Care, clinical Buddhist chaplaincy, spiritual care, mindfulness-based care, Triune Brain Model

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The Beginnings and Development of Christian Hospice Care

During the four hundred years of the European Middle Ages, the hospices (from the Latin for a place of accommodations) in Christian monasteries were resting places where pilgrims or travelers could pause in their long journeys and rebuild their strength. These hospices were also used for the care of the ill and dying.

In the United Kingdom in 1967, Dame Cicely Saunders, a nurse who became a doctor, founded Saint Christopher's Hospice, the world's first establishment providing special care for terminal cancer patients. Medical teams cooperated in caring for terminally ill cancer patients during their last days, and guided families through mourning. Queen Elizabeth II strongly supported the work, so St. Christopher's Hospice became a teaching center, and the hospice movement spread throughout Britain.

In 1974, a group from St. Christopher's Hospice went to the United States to found the first hospice in that country. Taiwan's first hospice was founded in Mackay Hospital in Tamsui in 1990. Today, the movement has developed throughout the world, and the term *hospice* is used in medical institutions everywhere as a general term for facilities providing care for terminally ill cancer patients.

Hospice care provides terminal cancer patients with "Four Wholes," which has become an index for civilized, humane treatment.

1.The Whole Person: Body, mind, and spirit are all treated.

2.The Whole Family: Care is also

provided for family members.

3.The Whole Course of the Disease: Care is provided up to the very last moment, and the family is guided through mourning.

4.The Whole Medical Team: Doctors, nurses, religious personnel, social workers, dietitians, psychologists, and volunteers all work together to care for the patient and family.

Most religions maintain that "apart" from body and mind, there is a spirit that exists independent of body and mind. Especially since the hospice movement originated in Christian organizations, members easily accept ideas and attitudes based on the trinity of body, mind, and spirit. For example, when Mackay Hospital, a Christian organization, set up Taiwan's first hospice, they based their work on these Christian ideas of body, mind, and spirit, and they had the benefit of certain experience and results in other countries.

How to Choose the Right Term for Buddhist "Spiritual" Care Models for Hospices?

In 1998 the Buddhist Lotus Terminal Care Foundation funded a project, "A Study of Spiritual Care Models in Terminal Cancer Patients." Led by Professor Ching-yu Chen of the National Taiwan University Hospital and this researcher, the project included a questionnaire that sought to define spiritual care based on Buddhism. We started with the following Buddhist perspectives :

1.Spiritual essence is not identical to physical and psychological essences. It is also not different from them.

- 2.The spiritual essence has a relative connection with causes and conditions.
- 3.It cannot be created or destroyed.
- 4.It has a natural compassion.
- 5.It can attain enlightenment.
- 6.It can communicate with the natural world.
- 7.The final stage can remove all suffering and obtain spiritual happiness.

The result showed that 71.4% of the 22 patients in our study approved of our point of view. In another group, a total of a total of 80.9% of 95 Buddhists approved of our point of view.

In the more recent study that we conducted, and which we will examine here, there were 30 terminal cancer patients. First, they used symptom charts to evaluate their spiritual needs. In the 30 patients we observed, 11 of them (36.7%) had mild spiritual needs, 13 (43.3%) moderate spiritual needs, and 6 (20%) strong spiritual needs.

Among these 30 cases, 20 cases (66.7%) were willing to accept guidance from a Buddhist Chaplain, 8 cases (26.7%) were willing to accept music therapy, and 9 cases (30.0%) were willing to accept art therapy. On average, consoling by a Buddhist chaplain was begun 8.2 days after admission.

In the clinical perspective, there are three stages of spiritual health: high, moderate, and low. The criteria for evaluating these stages are: having the right view and making suitable preparations for death; treasuring the rest of one's life and setting meaningful objectives; and taking action to achieve these objectives et cetera. According to our data, in the initial evaluation, 5 of the patients (16.7%) were in the high stage, 12 (40%) in the moderate stage, and 13

(43.3%) in the low stage. In the evaluation before death, 14 of them (46.7%) were in the high stage, 12 (40%) in the moderate stage, and 4 (13.3%) in the low stage. The data showed that patients significantly improved in spiritual health with the spiritual care. With the total possible "Peaceful Ends" score of 15, the patients in the high stage had an average score of 13.5, an average score of 13.0 in the moderate stage, and an average score of 8.25 in the low stage. It showed that the higher the spiritual stage, the higher the "Peaceful Ends" score.

Twenty of the 30 patients accepted the Buddhist chaplain's guidance. While staying in the hospital, 10 of them were in the low stage, 7 in the moderate stage, and 3 in the high stage. The data showed that the spiritual stage could be lifted in palliative medical care but the results were more obvious with the guidance of the Buddhist chaplain.

When terminal cancer patients are faced with worsening symptoms and approaching death, spiritual care can significantly improve the quality of life. Furthermore, the study highlighted that the Buddhist chaplain provided an essential role in palliative care.

Care of Mindfulness: Body, Feeling, Mind, and Dharma

A basic tenet of Buddhism is that the Self has no true existence (anattā, 無我).⁽¹⁾ Instead, there are five aggregations (五蘊) that create a sense of self: body, sensation, recognition, mental formations, and consciousness. If these are analyzed separately, no independent, unchanging self can be found to exist.

Based on the observation of the five aggregations—body, sensation, recognition, mental formations, and consciousness—the most important Buddhist scripture is called the *Satipaṭṭhāna Sutta* (《念處經》), “The Discourse on the Establishment of Mindfulness”⁽²⁾, or *Mahāsatipaṭṭhāna Sutta* (《大念處經》), “The Great Discourse on the Establishment of Mindfulness.”⁽³⁾ This sutra teaches us to understand our own body, sensation, and mind (including recognition, mental formations, and consciousness), and Dharma, in order to develop and settle one’s awareness and mindfulness; this is setting up, or establishment. This method can not only lead to appreciation of truth (Dharma) in daily life, but also very often bhikkhus recite this sutra by the bedside of a dying person because it is useful for purifying the terminal patient’s final thoughts.⁽⁴⁾ This may be called Mindfulness care.

The method is practiced in this way: First, mindfulness of the body is established by making the patient aware of the way that inhaling and exhaling, slowly and quickly, affects the body. This develops concentration of mindfulness. The next step promotes mindfulness of sensation, through noting the body and mind’s sensations and the beginnings, changes, and disappearance of shifts in misery and happiness. Through training, “my feelings” and “a feeling” are differentiated so that one can handle inappropriate emotions. In the third step, setting up mindfulness of the mind, attention is paid to the appearance and disappearance of one’s various good and bad moods; one also learns to differentiate between “my moods” and “a mood.” Examining truth, laws, and duties becomes habitual, so that the patient may eliminate incorrect views, and become liberated

from vexations of life and death.

A Comparison of Spiritual Care and Care of Mindfulness

The Hospice movement began in Christian organizations, so when they speak of caring for the whole person, they mean complete care for the body, mind, and spirit. This has brought about concepts and work in “spiritual” care. Against the concept of Materialism or Mechanism, this perspective may lead to therapy designed solely to prolong life, or to euthanasia for terminal cancer patients. This is due to the belief in a spirit, outside the body, which is independent of body and mind.

However, both concepts—that the spirit is part of the body, or that independent of the body there is a true spirit—are at odds with the Buddhist teachings of non-Self (無我) and Conditioned Genesis (*pratītya-samutpāda*, 緣起). The essence of life is neither within nor outside the body. Therefore, the truth of life is neither transient nor eternal. According to this Middle Way thinking, there is no “spirit” apart from the body; the highest object of mindfulness is the Dharma of truth, law, and duty.

Also, because “mind” is caused by “sensation,” special attention is paid to sensation (appearance, disappearance, and changes in misery and happiness); this accords with the traditional hospice emphasis on pain control and relieving discomfort. This is why it is important to learn to recognize one’s own body, sensation, mind, and Dharma, so that mindfulness is keen and settled (established). Practice of this mindfulness care may be used to purify

the patient's thoughts; this has long been a basic training of Buddhism.

Another Comparison of Spiritual Care and Care of Mindfulness

In the Pāli scripture *Sangiti Sutta*, *Dīgha-nikāya*,⁽⁵⁾ the Three Studies of Higher Moral Discipline, higher concentration and higher wisdom are arranged as No. 47; the Three Eyes of physical eye, heavenly eye, and wisdom eye, as No. 46; and the Three Developments in cultivation of the body (kāya-bhāvanā · 身修), mind (citta-bhāvanā · 心修), and wisdom (paññā-bhāvanā · 慧修), as No. 48. Yang Yuwin (2002) holds that these passages put in correlation seem to imply the following teachings:⁽⁶⁾

1. In daily life, we should use our physical eyes to carefully examine our own speech and behavior, ensuring that we follow the ten wholesome precepts, the first seven of which relate to physical conduct: no killing, no stealing, no sexual misconduct, no lying, no malicious speech, no harsh speech, and no idle chatter. This is the cultivation of the body (conduct).

2. In religious life and practice, we should use our heavenly eye (our extraordinary mental power) as well as the higher training in concentration to focus our attention on all mind-constructed reflections and subdue the five hindrances. This is the cultivation of concentration (mind).

3. The cultivation of conduct and mind leads to the growth and power of the four roots (faculties · 根): faith, effort, mindfulness, and concentration. Because the faith root and its power pertain to the four objects of unflinching purity; the effort root and its power, to the four courses of right effort; the mindfulness root and its

power, to the four establishments of mindfulness; the concentration root and its power, to the four dhyānas (四禪) or four kinds of supernatural power.⁽⁷⁾⁽⁸⁾

They help build up the root and power of wisdom, and hence generate the wisdom eye. From then on, at the moment of “enlightened and liberated living”, we may use the wisdom eye as well as the training in higher wisdom to fulfill the thirty-seven factors of enlightenment through the exertion of the seven factors. The Wisdom Root will be nurtured in the Wisdom Ground, and the two together complete the Essence of Wisdom. Because the Wisdom Root consists of the approach of Five Aggregates, the approach of Six Interior and Exterior Sense Bases, the approach of Six Realms, the approach of the Four Noble Truths, and the approach of the Twelve Branches of Dependent Origination. The Wisdom Ground refers to the purity of precepts and the purity of mind. The Wisdom Essence embodies the purity of views, the rid of doubts, nondiscrimination between Path and non-Path, nondiscrimination of the practice of the Path, and nondiscrimination between practice and attainment of the Path.⁽⁹⁾ This is the cultivation of wisdom and thus the accomplishment of enlightenment and liberation, and finally the attainment of Buddhahood.

The above-mentioned guidelines for the three developments in body, concentration and wisdom are cited from Early Buddhism. While Western hospice care, based on the life structure of body, mind, and soul as conceived of in Christianity focuses on the spiritual care of the patients, we Buddhists concentrate on Care of Awareness, namely the four establishments of mindfulness on the body, feelings, states of mind, and phenomena,

based on the life structure of body, mind, and wisdom according to the Buddha's teaching.

How to Understand the Fourfold Establishment of Mindfulness from the Perspective of Brain Research?

In 1990, the Triune Brain Model was proposed by Paul D. Maclean. In this model, the triune brain consists of three portions:

1. The innermost Reptilian Brain, or the R-Complex, which includes the brain stem and the cerebellum, is the survival pivot controlling the autonomic functions such as breathing, heartbeat and the adjusting of body temperature. This portion of the brain is related to biological evolution in the Reptilian Age around 200 million years ago.

2. The Old Mammalian Brain, or the Limbic System, which surrounds the brain stem, is the source of emotions and instincts such as appetite, sexual desire, anger, and fear. This portion of the brain is related to mammals' evolution around 150 million years ago.

3. The top layer of the brain referred to as the New Mammalian Brain, or the Neocortex, did not develop extensively until it evolved in the brains of primates, especially humans. The neocortex plays a central role in highly intellectual functions such as thinking, judgment, language, etc.

The embryo brain of a human being also develops in this threefold sequence, with all three parts coexisting together.

A Personal Reflection on the Relationship between the Fourfold

Establishment of Mindfulness and the Triune Brain Model

When I realized how closely I am related to a reptile like a crocodile or to another mammal like a horse, and my rooted conception that "I am on top of all beings" was being shaken. I knew I needed to be even more careful and honest to face the underlying nature of human beings. I also realized the nature of similarity-and-continuity, and the non-permanence-and-non-nihilicity of all beings in the course of evolution: Every individual arises and falls interdependently in a continuous way, like the foam in the river of life that flows everlastingly.

"The Fourfold Establishment of Mindfulness" (also known as "The Four Mindful Dwellings", 四念處), is the method of practice taught by the Buddha in the Establishment of Mindfulness Sutra, from which monks learned to know their body (breathing and actions), sensation (feelings and receptions), mind (consciousness), and the Dharma (the Truth).

Buddhist monks from early times practiced in a way that they knew clearly in every moment that everything is impermanent, and that enabled them to eliminate their greed and hatred toward their physical and mental worlds and maintain their awareness, or mindfulness, clear and continuous, keen and stable.

In 2004, I wrote an article on the practice procedure of the Fourfold Mindful Establishment and how it seems to be identical with the evolution course proposed in the Triune Brain theory.⁽¹⁰⁾ This connection between Dharma and scientific theory has strongly influenced my feeling and understanding in daily practice.

In the Southern (Theravada, 上座部) Buddhist tradition, besides being regarded

as a guide for practicing meditation, the Establishment of Mindfulness Sutra is often read to a dying person at his bed to purify his last thoughts. As a matter of fact, the Four Establishments of Mindfulness is the basic course for Buddhist practitioners, and has also been highly valued in the the Mahayana tradition. Venerable Zhiyi (智顛) of the Tiantai sect (天台宗) in the Sui dynasty, for instance, once expounded this sutra to be noted down by his disciple Zangan Guanding (章安灌頂) as the Four Dwellings of Mindfulness in four fascicles (T.46, no.1918).

The Relationship between the Breathing Establishment of Mindfulness and the Reptilian Brain of the Triune Brain Model

In the stage of the Establishment of Physical Mindfulness concerning bodily activities, the most practical and frequently used method is “mindfulness on breathing-in-and-out (breath-counting meditation)”.

The Establishment of Mindfulness Sutra states that a practitioner should be aware of his own breath in and breath out. When the in-breath is long or short, the practitioner should clearly know: “I take a long breath in and I take a short breath in”; when the out-breath is long or short, he should clearly know: “I exhale a long breath and I exhale a short breath.”

He trains himself such that: “I should feel my whole body breathing while breathing in and out;” he further trains himself such that: “I should stop the conditioning of my body while the breath flows in and out.”

In terms of the Triune Brain Model, the breathing function is in relation to the brain stem referred to as the Reptilian Brain,

which is in charge of such sustaining functions of life as breathing.

The awareness of breathing-in-and-out as trained in the stage of the Establishment of Physical Mindfulness lets practitioners be constantly aware of their basic possession in life—breathing.

The breath is our first friend at birth, and our last possession at dying. It is our most faithful friend, and yet to whom we seldom talk. We also often neglect the basic “feeling of aliveness,” overlooking the value and meaning of the breathing that evolved in the ancient Reptilian Age some 200 million years ago.

If we learn to appreciate the realization that “with one remaining breath, happiness accompanies us forever,” then “breathing” will be the free and unconditional “playing object” or “playmate” whom we can play with merrily anytime, even till the last breath of life.

The Relationship between the Emotional Establishment of Mindfulness and the Limbic System of the Triune Brain Model

In correspondence with the Limbic System of the brain, which evolved in mammals around 150 million years ago and is the source of desire and emotion, there is the stage concerning the Establishment of Sensuous Mindfulness as described in the Establishment of Mindfulness Sutra. The sutra states that while experiencing or attaching to pleasant, unpleasant, or neutral feelings, the practitioner should clearly know: “I am experiencing and attaching to pleasant, unpleasant and neutral feelings.” He observes the repeated arising, changing and falling of feelings to train himself in distinguishing “my feeling” from “a feeling.”

In knowing how the feelings

condition the mind, he is able to deal with improper emotions. As breathing physically conditions the body, by adjusting how the practitioner adjusts his body, so do feelings mentally condition the mind, by modulating how the practitioner controls and stabilizes his mind.

The Relationship between the Mental Establishment of Mindfulness and the Neocortex of the Triune Brain Model

The third stage is the Establishment of Mental Mindfulness, which is compared to the neurological evolution that occurred only a couple of million years ago. Referred to as the New Mammalian Brain, or Neocortex, this part of the brain governs intellectual activities.

The Establishment of Mindfulness Sutra states that when greed, hatred, or delusion is arising in the mind or is not arising, the practitioner should clearly know this.

Likewise, when the mind is absorbed or not, vast or not, elevated or not, concentrated or not, or liberated or not, the practitioner should clearly know this.

He observes the different states of mind arise, change, and disappear, bravely and sincerely watching each mental activity as if watching the reflection of his own face in the mirror. He learns to distinguish “mine” from “one” so as to deal with improper states of mind.

Then, he is prepared to enter the fourth stage, the Establishment of Dharmic Mindfulness, and to understand the supreme Dharma, namely the Truth of impermanence, suffering, selflessness, emptiness, and nirvana.

Conclusion

From a personal reflection on the relationship between the fourfold establishment of mindfulness and the triune brain model, we can see that the practice procedure of the fourfold establishment of mindfulness can be matched with the course of evolution. Therefore, this knowledge might be useful when we introduce hospice medical personnel to the practice of mindfulness training.

In the article “The Mindfulness in Medicine”,⁽¹¹⁾ the authors state, “Implicitly, at least, mindfulness has always been part of good medical practice, facilitating the physician’s compassionate engagement with the patient. Epstein suggests that ‘mindfulness is integral to the professional competence of physicians’ in promoting effective clinical decision making and reducing medical errors.” Therefore, mindfulness training may also have applications in medical education and quality of care.

While Western hospice care, based on the life structure of the body, mind, and soul as conceived of in Christianity, focuses on the spiritual care of the patients, we Buddhists may concentrate on the four establishments of mindfulness regarding the body, feelings, states of mind, and phenomena, or based on the life structure of the body, mind, and wisdom.

(This article is based on my oral presentation in the International Conference “Mindfulness—a Buddhist Contribution to Modern Society. Hamburg: University of Hamburg. 2011.08.18-21)

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正念在台灣安寧緩和照顧的運用模式

釋惠敏

摘要

安寧緩和照顧的目標是提供具有生理、心理、社會與靈性痛苦之癌末病人「全人」的服務。因為，佛教臨床宗教師培訓已經在台灣實施有超過 10 年了，我將討論如下二個主題：(1) 靈性照顧之「身、心、靈」模式與正念為基礎的照顧模式「身、受、心、法」的比較；(2) 「身、受、心、法」四念住的禪修與「三重腦理論」（『爬蟲類型的腦』的腦幹、『原始哺乳類型的腦』的大腦舊皮質、『新哺乳類型的腦』的大腦新皮質）的關係。

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關鍵詞：安寧緩和照顧、臨床佛教宗教師、靈性照顧、正念照顧、三重腦理論

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