

Mindfulness: A New Paradigm of Psychosocial Care in the Palliative Care Setting in Southeast Asia

Seng Beng Tan, ¹*MRCP*, David Paul Capelle, ¹*MRCP*, Nor Zuraida Zainal, ²*MPM*, Ee Jane Lim, ¹, Ee Chin Loh, ¹*MRCP*, Chee Loong Lam, ¹*MRCP*

Abstract

Alleviation of suffering in palliative care needs a combination of good symptom control and psychosocial care. The capacity of mindfulness to promote psychological flexibility opens up possibilities of creating a paradigm shift that can potentially change the landscape of psychosocial care. In this review, we attempt to introduce 4 methods to establish mindfulness based on ‘The Discourse on the Foundations of Mindfulness’, a core text of Theravada Buddhism, followed by a brief comparison of the concepts and practices of mindfulness in different cultures and religions in Southeast Asia. Next, 2 mindfulness-based interventions specifically designed for palliative psychosocial care – mindfulness-based supportive therapy (MBST) and mini-mindfulness meditation (MMM) are introduced. We hypothesise that mindful practices, tailored to the palliative setting, can promote positive psychosocial outcomes.

Ann Acad Med Singapore 2017;46:339-46

Key words: End-of-life care, Mindful, *Satipatthana*, Spiritual care, Spirituality

Introduction

Alleviation of suffering in palliative care needs a combination of good symptom control and psychosocial care. Psychosocial care is defined as care concerned with the psychological and emotional well-being of the patient and their family or carers, including issues of self-esteem, insight into and adaptation to the illness and its consequences, communication, social functioning and relationships.¹ It encompasses general approaches such as establishing a supportive relationship, practising good communication, exercising empathy, fostering hope and supporting the family; and specific psychological interventions such as supportive psychotherapy, cognitive-behavioural therapy, family-focused grief therapy, meaning-centred therapy and dignity therapy.²⁻⁷

Mindfulness and the Alleviation of Suffering

‘Mindfulness’ is a common translation of the Pali word ‘*sati*’, which means bare attention. It is often defined as paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.⁸ It is a state of pure

awareness just before we start to conceptualise something.⁹ Although the word ‘mindfulness’ is most often associated with Buddhism, mindfulness is a universal human capacity to “look inside” our mind common to most religions and Western psychology.¹⁰ In addressing suffering at the end of life, we have been “looking outside” for solutions most of the time, without realising that “looking inside” may unveil better solutions and thus create a paradigm shift that can potentially change the landscape of psychosocial care completely.

Suffering is a specific state of severe distress associated with events that threaten the intactness of a person.¹¹ It occurs when there are perceived damage to the integrity of the self, helplessness in the face of a threat and exhaustion of personal and psychosocial coping resources.¹² The specific dimensions of suffering include physical, psychological, social and spiritual. Suffering can be examined from an event perspective which focuses on “looking outside” at the events that trigger suffering; and an experience perspective which emphasises “looking inside” the inner experiences of such events.¹³

¹Department of Medicine, Faculty of Medicine, University Malaya Medical Centre, Malaysia

²Department of Psychological Medicine, Faculty of Medicine, University Malaya Medical Centre, Malaysia

Address for Correspondence: A/Prof Tan Beng Seng, Department of Medicine, Faculty of Medicine, University Malaya Medical Centre, Lembah Pantai, 59100 Kuala Lumpur, Malaysia.

Email: pramudita_1@hotmail.com

How does mindfulness work in the alleviation of suffering? Several mechanisms of mindfulness have been proposed. Metacognitive awareness is the awareness of one's thoughts and feelings as mental events, rather than the self. Decentering allows one to step back to observe one's thoughts and feelings. Defusion allows one to remove the "fuse" from one's thoughts and feelings. Reperception helps one to disidentify from one's thoughts and feelings so one can perceive with greater objectivity and clarity.¹⁴⁻¹⁶ These mechanisms may lead to a greater degree of cognitive, emotional and behavioural flexibility, and an increase in capacity to "let go" of the negative effects of one's thoughts, impulses and feelings.

The Practices of Mindfulness in Southeast Asia

The key practices to establish mindfulness have been well described in 'The Discourse on the Foundations of Mindfulness' ('*Satipatthana Sutta*' in Pali), a core teaching on mindfulness fundamental to Theravada Buddhism in Southeast Asia.¹⁷⁻²⁰ Within the discourse, 4 foundation practices have been described – 'mindfulness of the body', 'feelings', 'mind' and '*dhammas*' (mental processes), as summarised in Table 1. The first way to establish mindfulness is to practise 'mindfulness of the body'. It is the simplest and most direct way to reduce stress and suffering, and it forms the basis for all other mindful practices. The exercises in mindfulness of the body include mindfulness of one's breath, postures, activities and physical body. These exercises can help us to decondition our strong identification with the body and lessen suffering that arises from such identification.

In the context of mindfulness, one's 'feelings' refer to the perception of pleasantness, unpleasantness or neutrality towards an event. This is not to be confused with the common definition of 'feeling' in the English language, which can refer to the awareness of either a physical sensation or an emotion. Awareness of our feelings in the context of mindfulness is a crucial factor in the alleviation of suffering because most of our reactions and actions are conditioned by our feelings. We crave the feeling of pleasantness, resist or avoid the feeling of unpleasantness and disregard the feeling of neutrality. Thus, mindfulness of feelings helps us to recognise these deeply ingrained habitual reactions so that we can stop ourselves from reacting thoughtlessly towards such feelings.

Next, mindfulness of 'mind' trains us to pay attention to the presence or absence of unwholesome and wholesome mental states. The 3 unwholesome mental states refer to the mental state of greed, anger and delusion. Greed is the selfish desire for something pleasant. Anger is the feeling of annoyance over something unpleasant. Delusion in the context of mindfulness is the unawareness of the reality – the reality of impermanence (temporal reality – that things

change from time to time), selflessness (spatial reality – that things are conditioned, the 'I' is not a lasting independent entity but a collection of physical and mental processes that change from time to time), and suffering (psychological reality – that suffering arises when we cannot accept things as they are or as they change). Wholesome mental states refer to the mind when it is free from greed, anger and delusion. Mindfulness of mind allows us to watch the arising and fading of different mental states instead of being lost in them. This simple recognition of unwholesome and wholesome mental states is followed by recognising the presence or absence of calmer states of mind in later exercises, which prepare us for a detailed investigation of mental processes – mindfulness of *dhammas*.

Mindfulness of *dhammas* begins with contemplation of mental processes that block psychological freedom from gross to subtle levels, namely the hindrances (mental habits that block our mindfulness progress), the aggregates (the 5 components that constitute the 'self' and become the objects of our identification) and the sense spheres (how we experience the world through our 5 senses and our mind). These are followed by contemplation of the factors that lead to psychological freedom. The culmination of mindfulness practice is reached with the contemplation of the 4 noble truths, which are the truth of suffering, causes of suffering, cessation of suffering and the paths leading to cessation of suffering. The final practice allows us to recognise suffering when it arises, together with the factors that lead to suffering; and to recognise the cessation of suffering when it fades away, together with the paths that lead to cessation of suffering.

The Practices of Mindfulness in Different Cultures and Religions in Southeast Asia

Southeast Asia is a historical heritage of diverse cultures and religions. Major religions here include Islam, Christianity, Hinduism and Buddhism. Living in a plurality of faiths, people in Southeast Asia spend a significant amount of time in spiritual practices such as attending houses of worship – mosques, churches or temples, reading sacred texts, performing prayers and rituals, and engaging in charities. '*Sati*', the original term for mindfulness in the Pali language is also translated as 'to remember' and we will demonstrate *sati* as a key element of spirituality that transcends traditions, practices and religions. The comparison of the concepts and practices of mindfulness in different cultures and religions in Southeast Asia is presented in Table 2.

From a secular perspective, remembering to "be" and to step out from running on "autopilot" into the freshness of the present moment, represent core elements of mindfulness-based interventions in Western psychology. In Christianity,

Table 1. The Four Foundations of Mindfulness

Mindfulness of the Body	Mindfulness of Mind
Mindfulness of the breath	Mindfulness of unwholesome and wholesome mental states
Conscious breathing	Unwholesome mental states
Following the entire length of the breath	-Mental state of greed
Bringing the mind home to the body	-Mental state of anger
Calming the body with the breath	-Mental state of delusion (unawareness)
Mindfulness of the 4 postures	Wholesome mental states
Mindful sitting	-Mental state of non-greed
Mindful standing	-Mental state of non-anger
Mindful walking	-Mental state of non-delusion (awareness)
Mindful lying down	Mindfulness of the 8 pairs of mental states
Mindfulness of physical activities	Greedy or not greedy
Full awareness of every activity	Angry or not angry
-Going forward and returning	Deluded or not deluded
-Looking ahead and looking away	Dull or agitated
-Flexing and extending the limbs	Stressed or relaxed
-Wearing clothes and carrying things	Not concentrated or concentrated
-Eating, drinking, tasting	In deep meditation or not in deep meditation
-Urinating and defecating	Free or stuck
-Sitting, standing and walking	Mindfulness of mental states internally and externally
-Falling asleep and waking up	Internal: own mental states and reactivity
-Talking and keeping quiet	External: mental states of others
Full awareness of the purpose of every activity	Mindfulness of impermanence of mental states
-Wholesome purpose	The arising and passing away of mental states
-Unwholesome purpose	The quality of the mind (clear, aware, sky-like, luminous)
Full awareness of its appropriateness	-Before greed, anger or delusion arises
Full awareness of which field one is practising	-After greed, anger or delusion fades away
-Mindfulness of the body	Bare knowing
-Mindfulness of feelings	Mindfulness to the extent necessary for bare knowledge
-Mindfulness of mind	Knowing things as they are without adding judgment
-Mindfulness of dhammas (mental processes)	Continuity of mindfulness
Full awareness of the 3 universal characteristics of reality during an activity	Repeatedly coming back to mindfulness once distracted
-Temporal reality: impermanence	Abiding independently
-Spatial reality: selflessness	Not clinging to anything
-Psychological reality: suffering	The removal of unwholesome thoughts (+ cognitive methods)
Mindfulness of the physical body	Replacing the thoughts
Analysis of the anatomical parts of the body	Reflecting on the negative effects of the thoughts
Analysis of the 4 natures of the body	Ignoring the thoughts
-The solid nature (earth element)	Removing the source of the unwholesome thoughts
-The fluid nature (water element)	Suppressing the thoughts with all energy
-The heat nature (fire element)	
-The movement nature (air element)	
Contemplation of decomposition of a corpse (for advanced practitioners)	

Table 1. The Four Foundations of Mindfulness (Cont'd)

Mindfulness of Feelings	Mindfulness of Dhammas (Mental Processes)
Mindfulness of the feeling tone	Mindfulness of the 5 hindrances that block psychological freedom
Pleasant feeling	Desire
Unpleasant feeling	Ill will
Neutral feeling	Sloth and torpor
Mindfulness of the source of the feeling tone	Restlessness and worry
From the body (sensations)	Doubt
From the mind (emotions)	Mindfulness of the 5 aggregates that constitute the “self”
Mindfulness of defiled and undefiled feelings	The body
Defiled feeling: sensory pleasure and pain	Feelings
Undefiled feeling: spiritual pleasure and pain	Perceptions
-From practising generosity	Mental activities: cognitions and emotions
-From practising love and compassion	Consciousness
-From practising renunciation	Mindfulness of the 6 sense spheres (how we experience the world)
-From practising mindfulness or meditation	Mindfulness of the 7 factors that lead to psychological freedom
Mindfulness of the tendencies of defiled feelings	Mindfulness
The tendency to seek pleasant feeling	Investigation of mental processes
The tendency to avoid painful feeling	Energy
The tendency to ignore neutral feeling	Rapture
Mindfulness of impermanence of feelings	Tranquillity
The arising and passing away of feelings	Concentration
The arising and passing away of tendencies	Equanimity
	Mindfulness of the 4 noble truths
	The truth of suffering
	The truth of the causes of suffering
	The truth of cessation of suffering
	The truth of the paths to cessation of suffering

remembering God and His Grace; remembering Jesus Christ, his life and his self-sacrifice, born out of love; and remembering the Holy Spirit, the energy sent by God; are fundamental to the practice of Christianity.²¹ In Islam, remembering Allah, absolute submission to Allah, following Prophet Muhammad’s conduct and way of life, and practising the 5 pillars of Islam, represent Muslim’s complete submission to the will of Allah.²² For Hindus, remembering God in diverse forms and approaching God through knowledge, devotion, service and meditation, are essential practices to achieve spiritual freedom.^{23,24} For Buddhists, remembering and taking refuge in the Three Jewels – the Buddha, the Dharma (Buddha’s teachings) and the Sangha (the spiritual community); and practising the 8 Noble Paths are of primary importance to achieve enlightenment (complete cessation of suffering).²⁵

Although the description of mindfulness in religions other than Buddhism is not explicit, the phenomenological nature of mindfulness is present in practices such as Dhikr in Islam, Centering prayer in Christianity and Yoga in

Hinduism. Regardless of religion or beliefs, it is easy to lose ourselves in daily activities and distractions, and fail “to remember”. Thus, the practice of mindfulness brings us back to what is most important, even when we are doing the most ordinary things in our daily life.

The Application of Mindfulness in Palliative Care

Although mindfulness has the potential to reduce suffering, terminally ill patients are not uncommonly too sick to participate in mindfulness-based interventions such as mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT).^{26,27} MBSR consists of weekly sessions of 2 hours for 8 weeks, a 1-day retreat and 45 minutes of homework daily. MBCT is an 8-week programme with weekly 2-hour sessions and 1 day of classes and homework. Selection of simple and highly flexible mindfulness interventions is necessary to suit the conditions of sick patients. In our setting, 2 such interventions are practised: 1) mindfulness-based supportive therapy (MBST); and 2) mini-mindfulness meditation (MMM).^{28,29}

Table 2. Comparison of the Concepts and Practices of Mindfulness in Different Cultures and Religions in Southeast Asia

Mindfulness-based Stress Reduction	Christianity	Hinduism
Concepts	Concepts	Concepts
Paying attention on purpose	Mindfulness of the Trinity	Mindfulness of God in separate manifestations
Paying attention in the present moment	-The Father	-Lord Brahma (The Creator)
Paying attention non-judgmentally	-The Son (Jesus Christ)	-Lord Vishnu (The Preserver)
Practices	-The Holy Spirit	-Lord Shiva (The Destroyer)
Raisin meditation	Practices	Practices
Breathing meditation	Loving God	The 4 ways to approach God
Body scan	Serving God	-Jnana Yoga (knowledge)
Mindful movement	Attending church	-Bhakti Yoga (devotion)
Three-minute breathing space	Communion	-Karma Yoga (service)
Sounds and thoughts meditation	Prayer	-Raja Yoga (meditation)
Exploring difficulty mindfully	Reading the Bible	
Befriending meditation		
Islam		Buddhism
Concepts		Concepts
Mindfulness of Allah		Mindfulness of the 3 Jewels
Redha: Absolute submission to Allah		-Mindfulness of the Buddha
Following the way of life of the Prophet Muhammad		-Mindfulness of the Dharma (teachings)
Practices		-Mindfulness of the Sangha (spiritual community)
Practising the 5 pillars of Islam		Practices
-Faith (Shahadah)		The 8 Noble Paths
-Prayer (Salat)		-Right understanding
-Charity (Zakat)		-Right intention
-Fasting (Sawm)		-Right speech
-Pilgrimage (Haji)		-Right action
Reading the Quran		-Right livelihood
Reciting Dhikr		-Right effort
		-Right mindfulness
		-Right meditation

MBST is a psychotherapy specifically designed for healthcare providers to practise mindfulness during patient care. It can be practised even if patients are too sick to participate in any therapy because it does not require any extra sessions on top of the usual ward rounds. The foundation of MBST is based on the theory of suffering in palliative care. The framework comprises 5 components: mindful presence, mindful listening, mindful empathy, mindful compassion and mindfulness of boundaries. The techniques for MBST include directing one's attention to the respective component, sustaining attention, and monitoring temporal and reactive distraction. The instructions for practice of MBST are summarised in Table 3.

MMMs are a variety of short mindfulness practices designed for palliative care patients who do not have the time or energy to attend formal mindfulness-based interventions

such as MBSR and MBCT. The recommended duration is at least 5 minutes a day but the time can be modified according to the energy level of patients. Table 4 shows some of the examples of MMM. Preliminary evidences from a pilot study and a randomised controlled trial showed that MMM in the form of 5-minute mindful breathing could be useful in alleviating distress in palliative care.^{30,31}

Conclusion

We hypothesise that the practice of MBST during every patient encounter will enhance the therapeutic relationship and promote positive psychosocial outcomes. It does not require clinicians to spend more time than usual on their consultations. However, it begs only for us to initiate this paradigm shift to change the way in which we carry out our daily tasks. This slight change in orientation could

Table 3. Instructions for Mindfulness-Based Supportive Therapy (MBST)*

Mindful Presence	Mindful Listening	Mindful Empathy
Practice mindful breathing	Continue mindful breathing	Continue mindful breathing
Breathe naturally	Listen to patient with your full attention	Imagine “entering into” patient’s situation
Notice the flow of air through your nose	Listen to the speech	Imagine experiencing his or her feelings
Rest your attention gently on your breath	Listen to the rate, rhythm, pitch, volume	Imagine experiencing his or her thoughts
Be aware of your own presence	Listen to the silences	Find out what patient wants
Feel your whole body	Listen with an open and curious heart	Express empathy consciously by:
Relax your whole body	Create a safe space for patient to express	Allowing patient to ventilate expression
Give patient 100% of your attention	Listen to understand patient’s situation	Acknowledging patient’s expression
Maintain good eye contact	-Sensations	Validating patient’s expression
Observe facial expression	-Emotions	Normalising patient’s expression
Observe body movement	-Thoughts	Come back to your breath gently when:
See patient as a whole person	-Behaviour	You find yourself overimagining
Come back to your breath gently when:	Come back to your breath gently when:	You feel like blocking any expression
You find yourself judging patient	You find yourself judging patient	You are affected by vicarious emotions
You find yourself feeling anxious	You feel like interrupting unnecessarily	Continue to put yourself in patient’s shoes
You find yourself feeling rushed	You feel like giving advice prematurely	
Be there fully for the patient	You are affected by countertransferences	
	Listen with all of yourself	
Mindful Compassion	Mindfulness of Boundaries	
Continue mindful breathing	Continue mindful breathing	
Cultivate compassion consciously	Be aware of boundaries	
Open your heart to feel the suffering of the patient	Be aware of your personal boundary	
Feel the suffering from the bottom of your heart	-Notice your boundary between self and others	
Rest in this feeling of suffering for a few moments	Notice your own judgment versus patient’s thoughts	
Make a sincere wish for this person to be free from suffering	Notice your own emotions versus patient’s emotions	
Imagine directing your compassion toward the person	Be aware of self-care versus patient care	
Rest in this feeling of compassion for a few moments	-Know your limit of time constraint versus presence	
Express compassion consciously by:	-Know your limit of countertransferences versus listening	
Speaking in a manner that brings comfort	-Know your limit of vicarious traumatisation versus empathy	
Helping patient to alleviate his or her suffering	-Know your limit of compassion fatigue versus compassion	
Come back to your breath gently when:	Be aware of your professional boundary	
You find yourself judging patient	-Cross boundary consciously only if you are convinced that:	
You find yourself being obsessive with care	In that particular situation, it’s beneficial to patient and the therapeutic relationship without violating your professional conduct or compromising equity of care	
You find yourself having excessive concern in fixing suffering	Come back to your breath gently when:	
You have excessive attachment to the goal of relieving suffering	You find yourself judging patient for making unreasonable request	
You are emotionally affected by patient’s suffering	You are judging yourself for failure to fulfill patient’s request	
You are feeling guilty of not doing enough	You are feeling guilty	
You are feeling helpless	You are feeling helpless	
You feel like saying something unnecessarily	You feel like crossing boundary that can harm patient or yourself	
You feel like doing something unnecessarily	You feel like avoiding patient due to boundary issues	
You feel like avoiding patient due to negative countertransference	Maintain self-awareness throughout the encounter	
Continue to practice compassion on purpose, in the present moment, non-judgmentally		

*A psychotherapy designed to allow healthcare providers to practice mindfulness during patient care.

Table 4. Examples of Mini-Mindfulness Meditation (MMM)

Mindful Breathing	Mindful Eating	Mindful Movement
Make yourself comfortable	Be grateful when you see your food	Stop rushing
Relax your body	Give your food your full attention	Move slowly
Close your eyes gently	Place your food gently into your mouth	It can be any exercise or walking
Take 2 deep breaths slowly	Chew slowly	Feel the movement of your joints
Then, breathe naturally	Taste every nook and corner of your food	Feel your muscle contraction or relaxation
Notice the flow of air through your nose	Feel its texture and temperature	Feel your skin
Rest your attention gently on your breath	Feel the movement of the food as you chew	Enjoy the gentle wind caused by movement
If you are distracted by any sounds, body sensations, thoughts or feelings, gently come back to your breath	Feel it as you swallow	Synchronise movement with your breathing
Be aware of the breath for the next 5 minutes	Follow the food down to the foodpipe	Rest your attention on your posture as you stop moving
	Follow it to your stomach	If you are distracted, gently come back to your movement or posture
	Rest in the aftertaste for a few moments	Rest your attention on it for the next 5 minutes
	Take the next portion when you are ready	
	If you are lost in thinking, gently come back to your food	
Mindful Smiling	Mindfulness of Love	Mindfulness of Nature
Imagine your face as a flower bud	To love is to bring happiness	Choose a leaf, a flower, a stone, a tree or a picture of nature
Choose your favourite flower	Imagine your loved one in front of you	Breathe in and out naturally
Visualise its blooming as you start smiling	Imagine sending love to him or her	Look at it deeply
Smile very slowly	See him or her getting happier and happier	Appreciate its general characteristics
Smile slowly until it is blooming fully	Rest your attention on this love for a while	Appreciate its details carefully
Rest your mind in the feeling of happiness	Imagine receiving love from this person too	See its beauty
Let the feeling spread to your whole body as you breathe	See yourself getting happier and happier	Let go of any judgment
If you are distracted, gently come back to your smile	Let go of any distraction	Rest your attention on its beauty
Stay with your smile for the next 5 minutes	Stay with this love for the next 5 minutes	Be one with it for the next 5 minutes
Mindfulness of Pain	Mindfulness of Suffering	Mindfulness of Death
Seek help from your doctor for analgesia	Relax your body	Recommended for advanced practitioners
Breathe in and out to centre yourself	Take 2 deep breaths slowly	May cause considerable distress
Breathe until you feel you are calmer	Then, breathe naturally	Death is a natural process in life
Then, bring your attention to your pain	Allow your mind to calm down	It can happen to us at anytime, anywhere
Keep a curious mind to see what pain is	Then, bring your attention to your suffering	Breathe in and out to centre yourself
Notice the different components of pain	Observe your suffering	Acknowledge the possibility of death
Sensations	Be aware of the events that trigger it	Acknowledge its unpredictability
Emotions	Be aware of the experiences	Then, imagine you are lying on a bed, dying, surrounded by your family
Thoughts	-Your sensations	Imagine your experience vividly
Pay attention to the unpleasantness	-Your emotions	Your thoughts
Notice how unpleasantness changes	-Your thoughts	Your feelings
Notice your resistance to pain	Watch suffering like an outsider	Your family
Breathe and relax your body	Notice how suffering arises and disappears	Your surrounding
Smile to your pain	If you find yourself overthinking about your suffering, gently come back to your breath	If you notice any unpleasant thoughts or emotions, gently come back to your breath and calm yourself down
	Imagine breathing in happiness	Let your thoughts and emotions come and go as they are
	Imagine breathing out suffering	Continue to practice mindful breathing
	Continue the exercise for next 5 minutes	Rest your mind on imagined scene for next 5 minutes

potentially make huge differences, reducing the amount of suffering directly related to healthcare communications. As for patients and their family members who are able to participate in “looking inside”, MMM offers them short flexible practices that can be tailored to their daily activities and spiritual practices. It is believed that there is no greater gift of charity one can give than to help a person die well.³² To this end, we propose that mindfulness is not a luxury but rather, is an absolute requirement.

Acknowledgement

The authors would like to express their heartfelt gratitude to Dr Tan Min-Han, Consultant in Medical Oncology and Cancer Genetics at National Cancer Centre, Singapore, for giving us the great idea of introducing mindfulness from the Southeast Asian perspective.

REFERENCES

- NCHSPCS. Feeling better: psychosocial care in specialist palliative care. London: National Council for Hospice and Specialist Palliative Care Services; 1997. p. 13.
- Hudson PL, Remedios C, Thomas K. A systematic review of psychosocial interventions for family carers of palliative care patients. *BMC Palliat Care* 2010;9:17.
- Dewald PA. Principles of supportive psychotherapy. *Am J Psychother* 1994;48:505-18.
- Anderson T, Watson M, Davidson R. The use of cognitive-behavioural therapy techniques for anxiety and depression in hospice patients: a feasibility study. *Palliat Med* 2008;22:814-21.
- Kissane DW, McKenzie M, Bloch S, Moskowitz C, McKenzie DP, O'Neill I. Family focused grief therapy: a randomized, controlled trial in palliative care and bereavement. *Am J Psychiatry* 2006;163:1208-18.
- Breitbart W, Poppito S, Rosenfeld B, Vickers AJ, Li Y, Abbey J, et al. Pilot randomized controlled trial of individual meaning-centered psychotherapy for patients with advanced cancer. *J Clin Oncol* 2012; 30:1304-9.
- Chochinov HM, Kristjanson LJ, Breitbart W, McClement S, Hack TF, Hassard T, et al. Effect of dignity therapy on distress and end-of-life experience in terminally ill patients: a randomized controlled trial. *Lancet Oncol* 2011;12:753-62.
- Kabat-Zinn J. *Wherever you go, there you are: mindfulness meditation in everyday life*. New York: Hyperion; 1994. p. 4.
- Gunaratana BH. *Mindfulness in plain English*. Boston: Wisdom Publications; 2011.
- Walsh R. *Essential spirituality: the 7 central practices to awaken heart and mind*. New York: Wiley; 2000.
- Cassell EJ. The nature of suffering and the goals of medicine. *N Engl J Med* 1982;307:758-60.
- Chapman CR, Gavrin J. Suffering: the contributions of persistent pain. *Lancet* 1999;353:2233-7.
- Beng TS, Guan NC, Seang LK, Pathmawathi S, Ming MF, Jane LE, et al. The experiences of suffering of palliative care patients in Malaysia: a thematic analysis. *Am J Hosp Palliat Care* 2014;31:45-56.
- Teasdale JD, Moore RG, Hayhurst H, Pope M, Williams S, Segal ZV. Metacognitive awareness and prevention of relapse in depression. *J Consult Clin Psychol* 2002;70:275-87.
- Fresco DM, Segal ZV, Buis T, Kennedy S. Relationship of posttreatment decentering and cognitive reactivity to relapse in major depression. *J Consult Clin Psychol* 2007;75:447-55.
- Shapiro SL, Carlson LE, Astin JA, Freedman B. Mechanisms of mindfulness. *J Clin Psychol* 2006;62:373-86.
- Analayo. *Satipatthana: the direct path to realization*. Birmingham: Windhorse Publications; 2004.
- Gunaratana BH. *The 4 foundations of mindfulness in plain English*. Somerville, USA: Wisdom Publications; 2012.
- Hanh TN. *Awakening of the heart: essential Buddhist sutras and commentaries*. California, USA: Parallax Press; 2012.
- Goldstein J. *Mindfulness: a practical guide to awakening*. Boulder: Sounds True; 2013.
- The Holy Bible, New International Version. Grand Rapids: Zondervan House; 1984.
- The Koran, translated by Dawood NJ. London: Penguin Classics; 2014.
- Upanishads, translated by Roebuck VJ. London: Penguin; 2003.
- Bhagavad Gita, translated by Johnson WJ. London: Oxford University Press; 2009.
- Gunaratana BH. *Eight mindful steps to happiness*. Somerville: Wisdom Publications; 2001.
- Kabat-Jinn, J. *Full catastrophe living: using the wisdom of your body and mind to face stress, pain and illness*. New York: Bantam Dell; 2013.
- Segal Z, Teasdale J, Williams M. *Mindfulness-based cognitive therapy for depression*. New York: Guilford Press; 2002.
- Beng TS, Chin LE, Guan NC, Yee A, Wu C, Jane LE, et al. Mindfulness-based supportive therapy (MBST): proposing a palliative psychotherapy from a conceptual perspective to address suffering in palliative care. *Am J Hosp Palliat Care* 2015;32:144-60.
- Beng TS. Mindfulness in palliative care. In: Beng TS. *The little handbook of palliative care*. Singapore: Partridge; 2016. p. 519-28.
- Beng TS, Ahmad F, Loong LC, Chin LE, Zainal NZ, Guan NC, et al. Distress reduction for palliative care patients and families with 5-minute mindful breathing: a pilot study. *Am J Hosp Palliat Care* 2016;33: 555-60.
- Ng CG, Lai KT, Tan SB, Sulaiman AH, Zainal NZ. The effect of 5 minutes of mindful breathing to the perception of distress and physiological responses in palliative care cancer patients: a randomized controlled trial. *J Palliat Med* 2016; 19:917-24.
- Sogyal Rinpoche. *The Tibetan book of living and dying*. UK: Rider; 2008.