

# Some Aspects of Mindful Communication in Neurological Practice

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## Abstract

Mindfulness has its origins in Buddhist traditions and encourages individuals to accept the present moment exactly as it is, without judging people, actions, or events. Mindfulness techniques are taken up by medical researchers and applied in therapeutic programs for mental health. Also, mindfulness contributes to improve the quality of medical communication, to developing the skills of transmitting and receiving information, facilitating an effective, empathetic, and conscious dialogue between mental health professionals and patients. Mindfulness practices are welcome not only for patients but also for healthcare professionals, as they can help reduce emotional exhaustion, and develop skills to prevent burnout syndrome.

**Keywords:** *Mental health; neurological patient; mindful communication; empathy;*

## 1. Introduction

Due to cognitive and emotional disorders, patients with neurological conditions encounter challenging situations in their relationships with healthcare professionals. In this context, employing mindfulness methods could be beneficial, as it could help them "to know themselves better, to be aware of their thoughts, emotions, and current reactions without judging or analysing past actions, and without rejecting or trying to change realities" (Kane, 2022, p. 15). In medical practice, mindfulness has been incorporated over the past few decades thanks to its proven therapeutic effectiveness. Although it does not replace medical treatments, it is recognized as a complementary intervention in neurology and psychiatry, alongside other contemplative practices such as transcendental meditation, yoga, dhikr, Tai Chi, and prayer.

In the present study, we aim to examine mindfulness techniques in neurological treatment, assess their applicability in Western medicine and in the Republic of Moldova, and highlight the positive aspects of mindful communication with patients.

## 2. Theoretical framework

### 2.1. Mindfulness – between spiritual roots and scientific validation

Mindfulness is rooted in Buddhist teachings that date back to the 6th century BCE. Siddhartha Gautama, the founder of Buddhism, structured his teachings around the "Four Noble Truths: 1. dukkha (suffering, pain); 2. the

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cause of dukkha (awareness of suffering); 3. the cessation of dukkha (liberation from pain); 4. the path leading to the cessation of dukkha (the way to achieve liberation)" (Delumeau, 1993, p. 453). "The Fourth Noble Truth, also known as the Eightfold Path, consists of eight steps that an individual must follow in order to overcome suffering and attain enlightenment (Nirvana). These are: (1) Right Understanding; (2) Right Thought; (3) Right Speech; (4) Right Action; (5) Right Livelihood; (6) Right Effort; (7) Right Mindfulness, and (8) Right Concentration" (Gunaratana, 2001, p. 3).

Therefore, mindfulness is the seventh step of the Noble Truth and serves to free individuals from suffering by making them aware that suffering does not arise from reality itself, but from the way it is mentally interpreted. In this way, the individual becomes aware of the essence and value of human life and is able to manage the thoughts and emotions that overwhelm him. In Buddhism, the "four foundations of mindfulness are: (1) mindfulness of the body (which involves focused attention on breathing, body posture, and body parts); (2) mindfulness of feelings (of pleasure, pain, or neutrality); (3) mindfulness of the mind (which involves observing the arising and passing of various mental states and consciousness), and (4) mindfulness of mental objects (that is, thoughts" (Gunaratana, 2001, p. 258). Deep understanding of these four foundations of mindfulness would help with emotional self-regulation, enhance attention and concentration levels, and foster creative and intuitive thinking, among other benefits.

Therefore, mindfulness practices, derived from Buddhist traditions, encourage us to accept the present exactly as it is, without judging people, actions, or events, to seek self-awareness in order to reduce pain, anxiety, or stress, and to develop the ability to detach from the suffering that marks our present. The principles of mindfulness help the individuals discover themselves, to direct their thoughts and emotions, to achieve peace of mind.

## ***2.2. Mindfulness - Based Therapeutic Interventions***

Mindfulness practices have remained relevant and are increasingly applied in neurology and psychiatry. These are applied in several therapeutic forms, such as: (1) MBSR "Mindfulness-Based Stress Reduction"; (2) CBT „Cognitive Behavioral Therapy"; (3) ACT „Acceptance and Commitment Therapy"; (4) DBT „Dialectic Behavior Therapy", etc.

(1) The MBSR therapeutic program, proposed in 1979 by Jon Kabat Zinn, is a non-religious version of mindfulness meditation. The American scientist conducted research on patients with neurological conditions and various chronic illnesses, aiming to understand the essence of their suffering. Jon Kabat-Zinn identified seven core attitudes derived from mindfulness for his therapeutic program: "1. Non-judging: observing experiences without the tendency to interpret or evaluate them; 2. Patience: recognizing that everything

unfolds in its own time and cannot be rushed or changed; 3. Beginner's mind: approaching each experience with curiosity, as if for the first time; 4. Trust: recognizing and relying on one's own feelings and intuition; 5. Non-striving: being present without trying to achieve a specific outcome; 6. Acceptance: acknowledging reality as it is, without denial; 7. Letting go: the ability to release thoughts and emotions that hold you back" (Kane, 2022, pp. 18-21). Initially, MBSR was implemented by Jon Kabat-Zinn at the Center for Mindfulness in Medicine, Health Care, and Society at the University of Massachusetts. The program lasted eight weeks and included guided mindfulness exercises and practices. The results obtained by patients who followed this therapeutic program became topics of interest among researchers. In 2003, Richard Davidson and his colleagues demonstrated that mindfulness meditation can produce significant changes in the activity of the left prefrontal cortex, a region associated with emotion regulation, suggesting an increased ability to manage difficult situations in a positive and balanced manner (Silverton, 2017, p. 26). Similarly, Sara Lazar's 2005 study confirmed the idea that learning and practicing mindfulness can change both the structure and activity of the brain, and these changes influence well-being. (Silverton, 2017, p. 26). Therefore, it has been demonstrated that the MBSR program, based on the principles of mindfulness, can successfully fulfill the role of reducing stress and improving mental health, currently being applied in hospitals, clinics, and other healthcare institutions.

(2) Cognitive Behavioral Therapy (CBT), founded by Aaron Beck, is "a structured, evidence-based psychotherapeutic model aimed at identifying and modifying dysfunctional patterns of thinking and behavior that contribute to psychological distress" (Matei, 2024, p. 132). Mindfulness practices have been recently integrated into the modern forms of this therapy.

(3) ACT, developed by Dr. Steven C. Hayes, "is a form of cognitive-behavioral intervention focused on enhancing psychological flexibility by integrating acceptance with actions guided by personal values. It combines techniques of acceptance, cognitive diffusion, and mindfulness, promoting a more flexible relationship with one's own thoughts and emotions" (Matei, 2024, p. 132).

(4) Dialectical Behavior Therapy (DBT) "was developed by Marsha Linehan in the 1980s and was initially recommended for individuals with borderline personality disorder; however, it can also be used for other disorders involving emotional dysregulation" (Bondoc, 2022). Its main goals are „to teach people to live in the present moment, cope with stress, regulate

their emotions, and improve their relationships with others” (Schimelpfening, 2023).

At present, mindfulness practices continue to be widely applied in Western medicine, but less so in Central and Eastern Europe. We believe this is due to the dominant Christian faith in this region, which differs fundamentally from Buddhism by promoting distinct values. Thus, a Christian patient will seek “salvation through God and a personal relationship with Him” (Ioan, 14:6); whereas a follower of Buddhism will seek liberation through the self, by means of detachment and wisdom (Gunaratana, 2001). From this perspective, religious beliefs can become an obstacle to the awareness and practice of a new way of thinking and being of the suffering person.

In the Republic of Moldova, mindfulness-based therapeutic interventions are not as widely appreciated as in Western medicine; nevertheless, they are being implemented in several public and private medical institutions, such as the Institute of Neurology and Neurosurgery, the Clinical Psychiatric Hospital, the Community Mental Health Center, etc. We believe that in the future, the importance and value of mindfulness practices will be increasingly recognized, and they will come to play a more prominent role in modern therapies within the Moldovan healthcare system. De facto, mindfulness practices would be beneficial not only for neurological patients but also for medical professionals, as they can help reduce emotional exhaustion, develop skills for preventing burnout syndrome, and support the humanization of medical care.

### **3. Theoretical analysis**

#### ***3.1. Mindful communication in support of neurologists***

“Communication is a complex process that significantly impacts the field of medical science and healthcare, contributing to the establishment and strengthening of the relationship between healthcare professionals and patients, as well as addressing various ethical and moral dilemmas” (Spînu, 2024, p. 319).

Medical communication in a neurological context is often hindered by patients’ cognitive or language impairments. For instance, conditions such as aphasia, dementia, attention or memory disorders may prevent the patient from properly understanding the message and responding appropriately. In this context, communication must be adapted to the specific needs of such patients, while respecting certain fundamental principles, such as: patient-centeredness, maintaining a calm and empathetic atmosphere, avoiding judgment, and using verbal, paraverbal, and nonverbal language in a congruent manner.

To improve the quality of communication between neurologists and their patients, mindfulness practices are highly beneficial. These practices

significantly enhanced. Consequently, their responses become context-appropriate, and the decisions they make are thoughtful, objective, and logical. By no longer focusing on the causes of their suffering and instead accepting reality as it is, the individual is more likely to communicate in a secure, optimistic, and non-confrontational manner, minimizing anxiety, panic attacks, and depression.

Accepting that things evolve naturally, at their own pace, will provide the speaker with confidence in their own abilities, in their capacity to face reality, overcome stress, and avoid impulsive emotional reactions. Self-confidence, along with the ability to regulate emotions and behaviors, helps patients maintain balance in everyday life, remain calm and think logically, and avoid negativity in pursuing their goals. They will return to a state of optimism, focusing on mental health and positivity rather than mental disorders and skepticism.

Mindfulness-based communication is also beneficial for the development of the healthcare professional's moral character, as it helps reduce occupational stress and prevent burnout syndrome. By cultivating a healthy and balanced lifestyle grounded in mindfulness, the physician can become a role model worthy of being followed by patients.

The effectiveness of mindful communication is supported by researchers from Toronto, who found through a conducted study that mindfulness training for physicians improved their communication with patients and colleagues, leading to positive cognitive and behavioral changes (Giroday, 2023). A compelling proof of the practical value of mindfulness is the curriculum "Mindful Communication", elaborated by Dr. Michael S. Krasner and Dr. Ronald M. Epstein, from the University of Rochester. They applied their curricula at the School of Medicine and Dentistry within the same institution (Krasner, & Epstein, 2010).

Therefore, mindful communication optimizes the mental health of neurological patients, enhances the quality of doctor-patient interpersonal relationships, stimulates individuals' moral sensitivity, and facilitates dialogue based on self-confidence, empathy, and nonviolence - thus helping to overcome anxiety and skepticism.

#### **4. Conclusions**

In conclusion, we can highlight some fundamental ideas regarding the discussed topics:

- Mindfulness has its origins in Buddhist traditions and encourages individuals to accept the present moment exactly as it is, without judging people, actions, or events; to know and accept themselves.
- Mindfulness practices are recognized and integrated into several scientifically validated therapeutic programs and models, such as MBSR

"Mindfulness-Based Stress Reduction", MBCT "Mindfulness-Based Cognitive Therapy", ACT „Acceptance and Commitment Therapy”, and DBT „Dialectical Behavior Therapy”.

- Mindfulness contributes not only to improving the quality of medical communication but also to developing the skills of transmitting and receiving information, facilitating an effective, empathetic, and conscious dialogue between mental health professionals and patients.

- Mindfulness practices are welcome not only for neurological patients but also for healthcare professionals, as they can help reduce emotional exhaustion, develop skills to prevent burnout syndrome, and support the humanization process of medical care.

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