Mantra Meditation as a Bedside Spiritual Intervention

Roxane Raffin Chan

The increased acceptance of integrative care allows nurses to investigate their role as active providers of spiritual care at the bedside. Lack of clear role expectations and interventions support the need for a simple, flexible spiritual bedside intervention. The use of a meditation mantra is discussed.

Teaching and encouraging use of a simple mantra meditation is a bedside nursing intervention that can help the patient meet his or her spiritual needs. It may also enhance wellness, and decrease anxiety and depression. This intervention does not require that the nurse and the patient share a common spirituality or religious viewpoint. It can be used to prepare the patient to receive spiritual care from others or to continue personal spiritual work. The mantra can also be part of a more comprehensive nursing spiritual care intervention. It may add structure and substance to nursing spiritual care, which currently is classified broadly, defined vaguely, and done infrequently (Carr, 2010). This lack of structure requires the nurse to use discretion when meeting a patient's spiritual needs within the context of each unique patient care interaction (Embell & Pesut, 2001).

Creating individualized spiritual interventions is a time-consuming process often hindered by a hectic work environment, lack of organizational support, and a nurse’s doubts regarding his or her professional ability to deliver effective spiritual care. As a result, spiritual needs often are unmet (Pike, 2011). An evolving understanding of the benefits of spiritual care and its ability to promote wellness through enhanced placebo response compels nurses to develop spiritual interventions that can be used at the bedside (Khols, Sauer, Offenbacher, & Giordano, 2011).

What Is Meditation?

Meditation as a health care inter-

vention may promote well-being of the body, mind, and spirit uniquely through measurable and lasting physiological changes. It facilitates neuroplasticity, resulting in improved attention, cognitive, and memory recall function (Chiesa & Serretti, 2010). Meditation also decreases the stress response, improves immune system function, and decreases anxiety and depression. These changes culminate in the development of mindful awareness that fosters the acquisition of necessary life-enhancing resources and a more creative approach to problem solving (Kok et al., 2013). Meditation is an intervention of body, mind, and spirit that increases a person’s ability to be mindful in the daily life, allowing him or her to explore expectations, find purpose, and cultivate optimism (Kabat-Zinn & Ludwig, 2008).

Research examining the impact of meditation on physical, emotional, and spiritual health is beginning to identify the necessary components of an effective meditation practice (Chiesa, Serretti, & Jakobson, 2013). In most cases, the development of a practice of meditation involves the study of three identified meditation skills: concentrative or mantra meditation, nonjudgmental awareness or mindful meditation, and contemplative or thoughtful meditation. Mantra meditation is practiced as a beginning skill to improve a person’s ability to attend to the present moment. However, it also may be used as a singular meditation practice to gain documented health and wellness benefits (Benson, 1975).

The second skill of mindful meditation develops the ability to sustain nonjudgmental thought awareness (Van den Hurk, Janssen, Giornini, Barendregt, & Gielen, 2010). Practicing mindfulness involves allowing the self to become aware of thoughts, feelings, and sensations one at a time, releasing each one in turn to allow for awareness of the next thought, feeling, or sensation. Contemplative meditation involves the use of a mental task, such as focusing on feelings of compassion for self and others, and may or may not be facilitated by listening to guiding instructions during meditation (Fredrickson, Coffey, Pek, Cohn, & Finkel, 2009).

Attaining a working knowledge of all three meditation skills takes time and the attention of a skilled meditation instructor. However, mantra meditation is equally effective, amenable to different spiritual frameworks, and easy to teach (Benson, 1996; Bormann, Hurst, & Kelly, 2013). Trials involving only mantra medita-

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Roxane Raffin Chan, PhD, RN, AHN-BC, LMT, is Assistant Professor, College of Nursing, Michigan State University, East Lansing, MI.
tion also decreased the stress response as seen in lowered blood pressure, decreased habitual responding and self-reported anxiety, and increased overall emotional well-being and peaceful and spiritual feelings (Anderson & Kryscio, 2008; Bormann et al., 2013). Mantra meditation is adaptable to the spiritual needs of the patient as well as the nurse’s ability to deliver a spiritual intervention through the selection of a personal mantra. The exact focus during mantra meditation is flexible in that the word, thought, or sensation may have no particular meaning, or it may have spiritual or religious significance to the person meditating. Examples of neutral mantras are the word “one” or an awareness of the sensation of breathing, whereas spiritual mantras may be “The Lord is my Shepherd” or “Shalom.” This adaptable and teachable meditation technique was the first form of meditation to catch the attention of the American public during the 1960s and early 1970s (Kristeller, 2011).

**Meditation and Spirituality**

The two most popular mantra meditation programs, Transcendental Meditation® (TM) and the Relaxation Response®, were first employed using nonspiritual mantras. However, subsequent research that specifically measured the use of spiritually based mantras has identified the positive impact of using a spiritually meaningful mantra (Bormann & Carrico, 2009). Originally, mantras taught in the TM movement were chosen based on matching the sound vibration of the mantra to the energy vibration of the student, while teachers of the Relaxation Response suggested using the word “one” or the sensation of the student’s breath as a mantra. In both these practices, the focus of the mantra is not particularly spiritual. However, spiritual gains still are seen as the practitioner improves his or her ability to be present to both internal and external experiences, broaden life experience, allow more opportunity to process life, and perhaps then find meaning in those experiences (Bormann et al., 2013). In this way, even secular-based meditation practices may be a spiritual interventional tool that facilitates and supports the activation of the placebo effect in response to treatment (Khols et al., 2011). The activation of the placebo effect is thought to result from the combined and simultaneous practice of mental concentration and physical relaxation that creates increased neuroplasticity (develops new neuronal connections) (Chan & Woolacott, 2007). This neuroplasticity returns the autonomic nervous system to a healthy and balanced state by simultaneously activating both the parasympathetic and sympathetic nervous systems (Kok et al., 2013). Thus, even without a spiritual focus, a simple practice of mantra meditation can lower cortisol levels, regulate blood pressure, reduce anxiety, and increase a sense of hopefulness (Mihaljevic et al., 2011).

Although TM and the Relaxation Response were taught as secular mantra meditation programs, they were adapted from more complex, spiritually centered meditation practices. Over time, as the general public has become more comfortable with the spiritual nature of meditation, researchers have investigated the impact of meditation using the original spiritual content. Randomized, controlled trials of meditation now have begun to include programs that used spiritually focused mantras, guided compassionate meditation derived from Buddhist LoJong techniques, and specific programs of spiritual meditation such as Passages and Sahaja yoga (Bormann & Carrico, 2009; Kok et al., 2013; Oman, Hedberg, & Thoresen, 2006; Wachholz & Pargement, 2005).

Bormann and colleagues (2006, 2009) studied the practice of spiritual meditation through the use of spiritually based mantras in subjects with human immunodeficiency virus. They found long-term increases in subjects’ ability to reappraise situations and use positive coping skills was predicted by a reduction in reacting with anger to life events. Wachholz and Pargement (2005) specifically challenged the benefit of a spiritual focus by comparing a meditation intervention using a spiritually based mantra to a meditation with a secular, self-based mantra in a randomly controlled trial of healthy subjects. They found subjects using a spiritual mantra experienced a significant decrease in anxiety, a significant increase in positive mood, and a 50% increase in the time they tolerated painful stimuli. Researchers then tested this information with a group of persons with migraine headache, finding subjects who participated in the spiritual mantra meditation had a significant decline in the number of reported headaches as well as a significant increase in pain tolerance and migraine headache management self-efficacy (Wachholz & Pargement, 2008). These studies demonstrate the use of a spiritually based mantra improves the beneficial effects of meditation and can be used as a simple way to establish a spiritual intention. The spiritual meaning of the mantra can be based on specific religious beliefs and adapted to apply to settings where people of many different religious backgrounds are learning to meditate (Benson, 1996).

**The Role of the Nurse**

Identifying and meeting spiritual needs are integral to nursing care (McSherry & Jamieson, 2013). This is supported by research findings in which patients and nurses indicated nurses have a meaningful role in providing spiritual care at the bedside by arranging access to chaplains and other spiritual care providers, and providing quiet time and spiritually meaningful surroundings (McClung, Grossoehme, & Jacobson, 2006; McSherry & Jamieson, 2013). The nurse also may listen as a patient explores the meaning of the current health care experience within the context of the more global meaning of his or her life and the surrounding world (Rytkje, Eriksson, & Raholm, 2013). Although the current fast-paced health care system may not offer the nurse this opportunity, introducing a patient to mantra meditation could be an important step in meeting the patient’s spiritual needs. Practicing a mantra medita-
tion will counteract the neurological impact of anxiety on attentional networks, helping the patient to be open to spiritual experiences (McCorkle, 2008) and preparing him or her to process personal spiritual beliefs and questions with chaplains, family, or counselors (Greco et al., 2011). Whatever the nurse's comfort level or the extent of the patient's spiritual request, a short mantra meditation intervention at the bedside can produce an increase in spiritual wellness by strengthening the patient's ability to be mindful and more aware of the internal and external experience within the context of the world (Kristeller, 2011).

Creating an organizational environment that supports use of a spiritual mantra meditation intervention at the bedside is not complex, and has the potential to decrease nurse burnout and increase job satisfaction (MacKenzie, Poulin, & Seidman-Carlson, 2006). This in turn can contribute to improved patient outcomes (Grempair et al., 2007). One commonly held belief is that people who teach meditation need to have a well-developed personal practice of meditation; however, lack of this skill may not be a large hurdle to initiating the bedside meditation intervention. Herbert Benson, a prominent cardiologist, was first to demonstrate the blood pressure-lowering effects of meditation; he did not develop a personal practice of meditation for the first 20 years of his research (Benson, 1975). Despite not developing a personal practice of meditation, Dr. Benson researched and successfully taught the relaxation response to others. Additional research indicates Benson's experience is not unique because the benefits of meditation can occur after participating in a single meditation class and a short period of practice resulting in decreased stress and improved quality of life (Prasad, Wahrner-Roedler, Cha, & Sood, 2011). Moreover, a large number of nurses select meditation, specifically mantra-based meditation, as a self-care activity (Kemper et al., 2011). Thus, establishing programs that introduce mantra meditation efficiently in the clinical setting can utilize a group of nurses already familiar with the technique. A concise train-the-trainer program that does not require excessive staff development time could result in large gains in quality of life and well-being for both staff and patients.

The following section of this article proposes an intervention guide to using mantra meditation at the bedside as a spiritual intervention to improve patient care and provides a beginning knowledge base for nurses to pursue research on meditation as a health care intervention. This intervention is a synthesis of the previously detailed research on the mechanisms and effect of meditation as a health care intervention, and was developed based on the author's lifelong personal study combined with her 15-year experience in using meditation as a health care intervention. A simple search of meditation in the CINAHL database produced only 847 references to meditation research, with 734 of those published in the last 10 years. Of those references, the vast majority were presented from researchers in the field of psychology. Moving meditation from an intervention that nurses use for self-care to an intervention used in the clinical setting will prompt nurses to become involved in delivering, researching, and developing meditation interventions.

**The Intervention**

The nurse will be concerned with five areas when helping a patient begin to use mantra meditation as a spiritual intervention: mantra selection, the environment, body position, breathing style, and the actual task of meditation.

**Mantra Selection**

Whether secular or spiritual, the goal of mantra meditation is to hold attention on a single thought or sensation that conveys a sense of comfort. Once a patient and nurse have decided using mantra meditation would be a welcome and possibly effective intervention for the patient, they must discuss mantra selection. If a patient can choose a word, phrase, or visual image for meditation, he or she can begin to use this immediately for the mantra. The patient may need some assistance and time to identify an appropriate mantra. To facilitate mantra selection, the nurse can use the metaphor of a comfortable chair. A patient's mantra should be like a comfortable place to rest. The nurse might have the patient visualize his or her most comfortable place to sit and then describe that place. This may trigger a word or image that will work for the patient, such as the word *peaceful* or the image of the ocean at sunset. The patient may prefer a spiritual word but is either not comfortable with the words from the religion of youth or has no particular religion. The nurse should not assume a person who was part of a religious group would use that religion as a source for his or her mantra. Past negative experiences in a religious group may be associated with more anxiety and depression during hospitalization (Johnson et al., 2011). In this case, the nurse may suggest some spiritual words (see Table 1). If the patient has spiritual or religious literature at the bedside, he or she may find inspiration there. It is best to select a word, image, or sensation that can be used consistently over time in the beginning so it becomes associated with the sensation of meditation; then it can be used when the patient is not meditating actively to evoke calmness when needed, such as when waiting for a procedure or for results from a diagnostic test.

**Environment**

Understanding the importance of the patient's safety and comfort, the nurse could assist the patient to a quiet place of his or her choice. If the patient needs to remain in the room, turning off the television or computer would be a good first step. The nurse may explain to the patient that ambient noise need not prohibit meditation. Outside sounds, such as hallway noise, can be observed, acknowledged, and released from awareness as the patient returns to the repetition of the mantra. A patient with religious or spiritually
<table>
<thead>
<tr>
<th>Mantra</th>
<th>Meaning</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Completeness</td>
<td>Secular</td>
</tr>
<tr>
<td>Love</td>
<td>Comfort</td>
<td>Secular</td>
</tr>
<tr>
<td>Peace</td>
<td>Reassurance</td>
<td>Secular</td>
</tr>
<tr>
<td>Our Father</td>
<td>The presence of God</td>
<td>Catholic/Christian</td>
</tr>
<tr>
<td>Hail Mary</td>
<td>Mother love</td>
<td>Catholic</td>
</tr>
<tr>
<td>Shalom</td>
<td>Welcoming peace</td>
<td>Jewish</td>
</tr>
<tr>
<td>Sh'ma Yisroel</td>
<td>The Lord is our God</td>
<td>Jewish</td>
</tr>
<tr>
<td>Insha' Allah</td>
<td>God willing</td>
<td>Islam</td>
</tr>
<tr>
<td>Bismillah ir-Rahman ir-Rahim</td>
<td>In the name of Allah, the merciful, the compassionate</td>
<td>Islam</td>
</tr>
<tr>
<td>Krishna</td>
<td>He who draws us to himself</td>
<td>Hindu</td>
</tr>
<tr>
<td>Rama</td>
<td>To rejoice; the joy that is in each of us</td>
<td>Hindu</td>
</tr>
<tr>
<td>Om mani padme hum</td>
<td>Jewel in the lotus of the heart that lies in each of us</td>
<td>Buddhist</td>
</tr>
</tbody>
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meaningful objects may want to have them close during meditation. Photographs, books, or prayer beads often help a person remain focused on the meditation.

**Body Position**

If the patient desires and is able, he or she should be assisted to a seated position with the back away from the back of the chair and with his or her feet flat on the floor. If that is not possible, helping the patient to a comfortable position with the spine in good alignment and the chest and abdomen free of restrictions will allow him or her to breathe slower and fuller without an increase in the work of breathing.

**Breathing**

The practice of meditation and the concept of breath awareness are linked through the beginner's meditation instruction to quiet the mind and focus on breathing. Most forms of meditation allow the mental process of meditation to set the depth and duration of each breathing cycle to an average of six breaths per minute (Cyszar & Büsing, 2005). Early studies examining the physiological processes involved during meditation established that when the timing of breathing during meditation was not directed specifically, the practice of meditation spontaneously lowered respiratory rate, oxygen consumption, and carbon dioxide production, and increased expiratory time (Allison, 1970; Fried, 1987). These changes occur immediately at the start of meditation (Allison, 1970) even for those new to practicing meditation (Fried, 1987). These studies have been reaffirmed recently (Desbordes et al., 2012). Thus, the nurse needs to help the patient adopt a comfortable, restful breathing pattern through the nose if at all possible without calling undue attention to the act of breathing. Specific instructions by the nurse could include, “Allow your breath to become soft” or “Allow your stomach to soften and feel it rise as you inhale and deflate as you exhale.” The nurse also can help the patient time breathing with the inward repetition of the mantra, either repeating the mantra on the inhale and then again on the exhale, or using the first part of the mantra on the inhale and the second part on the exhale. For example, on an inhale the patient could say either aloud or in the mind, “I breathe in peace.” On the exhale, the patient could say, “I am peace.” Research on prayer and meditation has found all spiritual customs include prayers that specifically allow the timing of the breath to slow to an optimal six breaths a minute, such as the repetition of the Hail Mary found in the rosary and prayers that accompany Islamic prayer beads (Bernardi et al., 2001).

**Meditation**

Once the mantra has been selected and the patient is situated comfortably in an acceptable environment, the nurse can instruct the patient to repeat the mantra on an inhale and exhale, breathing with a soft belly and allowing all other thoughts to fall away. The nurse should tell the patient that other thoughts will intrude on the meditation, such as worry or planning. The patient should be encouraged, as thoughts, sensations, or noises interrupt the meditation, to gently and positively return to the repetition of the mantra. If the patient prefers, a timer with a quiet alarm can be set to 10 or 20 minutes to prevent interruptions by visitors, scheduled tests, or medication administration. For optimal results, at least 10 minutes should be devoted to meditation each morning and each afternoon or evening (Benson, 1975).

**Conclusion**

Once the nurse has reviewed the information included in the intervention outline, he or she can use clinical judgment regarding the
extent to which the patient can participate in the intervention. It is acceptable and often wise to start with the two basic concepts focusing on the need to repeat a word, sound, prayer, or muscular activity and passively disregarding everyday thoughts that come to mind by returning to the chosen mantra. Beginning simply and having the nurse provide privacy, comfort, and a quiet environment will insure more patients can take advantage of this intervention. As the patient becomes more able to interact with the environment and with others, he or she can establish the time, space, and conditions that work best for meditation.

REFERENCES


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ADDITIONAL READINGS