Opinion

Dynamic containment and mindfulness in hospice care

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Dynamic Containing is an onto-therapeutic process model developed at Inter Homines within the context of psychosocial and psychotherapeutic work with refugees, and its applicability to other fields of practice is becoming increasingly evident.[1] In this opinion piece, Dynamic Containing is applied to *hospice care* as an example- as a preliminary outline for a more in-depth scientific study, which will also incorporate intercultural aspects. "Onto-therapeutic" means that dynamic containing is not merely another option among the many therapeutic approaches, but rather a fundamental definition of the psychosocial and psychotherapeutic process. The model, whose four components are explained below, follows in the tradition of psychotherapeutic metamodels, such as those developed in particular by Frank,[2] Orlinsky & Howard,[3] Grawe,[4] and Wampold & Imel,[5] which focus not on individual schools of therapy but on the cross-school basic structures of therapeutic practice.

Dynamic Containing forms an integral part of Inter Homines' four-framework concept.[6] Its third, psychotherapeutic framework is illustrated by the image of *the therapeutic scales*, from which three treatment paths can be derived: (1) the light path of resource and solution orientation (future), (2) the dark path of trauma-focused therapy (past) and (3) the mindful path of spiritual orientation toward the here and now (present) (Figure 1). In hospice care, the third, mindful path of the therapeutic balance holds particular significance, since at the end of life, neither trauma-focused processing of the past nor a solution-oriented focus on the future forms the primary focus of care. The positive effects of mindfulness practice include, among other things, improved concentration, inner peace, increased self-care, helpful management of breathing and emotions, better listening skills, and an enhanced ability to relax.[7] Furthermore, positive effects on stress- and lifestyle-related illnesses are well documented scientifically.[8] All of this suggests that mindfulness can serve as a valuable foundation for end-of-life care. Accordingly, *professionals in the hospice sector* should be familiarized with mindfulness practices and trained to apply them.[9] This applies in particular to *volunteers,* who often lack the relevant professional training background.[10] If the four model components of Dynamic Containing are applied to this group of individuals, the training of professionals and volunteers can be structured as follows (Figure 2).

Figure 1 Therapeutic Scales. Adapted from Regner.[6]

Figure 2 Dynamic Containing. According to Regner.[1]

i. **Self-Containing (inner container):** Volunteer hospice work can be demanding or even overwhelming, as it confronts individuals with the extreme experiences of illness, dying, and death. Short mindfulness exercises, such as conscious observation of one's breath, can help shift from "doing" mode to "being" mode, gather one's composure, and strengthen the inner container.[9]

ii. **Therapeutic Containing (outer container)**: At the heart of volunteer hospice work is the mindful holding, supporting, and accompanying of dying people and their loved ones. They should be met with undivided attention, presence, and appreciation.[11]

iii. **Psychosocial therapeutic interventions (left strand of the double helix)**: Mindfulness in end-of-life care means consciously pausing again and again, being fully present, and approaching the dying person with calm attention. Gentle touch, attentive listening, and calm breathing synchronized with the person's own breathing rhythm can have a soothing effect and promote well--being. In addition, simple visualizations or guided mindfulness exercises can help foster inner peace and provide relief.[7]

iv. **Therapeutic self-organization (right strand of the double helix)**: Even during the dying process, a person remains a subject with their own dignity and self-determination. What is crucial is how they accept mindful support, process it internally, and integrate it into their own dying process. Mindfulness therefore refers not only to the attitude of those providing support but also to an internal process of perception, acceptance, and processing on the part of the dying person.[12]

Dynamic containing thus opens up an expanded perspective for mindful hospice care. In particular, the inclusion of aspects critical of mindfulness as well as intercultural considerations represents a worthwhile task for further conceptual and scientific work.

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Conflicts of interest

The authors declared that there are no conflicts of interest.

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