

Mindfulness and Existential Healing Interventions in Palliative Care for Patients with Advanced Cancer:A Scoping Review

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Abstract

Background:

Patients with advanced cancer frequently experience multidimensional suffering, including psychological distress, existential distress, and concerns related to death and dying. Mindfulness-based interventions and existential healing interventions have increasingly been applied in palliative care; however, the current evidence regarding their integration, intervention characteristics, and clinical applicability remains unclear. This scoping review aimed to systematically map the application of integrated mindfulness and existential healing interventions in palliative care for patients with advanced cancer, including their theoretical foundations, core components, implementation characteristics, reported outcomes, and feasibility, thereby providing evidence to inform the development of contextually appropriate interventions in clinical practice.

Methods:

A comprehensive literature search was conducted in PubMed, Embase, CINAHL, Web of Science Core Collection, China National Knowledge Infrastructure (CNKI), and Wanfang Database from June 2016 to June 2026. Two reviewers independently screened the retrieved records and extracted data. A descriptive analysis was performed to summarize the characteristics and findings of the included studies.

Results:

Nine studies were included, comprising three studies published in Chinese and six studies published in English from countries including the United States, New Zealand, and China. The participants were primarily patients with advanced solid tumors receiving palliative or hospice care, with some studies involving family caregivers. Mindfulness-related interventions included mindfulness-based stress reduction, acceptance and commitment therapy, and mindfulness meditation training. Core practices involved body scanning, mindful breathing, meditation, and acceptance-based exercises. Existential healing-related interventions included meaning-centered psychotherapy, dignity therapy, and life review interventions, with key components focusing on meaning-making, life review, advance care planning, and spiritual support. Both intervention categories demonstrated potential benefits in reducing emotional distress and death anxiety and improving meaning in life, spiritual well-being, and quality of life. Several studies further indicated that mindfulness training may facilitate participation in advance care planning and improve family communication.

Conclusions:

Mindfulness-based interventions and existential healing interventions share a common focus on addressing the existential needs of patients with advanced cancer and have shown an emerging trend toward integration. However, systematic and theoretically integrated mindfulness–existential healing interventions remain underdeveloped. Future research should focus on developing feasible, standardized, and theory-driven integrated intervention programs and evaluating their effectiveness in palliative care settings.

Introduction

Patients with advanced cancer commonly experience multiple physical symptoms, including pain and fatigue, accompanied by substantial psychological distress such as anxiety and depression^[1, 2]. As the disease progresses toward the end of life, suffering often extends beyond physical symptoms and manifests as existential distress, including awareness of impending death, crises of meaning in life, loss of control, and spiritual concerns^[3, 4]. Therefore, identifying effective and feasible non-pharmacological interventions that address patients' existential needs has become an important priority for improving the quality of palliative care.

Mindfulness-based interventions, which emphasize the intentional and non-judgmental awareness of present-moment experiences^[5], have demonstrated beneficial effects in alleviating psychological distress and improving quality of life among patients with cancer, providing evidence-based psychological and behavioral support within palliative care settings. In recent years, the application of mindfulness interventions among patients with advanced cancer has gradually expanded from emotional regulation to broader domains, including exploration of meaning in life and preparation for the end of life^[6, 7]. In this review, mindfulness refers to interventions that cultivate intentional and non-judgmental awareness of present experiences through practices such as mindful breathing, body scanning, mindfulness meditation, and mindful awareness, with the aims of promoting emotional regulation, illness acceptance, and psychological adaptation. These interventions include mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and acceptance and commitment therapy (ACT) containing explicit mindfulness training components.

In this review, existential healing refers to existentially oriented supportive interventions targeting issues related to the end of life, with the goals of facilitating patients' confrontation with mortality, life integration, meaning-making, dignity preservation, and psychological preparation for dying. These interventions primarily include exploration of meaning in life, life review, dignity preservation, value clarification, legacy creation, death education, and advance care planning. Existential healing interventions represented by meaning-centered psychotherapy, dignity therapy, and life review interventions directly address existential distress and have demonstrated consistent benefits in improving spiritual well-being and meaning in life and reducing death anxiety^[8, 9].

In clinical practice, preliminary attempts combining mindfulness-based stress reduction with hospice or palliative care approaches^[1, 9] have reported promising outcomes; however, existing interventions have primarily consisted of parallel components rather than theoretically integrated programs. Furthermore, considerable heterogeneity remains regarding intervention formats, outcome measures, and pathways of integration, and the current evidence has not yet been systematically mapped. Therefore, guided by the scoping review methodology^[10], this study aimed to summarize the current evidence regarding integrated mindfulness and existential healing interventions in palliative care for patients with advanced cancer.

In this review, integrated mindfulness and existential healing interventions were defined as interventions that simultaneously incorporated explicit mindfulness training components (e.g., mindful breathing, body scanning, and mindfulness meditation) and at least one existential healing component (e.g., meaning exploration, life review, dignity preservation, death education, value clarification, legacy creation, or advance care planning). These integrated interventions aim to enhance patients' present-moment awareness, facilitate life integration, alleviate existential distress, and support preparation for a peaceful and meaningful end of life.

Methods

This scoping review was conducted following the methodological framework proposed by Arksey and O'Malley and was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines^[11].

2.1 Research questions

This review addressed the following research questions:

- (1) What is the current state of research regarding mindfulness and existential healing interventions in palliative care for patients with advanced cancer, including the characteristics of target populations, clinical settings, and study designs?
- (2) What are the main characteristics and variations of these interventions regarding their components, delivery formats, intervention dosage (including session duration, frequency, and intervention period)?
- (3) What outcome domains have been examined following these interventions, including psychological distress, existential distress, death anxiety, and quality of life?
- (4) How are mindfulness-based and existential healing interventions theoretically related, and what trends have emerged regarding their potential integration in palliative care?

2.2 Search strategy

A comprehensive literature search was conducted in PubMed, Embase, CINAHL, Web of Science Core Collection, China National Knowledge Infrastructure (CNKI), and Wanfang Database. The search period was from January 2017 to June 2026.

A combination of controlled vocabulary and free-text terms was used. The English search terms included: mindfulness, mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), meditation, acceptance and commitment therapy, advanced cancer, terminal cancer, palliative care, hospice care, meaning-centered psychotherapy, dignity therapy, life review, existential distress, death anxiety, and spiritual well-being. The Chinese search terms included: 正念, 正念减压疗法, 正念认知疗法, 冥想, 接纳与承诺疗法, 晚期癌症, 临终癌症, 姑息治疗, 临终关怀, 意义中心心理治疗, 尊严疗法, 生命回顾, 存在性焦虑, 死亡焦虑, 精神健康, and 临终关怀. .

The complete search strategy for PubMed is presented in Appendix A. In addition, the reference lists of all included studies were manually screened to identify additional relevant records.

2.3 Eligibility criteria

Studies were included if they met the following criteria:

- (1) Participants were adults (≥ 18 years) with advanced cancer, including stage III/IV, terminal, or metastatic cancer.
- (2) Studies were conducted in palliative care, hospice care, or supportive care settings.
- (3) Studies examined mindfulness-based interventions, existential healing interventions, or interventions involving both components, or explored the relationship and potential integration of these approaches among patients with advanced cancer.
- (4) Study designs included original research, pilot or feasibility studies, study protocols, reviews, and dissertations.

(5) Studies published in English or Chinese were eligible.

Studies were excluded if they met any of the following criteria:

(1) Interventions focused exclusively on a single component unrelated to mindfulness or existential healing.

(2) Participants included patients with early-stage cancer or non-cancer populations.

(3) Conference abstracts (unless sufficient detailed data were available) and commentaries.

(4) Studies for which the full text was unavailable.

2.4 Study selection and data extraction

After removing duplicates using EndNote, two reviewers independently screened the retrieved records. Titles and abstracts were initially screened, followed by full-text assessment of potentially eligible studies. Any disagreements were resolved through discussion or consultation with a third reviewer.

A standardized data extraction form was developed and pilot-tested before formal data extraction. Two reviewers independently extracted information including author, publication year, country, study design, sample characteristics, sample size, intervention content and format, intervention duration, frequency, intervention period, and outcome measures. Any discrepancies were resolved through verification against the original articles.

2.5 Data synthesis and analysis

A descriptive thematic analysis was conducted. First, the characteristics of included studies were summarized and presented in tables. Subsequently, two reviewers repeatedly examined the full texts and performed open coding of intervention characteristics, theoretical mechanisms, and reported outcomes. Through constant comparison, preliminary themes were generated and refined. The research team collectively reviewed the synthesized findings to ensure that interpretations remained consistent with the original evidence.

3.1 Study selection

The database search identified a total of 1,115 records, including 128 records from China National Knowledge Infrastructure (CNKI), 84 from Wanfang Database, 236 from PubMed, 115 from Web of Science Core Collection, 361 from Embase, and 191 from CINAHL. After removal of duplicates, 961 records remained for title and abstract screening.

Following title and abstract screening, 898 records were excluded. Subsequently, 59 full-text articles were assessed for eligibility. Of these, 50 articles were excluded for the following reasons: interventions focused exclusively on either mindfulness or existential healing components ($n=36$), the research topic was not relevant to the review objectives ($n=8$), conference abstracts ($n=3$), and other study types that did not meet the eligibility criteria ($n=3$).

Finally, nine studies were included in this scoping review. The study selection process is illustrated in Figure 1.

3.2 Characteristics of included studies

The characteristics of the included studies are summarized in Table 1. The nine included studies were published between 2020 and 2025 and were conducted in China, the United States, New Zealand, Canada, Italy, and

Singapore. Among these studies, six were randomized controlled trials, two were pilot or single-arm intervention studies, and one was an evidence synthesis study incorporating network meta-analysis and qualitative analysis.

The sample sizes ranged from 20 to 240 participants. The participants were mainly adults with advanced cancer, advanced solid tumors, or advanced malignancies receiving palliative or hospice care. One study additionally included family caregivers, and one study involved both patients with cancer and healthcare professionals.

The interventions were delivered through various formats, including face-to-face group sessions, individual interventions, and remote programs. Intervention durations ranged from 4 to 12 weeks. Detailed characteristics of the included studies are presented in Table 1.

Table 1 Characteristics of included studies on mindfulness and existential healing-related interventions

No.	First author (Year)	Country	Study design	Participants (sample size)	Intervention	Main outcomes
1	Zhou L[12] (2024)	China	RCT	Patients with brain metastases from lung cancer (T=47; C=47)	Mindfulness-based stress reduction (MBSR) combined with palliative care (3 months)	Pain, self-perceived burden, dignity
2	Qian XH [13] (2023)	China	RCT	Older adults with non-small cell lung cancer (T=99; C=99)	Hospice care combined with MBSR	Anxiety and depression, coping style, self-efficacy, death attitudes
3	Lu WN[14] (2024)	China	Evidence synthesis study (network meta-analysis and qualitative study)	Patients with cancer and healthcare professionals	Comprehensive evaluation of meaning-in-life interventions for patients with cancer	Meaning in life, facilitators and barriers of intervention implementation
4	Mosher CE[15] 2024	USA	Pilot RCT	Patients with advanced solid tumors (T=33; C=22)	MEANING group-based mindfulness intervention (6 weeks)	Quality of life, well-being, advance care planning engagement and readiness
5	Johns SA[5] 2020	USA	Single-arm pilot study	Patients with advanced solid tumors and caregivers (13 dyads)	Group-based mindfulness intervention (6 weeks)	Advance care planning behaviors, family communication, psychological distress, quality of life
6	Winger JG[16] 2025	USA	RCT	Patients with advanced cancer (N=190; T=95; C=95)	Remote Engage intervention (ACT/mindfulness/value-based intervention)	Symptom management, self-efficacy, acceptance, mindfulness, quality of life
7	Xu Q[17] 2025	China	RCT	Patients with advanced malignant tumors (T=57; C=57)	Palliative care combined with MBSR	Pain, psychological symptoms, sleep, self-efficacy, quality of life
8	Zimmermann FF[6] 2020	New Zealand	Single-arm study	Patients with advanced cancer (N=20)	Remote "Mindfulness-Based Cancer Coping" program (4 weeks)	Mindfulness skills, acceptance, meaning in life
9	Arch JJ[7] 2022	USA	RCT	Patients with stage III/IV solid tumors	Remote palliative care intervention based on ACT, mindfulness, and	Advance care planning, anxiety and

Abbreviations: RCT, randomized controlled trial; T, intervention group; C, control group; MBSR, mindfulness-based stress reduction; ACT, acceptance and commitment therapy; ACP, advance care planning.

3.3 Types and core characteristics of mindfulness and existential healing-related interventions

The included studies covered two major domains: mindfulness-based interventions and existential healing-related interventions. Mindfulness-based interventions mainly included mindfulness-based stress reduction (MBSR), mindfulness meditation training, and acceptance and commitment therapy (ACT) incorporating mindfulness and values-oriented components. These interventions aimed to enhance patients' awareness and acceptance of illness experiences, strengthen psychological adaptation, and alleviate emotional distress through practices such as mindful breathing, body scanning, meditation exercises, acceptance training, and values clarification^[6, 12, 14, 16].

Existential healing-related interventions primarily focused on meaning in life, death-related concerns, and psychological preparation for the end of life. The reported components included meaning exploration, meaning-making, life review, dignity preservation, values clarification, legacy creation, advance care planning (ACP), and spiritual support^[5, 13, 15, 17]. These interventions aimed to address the existential needs of patients with advanced cancer, facilitate life integration, enhance meaning in life, and support preparation for the end of life.

Recent studies have begun to explore the combination of mindfulness practices with existentially oriented supportive components. These approaches integrated mindfulness awareness, acceptance training, meaning exploration, ACP, and family communication support, representing emerging comprehensive models addressing both symptom management and existential needs^[7, 15]. However, such integrative approaches remain at an exploratory stage, and their theoretical foundations, implementation pathways, and optimal intervention structures have not yet been established.

3.4 Delivery formats and intervention dosage characteristics

The included studies employed various delivery formats, including face-to-face group interventions, individual sessions, and remote interventions. Several studies adopted patient–caregiver dyadic participation models^[5, 13, 16]. Intervention providers included psychotherapists, palliative care teams, oncology nurses, and trained research personnel^[12, 15].

The intervention duration generally ranged from 4 to 8 weeks, with sessions conducted once weekly and lasting approximately 30–120 minutes. Some interventions incorporated daily home-based practices or online learning components, followed by short-term follow-up assessments^[7, 14, 17]. Digital delivery approaches, including videoconferencing, web-based programs, and mobile-based interventions, were increasingly applied in palliative care settings for patients with advanced cancer^[6, 18].

3.5 Outcome domains reported in included studies

The included studies reported outcomes across multiple domains, including psychological, existential, symptom-related, and quality-of-life outcomes.

Regarding psychological outcomes, several studies reported changes in anxiety, depression, emotional distress, coping ability, and self-efficacy following mindfulness-based or existentially oriented interventions^[12, 14, 16].

For existential outcomes, interventions addressing meaning in life, life review, dignity, and values-related issues were associated with reported improvements in meaning in life, spiritual well-being, dignity-related outcomes, and death-related attitudes^[5, 13, 17].

Several studies incorporating mindfulness, values clarification, and advance care planning (ACP) discussions reported outcomes related to ACP engagement, family communication, and end-of-life preparation^[5, 7, 15].

Additional outcomes included pain, symptom burden, and quality of life; however, substantial heterogeneity existed in outcome measures, assessment time points, and follow-up duration across studies^[7, 12, 16].

3.6 Feasibility and acceptability of interventions

Several included studies evaluated the feasibility and acceptability of mindfulness and existential healing-related interventions. Feasibility indicators included intervention completion rates, adherence, participant satisfaction, and engagement with intervention components^[6, 16].

Patients reported that mindfulness practices, life review, values discussions, and meaning-oriented activities were helpful in addressing illness-related challenges, death-related concerns, family communication, and psychological adaptation^[5, 15, 17].

However, existing evidence was mainly derived from single-center studies with relatively small sample sizes. Variations were observed in intervention content, dosage, delivery methods, and outcome assessments. Further multicenter studies with larger samples and longer follow-up periods are needed to clarify the effectiveness and scalability of these interventions^[7, 12, 13].

4.1 Mindfulness and existential healing-related interventions jointly address existential distress

The findings of this review indicate that patients with advanced cancer experience profound suffering beyond physical symptoms, including death anxiety, loss of control, and crises of meaning. Mindfulness-based interventions may provide psychological resources for responding to these experiences by cultivating present-moment awareness and acceptance. In contrast, existential healing-related interventions directly address concerns regarding mortality, meaning, dignity, and life integration.

Although these approaches originate from different theoretical traditions, both respond to the existential needs of patients approaching the end of life. Their complementary perspectives provide a potential foundation for integrating psychological acceptance with meaning-oriented support in palliative care.

4.2 Acceptance and meaning reconstruction as a potential pathway for integration

The included studies suggest that acceptance and meaning reconstruction may represent a potential pathway linking mindfulness-based and existential healing-related interventions. Mindfulness interventions primarily emphasize awareness and acceptance of present-moment experiences and may reduce experiential avoidance. Studies by Johns et al.^[5] and Arch et al.^[7] suggested that mindfulness-based approaches may facilitate adaptive coping and engagement in advance care planning.

Existential healing-related interventions focus on reconstructing meaning,clarifying values,and integrating life experiences in the context of limited life expectancy.For example,meaning-centered psychotherapy proposed by Breitbart et al.^[8]emphasizes meaning as a central therapeutic target.

Therefore,mindfulness-based acceptance may provide psychological conditions that facilitate meaning reconstruction,while meaning-making may offer direction and purpose for acceptance.The interaction between these processes may represent an important theoretical pathway for future integrated interventions.

4.3 Emerging integration trends and the need for feasible brief interventions

Although the included studies demonstrated increasing attention to combining mindfulness practices with existentially oriented components,most interventions remained at the level of parallel combination rather than theoretically integrated models.Furthermore,conventional mindfulness programs are often designed as 6–12-week interventions requiring regular sessions and substantial participant engagement,which may present challenges for patients with advanced cancer and limited physical capacity^[5, 12, 15].

Previous studies have reported barriers related to intervention burden,adherence,and resource requirements in palliative populations^[19-21].Therefore,developing brief,flexible,and remotely deliverable mindfulness and existential healing-related interventions may represent an important direction for future research.

4.4 A proposed evidence-informed framework for brief integrated interventions

Based on the intervention characteristics identified in this review and considerations of clinical feasibility,we propose the“4M Existential Healing Micro-intervention Framework”^[22]as a preliminary conceptual framework for future intervention development^[23, 24].

The framework consists of four sequential modules:Mindful Grounding,Body–Mind Acceptance,Meaning-Making,and Integration and Peace.The proposed intervention duration is four weeks,with brief daily practices lasting 5–10 minutes delivered through an online platform,complemented by weekly 15-minute nurse-led follow-up sessions.

The framework integrates core mindfulness practices derived from MBSR and MBCT,including awareness training,acceptance,and present-moment attention,while embedding existentially oriented components such as illness acceptance,life review,meaning exploration,and advance care planning discussions.

Organized around the proposed pathway of“acceptance–meaning reconstruction,”this framework emphasizes a high-frequency,low-burden,and digitally supported delivery model.Although its feasibility and effectiveness require future empirical validation,this conceptual framework may provide a basis for developing culturally appropriate and clinically feasible interventions for patients with advanced cancer receiving palliative care.

4.5 Limitations

This review has several limitations.First,only nine studies met the inclusion criteria,indicating that research on mindfulness and existential healing-related interventions among patients with advanced cancer remains limited.Therefore,the findings should be interpreted as a summary of current evidence rather than a comprehensive evaluation of intervention effectiveness.Second,substantial heterogeneity existed across studies in terms of intervention components,theoretical foundations,delivery formats,and outcome measures,which limited

comparisons among studies. Third, existential healing-related interventions have not yet been standardized in the international palliative care literature, and related approaches are described using diverse concepts, including existential interventions, meaning-oriented interventions, and spiritual care. Finally, most included studies focused on short-term outcomes, with limited evidence regarding long-term effects and implementation in diverse clinical settings. Future research should develop standardized intervention frameworks and conduct multicenter studies with larger samples and longer follow-up to further evaluate their feasibility and effectiveness.

5 Conclusions

This scoping review mapped the current evidence regarding mindfulness and existential healing-related interventions in palliative care for patients with advanced cancer. The included studies indicated that patients with advanced cancer experience substantial existential needs related to mortality, meaning in life, dignity, and end-of-life preparation. Mindfulness-based interventions have expanded beyond emotional regulation toward supporting illness acceptance, meaning exploration, and preparation for the end of life, whereas existential healing-related interventions primarily focus on meaning reconstruction, dignity preservation, and existential adaptation.

Mindfulness-based and existential healing-related approaches demonstrate theoretical complementarity through a potential pathway of acceptance and meaning reconstruction. However, current interventions remain heterogeneous, and systematic brief integrated models are still underdeveloped. Based on the identified evidence and clinical feasibility considerations, the proposed 4M Existential Healing Micro-intervention Framework provides a potential direction for developing low-burden, digitally supported interventions; however, its feasibility and effectiveness require further empirical validation.

Future research should focus on cultural adaptation, expert consensus development, and rigorous clinical trials to determine the effectiveness and implementation potential of integrated psychological interventions for patients with advanced cancer receiving palliative care.

Declarations

Ethics approval and consent to participate

Not applicable. This study was a scoping review based on previously published studies and did not involve the recruitment of human participants, collection of personal data, or intervention with patients.

Consent for publication

Not applicable.

Availability of data and materials

The data supporting the findings of this scoping review were derived from publicly available published studies. The extracted data are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Supervision: Xiaomei Hu.

All authors read and approved the final manuscript.

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Figures

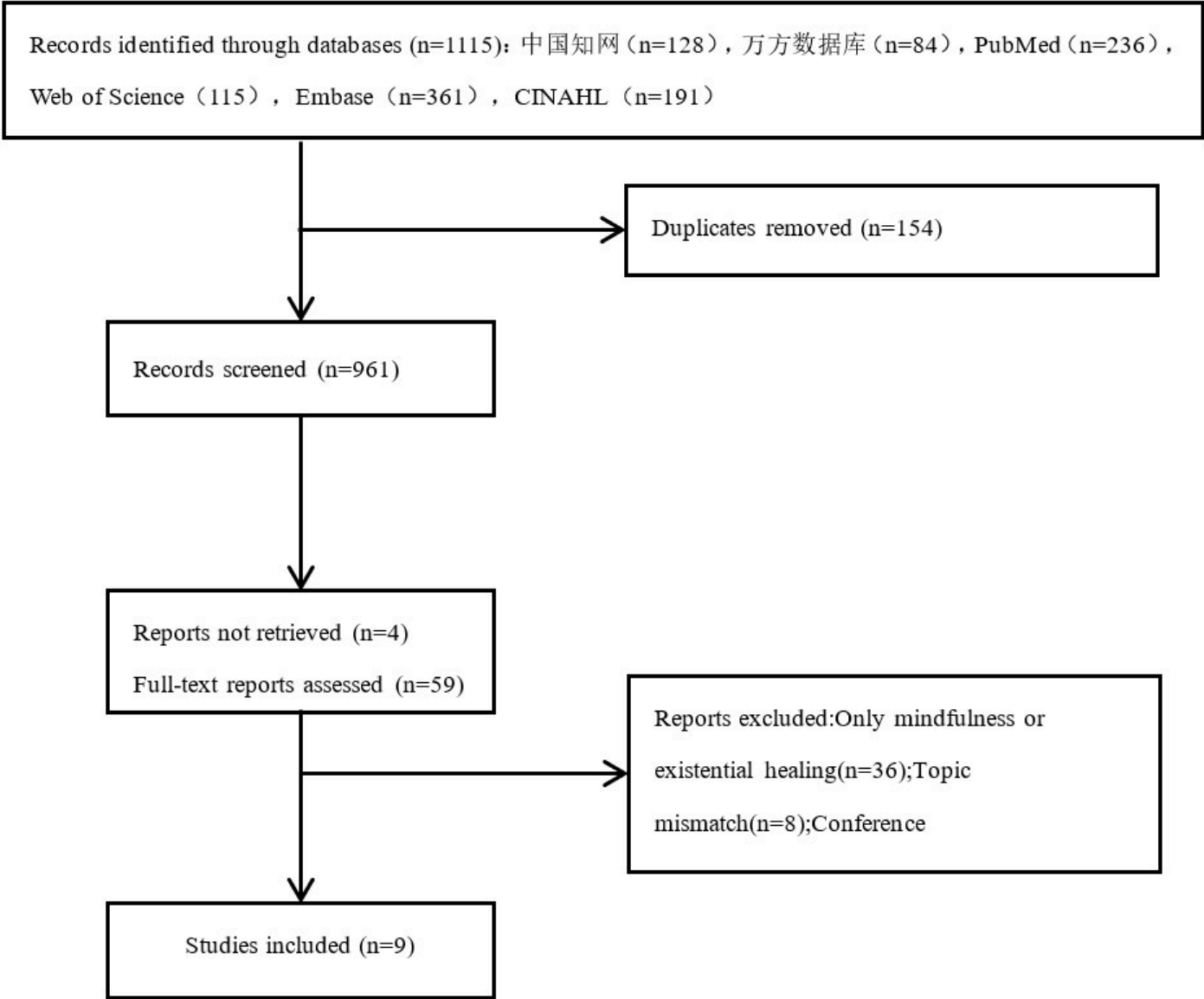


Figure 1

Flow diagram of the study selection process

Following title and abstract screening,898 records were excluded.Subsequently,59 full-text articles were assessed for eligibility.Of these,50 articles were excluded for the following reasons:interventions focused exclusively on either mindfulness or existential healing components(n=36),the research topic was not relevant to the review objectives(n=8),conference abstracts(n=3),and other study types that did not meet the eligibility criteria(n=3).