

British Journal of Mental Health Nursing
The Seven Factors of Enlightenment: A Framework for Therapeutic Presence
--Manuscript Draft--

Manuscript Number:	bjmh.2025.0028R1
Full Title:	The Seven Factors of Enlightenment: A Framework for Therapeutic Presence
Article Type:	Comment
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Title Page

Title: **The Seven Factors of Enlightenment: A Framework for Therapeutic Presence**

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Abstract

Therapeutic communication is central to effective mental health nursing, enabling nurses to build trust, engage with patients' experiences, and support psychological healing. This paper, *The Seven Factors of Enlightenment: A Framework for Therapeutic Presence*, proposes mindfulness, investigation, energy, joy, tranquility, concentration, and equanimity as a conceptual framework to enhance therapeutic communication in psychiatric settings. Rooted in Buddhist philosophy, these Seven Factors, originally internal qualities supporting meditative insight, offer valuable ethical and relational insights for modern clinical practice. By exploring each factor's relevance to the emotional, cognitive, and interpersonal aspects of mental health care, this paper argues for their integration into nursing practice. These principles can deepen relational attunement, support emotional regulation, and promote compassionate, person-centered care.

Abstract

Therapeutic communication is central to effective mental health nursing, enabling nurses to build trust, engage with patients' experiences, and support psychological healing. This paper, *The Seven Factors of Enlightenment: A Framework for Therapeutic Presence*, proposes mindfulness, investigation, energy, joy, tranquillity, concentration, and equanimity as a conceptual framework to enhance therapeutic communication in psychiatric settings. Rooted in Buddhist philosophy, these Seven Factors, originally internal qualities supporting meditative insight, offer valuable ethical and relational insights for modern clinical practice. By exploring each factor's relevance to the emotional, cognitive, and interpersonal aspects of mental health care, this paper argues for their integration into nursing practice. These principles can deepen relational attunement, support emotional regulation, and promote compassionate, person-centred care.

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Introduction

This paper is a conceptual exploration, drawing on philosophical ideas from Buddhism, aimed at supporting therapeutic communication and presence in mental health nursing. It does not present empirical research but seeks to provide a framework for understanding and enhancing relational and ethical aspects of psychiatric care.

In mental health nursing, communication is not merely a supportive skill, it is a therapeutic intervention in its own right (Wright, 2021). Mental health nurses often serve as the primary point of contact for individuals experiencing psychological crises, emotional distress, or chronic mental illness. Their ability to listen with presence, speak with clarity and compassion, and remain emotionally attuned plays a vital role in shaping patient outcomes.

While various theoretical models inform therapeutic communication, Buddhist philosophy offers a particularly humanistic and psychologically resonant perspective. Its emphasis on mindfulness, ethical presence, and emotional balance aligns closely with the relational demands of psychiatric care. The Seven Factors of Enlightenment, originally described in early Buddhist texts as mental qualities that support meditative insight and spiritual growth, can be meaningfully reinterpreted in clinical settings as core capacities for ethical, effective, and healing communication.

Drawing on two years of experience visiting and working in Sri Lanka, the first author developed a deep interest in Eastern philosophy and its practical applications. This immersion has sparked an ongoing exploration of Buddhist psychotherapeutic principles and their relevance to contemporary mental health nursing. This paper proposes the Seven Factors of Enlightenment as a framework for enhancing therapeutic communication, fostering relational attunement, emotional regulation, and person-centred care in psychiatric settings. As well as being trained in Cognitive Behavioural Therapy and Reality Therapy, the author is an Adjunct Associate Professor of Mental Health Nursing at the University of General Sir John Kotelawala Defence University, Colombo.

The Seven Factors of Enlightenment

Originating in early Buddhist teachings (Analayo, 2020), the Seven Factors of Enlightenment (bojjhaṅgā) are described as essential mental qualities that support the cultivation of insight and the gradual liberation from suffering. These seven factors: mindfulness (sati), investigation (dhamma vicaya), energy (virīya), joy (pīti), tranquillity (passaddhi), concentration (samādhi), and equanimity (upekkhā), were traditionally developed through meditative practice to foster spiritual awakening and deep self-understanding. However, their

relevance extends well beyond contemplative traditions, offering profound insights for clinical practice, particularly in the field of mental health nursing.

Collectively, the Seven Factors represent a balanced and dynamic progression, from the initial cultivation of mindful awareness to the achievement of emotional and cognitive stability. Each factor contributes to a holistic model of psychological wellbeing: mindfulness grounds the practitioner in the present moment; investigation encourages critical reflection and curiosity; energy sustains therapeutic effort; joy enhances relational engagement; tranquillity promotes calm in high-intensity environments; concentration supports focused attention; and equanimity fosters emotional balance and impartiality (See Box 1 below). Together, they offer a comprehensive ethical and practical framework for therapeutic communication, supporting the emotional resilience and clinical effectiveness required in psychiatric settings.

Insert Box 1 here.

The Seven Factors of Enlightenment present an integrative model that aligns closely with foundational nursing competencies such as empathy, resilience, critical thinking, and personcentred care. By embodying these qualities, nurses can foster deeper relational connections, sustain emotional balance, and navigate the complexities of psychiatric care with greater skill and compassion. This framework supports the creation of therapeutic encounters that are not only clinically effective but also ethically grounded and emotionally sustainable.

Mindfulness: Cultivating Presence in Dialogue

Mindfulness (*sati*) serves as the cornerstone of the Seven Factors of Enlightenment and is foundational to effective therapeutic communication. In the context of mental health nursing, mindfulness entails a present-centred awareness that encompasses not only the content of a

patient's words but also their emotional tone, facial expressions, body language, and the broader affective atmosphere of the interaction. This heightened awareness allows nurses to attune more deeply to the patient's lived experience, cultivating a sense of being fully present, receptive, and non-judgmental (Guillaumie, Boiral & Champagne, 2017)

Mindful communication challenges the tendency toward habitual, task-oriented responses that can arise in high-demand clinical settings. Instead, it invites nurses to approach each interaction with fresh eyes and open attention, free from preconceived notions or emotional reactivity. This creates a spaciousness in which deeper listening can occur, one that validates the patient's narrative and fosters a therapeutic environment of trust and psychological safety.

Practically, cultivating mindfulness encourages nurses to slow the pace of communication, reduce distractions, and engage in intentional, grounded presence. This deliberate slowing facilitates clearer perception and more thoughtful responses, allowing room for the complexity and ambiguity that often characterizes psychiatric care. Moreover, mindfulness enhances the nurse's capacity for emotional regulation by increasing awareness of internal reactions, such as frustration, anxiety, or emotional fatigue. Recognizing and responding skilfully to these internal cues not only prevents countertransference but also reduces the risk of burnout, promoting professional sustainability.

Importantly, when nurses embody mindfulness in their interactions, they model a way of being that implicitly invites patients into a state of greater self-awareness and regulation. This "relational mindfulness" (Geller & Greenberg, 2022) creates a therapeutic container, a *safe, structured, and emotionally holding space that supports patients in exploring their experiences without fear of judgment or harm*, in which patients feel genuinely seen, heard, and respected, an essential foundation for building therapeutic alliance and facilitating psychological healing.

Investigation: Deepening Understanding Through Inquiry

The second factor, investigation (dhamma vicaya), complements mindfulness by encouraging a spirit of curious inquiry and discernment. In therapeutic communication, this manifests as an intentional, open-ended exploration of the patient's narrative, thoughts, and emotions.

Rather than relying on assumptions or diagnostic categories alone, nurses practicing investigative inquiry seek to understand the meanings patients ascribe to their experiences.

This inquiry involves asking thoughtful, open questions and practicing reflective listening, which invites patients to elaborate on their internal world and co-construct meaning within the therapeutic relationship. Such engagement supports patients' agency and self-understanding, moving beyond pathology to foster hope and insight. Furthermore, investigation requires nurses to tolerate uncertainty and the "not-knowing" that arises in complex mental health presentations, thereby fostering clinical humility and continuous learning. By embodying investigative curiosity, nurses contribute to richer assessments and more structured and detailed care planning.

Energy: Sustaining Compassionate Engagement

Energy (viriya), often translated as effort, perseverance, or courageous engagement, is essential for sustaining compassionate therapeutic relationships over time. In mental health nursing, where communication frequently unfolds in the midst of emotional distress, resistance, apathy, or acute crisis, this factor takes on particular significance. Viriya speaks to a steady, ethical commitment to the therapeutic process, a willingness to remain engaged and present, even when progress is slow, setbacks occur, or emotional intensity is high.

Therapeutic communication in psychiatric settings demands more than technical skill; it requires a sustained emotional presence that is both intentional and resilient. Nurses often find themselves holding hope for patients during periods of despair, offering validation and acceptance in the face of rejection or silence, and initiating connection again and again despite minimal response (Delgado et al., 2016). Such work can be profoundly meaningful but also draining. The energy factor reminds practitioners that perseverance in these contexts is not passive endurance but an active, mindful commitment to care.

Sustaining this form of therapeutic energy necessitates conscious attention to the nurse's own wellbeing. Drawing on self-care practices, reflective supervision, peer support, and professional development helps nurses replenish their emotional reserves and avoid depletion. Viriya is not about overextension; rather, it includes the wisdom to recognize personal limits and the necessity of setting boundaries to prevent burnout and compassion fatigue. In this way, energy becomes both a personal and ethical resource, one that supports continuity of care and models emotional integrity for patients.

When embodied skilfully, viriya manifests as a quiet yet powerful persistence: the willingness to return, to listen again, to extend warmth when it is difficult, and to maintain relational presence even when therapeutic outcomes are uncertain. It is this enduring quality of effort that enables nurses to walk alongside patients through long or difficult journeys, reinforcing the message that they are not alone, and that change remains possible. In this sense, viriya is not only a sustaining force for the nurse but also a stabilizing presence for the patient, anchoring the therapeutic relationship in reliability, care, and compassionate perseverance.

Joy: Affirming Connection and Growth

Joy (pīti) may initially seem incongruous in the context of mental illness, where suffering, despair, and emotional distress are often foregrounded. However, in therapeutic communication, pīti does not refer to superficial cheerfulness or forced positivity. Rather, it points to a deeper, more grounded sense of uplift, an emotional resonance that arises from genuine human connection, affirmation, and the recognition of shared dignity. This form of joy is subtle yet powerful, often emerging in moments of relational authenticity, when patients feel truly seen, understood, and valued.

In the practice of mental health nursing, pīti can manifest through the nurse's quiet delight in a patient's progress, whether that be a moment of insight, the return of hope, the expression of difficult emotions, or even a willingness to engage after prolonged silence. These moments, while sometimes small in appearance, are often significant turning points in the therapeutic process. The nurse's capacity to notice and emotionally respond to such moments not only reinforces the patient's sense of agency but also affirms the therapeutic relationship as a meaningful space for growth.

Moreover, pīti reflects the mutual nourishment that can arise from deep interpersonal engagement. When nurses connect authentically with patients, both parties may experience a sense of shared humanity and emotional aliveness. In this way, joy becomes not an escape from suffering but a companion to it, a reminder that moments of connection, strength, and meaning can still emerge amid difficulty. This quality of joy can help counterbalance the emotional heaviness of psychiatric care, reducing feelings of detachment or emotional depletion.

Encouraging and reflecting joy in therapeutic encounters also supports patients' emotional vitality. It helps to normalize positive affect in the midst of struggle, disrupt patterns of hopelessness, and foster a more constructive and hopeful self-narrative. By attuning to and

gently amplifying these moments, nurses contribute to an environment where healing feels possible, engagement is deepened, and patients are reminded of their inherent worth.

Ultimately, *pīti* embodies the emotional richness of therapeutic presence. It reinforces the value of relationship in healing, and affirms that even in the presence of profound suffering, joy, rooted in authenticity, empathy, and connection, can serve as a quietly transformative force

Tranquillity: Communicating from Inner Stillness

Tranquillity (*passaddhi*) refers to the calming of the mind and body, a quality of inner stillness that supports emotional steadiness and grounded presence during therapeutic encounters. In the context of mental health nursing, *passaddhi* is not mere relaxation, but a cultivated state of composed attentiveness that allows the nurse to remain centered and receptive, even in the midst of emotional intensity, crisis, or interpersonal tension.

This quality is distinct from emotional detachment or clinical aloofness. Rather than distancing from patients' suffering, tranquillity involves an active, compassionate calm that enables the nurse to stay fully present without becoming overwhelmed or reactive. It supports deep listening, thoughtful response, and an ability to "hold space" for the patient's emotional experience, particularly when that experience is turbulent or difficult to express. In this sense, tranquillity becomes a stabilizing force in the therapeutic relationship, anchoring the interaction in safety and containment.

Practically, *passaddhi* enables nurses to de-escalate potential conflict and navigate emotionally charged moments with clarity and steadiness. By regulating their own nervous system, nurses can influence the relational field, **the shared emotional atmosphere that arises between nurse and patient**, co-creating a calm environment in which patients feel less

threatened and more able to engage openly. This is especially vital in psychiatric care, where hyperarousal, anxiety, or agitation can be easily amplified by unregulated responses.

Tranquillity also serves as a form of emotional self-care. Mental health nursing involves frequent exposure to intense affect, suffering, and complex interpersonal dynamics.

Cultivating *passaddhi* allows nurses to maintain a sense of internal equilibrium amid these demands, reducing emotional exhaustion and supporting sustained presence over time. By embodying this quality, nurses not only protect their own psychological wellbeing but also model emotional regulation for patients, demonstrating that calmness is possible even in the face of inner turmoil.

Ultimately, therapeutic communication rooted in tranquillity fosters trust, emotional safety, and containment, elements that are essential for meaningful engagement and psychological healing. In a field where reactivity and dysregulation are often central to patient experience, the nurse's capacity to remain calmly attuned can offer a powerful counterbalance: a living demonstration of presence without judgment, and steadiness without withdrawal.

Concentration: Focusing Attention for Deep Listening

Concentration (*samādhi*) involves the sustained cultivation of focused attention and mental clarity, qualities essential for effective therapeutic communication in mental health nursing (Wright 2021). Clinical environments are often marked by numerous distractions, competing demands, and time constraints, all of which can fragment a nurse's attention and impede genuine engagement. Despite these challenges, maintaining deep concentration is critical for fully understanding the patient's narrative and fostering meaningful connection.

By cultivating *samādhi*, nurses develop the capacity to remain mentally present with the patient's unfolding story, following the flow of thoughts, emotions, and subtle relational dynamics without interruption or premature judgment. This sustained attention allows the

nurse to hold complex, and at times conflicting, feelings within awareness, acknowledging ambiguity and nuance rather than rushing toward resolution. Such depth of presence not only validates the patient's experience but also communicates profound respect and recognition, strengthening the therapeutic alliance.

Concentration also enhances clinical sensitivity. Attuned nurses can detect subtle verbal and nonverbal cues, changes in tone, hesitation, body language, that might otherwise go unnoticed in a hurried or distracted interaction. These observations deepen clinical insight, enabling more timely and tailored responses that address the patient's unique needs.

Furthermore, the practice of samādhi supports nurses in managing their own mental clutter, reducing cognitive overload and fostering clearer decision-making during complex encounters.

Ultimately, samādhi empowers nurses to create therapeutic spaces marked by focused, undivided presence, spaces where patients feel genuinely understood and supported. By embodying sustained concentration, nurses not only improve communication effectiveness but also model attentive and reflective engagement, reinforcing the relational foundation critical to mental health recovery.

Equanimity: Balancing Compassion and Boundaries

The final factor, equanimity (upekkhā), embodies emotional balance, impartiality, and ethical steadiness, qualities essential to the practice of mental health nursing. Upekkhā serves both as a protective and enabling force, allowing nurses to provide compassionate care without becoming emotionally enmeshed or overwhelmed by the intensity of patients' suffering.

Equanimity fosters a nonjudgmental stance, encouraging nurses to respond thoughtfully rather than react impulsively to the wide range of emotions encountered in psychiatric settings. It cultivates openness to all emotional states, including distress, anger, or despair,

without avoidance, denial, or overidentification. This balanced presence supports the maintenance of clear therapeutic boundaries while still allowing for deep empathy and genuine relational connection.

By grounding nurses in acceptance of uncertainty and the limits of their influence, equanimity promotes psychological resilience and reduces the risk of compassion fatigue and burnout. It encourages practitioners to engage with patients authentically, yet with the necessary professional distance that sustains long-term caregiving. In this way, upekkhā anchors nurses within their ethical responsibilities, providing a stable foundation for trustworthy, consistent, and humane care.

Ultimately, equanimity is a quality that nurtures both the nurse's well-being and the therapeutic relationship itself, enabling authentic human connection that is steady, compassionate, and sustainable in the demanding context of mental health care.

Each of the Seven Factors supports psychological wellbeing and effective therapeutic communication: mindfulness grounds presence; investigation fosters reflection; energy sustains engagement; joy strengthens connection; tranquillity promotes calm; concentration enables focus; and equanimity ensures balance.

Mapping the Seven Factors to the NMC Code (2018) and NHS Mental Health Core Standards

Mapping the Seven Factors to the NMC Code (2018) and NHS Mental Health Core Standards (NHS England, 2015) highlights their professional and regulatory relevance, linking these philosophical principles directly to established expectations for ethical, person-centred, and high-quality psychiatric care. This alignment demonstrates practical applicability and reinforces their role in supporting competent, compassionate nursing practice (See Box 2 below).

Insert Box 2 here.

Discussion: Implications for Mental Health Nursing Practice

Integrating the Seven Factors of Enlightenment into therapeutic communication offers a psychologically grounded and ethically coherent framework that can significantly enhance mental health nursing practice. These factors promote essential competencies such as active listening, empathic inquiry, and nonjudgmental presence, while cultivating internal qualities, including compassion, that sustain effective and empathetic care over time. Beyond discrete clinical interactions, they contribute to an organizational culture that prioritizes respect, dignity, and authentic human connection.

Therapeutic presence, defined as an intentional, holistic mode of “being with” individuals in distress, is both an art and skill fundamental to mental health nursing. It requires authentic engagement, deep listening, emotional attunement, and compassionate understanding to establish safe spaces where patients feel valued, understood, and supported. Presence offers relational containment amid patients’ experiences of isolation, fear, and emotional dysregulation, thereby facilitating trust, collaboration, and recovery.

Therapeutic communication is inseparable from presence; absent this quality, interactions risk becoming mechanical or potentially retraumatizing. Presence shapes verbal and nonverbal communication, including tone, eye contact, and gestures, that convey empathy and compassionate understanding. It also supports nurses’ emotional regulation and reflective practice, enabling them to manage complex clinical dynamics effectively while maintaining professional boundaries and preventing burnout.

The Seven Factors of Enlightenment enhance this framework by fostering the internal capacities necessary for sustained, compassionate engagement: mindfulness supports

attentive and nonreactive listening; investigation encourages open, non-assumptive inquiry; energy maintains perseverance despite challenges; joy reinforces positive relational experiences; tranquillity promotes emotional steadiness; concentration enhances focused attention; and equanimity balances empathy with professional detachment to prevent emotional exhaustion.

In practice, therapeutic presence manifests through behaviours and attitudes that communicate respect, warmth, and genuine compassion, such as allowing silence, validating emotional experiences, and responding sensitively to both spoken and unspoken cues. This approach fosters collaborative dialogue, empowering patients to participate actively in their care and promoting improved therapeutic outcomes.

Conclusion

The Seven Factors of Enlightenment address key emotional and relational challenges in mental health nursing. Reinterpreted for therapeutic communication, they offer a framework for enhancing clinical effectiveness and supporting personal and professional growth. By cultivating these qualities, mindfulness, investigation, energy, joy, tranquillity, concentration, and equanimity, nurses can engage patients with ethical integrity, emotional resilience, and healing presence, fostering a compassionate connection that benefits both patient and practitioner.

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Keywords

- Therapeutic communication
- Mental health nursing
- Mindfulness
- Seven Factors of Enlightenment
- Buddhist psychology

- Relational presence

Key Points

1. Therapeutic communication in mental health nursing is a primary intervention, not just a supportive skill and is central to patient recovery and emotional wellbeing.
2. The Seven Factors of Enlightenment from Buddhist philosophy, mindfulness, investigation, energy, joy, tranquillity, concentration, and equanimity, can be reinterpreted as clinical competencies that enhance therapeutic engagement.
3. Integrating these factors supports deeper presence, emotional regulation, and ethical attunement in complex psychiatric settings.
4. Mindful and relational communication improves patient trust, fosters psychological safety, and strengthens the therapeutic alliance.
5. Embodying qualities such as compassionate effort, balanced attention, and calm responsiveness enables nurses to manage emotional intensity and avoid burnout.
6. This integrative framework offers a humanistic model for person-centred, sustainable, and ethically grounded mental health care.

Reflective Questions

1. How might the practice of mindfulness change the way I listen and respond to patients in distress?
2. Which of the Seven Factors of Enlightenment do I already embody in my practice, and which could I cultivate further?
3. In what ways does emotional presence—or its absence—affect the therapeutic relationship in my clinical setting?
4. How do I currently manage my own emotional regulation and resilience in high-stress

interactions, and what could I improve?

5. What does compassionate perseverance look like in practice, especially when therapeutic progress is slow or challenging?

Box 1: The Seven Factors of Enlightenment

- Mindfulness (Sati) – Presence & Awareness
- Investigation (Dhamma Vicaya) – Curious Inquiry
- Energy (Viriya) – Compassionate Effort
- Joy (Pīti) – Relational Affirmation
- Tranquillity (Passaddhi) – Emotional Calm
- Concentration (Samādhi) – Focused Attention
- Equanimity (Upekkhā) – Balanced Compassion

Box 2: Mapping the Seven Factors to the NMC Code (2018) and NHS Mental Health Core Standards

Seven Factor	Professional Relevance – NMC Code (2018)	Clinical Relevance – NHS Mental Health Standards (2015)
Mindfulness (Sati)	Practice effectively, prioritize people, maintain focus and presence	Supports therapeutic engagement, situational awareness, and responsive care
Investigation (Dhamma Vicaya)	Practice effectively, uphold professionalism, engage in evidence-informed reflection	Encourages inquiry, critical thinking, and informed assessment in patient care
Energy (Viriya)	Promote professionalism, demonstrate commitment, persevere in challenging contexts	Sustains therapeutic relationships, ensures continuity of care, and supports resilience in high-demand settings
Joy (Pīti)	Prioritize people, uphold dignity and respect	Enhances relational engagement, builds therapeutic alliance, and promotes positive patient experiences
Tranquillity (Passaddhi)	Practice effectively, maintain self-awareness and emotional regulation	Supports calm, safe, and emotionally contained environments, reducing patient distress
Concentration (Samādhi)	Practice effectively, maintain focus and attention	Enables attentive listening, accurate assessment, and nuanced understanding of patient needs
Equanimity (Upekkhā)	Act with integrity, uphold professionalism, maintain boundaries	Promotes impartial, ethical decision-making, emotional balance, and sustainable care practices

Title: **The Seven Factors of Enlightenment: A Framework for Therapeutic Presence**

Introduction

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In the practice of mental health nursing, *pīti* can manifest through the nurse's quiet delight in a patient's progress, whether that be a moment of insight, the return of hope, the expression of difficult emotions, or even a willingness to engage after prolonged silence. These moments, while sometimes small in appearance, are often significant turning points in the therapeutic process. The nurse's capacity to notice and emotionally respond to such moments not only reinforces the patient's sense of agency but also affirms the therapeutic relationship as a meaningful space for growth.

Moreover, *pīti* reflects the mutual nourishment that can arise from deep interpersonal engagement. When nurses connect authentically with patients, both parties may experience a sense of shared humanity and emotional aliveness. In this way, joy becomes not an escape from suffering but a

companion to it, a reminder that moments of connection, strength, and meaning can still emerge amid difficulty. This quality of joy can help counterbalance the emotional heaviness of psychiatric care, reducing feelings of detachment or emotional depletion.

Encouraging and reflecting joy in therapeutic encounters also supports patients' emotional vitality. It helps to normalize positive affect in the midst of struggle, disrupt patterns of hopelessness, and foster a more constructive and hopeful self-narrative. By attuning to and gently amplifying these moments, nurses contribute to an environment where healing feels possible, engagement is deepened, and patients are reminded of their inherent worth.

Ultimately, *pīti* embodies the emotional richness of therapeutic presence. It reinforces the value of relationship in healing, and affirms that even in the presence of profound suffering, joy, rooted in authenticity, empathy, and connection, can serve as a quietly transformative force

Tranquillity: Communicating from Inner Stillness

Tranquillity (*passaddhi*) refers to the calming of the mind and body, a quality of inner stillness that supports emotional steadiness and grounded presence during therapeutic encounters. In the context of mental health nursing, *passaddhi* is not mere relaxation, but a cultivated state of composed attentiveness that allows the nurse to remain centered and receptive, even in the midst of emotional intensity, crisis, or interpersonal tension.

This quality is distinct from emotional detachment or clinical aloofness. Rather than distancing from patients' suffering, tranquillity involves an active, compassionate calm that enables the nurse to stay fully present without becoming overwhelmed or reactive. It supports deep listening, thoughtful response, and an ability to "hold space" for the patient's emotional experience, particularly when

that experience is turbulent or difficult to express. In this sense, tranquillity becomes a stabilizing force in the therapeutic relationship, anchoring the interaction in safety and containment.

Practically, *passaddhi* enables nurses to de-escalate potential conflict and navigate emotionally charged moments with clarity and steadiness. By regulating their own nervous system, nurses can influence the relational field, co-creating a calm environment in which patients feel less threatened and more able to engage openly. This is especially vital in psychiatric care, where hyperarousal, anxiety, or agitation can be easily amplified by unregulated responses.

Tranquillity also serves as a form of emotional self-care. Mental health nursing involves frequent exposure to intense affect, suffering, and complex interpersonal dynamics. Cultivating *passaddhi* allows nurses to maintain a sense of internal equilibrium amid these demands, reducing emotional exhaustion and supporting sustained presence over time. By embodying this quality, nurses not only protect their own psychological wellbeing but also model emotional regulation for patients, demonstrating that calmness is possible even in the face of inner turmoil.

Ultimately, therapeutic communication rooted in tranquillity fosters trust, emotional safety, and containment, elements that are essential for meaningful engagement and psychological healing. In a field where reactivity and dysregulation are often central to patient experience, the nurse's capacity to remain calmly attuned can offer a powerful counterbalance: a living demonstration of presence without judgment, and steadiness without withdrawal.

Concentration: Focusing Attention for Deep Listening

Concentration (*samādhi*) involves the sustained cultivation of focused attention and mental clarity, qualities essential for effective therapeutic communication in mental health nursing (Wright 2021). Clinical environments are often marked by numerous distractions, competing demands, and time

constraints, all of which can fragment a nurse's attention and impede genuine engagement. Despite these challenges, maintaining deep concentration is critical for fully understanding the patient's narrative and fostering meaningful connection.

By cultivating *samādhi*, nurses develop the capacity to remain mentally present with the patient's unfolding story, following the flow of thoughts, emotions, and subtle relational dynamics without interruption or premature judgment. This sustained attention allows the nurse to hold complex, and at times conflicting, feelings within awareness, acknowledging ambiguity and nuance rather than rushing toward resolution. Such depth of presence not only validates the patient's experience but also communicates profound respect and recognition, strengthening the therapeutic alliance.

Concentration also enhances clinical sensitivity. Attuned nurses can detect subtle verbal and non-verbal cues, changes in tone, hesitation, body language, that might otherwise go unnoticed in a hurried or distracted interaction. These observations deepen clinical insight, enabling more timely and tailored responses that address the patient's unique needs. Furthermore, the practice of *samādhi* supports nurses in managing their own mental clutter, reducing cognitive overload and fostering clearer decision-making during complex encounters.

Ultimately, *samādhi* empowers nurses to create therapeutic spaces marked by focused, undivided presence, spaces where patients feel genuinely understood and supported. By embodying sustained concentration, nurses not only improve communication effectiveness but also model attentive and reflective engagement, reinforcing the relational foundation critical to mental health recovery.

Equanimity: Balancing Compassion and Boundaries

The final factor, **equanimity** (*upekkhā*), embodies emotional balance, impartiality, and ethical steadiness, qualities essential to the practice of mental health nursing. *Upekkhā* serves both as a

protective and enabling force, allowing nurses to provide compassionate care without becoming emotionally enmeshed or overwhelmed by the intensity of patients' suffering.

Equanimity fosters a nonjudgmental stance, encouraging nurses to respond thoughtfully rather than react impulsively to the wide range of emotions encountered in psychiatric settings. It cultivates openness to all emotional states, including distress, anger, or despair, without avoidance, denial, or overidentification. This balanced presence supports the maintenance of clear therapeutic boundaries while still allowing for deep empathy and genuine relational connection.

By grounding nurses in acceptance of uncertainty and the limits of their influence, equanimity promotes psychological resilience and reduces the risk of compassion fatigue and burnout. It encourages practitioners to engage with patients authentically, yet with the necessary professional distance that sustains long-term caregiving. In this way, *upekkhā* anchors nurses within their ethical responsibilities, providing a stable foundation for trustworthy, consistent, and humane care.

Ultimately, equanimity is a vital quality that nurtures both the nurse's well-being and the therapeutic relationship itself, enabling authentic human connection that is steady, compassionate, and sustainable in the demanding context of mental health care.

Discussion: Implications for Mental Health Nursing Practice

Integrating the Seven Factors of Enlightenment into therapeutic communication offers a psychologically grounded and ethically coherent framework that can significantly enhance mental health nursing practice. These factors promote essential competencies such as active listening, empathic inquiry, and nonjudgmental presence, while cultivating internal qualities, including compassion, that sustain effective and empathetic care over time. Beyond discrete clinical

interactions, they contribute to an organizational culture that prioritizes respect, dignity, and authentic human connection.

Therapeutic presence, defined as an intentional, holistic mode of “being with” individuals in distress, is both an art and skill fundamental to mental health nursing. It requires authentic engagement, deep listening, emotional attunement, and compassionate understanding to establish safe spaces where patients feel valued, understood, and supported. Presence offers relational containment amid patients’ experiences of isolation, fear, and emotional dysregulation, thereby facilitating trust, collaboration, and recovery.

Therapeutic communication is inseparable from presence; absent this quality, interactions risk becoming mechanical or potentially retraumatizing. Presence shapes verbal and nonverbal communication, including tone, eye contact, and gestures, that convey empathy and compassionate understanding. It also supports nurses’ emotional regulation and reflective practice, enabling them to manage complex clinical dynamics effectively while maintaining professional boundaries and preventing burnout.

The Seven Factors of Enlightenment enhance this framework by fostering the internal capacities necessary for sustained, compassionate engagement: mindfulness supports attentive and nonreactive listening; investigation encourages open, non-assumptive inquiry; energy maintains perseverance despite challenges; joy reinforces positive relational experiences; tranquillity promotes emotional steadiness; concentration enhances focused attention; and equanimity balances empathy with professional detachment to prevent emotional exhaustion.

In practice, therapeutic presence manifests through behaviours and attitudes that communicate respect, warmth, and genuine compassion, such as allowing silence, validating emotional experiences, and responding sensitively to both spoken and unspoken cues. This approach fosters collaborative dialogue, empowering patients to participate actively in their care and promoting improved therapeutic outcomes.

Conclusion

The Seven Factors of Enlightenment address key emotional and relational challenges in mental health nursing. Reinterpreted for therapeutic communication, they offer a framework for enhancing clinical effectiveness and supporting personal and professional growth. By cultivating these qualities, mindfulness, investigation, energy, joy, tranquility, concentration, and equanimity, nurses can engage patients with ethical integrity, emotional resilience, and healing presence, fostering a compassionate connection that benefits both patient and practitioner.

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Keywords

- Therapeutic communication
- Mental health nursing
- Mindfulness
- Seven Factors of Enlightenment
- Buddhist psychology
- Relational presence

Key Points

1. Therapeutic communication in mental health nursing is a primary intervention, not just a supportive skill, and is central to patient recovery and emotional wellbeing.
2. The Seven Factors of Enlightenment from Buddhist philosophy—mindfulness, investigation, energy, joy, tranquillity, concentration, and equanimity—can be reinterpreted as clinical competencies that enhance therapeutic engagement.
3. Integrating these factors supports deeper presence, emotional regulation, and ethical attunement in complex psychiatric settings.
4. Mindful and relational communication improves patient trust, fosters psychological safety, and strengthens the therapeutic alliance.
5. Embodying qualities such as compassionate effort, balanced attention, and calm responsiveness enables nurses to manage emotional intensity and avoid burnout.

6. This integrative framework offers a humanistic model for person-centred, sustainable, and ethically grounded mental health care.

Reflective Questions

1. How might the practice of mindfulness change the way I listen and respond to patients in distress?
2. Which of the Seven Factors of Enlightenment do I already embody in my practice, and which could I cultivate further?
3. In what ways does emotional presence—or its absence—affect the therapeutic relationship in my clinical setting?
4. How do I currently manage my own emotional regulation and resilience in high-stress interactions, and what could I improve?
5. What does compassionate perseverance look like in practice, especially when therapeutic progress is slow or challenging?

Box 1: The Seven Factors of Enlightenment
<ul style="list-style-type: none">• Mindfulness (Sati) – Presence & Awareness• Investigation (Dhamma Vicaya) – Curious Inquiry• Energy (Viriya) – Compassionate Effort• Joy (Pīti) – Relational Affirmation• Tranquillity (Passaddhi) – Emotional Calm• Concentration (Samādhi) – Focused Attention• Equanimity (Upekkhā) – Balanced Compassion