

McGill Programs in Whole Person Care



Films That Transform—a Reflection

- Elizabeth Koessler

The word “transform” in the Oxford Dictionary is defined as “make a thorough or dramatic change in the form, outward appearance or character”. The McGill Programs in Whole Person Care movie series invites their viewers, through the medium of film, to transform or change their vision of healing and wellness in life’s on-going journey.

The monthly films that have been shown at the Moyses Hall at McGill University recount or expose a story of growth or change, whether it be within the context of the process of dying, of community building or of a growing awareness of the role of consciousness within the universe. A common thread throughout is the aspect of a story unfolding and expanding to develop greater wholeness and integrity of the individual, of the surrounding community or of the universe.

Can films be agents of

positive transformation or initiate the process of healing in the human person and if so, how do these stories of healing and change in the films affect the viewer? As a spiritual companion, my experience has been that we are most often shaped by our stories: the stories of our lives, the stories of the people around us and who came before us, the stories that we have been permitted to tell or not to tell and the stories that have been revealed to us. Our society is a combination of a world of stories. These narratives help us to develop our values and assist in the search for meaning in our lives. They trigger the sparks within our human psyche that can lead to healing and integration of our body, mind and spirit.

Film is one of our contemporary means of story-telling. Those films that relate stories of healing and growth have the same potential to

initiate healing and wholeness as the narratives of yesterday. Film has the particular quality of surrounding its viewers with the sensory elements of sound and visual effects that can only but enhance the intensity of the original story.

The organizers of the “Films that Transform” film series have added another element to the viewing experience by inviting the audience to reflect on and verbalize their thoughts evoked by the film. A dialogue is initiated between a discussion panel and the audience focusing on themes such as making choices, forming community or appreciating the beauty of the natural world. Different members of the audience can challenge, confirm or expand on the thoughts of the invited guest who joins the panel with Drs. Tom Hutchinson and Balfour Mount. No longer are the participants passive recipi-

ents of the movie experience, but they become actively involved through the exchange of ideas with the panel group. This empowering of the audience enhances the reflective process of the individuals present. Each viewer is given the opportunity to integrate the story of the film so that it may shed light on their own life experience. The exchange of ideas is part of the process of change and/or healing that is the objective of the evening.

My reflection on the experience of this film series brings to mind a statement written by John Henry Newman, a nineteenth century English university scholar. He wrote “To live is to change, and to have lived fully is to have changed many times.” What better place than a university setting to be initiated to the process of living life fully!

Our opening film for 2006-07 will be:



September 19, 2006 7 pm Moyses Hall, McGill University

See our full schedule online at www.mcgill.ca/wholepersoncare or telephone 398-2298 to request a schedule.

MC GILL SEMINARS ON HEALING 2006

All seminars take place from 12:30—2 pm. Please RSVP to 398-2298 or wpc.oncology@mcgill.ca

Monday, September 25	Michael Kearney	Soul Pain, Fear and Healing at the End of Life
Friday, October 27	Manuel Borod	Humour in Medicine
Friday November 24	Steve Sims	Whole Health: Making the Connections
Friday, December 15	Garry Beitel	Healing & the Artistic Process

The Poetry of Practice

Maureen Rappaport, MD

*"It is difficult
to get the news from poems
yet men die miserably every day
for lack
of what is found there"* - William Carlos Williams (1)

I offer a creative writing course as an elective to fourth year medical students at McGill, entitled "The Poetry of Practice." We meet twice a week for four weeks, to read, write, and discuss "medical literature" radically different from what is found in medical textbooks and scientific journals - stories of sickness and healing, patient pathographies and doctor stories, as well as great artistic literary works. (2,3) The course grew out of my own experience with creative writing, backed up by a flourishing growth of interest in the Medical Humanities in medical schools across North America.

Our medical schools have done a great job in training clinicians 'heads', in preparing doctors in the 'trade' of medicine but as Sir William Osler tells us, "*The practice of medicine is an art, not a trade; not a business, a calling in which your heart will be exercised equally with your head.*" (4) We have been criticized for a failure of heart, for lacking in the art of practice.

During the Seminars on Healing, we often debate 'if we can and how we can' teach the attitudes, values, and skills necessary to aid in our patients' healing process. Much has been written about the hidden curriculum in medical school and how the journey through medical school can diminish the level of student empathy or create wounded healers.

My main objective in this course was to listen to and honour the voices of medical students through creative writing. To quote Rita Charon, a leader in the field of Narrative Medicine, "*It is not enough for residents and staff to examine what we do in medicine, but we must be cognizant of what medicine, the training process and practice, has done to us.*" (5) In "The Poetry of Practice" a safe space was created to allow students to discover their own training stories, to use the power of non-scientific, literary, and poetic language to articulate insights and feelings related to any aspect of medical training.

In each session we wrote freely for about thirty minutes. The rules were simple. We primed ourselves by first reading and discussing a poem or two, and then we wrote. I told them to write about specific incidents, to remember details, sounds, smells, colours, and faces. To write freely, without editing, to write nonsense if that's what came out, and to know all writing could be torn up or shared. We did various creative writing exercises to allow non-linear narrative thinking to over-ride logical scientific process. By the second week all participants were reading their writing out loud to each other. The ground rules were to treat all writing respectfully and confidentially, but to treat it as fiction.

Strange, how the first time I had taken a patient's history I could have written a novel. And now, just a few months later, here I was like every doctor before me, weeding out everything that made this person human until I had her life, or all that I needed to know of it, tapered into a single piece of recycled hospital paper. Almost eighty years, and this was it. She was "77F, advanced CRC". J Howe (Med4)

Language is very powerful, and for many of the writers in my groups, the permission to expand their medical selves out of the constraints of a brief case note humanized both the patient and the doctor.

"I take notes. Reams of fiber with names, ages, aches, fevers, and cures to be filed away in some cabinet or another. My wrist moves in time with the litany of discomforts and deficiencies, a metronome to suffering and loss. Sound etches the paper with ink, indelible, unforgiving. Your words and my paper, but it doesn't touch me." Lily Chu (Med4)

The speaker in the above piece states she is not touched, but I as the reader, am very touched by these few lines and can feel the suffering and loss of both student and patient. In the poem "Many Nights" (printed below), the same student writes about another experience in a way which is not just 'a metronome to loss and suffering.' Watching a patient die, the moment of bearing witness, takes its form as poetic elegy. The first stanza contains some medical words, fractured, breath, lungs; words that mix hauntingly yet beautifully with catacombs, ivory harp, and cruel gods. As the poem progresses the patient, her 'insubstantial mass', becomes more ethereal, more translucent by the hour, melting wax, until the student knows she would see through her. One cannot watch death and suffering and not be touched, but these feelings are hard to express, hard to articulate and many times impossible to acknowledge as students run around the hospital not quite sure of what they're supposed to do as student doctors. For those who can access it, poetry offers a language to express the inexpressible. For those who wrote, shared, and listened in this context, these moments of bearing witness became medical acts.

The issues my students wrote about were the same issues American researchers in Narrative Medicine have reported, fear of death and suffering, loss of personal identity, fear of ignorance, role models (good and bad), and the joy of doctor patient relationship. (6,7) The students in the two years I've held this course told me verbally and in written evaluations that they found the course healing, a stress relieving activ-

ity, meaningful, a way to maintain a sense of humanity, a way to resolve conflict and disturbing feelings, and a wonderful way to bond with classmates and feel less alone about common experiences.

This course was healing and cathartic for my students and me; both the poetic and the group processes were necessary. Looking at the words written by the physician poet William Carlos Williams I'd like to say, it's hard to get the diagnosis from poems, yet many suffer daily for lack of what is found there.

References:

1. Williams WC. The Doctor Stories. 1938. New Directions Publishing Co.
2. Reynolds R. and Stone J (Eds). On Doctoring. 1995. Simon and Schuster.
3. Literature, Arts, and Medicine Database. <http://endeavor.med.nyu.edu/lit-med/lit-med-db/>
4. Osler Sir W. Classics and Ideals and selected Aphorisms of Osler. The Classics of Medicine Library, Birmingham, Alabama.
5. Charon Rita. Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust. JAMA 2001;286:1897-1902
6. Rucker L. and Shapiro J. Becoming a Physician: Student's Creative Projects in a Third-year IM Clerkship. Acad Med 2003;78(4):391-397
7. Ferrara E and Hatem D. Becoming a Doctor: Fostering Humane Caregivers through Creative Writing. Patient Education and Counseling 2001;45:13-22

MANY NIGHTS

I watched her
in her fractured sleep
I listened to her breath hanging
moistly in the catacombs of her lungs
her ribs the strings of
an ivory harp played by cruel gods

she would ask for
water sometimes
and skim it with her tongue
her lips and hair
chalky in the moonlight

then she would lean back gingerly
though her mass was already insubstantial
to the sheets
and the coiled
metal beneath

she had the most incredible skin
a parchment sheath
growing more translucent by the hour, as if
underneath
thin layers of white wax fell away
with the grinding of her bones

I knew that one day
soon,
in the moon
light
I would be able to see through
her
Lily Chu (Med4)

TEN COMMANDMENTS OF HEALING

Balfour M. Mount

Emeritus Professor of Palliative Medicine, McGill University

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How important to attend to the insights of our teachers, that is to say, the men, women and children who have been our patients and their families. We are indebted to them for the legacy they leave us. Paradoxically, their end-of-life lessons have not been about dying, but about living. What is the core lesson they have taught us? It is that healing is the central goal of life. I am not speaking of physical healing, a person can die healed: what I mean by 'healing' is a shift in our quality of life away *from* anguish and suffering, *toward* an experience of integrity, wholeness and inner peace. Jon Kabat-Zinn defines healing as a process of adaptation, a "coming to terms with things as they are."

The psyche, it would seem, has an intrinsic tendency toward healing, a will-to-wholeness, as it were. How can we experience that? How can you and I find inner peace in the turmoil of each day? Let me summarize our patients' message to us as "**The 10 Commandments of Healing.**" They are:

1. **BE TRULY PRESENT TO THIS MOMENT.** Healing, like love, celebration, awe, wonder and ecstasy, happens in *the now*, in the present moment, free from ruminations of the past and fears about the future. As Oliver Wendell Holmes stated it, "What lies behind us and what lies before us are tiny matters compared to what lies within us." And yet I find that I spend most of my time preoccupied with the past or the future. I must come into the present; be aware of the persons and things that are around me *right now*.
2. **TRUST.** Healing involves letting go, a leap of faith, 'diving not drowning' as Carl Jung expressed it. Lou Gherig's disease patient Phil Simmons called it 'learning to fall.' We fall *from* head, *to* heart; *from* egoism and our carefully constructed defense mechanisms, we fall *into* forgiveness of ourselves and others, the realization of the staggering potential of our essential selves, and an awareness of healing connections.

We may experience these connections at four levels: a sense of connection to self (Carl Jung's individuation); connection to others (Martin Buber's 'I-thou' relating); connection to the world perceived through our senses (as with music, or the grandeur of nature); and connection to ultimate meaning, however perceived by that person: God, the Other, the Cosmos, the More, the unity of all things.

3. **ATTEND TO YOUR WHOLE PERSON NEEDS.** According to the time-honored metaphoric classification, we are 'body, mind, and spirit', or, 'body, spirit and soul', depending on your preference. We must care for our needs in *each* of these domains *every* day.
4. **OPEN TO DEEPER RELATING.** Recall that our inner life is relational in its expression. It is reflected in how we relate at the four levels noted above.

Within your religious or wisdom tradition seek out teachers who speak from personal experience, not dogma. Go to depth. As C.S. Lewis observed, "The process of living seems to consist in coming to realize truths so ancient and simple that, if stated, they sound like barren platitudes." Lewis continues, "They cannot sound otherwise to those who have not had the relevant experience: that is why there is no real teaching of such truths possible and every generation starts from scratch."

5. **LISTEN TO YOUR INTUITION.** As Joseph Campbell put it, "Follow your bliss."
6. **CREATE.** Identify things you like to do. Make time for your creative side each day.
7. **DEVELOP SELF-REFLECTIVE SKILLS.** Monitor self, noting your thoughts and feelings. They are *not* reality. They are your *response to* reality. Let go of them and come back to your centre of calm. Work on becoming self-aware with questioning that asks, "What is my personality type and how does that influence how I feel about myself, how I relate to others and to the situations I find myself in? What are my defenses - the walls I build to protect myself, but that also imprison me?"
8. **BE GENTLE WITH YOURSELF.** Progression toward healing is slow. Indeed, the goal is never reached. The journey is everything. You are a unique experiment in creation, with a particular potential to contribute to this world. What is it that you alone can do, *must* do, if you are to fully express your potential?
9. **THINK SMALL.** Give up illusions of control. Recognize that we are all in the same boat, *exactly* the same boat. The ego-driven values of Western culture ('I am number one'; the need for wealth, power and control; the distrust of all but the physical; the need to be the best in the world in what you do) stand in the way of healing. Avoid power; neutralize the fantasies it creates in situations where it is bestowed on you. Humility and openness are essential antecedents to healing; joy, peace and a sense of connectedness its products.

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10. **CELEBRATE.** In the direst of circumstances, boundless peace is to be found within. Recall Viktor Frankl's hard-won observation, "Everything can be taken from a man but one thing: the last of human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way." If Frankl can find life worth celebrating in Auschwitz, chances are I can find my cup half full, perhaps full to overflowing, here and now.

These are the 10 commandments of healing that our teachers have given us.

Healing involves a process of opening, slowing, centering, trusting, hoping and accepting. It involves recognizing the potential that still remains, in spite of all that has been lost.

For each of us the path toward healing will be different. The most certain path I have found is meditation. I do not imply that it is the only path. It is just the only path I know. The purpose of meditation, in its many forms, is to create alert awareness with a still mind and presence to the moment.

There is no shortcut to healing. Carl Jung put it this way, "The attainment of wholeness requires one to stake one's whole being. Nothing less will do; there can be no easier conditions, no substitutes, no compromises."

How do we find healing? We must take up the journey anew each day. What better day to recommit than today? No one else can do it for me. No one else can do it for you. Hillel expressed it succinctly, "If I don't do it, who will do it? If I don't do it right now, when will I do it?"

I wish each of you well on your journey.



Living with End-Stage Renal Disease (ESRD): Multiple perspectives on patients' suffering and healing

Dawn Allen, PhD

The success of chronic dialysis treatment has brought with it the difficulties of living with End-Stage Renal Disease (ESRD) including a multitude of physical, social, psychological, and existential challenges which cause suffering. However, while some ESRD patients get trapped in a cycle of suffering, others move out of that suffering through a process of healing. In a study led by Dr. Tom Hutchinson and funded by the Kidney Foundation of Canada, a team of Whole Person Care researchers, dialysis physicians, nurses, and ESRD patients will explore ways to promote healing for people living with kidney failure. By drawing on multiple perspectives in two Montreal dialysis

units as well as on the accumulated wisdom of Palliative Care research and practice, our research team will investigate ways to promote healing for chronic kidney failure patients. Central to our study's participatory action research (PAR) methodology are eight ESRD patient-collaborators who will work with researchers to gather extensive field-notes and patient-patient interview data to frame the issues related to both living with and treating this chronic illness. To contextualize that patient-centered discourse, the Whole Person Care researchers will also interview healthcare practitioners and patients' family/social support network. With a goal of promoting healing in

the care of ESRD patients, our study will address the following questions: What are the main sources of suffering for patients on treatment for ESRD? What parts of the medical system appear to contribute to suffering? In what ways could the medical system be modified to promote healing in ESRD patients? A principal outcome of this study will be a deeper understanding and appreciation of what is needed to promote healing and a better quality of life in patients with ESRD by patients themselves, by families, by health care workers, by key decision-makers and by the general public.



Department of Oncology
Gerald Bronfman Centre
546 Pine Ave. West
Montreal, QC H2W 1S6

Phone: 514-398-2298
Fax: 514-398-5111
E-mail: wpc.oncology@mcgill.ca
www.mcgill.ca/wholepersoncare

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Programs in Whole Person Care may be
arranged by contacting our office.

Programs in Whole Person Care

Director: Tom A. Hutchinson, MB, FRCP(C)
Founding Director: Balfour M. Mount, MD, FRCP(S)

Faculty:

Patricia Dobkin, PhD
Steve Jordan, PhD
Antonia Arnaert, PhD
Helen McNamara, MD (Faculty Scholar)
Dawn Allen, PhD (Research Fellow)

Administrative Staff:

Eileen Lavery; Nancy Gair; Megan Wainwright

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