

## **WOMEN'S/CHILDREN PALLIATIVE CARE CONFERENCE IDEAS**

### **A Thousand Joys, a Thousand Sorrows: Storytelling and Storylistening for Healthcare Professionals**

Every day, caregivers see a lifetime of pain – and joy too. What do we do with these stories? Too often, not enough. We tend to think of the stories of the patient and family, but often we do not acknowledge that our own stories become intimately involved with their stories. We cannot separate our stories from theirs, or do so at great cost to both them and us. The stories of anguish we encounter in patients and parents often seem unbearable. In the face of this enormous loss and suffering, even thinking about one's own story can seem selfish. Attending to our own grief and pain triggered by the suffering we see seems self-indulgent when it is only a shadow of what families are experiencing. But it is only by sharing our stories with ourselves and our teams, colleagues, and co-workers that we can cultivate the resilience, centeredness, emotional groundedness, and compassion that will enable to attend to the much greater suffering of others. This is the basic philosophy of the Schwartz Center, established 20 years ago with a generation donation from a cancer patient who recognized the importance of caring and compassion in healthcare. Who here is from an institution with regular Schwartz Rounds?

“Schwartz Rounds are a place where people who don't usually talk about the heart of the work are willing to share their vulnerability, to question themselves.” Participant

The Schwartz Rounds® program, now taking place in more than 430 healthcare organizations throughout the U.S., Canada, Australia, New Zealand and more than 150 sites throughout the U.K. and Ireland

SR – place to openly and honestly discuss the social and emotional issues they face in caring for patients and families. The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.

Schwartz Rounds sessions strengthen the caregiver-patient relationship and remind caregivers why they entered the healthcare profession.

Secondary trauma from exposure to loss, grief, and difficult events Compassion Fatigue is defined as “a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress” (Figley, 1995, p. 253). CF is “identical to secondary traumatic stress disorder (STSD) and is the equivalent of PTSD” (Figley, 1995, p. xv).

And grief is not the only emotion we experience. Sometimes we feel anger, frustration, helplessness, annoyance. We try to suppress these feelings as well because they strike us as unprofessional. But they lead in subtle ways to the erosion of our souls and poorer care of the patient. Those patients in whose presence we feel helpless inadequate – we avoid them, don't talk with them, spend as little time as possible in their rooms. When patient frustrate or anger us, we blame them as bad, uncooperative, unappreciative.

The result is a kind of professional alexithymia.

And it is not only negative emotions that get blunted. When we blunt our affect, we do not get to pick and choose which feelings make it through the barriers we erect. When we start to see patients as objects, we no longer feel their triumphs or joys as acutely.

How can we reclaim our emotional lives without being overwhelmed by them? In many ways, but the way I want to talk about is sharing our stories first with ourselves, and then with each other; and in the process of sharing our stories, learning to reflect on ourselves and our feelings in relation to the people we care for.

### Storytelling and storylistening

Telling our stories reclaims our voice – allow us to acknowledge our personal thoughts and feelings

Story listening allows us to simply receive the stories of others – witness their joys and griefs, without trying to fix or problem-solve

Because we feel ashamed of our grief or embarrassed by it or afraid of it, we tend to suppress the feelings that arise in relationship to difficult patient care. We suppress our rage, our frustration, our irritation, our resentment, our sadness, our fear, and our grief. Sometimes we even suppress our happiness because all these emotions seem “unprofessional” as though they had no place beside the emotions of the families. But they do belong in those rooms.

Sometimes we begin to develop a kind of professional alexithymia.

What’s the problem – professional alexithymia

Why is this a problem? – makes us callous, uncaring, automatons in our work and sometimes in our homes

What can we do? – share our stories (Schwartz Rounds) and allow them to be filled with our emotions and thoughts

Poem about nurse/doctor affected by death of child

Increased insight into the social and emotional aspects of patient care; increased feelings of compassion toward patients; and increased readiness to respond to patients’ and families’ needs.

Improved teamwork, interdisciplinary communication, and appreciation for the roles and contributions of colleagues from different disciplines.

Decreased feelings of stress and isolation, and more openness to giving and receiving support.