

AoD Comments: Assignment #2

--, I really liked what you wrote. Your “strategies” are both simple (but not too simple as Einstein would say :-)) and effective. As I think I’ve mentioned in class, research actually confirms that smiling improves your mood. Also, keeping our own difficulties in perspective is a great way to remind ourselves that we are not *the most* miserable, unfortunate people in the world. Perhaps the most important thing you say is taking that first step to be aware when your own problems are flowing out onto others. This is the point, I think, where it’s easy to say in effect, I deserve to be witchy because my life is so hard. Questioning this underlying assumption can change a lot. I love the idea of the “positive upward spiral” and from personal experience can verify it as a real phenomenon :-). Thanks for sharing these ideas. Best of luck on your remaining interviews. Dr. Shapiro

Hi --. I like your habit of taking a small pause, even in the bathroom (I’ve been known to do the same :-)). Also, thank you very much for sharing this episode of your life. It is a sad fact that sometimes the greatest empathy, the most heartfelt understanding grow out of our own suffering and painful experiences. It is an even sadder fact that personal suffering does not necessarily lead to more compassion or caring. So I really commend you for using your own experience with surgery as a kind of “anchor” that keeps you connected with the fear and vulnerability of your patients and reminds you that we are all at some point “on the other side of the clipboard” (great expression, by the way). Once you can embrace that truth, it brings you closer to others without fear. Thanks, --, this was very moving. Dr. Shapiro

Hi --. This is such a poignant, lovely essay. What touched me deeply is how honest you are about your regrets; yet how you used those regrets to develop a more dimensional relationship with your grandmother; and how you worked on releasing your guilt and regrets through prayer and other forms of connection. I had a loving but distant relationship with my father; it took me 35 years (and a lot of therapy) to ask him for a hug! Luckily I got it :-). I learned how important it is to have the courage to break those comfortable, but often limiting, habits that all families develop. --, thank you for sharing this story. I admire that your grandfather’s death caused you to grow and change. I have a sneaking suspicion you’ve made your grandfather proud. Best, Dr. Shapiro

--, this is a beautiful anecdote. The way you describe your patient initially makes him seem pretty unappealing. His patronizing sexism almost seems worse than his

ulcers (although I might have felt the reverse if I'd been there!). You make it easy to understand how he could be repulsive on many levels. I really resonated with that line that he was a "challenge to [your] stomach, ego, and heart." Yet, by stumbling across his humanity, you find his personhood (and so does your reader). In one fell swoop, he is transformed into a lonely, suffering human being; and you (and your reader) are enabled to experience a transformation as well. I feel guilty for loathing your patient almost as much as you did; I feel hopeful that these feelings can be swept away so quickly, if only we allow ourselves to remain open to other possibilities. Excellent work, --, in the writing, and more importantly, in the living.
Best, Dr. Shapiro

--, I'm so delighted to learn you are a meditator and yogi. I would not have guessed that (which shows why we should never, never make assumptions :-)). I am an off-again/on-again meditator myself (my husband was one of the early meditation researchers, and my daughter carries on the tradition in her work on mindfulness meditation), so I easily relate to the challenge of Just do it! Personally, I've tried to use thoughts such as "don't have time" as cues to absolutely take that 5 minute pause. But reflexive, automatic patterns are really hard to break. And that's just one more thing to sit with :-). Here is a teaching you may already know: "When you walk, walk. When you sit, sit. Above all, don't wobble." And it's more lighthearted version: "When you walk, walk. When you sit, sit. When you wobble, wobble well." I think most of the time I'm wobbling, but at least I try to do it well :-). Keep breathing, Dr. Shapiro

--, your essay is full of such good insights, and you phrase them so memorably. I loved your initial line: "medical school sometimes can serve as a vacuum for normal human emotions." So true. And then this one: "...gaining their perspective helps me restructure my own." I really like the concept of "restructuring" one's attitude – it makes me think of rebuilding something from the ground up. In terms of a Higher Power, have you ever heard the injunction: "Pray as if everything depended on God; act as if everything depended on you" (Abraham Heschel). We are lucky indeed if we sense that we are not alone in this often frightening world. Such an awareness keeps us humble – and keeps us sane! One final point – I think it is true that you rarely know for sure whom you have helped (or served, as we will discuss on Saturday). That patient struggling with her diet may later down the road remember your words (and your concern); the mom making bad choices for her kids may eventually take to heart your helping her "restructure" her priorities. And, as you say, sometimes you are privileged to see how a word, a gesture, being in the right place at the right time for another person can literally change their lives. Thank you for your thoughts. Dr. Shapiro

--, I believe you're saying something very important. Often, when we have behaved badly, our inclination (mine anyway!) is to act defensively or run away from our own imperfections. I admire your willingness to reflect on less-than-optimal interactions, and discover their basis. Such a process makes it much less likely that you'll behave with that sort of automaticity the next time. Plus, you're making it much less likely that you'll come back in the next life as a cockroach (just kidding -)). Best, Dr. Shapiro

--, thanks for this assignment. It was very valuable for me to read. Personally, I have always had great difficulty with the "move on" and "put it behind you" language as connected to loss and grief. These phrases suggest that the correct attitude is to pretend bad things never happened, or are somehow "over." This has never made any sense to me. You (and your psych resident) phrase it much better – and I think much more helpfully. Significant events of loss and illness change us forever, and we will never be the same person we were before the event happened. It is more healing by far (in my opinion) to look for ways of integrating, owning, claiming the difficult event, no matter how terrible, and starting to learn about the new person you are (which of course has many elements of the old person you were). Surprisingly, although you have been wounded forever, you are not ruined forever.

I am also touched, as I'm sure you were, by how important you had become to this young man. That is a testament to the quality and depth of the fellowship you offered him. What a privilege (although a heavy one) that he turned to you in his time of need. Best, Dr. Shapiro

--, I completely agree with you that expecting ourselves to *always* be Mother Teresas, especially in awful circumstances, is pretty unrealistic. We'll likely feel so overwhelmed that we'll avoid the whole project. I usually end up saying to myself, can I be just a couple of degrees less abrupt, irritated, whatever. I also agree that probably the single most effective way of becoming a kinder, more understanding person toward another is to, as you say so well, step beyond your own moment into that person's moment. Then it is your need to be efficient, satisfy your higher-ups, etc. balanced against their fear and confusion. I'm not saying the equation always should tip entirely toward the patient; but just by realizing that there is someone on the other side of the teeter-totter (am I mixing my metaphors too much?) means you're less likely to jump off as soon as you're finished :-).

Although I come from a different religious tradition, I very much resonate with your quotation from Matthew. It is a fascinating – and humbling – exercise to go through even a single day trying to see the divine in every person you meet – the guy who cuts you off on the freeway, the mom at the frozen yogurt store who is ordering

for 10 kids and changes her mind with each order about which toppings that kid wants, the colleague who disses your research idea etc. etc. Yet if you try it, you are often pleasantly surprised.

Thanks for your thoughts, --.

--, thank you for sharing something about your meditation practice with us. I too have found great value in meditation and breathing. Are you familiar with the concept of metta meditation, embracing increasingly wider circles of other people with thoughts of loving kindness? I find this to be a particularly healing practice when I am grumpy. Interestingly, as you may know, it starts with those easiest to love in your life; and then extends itself slowly. Baby steps. I'm very happy that you have "tools" (perhaps a better way to describe meditation is a way of being) that can be so transformative. Best, Dr. Shapiro

--, thank you so much for providing such a vivid example. When I got to your sentence about the mouth and the pistol-whipping, I had to laugh out loud, although of course it wasn't at all a funny situation; but you described this young man so well that I was right there with you in all your glorious judgmentalness :-). I also *really* appreciated all your "missteps" toward a path of empathy. It isn't always easy, and we don't always get it right, at least not initially. This is something we haven't talked about exactly in class, but it's a terrific insight (and brave of you to share it). We are always telling ourselves stories about others (and ourselves); sometimes they are completely accurate, but more often they are to some extent distortions or oversimplifications based on insufficient knowledge. This young man was obviously a difficult case. How did he get that way? There could be a hundred stories – tough life, bad influences, childhood trauma or neglect, aggressive personality. But unless you feel your own anger will somehow help the patient, choose a story that lessens anger and allows you to see his humanity. Importantly, this does *not* mean that you approve or condone his behavior or choices (you can understand him without excusing or enabling him); it just means that you bring a more tolerant, open heart to your patient. This is what will serve him well. In this case, you used the family members as a conduit for approaching "at a slant" a patient who was too obnoxious to approach head-on. Both a creative and an effective solution. Excellent essay! Dr. Shapiro

Dear --, I am moved and impressed by your honesty in struggling with this assignment; and in recognizing that "being rushed" has both a subjective and an objective component. Sometimes, of course, we have to hurry; but other times, it's convenient to hurry so we don't get "enmeshed" in a messy patient. I also hope that

while you turn a discerning eye on yourself, and recognize a tendency to not talk to the person of the patient because it's "not necessary," you do not judge yourself too harshly. You are of course a product of a medical system that is superb in many ways, and in others has really taken a wrong turn. It is a sad commentary when graduates of medical school have to teach themselves to encounter the person of their patients; and when such efforts are not highly prized by their residents and attendings. Nevertheless, you have discovered the truth that lies at the core of medicine. Yes, it's great to make a cool diagnosis; it's exciting to intervene with fancy surgical techniques and complicated drug regimens to vanquish disease. But the *meaning* in the practice of medicine will always emerge from the connection between human beings – the person of the patient and the person of the doctor.

It occurs to me this might make a great personal change project for the course's final project. Just a thought, but talk to me about it if it sounds interesting.

Again, thank you for such an authentic reflection. Dr. Shapiro

--, I'm glad this assignment spoke to you. I really appreciated your insight that a foundation of patience is indispensable to qualities of compassion, kindness, humility, and caring. That's a really interesting, and I believe true, thought that makes me understand these qualities more deeply. I also liked your approach in diagnosing the problem and figuring out how to change it. It sounds like your "strategies" of open communication and empathy are working well for you, and I'm not surprised, since being able to share your perspective and being able to hear another's perspective (or at least imagine their perspective) makes us more relaxed and therefore more patient. It's also interesting, isn't it, how setting a certain "tone" for the interaction (for example, coming from a place of patience and kindness, as you mention), can have a ripple effect (and of course, so can coming from a place of impatience and anger :-). Thank you for making some very interesting points. Dr. Shapiro

Hi --. Your essay raises a great issue, and that is the balance – and relationship – between self and other care. Rachel Naomi Remen makes a beautiful analogy when she writes that compassion and caring should overflow from our brimming reservoir of joy and love, rather than our feeling like we're constantly scraping the bottom of the barrel to find these qualities. I must admit I often feel more like the scraping than the overflow model. Like you, when I'm exhausted, sick, in pain, it's a lot tougher to be my best self. There's a great Zen story about a disciple who travels for many days to see a wise master. When he finally arrives at the monastery, he asks for an audience, but the master's assistant claims the master isn't in. Yet through a crack in the door, the disciple can plainly see the master sitting there. Obediently the disciple leaves, and returns the next day. The same thing happens for

three more days, and each time the disciple sees the master in the adjoining room. Finally, on the fifth day, the assistant says to the disciple, you may enter. So the disciple goes in, and has an illuminating and insightful encounter with the master. Just as he is about to leave, the disciple says, "Master, may I ask a final question?" "Of course," replies the master. "For four days I came to see you; and each time your assistant told me you were not here. But each time I saw you in here through a crack in the door. Did you lie to me or did your assistant lie?" "Neither, my son," replied the master. "On the previous days, the wise master you sought in fact was *not* here." Sometimes, especially when we are sick or exhausted or deeply troubled, the person we want to be just doesn't show up. Sometimes, the best thing then is not to push the river, but just stay in bed until she does :-). Thanks for sharing, --. Best, Dr. Shapiro

Great insight, --! In fact, there is research showing that mood can be significantly improved by smiling. So you're definitely on to something. In reverse, I think by indulging our bad feelings, we fuel them, feed them, justify and concretize them. That doesn't mean we can't shriek in frustration once in awhile, or vent our anger into a pillow, but then we are probably best served by putting on a smile even if we don't completely feel it.

I also agree with your point that sometimes it is better to take a break, if you possibly can, rather than keep pushing the boulder up the hill. As you've discovered, sometimes by backing away from a problem, doing something to relax and release tension, your mood improves spontaneously, and then it's a lot easier to put on that happy face. You seem to have an excellent understanding of the close connection between your emotional health and your ability to care for your patients. Thanks for sharing some really good thoughts. Dr. Shapiro

Thank you for your assignment, --. That was pretty cute about the mirror to help you with your "self-reflection" :-). But you're absolutely right, figuring out what is going wrong for us on an emotional level is like identifying, analyzing, and intervening with any other problem. As you point out, brief "cooling down" breaks are always helpful. Your additional "strategies" for resolving negative emotions of empathy for the patient (or other person) and talking to others to gain perspective and insight are also excellent. I imagine that going through these steps makes it easier to be the person you want to be – your higher self – in these situations. I know they do for me! I appreciate your insights. Dr. Shapiro

Hi --. When we are lost in our own perspective, it's hard to see why it is perfectly reasonable and justifiable. When, as you suggest, we look at the world through the

eyes of another, we see ourselves differently, and this helps us get in touch with the person we want to be. You make an excellent point when you say that both positive and negative role models can inspire us to better behavior, either by the example they set or by the anti-example! Finally, I am humbled when I read of your parents' unremitting work ethic and dedication to making a new life in this country for their family. Everyone's life is hard in many ways; but it is also true that the opportunity to study and practice medicine is not only very demanding, but a real privilege. I wish more physicians had something in their personal lives to remind them of that. Thanks -- for your perceptive reflections. Dr. Shapiro

Hi --, thanks for sending this along. I like the way you talk about your "spiciness." This is a cute way of saying that there can be something "flavorful" about upsetness. Interesting, nice. I'm going to think about this one – how is it the case that emotions that we tend to label as negative or problematic can bring out essential dimensions of an encounter. I also liked the idea of a "wandering" smile. I can't imagine that yours does this very often, but I'm sure when it happens, it does so with a little spiciness :-).

I don't know if you were in class when we discussed difficult emotions, and I talked about the idea of allowing anger, frustration, exasperation to "settle" before acting upon them. The assumption is that, once the emotion has settled, we are able to see more clearly the "lesson" it has to teach us. I believe this is equally applicable to our anger with systemic defects, as well as with individuals. Most people in and out of health care know our health system is broken. This is a source of constant frustration and disillusionment to many of us. What can we, and what should we do? I think it is when the dust of our anger settles that we can find the best answers. It is the "righteous" part of the anger that brings a spiciness to our health delivery meal, and makes us realize that all is not well with the meal we serve every day.

Thanks as always -- for your thoughtful insights. Your comments in class I invariably find wise, perceptive, and humane. Glad you are with us in AoD. Best, Dr. Shapiro

Dear --, thanks for this essay. The first point you made, about the importance of first simply accepting whatever you are feeling honestly and without the "blame/shame" game we discussed today is absolutely critical in being the best, most compassionate, most patient, and most caring people we can be. As you say, we are all fallible, limited, imperfect (I think it's called being human :-)); and if we can't find room for that reality in our lives, we will always be hiding from ourselves. Very well said!

Thank you also for sharing something about your faith. That is not always easy in a professional context, but I appreciated it very much, especially since it is obviously

so important to you, and truly the core of your life. It is a great blessing to know that you are not alone in this difficult world, that you can rely on something more than yourself, and that, whatever the trials and hardships, you are following a divinely charted path for your life. That doesn't eliminate the doubts, uncertainties, soul-searching, but it does provide a constant source of strength and sustenance.

All the best, Dr. Shapiro

Hi --, thanks for retrieving your assignment from SICU! Although perhaps a bit vulnerable, there is something kind of lovely about your leaving a trail of computer-based "breadcrumbs" throughout UCI. At least this one might really help someone.

You know, this stuff isn't rocket science (probably like a lot of medical procedures). With attention and practice, you can usually do pretty well. In my view, you are completely on the right track through "self-surveillance" of your own feelings – good, bad, and indifferent. Paying attention is that essential first step in knowing who you are, so you can be more the person you want to be. Your "strategies" of reminding yourself of the privileges of this profession; and of the patients' and family members' needs; as well as simply venting, and clearing your head are all effective ways of "flipping" your perspective and reorienting yourself. That doesn't mean you will always be a perfectly wise and compassionate doctor – nor should it. You can only be who you are in any given moment. But awareness and being willing to "intervene" with yourself does give you the best shot of allowing your best self to come forth. Best, Dr. Shapiro