

Short Report

Walk with Me

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Abstract

The author writes a genuine story using a narrative medicine writing style [1]. She relates how she applied mindfulness awareness and meditation practices to accompany her best friend, Abigail (Abigail is a pseudonym), who struggled through stages 3 and 4 breast cancer, including its noxious treatments and upsetting side effects. Clinical practice can be enhanced with narrative competence in that it helps the author recognize, interpret and be touched by patients' stories, including all aspects of illness experiences [2]. The author, a clinical psychologist, has treated patients living with chronic diseases as well as clinicians who care for them for 27 years. Herein, she integrates what she teaches – both to patients and clinicians – into her story, including a postscript pertaining to coping with profound grief. Her intention is to share “both sides” of being with suffering – the other person’s and her own. Rather than act as a healer, in this narrative she is simply a person trekking through grievous passageways with Abigail, from life to death.



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Keywords

Mindfulness; meditation; breast cancer; narrative medicine; coping; healing

1. Coping with Stress and Illness

Years ago, while leading Mindfulness-Based Stress Reduction (MBSR) [3] programs for women with breast cancer I was impressed by one of the participants who declared that she had registered to raise awareness and funds for the Canada-wide “Walk to End Breast Cancer.” My first thought was, “If she can do it, so can I.” The event consisted of a 2-day 64 km walk through Montreal (and other cities in Canada) with people who believed that each step could make a difference. Some of the funds raised from that event were awarded to my team to offer MBSR (at no cost) to those seeking a compass to navigate their lives post-medical treatment. When I looked around the room during my first group, I thought, “Each one of these women could be my sister.”

My postdoctoral student and I studied how the program helped participants cope better with their illness and its aftermath [4]. Increased mindfulness was significantly related to decreases in depression, emotional-oriented coping (e.g., catastrophizing, rumination), perceived stress, and an increase in their sense of coherence (i.e., seeing life as comprehensible, manageable, and meaningful). Being more mindful (defined as: awareness in the present moment in an accepting, nonjudgmental manner) enabled group members to reappraise and respond, rather than react, to stressors as well as to re-engage with life following medical treatment [5]. Changes in cortisol awakening response supported our findings [6]. In a focus group study with a subsample of participants the following themes emerged: (1) acceptance; (2) regaining and sustaining mindful control (“control” – verbatim from transcripts); (3) taking responsibility for what could change; (4) embodying a spirit of openness and connection [7].

One year after our first MBSR course for patients with chronic illness I had an epiphany. Since each group of patients was relatively small, there was no way we could possibly offer enough services to all in need. I realized that if I taught their doctors and other healthcare professionals how to be mindful while working with patients thousands could be reached. This inspired me to develop the Mindfulness-Based Medical Practice (MBMP) course with my colleague, Dr. Hutchinson, Director of McGill Programs in Whole Person Care and a former palliative care doctor [8, 9, 10]. Unexpectedly, this change in who I taught took precedence in my subsequent work [2, 11, 12, 13, 14, 15].

2. Being a Mindfulness Teacher

The truth about teaching mindfulness courses is that unless one embodies the practice by living it [16], one will not be able to point the way for others. It is unlike being trained in manualized psychological techniques such as Progressive Relaxation Training or Cognitive-Behaviour Therapy. While there *is* a structure and theme for the classes, each group, each person in it, and each class varies according to who is present, what is shared, and what is experienced moment-by-moment [17,

18]. The most intriguing aspect is how teaching enhances the instructor's insights. Thus, s/he is not the same from course to course either [19]. I co-authored the book *Mindful Medical Practitioners: A Guide for Clinicians and Educators* with Dr. Hassed, an Australian trail blazer in teaching mindfulness in medical school, as a way of expanding on this topic. Herein, I dive into the well of my own experiences as a human being for whom mindfulness has been transformative and healing. Like Dr. Spodenkiewicz, a pediatric psychiatrist who took my MBSR course in Paris, it is possible to be the object of observation while concurrently being the observer [20]. In fact, it is a well-honed skill that arises with meditation practice.

3. Mindful Befriending

Little did I know 13 years ago when I began teaching MBSR that I would be invited to join Abigail on her 20-month journey through rough terrains imposed upon her by breast cancer. This time I was not a group facilitator but with my best friend. Herein I relate how my own awareness and mindfulness practices enabled me to accompany her. No longer in the role of an Associate Professor, Clinical Psychologist, author of books and journal articles or even MBSR teacher, I was simply one human being loving another who was fated to die at 65 years old.

As it happened, Abigail shared her diagnosis with me two days before I was scheduled to attend a silent meditation retreat entitled, "*Coming to Our Senses.*" I needed to make sense (i.e., find meaning) of this dreadful news. Four days of silence left me stranded with my thoughts and feelings regarding her stage 3, triple negative cancer diagnosis. We both grasped the dire implications of her medical status. In fact, Abigail had been an oncology nurse when I met her at a psychosocial oncology conference in New Orleans, 33 years earlier. While I listened intently to birds fluttering through the leaves in the forest, I allowed myself to be present to all that was, moment-by-moment. Shock. Fear. Memories. Profound sadness. On the first day during a walking meditation I burst into tears upon seeing a patch of wild daisies. They reminded me of her thick blond hair and sunny ways. Hair that would fall out like flowers losing their petals as they wilted. Thus, I walked with heartache. It poured rain that night. Pitter-patter pounded the cabin's metal roof. I vowed to listen as carefully to her as I did to the raindrops that night. It kept me awake, as did my thoughts about her upcoming ordeal. Retreats reinforce mindfulness so that when one returns to "normal" life, lessons learned can be integrated into the pleasures and sorrows that are part of being alive.

Abigail, whose name signifies "gives joy," had shown me over the years how love, commitment and generosity are the basis of healthy relationships. Up until the moment of her diagnosis Abigail's life had seemed charmed; she maintained excellent health, a close-knit family, fulfilling employment, a quintessential Canadian lakeside cottage, topped off with exotic travels with her beloved husband (of 45 years of marriage). When she stood by me during painful episodes in my life (e.g., when my infant son died) she said, "This is what friends do." It was time for me to reciprocate. I was thankful for the opportunity, but not the circumstances.

At times she was like a wounded animal who sought a corner to lick its wounds, alone. I yearned to assist but had to wait patiently until she was ready and able to accept my wish to be with her. I noticed my tendency to "overdo" and let it go. Clinicians are trained to problem solve and fix things –

but in mindfulness work we understand that each person needs to discern their own way to heal. Nevertheless, we can be attuned and ready to respond, when asked. Abigail and I were open and honest with each other; she told me clearly what she needed, what was helpful, and what was not. For example, when I gave her a cookbook for cancer patients, she recoiled (and almost threw it back at me)! Hmm. I replaced the book with a woolly pair of earmuffs that fit over her wig. Winters are arctic in Canada – she hated hats, so this was an acceptable alternative.

When asked to accompany her to the hospital's "Look Good, Feel Good" seminar that was led by volunteers who provide free quality cosmetics and show the women how to select and wear wigs I was included in her quest to cope with what was sure to come: hair loss and other distressing changes in appearance. She could hardly contain her outrage and refused to try things out. She frowned while others tried to laugh at strained jokes. I sat still; her body language spoke volumes. "OK," I thought, "she's angry. Best not to repress or hide emotions." My mind wandered back to early research describing which characteristics were associated with longer survival rates in this population. Her sister had made an appointment to have her head shaved that week. I offered to shave mine too in a gesture of "solidarity." "No way!" she exclaimed.

Over the 20-month illness period, Abigail asked me to read and discuss with her articles pertaining to various treatments. For instance, there was new evidence [21] that among breast cancer patients with triple-negative disease, the rate of disease-free survival was 69.8% in the Capecitabine® group versus 56.1% in the control group; the overall survival rate was 78.8% versus 70.3%. The hand-foot syndrome, the most common adverse reaction to Capecitabine®, occurred in 73.4% of the patients in the Capecitabine® group. She had little choice but to go on protocol even though she (correctly) noted that the survival curve graphs were not convincing. Unfortunately, this side effect undermined one of her favorite coping strategies – to walk in nature in the country and exercise on her treadmill in the city. In the early stages of treatment, she held on tightly to hope. She planned another trip to sunlit Florida with her husband, she nurtured her summer garden, and continued to work part-time. I followed her lead. If she avoided looking too far ahead, I did too. When my mind wandered with dismay to her future, I had to stop, take a breath, and return to the present moment.

The literature on how mindfulness helps people face life's various challenges informs us that regular meditation practice (defined as: a mental exercise whereby the individual focuses on an object, such as the breath, to train attention, maintain awareness, and reach mental clarity) promotes emotional regulation [22]. Daily *Vipassana* meditation and yin yoga sessions helped me stay steady while Abigail's health worsened. Following chemotherapy, 3 months post-lumpectomy, she relapsed – requiring a full mastectomy. Her setbacks were tough. Radiation therapy exhausted her. I noticed she avoided any reference to death. Abigail was determined to have reconstructive surgery. I did not share my thoughts – that she was too ill to go through another surgical procedure. While she imagined better days when she would "get her life back" I read *Die Wise: A Manifesto for Sanity and Soul* [23]. Part of being mindful involves "turning towards" rather than "away from" a wound.

Ironically, during her illness, a mammogram result sent me to an ultrasound test that revealed a "mass." Two months later, I had a biopsy and waited for results with relative equanimity. It turned out to be a false alarm. My meditation practice prevented me from projecting into the future. By remaining in the present moment, I managed not to stress myself with, "What if...?" thoughts.

Mindfulness promotes healthy relationships [24]. While Abigail was not a formal meditator, nature was her “religion.” It soothed and provided boundless pleasure. She had always been active and socially engaged. When her poor health prevented her from doing what she loved she became frustrated and then despondent. Even swimming in the cool mountain lake was limited as she could not rotate her arm fully. Abigail withdrew and avoided talking about her problems with most people. My heart opened when she shared with me what she was going through. Compassion is empathy in action. I felt it, but had to be careful, since it was hard for Abigail to ask for or accept help. I understood that. She was the person others leaned on. It was part of her identity to be strong and loving, but she needed to conserve energy. I included her in my nightly loving-kindness meditations: “May Abigail have the courage to face this illness.” *not* “May her cancer be cured,” as it was not for me (or her) to determine the outcome.

Ten months following Abigail’s diagnosis I was asked to speak at a breast cancer conference. I accepted with my best friend and all the women I had worked with in mind. I presented results from our studies regarding how meditation and mindfulness had the potential to help. Help patients as well as those who cared for them. I was one of them.

Acceptance is key in living a mindful life. Abigail struggled with this notion. How can one accept that all that makes life worth living is slipping away? In Buddhist psychology suffering is part of life; everything is impermanent; there is a path to end suffering – the Eightfold-fold path. In her final weeks Abigail no longer dodged the topic of death. She courageously prepared for it. Two weeks before she was hospitalized, I sat quietly with my own feeling of anguish as she told me, in between tiny sips of water and dry little coughs, how and where and how she wanted to die. She looked frail. Simply getting up to answer the telephone tired her. I felt helpless. The cancer had invaded her liver – and maybe her lungs. Our walk together was ending.

For 20 months I remained as attuned to her as I could. On good days we shared the little things that make up life: birthday and holiday celebrations, books, wine sipped while watching a sunset. We were grateful for our many years of friendship. On bad days, when she was anxious about “What next?” I used “awareness of breath” (an informal meditation practice) to stay calm. Having lived more losses than she had, I knew viscerally how hard they are to bear. We sat together in silence when there was nothing more to say. Years of sitting meditation enables one to be comfortable with silence.

I dreamed about Abigail the night before she was hospitalized. We were so connected that my unconscious alerted me that she was in grave danger. She texted me a few days later, when she could no longer speak, telling me that she struggled with “air hunger.” I sat stunned, envisaging the primal need to breathe. In another text she wrote, “It’s like I’m on a silent retreat to conserve breath.” Sitting next to her the day she departed my sorrow erupted into tears. Twenty-one years of practice *being with what is, right now*, rendered my feelings raw.

At the hospital I was struck by a young resident who said the right thing at the right time. When I informed her that Abigail had been adamant in her desire to die at home, she replied, “What people want can change rapidly when death approaches.” “Oh, I see.” I thought, “We must respond to the NOW” (not what was said 10 days ago).” She could not be moved safely. It was impractical to transfer her to their 3-flight walk-up condominium. I returned to her bedside, stroked her warm arm, stared at

her oxygen mask as she gasped for breath and spoke softly. I cannot recall a word of what I said; I can only hope she heard me.

4. Grief Work

I teach a course in the psychology department at McGill University entitled, *Mind-Body Medicine*. My reaction to Abigail's passing was a perfect example of mind-body unity. Sleep eluded me, pain from severe stenosis and spondylolisthesis [25] reverberated in the days and weeks that followed her passing. I sat in meditation and contemplated impermanence. Acceptance was facilitated by the vivid image in my mind of her suffering. Love lets go. When my baby died and I was distraught Abigail said to me, "There is no time frame for grief. It takes the time it takes." It will take the time it takes for me to assimilate the loss of Abigail.

I have managed my work schedule to accommodate the pain. I have let go of thoughts that perpetuate suffering. When they circle back into my mind, I release them again and again. I discovered a meditation called, *the River of Life* [26]. This helped me flow with the current holding everything into the ocean of nothing. Sometimes I write Abigail a letter – one that she will never read, of course. Yin yoga has been especially beneficial, as the practice soothes me. In one session when I enquired (in my mind), "Abigail, where are you? What is death like?" the response (felt, not heard) was, "Everything is reborn." Peace enveloped me.

If you are a health care professional, a family member or friend of a person who is gravely ill then daily meditation practice, in one form or another (e.g., formal – when a set time is allotted to practice or informal – when awareness is applied to daily activities such as walking), may help you as it does me. My intention for writing this narrative is to show you, the reader, that we can face our own losses, and those of our patients/clients, friends and family members by engaging in mindfulness practices on a regular basis. Our perception of ourselves, others, and life events can be altered, and this new way of seeing enables us to bear what may seem, at first glance, to be intolerable.

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I author wrote this narrative.

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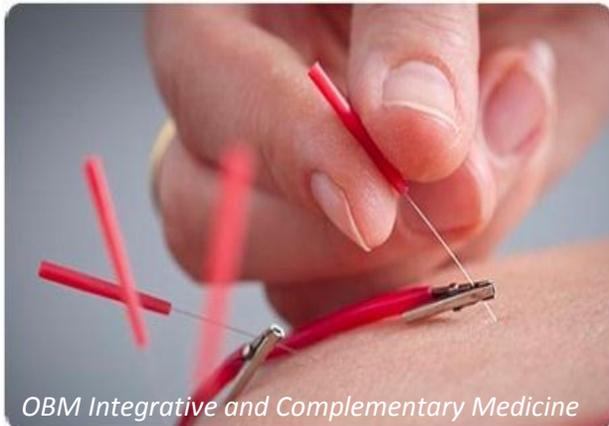
Competing Interests

The author has no competing interests.

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