MINDFULNESS and NARRATIVE MEDICINE

Workshop for 3rd Yr. Medical Students
Department of Family Medicine

Contributors: Dr. R. Beardsley, Dr. Millaray Sanchez Ms. Lynn Bloom and Dr. C. Gonsalves and Dr. H. MacLean,
Acknowledgements: Donna Williams
Disclosures and Introduction

• Dr. Beardsley has no commercial conflicts, grants, or research, or clinical trials

• Family Physician with a focused practice in psychotherapy and is a trained Mindful Self Compassion Teacher,

• Member of MDPAC-Medical Psychotherapy Association of Canada and the Canadian College of Family Physicians

• My story


Arriving in the Present Moment

Our Natural State of Being - Our Life Energy

5 things you see,
4 things you sense or touch,
3 things you hear,
2 things you smell,
1 thing you taste
Workshop Objectives

Apply mindfulness practice and principles as a means of enhancing self-awareness and clinical expertise.

Recognize narrative medicine as a method of self-reflection and expression.

Understand how mindfulness practice and reflective writing can support resilience.
The ‘Art’ of Medicine

“The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your mind”

Sir William Osler

“To cure sometimes,
To relieve often,
To comfort always”

Hippocrates
Definitions

Burnout

• Mental and Physical exhaustion especially when one’s best actions fail to produce the desired result
• Ebb and flow—High emotional demands (caregiving for another)
• Less social support—single parent, isolated
• Cynicism, Work becomes meaningless, with less job satisfaction
• Worse if self esteem hooked up with work or accomplishments

Moral Injury

• Psychological wound, more complex
• Resulting from witnessing or participating in morally transgressive act
• Violation of our integrity or morals
• First described in our soldiers, now more front line workers are experiencing this
• Worse if work environment is toxic or non-supportive
Security—Happens when we feel:

• Seen or Heard
• Soothed or Supported
• Safe or Connected

• Think about little ones: babies, puppies, kittens
  – We are born dependent and wired to adapt and survive
  – Comes from consistency, reliability and protection
  – We are wired for connection and need others to help us feel safe

The Whole Brain Child – Siegel/Bryson 2012
Polyvagal Theory

Stephen Porges: The Polyvagal Theory (2011)
Polyvagal Theory

- Autonomic Nervous System
  - PARASYMPATHETIC
    - CONNECTION
      - VENTRAL VAGAL
        - Social Engagement
        - Higher Executive Function
    - Hierarchy
- SYMPATHETIC
  - MOBILIZATION for THREAT
    - Fight flight freeze
    - Managing or neutralizing threat
    - Less access to Cortical Function

Polyvagal Theory

Autonomic Nervous System

PARASYMPATHETIC

CONNECTION-SAFE VENTRAL VAGAL
Social Engagement
Higher Executive Function

COLLAPSE-DANGER DORSAL VAGAL
Shut Down
Survival- CHOICELESS

SYMPATHETIC

MOBILIZATION for THREAT
Fight flight freeze
Managing or neutralizing threat
Less access to Cortical Function

Hierarchy

Co-Regulation

Neuroception Inside-Outside-Between

Autonomic Nervous System
Is it Safe? Connect or Defend

ANS-facial muscles, eyes, tone/prosody of voice
Neuroception-out of awareness

Safety- Social Engagement System

Threat-Defense System Survival

ANS-Parasympathetic Newer branch of Vagal nerve
VENTRAL
Connect-Rest-Restore
Access to Executive Function

ANS-Dysregulated SYMPATHETIC
Fight-Flight-Freeze
Neutralizing Threat

ANS-Parasympathetic-older branch of Vagal nerve
DORSAL
Collapse-Shut Down
Survival

Dan Siegel, (Whole Brain Child, Siegel/Bryson 2011) refers to this as “Flipping Your Lid”

Stephen Porges: The Polyvagal Theory (2011)
# Autonomic Nervous System Dysregulation-in Response to Threat

<table>
<thead>
<tr>
<th>Hyperarousal</th>
<th>Hypoarousal</th>
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<tbody>
<tr>
<td><strong>Sympathetic NS</strong></td>
<td><strong>Dorsal Vagal Response</strong></td>
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<tr>
<td>• On edge, Frustrated</td>
<td>• Shut Down</td>
</tr>
<tr>
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- Dissociative
Actively engaging our social engagement system

Oxytocin balances out our cortisol levels

Can also be accessed with any soft touch-clothing, animals
Drinking warm liquids
Heavy/weighted blankets

Resource of Touch and Balance of our nervous systems
The Modified Human Stress Curve. Nixon, Practitioner 1979
Resiliency

- Bouncing Back in the Face of Adversity
  Being able to show up in own resourcefulness and presence

Window of Tolerance

Hyperarousal Zone

1. Vagal "Social Engagement" Response
   - Increased sensations, flooded
   - Emotional reactivity, hypervigilant
   - Intrusive imagery, flashbacks
   - Disorganised cognitive processing

2. Sympathetic "Fight or Flight" Response
   - State where emotions can be tolerated and information integrated

Optimal Arousal Zone

Window of Tolerance

3. Vagal "Immobilisation" Response
   - Relative absence of sensation
   - Numbing of emotions
   - Disabled cognitive processing
   - Reduced physical movement

Hypoarousal Zone

Adapted from Ogden, Minton, & Pain, 2006, p. 27, 32; Corrigan, Fisher, & Nutt, 2010, p. 2
Mindfulness Definition
Jon Kabat-Zinn

With curiosity, compassion and acceptance

- Paying Attention
- On Purpose
- In the Present Moment
- In a Particular Way

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Awareness of

- **Inside ourselves**
  - sensations (Body)
  - Images
  - Feelings
  - Thoughts/Perceptions

- **Outside ourselves**
  - Surroundings
  - Sounds
  - Temperature
  - People
Mind Full, or Mindful?

Misha Gaudet
- Stop what you are doing
  - Take 3 deep breaths
  - Observe – what you’re feeling in your body, emotions, thoughts
    Relaxing or softening as you need
  - Proceed with what you are doing
Quick self-assessment BODY SCAN
Notice how you relate to your answers

- How deep are your breaths?
- Are your shoulders making out with your ears?
- Are you clenching your jaw?
- Or bracing yourself? Notice your muscle tone
- Are you here in this moment/grounded?
- Do you feel disconnected from your body?
- How many colours can you see?
- How many sounds do you hear?

- Take some intentional breaths—long exhalations
- Intentionally lower your shoulders bringing them down and back
- Open your mouth slightly—SMILE
- Gradual muscle relaxation
- Tune your senses into your environment right here, right now
- 5 things you can See, 4-Touch; 3-hear; 2-Smell; 1-Taste
Mindful Moments - Conscious Activities to reconnect and relax

- STOP:
  - *stop,*
  - *take a breath,*
  - *observe,*
  - *proceed*

- Box Breathing

- Soles of the feet
- Crossovers- butterfly tapping
- Figure 8’s
- Dance
- Rhythms
- Humming- A,E,I,O,U
- Whistling
- Singing
- Nature
Mindfulness Taught in Medical Schools

• Improved **anxiety** and **depression**. Goyal et al, 2014
• Improved student **well-being**. Hassed et al, 2008
• Moderate effect on **mental distress**. De Vibe et al, 2013
• Positive effect on **empathy**. Ludwig & Kabat-Zinn, 2008
• **Cognitive effects** (memory, executive function, attention, self-regulation). Holzel et al, 2011 2009; Fox et al 2014
What mindfulness is not....

• Relaxation tool to pull out only when we are stressed
• A panacea for suffering
• Religion
• A means to an end
• Accessible only after years of formal practice/meditation
• About striving, about goals, being expert meditators
• A fad
Narrative Medicine: Definition

“Medicine practiced with the narrative competency to recognize, interpret and be moved to action by the predicament of others.”

(Charon, 2001)

« …Writing improves clinicians’ stories of empathy, reflection and courage »
« Writing that affects the reader is art »

Rita Charon, MD, PhD
Narrative Medicine

Two parts to Narrative Medicine:
• Close reading of literature and other written text
• Reflective Writing and Creative Expression
Narrative Medicine

Four of Medicine’s Central Narrative Situations:

• physician and patient
• physician and self
• Physician and colleagues
• physicians and society

Charon, JAMA, 2001
5-min Reflective Writing Exercise

Writing to a prompt:

• “A connection made or not made”

Breakout Rooms- Share your writing or what your experience was in writing this piece

POLL
Reflective Writing

• Is good for our health. Pennebaker et al, 2004
• Helps us contain and share experience, rather than flooding us. Frank, 2010
• As part of a Mindfulness program, it improves physician wellness and enhances the physician-patient relationship by focusing on personal reflection, expression and communication, through story. Krasner, 2009
• Deepens perspective both for the writer, and for those who listen and respond to the work. Devlin et al, 2014
Medicine, The Facts

Physician/Medical Student Distress

➢ Burnout at epidemic levels, 47%. Shanafelt et al, 2012; West et al, The Lancet, 2016

➢ Medical school: Burnout in ~50% of students, 10% had SI
   Dyrbye et al, Annals of Internal Medicine, 2008. CFMS 37% 2017. CMAJ 2017

➢ Medicine associated with burnout, depression, anxiety, substance abuse, divorce and broken relationships. Shanafelt et al, 2003

➢ Medical Students: 27% of depression, 11% of suicidal ideation, 16% sought Rx. Rotenstein et al, JAMA, 2016
   129,000 med students from 47 countries, 1985-2015.
Burnout and Medical Errors

• Of 7905 American College Surgeons, 700 (8.9%) reported concern they had made a major error in last three months.
• Burnout and depression were independent predictors of reporting a recent major medical error. Shanafelt et al, 2009

• Of 115 (76%) responding residents, 87 (76%) met the criteria for burnout (Maslach Burnout Inventory)
• Burnout residents were significantly more likely to self report suboptimal patient care at least monthly (53% vs. 21%; p=0.004). Shanafelt et al, 2002
Physician Distress/Burnout

Reasons

**Individual**

- Negative personal life events. Dyrbye et al, Academic Medicine, 2006
- Coping style and poor social support. Thompson et al, Teaching and Learning in Medicine, 2016
- Inadequate sleep and exercise. Wolf and Rosentock, Academic Psychiatry, 2017

**System**

- Medicine as an occupational health risk, «the cost of caring». Figley, C.R, Compassion Fatigue 1995
- Medical student mistreatment. Cook et al, Academic Medicine, 2014
- Learning environment. Dyrbye et al, Medical Education, 2009
- Exposure to hidden curriculum*. Montgomery, Burnout Research, 2014

* Power-hierarchy, patient dehumanization, suppression of normal emotional responses, faking or overstating one’s capabilities, unprofessionalism.
**BURNOUT- EMPATHIC DISTRESS**

- Empathic Resonance -> Empathic Distress -> feel another's suffering as our own
- Cope by working harder, trying to fix -> **Exhaustion**
- Or by “getting angry” or by “distracting ourselves” -> **Cynicism, Resentment**
- What we resonate with becomes hard to separate - can overwhelm us and activate our threat response system

**Fight- Moral Outrage** - respond with anger or disgust; become irritable and critical of ourselves for not being able to help or feel resentment toward others for them not being able to change

**Flight- Moral Avoidance** - may avoid certain topics, compartmentalize, withdraw

**Freeze- Moral Apathy** - may become numb to pain and suffering, become unable to feel - may feel like you don’t care anymore - **Depersonalization**

Decreased Job Satisfaction
Empathy and Compassion

Empathy

- Feeling “INTO” another
- Empathic concern-other focused
- Vicarious sharing of an experience of another- Empathic resonance
- Ability to be human with each other
- Emotional attunement; which can lead to Empathic Distress or overwhelm
- Managing the experience or protecting ourselves
- We can be affected or “infected” by the suffering of another- Vicarious Trauma (in which our perceptions are altered)
- No separation from another

Compassion

- Feeling “FOR” or “BEING WITH” another
- Includes empathy, helps us to be aware of suffering in another; coupled with a desire to alleviate suffering
- Not about fixing, more about holding with kindness: Deep concern and deep intention to be of benefit to the world and others
- Being with another, or holding space for another; witnessing THEM while they are suffering: Companioning with another
- Requires Mindfulness (noticing pain, feeling pain) and responding with Goodwill (wishing relief and actively being present in loving awareness)
How do I treat a friend?

Being mindful of how we relate to ourselves is the first step to being kind to ourselves. Treating ourselves with the same kindness and understanding we would treat a friend in a difficult situation or experience.

Kristen Neff <selfcompassion.org>
How Mindfulness Changes the Brain
Learning

• “When neurons fire together, they wire together”
  Donald Webb, psychologist, 1949

• Strengthening some neural connections while weakening others
Meditation experience is associated with increased cortical thickness

- Sara Lazar et al (2005)
  - Harvard neuroscientist
- 20 experienced meditators vs 20 matched non-meditators
- Prefrontal and insular cortex thicker in meditators
Mindfulness practice and changes in the amygdala

Holzel et al. 2009

- Healthy stressed people participated in a 8-wk MBSR
- Measurements of PSS and MRI pre and post intervention
- Reductions in PSS correlated with decreases in the amygdala grey matter
Meditation Exercise

STOP - Stop, Take a breath, Observe, Proceed

Soles of the Feet

RAIN - Recognize, Allow, Investigate, Nurture
Mindful Eating
Bring in all 5 senses
Cueing Safety to Others - Social Engagement

Cues from another trigger the neuroception of safety, we get the message that it is safe to approach.

Important to be aware of when you may be cueing non-safety:
- Through body tightness
- Poor eye contact,
- Glancing down,
- Looking at the clock
- Rapid breathing

Mindfulness can help us to be aware of ourselves and others.
Mindfulness Practice and Narrative Medicine

CONCLUSIONS
Mindfulness/Reflective Narrative

- Physician well-being (resilience – burnout)
- Quality of care (safety – errors)
- Quality of caring (therapeutic presence & safety)

©Mindful Practice Programs, University of Rochester, 2010
Resources


Insight Timer
Starting a Mindfulness Practice

**Stop, breath and be:** take few moments during the day to take 3-5 breaths

- Before starting a new activity
- Before seeing patients-washing hands
- Red/yellow lights
- Before getting up and at bedtime

**Meditation – Formal and Informal**

- 2-5 minutes of sitting meditation in morning or evening
- Mindfulness in Daily Life – brushing teeth, shower, coffee, walking
Resources

Starting Reflective Writing

- Write about your clinical and personal experiences, either positive or negative ones. May use different perspectives.

- Write about a difficulty or dilemma.

- Write about whatever makes you lose sleep.

- Gratitude journal.

- Name it to tame it - Dan Siegel.
Reflective Writing Resources


• Casey N, Hester, MD, Tsai, JW Saving ourselves, our patients and our profession: making the case for narrative competence in pediatrics. *Acad Pediatr* 2018;18:243-247.


Submission of your Creative Writing

*(remember confidentiality - either written permission or patients should not be recognizable)*


- Canadian Medical Association Journal: 750-1400 words under “Humanities Encounters” [http://www.cmaj.ca/site/authors/preparing.xhtml#humanitiesEncounters](http://www.cmaj.ca/site/authors/preparing.xhtml#humanitiesEncounters)
Submission of your Creative Writing (Cont’)


▪ OMA Medical Student Publication. Scrub In. https://www.oma.org/MEDICALSTUDENTS/Pages/ScrubIn.aspx
MPH Winter Elective

- Two week elective (Ethics, Narrative Medicine, Philosophy, History of Medicine, Communication, Mindfulness, VTS)
- Post CaRMS
- Non-clinical, outside TOH
- Included in MSPR letter
- Credits toward MHP certificates
THANK YOU
Robin Beardsley info@robinbeardsley@gmail.com

May I offer my care and presence, even though it may be met with anger, anguish, confusion, or indifference

May I find the inner resources to truly be able to give and receive support

May I see my own limits, my struggles, with compassion, just as I view the suffering of others