

SPACE BETWEEN THE LOGS

Aurélie Montagne

Undergraduate Medical Student, Faculty of Medicine, McGill University, Montreal, Quebec, Canada
aurelie.montagne@mail.mcgill.ca

FIRE* by Judy Brown¹

What makes a fire burn
is space between the logs,
a breathing space.
Too much of a good thing,
too many logs
packed in too tight
can douse the flames
almost as surely
as a pail of water would.
So building fires
requires attention
to the spaces in between,
as much as to the wood.

When we are able to build
open spaces
in the same way
we have learned
to pile on the logs,
then we can come to see how
it is fuel, and absence of the fuel
together, that make fire possible.
We only need to lay a log
lightly from time to time.

A fire
grows
simply because the space is there,
with openings
in which the flame
that knows just how it wants to burn
can find its way.

*Permission to use *Fire* has been granted by the author.

I was introduced to this poem by my Mindful Medical Practice (MMP) professor, Dr. Krista Lawlor. Along with my colleagues, I completed this 8-week compulsory course, which took place at the dawn of my Transition to Clinical Practice as a second-year medical student at McGill University. For some students, this was a first exposure to the concept of mindfulness. However, others like myself came with previous experiences in the field. Prior to the start of MMP in January 2018 and independently of my medical school curriculum, I completed an 8-week Mindfulness-Based Stress Reduction (MBSR) course. This initiative was encouraged by the course director, Dr. Patricia Dobkin, who recommended that I took the MBSR course before MMP to be able to compare and contrast their teachings. At the time, I was searching for a way to pursue my interest in the field of Whole Person Care, which had been fueled by my training as a yoga teacher in 2016 and the desire to link my personal practice to my career as a healthcare professional.

In light of my background, I clearly appreciate the importance of this part of our training – one that teaches us to be more mindful in our role as physicians. Many of us do not fully appreciate the importance, nor have the tools, to achieve balance of mind, body and spirit while navigating through our careers in medicine. I believe this balance is essential in delivering quality care to our patients, as well as in achieving a personal equilibrium. Learning how to apply mindfulness practices to the clinical setting complements our medical education, and I found both MMP and MBSR to be excellent teachings.

As a participant and observer of MBSR, I was offered a training in a group composed of both healthcare professionals and adults living with chronic stress or illness. We were taught methods to heighten awareness and manage stress, which were designed for us to take well beyond the classroom and into our everyday lives. While I have been dedicated to continue applying these after the completion of the course, I recall this 8-week period as an intense shift in my practice of mindfulness. As a yoga practitioner, I already granted much attention to formal practices, which clearly had an impact on other aspects of my life. However, I had not thoroughly developed the skills to nourish an informal practice (in other words, I had not quite bridged the gap between yoga and my daily routine). The MBSR experience underlined the importance of extending the foundation of meditative practices to daily activities we do regularly, sometimes automatically – and therefore without awareness. This of course includes professional responsibilities. I therefore started to notice certain patterns of thought and action that I would benefit from changing and exercised an approach devoid of judgement, one of MBSR's fundamental teachings.

To my great satisfaction, I quickly understood how this would impact me as a medical student. Awareness of oneself, the other and the context through which we interact is the first step to congruence, as I learned by studying Virginia Satir's communication stances. The three elements of interaction and definition of common unconscious stances serves as a compass to medical students, who may observe them in themselves, as well as in their peers in the clinical setting. First, it compels us to acknowledge our "default"

stance and its impact on our relationships, both personal and professional. Awareness of these interactions and of our tendencies allows us to pause and to make a choice of the stance to adopt. This in turn urges us to take responsibility for our attitude and to move towards congruence, notably in the clinical setting, which will no doubt serve our patients, as well as help us develop resilience. My mindfulness practice also assists me when I am confronted to a person's attitude I may not approve of. An appropriate pause and reflection may bring upon the realization that I was the one who strayed away from congruence. At other times, I notice that the person I interacted with was the one lacking attention and insight. Instead of reacting and immediately judging one's behavior, I am learning to practice an objective approach. In fact, the idea of *responding* instead of *reacting* is a paramount skill: a mindful pause can notably influence clinical decision making, affecting patient care and inter-professional relationships.

The skill of developing awareness of oneself was further reinforced in MMP, a course I found to be tailored to medical students' reality, teaching us how to apply mindfulness techniques to specific clinical situations. Both courses emphasized the concept of *being with suffering*. We will all at some point be exposed to distress and hardship, be it our own or that of our patients, friends or family. In no other context had I taken the time to define suffering, a task that proved to be more difficult than I had initially thought it to be. In MMP, it became clear that the nature of suffering is highly subjective, as we struggled as a group to find a universal description for this experience. My participation in MBSR, which involved exposure to multiple forms and interpretations of suffering (mental, emotional, physical and spiritual) in both patients and healthcare professionals, further clarified the notion that it is a challenging concept to define. This emphasizes the need to approach our patients' suffering with humility, as we cannot fully grasp their experience of illness.

I believe to have benefited from engaging in both programs, which were also similar in that they were carried out in a supportive, non-judgemental environment. Participants were invited to open up about their vulnerabilities, provided they felt comfortable in doing so, with the assurance that confidentiality would be respected. The sense of trust that was consequently established within the group encouraged us not only to deeply connect to our own emotions, but also to develop interpersonal skills (such as active listening). Ultimately, the practice of mindfulness not only affects our relationship to ourselves, but also shapes our rapport with our community. It allows for more effective and meaningful communication with patients and colleagues, but also extends to our personal life. As a medical student, I find it primordial to establish a support system for myself – through nourishing healthy relationships in my social circle, I believe that I will be better equipped to attend to my patients. Developing resilience will indeed be of utmost importance in navigating the challenges of clerkship and of the career that awaits me.

Clearly, I consider my exposure to MBSR and MMP of great value in teaching me to deliver Whole Person Care, which is what I aspire to in studying Medicine. Having completed both courses early in my studies

has undoubtedly inspired me to cultivate my practice of mindfulness, not only for my personal benefit, but also for that of my patients and colleagues. It has also sparked a desire to encourage my colleagues to foster wellness practices. Being a medical doctor has the potential of being an all-encompassing vocation and, just like logs too tightly-packed for fuelling a fire, burnout of healthcare professionals serves no one. Rather, as Judy Brown poetically states, establishing a “breathing space” for self-care, as the philosophy of mindfulness encourages one to do, is essential in fostering a mature physicianship.■

REFERENCE

1. Brown J. *The Art and Spirit of Leadership*. Bloomington: Trafford Publishing; 2012. p.326.