

FINDING MY VOICE IN RESIDENCY: REFLECTIONS ON INTEGRATIVE FAMILY MEDICINE

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ABSTRACT

The author discusses how self-awareness and healing play a key role within the evolving field of integrative family medicine.

KEYWORDS: Integrative family medicine

Right there. In my throat. Just above the Adam's apple – a tightness, a constriction. Often accompanied by a feeling of anxiety or inadequacy, this tension, located in what the Hindu tradition refers to as the fifth primary chakra, is what masks my “true” voice.

My experience of the blockage in my throat grew throughout my first year of residency training. Various instances – encounters in the hospital, with patients, and with myself – would bring out this constricted feeling in my throat. At this level of training I often felt unsettled. I carried with me some knowledge from medical school and my various life experiences. And I also carried with me the knowledge of not knowing – that is, the knowledge that I really did not know how to fit into this world of doctors. To me, the role of the intern (another name for first year resident physicians) is not so well defined. On one hand, I was the low

person on the very tall totem pole of the medical hierarchy – looking to my seniors for wisdom and approval. On the other hand, I was being listed as the primary care physician of a couple hundred patients, feeling that people were looking to me, expecting me to find the cure for their diabetes and depression. In the midst of this confusing role, this knowing and not-knowing, I lost my voice.

It was through mindfulness meditation practice that I first discovered that my voice felt trapped. Sitting still, settling into the meditation cushion and allowing the racing thoughts to slow from their typically rapid-fire pace, I began to feel my body and the effects of residency. While many sensations came to the forefront of my meditation experience, I noticed more and more prominently the constricted feeling in my throat. It felt very uncomfortable, often building up as my attention to my throat increased. Sometimes I would perceive difficulty in swallowing or even breathing as a result this sensation. As the tightness progressed I would have the unrelenting desire to extend my neck backwards – stretching out the front of my neck to allow space there. As my awareness grew I noticed this sensation in other aspects of my life. When talking to an attending physician who I perceived did not have confidence in my medical knowledge or procedural skills, the tension would grow. When talking to patients on rounds with my colleagues listening in, my voice struggled to be unleashed – it felt like my voice, my words, lacked substance. Even as I sat one-on-one with my patients I sometimes perceived that knot in my throat after a day with emotional visits that entailed extensive counseling. How, I asked myself, would I overcome this “stuckness” in my throat, which kept me from providing the best patient care I knew I was capable of?

Integrative medicine is defined by Academic Consortium for Integrative Medicine and Health as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.”¹ As this term has evolved over recent years, it has found a place in nearly every discipline within the practice of medicine. More formally, integrative medicine has expanded from within the field of Family and Community Medicine and many of its associated residency training programs. In 2007, the Integrative Medicine in Residency (IMR) training program developed at the University of Arizona was piloted in 8 family medicine residency programs throughout the United States². Since then, as the practice and principles of integrative medicine have become more widely known in both the general population as well as in the realm of academic medicine, the Society of Teachers of Family Medicine has suggested that several integrative medicine-related competencies be incorporated in all family medicine residency training and education. As implied in the definition of integrative medicine above, there are many facets to this training that help to develop an environment of healthy medical interactions in the clinic, the hospital and in the community at large.

My training at the University of Wisconsin, Madison Family Medicine Residency program, has helped me focus on one of the key aspects central to becoming an “integrative family doctor”: self-healing and awareness.

In recognizing that the tightness in my throat was a physical manifestation of feeling “lost” in my first year of post-graduate training, I began looking at how to go about “finding my voice”. As I tell my patients, the best way to approach health is from many different angles – there is no “one” way of treating hypertension or heart disease. With assistance from mentors and teachers, I created an “integrative health plan” for myself, including the following:

1. **Physical Activity:** for me, practicing yoga was exactly the type of exercise that I needed. In postures such as “upward facing dog” or Urdvha Mukha Svanasana, “warrior 1” or Virabhadrasana, and “camel” or Ustrasana, I was able to feel a stretch from my chest/heart up through my throat. These exercises released the knot that I had, opening up the space in my neck that felt so constricted previously. With repetitive practice I was able to feel that I could maintain this “openness”.
2. **Energy Medicine:** one of the mentors in my program, in addition to being a family doctor, also practices energy medicine. In meeting with him to discuss the emotions/feelings/sensations that I was experiencing in residency, he offered to guide me through some energy or biofield therapies. I also met with local practitioners with many years of experience in Shamanism, healing touch and quantum touch. Through these various forms of energy medicine and simple laying-on-of-hands, I noticed an extra “release” – difficult to define from a traditional Western medicine paradigm, yet very palpable and therapeutic.
3. **Self-expression:** another piece of the healing/awareness process for me involved something that could perhaps be identified as part of the behavioral health realm. In analyzing this feeling of having “lost my voice,” my mentor recommended looking into ways to promote self-expression – singing, writing, journaling. With these methods I was able to give the anxieties, worries, and hesitations that I felt a physical, visible, and audible form.
4. **Studying and Experiential Learning:** I noticed that while some of the tension came from adapting to the life of a resident physician, some came from simply not knowing enough medicine to be comfortable speaking with my colleagues and patients. Dedicating time each day to reading/learning as well as allowing my clinical acumen to grow through daily patient encounters created a gradual increase in speaking with confidence.
5. **Mindfulness:** as meditation brought me to a greater self-awareness at the start of this healing process, continued meditation and mindful daily living provided me with an ability to check in with myself moment to moment – whether I be sitting across from a patient in clinic or rounding on patients in the hospital with my fellow residents and attending physicians. Rather than allowing my mind to spiral into thoughts of self-doubt, I began to recognize those thoughts as they came up and allowed them to pass, bringing my mind back to good patient care and collaboration with the rest of the care team.

For me, this plan is continually modified and practiced regularly to attain and maintain health in this aspect of my life. From my experience, an important part of the essence of an “integrative family doctor” resides in the physician’s self-awareness and self-healing, which is then brought to the clinical setting to guide and

empower patients to find their own optimal health and thus ultimately effecting the well-being of their families and communities. ■

REFERENCES

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