Narrative and Medicine: Caring for the Future
Conference: Lisbon 2015

Document includes:

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Title: **Client-Practitioner Narrative: Moving from Empathy to Compassion**
Keywords: Empathy, Compassion, Healing, Network Phenomenon

Summary:
We have come to accept the importance of the illness narrative on the part of the patient. However, this narrative is only part of a much larger intersection of narratives. The practitioner also has a narrative and, in fact, can only listen through the lens of their own experience. And what they actually hear depends on their awareness of how their own story informs any practitioner-client interaction.

Awareness is key in the practitioner's maturing process towards fully understanding and practising compassion; and this has a direct effect not only on the client's process but also on the practitioner's experience. A practitioner's empathetic response to the client is a first step in a healing relationship; the next step is a compassionate response. My understanding and experience of compassion is that it embraces both the negative and the positive. It is a 'sacred space' that holds all contradictions and paradoxes and thus includes the potential for resolution. It is through compassion that both practitioner and client can become aware of the connected nature of disease and health.

Illness is a network-phenomenon: in a quantum world in which all is fundamentally connected, in which disease and health are intimately linked,
disease contains the solution for wellness. Through a fuller awareness of the way in which we tell 'our story' and the way in which this story informs and shapes our understanding of each other - how it can both connect and separate - can we begin to approach a more inclusive therapeutic model.

I propose to illustrate the above with practical examples from my practice as a healer and as a teacher.

Abstract:
Title: **Client-Practitioner Narrative: Moving from Empathy to Compassion**
Keywords: Empathy, Compassion, Healing, Network Phenomenon

Illness narrative and narrative therapy is an increasing aspect of a patient-centered medical approach. However, this narrative is only part of a much larger intersection of narratives. The practitioner also has a narrative and, in fact, can only listen through the lens of their own experience. And what they actually *hear* depends upon the degree to which they are aware of how their own story - their own understanding - engages with and qualifies any specific practitioner-client interaction. Further enriching the picture there are also the narratives of the patient's community: friends, family, care-givers and so on.

We are confronted by two realities when facing an illness, particularly when chronic in nature. One is the 'fact' of the illness or disease (whether influenza, a broken bone, cancer, heart attack, etc). Second is the overlay of how a culture deals with it; these are all the judgments, hopes, myths, values that society attaches to each illness. Kleinman and Wilbur refer to this secondary reality, the cultural overlay, as 'sickness'. [1,2] Using this as a reference, I will illustrate how the use of language emphasizes these cultural obstacles as well as providing unconscious clues as to what is physically happening (for example the patient who says, "I'm busting a gut" without being aware he has Crohn's disease.)

There is also the professional training bias and personal belief systems which affect a practitioner's diagnosis. For example a physician with a sports medicine background diagnosed a patient as having intercostal injuries for which she prescribed a course of physiotherapy. The same patient saw another physician who prescribed antidepressants. A third diagnosis indicated mycoplasma pneumonia.

It is possible for a practitioner to become aware of the power that their particular perspective has in determining both diagnosis and prognosis for a client. Awareness is key in the practitioner's maturing process. Without awareness there can be no empathy and a practitioner's empathetic response to the client is a first step in a healing relationship. Empathy grows out of our innate ability to pick up on certain cues. For example, a baby laughing will soon have others doing the same. Someone yawns in a room and soon everyone is. Some neuroscientists have labeled this 'infectious behaviour' as the first stage towards empathy. Thus, empathy is learned; it is an ability to 'feel' in our own body what we witness someone else feeling. Studies in mirror neurons illustrate this response.[3]

The next stage of development is towards compassion. This requires a more mature response beyond simply feeling another's pain or suffering. It happens when the practitioner recognizes the discomfort but also includes the potential of non-suffering, an ease which is greater than the experience of pain. Compassion includes suffering but does not go into suffering, does not burden the practitioner.

My experience is that compassion embraces the essential connectedness of all life and includes both the negative and the positive. From this, an awareness of the connected nature of disease and health arises and a space opens for both practitioner and client. This is a 'sacred space' created through compassion; a space in which all contradictions and paradoxes are held, a space which ultimately includes the potential for resolution.

An approach to health which regards each individual as separate, that the patient is the one who has the “problem” and that the “problem” is separate from the patient and must be removed, is neither empathetic nor compassionate and disregards the narrative of both client and practitioner.

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disease contains the solution for wellness. Through a fuller awareness of narrative, of the way in which we tell ‘our story’ and the way in which this story informs and shapes our understanding of the other - how it can both connect and separate - can we begin to approach a more inclusive therapeutic model.

References:
[1] Arthur Kleinman, MD, The Illness Narratives
[2] Ken Wilbur, Grace and Grit
[3] Empathy for Pain Involves the Affective but not Sensory Components of Pain; Tania Singer, et al. Science 303, 1157 (2004)