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MIND SPACE

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*When I forget who I am I serve you
Through service I remember who I am
And I know I am you.
(Hindu adage)*

What comes to mind when you reflect on the words ‘healing spaces’? As a clinical psychologist I think the mind has the potential to be a fertile place for healing. Before I elaborate, let’s consider what healing means. Dr. Mount, the founder of McGill Programs in Whole Person Care, wrote, “healing is a shift in our quality of life away from anguish and suffering, toward an experience of integrity, wholeness, and inner peace.”[1] A shift. What shifts?

Following three decades of working with various paradigms to understand human illness and wellness (e.g., psychosomatic, cognitive-behavioural, health psychology, humanistic, existential, mind-body medicine) the most compelling approach for me has been Buddhist psychology. Why? Because it uses the mind to heal itself and foster healing in others. Buddhist psychology provides methods to unpack how the mind shapes suffering without relying on dogma. In my view, it fits with the mission of the McGill Programs in Whole Person Care.

“The McGill Programs in Whole Person Care are based on the premise that in situations in which treatment is unable to change the disease outcome, it may be possible to create a space in which healing can occur. Lessons about quality of life and individuation, learned in the arena of advanced illness, also have relevance earlier in the disease trajectory and for those who are physically well. While the existential/spiritual domain is known to be an important determinant of quality of life, there has been little emphasis on integration of these issues in health care. The Programs therefore seek to integrate the physical aspects of personhood along with the psychosocial and existential/spiritual ones, and to better understand how to respond to suffering experienced by the whole person.”

The Buddhist Eightfold Path (see sidebar) aims to alleviate suffering via (1) *right mindfulness* – remembering to be aware of present moment experiences (body sensations, feelings, thoughts), (2) *right concentration* (being able to focus and attend), (3) *right effort* (energy directed towards wholesome states of mind), and (4) *right view* (insight). “Right” denotes skillful and wise. Moral conduct, sometimes overlooked in secular mindfulness circles, remains crucial in Buddhist philosophy. It goes beyond the ‘me’ to include the ‘we,’ recognizing how interconnected we all are. This is reflected in the other facets of the Path, (5) *right intention* (do no harm), (6) *right action* (ethical approach to others), (7) *right speech* (truthful, non-violent), and (8) *right livelihood* (prosocial professions). All eight are vital for the promotion of healing in the self and others. They interact and are not applied in a particular sequence. For example, an oncologist who provides competent, compassion care (right action and intention) is engaged in right livelihood. The physician-patient encounter, when infused with right view (diagnosis), right speech (congruent communication), and right action (treatment and/or palliative care) may promote healing in the patient, even when cure is not possible. Inviting the patient to partner with the oncologist reflects right effort (not doing for the patient what s/he can do for her/himself).

EIGHTFOLD PATH

Right mindfulness
Right concentration
Right effort
Right view
Right intention
Right action
Right speech
Right livelihood

Let’s examine how Buddhist psychology may inform us about how the mind may promote healing in a medical context. I quote excerpts of clinicians’ narratives as a means of exploring this idea; I **bold** those that illustrate facets of the Eightfold Path.

Dr. Sang[2], a family medicine resident, wrote about contracting COVID-19 in the early days of the pandemic. Her nightmare reveals what was occurring in her mind.

*There I lay, **listening** to the rhythmic hum of my IV. The hypnotic waves of my heart rate on the telemetry screen **reassured me** that in that moment I was okay. My **eyes burned with fever and my body shivered with a mix of cold and fear** of what was yet to come. Having worked on the wards and seen how this disease progresses, I **knew** I was either going to turn the corner and be safely transferred to the COVID-19 ward, or I was about to crash, require intubation, and an admission to the intensive care unit (ICU). I glanced at my phone – 25% of my battery remained. I **prayed** for the former and that I would be well enough to **update my worried family** before my phone died altogether.*

First, her senses are described (listening, burned with fever), she is acutely aware (mindful) of thoughts (heart rate was reassuring), emotions (fear), and body sensations (shivered with cold), she is focused on the problem (concentration), and understood that the illness could go either way (insight), she wants to reassure her worried family (intention).

Aside from the dream, Dr. Sang situates her illness experience into a medical context. She shifts her focus away from 'me' towards others and gains insight about two roles she enacts and how they influence her feelings.

*When you are hospitalized in your place of work, the boundaries between being a doctor and patient blur completely. My colleagues became my caregivers; those once teaching me how to collect health information were now privy to mine...To any physician who has been a patient, **you know** how challenging it is to accept the sick role. **Being in the doctor role is comforting**; you have the knowledge and some control over the situation. **Being a patient is riddled with helplessness and uncertainty**: you are a prisoner to your own ailment.*

Now, let's consider Dr. Lemos'[3] experiences while treating an elderly woman who had contracted COVID-19. What stands out for me is her kind intention and insight (right view) into the woman's reactions. She engages in right action, speech, and livelihood concurrently. This example shows that the eight facets of the Path influence each other moment-by-moment such that healing in the self and other is cultivated. Dr. Lemos' self-awareness guided her to act in a compassionate manner. Her generosity created an environment in which all (patient, nurse, doctor) could win a seemingly impossible battle. The patient survived against the odds.

I picked up the phone and made the call.

"Hello?"

"Hi, it's Dr. Lemos. I just called to check in. I got your COVID test result this morning."

"I had a feeling I'd be hearing from you. Ugh. I feel fine. A little tired but FINE. I don't see what all the fuss is about. It's just a bit of a sniffle and everyone around here is losing their minds."

I could picture her, rolling her eyes behind her round, wire-rimmed glasses and shaking her head, one hand curled around the cane that was her constant (reluctant) companion.

“I don’t understand why I can’t leave my room. It’s completely ridiculous.”

I had learned over the years that there was nothing she hated more than being told what to do. And that if she truly did not want to do something, then she simply was not going to do it. Unfortunately, she had little choice in the matter this time – and she knew it. She just needed a place to park her frustration and it happened to land on my ears.

I could not blame her.

Because underneath the bluster, I heard the fear.

I felt for her. Being in her 80’s with multiple comorbidities, the odds were against her. There was little we could do beyond supportive care and watch and wait for the disease to run its course, one way or the other. But even that warranted tight communication with the nursing team at the retirement home who were bearing the brunt of her care. She was lucky to have them.

Dr. Tsuchiya[3], a palliative care doctor and medical educator, portrays with clarity how mindfulness helped him during the pandemic’s early phases in Japan. His self-awareness is striking. Note how right view led naturally to compassion and kindness.

*I was living such that I needed to **pay close attention** to each and every action for the **purpose** of infection control. Every deed that I usually did unconsciously **became more conscious** to me. Consequently, this enabled me to observe my own actions while **examining the meaning** of what I was doing. This thought process promoted self-awareness and consciousness of the environment that I belonged to, giving me a moment to make a transition from one motion to another. I believe that this is a form of **informal of mindfulness practice**.*

*Furthermore, people became more considerate and caring about one another. Of course, people tried to practice social distancing which allowed them to literally keep their personal space to themselves. Nevertheless, this did not necessarily mean a psychological distance between people. Although Japanese society had prioritized economic growth over an individual’s well-being for decades, **others’ health and life under the state of emergency became a priority**. Life with COVID-19 reminded us of the most basic and essential aspects of life and death. People openly discussed these issues more than before since death and dying became more familiar. In other words, ‘idle talk’ in the ‘normal’ life was transformed. As a result,*

*I would say people **became kinder with themselves and others** as they recognized how precious we all are.*

Dr. Courteau[4] describes a situation where she is treating an angry dying woman. She allows her own feelings to run their course without interfering with her compassionate care of Aliyah. Acceptance is key: this is how it is. She is fully alive in the moment.

*Aliyah is trapped in a wheelchair. She is stranded by nasal prongs attached to a noisy portable oxygen tank. Still, she is strong and fierce. Aliyah owns the room, holding her head high and looking straight at me, honest and unapologetic. She makes me want to sob and applaud at the same time. I want to join her, yell across the hospital corridors. I want to throw down my mask, my sterile gloves and my professional code of conduct. My stethoscope's is suffocating around my neck. **I stay very still.** I envy her life-affirming fury. Today. **Right now.***

Dr. Coles[5] characterizes how a physician can be mindful during an emergency room shift. She describes how this plays out in her mind and then shows us how it unfolds during a patient encounter. At the end of her narrative, she cites the Buddha, "Compassion is that which makes the heart of the good move at the pain of others. It crushes and destroys the pain of others; thus, it is called compassion. It is called compassion because it shelters and embraces the distressed." She embodies this attitude by applying the Eightfold Path.

*The ER is a microcosm of any high-intensity, high-stress, high-stakes environment. Personalities and problems and misunderstandings can rise up and threaten the flow at any moment. **Mindfulness has improved my capacity to greet pain, anger, frustration and confusion with grace and unattachment. I can recognize frustration, stress, anger, and disappointment as it arises in myself and let these feelings wash through me with dispassion.** When the ER turns into a hurricane, I **anchor back into the breath** and maintain the calm eye of the storm.*

*The ER physician is **witness** to countless intimate moments of pain, fear, stress, and vulnerability. We see the dark side of life, the subcultures of abuse and neglect, the realities of poverty and loneliness, the consequences of ignoring the body and spirit's true needs. We also bear witness to moments of inexplicable beauty, compassion, and tenderness. The best kept secret in the field of medicine is this – **healers want the very best life for their patients** even if they can't always cure or save them. They serve with a dedication that threatens to devour them. The flip side of that intense caring is the pain that comes with opening our hearts to our patient's suffering and with knowing that it could be us, our kids, our family or friends and one day it inevitably will be. Although we don't like to think of it, we all walk daily just a few steps away from the edge of the cliff. **Mindfulness helps maintain the vigilance to stay on solid ground.***

Mr. Y was brought in by the police, his wrists in handcuffs, one hand wrapped in gauze. A cut to the palm during his arrest had demanded a pit stop to the ER. I examined his hand, determined that the injury was superficial without injury to the tendons or nerves or blood vessels. The wound was cleaned and I placed his palm under a sterile blue towel. His now un-cuffed hand lay still under the bright light as I numbed the area around the laceration, which was long but relatively straight. **I took a moment and imagined** the movement of my hand, piercing of the skin with the needle, pulling and knotting the suture. He followed my instructions to stay completely still. As I began stitching, **I had a fleeting thought** about the violence that this hand might have done, the crimes it may have committed. Then the quiet monotony of suturing took over. When I was finished, 15 even stitches appeared on his palm, a new sliver of black crossed over his lifeline. He thanked me as I cleaned up and went to see the new patient in the next bed.

Dr. Laneuville[5], a psychiatric resident, was redeployed to work in the ICU crowded with COVID-19 patients during the pandemic. In her narrative she reflects on her experience with insight and humility.

One night I admit a lady from the intensive care unit who just recovered consciousness after a protracted week of intubation. She frowns and tells me that she would not wish this disease on her worst enemy. **She reminds me of my mother.** She is a kind, tiny, Vietnamese woman with short black hair. She tells me about the Asian marketplace I used to go during my childhood anticipating eating delicious banh mi. She embodies the furiousness of a fearless mother and the fragility of a woman who has experienced countless hardships...

I stand two meters apart from her dressed in scrubs and a blue cape, masked, hidden. I look like an awkward bird. She cries and declares God saved her. I look at her with my eyes, the only part of my body that remains visible. I **simultaneously wonder** about God, the virus, and the parameters on the cardiac monitor. I **feel small, albeit immensely privileged.** Before I make my way out of the room, worrying I might have spent too much time in there, she asks me to write a thank-you message on the board to all her caregivers during the critical part of her illness.

I realize something astonishing happened. Her story is probably very common. I am just another health care professional. But somehow, **we all became wonders amongst many others** – like a wave in the ocean, a flower in a field, a simple star in the night. It is a quiet insurrection, a successful claim for life in an ordinary hospital room. I am struck by the humble, undemanding beauty of this process.

Dr. D. Dobkin[6], a cardiologist, echoes Dr. Coles in the way mindfulness enabled him to connect with his patient in a nonjudgmental manner and embody the Hindu saying quoted at the beginning of this essay.

*Recently, I saw Maurice W again after a several year hiatus. He had just gotten out of jail and was in mild heart failure, quite hypertensive and not taking any medications. He was with his brother who seemed to care about him. He physically looked the same but **my view was now quite different. Being more mindful, I listened** to his travails about jail, his struggles with alcohol and how he was searching for a path to get better. I **applied my meditation skills** to the clinic setting. I **shared** his disappointment in himself. I **felt compassion** for this young man whose life was not going well. I couldn't tell if he had changed or I had changed - but it didn't seem to matter. I **felt more involved** and somehow more **hopeful. I was able to "exchange places" with him** and subsequently viewed him differently.*

Clearly, the facets of the Eightfold Path show up in medicine whether we apply this terminology to point them out or not. Clinician-healers who are dedicated to relieving suffering in their fellow human beings engage in a profession that by its very nature is right livelihood. How their minds enable them to do so is evident in these examples. When they are self-aware (mindful) then they can choose to respond with competence and compassion. ■

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