

A syllabus on healing



Illustration by Laura Aitken.

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Suddenly I have been thinking about healing; about what doctors do; about treating and (sometimes) curing; but mostly about healing. Perhaps that's not surprising, since I have just worked my way through Eric Cassell's illuminating *The Nature of Healing*, with its emphasis on the etymological sense of "heal" (from the Old English *haelan*, to make whole).¹ But my interest in the topic came before Cassell; it began in earnest when I came across Abraham Verghese's finely drawn distinction between "curing" and "healing":

we are perhaps in search of something more than a cure—call it healing. If you were robbed one day, and if by the next day the robber was caught and all your goods returned to you, you would only feel partly restored; you would be "cured" but not "healed"; your sense of psychic violation would remain. Similarly with illness, a cure is good, but we want the healing as well, we want the magic that good physicians provide with their personality, their empathy and their reassurance.²

We can distinguish "curing" (treating, ameliorating, eliminating disease) from "healing" (helping patients visualize and regain their sense of purpose and [attainable] goals in life¹). But if, as Verghese and Cassell spell out, healing is the essence of what Carl Binger called the doctor's job,³ why do we so infrequently hear the word "healing" spoken within the walls of medicine? I go almost every week to two different sets of what, in homage to our ancestors, are still called "grand rounds." I hear a lot there about diagnosis and about treatment (especially, evidence-based treatment), but never, it seems, about healing. It makes me wonder whether we doctors really understand what we do, at least when it comes to healing. Not that this should be so surprising. We really don't know a lot about the deep work of doctoring, about what happens after the door to the examining room or consulting room closes and doctor and patient are alone. As Mark D. Altschule pointed out,⁴ this ignorance goes back a long way; we know more, for instance, about what Copernicus did at night when he gazed at the stars, than what he did during the day, when he saw patients.⁵

A treasure found

Here is something rare, an unexpected glimpse into the hidden world of healing, all the more revealing because it was recorded unselfconsciously and for a totally different purpose than we will use it for. The novelist Lee Smith poignantly documented her prolonged and unremitting grief reaction to the untimely death of her son, Josh:

I felt like I was standing with my finger stuck into an electrical outlet, all the time. I couldn't sleep. I couldn't read, I couldn't eat, I couldn't remember anything, anything at all. . . . I cried all the time. I lost 30 pounds. . . .

Weeks passed, then months. I was wearing out my husband and my friends. But I couldn't calm down. It was almost as if I had become addicted to these days on fire, to this intensity. I felt that if I lost it, I'd lose him even more.

Finally I went to a psychiatrist, a kind, rumpled man who formed his hands into a little tent and listened to me scream and cry and rave for several weeks.

Then came the day when he held up his hand and said, "Enough."

"What?" I stared at him.

"I am going to give you a new prescription," my psychiatrist said, taking out his pad and pen. He began to write.

"Oh good," I said, wanting more drugs, anything.

He ripped the prescription out and handed it to me.

"Write fiction every day," it said in his crabbed little hand. I just looked at him.

"I have been listening to you for some time," he said, "and it has occurred to me that you are an extremely lucky person, since you are a writer, because it is possible for you to enter into a narrative not your own, for extended periods of time. To live in someone else's story, as it were. I want you to do this every day for two hours. I believe that it will be good for you."

"I can't," I said. "I haven't written a word since Josh died."

"Do it," he said.

"I can't think straight, I can't concentrate," I said.

"Then just sit in the chair," he said. "Show up for work."⁶

Prescription in hand, Smith sat for three days; on the fourth, she began to write, and "My novel [*On Agate Hill*], which I'd planned as the diary of a young girl orphaned by the Civil War, just took off and wrote itself."⁶

I hope you will agree with me that Lee Smith was healed. She thinks so (I asked her). So what did the doctor do, and how? Could the proverbial fly on the wall have known what was occurring in the psychiatrist's head while he "formed his hands into a little tent and listened"? Could we, in his place, have known when to halt Smith's rant with an imperious, attention-riveting "ENOUGH"? Would we have scratched "Write fiction every day" on the prescription pad? When she protested, would we have known to say, "Just sit in the chair. Show up for work," thereby delivering an effective Ericksonian hypnotic command⁷ to a surely entranced Lee Smith? Would we, by listening to her "scream and cry and rave" have gently primed her to accept and respond to that hypnotic command? I am not sure that I would have known what to do, but the tangible success of the psychiatrist's efforts makes me want to be able to do it. And perhaps even more, to be able to answer a young doctor-to-be if she should ask me (as one recently did) how one goes about learning that skill or art or sullen craft.

A syllabus for the art of healing

Books

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Nurturing the healer's art

The naïve or uninitiated might think that medical schools and residency programs emphasize the teaching of health and the healing that helps restore lost capacity. But that does not occur often, if at all, I fear. Is it even reasonable to ask that all doctors be healers? Visualize, if you will, a spectrum of medical practice that ranges from the extremes of pure healing (the province of quackery, perhaps) to one of pure treatment of disembodied "disease" (the holy grail of reductionism). I suspect that most doctors do not dwell at either extreme, although many get perilously close to the treatment-only end. And one great calamity is that when treatment-only doctors reach the point at which there is nothing more for them to do *to* the patient, they think there is nothing left to do *for* the patient.⁸ My hope is that even the most cure-focused of treating practitioners would want to know something of and appreciate Verghese's distinction between curing and healing, would want to make healing always the partner and ally of treatment, would find healing possible even when treatment and cure no longer are, would never let their words or actions un-heal those they treat.

Maybe the topic of healing doesn't come up often in teaching exercises because it is not easily amenable to teaching as we have come to know it (or because, to paraphrase Carl Rogers,⁹ little that is of value can be taught, but much that is of value can be learned). In any case, if you want to master healing, even dabble in it, you cannot expect to be taught. You will have to learn it. And how might one learn? In the ideal world, you might apprentice yourself to doctors recognized to be healers, to learn by watching and listening to what the healers themselves may not be able to articulate but know only "in the bone," know beyond knowledge. And you could read. Because a student-correspondent of mine recently asked, I made the list that I offer here of books and papers that have enlarged my vision of healing. They do not "teach" how to heal (remember, little that is of value can be taught), but they do, I think, give glimpses into how healing happens (and sometimes into those unfortunate instances when healing is impeded or prevented from happening, and that we want to learn to avoid).

I think that I have profited from reading the books and papers on my list, but the learning is subtle. Reading and reflecting on what is read changes the unspeaking mind, so healing responses arise automatically and repetitively out of what Sally Fitzgerald, alluding to Flannery O'Connor, called "the habit of being."¹⁰ We should also keep in mind what Milton Erickson told his amanuensis, Sidney Rosen, "What you don't realize, Sid, is that most of your life is unconsciously determined."⁷ Thus we realize that the goal of directed reading is to embed the constructs of healing so deeply and permanently in the unconscious mind that they come forth from the healer "automatically" because time and place are right. My guess is that Lee Smith's psychiatrist did not ponder, "Would this be a good time to say 'Enough?';" rather, he sensed rightly that



healing required that she be jolted into trance-like attention and moved into action. His was an automatic response, not innate but learned, part of what he had made his habit of being.

You can't hit the target by aiming at it

At the end of *Being Mortal*, Atul Gawande writes,

We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive.^{11p259}

The great paradox of healing (the restoration of well-being) is that the doctor cannot set out intending to heal. Instead, the doctor must be thinking only, "How can I help this person in trouble?" Help this patient identify, and if possible, achieve, the attainable goals that will restore a sense of purpose in life?¹ Uncovering those goals and that purpose is the doctor's job, but how this is done depends uniquely on the dyad of individual doctor with individual patient. The eliciting and support of a healing response is so variable and so mutable that only one common thread runs through all healing interactions: the devotion of enough time to understand well the patient and his or her predicament, and to sort through the possibilities that will help him or her realize and embrace the possibility of healing. Like Lee Smith's psychiatrist, waiting and listening, waiting and listening, then seizing on the right prescription to allow her to start healing herself, the doctor has to be willing not to be or feel rushed. Because healing, when it happens, comes not from the doctor but from within the patient. As Ambroise Paré put it nearly 500 years ago in his description of the gunshot Capitaine Le Rat, "I bandaged [the wound] and God healed it."¹²

I make no pretense to have constructed a comprehensive or even accurate syllabus for a curriculum on healing. Mine is an idiosyncratic and personal list, drawn from books already on my shelf and papers already in my file; the sequence listed is random, and implies no rank-ordered sense of value. I offer it in the hopes that others may find valuable these written works

I have stumbled across, that have spoken to me about healing across the divide of time and distance, that resonate still.

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