

Advocate Health - Midwest

## SHARE @ Advocate Health - Midwest

---

Historical Documents - Combined

Advocate Health - Midwest History

---

### Making the Rounds, 1996, V1 N9, January 15

Advocate Aurora Health

Follow this and additional works at: <https://institutionalrepository.aah.org/alldocuments>

---

# MAKING THE ROUNDS

IN HEALTH,  
FAITH,  
& ETHICS

VOLUME 1, NUMBER 9

PUBLISHED SEMIMONTHLY BY THE PARK RIDGE CENTER

JANUARY 15, 1996

## Case Story: Experiences with Complementary Health Workers

*Winnie Tomm*

I was diagnosed with lung cancer in March 1994. During the following months, I underwent four major surgeries and one minor one. Two-thirds of my right lung was removed, and two brain metastases were removed at different intervals. Now (July 1995) the cancer cells are in the central spinal fluid, and I have accompanying paralysis in my lower body.

I was asked to write this article to describe my experiences with complementary health workers. I want to say that they have played a very positive role in my experience of living with cancer. Their focus on helping me to use my own positive energy to heal, without undue concern for cure, has certainly increased the quality of my life. By healing, I mean the process of learning to live with kindness and loving attention to the different moments when there are joy and peace in my consciousness. For example, one day after receiving a radiation treatment at the cancer center, I was walking back to my office at the research institute where I worked during my sabbatical. I felt intense joy at the beauty of the afternoon and the fact that I didn't need to rush back to the office. Freedom from professional pressures and the

warmth of being engulfed in the joy of celebrating the moment are part of healing. I have had more mo-

*Third in a series  
edited by Arthur W. Frank*

ments of joy and peace since I have been ill with cancer than I did before I knew I had it. Health is often associated with productive activity, while illness is constructed around lack of activity that serves one's family, workplace, and community. Our society is individualistic with reference to personal rights and responsibilities. When it comes to a person's right to moments of joy and peace without the impingement of social obligations, however, I have found that illness has provided the best justification. From this point of view, it is a mistake to regard illness with unequivocal dread, even when it is shrouded in the cloak of imminent death.

*The late Winnie Tomm was coordinator of women's studies, University of Alberta, Edmonton, Alberta, Canada.*

I turned to complementary health workers after the first brain tumor was detected in October 1994, when the oncologist told me that I didn't have much time to live. He proposed that I enter into a whole-brain radiation program without regard for any long-term side effects. After listening to him give me a no-future story, my husband and I went home, cried, and wrote down some music for my funeral. We felt defeated and hopeless.

Then various friends dropped by and gave me the names of valuable health workers outside the medical system. Others talked very earnestly about the importance of drawing on my own resources and using various approaches to healing that revolve around the body as a metaphor for energy. This was my language, and I wanted to pursue its practicality in my life-threatening situation. I realized that I had an extremely poor prognosis and that my presence in the world was tenuous.

A refreshing and encouraging turn in my experiences with the medical profession has come through my work with a different oncologist. She is supportive of my alternative orientation to healing, including such methods as craniosacral physiotherapy, acupuncture, naturopathy, Tai Chi, Qigong, chakra meditation, and spiritual journeying with drumming.<sup>1</sup> She has affirmed my visualizations and supported my initiative in these spiritual practices. Her attitude goes a long way in supporting collaborative possibilities between traditional medicine and innovative complementary health care.

My history of spiritual study and practices extends over the past 15 years, beginning when I translated a Buddhist text while working on my Ph.D. My professor thought that I might be able to translate better if I could focus my mind with greater intensity. Consequently I trained with him for about eight months in intensive meditation each day. Three times a week we met to discuss the meditation process. Since then, meditation has been a regular part of my day.

About 10 years ago, while I was meditating, an image appeared in my consciousness and repeated itself three times. Three women's heads (young, middle-aged, and old) rose from a single bosom. They spoke to me, saying "Come to our bosom and we will take care of you." They said this each time they appeared, and they continue to

*(continued on page 2)*

(continued from page 1)

do so. During the first encounter with them, I was initially reluctant to respond because of the "radical otherness" of the experience. I couldn't integrate it with my existing way of thinking about the laws of physics and what I took to be normal in the world. Visions that spoke were not considered normal. Despite this skepticism, the third time they spoke to me I experienced myself standing up and watching myself go off with them, while feeling wholly integrated and full of joy where I was standing. It was an exhilarating experience for me. I didn't tell anyone about it, however, for a year or so. By that time it, along with other spiritual experiences, had begun to inform my own way of being in the world and my capacity to take extraordinary experiences seriously. Since then I have studied shamanism and have incorporated journeying into my normal activities. About five years ago I realized I needed a drum to do my spiritual work. A friend put out a call to an Inuit shaman, Annie, and she sent me her own drum

### By healing, I mean the process of learning to live with kindness and loving attention to the different moments when there are joy and peace in my consciousness.

and beater. Annie has been a central spiritual guide for me in all my journeys since then.

Visualizations are important aspects of the various complementary health practices in which I have participated over the past five years. Visualizations, I believe, are mainly constructions that are not shaped by conventional interpretive frameworks. They occur when we unframe our minds and are open to images that do not correspond to the world as we usually interpret it. For example, I recently had a visualization that came after several days of meditating on my solar plexus chakra for a half hour each day and concentrating on the color yellow (see note 1). A counselor who was working with me in meditation had suggested I do so in order to get into the reasons behind a recurring bad dream I had had for over a year. In the dream I was trying to climb a mountain face that was either covered in ice so that it was impossibly slippery or covered in shoulder-high snowdrifts so that I couldn't move either leg. Both variations of the task were exhausting and impossible to achieve. I would wake from these dreams with the feeling of hopelessness and panic. In the last such dream I was not only trying to climb an ice-covered mountain but also carrying someone else's baby under one arm. Terror was the predominant feeling when I awoke. I asked my counselor to help me explore the causes of this dream so that I might get rid of it. She suggested it had to do with power and authority, issues linked to the

solar plexus chakra. After meditating several times on this chakra and asking for insights on issues concerning power and authority in my life, I had the following visualization.

I saw myself unloading boulders out of my body and handing them to sherpas, who returned the big rocks to the mountains. As I handed them over, I had an increasing sense of lightness of being. The sherpas carried the boulders off as if they didn't weigh anything. Finally I was free of their weight and knew I would never have the dream of climbing the impossible mountain again. The boulders represented the excessive sense of responsibility I felt for carrying around other people's burdens and making them my own.

I never had a visualization during the times when I was trying to have one. My visualization of the boulders came after I had been meditating and had then lain down to rest. I had been resting for fewer than ten minutes when the visualization occurred. I had opened myself up to a release of energy and had freed myself from the grip of emotions oriented toward control over others. Several months have gone by since this visualization, and I have not had a similar dream. I continue to meditate on various chakras and visualize colors of healing related to them, and my dreams have been peaceful.

Another helpful visualization involves a wolf and a snake. I recently woke from sleep in the middle of the night with considerable pain in my lower back. Almost immediately after I awoke I visualized a wolf licking up puddles of cancer cells on the ground where I was standing. They looked like small water puddles. When the wolf was nearly finished lapping up the liquid, it signaled for a waiting snake to enter my body at the base of the spine. The snake was about two feet long and about one-and-a-half inches across. It entered at the bottom of my spine and began licking up the excessive fluid in the area around the spine. It moved its head carefully and effectively so as to enter small areas without damaging healthy tissues. I felt a comfortable sense of well-being with both the wolf and the snake. After the snake was finished, I went back to sleep without any pain.

The insight I received from this visualization was that the spirits are there to assist in my health when I make myself receptive to them. In my experience, the visualizations occur when I am prepared to receive them and be responsive to them. Perhaps a systematic program of meditating and focused attention on the area that requires healing and then a period of rest are needed before one appears in a person's consciousness. At least that has been true for me. I experienced the wolf and the snake as contributing significantly to cleaning up the base of my spine. Even though I was not consciously seeking their help, I believe that my meditative practices had made me receptive to help from these animal spirits. They came from a dimension of my consciousness uncontrolled by the categorical perspective that maintains boundaries between categories of things—between, say, wolf as spirit animal and wolf as predator. In my view, visualizations can be important ways of spiritual knowing that help us to live with

Martin E. Marty  
Editor

Barbara Hofmaier  
Associate Editor and Publications Coordinator

T. Patrick Hill  
Associate Editor

Sandy Pittman  
Managing Editor

Arthur W. Frank  
Case Stories Editor

Laurence J. O'Connell  
Publisher

Rebecca Pruitt  
Associate Editor

Ann L. Rehfeldt  
News Editor

Micah Marty  
Design/Production

John F. Taylor  
Associate Publisher

*Making the Rounds in Health, Faith, and Ethics* (ISSN #1082-1015) is published semimonthly, except monthly in July and August, for \$29.95 per year (\$40.00 for institutions) by the Park Ridge Center for the Study of Health, Faith, and Ethics, 211 E. Ontario, Suite 800, Chicago, Illinois 60611. Application to mail at second class is pending in Chicago, Illinois, and additional entry. POSTMASTER: Send address changes to *Making the Rounds*, The Park Ridge Center, 211 E. Ontario, Suite 800, Chicago, Illinois 60611, attention subscription fulfillment. © 1996 The Park Ridge Center, an affiliate of Advocate Health Care. Printed on recycled paper. TO SUBSCRIBE: send a check for \$29.95 per subscription (\$40.00 for institutions) per year (payable to the Park Ridge Center; please add \$20.00 per year for non-U.S. subscriptions) to the above address or call 312/266-2222 to order with Visa or MasterCard. Back issues are available for \$2.00 each (includes postage and handling).

ourselves as spiritual beings and to live more peacefully with an illness.

Visualizations are important ways of knowing ourselves differently. A central assumption that opened me to working with visualizations is that the body is a metaphor for energy. The body is not a fixed piece of matter composed of separate and interacting parts. Rather, the body is flexible energy that is part of other interacting forms of energy. I regard spirit guides as part of the holistic energy system we think of as the ecosystem.

I experienced another set of visualizations in a different treatment modality: craniosacral physiotherapy. I had never heard of craniosacral physiotherapy until a naturopathic physician referred me to a particular therapist at a physiotherapy clinic and I began having weekly treatments from her. This therapist works with the body as a single integrated energy center rather than as an organization of different systems, each with a different mode of operation requiring a different method of treatment. Her single method is moving energy around where she finds it blocked.

On my second visit I had a most surprising encounter. I was lying on the therapy table while the therapist moved around my body and treated particular areas as she thought appropriate. The main method she used was to lay her hands gently on a particular part of my body until she felt something move. When she felt that this area was energizing itself she would move further up the body toward the head. In the chest, however, she found a large blocked area. She held her hand on my chest, immediately above the right breast. A year earlier I had had two-thirds of my right lung removed with adenoma carcinoma. Two operations were required within ten days because of staphylococcus infection following the first operation. My right lung was severely damaged by these operations, and I haven't had good respiratory capacity since. As the craniosacral therapist laid her hand on my chest, I gradually felt it go into my chest. In other words, there was no material barrier between her hand and my chest. Indeed, there wasn't an identifiable hand or chest. It felt as though a small fuzzy animal was burrowing inside me. I told the therapist what I was feeling, and she said she had felt her hand go into me and that it seemed to be pushing up against something soft. As she was telling me this, I saw a large beaver swimming through canals under a beaver dam. It was cleaning out the pathways, and I could breathe easier than I had been able to since the lung operations a year before. When I told her what I was experiencing, she replied that she was experiencing herself cleaning out blocked passageways. When she was finished, the pain in my chest was gone, and I could breathe more easily than before the session.

She finished the hour-long treatment by holding my ears between her fingers and thumbs. I experienced her fingers going into the lobes of my ears as if there were no separation between the fingers and the ears, and she said she felt the same thing. After a while she removed her hands from my ears and walked to her desk to chart her findings. I felt that her fingers were still inside my ears. When I told her this, she replied, "You really needed that." Her own unquestioning belief in the power of treating the body as if it were an inseparable aspect of the larger world system of energy exchange supports my own view of the body as a metaphor for energy.

Another surprising experience with this craniosacral physiotherapist concerned the lower back area, where I have had more pain than elsewhere in my body, probably due to the cancer cells in the central spinal fluid that cause paralysis. No one knows for certain what is causing the pain. One day the therapist was holding her hands gently against my lower back when I felt as though her hand had gone

into my back. She said she felt it go in but could not discern what was happening, although it felt as though she were an underground animal pushing against large boulders. Her guide was my reporting how I was experiencing this intensive energy exchange. It seemed to me that she was moving large rocks around and that eventually a landslide from the right side to the left side occurred. Most of the pain is on the left side of my back, in the area into which the landslide moved. Before she was finished with the lower part of my body that day, it felt as though some high peaks had been flattened, and I had more mobility than before. Every treatment with this craniosacral physiotherapist has had something of the same quality, though the

## The medical model and the complementary models work most effectively if they work respectfully with each other.

intensity varies. I have written here about a few of the more extraordinary experiences. Her focus of working with my energy, rather than regarding me as a relatively passive participant in the treatment, is a great energizing source for me. She is not as concerned with curing the disease as with healing the person. Her attitude is one of hopefulness rather than hopelessness.

The central theme in these complementary practices is that the body is a metaphor for energy. The movement of energy from one person to another, and within each person, arises from belief in the idea that matter is energy. This belief is integral to meditative practices where colors reflect certain kinds of energies that are associated with chakras. Chakra meditation, a form of Western therapy that arises from the influence of Eastern meditation on Western thought, is a process not of thinking but rather of clearing differentiating thoughts from one's mind and letting the mind be an empty stage. Colors are an important tool for learning what we feel and think about things that come onto the stage of our minds as we meditate (see note 1).

The most recent kind of treatment I have undergone is with a holistic counselor who comes to my home because it is impossible for me to walk. I have received one treatment a week from her for about a month. She is an herbalist as well as a clairvoyant. She gathers herbs and makes *essiac*, a tea that is reputedly an important anticancer agent. After a month of selling her homemade *essiac* to me, she now brings me a quantity of crushed herbs with instructions on how to make the tea. It takes 12 hours to cook about a gallon of *essiac*. I drink 12 ounces of this relaxing beverage per day. While I drink it I use the time for relaxation and visualizations regarding the disappearance of cancer cells. *Essiac* is a source of healing and of hope for well-being, but it is not the only valuable part of this holistic counselor's treatment of me. She also deals with different colored crystals associated with healing various parts of the body. She believes that color is correlated with chakra energy. If a person wishes to get more connected to spiritual energy, for example, it is helpful to concentrate on the color blue. Other colors are associated with emotional and intellectual energy. The spiritual chakra is at the top of the crown. The idea is to open the chakra and receive a greater share of energy than previously available and then to respond to it with kind actions and positive thoughts. The more one lives with such spiritual energy,

*(continued on page 4)*



(continued from page 3)

the easier it is to live in a holistic or integrated way.

One of the most valuable qualities of this counselor's presence is her optimism regarding the possibilities available for healing oneself by using as many available sources as possible. She agrees that the medical model and the complementary models work most effectively if they work respectfully with each other. I particularly like her way of praying for healing power when she moves her bronze healing wand over my body. Her own power of prayer gives me the shivers sometimes: her intensity seems to go into my own system of energy and inspire a new sense of being able to continue to heal in the face of the spreading cancer. She creates a context of interrelatedness in which I am dependent on others, but she also makes me feel that I am a special and unique person with my own spiritual power to pull myself out of the life-threatening situation in which I find myself. She is like a gift that was sent to me. A healing friend of mine referred me to her, and I am grateful to both women for their concern about my health.

One thing that has become clearer to me over these months is that *complementary* is more appropriate than *alternative* in describing nonmedical health practices. It allows the user of the term to move out of an oppositional stance toward medical practices and toward complementary ways of treatment. It allows for a more open orientation toward a diverse field of treatments and respect for nonmedical practices that have demonstrated their effectiveness through the experiences of clients. From the perspective of nonmedical practitioners, viewing the medical model as a possible complement to their own work, rather than as an antagonist to it, allows them to work with more openness and responsiveness to medical personnel.

A major issue in the relationship between medical and complementary health workers is insurance coverage. The disproportionate money allotted for reimbursing the cost of medical procedures compared with complementary ones gives the impression that the medical ones are more important for the health of the person. Although the medical system (through my five surgeries) has certainly increased the quantity of time that I have left, the complementary system has helped me to find a high quality of life which includes peace, a sense of wholeness, and the ability to concentrate on the special joys of each day. While it is impossible to ignore my physical condition, I can live peacefully with it and sincerely enjoy the rest of my days. My experiences indicate that both the medical and the complementary systems would be more effective if more attention was paid to integrating the two models in an integrative health care system. This would require the health care system to take complementary health methods seriously and give up protecting medical practices at the expense of complementary health procedures.

I am very pleased that I did not accept the first oncologist's suggestion about having brain radiation without regard for long-term side effects. The view he communicated to me was that I didn't have a long-term future and therefore had no need for concern about side effects. My sense was that his plan to give me a fairly strong dose of radiation over a short period of time was motivated by hopelessness

for my future. His pessimism was based on statistics from studies of cancer patients with histories similar to my own. I agree that it is important to take such statistics into account when planning for the future, but it is also important, and perhaps more so, to talk with individual patients about their own interests and plans. The oncologist with whom I worked after my second brain tumor in February was more receptive to these ideas, and I subsequently agreed to receive a lower dosage of radiation treatment than was initially prescribed. My experiences with all the complementary health workers, however, have been more positive and have contributed significantly to my healing.

Living out the moment, without being primarily concerned about whether I will live or die within the next few months, characterizes the healing process for me. I will likely not be cured of my cancer. My body is gradually becoming more sore and paralyzed from the feet up to my head. The medical treatment for pain control, which is directed by the cancer clinic, allows me to practice the complementary methods. If I didn't have the pain-control medicine, I wouldn't be able to focus on joy-filled moments or experience as much peace as I do. At the same time, without the complementary health treatments, the painkillers and other medications I take from the cancer clinic would not have as much effect because I would be more consumed with worry and despair. The complementary health approaches emphasize hope for continuing well-being and awareness of the moments of gratefulness, and such hope and awareness bring the healing that I have come to value so highly. □

#### NOTE

1. [Editors' note: *Craniosacral physiotherapy* is a blend of Swedish and Eastern massage techniques. By moving energy where it is found to be blocked, the therapy is thought to help patients release tension and have greater freedom of movement with less pain.

*Naturopathy* is based on the belief that all living things strive for their own ultimate good; the therapy aims to stimulate a person's innate healing powers through the use of natural agents (for example, herbs, healthful foods) or physical means (for example, breathing techniques, exercise programs).

The underlying principle of both *Qigong* and *Tai Chi* is to make a person aware of and able to cultivate the life-force energy, or Chi. *Tai Chi* involves a series of slow and graceful movements; in *Qigong*, a single exercise intended to affect a particular part of the body is repeated.

*Chakras* are considered the seven interior energy centers of the body that supply the body with power and vitality. When universal energy, pure white light, enters the human aura, it is refracted into its seven constituent colors, each corresponding to one of the seven chakras located along the spinal column. Thus, any technique that activates the flow of universal energy into the chakras can improve health. Both chakra meditation and the use of crystals are thought to enhance that flow. Some believe the crystals act as amplified receptors, while others believe that they stimulate a person's innate energies.

*Journeying* in shamanism involves leaving one's body and going to a place where one encounters the cause of someone's illness, usually not one's own. Winnie's journeying, however, was a guided-imagery activity, in which the shaman-leader guided Winnie on her own journey.]

# Commentary: Overcoming Suspicion, Finding Healing

Janet H. Greenhut

There is an ancient Middle Eastern tale about three friends who climb to the top of a mountain (Schwartz 1983:151). One of the men owns a magic jewel that allows him to see to the ends of the earth. The second friend possesses a flying carpet. The third one has a potion that can bring the dead back to life. Upon reaching the summit of the mountain, the first man looks into his jewel and sees a large funeral procession taking place in a faraway land. He tells his companions what he sees and, assuming that the funeral must be for an illustrious man, the three of them jump on the flying carpet so they can join the procession and pay their respects.

They are instantaneously transported to that distant land, where they mingle with the crowd. They ask the mourners, "Tell us, who has died, and why is there such an outpouring of sadness?" The mourners reply, "The beautiful daughter of the king has died, although she was quite young." Upon hearing this, the three friends make their way to the king and tell him that they can revive his daughter. The king is so overcome that he declares that anyone who can revive his daughter shall become her husband. The man with the magic potion then goes to the princess's body and sprinkles the potion on it. The young woman starts to breathe, and she rises out of the coffin, embracing her parents amidst the tumultuous rejoicing of the crowd.

The three friends, however, do not join in the celebration, for they are arguing with each other over who deserves to marry the princess. Each one claims that his contribution to her revival was the most important. Each man declares that he alone is entitled to be the husband of the princess.

Winnie Tomm's account of her illness is a story of competing interests that found a way to cooperate within her experience of healing. These interests are allopathic medicine, complementary care, and the individual's innate ability to heal. For Tomm, all three "friends" can claim responsibility for her healing. Unfortunately, more often than not, disagreement and hostility dominate relations among these interdependent interests.

As Tomm discovered with her first oncologist, allopathic medicine harbors a great deal of suspicion toward treatments that do not conform to its paradigm. For the most part, mainstream medicine considers complementary care to be alternative and inferior at best and charlatanic at worst. When scientifically unproven approaches are included in mainstream care, it is often done grudgingly. Complementary modalities challenge the belief system of allopathic practitioners, which is inculcated by years of education and training. The experiences that Tomm describes of feeling the therapist's hands in her body and the movement of energy from one person to another have no plausible explanation in Western medical terms. Therefore these occurrences are dismissed as being merely subjective and irrelevant to the doctor's job of treating the patient. They may be important to the patient, but the dominant paradigm does not give such experiences any therapeutic value. What we don't include in our belief system doesn't have to be explained.

Practitioners of mainstream medicine often feel threatened by

systems that appear unscientific, irrational, spiritual, and maybe just weird. The threat may be felt economically, but it really goes to the heart of how we choose to explain the unknown and to organize our world. Health and disease are explained by allopathic medicine and most complementary modalities in widely divergent ways. Tomm's central point, that the body is a metaphor for energy, is not something you will find in any Western medical textbook. Any system that provides for the existence of a nonphysical dimension will be dis-

**The illness experience of patients  
can no longer be relegated to  
the "subjective" trash can.**

turbing to allopathic medicine because the concept of spirit is mysterious and not quantifiable.

The unfamiliar can be threatening, and when we are threatened, we tend to disregard, discredit, and attack the unfamiliar. Western medicine, with its dominant position in our society, has been able to do this, despite the fact that many of these alternative systems have been around for much longer and despite the acceptance of these systems by a significant proportion of the population (see Eisenberg et al. 1993). Apparently we still want our medical system to be based on a mechanistic view of the human body with little regard for the psychospiritual or energetic dimension.

Nonallopathic modalities include a large number of different types of healing systems with diverse beliefs. Some of these systems have been hostile toward allopathic medicine, at times advising patients not to utilize Western care. Recently, however, there seems to be a trend away from calling these systems *alternative*, which emphasizes an either/or choice, and toward using the term *complementary*, which implies the utilization of both allopathic and nonallopathic care. This change is probably induced somewhat by the desire of complementary practitioners to be reimbursed by insurance companies, but its effect, as Tomm so beautifully tells, is to allow the patient to take advantage of whatever he or she finds beneficial in both worlds.

Unfortunately, because of the hostility expressed by the two systems toward each other, some patients withhold information from their providers about what kind of care they are receiving (Eisenberg et al. 1993:249, 250). In some cases this can be detrimental or even dangerous to the patient's health. A more accepting attitude among practitioners would make it easier for patients to reveal that they are receiving what they might perceive to be "disapproved" care and would contribute to an expanded view of health and health care.

The third interest I mentioned, the individual's innate ability to heal, often gets the least attention when aspects of health care are discussed. Complementary systems usually value this aspect more than does allopathic medicine, which tends to disregard it. Usually when receiving medical care we are the passive recipients of treatments prescribed by experts. Tomm recognizes that her self is central to the healing process. She speaks of being receptive to spontaneous visual-

*Janet H. Greenhut is a physician in private practice of preventive and behavioral medicine.*

*(continued on page 6)*

(continued from page 5)

izations, of being an active participant in her own care, of drawing on her own resources and viewing the body as energy. "This was my language," she says. She finds meaning in her ability to participate in her own healing.

Tomm's experience makes a strong case for using all three aspects of health care to promote the healing process. Each aspect has a unique role to play, not only because of its own strengths but because it can act synergistically with the other aspects.

Allopathic medicine has tremendous resources to diagnose serious illnesses, and its powerful treatments can prolong people's lives and often improve their quality of life. Tomm is grateful for the medical treatment for pain control that she gets from the cancer clinic because it allows her to live joyfully in the moment and to use the other modalities she values. She continued to work with her medical oncologist while pursuing various complementary treatments.

Complementary caregivers are, for the most part, concerned with more than physical health or cure. Physical comfort and well-being are important to them, but complementary practitioners value emotional and spiritual health as well. Tomm gives a number of examples where her interaction with complementary providers helped her physical symptoms, changed her beliefs about illness, and allowed her to focus her energy on healing. Of great importance to Tomm was that these modalities emphasized healing over curing. Being freed from the need to cure her disease, Tomm was able to explore the multifaceted process of healing and what that meant for her soul.

Allopathic medicine has no place for such explorations, but a patient can benefit when his or her physician is open to them, as Tomm's second oncologist was. The complementary treatments that Tomm participated in allowed her to experience a greater sense of well-being which reinforced the effects of the allopathic treatments she received.

Tomm's belief in her innate ability to heal was enhanced by her experiences with complementary care. At the same time, this belief

had a large role in her search for useful modalities, beneficial treatments, and trustworthy relationships in both the allopathic and complementary communities. Viewing her body as a metaphor for energy was a way of engaging her self in the healing process, which led to a greater connection to her caregivers and to her own capacity to heal.

There is a need today in the medical care system for real communication between providers of allopathic medicine, practitioners of complementary care modalities, and patients. Suspicions cannot be papered over, hostilities will not simply shrivel up and go away, and institutional practices will not change overnight. The biomedical model is here for now and is powerful. Complementary practices are gaining popularity because allopathic medicine cannot fulfill the needs of many people. The illness experience of patients can no longer be relegated to the "subjective" trash can.

There are signs that inroads are being made into changing the dominant paradigm. Classes on nonallopathic practices are now offered at various medical schools, the National Institutes of Health Office on Alternative Medicine has been created, and we see growing interest in patient-centered and relationship-centered care (Tresolini et al. 1994).

Ideally, of course, the three "friends" would discuss, disagree, compromise, cooperate, and come to a consensus about what should be done for the patient. The three aspects of care are wonderfully suited to complement each other in the comprehensive care of the patient when the value of each is recognized. In today's world, however, it is probably best to follow Tomm's example and to seek out those people who will help us to heal in body, soul, and spirit wherever we might find them. □

#### REFERENCES

- Eisenberg, David M., et al. 1993. "Unconventional Medicine in the United States: Prevalence, Costs, and Patterns of Use." *New England Journal of Medicine* 328, no. 4 (28 January): 246-52.
- Schwartz, Howard. 1983. *Elijah's Violin and Other Jewish Fairy Tales*. New York: Harper and Row.
- Tresolini, C. P., and the Pew-Fetzer Task Force. 1994. *Health Professions Education and Relationship-centered Care*. San Francisco: Pew Health Professions Commission.

## Commentary: Conveying Hope and Truth

Deborah L. Toppmeyer

The care of the terminally ill cancer patient poses many of the most difficult therapeutic decisions in the field of oncology. The oncologist's primary goal in the management of patients with incurable disease is to provide palliation of symptoms in an effort to maintain the highest quality of life. Palliative therapeutic interventions may include chemotherapy, radiation therapy, surgery, or analgesia. The administration of any of these modalities requires a thorough and sensitive discussion between the oncologist and the patient which clearly communicates the potential side effects and goals of the selected intervention. The oncologist must be quick to assuage any fears and concerns raised by the patient in response to his or her medical recommendation.

Tomm eloquently describes this glaring deficit in her interaction with her first oncologist during a critical time in the management of

her newly diagnosed brain metastases. She states that her oncologist recommended a course of whole-brain irradiation without regard for the long-term side effects of the treatment. She perceived this lack of concern to be "motivated by hopelessness for my future." My own sense is that this recommendation was likely motivated by the oncologist's desire to maintain the patient's quality of life. Indeed, the treatment of brain metastases with whole-brain irradiation can initially halt the unrelenting progression of neurological demise caused by these uncontrolled cancerous growths in the majority (80 percent) of patients. Improvement in functional neurological performance occurs in 50-60 percent of patients treated with whole-brain irradiation, with less than 5 percent associated morbidity and mortality.

Most oncologists would agree that the benefits of whole-brain irradiation for central nervous system metastases far outweigh the risks associated with treatment, and it is considered the standard of care. Unfortunately, the improvement in neurological performance is short-lived; the disease progresses in a substantial proportion (30-50 percent) of treated patients. The marginal effectiveness of standard treatment has prompted oncologists to explore combina-

*Deborah L. Toppmeyer is a medical oncologist and assistant professor of medicine at the Cancer Institute of New Jersey, New Brunswick.*

tion therapy (surgery plus radiation) and innovative approaches such as ultrarapid, high-dose irradiation schedules to attempt to achieve better results. The technical aspects of how best to deliver the radiation should have been the focus of a thoughtful and informative discussion, actively involving the patient in the decision-making process. In Tomm's case, this critical discussion never occurred, and the patient came away from her appointment with a sense of hopelessness and despair despite the appropriate actions of her oncologist.

Winnie Tomm's story touches on what is singly the most important factor in caring for cancer patients: the ability to communicate information in a compassionate and caring manner, inspiring the patient's confidence in the doctor. It is the physician's responsibility to define clearly the goals as well as the toxicity profile of the therapeutic intervention so that patients can make well-informed decisions regarding their care. Only then can patients feel that they can execute some degree of control in their lives that have otherwise gone awry. Most important, the physician must convey that an incurable cancer diagnosis does not imply medical abandonment. The art of communication is an innate talent bestowed on a select few. If one is committed and determined, however, this skill can be developed—something that, unfortunately, many physicians do not take the time to do. It appears that Tomm's oncologist lacked this skill, prompting her to seek an additional oncologic opinion and complementary health care alternatives.

By combining complementary health care with standard oncologic treatments, the patient was ultimately able to achieve some stabilization of her disease process and an inner peace and healing essential to her living with cancer. It is important to stress that Winnie Tomm characterized the nonallopathic modalities she embraced as "complementary" rather than alternative. She did not supplant the standard treatment of care with nonallopathic alternatives. Rather she incorporated both modalities to achieve the greatest quality of life possible. Physicians' wariness of such nontraditional approaches typically stem from a paternalistic relationship with their patients. The cancer patient is a vulnerable target for charlatans proffering a cure for mere financial gain. The wide spectrum of alternative therapies ranges from being prescribed unproven drugs such as laetrile, for which fraudulent claims are sometimes made, to mastering the beneficial and comforting acts of meditation and visualization. Thus, as physicians we frequently look at alternative therapies with a jaundiced eye and allow some with a potential role in patient management to go unrecognized. Winnie Tomm's story emphasizes the need for physicians to remain open-minded to nonallopathic approaches. Even the most skeptical physician would admit that the complementary health care to which she opened her soul, in the end, was her greatest medicine. □

## Overview: Listening, Humbly

*Arthur W. Frank*

Winnie Tomm's story challenges us with a question that many stories told by ill persons raise: what different levels of story are being told within a single narrative? For clinicians this question is crucial, because the appropriate response to the patient depends on it.

The appropriateness of my own response is complicated because Winnie was my friend and colleague and because her story is the first in this series to be published posthumously. On November 29 she died, at home with her husband and one of her two daughters. But these "complications" are only the daily conditions of clinical practice: patients often become close friends, and helping patients to a good death extends to honoring the dead.

Winnie composed her story as her brain tumor was rendering writing impossible. She had no illusions that she could convey in words what she was experiencing; she herself had written: "With language we attempt to convey in a flat way a reality that is round and spiralling, without boundaries around the circulating energy forms."<sup>1</sup> The clinical problem of listening to any flat words is to see the spiral.

Listening to this particular story is complicated—again this complication is typical—by its content. We learn from the research of David Eisenberg et al. (1993) that more visits are made to "unconventional" health practitioners in the U.S. than to mainstream primary-care physicians. We also learn that most patients do not tell their physicians about their other treatments. Thus the clinical problem of relating to Winnie's story is a generalized issue for North American medicine.

If physicians consider it important to know what their patients are doing about their health, and if the notion of therapeutic alliance means anything, then physicians seem to have little choice but to communicate an open responsiveness to stories like Winnie's. The data suggest that most patients, faced with the sort of oncologist

**Winnie's story is about seeking  
to fulfill those tasks of dying  
for which medicine often  
offers little assistance.**

Winnie first visits, either learn to keep quiet or change doctors. Winnie's good fortune was to find an oncologist who respected her nonmedical attempts at healing. Deborah Toppmeyer exhorts her oncology colleagues to recognize that treatments can be designed only in consultation with patients. Janet Greenhut's commentary provides a prose model of the "innate talent" for respectful listening that Dr. Toppmeyer recommends. Drs. Greenhut and Toppmeyer have the clinical sense and personal empathy to know that a patient's story is her experiential reality; this reality cannot be interrogated because it simply *is*; good medicine means forming an alliance with it.

Winnie's oncologist allows her to organize treatments that are truly complementary, not alternative. Winnie knew medicine: she was a nurse before she received her doctorate in religious studies, and her husband is a physician in the medical faculty at Calgary. They knew the literature, the treatments, the chances of success, and the risks; Winnie's choices were fully informed. Yet I imagine many

*(continued on page 8)*

*Arthur W. Frank is professor of sociology at the University of Calgary, Calgary, Alberta, Canada, and the editor of the Case Stories series.*

## **In this issue: Case Story: Experiences with Complementary Health Workers**

(continued from page 7)

physicians having difficulty respecting those choices, which brings me back to the question of how to hear Winnie's story.

The exotica of Winnie's travelogue should not distract us from its fundamental search. Her story is about finding a way to die. Is it more difficult for physicians to accept that their patients are seeking nonmedical therapies, or to accept when their patients' task is to negotiate optimal terms of dying? Dr. Toppmeyer perceptively describes Winnie as opening her soul in the process of dying. Physician Sherwin Nuland specifies how the soul opens when he writes that dying ought to involve a "final consummation with those who love us" and that "it is the promise of spiritual companionship near the end that gives us hope" (1994:243).

The desire in Winnie's story is for a death that includes this final consummation and spiritual companionship. What she allows us to witness is part of her work of negotiating that death, a process as uniquely personal as anyone's dying should be. The strength of her second oncologist was to recognize that for this work, mainstream medicine had little to contribute. She listened.

What did Winnie find? She wrote, "The joy of seeing oneself with new eyes after being released from unfocussed fear, anger, and sadness allows the spirit to sing." The visions she describes were real experiences for her. For the rest of us they can be metaphors of a journey we must each take, in whatever metaphor is our own, from "unfocussed fear, anger, and sadness" to joy. Nuland writes of the "additional pieces of baggage we shall all take to the grave, but from

which we may somewhat disencumber ourselves" (1994:261). Winnie's treatments were her disencumbering. Beyond that, her story expresses her need, the need of dying people, to see herself "with new eyes." That new vision of oneself is more than disencumbering; it is also reenchantment: an openness that makes final spiritual companionship possible.

Winnie's story is about seeking to fulfill those tasks of dying for which medicine, a self-consciously disenchanted activity, often offers little assistance. What is the appropriate clinical response? I submit that it is humility, the humility we should always feel when called to witness a great struggle, and what greater struggle can there be than dying? Winnie's choices may test our humility: can we quiet our own fear, anger, and sadness long enough to listen to experiences that may be wholly other to our own, and give thanks that a fellow human has found healing? By accepting the joy she offers in her gift of story, can we see ourselves with new eyes? □

### NOTE

1. All quotations from Winnie Tomm, *Bodied Mindfulness: Women's Spirits, Bodies, and Places* (Waterloo, Ontario: Wilfrid Laurier University Press, forthcoming [January 1996]).

### REFERENCES

- Eisenberg, David M., et al. 1993. "Unconventional Medicine in the United States: Prevalence, Costs, and Patterns of Use." *New England Journal of Medicine* 328, no. 4 (28 January): 246-52.
- Nuland, Sherwin. 1994. *How We Die: Reflections on Life's Final Chapters*. New York: Knopf.