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HOW MINDFULNESS IS TEACHING ME TO BE A DOCTOR

“Sometimes to cure, often to relieve, always to comfort.”

When I first saw these words, I was in my early twenties, a medical student at the University of Cape Town. They are inscribed on a plaque at Valkenberg Hospital.

I chose medicine, like many of us, with the idea of ‘helping’ and the more heroic the help, (i.e. the more it was removed from what the lay person could do) the more excited I was to learn it. The first time I took blood, the first baby delivered, the

first caesarean section performed, all steps on a ladder where I could do what ordinary people couldn’t. Where I could alter a patient’s course away from its natural path using expert skill and knowledge.

If placing medical professions along a theoretical spectrum from comfort to relief to cure, the closer they appear to be to “cure” (such as surgery) the more status they have; the closer to comfort (such as nursing and psychotherapy) the lower the status. In spite of this I still pursued psychiatry, figuring that

this frontier dealt with the source of suffering. That no matter what the body was doing, the mind was really the source of our quality of life, our meaning and learning to cure ailments of the mind would be the ultimate way to relieve suffering.

However, as I had found with the rest of medicine, I was confronted with many opportunities to face suffering where I didn’t have the skills or resources to take it away. And I faced the cost to myself of the anger and frustration I felt when I couldn’t ‘fix it’ - whether because of the

patient not complying with treatment, systemic flaws or incurable illness. And I met with all the ways health professionals deal with this, both wisely and unwisely.

In her poem, *The Invitation*, Oriah Mountain Dreamer challenges us; “I want to know if you can sit with pain, mine or your own, without moving to hide it, or fade it, or fix it”. The clinical expertise we hold as doctors is necessary. But my training did not offer sufficient mentorship in the trickier problem of how to face pain and suffering for a living.

My own personal psychotherapy was helpful to a point in seeing where this came from and learning more about my limits and healthy boundaries. However, it was when I was introduced to mindfulness that I first received instruction on how to do this incredibly challenging thing of being with things just as they are, including another person and their story.

When I was a registrar in child psychiatry, a visiting mindfulness teacher Sue Cooper (find her at <https://stillmindretreats.com>) led our academic programme with a short meditation. In the midst of the busy outpatient unit, hearing the children causing chaos in the waiting room, I was introduced to a skill I could use right then to be with the reality of my day in a different way. The unpleasant did not disappear. I was not denying it. I was shifting my relationship to it and altering how I allowed experience to land. Jon Kabat-Zinn, widely viewed as the father of mindfulness in the west, describes this as ‘*an orthogonal rotation in consciousness*’. And it changes everything.

This introduction prompted years of exploring mindfulness. Training as a mindfulness teacher, I realised how difficult, perhaps even heroic it is to comfort another soul in pain without rushing to first take that pain away. How to comfort is the first skill we should be taught as medical students but is the last one I’m still learning.

There are different techniques, teachers and paths to practice mindfulness but essentially it’s about learning to meet life with open arms. Not because you like it

or welcome it, but because this is the way things are. And if you can’t be with things as they are, how can you hope to know and see what is really happening? How can you hope to live fully and to take wise action where needed.

The root of being with a patient in this way, is being with ourselves with an attitude of kindly acceptance. I teach a mindfulness course to fourth year medical students at UCT. Over ten hours of in person teaching time, the lesson we come back to again and again is how self-critical we are in the medical profession and how difficult it is to be kind to ourselves. The incredible work of Kristin Neff on Self Compassion (see <https://self-compassion.org/>) shows the evidence for this and how it can be developed. In the eight-week MBSR course (Mindfulness Based Stress Reduction) we teach the Attitudes of mindfulness as described by Jon Kabat-Zinn in his book *Full Catastrophe Living*

- non-judging
- patience
- beginner's mind
- trust
- non-striving
- acceptance
- letting go

The growth and support for mindfulness has been phenomenal and we are all being told to do it by someone. We are bombarded by reminders that mindfulness will transform our lives. But medicine and mindfulness should never pretend to be a “cure” for everything. There are situations in which mindfulness can fix a problem. During my specialist examinations, I did a walking meditation in the passages while waiting for my oral examination which settled my anxiety. But if you are coming to mindfulness to take away life’s challenges, you will likely be disappointed.

When people approach us to register for one of our Mindfulness Based Stress Reduction (MBSR) courses, we insist on a screening interview where we discuss the programme in more detail. Many come with professional objectives of wanting to share this with patients or wanting to address stress and anxiety in their own lives.

Often the stressors they describe are overwhelming and at some point, I need to give them a tough reality check. Mindfulness will not offer a quick fix relief from your suffering. It’s not a way to manage an overwhelming schedule or an unreasonable boss who overworks you. It will provide skills in order to be with things more lightly, but it’s not an escape.

Mindfulness taught me humility. The humility to allow patients to be their own guides, knowing that I have some medical expertise, but I’m not the expert on their life. It teaches us how to sit with a story full of anguish, and to bravely tolerate the silence and the torment without pushing it away or drowning in it. It taught me a way to practice and improve my ability to accept, be kind, be patient, and be still. The work of a lifetime.

For those who would like to explore mindfulness for themselves I have these pointers:

- You need a teacher and a community, this is really hard to do on your own using an App, no matter how enticing their free trial is.
- Regular practice is more important than occasional long periods of practice. Perhaps you could start with three minutes with your feet on the floor before standing up when getting out of bed each morning. This is to notice the sensations in your body and your breath.
- Beware of getting caught up in books, podcasts and articles about mindfulness at the expense of practice. The only way to learn or understand mindfulness is to practice it.

Specific places to practice:

- IMISA (Mindfulness Institute of South Africa) website which includes live weekly Monday morning meditations 8h00-8h30. Simply register: <https://mindfulness.org.za/explore-mindfulness/online-guided-meditation-south-africa/>
- The author’s CPD accredited programs and free guided meditations www.capemindfulness.com

References available on request. MHM