

The Kindest Thing You Can Do

“I’VE BEEN WITH PATIENTS ALL MY LIFE,” says Susan Bauer-Wu, associate professor of nursing at Emory University in Atlanta. “Patients are not a special class of people. They’re us. When we become patients, we are experiencing greater pain and greater limitation. We may need to be confined. We lose sleep. Perhaps we can’t eat or walk or talk in the same way. How we respond defines the difference between pain and suffering. Pain is an unpleasant signal. Suffering is how you relate to that signal. It’s the meaning or story you create in your mind in response to it.”

Susan Bauer-Wu has indeed been with patients all her life. Her mother was a nurse at New York’s Central Islip State Hospital, a sprawling psychiatric facility on Long Island. Bauer-Wu sometimes even went to work with her mother and shadowed her. She went on to study nursing herself and during her sophomore year in college, when her mother was diagnosed with advanced stage breast cancer, she went home to take care of her.

From the start, Bauer-Wu’s interest has always been in the patient as much as the illness. Her doctoral study focused on the emerging field of mind-body medicine, primarily because her work with cancer patients impressed on her that the clinical treatments alone did not completely explain how well patients fared with their illness. “I always want to know the whole story,” she says, whether visiting with patients in their homes, staying with them in the hospital during lengthy courses of cancer treatment, or teaching them how to use mindfulness to deal more effectively with the limitations caused by illness.

Today, Bauer-Wu, author of *Leaves Falling Gently: Living Fully With Serious and Life-Limiting Illness through Mindfulness, Compassion, and Connectedness* (New Harbinger, 2011), is one of the foremost clinical researchers looking into the effects of chronic stress on patients with debilitating and life-limiting illness

and how mindfulness and compassion practices can help such patients. In addition, she studies how caregivers—both professional caregivers and family members—can more effectively serve their patients or loved ones while maintaining their own equilibrium.



Susan Bauer-Wu volunteering in the Humla region of Nepal.



Susan Bauer-Wu

Bauer-Wu’s main prescription for working with pain and limitation is to “tune in to your body” and what’s going on with it rather than turn away from it. She says, though, that it’s important to develop sensitivity to the difference between chronic and acute pain. Chronic symptoms are unpleasant sensations or bodily experiences that linger for weeks, months, or years. Acute symptoms are physical sensations that come on quickly or increase sharply and reach the height of our pain tolerance. “These,” Bauer-Wu says, “are neither to be tolerated or ignored. They are critical messages that require action,” such as seeking immediate medical attention. By contrast, chronic pain and irritation are the very stuff that mindful awareness can most readily ameliorate, thereby changing the whole way we view being ill or in pain.

“Our most common reaction to pain is to resist it, so when someone tells you to turn toward your pain it seems

counterintuitive, almost like punishing yourself,” she says. In fact, Bauer-Wu notes that many of the mind-body programs for cancer patients reinforce this basic tendency by using guided imagery “to take you to the mountains, to the ocean, to a tropical island in your mind.” The cornerstone of the mindfulness approach to illness is that you need to learn how to accept where you are, and then you can notice the sensations and respond appropriately. “If your pain really is acute and reaches a seven or eight out of ten, then guided imagery or other methods of dealing with such intensity may be appropriate,” she says. “When you know that the pain is not at that kind of acuity, you have the power to investigate it with mindful awareness.”

The first step, says Bauer-Wu, is to be aware of sensations as just sensations. So often we have a single solid label for our pain and we interpret what it means. We can begin to construct storylines of worst-case scenarios or self-loathing. “However,” Bauer-Wu writes in *Leaves Falling Gently*, “if you step back and curiously observe what your body is feeling, you realize that pain is not just one big overwhelming *thing*, but rather a constellation of many subtle bodily sensations, such as dullness, sharpness, aching, or throbbing, that likely change from moment to moment.” Noticing the nuanced qualities and fluctuations of sensations gives them less power over you.

“If you have pain in the lower back,” Bauer-Wu asks, “what are its qualities? Is it throbbing, burning, and piercing? Is it constant?” You can direct your attention to different parts of your body and experience the sensations in each one. “This gives you a richer sense of your whole body,” she says, and you begin to realize that you are not your pain.

Of course, illness, hospitalization and facing the possibility of death can bring on overwhelming emotions. Just as with bodily sensations, patients are encouraged (as are caregivers) not to turn away and resist, but rather to become familiar with what they’re experiencing by observing it. Whether they’re experiencing fear,

sadness, anger, or unhelpful thoughts like dwelling on the past or regretting that the future will not turn out as they'd like, patients can let it pass without judgment. But if need be, powerful thoughts can be redirected. Intense fear or anger can be hard to look at, and at such moments simply gazing out the window at the sky may bring some calm. Eventually, the upheaval will subside.

Since patients confined to hospital rooms or bedridden at home often become restless and irritable, Bauer-Wu

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encourages them to use everything in their environment as an object of mindful attention. For example, she says, you can scan the vast soundscape that surrounds you and use the aural equivalent of a flashlight to land your attention on a sound, such as wind rustling or rain falling. Rather than being annoyed by the sounds around you, by tuning in you can choose how you engage with them. Likewise, rather than seeing everyday activities such as bathing and brushing your teeth as drudgery, you can allow these activities to ground you in present-moment awareness. “You don’t need to do anything special,” she says, “or go anywhere exotic.”

Compassion and connection fill out the picture in Bauer-Wu’s methodology for changing the way patients experience their condition. Tuning in and not turning away from pain grounds you in the present moment. It is compassion that enables you to rediscover “your innate goodness” and the warmth of your heart. It enables you to communicate and connect with others, and counteract the isolation and self-involvement that turns a painful condition into repeated suffering. In fact, Bauer-Wu says, “Compassion is a part of mindfulness itself right from the beginning. Mindfulness is the kindest thing you can do for yourself and others.” ♦