



The Practice of Love in Palliative Care

By Susan Crozier¹

I am a collector of stories and story fragments. I love language and ideas. I love little stories about finding gold in the dirt, about discovering joy in the midst of despair. I love scraps of stories and scrappy stories and stories about scrappy misfits and rebels, people who have had to work to make a possible world for themselves. I love what I call “the rag and bone people” who have fashioned a life out of what seems like rubbish to other people. Maybe, in these stories and story fragments, the circumstances don’t change, but the ability to see things differently happens. The work of making a possible world for the self has been a preoccupation of mine for many years (Crozier, 2004; Crozier, 2018).

To be able to ask the kind of questions that give people more space to discover new answers, I believe that you need to keep a lively catalogue of enabling stories or fragments in your own mind. For example, when is so-called laziness actually sagacious waiting, or resting, or going inward for a personal sort of wintering, like a bud in the ground, or a kind of creative replenishment?

For example, asking a bereaved partner: “Is it possible that there are other ways of talking about the laziness that seems to fill up your days since Henry died? What goes on during these times of laziness?”

Or, asking a teenager who is subject to criticism for her inactivity: “What is it that you do when you are doing what other people call nothing?”

In earlier iterations of this essay I tried to explain some of the threads that make up my practice, but the exercise turned endlessly digressive. In the following, I interweave my thinking about narrative practice with some of my understanding of Buddhist thought. The project is necessarily partial and allusive. To understand how I weave narrative therapy with Buddhist thought, I had to explain a bunch of stuff about Buddhist thinking. And then I had to explain why I understand Buddhism as I do. But, honestly, I don’t think there’s time for that. The whole exercise was becoming onerous to me and would probably have been burdensome to read.

In my various attempts to write and in the reflective time between attempts, I have come to the conclusion that what this piece is really about - my counselling practice in the context of

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palliative care – with all its multiple strands of story, knowledge, belief, influence and experience - is love. It is about love in action. In my work with people who are living with an illness, or approaching death, and the people who care for them, and the people who grieve for them after they have died, I practice love.

I practice recognizing love and acts of love; inviting love into the conversation as a guiding value, and I practice from a place of love in my own mind and heart and body.

The spirit of narrative practice that inspires my work in palliative care is love.

“Can you tell me what you mean by this love?”

“Can you tell me how you go about this work of love in your therapeutic practice?”

In her book *Respect: An Exploration*, Sara Lawrence-Lightfoot (2000) constellates her exploration of respect in relational and professional contexts across six themes: empowerment, healing, dialogue, curiosity, self-respect and attention. These are all good words for love, actually. I want to offer my own narrative practice list, which might intersect with Lawrence-Lightfoot in useful ways:

The first of these would be Dignity-enhancing, or mana-enhancing, conversations. David Epston first introduced me to the idea of “moral character” as focus for enquiry in therapy – the practice is illustrated in his account of his work with Marie (2018). When I was a student of Narrative Therapy David gave a compelling and inspiring talk to my class and I was captured by the idea that the focus of our talk with people might be about seeking to know the good in them, rather than any sort of problem-seeking enquiry. But also, and perhaps more radically, to seek to know the good in them, rather than any solution-seeking enquiry.

What crystallized in my mind at that time is the idea that when a person is positioned by our conversation as a person of moral character, a person who holds worthy values and intentions, they find agency that enables them to act from their own best self.

Let me illustrate this with a story from my own practice. I was asked to see a man I will call Jason whose wife, let’s call her Chrissie, had been given a few short months to live. She was a relatively young woman with four children whose ages ranged from early teens down to a preschooler. I was led to understand by a colleague that Jason was not doing a good job of supporting Chrissie and she was furious with him. Among the team caring for this family there was anxiety about something people were calling “a family in crisis.”

Jason was pretty much mandated to see me by Chrissie. When I went to the house, Chrissie was getting ready to go out. She stood in the living room with her startling pale blue eyes and her coat on and gave me a list of Jason’s domestic and financial failings, speaking about him as if he





wasn't present. She condemned him as lazy and selfish and generally incapable of serving any useful purpose in the household. Jason, a tall man with broad shoulders and soft, quiet eyes, did not say a word, looking impassive throughout.

Chrissie went out and Jason and I sat on large chairs at the oversized dining table. He did not defend himself. He did not argue with anything she had said, either to her face or after she had left the house. I want to let you know that this was a Māori family, and that Jason, as a Māori man, a labourer in the construction industry, is the inheritor of the devastating impacts of colonization, the subject of numerous racist and demeaning discourses. How easy it might have been to concur with a story of him as inadequate in a setting where other professionals held ideas about how he ought to be responding to his wife's illness. However, as a white middle class woman, and recipient of generations of privilege, my intention was to approach this conversation with a particular humility, setting aside the accounts I had been given about this family. I went in with a willingness to see the good in Jason. I went in with a conviction that Jason knew things that I would never know and had seen things that I had never seen. It was my hope that our conversation might accord him a position of "honor and dignity" (Epston, 2018, p. 2).

It was a cold winter day. I ran from my car in the pouring rain and took my shoes off before entering the house, in respect for Māori practice. Jason sat quietly, his big hands calloused and cracked from working outdoors building scaffolding. He was understandably reluctant to talk to me, so I had to do a lot of scaffolding myself in the form of questions that, on the page, look pretty closed. I asked him whether he thought that Chrissie being angry was part of how she was going about living with the illness that would end her life and take her away from her children. He thought this might be so, yes. I asked him whether he was the only one to bear the force of this anger. He said he was. I asked him whether he ever got angry back and he said he did not, but sometimes he went out for a walk. I asked him how he was doing this? How he was able to stay so steady in the face of the rage that had come into their lives.? He shrugged his shoulders. I was reluctant to pressure this quiet, dignified man, but I thought it worth persevering with the task of *recognizing acts of love*. I asked whether bearing her anger in silence was his way of being a loving man, to let her be angry, to let her experience the rage and despair at dying so young and to take all that out on him. He thought it was. I asked him whether this was something really important he was giving her, an important way he was being her husband right now. Yes, he said, it might be so.

I asked whether there were other ways he was being a good man right now and he told me about cooking meals, taking the children to school and to *Kapa Haka*. He told me he was now the only breadwinner for his family, and he was just trying to keep everything going. I asked him whether there were reasons for Chrissie to be so angry with him, and he said that he thought there was, but I didn't want to put him in a position where he had to account for himself to me. After all, anyone of us in a relationship might be able to come up with reasons





why our partner would be angry with us. It seemed like enough that we could know that together, without going into it.

As I worked with this family, despite the problem-centred story that some colleagues held, there were moments of intensely loving connection for this couple. These happened even in the face of the storm of rage that radiated out at times to include other family members and professionals. Jason remained stoical and often silent, but with what I perceived as heart-felt presence throughout.

Chrissie could be painted as the problem in this context. Those closest to her, including professionals, experienced those blasts of rage from time to time. In my experience, women who are dying and having to leave their children can show an intensity of feeling that is often hard for others to bear. Chrissie was also radiant, smart, funny and eminently likeable. Everyone who worked with her was feeling the tragedy of her early death.

This is not uncommon. I feel genuine affection and love for the people I work with. I'm not sure I could do the work any other way. I am always seeking to build and to strengthen relationship, which involves being interested, being curious. This approach involves noticing things about them and expressing my interest and appreciation. I have a good memory for people and their stories; I remember things that they told me a year ago. I remember details of past experiences that have been shared with me and I am able to offer them into the conversation in the present if they seem helpful.

In the "professionally close" relationships I have with people, there are embraces; there are hands held; there are terms of endearment and expressions of affection: "Look at you! I love your blue hair!" There are tears. There is acknowledgement of suffering and loss. "This is so hard." There are words of appreciation. "Thank you for letting me come and see you today!" There is frequently laughter. I laugh at people's jokes and I laugh *with them* in the face of horror. There is relationship. Sometimes dying is funny. And the madness of grief can be especially funny.

I used to teach thesis writing at university. It's a framework that makes sense here. There are certain recognized structures for writing a thesis, and certain disciplinary conventions. And then there are disciplinary variations and out and out rule breaking to a purpose. What even counts as research can vary enormously. I wanted to give room to all of those variations in the frameworks I taught. It meant that I had to be able to think across disciplinary paradigms. I had to have some understanding of Engineering and English literature, of Chemistry and Sociology. Or enough of a disciplinary imagination to be able to grasp that what counts in one context doesn't necessarily count in another.





One of Sasha Pilkington's questions that I find so helpful: "Would it be alright if I asked you about your experience of living with this illness?" (2014, p.81). I think of this as being akin to asking: What is your disciplinary paradigm? How can I imagine it with you? How can our imagining shape the questions I ask you about how you are doing the work of living and dying? Of course, we are all dying. And as such, we all have some expertise in the matter.

An extract from a favourite poem by Wendell Berry (2013, p. 188): from *Sabbaths 1998*, VI

"By expenditure of hope,
intelligence and work,
You think you have it fixed.
It is unfixed by rule.
Within the darkness, all
is being changed, and you
Also will be changed."

"It is unfixed by rule." The problem of dying, or of being torn apart by grief, does not belong solely to the person I meet in hospice. These are human problems that we will all experience eventually, if we have by some miracle evaded them so far. I see that people are often remarkably shocked to find that death is on its way. And I will be honest; sometimes I rather judgmentally wonder to myself how people have managed to avoid knowing death would happen sooner or later. Perhaps the deaths in my own family, including tragic, untimely deaths, as well as the fact of my professional context, have taught me to live with death always near. Or, perhaps, when I find death on my own doorstep, I will be just as shocked as anyone else.

Because of this observation that death, the possibility of death, does come as such a shock to so many people, I wonder if it might be built into our human being. Perhaps it is a form of cultural illiteracy peculiar to Western capitalist societies? Have we lost the knack of thinking and talking death? Medical intervention and the possibilities for curative treatment are so often available that we have come to see death as an aberration. Maybe, or maybe it is simply the case that in order to live fully, to love life and imagine a future of possibilities, you have to avert your gaze from death. Death-blindness as a feature rather than a failure.

This is another way I do the practice of love. This person I am meeting for the first time is reporting this story of refusing death, of being shocked by the possibility of death. I will try to hear it as if for the first time. I hope to come alongside and see what they see, to bring respect to the stance they are taking and see what the next stepping stone might be, if we look together from where they are standing. I slow down. I seek to forget what I know. I join them. What do I know about prognoses and time frames after all? They have good reasons to stand where they stand. What are these reasons?





Christianity is on the list of influences on my practice. I'm not really a Christian. I'm not really not a Christian. I'm not really a Buddhist. I'm also not not a Buddhist. I'm a post-structuralist and I also I believe in love. And the wisdom of the body.

Warning: Contradictory beliefs may be present in this essay.

I don't really, probably, personally, believe in life after death. But what would I know? If people do believe in a heaven that they will go to when they die and where they will be reunited with everyone they love – I will join with that in our conversations. It is a good story and I like good stories. It is a story of love, a loving afterlife where love is real and never ends and the people we love are not lost forever. If people are communicating with people who have died, via a psychic, I'm ok with that. "What difference has it made for you to know that he is still with you and sending you cheeky messages?" Sometimes I even feel that I know the person who has died, that they are communicating through me in a way. That might sound a bit weird, or even arrogant. It isn't anything I hold onto, or reify, but if it is useful in the moment, I will go with it. This is imaginative work. What makes love more available in this conversation?

Because the context of my conversations with people is love, everything is welcome. When people are talking about their faith, I will be right there, thinking along with them about God's care, and what we learn from the suffering of Christ, and what Mary teaches us about a mother's love. Sometimes a person's theological framework has got a little too tight for comfort, and we might feel into it together to see if it can become more elastic, more allowing of what is happening and made more capacious for containing love and compassion.

The practice of compassion, as I understand and practice it, belongs to the version of Buddhist thought that I practice. The first Noble Truth of the Buddha's teachings is, we are told: "There is Suffering". We suffer. Life rarely goes the way we want it to and if we think we get it right, it rarely stays that way. As Wendell Berry says, "It is unfixed by rule". We will experience aging, sickness and death. We will be separated from what we love. The Buddhist antidote is compassion. We acknowledge the suffering. We share it. We allow it to break our hearts wide open. We practice loving kindness. We are in this together.

Here is a quote from a Zen teacher I admire, Zoketsu Norman Fischer, about the role of love in spiritual practice:

Spiritual practices are unlimited – and they are imaginative. And – especially – full of love. They come from love, they encourage love, and they produce love. When you do them over time you find that you are living in a world full of love. And for your life and for our lives collectively in the times to come we are going to need love – lots of love. In good times, love is lovely. Nothing can be better. And in hard times, love is necessary. It turns tragedy into opportunity – something difficult and unwanted becomes a chance to





drive love deeper, to make it wiser, fuller, more glorious, and more resilient (Fisher, 2014).

Love, imagination, shared necessity and compassion. These are the guiding spirits of my narrative practice in palliative care and bereavement work.

In my therapeutic work in Hospice, if the person I am speaking with is meeting great suffering, on some level I too share that suffering. And it is this shared nature of suffering that makes compassion different from pity or feeling sorry for someone. It is also why I don't use psychological or diagnostic terms in my practice. Another person's suffering is part of our shared human experience. I too will encounter aging, sickness and death. I too will be separated from all that I love. There is no sense of a psychological pathology here; no sense that this person is going through something that makes them different from me. These simply are the facts of human existence and we are in this together. As part of my Buddhist-inspired practice, I aim to be unflinching in my willingness to bear witness to another's suffering – my intention is that they are not alone, that they are met where they are, that there is nothing too horrible or too painful to bring into the space that we share. I will be present with smells and wounds, with bodies in distress, with blood and shit and vomit.

Talking with Andrea who lost her beloved husband John:

"You have said that it was a privilege to care for him in those final days and hours. Can I ask you what you mean by this word 'privilege'?"

She tells me a story of "cleaning him up" while other family members support him after he's been to the toilet. And in the act of doing it, she is both shocked and amazed to find herself doing this for him.

"What would you say made that a privilege?"

"He trusted me; he completely trusted me to do that for him. It was so intimate."

"What did you come to know about yourself when you were 'cleaning him up'?"

"That I wanted to do that for him, that I wouldn't have wanted anyone else to do that for him."

"Would you say it was an act of love?"

"Yes, it was something that I did out of the depth of love that we had for each other. I know he would have done the same thing for me."





“So, this being able to bear being with the shit and the blood and the horror was an expression of your love for one another?”

“Yes, definitely.”

“When you wake up in the morning, and you feel overwhelmed by those distressing memories of his last days and hours, could this knowledge of the deep love you shared, and that you showed him in his final hours, could that be part of what could come into your mind?”

“I’ve never thought of that, but I suppose it could.”

“What else do you know about yourself from how you cared for him at the end of his life?”

“That I could do it, that I could be strong for him, when he had always been so strong for me.”

“How else are you seeing this strength in your days, these days?”

Sometimes I wonder if I overload myself in the approach that I bring to the work, feeling such a sense of compassionate connection to the fact of human suffering, but there are resources that I am drawing on in doing this work.

The first of these is the stance I take as a narrative therapist. I understand that the person in front of me is able to do this experience in ways that they prefer, whatever the “this experience” is going to be for them. I start from the assumption that they know what is right for them. They can do it. People have been doing it for as long as we have been human beings. They are able to bear the loss, the indignity, the despair and they do know how they prefer to do it. It isn’t my job to get them to face the difficulty through some technique or my teaching them some expert view of how people should do dying or loss. It is my job to frame an enquiry that might help them to meet their experience in the ways that are meaningful for them.

“What matters to you right now?”

“May I ask, how are you going about this ‘*staying strong for the family*’ that is so important to you”?

The second is the stance I take as a spiritual practitioner. Spiritual traditions of the world have been wrestling with the question of human suffering for millennia. The invitation in the form of Buddhism that I was taught is to open our hearts wide to suffering. Compassion and loving kindness are understood as a means to find peace and contentment in the face of inevitable suffering. They are described as two of the four “heavenly abodes” – Metta (loving kindness), Karuna (compassion), Mudita (sympathetic joy – or joy at another’s happiness or good fortune)





and Upekka (equanimity). These are understood not as emotions, but as mind states that are cultivated (much as a farmer cultivates her land), through the investment of attention. How do you meet the suffering of others without being sad all the time? Sometimes I am sad. Sometimes my colleagues and I are wrecked by an unexpected or traumatic death, sometimes it is truly heart wrenching to be with a family in the enormity of their grief. But I do cherish this; I cherish the fact that I am not immune, not hardened against sorrow. Sorrow comes and sorrow also goes. It seems wise to allow that.

The practice of love in palliative care is also not a solitary practice. I work with colleagues who are kind and caring, who take time to debrief after a distressing experience. Distress might take the form of confusion, ethical uncertainty, worry, the distress caused by witnessing the great suffering of others and by conflicting values at work in the care of a patient or family. And in my own life, I belong to a community of people who are seekers guided by love, who are endlessly interested in helping one another to reconnect to love, in all its guises and disguises. Which is a way of saying that I do this practice of love in palliative care not as a result of my personal strength of character, but out of the richness of community. As David Denborough has expanded on the well-known Narrative Therapy formulation “The person is not the problem, the problem is the problem, and the solution is not only personal” (Denborough, n.d.). My encounter with deep sadness and human suffering is supported by my connections with loving others.

Sometimes I think about the people I love, and I imagine the heartbreak of losing them. Sometimes I think about my own death. There is a kind of hospice hypochondria that I recognize in myself and that my colleagues also speak about: knowing the terrible things that can go on in the human body, understandably one’s imagination can go wild. A headache can be a brain tumour. A cough can be lung cancer. I used to be ashamed of this and try to pretend I was always on top of things, but now I’m more relaxed about it. I see my imagination running wild. I let it hang out for a bit, and let it go. I think there might be value in imagining yourself into the experiences of the people you work with.

Through my Buddhist-inspired meditation practice I have learned a way of being open to suffering, but without investing in it, reifying it or digging into it. Suffering happens; we can discover different ways of meeting it. One of the advantages of seeing suffering as an inevitably occurring experience is that it doesn’t have to be meaningful about who I am as a person or my personal history. It can simply stand as a fact of human experience. We don’t have to ask why life has this shape right now. There are a range of possible responses to the way things are, and those responses are available for variation.

The first thing I would want to do with suffering is to notice it. Many of us are so practiced in discounting our own experience, or judging and berating ourselves over it, that simply noticing that suffering is occurring can be important. In terms of my Buddhist training, we speak about





“befriending” suffering, which is to say we want to get to know it, much as you do when making a new friend. Who are you? Tell me about yourself. With suffering, we can ask “What is this experience? What is it like? How does it impact on me? How does it impact on those around me? What does it take away? What does it make possible? What is unbearable about it? How am I relating to it?” These are not questions I would necessarily ask of a person in palliative care, but they might shape the questions I do ask. This Buddhist “befriending” might be a form of “externalizing”, in narrative terms. The suffering is not who I am, but what I am currently experiencing in my life. It is having an impact on me. This is how I recognize it; this is how I am living with it. And as we explore such matters together, the person might come to a new place: This is how I think I might be able to live with it. I think that would be easier for me and let me better feel the love and support others want to give me.

In my therapeutic work, I have observed a sense of refreshment in people when they discover that they are allowed to notice their suffering in my presence, and that they are invited to just see what it is like, and how it is affecting them. It can be surprising and relieving for people that we can simply slow down together and acknowledge the suffering brought by living with an illness or a loss. “Yes, it is like this, yes, it is so hard, unbearably hard sometimes.” I might ask “How do you bear it?” Or, “how are you meeting this suffering right now?” We don’t need to work out the cause of the suffering or go to work on fixing it. First of all, we invite the suffering to be known, recognized, acknowledged.

I think of this as a loving practice, this meditative practice of simply allowing and observing experience without trying to change it. It feels enormously intimate to simply be there with someone in his or her suffering without trying to separate myself and place myself in the position of expert. There might come a time when we explore how the person could meet, or is already meeting, the suffering in ways that make it more bearable, but we don’t have to be in a hurry to go there.

The ability to meet suffering with compassion is utterly central to my meditative and my narrative practice in palliative care. Physically, I experience this in my body. And this body-centred practice is a starting point for me, a way that I make myself available to the encounter. I experience it as an openness in my chest and a softness in my face and eyes. I experience it as a kind of meditative stillness settled in my lower belly, in my feet and legs. I rest quietly with the person before me. It is an inner stillness that is open to whatever the enquiry will be in this moment. For me it is a heart-centred practice and in my private reflections I think of it as *“having my love on high beam.”*

Serious illness brings huge losses – loss of freedom, independence, meaningful work, losing friendships, losses of identity, of sexuality, loss of dignity. I witness those losses and learn about their meaning.





The work can be particularly unusual and challenging, because there isn't necessarily a "problem" to be addressed and resolved. It can sometimes seem that I am involved in coming to know the fabric of someone's life, and perhaps through my interest, helping them to see it in new ways. My work might involve discerning what is still available, what can still be claimed, what can newly be known and claimed, what the person is finding out about themselves, their relationships, their family that they perhaps hadn't understood before.

I sat with Audrey, who was living with an illness that had led to many losses of enjoyments and social and familial connections. I had known her for a few months and although she had shed tears at times when we were talking, she was very clear that she didn't want to talk about the unhappiness that sometimes overwhelmed her. "There's no point. If I let myself go there it will do no good." Audrey is a lifelong artist and maker, so we would often talk about what she was making and what it meant to her, her care for her family, her experience of being a wife and mother, her relationship with her husband. She had always been a very social person, involved with friends and family every day, and she had a fantastically naughty sense of humour. For Audrey there were so many losses; the artwork she couldn't manage anymore; the beautiful garden she had built up over the years that she could no longer go into, the way that friends and family fell away – unable to find time to visit or perhaps dismayed by her illness. Her loss of mobility meant that she was not free to drive around and visit others and her illness affected her speech so sometimes she was hard to understand.

In my work with Audrey there was a lot of relationship building, just taking time to know her and to learn about her world, bringing curiosity and respect for who she was as a person and how she was going about living with an illness that had taken away so much of what was meaningful to her.

One day I met her when she came into the inpatient unit for respite. She had just woken from sleeping and in the quiet intimacy of her room she spoke very frankly with me about the loneliness and despair that she was experiencing. She felt abandoned and uncared for by her family but also recognised that they were busy and had their own challenges and so didn't want to let them know how sad she was. I asked her whether she thought she could tell them that she found the illness very isolating. She said: "Do you mean that the illness is the problem? That the illness is getting in the way?" "Yes", I said, "Do you think you could tell them that?" The territory shifted from a felt lack of love and care to the recognition that an illness could get in the way of formerly loving and caring relationships.

The fact of this conversation demonstrated to me that I had earned Audrey's trust, that she knew I saw her as a whole person apart from her illness and I was someone she could speak to about her despair. I just remember being intensely present in listening to her experience, and acknowledging the losses in her life. We went on to think about what she was still able to do,





what she might want others to understand about her experience and what she felt was important to keep to herself. It was a rich and significant conversation.

Afterwards, she sent me a text message telling me that she felt much better after we talked, and that I was a lovely person. I told her I thought that she was a lovely person too and that it was a pleasure to speak with her. It seems to me that in the face of losing everything, we shouldn't be stingy with our love.

I'm sure that I draw on narratives, images and metaphors that might be quite at odds with poststructuralist thinking. I don't really worry about that. I take the bits of Buddhist and other spiritual teachings that fit with my values and my experience. I take the bits of narrative and other therapies that fit with my values and my experience. I don't think of this as eclectic, I think of it as creative, as critical, as grounded in a shared humanity that aims to amplify each person's dignity and sense of agency. To help people make helpful stories about their experience, I gather scraps and tatters from many places. It can be surprising where you can find the jigsaw pieces to help co-create life-giving stories.

I practice critical reflection moment by moment. I check my practice against the fundamental spirits of narrative practice that I hold as important – especially radical respect for persons. Am I imposing ways of thinking and approaching this situation with my own agenda? Or am I keeping this person's knowledges, hopes and preferences front and centre? Is what I'm doing, saying, offering, working for this person in this moment? I check with them; I ask whether it is ok to be talking about this or that. Is it ok to be talking at all at this moment? Is my very presence an intrusion or is it fatiguing for someone with very limited energy? Should I leave, or should we keep company in silence.

I want to be careful here not to give the impression that I am having profoundly Buddhist-inspired conversations in my daily work. In fact, in my experience of working in the in-patient unit, people frequently do not wish to discuss suffering. Sometimes we talk about where they grew up, what they learned from their mother or grandfather, or what they notice about their grandchildren that is so different from their own childhood. These are conversations that might not appear to be specifically therapeutic, but my intention is to allow the person to meet with me apart from their illness. I offer them the opportunity to enter our conversation as a person who is not limited to their identity as "patient". My intention is to have dignity enhancing conversations that create room for our shared humanity. We might share a joke; we might talk about God; we might talk about sleep and pain or how important family is to the person. We might speak about dying. We might only speak for five, ten or fifteen minutes. In whatever time is possible, I bring love and respect, my willingness to be of service, my attentiveness to what might be possible and to what is not appropriate right now.





Utterly central to my practice is a not-knowing stance which brings together some of thinking I learned from Harlene Anderson and some of the thinking I learned from Buddhism.

As I understand it, Harlene Anderson's version of not-knowing is a therapeutic stance that doesn't place expert knowledge as a lens between myself and the other person. She writes: "A collaborative therapist takes a skeptical and tentative approach to knowledge, including its substance, its use, its certainty, its risks, and its implications" (2007, p.48). It is not that a therapist doesn't know things, but rather we seek to know the person before us on fresh terms, seeking to get our professional assumptions and frameworks out of the way, as best we can, or at least to hold them with a particular tentativeness. Anderson continues: "Maintaining a not-knowing position and living with the uncertainty that accompanies it is vital for the freedom of expression and for the natural unplanned paths of dialogues" (2007, p. 50).

Not-knowing in the face of great suffering is a tremendous resource. I don't know how to make things better or bearable for the person before me. I don't have answers, but I do have an ability to meet their suffering and make space for it, so that they are less alone with it, and, I hope, less overwhelmed by it. One of my meditation teachers taught me that when suffering seems bigger than our awareness of it, we feel we are sunk. But when our awareness is bigger than the suffering, we have a place to begin.

Not knowing in Zen Buddhism is also helpful to me. Zen has these enquiry practices (such as Koans) that are about undoing fixed views. In the Buddhist teachings I have studied, we learn that fixed views get in the way of progress on the Buddhist path. To the extent that we think we *know* that we are in possession of a singular truth, we can prevent ourselves from experiencing the world differently.

There is one practice I find particularly helpful when I am worrying at a problem in my own life, which is a not-knowing enquiry. In this practice we hold on to the specific question we might have been wrestling with, but we keep letting go of any answers that come or any effort to work out the answer. The idea is to keep resting into not knowing, even as we hold on to the importance of the question. The idea, I think, at least in the version I have understood, is that we stop going to the same ready-made stories, mental models, images, narratives for answers. We stop going to the same pond for water. We let ourselves be open to new ideas and approaches.

A famous Zen teaching story is discussed by Zoketsu Norman Fisher (2006):

Dizang asked Fayán, "Where are you going?"

Fayán said, "Around on pilgrimage."





Dizang said, "What is the purpose of pilgrimage?"

Fayan said, "I don't know."

Dizang said, "Not knowing is most intimate."

This idea that "not knowing is most intimate" suggests that we come closer to the truth of experience when we let go of assumptions. Perhaps, in a therapeutic context, we might come closer to recognising the person we meet when we strive to let go of what we think we know about the person. Our conversation becomes more intimate. This principle is certainly valued in narrative practice, where we have teaching stories in which the therapist may not even know what the problem is that brings the person to therapy, but still has a transformative conversation.

Norman Fischer (2006) explains the value of not knowing like this:

[T]his moment, this situation that faces us right now- this patient, this person, this family, this illness, this task, this pain or beauty- we have never seen it before. What is it? How do we respond? I don't know. I bow before the beauty and uniqueness of what I am facing. Not knowing, I am ready to be surprised, ready to listen and understand, ready to respond as needed, ready to let others respond, ready to do nothing at all, if that is what is called for.

He continues:

When I know, I bring myself forward, imposing myself and my experience on this moment. When I don't know, I let experience come forward and reveal itself. When I can let go of my experience, knowledge, and wisdom I can be humble in the face of what is, and when I am humble I am ready to be truly fearless and intimate. I can enter into this moment, which is always a new relationship, always fresh. I can be moved by what happens, fully engaged and open to what the situation will show me.

Sometimes I ask the people I'm working with how it would be if they could not know? Or how it would be if they practiced some small thing they wouldn't normally do just to see what that would be like? Just for fun, even, or as a thought experiment, an enquiry. This is different from seeking to change behaviour or change thought patterns through an applied technique. Rather it is an invitation to explore new imaginative territories without any finalized prescription for what will be the right way or what will be discovered. In collaborative conversations we make up these imaginative territories together. We venture out onto the thin ice of not knowing and see what lies beyond what either of us already knows. This is a language game, a poetic





exploration where words can be deployed differently in new and playful ways, and it is a language game that is anchored by compassion.

To work with people in palliative care is to encounter problems that won't be fixed. Illnesses will not be cured. People will die. The dead will not return. Abiding in love, in loving kindness, in compassion, in not knowing are among the therapeutic resources in my narrative toolkit, and they are also the best self-care strategies I have found. I have often heard people speak of the privilege of working with people approaching the end of their lives.

"Could you tell me what you mean by this sense of privilege?"

"I gain access to something that most people don't have as part of their daily working life."

"Can I ask what this privilege gives you access to?"

"Love, I think, love. Love poured out and love endlessly replenished."

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