Dreaming and dying

A place of healing: working with suffering in living and dying
Michael Kearney
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In his latest book, *A Place of Healing*, palliative care specialist Michael Kearney makes an excellent case for an alternative approach to caring for sick and dying people, one based on the idea of supporting healing rather than attempting to cure. His particular focus is on dreams as a contact with the deep self and as a source of healing. Kearney uses various analogies to make the distinction between curing and healing. These include classic versus modern physics, superficial versus deep psychology, and Hippocratic versus Asklepian approaches to medicine. His point is that sometimes sick people, particularly those who are very sick or dying, need less intervention from outside and more support in finding resolution from within.

What Kearney says reminds me of a distinction made in family therapy between linear and circular models of causality.[1] Linear causality is the more familiar concept. For example, to say that an environmental toxin causes a particular cancer is to invoke linear causality. It is neat and straightforward, and it suggests the next action to take: reduce or eliminate the toxin. Circular causality is more complicated. It views everything as occurring in a context within which everything interacts with everything else. So, when one person in a family becomes anorexic the solution is not a simple matter of finding the single culprit. What may be needed is to change the way the family functions or interacts, so that the anorexia disappears of its own accord. The same approach might be taken to suffering. Perhaps suffering can be viewed not as caused by the disease alone (linear causality) but by an interaction between the person and his or her whole context (circular causality). Changing the context, or how the person views it, may relieve suffering even if the disease continues to progress.

Barbara Sibbald

Kearney's way of changing the context for patients who are suffering from terminal diseases is to support them in paying attention to their dreams. He suggests this not only with the Freudian purpose of attempting to "understand" dreams or to detect the symbolism they contain. The dreamwork that he proposes "means allowing rational and objective reality to be interpenetrated by the dream from below up." This exercise "brings with it a subjective sense of meaning, and healing, and illuminates relevant aspects of our everyday lives."

Kearney gives some moving examples of this process in different patients' stories. I accept wholeheartedly his suggestion of working with patients' sleeping dreams. However, the story of a patient he calls Bill has deeper implications. Bill has pancreatic cancer. His cancer worsens, but his suffering is relieved when he succeeds in making arrangements to replant some land he owns with broad-leafed trees. When he has written a letter to complete this arrangement he is comfortable and at peace. Bill fulfils a "dream" in arranging for his land to be planted with trees. I wonder if paying attention to our patients' waking dreams for a future that will unfold after they have passed on may not be another way of helping to relieve their suffering. This fits well with Virginia Satir's idea that our yearnings and longings are our closest contact with our true selves,[2] or what Kearney might call our deep self. If, as Kearney suggests, ego is the big problem in dying, then we transcend it when we care about things that will happen after our ego has ceased to exist. Our ultimate "dream" may be to leave a legacy of some kind.

Whether we allow our sleeping dreams to penetrate our reality and give new meaning to our lives, or project our waking dreams into a future that continues after we have died, we transcend our egos. This means depending on some organizing principle or power that is outside our control to look after things. And whether we attribute this power to Asklepios or to God or to some unnamed higher power, acknowledging such a force will require a certain humility that we are not used to in medicine. Our medical egos, also, will need some handling. I believe that this book could have an important influence on palliative medicine and perhaps on other areas in medicine by helping doctors and other medical professionals to develop the humility necessary to acknowledge an explicitly spiritual dimension in their work.

A final note. Although more complex ways of seeing the world, such as the Asklepian versus the Hippocratic approach to medicine, suggest interesting avenues to intervention, they do not lead to straightforward methods for evaluating benefit. We need to keep a foot in both camps by using simple, linear methods to evaluate complex interventions. The approach suggested in this book will finally stand or fall depending on how well simple methods of evaluation can be created to show that the Asklepian approach works better than the approach we take now.

Tom A. Hutchinson
Departments of Medicine and
of Epidemiology and Biostatistics
McGill University
Montreal, Que.

References

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