

2019

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Recommended Citation

Bardsley, Larisa J. (2019) "Wholeness as a creative exploration of self," *Survive & Thrive: A Journal for Medical Humanities and Narrative as Medicine*: Vol. 4 : Iss. 1 , Article 16.

Available at: https://repository.stcloudstate.edu/survive_thrive/vol4/iss1/16

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Wholeness as a creative exploration of self

Dr Larisa Bardsley

Summary

Many clinicians are familiar with illness and have been touched by trauma; reflecting upon our experience through the humanities can offer new perspectives and make our experiences accessible to others (Veeder, 2015). As a flourishing field, Medical Humanities perceives healing to be inclusive of the whole person and asks the question 'what does it mean to be human?' (Ohio Northern University, 2016).

In this article, I wish to contribute to the scholarly conversation that explores the intersection between medicine (broadly defined) and humanistic enquiry (Ikoku, 2016). I consider clinical psychology to be part of this broad definition. I trained as a clinical psychologist 25 years ago and currently supervise psychologists in their clinical practice. As part of my creative discourse in this article, I have taken the liberty to utilise aspects of humanities with which I am most familiar as an artist. These include film, photography, fine art and life-writing.

DasGupta (2013) discusses the importance of listening deeply to the stories we carry and suggests a return to the 'relational storied heart of medicine'. In this vein, I will reference my PhD research in Humanities and Creative Arts, a recently completed investigation over three and a half years which explored the impact of witnessing my own stories in response to the question: *What does it mean to know who we are?*

This article is part creative and part academic reflection. It is personal, yet it also reflects a wider human experience. Baca (2015, p.4) wrote 'when we lost our perfection and honoured our imperfect sentiments, we were blessed'. This blessing speaks to the practice of not knowing, of listening deeply, being present and of 'narrative humility' as defined by DasGupta (2013). The premise of this article is that by attending to our own stories we can enhance our capacity to be present and care for others. This essay draws from a psychologist's practice of deeply witnessing her own stories through creative and practice-led research. It documents the means by which this process deepened her sense of personal and professional wholeness.

Introduction

'Narrative humility is the sense of humility toward that which we do not know – the face of the Other, the face we cannot know but to which we are responsible'. (DasGupta, 2013)

Listening involves tapping into our innermost humanity and making that humanity present so that we can witness the humanity of another (DasGupta, 2013). This type of listening is a skill that DasGupta teaches her medical students by encouraging them to 1) read memoirs of illness and healing, 2) write their own stories of illness, vulnerability, trauma and post traumatic growth, and 3) deeply witness the stories of others by taking patients' oral histories.

My PhD research was practice-led¹ and used the creative arts (film, fine art, photography and autoethnographic² life-writing) as the language and method of investigating what it means to know who we are. The arts are a symbiotic language for the unconscious; as Duxbury (2009, p. 97) states, creative work does not necessarily follow a linear process, nor adhere to objectivity and logic. The artist may become a means by which wisdom emerges through his or her creative practice in a manner referred to as 'flow' (Csikszentmihalyi, 2007, pp. 16-20), the 'emergence of wonder' (Medlock, 2015, p. 5), or 'taking a leap of faith' (Duxbury, 2009, p. 98).

Creative Research is a potent means of investigating the deepest aspects of self, engaging different ways of knowing, facilitating expression across disciplines and moving beyond the cultural or conceptual limitations of verbal languages (Van den Akker, 2014, pp. 751-765). Whether these explorations occur through visual or written arts, the act of using humanities to access creativity, imagination and more intuitive means of investigation is a powerful tool in enhancing awareness and deepening our understanding of ourselves and Other (Hodgins & Boydell, 2014, p. 6).

The methodology I used (Organic Inquiry)³ was non-traditional, oriented toward an embodied, immersive wisdom, one that allowed my personal responses to the investigative question to emerge organically through my art practice by revisiting key biographical narratives, and attending to emergent themes in my creative practice. I consider the type of deep listening I employed in my recent investigation to have much in common with narrative humility as it involved listening to stories as they emerged from deep within my psyche, learning to practice humility and initially put aside my academic and clinical knowledge or expectations to allow narratives to emerge in the language of the arts.

We have many narratives within us and our sense of self is multiple and layered (Bardsley, 2018). Potent narratives may be liminal,⁴

¹ Practice-led research methods are defined by Smith and Dean (2009, p. 5).

² for a comprehensive discussion of autoethnography refer to Custer (2014, pp. 1-13).

³ for further information on Organic Inquiry refer to Clements (2011, pp. 131-166).

⁴ 'Liminal stories' are unconscious narratives that reside beneath the limen of our consciousness.

hidden beneath our consciousness often because they are painful, culturally derived, inherited from our ancestors, unconsciously shaping how we see the world and ourselves (Jung, 1958, p. 286). These liminal or unconscious narratives play a role in how we communicate to our clients, and respond to their illness and pain (Green, 2011). One of the narrative medicine techniques I used was autoethnography – a reflexive means of revisiting key biographical memories from the perspective of other characters involved so as to actively review the meaning drawn from these events and reflect on emergent material with new eyes.

In the following sections I will touch on some of the stories that emerged in my creative investigation of self and how they relate to my sense of wholeness, my understanding of healing, and well-being. The research I have completed in narrative medicine has been personally transformative and influenced the way I work, particularly extending my capacity for narrative humility through three techniques: 1) cultivating spaciousness, 2) compassionate witness, and 3) engaging in a practice of anchoring. Each of these concepts will be discussed further.

Methods and Findings

In 2000, I became chronically ill and experienced a number of psychologically and physically traumatic events including contracting a potentially fatal tropical illness (Leptospirosis) as well as Ross River Virus. My immune system had previously been weakened by childhood illnesses. At this time, I was thirty-three and my health and immune system were severely and permanently (I was informed) compromised. I was later diagnosed with Fibromyalgia and Myalgic Encephalomyelitis (also known as Chronic Fatigue Syndrome).

I began this research fifteen years after my initial health crisis when I was experiencing a flare-up of my fibromyalgia symptoms. After twenty-five years of working as a psychologist and trauma specialist, I was thirsty for the space to immerse myself in my own stories. Because of ill health, I had no choice but to leave my position as a senior clinician in a tertiary education setting. My world contracted; I was in pain, distressed and fearful for the future.

Into my research in medical humanities, I took my experience as a clinical and depth psychologist, researcher and artist. Opportunities offered to me by the university enabled me to stay at home, to Skype my supervisor and to access libraries through the Internet. I was nourished by an international community and able to present virtually at conferences around the world. My home became a womb-like space, time

was flexible and my affiliation with Humanities reassured me of the validity of a personal, self-reflexive voice.

I approached my creative investigation of self with every creative tool available to me as an artist, clinician and researcher. Transpersonal⁵ and Buddhist frameworks were the theoretical containers. Armed with my film camera and blank canvases, I invited stories to emerge, ones that had long been pushing into my dreams and resonating in my body for many years. Before long, I was swamped with narrative guests from the unconscious. The investigation culminated in an art novel, film, a myriad of creative works, a solo exhibition and an exegesis, one that explored the arts as the language and means of transformational healing.

Like any foray into unknown territories, particularly one that offers the promise of transformation, I found it necessary first to remove the well-worn layers of myself – the parts that I grab from the cupboard in my daily race out the door into the world. In the three and a half years that I investigated my self-narratives, I was sustained by wonder and creative flow emerging from an embodied, practice-led investigation. I learned that in order to sustain this flow (and my relationship with the deepest aspects of my Self), I needed to cultivate spaciousness, deep attention and a capacity for witnessing the emergent material with compassion.

I creatively witnessed stories that emerged from my own inner landscapes in response to the question: *What does it mean to know our selves?* Many of the answers that emerged were previously unconscious. I refer to these as ‘liminal stories’ and will reflect upon their role in the process of wholeness.

Beneath the limen⁶ of our consciousness reside stories that shape how we live; they remind us of our inter-connectedness and hold the seeds of our immense capacity for compassion. Here, in the void-like space of the unconscious, live stories of birth, death, suffering, joy and wholeness. These narratives feed the source of our creativity, nourish our search for meaning and celebrate the joyous unfurling of our lives.

⁵ Transpersonal (trans personal—beyond the personal). Transpersonal psychology and research are oriented toward states of consciousness beyond the limits of the ego and personality. The term is concerned with transformational experiences, the study of humanity’s highest potential, intuitive, transcendent experiences and focuses on inter-connectedness and compassionate inclusion of experience for the benefit of all life (Anderson & Braud, 2011, p. 8).

⁶ ‘Limen’ is often used to refer to a threshold or doorway; in this case, ‘limen’ was used to describe the in-between, undifferentiated state that one enters when one’s identification with the everyday reality gives way to the mythic or ritual states of consciousness (Turner, 1966, pp. 94-95; Van Gennep, 1960, p. 189).

Illness as a process of becoming whole.

One transformative narrative that emerged in my research into self, related to my illness. When I am not careful, chronic pain sabotages my enjoyment of life. I have come to understand that with my physical symptoms, there are psychological components, many of which are subconscious. If I do not adjust the pace of my life and be mindful of the sensitivity of my immune and nervous systems, I lose three days to a migraine, neuralgia or fatigue. My 'illness self', as I came to see it, allows me to witness and engage in life in a new and more spacious way. I refer to this spaciousness in my life writing:

Living at half-mast in a hurricane

The machine winds backwards for a while. Edges soften slowly. Sometimes I feel as if I am falling into somewhere deep while still aware of the noisy rush of colour on the surface.

When I no longer try to grasp at how things were, if I cease to battle or collapse into distress, then everything begins to change. Life and time begin to come in discreet moments – precious droplets, each one complete and perfect.

A beetle struggles, unable to get traction in a puddle of water. I feel the prickling sensation of its tiny legs on my fingers as I transfer it to safety, watching it extend its wings to dry.

People have stories in their eyes. With my perception more innocent, my gaze often meets theirs and we acknowledge each other's humanness with a little smile, a nod, and perhaps a brief chat about the weather.

I know the future dreams of the man who makes my coffee each day. We acknowledge each other by name and offer daily encouragement or commiseration.

Leaves have tiny veins that divide like tributaries. Bark on trees is rough, or soft and powdery.

Neighbours have rhythms like the tide. Retirees share fragments of themselves with me. When it rains, they slide my mail under the door because my mailbox is open to the weather. I have spare keys to their 'castles' in the drawer where I put 'important stuff,' and they have mine. When I emerge from my cave, sometimes looking worse for wear, they greet me. I admire

their plants and they don't mention the family of possums I feed each night.

The man who lives on the corner block has promised me the first fruits from the fig, plum, lemon and olive trees that he's planted in the little pockets of soil cut into the bitumen on the nature strip. He says the manure he uses comes all the way from Greece. Many times a day he weeds and tends his tiny orchard, a helicopter of concern and pride.

Dogs smile at you and gift you with their joy.

When the days are long and lonely, when the pain seems to be winning, there is an unseen web of connection that gently tugs at me. It reminds me that I am intricately woven into the fabric of a story much larger than myself.

Despite the difficulties I experienced, my illness offered me something quite unexpected – space, an opportunity to be still and appreciate the simple pleasures of being alive. I began to become aware of the relationship between my emotional state and the intensity of my pain and fatigue. Gradually, I learned to slow my pace, to treat myself more kindly and to witness my experience with more compassion and less fear.

The Influence of Trauma and Liminal Narrative on Illness and Healing.

More than two years into the research, I seemed to approach a limen through which emerged narratives that had haunted my mother but were previously unknown to myself. I encountered familial stories of loss, trauma, separation, suicide and genocide. I dug deeply, narrating as I went, forming and liberating stories that had been lost, overlooked or silenced. I began to research my ancestors' stories and to trace the lives that had ended in the Jewish Holocaust or were shaped irrevocably by the suffering and loss that it caused.

The photograph *Reckoning* (see the following page) became a pivotal visual image at this time. There is an ambiguity regarding the emotional mood of the portrait; the young woman appears to be distracted by her internal state. She is sensual and vulnerable, her hair wrapped around her neck like a noose. As I reflected upon this image, it seemed to speak to the suffering of the women in my family and particularly my own life experiences in searching for love through romance; it references my mother in the disquiet that sat beneath her beauty and my grandmother, in her distress and eventual suicide.



Bardsley, Lara, *Reckoning*, 2016, digital print.

Jung (2001, p. 173) writes of the arts as the means by which we can reference the ineffable and give voice to our liminal stories, and the healing potential of doing so (Jung, 1989, p. 195). The process of becoming whole (like Jung,⁷ I believe it is always *a process* rather than a destination) requires an intimate relationship with our inner territory. Into this spaciousness seep potent stories, perhaps forgotten, hidden, absorbed from our culture and the time in which we live,⁸ often referencing traumas inherited from our ancestors.⁹ These stories can shape our lives, underlie our decisions, the relationships we form, the choices we make and the way we see ourselves.¹⁰

As I continued my creative exploration of the layers of self, with the arts as my language, I moved between exploring the emergent narratives as writing, artworks and photography. I write of the unraveling and descent into suffering, integration and transcendence,¹¹ one that I repeatedly cycled through as I searched for unity and peace and wholeness. I refer to this reckoning in the journals I kept at the time of my mother's death that took on new relevance in my recent investigation. *Death of the Sun* draws from these narratives of grief, loss and trauma that wove their way through my own, my mother's and my grandmother's lives as loved ones were lost to cancer, suicide and the holocaust. These stories had left a resonance in my own psyche.

⁷ Carl Jung, psychiatrist, refers to the movement toward wholeness as the individuation process, one that is circular rather than linear and involves the integration of our unconscious material, governed by an aspect of our consciousness with the purpose to guide us toward a more unified and self-aware state of being. Refer to Jung on individuation (Jung, 1989, p.192); on the Self (Jung, 1963, p. 200).

⁸ Refer to Vattimo (2002, pp. 8-9).

⁹ For further information on genetic inheritance of trauma refer to Yehuda et al. (2016, pp. 372 – 380).

¹⁰ Jung refers to these as the shadow aspects of the psyche; see Jung (Jung, 1958, p. 286).

¹¹ Campbell (1988, p. 121) describes universal patterns of consciousness as myths; they are metaphors that transcend thought. There are definitive stages in a mythic narrative, according to Campbell (2008), that follow the hero's journey through an arc to return to everyday life, forever enriched. The hero's journey follows the protagonist from ordinary reality, to hearing the call, embarking on a quest, and descending into the liminal space, wherein the hero is tested, reckons with his darkest fears, and eventually transcends from the liminal underworld to the everyday with a prize, one that is transformative, allowing him to live a life enriched by the dark territory he has traversed.

Death of the Sun

There is a dark cloud in my belly, so dark that I can't see what it is made of nor why it obscures a sunny day – a day that is still an empty page, without a story. I don't remember the last time I had a day without a story, one that stretched beyond where I stood and was open for the celebration of the moment. For too long each day has been grown from the seeds of the past.

This cloud, this dark poison, has always settled in my guts, swelling my belly so that my clothes strain against it. Last night the cloud caught up with me and I lost the light. I felt wrong, shameful, vengeful, and ready to fight for my right to live. Waves of terror alternated with waves of revulsion, and I did not understand. That is the most difficult thing for me to cope with – not understanding.

When I attempt to write of this time, the darkness comes. I am thrown on a foul ocean and I feel sick, giddy, disorientated. My nights are restless and there is a thick mat of grief in my throat. And I still don't understand. Twice before I have come to the edge and had to turn away. I have been too nauseous and fatigued or in too much pain to continue writing at my desk. This time I want to make it through. I have been writing intensively for four years, but I first began to invent myself with language when I was just a child. I write because I am the means by which the stories can be born. In some ways, I feel that the past has implanted its splintered fragments in my present and I have to write in order to salvage my future.

There is a curtain that separates me from colours and people. I react with teary rawness at patterns in my relationships that I have tolerated in the past with much more clarity. I stand awkwardly in front of acquaintances at a loss for polite conversation. It is as if I harbor a secret engagement with a silent lover, one that fills my most intimate world and to which I long to return. I want to put this story to rest yet in order to do so I feel that I must write it. I sense this story holds a special gift – my own permission to let things be, to let bodies decompose and bones become dust, to liberate myself from the gnawing and dissecting, to dance at the wake, and to *live*. In honour of those who have perished, I want to be fully alive, and for those who lived with the burden of their pain, I wish to carry nothing.

I have my mother's hands. I walk on her feet with their bunions, long second toes and thickened callused heels. I have my father's cheekbones, chin and the vulnerability of his mouth. I have been given so much more, though, inside I have an heirloom, one that was carried dutifully by my mother to her death and one that called my grandmother to the grey freezing depths, clutching her two young children.

The women in my family have bowed to this force – like virgins to a ritual sacrifice. I have run from it. Like the wind it has shifted the sands where I have built my home and I have had to move on, again and again. Clutching at freedom, I was a dare devil skipping in front of an approaching battalion but now I feel that I am ready to stand my ground. This is the time; within and around me are the resources to weather this storm.

A fine line exists between working through one's pain and wrapping it around us as a comfort blanket. Pain can be a way to know ourselves; we can be defined by our suffering. We can also deny our pain, shove it sideways and it can seep through our veneer, making us sick and wounding those closest to us. To let go there must be trust and trust is a feeling, a state of being that comes from within us. (Bardsley, 2018, pp. 72-74)

There is an intimate relationship between illness, trauma and pain; to attempt to address them as separate entities is potentially to fragment the central axis of healing, our human story. Through narrative medicine, I realised that each period of chronic illness that I had experienced occurred at a time of immense physical stress and emotional trauma – my mother's death, loss of a pregnancy, ending of a significant relationship and having to leave my position in a workplace that had been deeply meaningful but eventually had become untenable, initially due to stress and later because of my illness.

As clinicians we are well aware of the co-morbidity of mental health issues, particularly anxiety and depression, with chronic illness (Clark & Currie 2009). Studies also indicate that there is a relationship between trauma and illness, including the potential for children of parents who have experienced trauma (such as descendants of Holocaust survivors) to inherit a propensity for chronic illness (see Yehuda et al., 2016). The relationship between trauma and illness can be carried through the generations. An experience of immense suffering can reverberate in the body of someone who has little knowledge of the story of her ancestors.

The experience of living with chronic illness can also be traumatic, including the impact of the loss of roles previously central to a person's identity; a compromised ability to engage in activities that once contributed to a sense of living a full and rich life; and the ramifications of illness and pain on an ability to socialise, travel and participate in sporting activities. Chronic illness significantly alters intimate relationships, parenting and finances. The fatigue of ill health, treatment side effects, uncertainty and the required on-going process of help-seeking, can be demoralizing.

As Charon (2011) recounts, addressing the physical illness is only one step in our role with our clients. The pivotal point in someone's healing may be in reassuring them that we will be by their side and they are not alone through the inevitable challenges to health that are part of all our lives.

The capacity for a deep presence with those with whom we work can assist our clients to orient toward a sense of wholeness, to rediscover their resilience through the transitions that illness offers us. It is my experience that to be deeply present to another we also need to recognise and hold the space for our own human experience and vulnerability.

Vulnerability



Bardsley, Lara, *Vulnerability*, 2016, digital print.

In *Vulnerability*, a young woman is folded in repose and the edges of the image are blurred as if she is viewed from far away; perhaps she was forgotten and recently discovered. I took this image during my creative self-investigation. It represents a most sensitive and vulnerable self, one that resides beneath many other self-identities.

As clinicians and therapists, we often have ambivalence about our own vulnerability, trained as we are to view objectivity as a necessary part of our professionalism. The healing capacity of caring deeply for another is profound. Therapist and Professor of Medicine Rachel Remen writes of listening deeply to someone's essential self, their soul, and how doing so can assist them 'to sense the direction for their own healing and wholeness' (Remen, 2000, p.90). As clinicians and healers, Remen reminds us that 'caring deeply makes us vulnerable' (Remen, 2000, p.136), but facing our own vulnerability and being present for that of others can offer a place of refuge:

We avoid suffering only at the great cost of distancing ourselves from life...in the depths of every wound we have survived is the strength we need to live. (Remen, 2000, p. 138)

In her narratives of illness and healing Remen (2000) marvels at the capacity for human beings (patients and clinicians alike) to discover an existing and emergent wholeness, one expansive enough to hold our vulnerability and pain, our living and our dying.

Stories of wholeness – A unified aspect of Self.

In the closing stages of my research, I came to recognise an aspect of self that seemed to remain consistent, still and unified regardless of the emotional content of competing narratives of other selves. I referred to this as the 'Self' (with a capital 'S'). While the sense of a unified and pervasive self, independent from language, time and culture, runs counter to popular post-modern theory, it is a central theme in depth and transpersonal psychology, recent psychotherapeutic models such as Internal Family Systems therapy¹² and many indigenous cultures.¹³ Consistent with these models, I frequently experienced a sense of unity, expansiveness and peace, one that guided my investigation and emerged

¹² Internal Family Systems therapy (IFS) is a therapy based on a theoretical model that consciousness is comprised of many selves with an expansive and unified Self existing within each person, that can be employed in investigating and releasing the burdens of the trauma carried by some of these parts (refer to Schwartz & Falconer, 2017).

¹³ For further information on indigenous models of healing refer to Abram (1997) and Prechtel (2015).

through my engagement in creative research and narrative medicine. This experience of wholeness, one that I understand to exist within myself and every human being, was the most transformative element of my creative research and one that continues to inform my lived-experience.

A number of theories and philosophies propose that wholeness exists within a human being from the moment of birth. Buddhist texts refer to the seed of wholeness within each human being that is overlaid by our perceptions of the world and our self-identity.¹⁴ Jung also refers to a unifying Self¹⁵ that guides us toward wholeness as we cycle forever inward, gradually removing the obstacles to reveal our inherent wholeness.¹⁶

Wholeness is not perfection; it is not a static state of accomplishment. It is not an idea, but rather, a feeling, an experience in our bodies. In my creative investigation, I experienced wholeness as an embodied feeling of unity and peace, a sense of interconnectedness and belonging that I found difficult to describe. The arts became the voice for this feeling, one that I allude to in my creative writing, artworks and film (*Returning Home*, 2017).

The central desert of Australia is a profoundly sacred landscape of mystery and beauty; in my creative practice this landscape became a visual metaphor for wholeness and the Self. I write of one of my first encounters with this landscape, a territory I came to refer to as my 'heartland'. I write:

The proximity of the desert then with its breathtaking beauty punctuated my life story, dispelling my restlessness: taming, humbling, softening and soothing as it has each time I have made the pilgrimage to Uluru and Kata Tjuta, two of the sacred sites for the Yankunytjatjara and Pitjantjatjara people. Like the red dust that makes its way into everything, I breathe in the presence of this land, it becomes part of me and I remember who I am. Each time I return, the part of me that is unchanged and unchangeable is always there to greet me. Powerful. Infinite. Simple. Full. (Bardsley, 2017, pp. 26-27)

In July 2016, I returned to the central Australian desert for a week of solitary retreat. The painting *Heartland* (see the image on the next page) was created after returning from this pilgrimage. *Heartland* speaks to my embodied experience of 'coming home', a sense of touching a

¹⁴ Refer to Chodron (2008, p. 207)

¹⁵ Jung (1963, p. 200); see also Miller (2004).

¹⁶ Refer to Jung (1989, p.192).

unified Self within myself that resonated with the landscape in which I had been immersed.



Bardsley, Lara, *Heartland*, 2017, oil and gold size on canvas, 129cm x 210cm,

The gold leaf in the painting *Heartland* references my feeling of unification overlaid by the vibrant palette of central inland Australia. The painting is extremely large (1.3 by 2.1 metres) and it dominates a space with an immersive and expansive presence. Gold became an integral component of my art practice as I describe in the art novel *Returning Home*:

Gold leaf...speaks to me of the sacred, elemental aspects of life. The use of gold in my work references a luminescence that exists beneath our narratives in the deepest layers of the Self...I use gold to invite the viewer to reflect on the miracle and beauty of life itself. (Bardsley, 2017, p. 34)

Discussion

There is a symbiotic relationship between narrative, arts and healing. Remen (2000) refers to this as the 'art of healing' beckoning medicine to include and transcend the functioning of the body and psychology to extend beyond the functioning of the brain or behaviour. In the marriage of narrative and science, a space can be created for healing –

a movement toward wholeness that embraces vulnerability, meaning and connection.

DasGupta (2013) refers to narrative humility as listening deeply, creating humility toward the lived experience of the Other and witnessing their humanity. I equate these qualities with a capacity to be deeply *present*. In my experience, offering our 'presence' to those with whom we work, care, witness, mentor or teach, can have a transformative impact, one that promotes healing and authenticity, and can facilitate an experience of wholeness.

I refer to wholeness, or the 'Self', in the following manner:

A feeling of peace and comfort that is centred in one's own body can change a human life; it can sustain us through the darkest of terrains; it is beyond time and something that needs to be returned to, rather than a destination to be arrived at. (Bardsley, 2018, p.123)

Through my creative and transpersonal research, I found that it was necessary for me to repeatedly return to my own felt experience of wholeness. This necessitated a daily commitment and practice across three transformative components. I refer to these as: 1) spaciousness, 2) compassionate witness and 3) anchoring, and I will briefly outline each concept.

Spaciousness

In the perceived richness of material western culture, many of us are impoverished when it comes to time – the spaciousness to notice our breath, listen to the beating of our heart, to reflect upon our lives, to acknowledge with gratitude the beauty around us and the presence of those we love. When I let go of the structures that previously defined me, my role as a senior clinician and the frantic pace of my life at the time, parts of me that had been calling for my awareness started to flow into the spaciousness I had created. The space gradually filled with my own vulnerability, my understanding of the impermanence and hence the preciousness of life. In this spaciousness I came to appreciate the profound strength and beauty of the human spirit, the sublimity of nature and the richness of all life.

Compassionate witness

We can see life in many ways: with the eye, with the mind, with the intuition. But perhaps it is only by those who speak the language of meaning, who have remembered how to see with the heart, that life is ever deeply known or served. (Remen, 2000, p.119)

How do we listen with the heart? Many clinicians are trained to attend to patterns, to reference facts and rely on rationality. It can be one of the most difficult things to do to learn to attend in a different way, to witness, not in a detached manner, but with a deep presence, with little separation between oneself and the 'other'. When we do this we become permeable, we can be deeply touched by experiences and by suffering. We may experience pain, as I did, and feel grief or loss that has long been hidden; but the priceless gift inherent in this process is an intimacy with our own compassion and capacity to feel, to be nourished and guided by the sacredness of all life. Narrative humility in its act of listening without judgment, prejudice or expectation, to be deeply present to our humanity and to that of our clients. Through compassionate witness we move from 'doing to' to 'being with'.

Anchoring

To assist in developing my capacity for spaciousness and compassionate witness, I found that I needed to be anchored in a daily practice that helped me to be centred within my self and to remember that what I was looking for was possibly already within me. This practice included mindfulness, meditation, walking in nature and cultivating deep and authentic relationships. I also need time to write and reflect, to make art, care for my loved ones, and myself, reflect on my process and keep learning.

To continue to live a life that is sustainable and enriching, I need to stay anchored to my capacity for wholeness and presence. I now live my life at a different pace from that I did before I became ill. There have been (and continue to be) compromises, but other forms of richness and nourishment have significantly compensated them. As with any movement toward wholeness, I remain a work in progress.

Conclusion

The predominant practice in most medical and psychological settings is for a practitioner to maintain a professional distance so as to be

effective, applying evidence-based knowledge and techniques to rectify dysfunctional brain or body-based systems. Narrative humility offers a unique and integrative way of being with the 'other', unique, in that it emphasises meaning and relational aspects of healing.

Healing is a many-layered process with physical, psychological and spiritual components. Stories of illness and healing are also stories of human experience – rich with cultural and ancestral inheritance, inseparable from the personal meaning attributed to them. Any significant change in our health will also influence our roles in society, family and intimate relationships. Change in the status of our health often means that we are confronted with uncertainty, and physical as well as financial challenges that further impact upon our sense of trust, worth and quality of life.

As practitioners, our primary work is during times of crisis – illness, loss, pain, and healing. At these transformative and potent times in our human experience, we are faced with our deepest vulnerability; for many of us, we are also reminded of our resilience and the strength of the human spirit. We aim to ease the suffering of our clients, where possible, to dramatically improve their quality of life. In my experience this includes being with them through uncertainty, reckoning, recovery or finding a way to live with a chronic issue, and for some, the transition toward death. To be present on this level can be challenging for it requires us to be permeable and possibly deeply affected by another's experience. However, it is through 'being with' our clients beyond applying a method, treatment or technique, that we can assist them to access their own inner potential for wholeness and healing. It has been my experience as a clinician, supervisor and scholar, that practicing deep listening (DasGupta, 2013), at times facilitated through narrative medicine, also facilitates the process of meaning-making, integration and wholeness.

Narrative humility is an experiential and embodied process, a fluid relationship between two human beings, where the healing process is informed by the lived-experience of the storyteller. As clinicians we witness such stories through our own cultural and interpretive lenses; narrative humility cautions us to be mindful of preconceived or unconscious patterns in our responses. The practice of narrative humility is a creative conversation and creates space around our shorthand of diagnoses, interpretations and prescriptions, to see the human behind the symptoms – an opportunity that is as challenging as it is liberating. Practicing narrative humility, listening deeply to others through evolving our capacity for compassionate witness, anchoring and spaciousness, can also transform our practice and our selves.

My commitment is to sustain spaciousness in my life, one that facilitates a return to Self; this may involve meditation, time in nature and adjusting the pace of my life. During my work, it means taking few

moments before each client or supervision session to facilitate a felt and embodied connection with Self. By doing so, I find that I can be present and listen more deeply, not be too quick to offer diagnoses, interventions or interpretations. Into this space flows a joy and warmth, a compassionate curiosity in regard to the stories shared. It also enhances my sensitivity to liminal narratives that, while less conscious, are equally important – the anniversary of a death, grief related to a loss of identity through injury, the impact of financial stress, or rage and shame at past traumas hidden beneath distress and pain. The practice of ‘presence’ and ‘compassionate witness’ is something I can pass on to my supervisees through modeling and they can offer it to their own clients. If a person is acknowledged for their humanity they are given a gift, one that they may pass on through their relationships and to their community. In this way narrative humility is contagious.

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