Dr. McPherson: Hello. This is Dr. Lynn McPherson and welcome to Palliative Care Chat, the podcast brought to you by the online Master of Science and Graduate Certificate program at the University of Maryland. I'm very excited to introduce our guest to you today. We have Shirley Otis-Green who is known by everybody who has ever spent 15 minutes in palliative care. Shirley is a social worker by training. She is passionate about many things, including interprofessional education, interpersonal care and many, many other things. You cannot pick up a textbook or a paper of any importance without seeing her name all over it. She is the president and the founder of Collaborative Caring. So welcome Shirley. How are you today?

Shirley G.: I'm great. Thanks so much.

Dr. McPherson: Absolutely. We're so happy you're here. So when Shirley and I were talking about recording this podcast, I said you could talk about anything you would like. You could read the phone book, as you're so interesting. Give me a crazy title. So she took me at my word and she threw out the title for this podcast of Horses Are Made To Be Horses: How Palliative Care Lays The Foundation For Person-Centered Care. So while I think that's a very cool title, Shirley, I'm not quite sure I understand it. So what were your thoughts there? How does horsemanship relate to palliative care? What's the dealio?

Shirley G.: I know, right? Well I did take you seriously and I am passionate about many things and horses are one of those passions. This is a wonderful classic horsemanship book from 1996 and I just love the title. I love what's inside it, of course as well, but I love the title. It's called Horses Are Made To Be Horses. And the author makes the assertion that you shouldn't be angry at a prey animal if he's a little bit flighty, if he's nervous when he sees something unusual. His job is to run first and ask questions later.

Shirley G.: And our job as the person riding the horse is to be able to recognize that particular horse's perspective and the best horseman or horseperson in today's language is going to be someone who is able to understand what's going on from that other individual's perspective. And that's, I think, the key to palliative care.

Shirley G.: What palliative care tries to do is create an environment where the person that we're interacting with can feel safe in the same way that a rider tries to create an environment where the horse can feel safe. And then the good horseperson attempts to understand what's going on, again, from the point of view of that particular horse. If that horse has a history of having been traumatized, maybe he's been abused or neglected, maybe bad things have happened in that horse's previous life, the rider's job is to try and figure that out, understand and calmly and quietly present a situation so the horse can feel safe and move forward and you can have this ideal relationship evolve. So it's all about creating a relationship and being able to, again, look from the eyes of this other being's perspective.

Shirley G.: And as I said, I think that's really the beauty of palliative care. Our goal is to understand the values and beliefs and fears and preferences of the individual person that we might be seeing. Our goal is to contextualize what's going on in their health condition so that person can understand and feel safe. From a social work perspective, one of the key phrases that I use all the time is, "As anxiety goes up, retention goes down." And so we want to create a safe environment for that person and we need to know what's going on from that person's point of view.

Shirley G.: When they come to see us, they might be frightened and afraid and that makes sense. Our hospital situation, especially now [crosstalk 00:03:54] pandemic, people are pretty terrified to be involved with anything about health care. So if we can create the conditions for them to feel safe, then we can move forward. But it's all built on having that solid foundation, that rapport and relationship.

Dr. McPherson: That's a wonderful analogy and I know that you and I share this passion for interprofessional education and practice. And I know I am always saying that I'm not happy unless everybody else around me goes home at least 10% pharmacist and I always claim to be 10% social worker, mostly thanks to you, Shirley. But I learned a trick from you so many years ago that when I'm talking to anyone, a patient, just anyone and I have no clue what's going on is to simply say, "Tell me more."

Shirley G.: Isn't that wonderful?

Dr. McPherson: That has served me in very good stead. It's saved my bacon many a time.

Shirley G.: I saved you two years of graduate social work education [crosstalk 00:04:49].

Dr. McPherson: And I appreciate it.

Shirley G.: [crosstalk 00:04:51] down.

Dr. McPherson: Less tuition. Thank you. So as I said, knowing how passionate you are about interprofessional practice, tell me more about why this is important for quality health care. Who cares besides you and me?

Shirley G.: I think the reason we care so desperately is because I think we've had both personal and professional examples throughout our lives, where we can see how the principles from one area can be applied to another and can serve us so well. One of the things I think that makes people top of the food chain maybe is our ability to have vicarious learning. A lot of critters have to have the experience themselves before they can learn from that. We have the ability to learn from example. And one of the examples is the ability to learn from other disciplines, just as you described.

Shirley G.: Being able to see how another, maybe the way a really skilled physician can lead a family meeting can help me when I watch that to be able to be more skillful in the next family meeting that I'm involved in. Being able to learn from my pharmacy colleagues the importance of how they describe the problems of polypharmacy can help me to better understand why I should be paying attention when they've come in with a shopping bag full of these medications and that can be an alert for me to do something about that.

Shirley G.: And so not saying that we should work out of our scope of practice, but definitely saying that we can learn so much from people from other fields. And not just other fields of healthcare. Again, the wonderful book that says I learned everything I needed to in kindergarten, I don't remember the title of the book.

Dr. McPherson: Mm-hmm (affirmative). I love that book.

Shirley G.: I know, right? Such a great classic. I hope our readers are familiar and I'm sorry I can't say the name of the author. But there's just so many things that we learn in different contexts that can be applied in our current situation. So if we have a mind that's open and curious and if we can come from the Zen concept of a beginner's mind, where we can be tell me more, right? Tell me more about that. Tell me what's going on in your world from your perspective. If we can have that mindset, we can do so much and we can learn so much and be able to apply information in novel and innovative ways.

Shirley G.: Again, that's really what I was trying to say with this title that some of the principles of good horsemanship apply in my daily life as a clinician, as a social worker and vice versa. Again, some of the skills I learned in regard to having a quiet presence can apply in different situations in my personal life. And I think a lot of these skills apply to our role as a parent or as a friend or again, as a colleague. So being able to have maybe more fluid boundaries and again, that humility of I don't know things from your point of view, can you help me understand what's going on for you? I think that perspective can serve us well in many ways and can expand our expertise.

Dr. McPherson: So I should have shared with our listeners at the start, Shirley, that Shirley was actually a very key player in developing one of the courses in our online Master of Science program which is our 603 course, Communication and Healthcare Decision-Making. And she continues to serve as course manager of that course. So I teach a course that's the flip side of that. Although all of our students are required to take your course and the first four courses all together, it seems to me that people sometimes get a little uncomfortable being forced out of their lane. Some people are way more comfortable staying in their little silo.

Dr. McPherson: For example, this is actually more prevalent in the spring when we teach the psychosocial-spiritual-cultural versus the symptom management course. People sometimes feel like what should I the social worker be worried about all those drugs? Why should the chaplain be worried about constipation? So you know I

feel very strongly about transdisciplinary care. So is it good to force people a little bit out of their comfort zone? What do you think?

Shirley G.: Force is an interesting word, but yeah I think that's exactly if we go back to my analogy with horsemanship, everything about a horse being ridden is outside of that horse's comfort zone. If we think of the horse as a prey animal, the only thing that would be on it's back would be a mountain lion or a cougar when he is about to eat the horse.

Dr. McPherson: Oh.

Shirley G.: So the idea that a horse can be ... and you can see, I'm stopping here for the right word, gentled, can be not coerced, not made to allow it, not forced to allow it, but invite it. That's, I guess, the word I want. You can take a prey animal and invite them to welcome this other species to guide them is an amazing thing when you think about it. That's a pretty amazing thing that we can have cross-cultural, if you will, communication in such a way that from one being to another, we can invite that animal to go where we envision in the speed that we envision and in the rate we envision and can do so happily, that's a pretty amazing thing. That's really taking something out of it's lane, but doing it in a way that's not coercive.

Shirley G.: So I think that the challenge for us as educators is to be able to invite the learner to see and to imagine how they might be able to broaden their perspective and to see the world from this other place and to see the benefits of that. So yes, I'm all for everybody having the opportunity to explore more deeply the spiritual and existential concerns that patients might experience, as well as again, to understand the symptoms and to have a pretty robust understanding of how important bowel regimes are. All of us need to be pretty aware of that. Not that I'm going to be the one to change the medication, but I better know about some of these factors from medications, that opioid use can be associated with the need to have a bowel regime.

Shirley G.: So as a social worker, that's absolutely in my lane as I now see it, but it wasn't part of my formal training and it certainly wasn't something that I came to without, again, the gentle guidance from other folks that are far wiser than I.

Dr. McPherson: And I guess I didn't mean force in a way that some people would interpret force. We require those first four courses. So that's where I was going with that. I do think that-

Shirley G.: [crosstalk 00:12:02].

Dr. McPherson: Yes. I think sometimes at least I have observed in the courses I teach when the students approach some modular learning activity, they're like, "I don't know. Why would I need to do this?" I do see in the reflection journal, which we do every other week, which is certainly operationalizing metacognition, I'm always

generally very pleased to read students say things like, "I was a little fuzzy about why they were having me do this particular activity, but now I see why this is important. Why should the pharmacist be able to do the FICA, for example, or lead a goals of care conversation?"

Dr. McPherson: So I can see where that would come up. I think it's really worked out quite well for us is my bottom line. And I think to your point about doing a little bit of cross-training, this enables all of our learners and you and I and everyone else to develop what Dr. [inaudible 00:12:54] has referred to as primary palliative care skills. So do you share the same impression?

Shirley G.: Absolutely. And that's, again, if we keep playing with my horse analogy, there's different disciplines in horsemanship. I could be a person who rides dressage or maybe I ride Western or I'm someone who does barrel racing or I'm someone who does hunting or jumping. So there's these different areas that one might specialize, but there's certain core principles or key principles we could call primary principles that allow us, people from different equestrian disciplines to be able to interact with that horse safely.

Shirley G.: So in that same idea that there is specialists within health care for sure, but there is definitely room for primary palliative care knowledge to serve every person from whatever their discipline is to be able to interact more successfully with that patient or family. And some of those core principles are the idea that we have some pretty sophisticated communication skills, that we're able to ask really hard questions like tell me more, that we're able to be more comfortable with silence.

Shirley G.: And being able to really hone our active listening, being able to again, be culturally curious, that we don't look at a person from outside, external kinds of things, and assume that we know what's going on for them or what their values or priorities or preferences or beliefs might be, that we recognize that there's more than any external cues could give us and that we need to be much more humble about, again our assumptions with people. So some of those core skills, I think can apply no matter what area our specialization is and can serve us well for the rest of our professional careers.

Dr. McPherson: So you mentioned culturally curious. Is this something people are born with or is this a skill we can teach learners?

Shirley G.: That's a good question. Since both of us are educators, we already know the answers. Of course it can be taught.

Dr. McPherson: It better be.

Shirley G.: We're making that assumption. I do think there's probably some of us that have an intuitive mindset that drifts that direction, maybe more so if it's laid out on a continuum than others. But I think that these are absolutely teachable things.

Empathy is teachable. All of these things that we sometimes look at and say, kind of the stereotype is we go to some sort of a social gathering. This is all so hyperbole. There is no social gatherings. I don't know what I'm talking about. But in the past, in the before times when people might have socially engaged with one another, the idea that you would perhaps talk to someone about what you do and they would say something along the lines, "Oh, you must be a saint. I could never do that."

Shirley G.: That's a fairly typical response that palliative care people get in social situations. And I think the assumption that we're making is absolutely this is not because we were born saints. Some of us are maybe closer to that than others, but that we, again, have had exposure to really wonderful instructors and really great mentors and we've been able to hone and practice some of these skills just like others have honed and practiced other skills that have made them really tremendous athletes or whatever they might be.

Shirley G.: So if we put 10,000 hours into anything, right, isn't that the working hypothesis? We can get probably pretty good at it. And so being able to be intentional with the communication that we do since we communicate all the time and that goes back again to my analogy with horses. One of the things that my father taught me that really has stuck with me is that every interaction with the horse is a training and I needed to approach it with that mindset. Was I training that horse in a way that was going to improve our relationship or was I doing something that was going to be detrimental to that relationship?

Shirley G.: So every single interaction was an opportunity to make it better or to make it worse and that gave me an intentionality to every interaction. If I can approach my patients or my colleagues or my family in my communications with them, if I can be intentional, if I can be thoughtful about is this improving my relationship, is this in some way being detrimental to it, again, I can accrue my 10,000 hours pretty quickly. But I can certainly hone that skill and I can become ever better at being able to create safe environments for people to explore the things that are going on.

Dr. McPherson: You mentioned empathy. I have a very brief story to share with you. When I was in pharmacy school, I remember one of the professors standing up and saying, "So we're going to talk about empathy. So for example, someone comes into your pharmacy and they're upset and they're in your face and they're screaming and yelling at you. You should say, 'You seem to be upset.' That's what empathy is." And I remember thinking that is the dumbest thing I've heard of in my entire life.

Dr. McPherson: He was a very nice man, so I forgave him for this transgression. I graduated. A couple of years later, I'm in clinic, patient comes in. He is insane. He's in my face. He's yelling at me. I'm thinking what am I going to do with this guy? So I looked him dead in the eye and I said, "You seem to be upset." And he quieted down. He started crying, actually. But it dawned on me empathy doesn't

necessarily mean agreement and it's not sympathy, either. It's just acknowledging their feelings. Am I on the right track here?

Shirley G.: I think so. VitalTalk, one of our wonderful communication gurus, they have systematized how to respond to different circumstances and done a great deal of effort in teaching folks in health care and probably in other disciplines, as well, but certainly in terms of Oncotalk for oncologists and VitalTalk, I think for all healthcare providers to be more empathic and to be able to ... One of the keys that they talk about is a metaphor that they call NURSE or an acronym, I guess, that they call NURSE. And the first one is naming the emotion, right? So being able to, as you say acknowledge what's going on in the room. I see that this is distressing. Help me understand that's going on for you. Tell me more.

Shirley G.: These scripts, if they are too rote and they sound disgenuine, what's the word for that, disingenuous, that's counter-productive. But if they can be from again, that place of seriously cultural humility and cultural curiosity, that serious intent to understand what's going on. If we can be authentic in our desire to acknowledge what is clearly upsetting this person, I think we can have great influence and clearly, you were able to use that skill and it was demonstrated to be successful. That's our goal in our Education With Communication course is to help people have enough tools in their toolkit so that they can apply different strategies under different circumstances.

Shirley G.: Horsemanship, I'm going to keep coming back to my title here, in horsemanship, we have the same goal, right? We might want the horse to move forward and my ideal is going to be that I lean forward just a little bit and the horse moves forward to accommodate that change in balance. So as I move forward, if I lean forward a little bit, the horse responds and it's this almost imperceptible, subtle communication. That's our goal that no one on the outside even sees anything that happens.

Shirley G.: Before I get there, I might have to nudge a little bit. I might make little squeaky sounds. I might press my legs against the side. I might tap them with my hand. There might be these other strategies that I use to help the horse to understand what it is that I'm trying to communicate. So I hopefully have lots of skills in my toolkit to help the horse understand what I'm trying to ask. Again, all of these things would be invitations for the horse to make a movement.

Shirley G.: And so in the same way, hopefully as a skilled palliative care practitioner, I'm able to have lots of tools in my toolkit. So when someone is distressed, I might try naming the emotion. I might sit in silence with the person. I might physically reach out and touch their knee or I might physically step back away so they feel less threatened. Hopefully I've got lots of tools and lots of skills. I try a plethora of them and try to pay attention to what things seem to work for that particular person at that particular time and then file that away so that I can use it again in a different situation in a different circumstance for a different person. And I'm doing research on an [inaudible 00:22:42] one all the time, trying to [inaudible

00:22:44] continuous quality improvement and figuring out what things seem to work under what circumstances so that I can de-escalate the situation or again, create movements by whatever circumstance is going on.

Dr. McPherson: That's amazing and as you were speaking, it occurs to me that this effort of this tell me more or naming the emotion does cross our professional lane. So for example, in pharmacy we teach our students that when someone asks you a drug information question, the question they're asking you probably isn't even really the question they want answered. So you have to get to the root of what really is the intent with this question? What are you really trying to discover here?

Dr. McPherson: I think that's important. And getting back to talking about having learners do things or ask them to participate in activities that aren't entirely comfortable, they may not see the purpose, I think that's incumbent on us as educators to explain why this is important. Do you agree?

Shirley G.: Absolutely. Absolutely. One of the ... again back to the horse analogy. If we want the horse to learn to pick up their feet, we sometimes will ride them over what we might call cavalettis, but sticks or boards or logs if we're out in a natural environment that are on the ground and the idea is the horse will have a natural inclination to not stumble, right? That makes sense. The horse doesn't want to stumble. So the horse doesn't want to stumble. So the horse is going to be a little bit more intentional itself in picking up it's feet. You've given them a reason for what you're asking them to do.

Shirley G.: If you want the horse to turn and they're just learning about your, we call them aids as an equestrian, if you're wanting the horse to turn, by having them move forward toward the fence, the fence gives them an inclination. They have to turn, right? They're either going to have to stop or bump the fence or they have to turn. So if you're encouraging them to move and you're trying to teach them, you've given them a reason to do the thing that you're asking. Then they can put it together and go, "Oh, when he touches my neck in this way with the rein, this is what he wants me to do. Oh, I see that now. That makes sense."

Shirley G.: And then, as you just said, for the learner, they've been able to understand this new skill that you're asking them to stretch and perform. And I think that's exactly what we are trying to do in education with anyone, whether it's our child or whether it's our learners in our course. We need to help them to see the advantage of what it is we're asking them to do so that they can have a motivation internally to perfect that skill.

Dr. McPherson: So pardon the pun, but it's more than just leading them to water, right?

Shirley G.: Exactly.

Dr. McPherson: It had to be said, Shirley.

Shirley G.: [crosstalk 00:25:40].

Dr. McPherson: Let's circle back.

Shirley G.: Exactly.

Dr. McPherson: So let's go a little bit deeper into how relationships can lay the foundation for success. You've kind of tapped into [inaudible 00:25:49], but success for both riders and providers.

Shirley G.: Right. So again, it does come back to leading the horse to water and you can't make them drink, right? The horse is so much bigger than we are, so much more powerful, so much more everything. How is it that we're able to influence that animal? And so in the same way when certainly 15 minutes into parenting I realized you can't make a child do anything, either. That was a shock. We can't really make almost anything happen. At best, we influence it. And so being able to build the kind of relationship where there's trust and rapport is what's necessary to increase our ability to influence.

Shirley G.: And so if that's our understanding of how the world operates, then that helps us, again, to be more effective as palliative care providers. So if I want my colleagues to do advanced care planning which is one of those primary palliative care practices, again, I can yell at them and scream at them and try to force them to do it, which again, we've proven over time is not terribly effective, or I need to be able to think from their point of view what's going on and again try and customize my strategy to be able to ...

Shirley G.: One of our adult learning principles, right, is to be able to do just in time education. To find the opportunity to offer the influence because of the trust and the relationship that we've built, the rapport that we've built, that this person sees me as a credible source. And so when I model, maybe, advance care planning for that person, they're able to watch and learn and maybe if that's all done pretty subtly and without a lot of fanciness, but just the opportunity for that person to come up to the fence and say, "I should probably turn here." It's just a natural learning that can occur.

Shirley G.: So again, I think our most successful strategies are all based on being able to build a relationship that's trusting. It creates safe environments for people to explore. One of the principles again is allowing for things to take as long as they take. The less judgmental we can be ... again back to the horsemanship. If I'm angry at the horse for not knowing what I want, when I'm angry, the horse becomes frightened. And it's two emotions, I think, that drives most everything for most creatures, it's love and fear. And so if I'm coming from a place of fear the other being that I'm around is likely to say well something must be fearful or we wouldn't all be afraid. And so then they're coming from a place of fear.

Shirley G.: And again, as anxiety goes up, retention goes down. No one's learning much when we're in a place of fear. So if we can come from a place where there's, again, from our base traditions of loving kindness or whatever language that makes sense from our own tradition, but that place of openness and receptivity and a calm presence, then others can try new skills and feel safe in practicing them, knowing that we're not going to come in from a judging place, but from a how can I help you to do that better? That was really great. I wonder if you tried this how that might work? It just changes everything.

Shirley G.: One of the things I really love about life is analogies and how many of them there are and how wonderful metaphors work, but if we take a container and we say ... and it has ... I'm holding this up so you can all see this with my hands, but if we take a container and say it's got half an amount in it, it's our choice whether we see it as half full and we celebrate it and say Lynn, would you like some? Look how much I have. It's half-full. I'm happy to share. Or if I see it as half-empty and I pull it away from you and I say, "You can't have any. Look, it's half-gone. My gosh I have to keep it away from you."

Shirley G.: It's entirely within my choice which way I see the world. And to the degree that I can see it from a place of abundance and gratitude and joy and again, loving kindness or whatever phrasing again that resonates for someone, then I can come with my gifts and skills and talents and try and share them with the world because look how bountiful it is.

Dr. McPherson: That's a lovely sentiment. I wish everyone could be that way, don't you?

Shirley G.: I do and I think we all can. It's a matter of creating the environment where we feel safe. It's when we say that the world is this scary place and we all act accordingly, it makes it more difficult for us to come from that other perspective.

Dr. McPherson: Although I do think the world is a scary place right now.

Shirley G.: Well there's facts, right? There's facts on both sides. We could absolutely make an argument of that. Again, conversely we could see our rate of dying from this is still whatever minuscule percentage, right. It's still a very small likelihood. Nonetheless, it is an increased likelihood than it was six months ago. And so it still comes from our point of view. But you're right, the pandemic is a great reminder of if we focus on the negative and the scariness, we have a lot of people who are going to feel more negative and more scared.

Dr. McPherson: Don't watch the news so often. You mentioned about using good judgment. I heard a speaker recently use the expression, "Show good judgment, but don't be judgmental." And I thought that was a take-home nugget. And also, when you talk about the fear factor in a relationship with a healthcare professional or anyone actually, I hate it when people should on me. You should get eight hours of sleep. You should stop working so hard. And I know that it's a scare tactic. So

you're talking about the fear there, but I react with anger. I hate it when people do that to me. So tell me a bit more about how fear impacts relationships for both riders and providers.

Shirley G.: Absolutely. Again, back to the animal as a prey animal, the horse's first ... the survival mechanism for how many millennia is again run first and ask question later. So if a plastic bag blows across the trail or a bunny jumps out of the bush, neither of those from our cognitive place as a rational human being would we see that as a threat to the horse. Why does the horse jump and whirl and start running back toward the barn? That's a pretty silly thing. And we can get angry and we can punish the horse. We can jerk on their reins and yell at them and whop them with our stirrups or if we have a riding crop or whatever it might be, we can have a tizzy fit because now we become frightened, right? As the horse is bolting and running away, oh my gosh I could be killed. I could be trampled. I could be thrown off. Bad things could happen. We could run under that tree. My mind starts to race and now I'm terrified.

Shirley G.: The horse rightly so says, "My gosh, if she's scared, I'd better run faster. Whatever that bag or bunny or whatever it was now has become a real threat. Does that make sense? What we've really done is we enforce that you'd better be on alert because oh my gosh, that saddle over there, what if that was going to be another bag or bunny? I'd better jump accordingly. And pretty soon, we've got a horse that is afraid of everything and it's literally unsafe to ride.

Shirley G.: If we take that in terms of for people, I think the same thing, right? Fear messes with our relationships in just horrible ways and so pretty soon, again if we look at kind of a sociopolitical level, when we're fearful, we'll give away our civil liberties. We will do all kinds of things from a place of fear. Instead of having the country that we aspired to, we might find ourselves in a different circumstance.

Shirley G.: When we're able to come from a place of togetherness and we can get through this and yes, this is hard, but I think coming from that other perspective, again that place of love and whatever, support, we have a very different circumstance. Back to the rider, if a bunny or the bag moves across the trail, if I can stay calm, 100% calm, the horse can read that emotion from me and can say maybe it makes a quick jump, but I reassure the horse, we turn back and we face the bunny and the horse says, "Oh, it's a bunny. I'm embarrassed myself. Okay, let's go forward." We're all good.

Shirley G.: It's again that idea that horses were made to be horses. We shouldn't be angry at them for doing what's an absolutely natural thing to do. When our patients come in and they're fearful, sometimes we get angry at them. They should be thankful that I'm taking care of them. Why are they coming across as angry at us. We forget that they may well have had experiences where health care has been denied or not readily accessible, either historically or for them personally.

Shirley G.: Most of my clinical work was with oncology, so I tend to reflect on the patients that we saw who had advanced cancer at time of diagnosis because they didn't have access to medical care. They had every reason to be skeptical about us. They had every reason to jump from the shadows, right? We needed to be very, very intentional about being the calm presence, to create the safe environment, to help them to see that we weren't going to, even though bad things had happened in their past, that we weren't going to perpetuate that. We were going to be an alternative to that. So I think ...

Dr. McPherson: I'm sorry.

Shirley G.: Oh sorry.

Dr. McPherson: No, finish your sentence.

Shirley G.: I was just going to say I think that again, it's just being able to not respond in kind, but to be able to be intentional and the strategy that helps me with that is ... the mantra that I have for myself is isn't that interesting? So if I can ... and that's on my best days and most days are not my best days. But on my best days, if a person is challenging us, if a person is angry, here I am, the sweetest person on the planet. How could they possibly be angry at me, right? So I can get all bent out of shape.

Shirley G.: But if I try really hard, on my best day I'll take a deep breath and I'll say, "Hmm, isn't that interesting that my best attempt here at being a kind and thoughtful and supportive person is eliciting that response? I wonder what's going on for them?" If I can do that isn't that interesting and then do that reframing my mind so that gets me back to that cultural curiosity and in some version help me understand what's going on for you. Tell me more. If I can somehow get to that, but stay in that place of calm, then pretty soon, it turns out the other person almost always does, as well, just in the same way as the horse analogy.

Dr. McPherson: But I think this sounds like a skillset that is more challenging than learning how to ride a horse. I think a lot of practitioners don't have the self-awareness to realize that perhaps there is an element of anger coming through or being judgmental and we are people still. So when people feel like they're being boxed into a corner, how do you not react that way. It almost sounds like you're suggesting taking a step out of that situation and standing like a little sidebar to make an observation. That's hard to do.

Shirley G.: It is hard to do, but again, it's practice, right, 10,000 hours of practice. You might have seen or heard, horses are used for therapy in lots and lots of circumstances and one of my favorite places is in prisons. There's quite a few programs now that have adopted horses in some prison settings for again, carefully selected people and all, but often folks that have had really violent crimes and have empathy deficits. So these are folks that haven't had ... in their childhood and all

had really horrible things happen to them and didn't develop some of these skills to be able to read how other people are experiencing the world.

Shirley G.: And what's beautiful about an animal and specifically, again since we're using horses as our example, they react to how you react. So if the person is angry, the horse is scared. That is 100% of the time. That's a few things that you can count on. You come in angry, the horse is going be like, "Oh, something is wrong and I ought to get out of here." So what's beautiful is over time, the person who is angry all the time and will look at you and say, "I'm not angry," but if they keep doing it in the ways they've done it, the horse is going to keep giving them, it keeps mirroring back what's going on for the person. And there's this tremendous breakthrough that occurs at whatever point because again, things take as long as they take, right?

Dr. McPherson: Mm-hmm (affirmative).

Shirley G.: But at whatever point, when the person has the aha moment and the horse comes up to them, they're like, "Oh, that's different. I'm different. I did something different." And the horse responded differently because of what I did differently. And there's this amazing thing of what was that and how do I do that again? And whoa. So I think you're absolutely right. It's hard. It's absolutely hard. It's not intuitive. We're social creatures and so again, we respond to how the other person is responding. Because if you're not angry, there must be something being [inaudible 00:40:27] and gol dangit, we get mad at them if they're mad at us. And then things escalate and then here we are in World War 3.

Shirley G.: So the challenge is absolutely to be able to, again, I keep wanting to shout out to all of our Zen Buddhist masters and all the different faith traditions that ... our Christian tradition, this has just been Passover and Easter and Ramadan, I think is coming and all of these are times of similarities in these traditions where there is the turn the other cheek and be kind to those that hurt you, bless those that torment you. There's all kinds of wisdom from different cultures and different faith traditions that ask us to be able to rise above, right? When they go low, we go high; ask us to rise above the provocation and often invitation back to the other person to not be afraid because again, you're not afraid, then they don't have to be angry and we can find out what's going on.

Shirley G.: Again, behind every anger is fear and if we can find out I'm afraid because I hurt and that's what most fear is, right? I hurt and I'm angry because I'm afraid you're going to hurt me again. If we can get ... like you had said so brilliantly before, it's the question behind the question. When I come in and I say doc or pharmacist what's this medicine about or why do I have cancer? It's very seldom again the biochemical answer that we want. It's [crosstalk 00:42:08] one.

Dr. McPherson: Absolutely. Well Shirley Otis-Green, I think you could read the phone book and people would sign up just to listen because you are awesome. You make me

want to start medicating and keep a gratitude journal and be a better person and oh, I'm exhausted just thinking about my to-do list after talking to you.

Shirley G.: [crosstalk 00:42:24].

Dr. McPherson: I want to be Shirley when I grow up. Any closing thoughts you'd like to share with our listeners Shirley?

Shirley G.: You know, I thank you again for the opportunity to dialogue with you about this. Makes me want to go ride a horse. But yeah, I think the closing take-aways maybe are that authenticity matters. I can say I'm not upset, but if I am upset, again, both the horse, but I think our patients also read us, our kids read us, our parents read us. People know so we need to be authentic. We need to be reflective. If I had a magic wand and could help folks to be more self-aware, I think that would go a long way in our world and to be able then to offer that compassionate presence.

Shirley G.: We haven't talked much about compassion, but I think, again, being able to offer that compassionate presence where I want to be, from the Latin, right, is being with the other person. So being with the other person and being able to explore what matters most, I think that's going to serve us well as we go through whatever either personally or professional challenges that we're all facing.

Dr. McPherson: Well, we'll save that for another podcast, what do you think.

Shirley G.: There we go.

Dr. McPherson: Well I want to land with one thing. My favorite book when I was a child was published January 1, 1944, and it's called Heads Up, Heels Down: A Handbook Of Horsemanship And Riding, by C. W. Anderson, who I believe was a great author of all things horse related. It was my father's book, so I remember treasuring it as a child and I still have it in my library upstairs.

Shirley G.: That's awesome. I didn't know that about you. That's great. I believe that there are beautiful illustrations in that book, am I correct?

Dr. McPherson: Yes. Absolutely. It's a lovely hard-backed book. All-rightey. Well thank you so much Shirley Otis-Green. You hung the moon my friend. This is Dr. Lynn McPherson and this presentation is copyright 2020 University of Maryland. For more information on our completely online Master of Science and graduate certificate program in palliative care or for permission requests regarding this podcast, please visit graduate.umaryland.edu/palliative. Thank you.