

KITCHEN
TABLE
WISDOM

*Stories
That Heal*

Rachel Naomi Remen, M.D.

Foreword by Dean Ornish, M.D.

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*For everyone who has never
told their story*

PREFACE TO THE 10TH ANNIVERSARY EDITION

Like everything else, this book has a story.

Kitchen Table Wisdom was sold on the basis of a single little story that a friend of mine encouraged me to send to his book agent, who in turn sold it to a publisher. There was no book proposal, no book theme, no chapter outline. Not the way in which a publisher is accustomed to buy a book. An editor was assigned to take me in hand and put things right.

“Let us make an outline,” she said firmly.

Unfortunately, I am not a person capable of making outlines. After an hour or so of working together, she admitted defeat.

“What is this book about?” she asked.

I did not know.

“Rachel,” she said. “When you meet a new counseling patient, surely you identify their problem, decide what to do and in what order you need to do it, and make a plan, don’t you?”

I had felt exposed.

“No,” I said. “I don’t know what people need to do or who they need to become. When I first meet with someone, I have no idea where we are going, and where we end up is usually a surprise to us both.”

She sat back in dismay. “Then how do you get quality

outcomes?” she asked.

“I just follow the natural process of things,” I mumbled, avoiding her eye.

My editor is one of the best in the business, and she rose to the occasion. She smiled her encouragement and said the thing that made *Kitchen Table Wisdom* possible. “Just write about whatever matters to you, Rachel. Give me four hundred pages by this time next year and we will figure out together what the book is about.”

And that was the beginning.

I quickly discovered that I am an author and not a writer. Writers are people who are probably born to write. An author, on the other hand, seems to be born to do something else and then writes a book about it. This is a very different thing entirely. Caught up in the routine of daily life as a physician, I had not planned to write a book. But my story had attracted the attention of my friend’s agent and she sent it to a publisher who was willing to take a chance. The publisher offered me a contract and suddenly I was an author. I did not feel ready.

In a panic I called a friend who has written several books, and she recommended a woman who she had hired to help her write. My meeting with this woman did not go well. Lunch was pleasant enough, but after the tea was poured she looked me in the eye.

“Do you want someone to write this book for you?” she asked.

“No,” I said. “I’d like to give it a try myself.”

She paused. I could tell that this was not the answer she had hoped for.

“Well,” she said, “remember that you are not a writer. So only write about the things you know.” Patting her lips with her napkin, she rose from the table, shook my hand, and left.

I had felt diminished by her words and dismissed by her tone. Now, ten years afterward, I am deeply grateful for her advice.

Because I am not a writer, when I sat down to write, all I had were my memories. The stories I had lived through and the stories I had shared. The stories people had told me in the supermarket, on airplanes and in the ladies room. So I told my computer a story. And then another. And another. When the manuscript deadline arrived, I had four hundred pages of little stories.

I was mortified that this was all that I had to show after a year of work. In the world of medicine, where things that can be expressed in numbers are considered truer than things that can only be expressed in words, stories are considered poor form and storytellers are highly suspect. My tendency to tell stories had always been frowned upon by my medical colleagues and rejected as “anecdotal evidence.” They preferred to measure truth in terms of hard data. So I had learned to keep my stories to myself.

Embarrassed, I called my editor to say that I had missed the deadline but I was sending over what I had. I apologized and added that I thought I now knew what the book was about: It was a book about healing, and I had written all the case histories for it. I expected that it would take me another six weeks to actually write the book itself, but I was starting now. She called me back in two days.

“Stop writing,” she said.

“Why?” I asked, surprised.

“Because it’s finished,” she told me.

“It’s a book of little stories?” I asked, appalled.

“Yes,” she said, “and a book about stories.”

I was speechless. “But I can’t publish a book of stories.”

“Why not?” she asked, mystified.

“Because it has no footnotes,” I stammered in great distress.

“Why does it need footnotes?” she asked me.

I was almost in tears. “If it has no footnotes it will have no credibility.”

She paused. “Rachel,” she said very gently, “I think that you are going to discover something important about credibility.” And I have.

I did write only about the things I know; what I have learned from being the child of my parents and my grandparents and from the thousands of people I have cared for in the forty-four years I have been a doctor. What I have learned from living with an incurable illness called Crohn’s disease for more than fifty-three years. What I have thought about in the middle of the night. I wrote about these sorts of things because they were all that I had. I discovered that they are all that anyone has, and they are enough. In the end, I write about something I know intimately: that every one of us matters. And that we have the power to befriend and strengthen the life in one another and to change the world, one heart at a time.

Authors do not expect to be authors. We do not take it easily in stride. For the whole twelve months that I was writing down the stories in *Kitchen Table Wisdom*, I was in a

state of disbelief and doubt. When the pre-publication copy of the book arrived in the mail, I carried it with me everywhere. I even slept with it under my pillow. The idea that there would soon be thousands of copies of it troubled me. The very personal nature of the book made me feel vulnerable and exposed. Had I been able to pay back the publisher's advance, I would have bought back the manuscript, but I had spent the money and I had to go forward. As the publication date approached I couldn't sleep or eat. But the date passed. Slowly I began to relax. No one had noticed.

A few weeks after the book was published, I was in a bookstore looking for something to read. Seeing a clerk helping a middle-aged woman among the shelves, I stood behind her and waited my turn to ask for help. He climbed a short ladder and handed her down a book. She thanked him and hesitated.

"Do you have a copy of *Kitchen Table Wisdom*?" she asked.

Standing a few feet behind her, I did something a seasoned writer would never do. I gasped.

Turning, she smiled at me. "Oh, have you read it?" she asked me.

Somehow I managed to blurt out that I had written it. There was a moment of silence and then she reached out to me and touched my arm.

"I was diagnosed with cancer a few months ago," she told me. "Your book has helped me and I am buying it for someone who also has cancer."

I had tears in my eyes. "How did it help you?" I asked.

She smiled again. "I am less afraid," she said.

Now, ten years later, I too am less afraid, less apologetic.

When I wrote *Kitchen Table Wisdom*, I had no idea what it would come to mean to people, about the way it would reach people and strengthen them, the way it would touch people and make them feel less alone. I have discovered the power of story to change people. I have seen a story heal shame and free people from fear, ease suffering and restore a lost sense of worth. I have learned that the ways we can befriend and strengthen the life in one another are very simple and very old. Stories have not lost their power to heal over generations. Stories need no footnotes.

Since *Kitchen Table Wisdom* was published, I have learned that the things that divide us are far less important than those that connect us. I have traveled throughout the country and read stories to people in hundreds of bookstores. I have received letters from grandmothers and schoolchildren, from CEOs and construction workers, from nurses and doctors and people who are sick. I have read every one of the many thousands of letters that I have received. I have heard people's dreams and fears and seen their courage. I have become prouder to be a human being.

I have glimpsed the true size of the kitchen table at which we sit and that we all have our places at it. I am grateful to know that I, too, have a place.

There has been a great deal of grace in the writing of this book. I am thankful that my stories have helped others find a deeper satisfaction in their lives and discover they are more without becoming different. I, too, am more without becoming different.

I feel blessed.

Rachel Naomi Remen, M.D.
Mill Valley, California, 2006

FOREWORD

Whenever I give a lecture at a scientific meeting, speakers are asked to sign a form revealing whether or not there is a potential conflict of interest. So, in the spirit of full disclosure, let me say right up front that Dr. Rachel Naomi Remen is one of my dearest friends and one of the most extraordinary people I know.

I love Rachel. And by the time you finish reading this book, there's a good chance that you will, too.

Great artists in any field have the rare ability to see our world and our lives anew, to experience life directly without it being filtered through beliefs, expectations, and preconceptions. They can recapture a lost sense of wonder and experience the full richness of life. Even more uncommon is the ability to put that vision and experience into words so that we, too, can learn to see with new eyes and feel again with an open heart.

The ability to experience the familiar in new ways does not require extreme life-and-death situations; it can occur even in daily life. Perhaps *especially* in ordinary experiences. For example, I recently ordered some pasta and vegetables with tomato sauce. The sauce tasted different, not at all like what I was expecting. It had a wonderful flavor; familiar, but I couldn't place it. Because I couldn't name it, I couldn't limit it. I had no category in which to put it, so I was able to experience it directly. My mouth almost exploded in rich

flavor. I finally realized it was just hickory sauce. It was the same hickory sauce I'd had many times before, but it was an entirely different experience.

Names and beliefs and preconceptions can bring a sense of order to the world, but often at the expense of being able to experience life fully. Rachel Remen's rare gift is to help us see beyond the veil of our beliefs and our judgments of ourselves and others and see the world with wonder and wisdom, as if for the first time.

She sees from the perspective of a patient with a forty-year history of a chronic illness. She sees from the vantage point of an extremely well trained and accomplished physician. And she sees from the point of view of a counselor.

She is all of these, and more. Rachel Remen is someone who fits in everywhere and yet nowhere, like an anthropologist in her own culture and a visionary in her own profession. She is a warrior of compassion and a sorceress of the spirit.

Spiritual teachers come in many guises. Sometimes they come in the guise of physicians like Rachel, sometimes in the guise of ordinary people who are suffering with disease. To learn to hear the spiritual teaching that all of us can offer to each other is what this book is about.

The wisdom in this book is grounded in real life. Rachel does not write, "this is the way." Her wisdom emerges more organically. She can hear and transmit the message of the ultimate spiritual teacher, which is life itself.

Life is full of the unknown, full of wonder, full of mystery. Most books try to lead you out of mystery into mastery. Rachel Remen's book leads us to recognize and move toward

the mystery that is in everyday life. Moving into the unknown is often where we find the healing, not by running away from it into a quick fix. She teaches that life is not broken and does not need to be fixed; it needs to be savored and celebrated.

As a scientist, I live in a world of data, numbers, randomized controlled clinical trials. Scientists believe what can be measured—blood pressure, cholesterol, blood flow—even though, as Dr. Denis Burkitt once said, “Not everything that counts can be counted.” Anecdotal evidence—in other words, stories—is viewed with suspicion by scientists. There are too many confounding variables, so the facts are harder to prove, to replicate.

But there is no meaning in facts. As a physician, and as a human being, I live in a world of stories. Stories are not replicable because our lives are unique. Our uniqueness is what gives us value and meaning. Yet in the telling of stories we also learn what makes us similar, what connects us all, what helps us transcend the isolation that separates us from each other and from ourselves.

Stories are the language of community. The heart is a pump and needs to be treated on a physical level with the best medicine that science has to offer, but we are more than just machines. The real epidemic in our culture is not just physical heart disease; it's what I call emotional and spiritual heart disease: the sense of loneliness, isolation, and alienation that is so prevalent in our culture because of the breakdown of the social networks that used to give us a sense of connection and community.

So what? People who feel lonely and isolated are more likely to smoke, to overeat, to abuse drugs, to work too hard.

Also, many studies have shown that people who feel lonely and isolated have three to five times the risk of premature death not only from heart disease but also from *all* causes when compared to those who have a sense of connection and community.

In my work, I often find that there is a great hunger for a sense of connection and community. Many people who enter our programs often come to lower their cholesterol levels, reduce blood pressure, lose weight, or, as they often put it, to “unclog their arteries.” They come expecting to change their diet, to stop smoking, to exercise.

I have learned that providing people with health information—facts—is important but not usually sufficient to motivate them to make lasting changes in diet and lifestyle. If it were, no one would smoke. We need to work at a deeper level.

Part of our program is what we call “group support,” which began as a place that felt safe enough for people to exchange recipes and shopping tips but which evolved into a community, a place that felt safe enough for people to talk about what was really going on in their lives—to tell their stories—without fear of being judged, abandoned, or criticized. Although this is the part of our program that many people have difficulty with, they usually find it to be the most meaningful. When we work at that level, we often find that people are much more likely to make lifestyle changes that are life-enhancing rather than ones that are self-destructive.

Suffering—whether physical, emotional, spiritual, or as often the case, all three—can be a doorway to transformation. As we move to the end of this century and millennium, our

personal suffering is sometimes worsened by the lack of communication and community. Illness often intensifies these feelings of isolation.

Telling stories can be healing. We all have within us access to a greater wisdom, and we may not even know that until we speak out loud.

Listening to stories also can be healing. A deep trust of life often emerges when you listen to other people's stories. You realize you're not alone; you're traveling in wonderful company. Ordinary people living ordinary lives often are heroes.

Reading Rachel Remen's book can be healing. In hearing her voice and the voices of those who have used their wounds as doorways for transforming their pain, somehow along the way our suffering subsides, our wounds begin healing, our hearts begin to feel safe enough to open a little wider.

The connection to each other and to our soul and spirit is already there. During the times that we feel most vulnerable, that which is invulnerable within us becomes uncovered, becomes more apparent. When our hearts begin to open, we are able to feel it, like opening the window shade and letting in the sunshine that's been there all along, waiting patiently to be allowed inside.

Dean Ornish, M.D.

President and Director

Preventive Medicine Research Institute

Sausalito, California

March 4, 1996

INTRODUCTION

My grandfather had early on, in a manner worthy of Socrates himself, engaged me in the search for what is Real. His world, inhabited by an immanent and personal god, was one of the two worlds of my childhood. He was a grave and scholarly man, elderly by the time that I was born, an orthodox rabbi who spent much of his time studying the texts of mystical Judaism. The books of the Kabala he had brought with him from Russia were old, written out by hand in Hebrew on very thin paper. As a small child, I would sit under the table as he studied them, stroking his purple velvet carpet slippers and daydreaming.

The other world of my childhood was the world of medicine. Among two generations of my grandfather's children there are three nurses and nine physicians. When I was young I thought you became an adult and a doctor as part of the same process. I learned early the right thing to say when I was asked what I wanted to be when I grew up. I was the only pre-med in kindergarten. When my grandfather died he left me in his will the money to go to medical school. I was seven years old.

As I grew older, the weight of these family expectations began to grow heavy. My uncles and cousins were men of science, distant, cultured, intellectual, and successful. Like my father, they rewarded me for having the right answers. My grandfather had rewarded me for having the right

questions. I admired these doctors but I had loved my grandfather and his way of questioning life. At twelve, my closest male cousin and I both wanted to be rabbis. We both became doctors.

I think I ultimately chose medicine because of a novel I read when I was about twelve, a story about the life of Saint Luke called *The Road to Bithynia*. Historical novels were the LSD of the fifties, an easy escape for a generation of bored postwar adolescents. I was addicted to them.

I had not known that Luke was a physician. *The Road to Bithynia* had originally appealed to me because the Gospel According to Luke was my favorite part of the Christmas story. The book was written by a physician, Frank Slaughter, who told Luke's story with all the power and credibility of his own personal knowledge of the practice of medicine. I read the novel four times, stunned to find that all physicians were not like my uncles, that it might be possible to be a physician in a way that my grandfather would have understood. That being a physician could become a means to better know and serve life and the source of life. The novel offered the hope that someone like myself might find a place in medicine, without needing to choose between my grandfather's way of life and that of his sons.

The day it all began stands out in my memory: my father carrying my belongings to my room at the medical student residence, my mother unpacking my clothes and lining my drawers with special paper as always, working as partners until there was nothing left to do. I remember the uneasy conversation and at last closing the door behind them. How much they had wanted to stay, to share in this last-night-

before-the-first-day of medical school. But at twenty, I had wanted to face this momentous thing by myself.

I looked at the carefully folded clothes, the shelves empty of books, the hard and narrow bed, and the bare surface of the desk. The room felt impersonal, monastic even, very different from the feminine bedroom I had slept in the night before. It would be my home for four years. Tonight it felt cold and somehow unsafe.

I felt a familiar doubt, a fear that I was doing the wrong thing, that I was not cut out for this and would fail at it. As a philosophy major, I had barely been admitted to Cornell's school of medicine. The interviewer had looked at my honors degree in Wittgensteinian philosophy, commented that my major was "irrelevant," and entered into a brisk discussion of genetics, his own life work. I had held my own, but secretly I knew I was no scientist. Secretly, I found science colorless and cold. Full of hard edges. Like this room.

Hugging myself, I turned toward the only window. Earlier, I had glanced out and noticed that it looked onto the city street. I had a brief impression of unrelieved grayness. But it was night now and there across the street was the main entrance of the hospital, one of the best-known in the world. It was blazing with light.

From where I stood I could see the main building and the two wings enclosing the great semicircular driveway. An endless flow of cars came and went, bringing sick people, people in trouble, and those to whom they mattered. I stepped to the window deciding to watch for a while, just until the lights went out. A little before midnight a crowd of people, many wearing white, arrived and a little after

midnight a great many other white-clad people left and found their way to their cars in the parking lots. The shift had changed. I got the blanket from the bed, wrapped myself in it, and pulled up a chair. Cars, ambulances, taxis, and police cars continued to come and go. I nodded off several times, awakening each time to find nothing had changed. By four A.M. I realized that these lights never went out. People were there, always, for anyone in crisis, anyone in pain. The lights were being passed from hand to hand. And as of this morning, I was a part of this. I knew nothing yet, but I belonged.

In my grandfather's synagogue there was a light that never went out. All synagogues have such an eternal light. It signifies that the unseen presence of God is always in this place. Comforted, I got up and went to sleep. Over the next four years I can't remember ever having the time to look out that window again.

It is not possible to be in a twenty-four-hour-a-day intensive training program for many years and not be changed by it. We worked seven days a week, thirty-six straight hours on and twelve hours off, for most of it. When we were off we slept. Denial of the body, its needs for sleep, comfort, and even food, was the very foundation of the schedule. No one complained. It was just the way that we all lived. Many of the rooms I worked and studied in had no windows. Often I did not know what day it was or even the time. I remember watching the nursing shift going past me, day after day. I would look up and see Miss Harrison and know it must be morning again. Often I had not slept since I had last seen her. Once during my internship, my mother, visiting me in the house staff residence, was horrified to open

my closet and find that I did not have a winter coat. “Where is your coat?” she gasped. I had not known it was winter. I had not been outside the hospital and its underground tunnel systems in over a year.

On one very rare summer afternoon off I remember traveling home to visit my parents on the subway, realizing only after a while that I had been unconsciously scanning the veins of the bare-armed people around me, wondering whether my skills with a needle were good enough to allow me to successfully draw blood from them. This sort of training changes the way you see things, the way you think. Gradually things that had been central in my previous life became vague and faded into the background and other things more heavily rewarded became overdeveloped. After a time I just forgot many important things.

Thirty-five years ago, I was one of a few women in my training program and my male colleagues generally assumed that, as a woman, I had a greater comfort and skill in meeting the emotional needs of patients. Actually, at the time nothing could have been farther from the truth. In many ways I was emotionally less well developed than some of the men I worked with daily. Throughout four years of medical school I had competed successfully with men and had fiercely and single-mindedly cultivated the very qualities of decisiveness, objectivity, competence, judgment, and analytical thinking that were most respected in this culture. These qualities had become even more important to me than to the men as I struggled to overcome what was widely perceived by them to be a gender handicap.

Yet sometimes the same teammates who so painstakingly treated me as if I were a man called on me in situations that made them uncomfortable. When we were all working the clinic or the emergency room, each seeing patients in our own examining rooms, there would be a knock on my door. Opening it, I would find another doctor standing there ill at ease, who would say something like, “My patient is crying ... can you come?” I was no more comfortable than he in such situations but I realized early that this was part of my ticket to acceptance and so I would go and listen while someone shared with me their concerns and their experience of actually living with the disease we had diagnosed.

At first, I was surprised that people with the same disease had such very different stories. Later I became deeply moved by these stories, by the people and the meaning they found in their problems, by the unsuspected strengths, the depths of love and devotion, the rich and human tapestry initiated by the pathology I was studying and treating. Eventually, these stories would become far more compelling to me than the disease process. I would come to feel more personally enriched by them than by making the correct diagnosis. They would make me proud to be a human being.

These stories engaged me at another, more hidden point. I too suffer from an illness, Crohn’s disease, a chronic, progressive intestinal disease which I had developed at the age of fifteen. So for me, these conversations eased a certain loneliness. This was a different sort of connection than the easy banter and camaraderie I enjoyed with the other medical residents. This was the conversation of people in bomb shelters, people under siege, people in times of common crisis

everywhere. I listened to human beings who were suffering, and responding to their suffering in ways as unique as their fingerprints. Their stories were inspiring, moving, important. In time, the truth in them began to heal me.

Everybody is a story. When I was a child, people sat around kitchen tables and told their stories. We don't do that so much anymore. Sitting around the table telling stories is not just a way of passing time. It is the way the wisdom gets passed along. The stuff that helps us to live a life worth remembering. Despite the awesome powers of technology many of us still do not live very well. We may need to listen to each other's stories once again.

Most of the stories we are told now are written by novelists and screenwriters, acted out by actors and actresses, stories that have beginnings and endings, stories that are not real. The stories we can tell each other have no beginning and ending. They are a front-row seat to the real experience. Even though they may have happened in a different time or place they have a familiar feel. In some way they are about us, too.

Real stories take time. We stopped telling stories when we started to lose that sort of time, pausing time, reflecting time, wondering time. Life rushes us along and few people are strong enough to stop on their own. Most often, something unforeseen stops us and it is only then we have the time to take a seat at life's kitchen table. To know our own story and tell it. To listen to other people's stories. To remember that the real world is made of just such stories.

Until we stop ourselves or, more often, have been stopped, we hope to put certain of life's events "behind us"

and get on with our living. After we stop we see that certain of life's issues will be with us for as long as we live. We will pass through them again and again, each time with a new story, each time with a greater understanding, until they become indistinguishable from our blessings and our wisdom. It's the way life teaches us how to live.

When we haven't the time to listen to each other's stories we seek out experts to tell us how to live. The less time we spend together at the kitchen table, the more how-to books appear in the stores and on our bookshelves. But reading such books is a very different thing than listening to someone's lived experience. Because we have stopped listening to each other we may even have forgotten how to listen, stopped learning how to recognize meaning and fill ourselves from the ordinary events of our lives. We have become solitary; readers and watchers rather than sharers and participants.

The kitchen table is a level playing field. Everyone's story matters. The wisdom in the story of the most educated and powerful person is often not greater than the wisdom in the story of a child, and the life of a child can teach us as much as the life of a sage.

Most parents know the importance of telling children their own story, over and over again, so that they come to know in the tellings who they are and to whom they belong. At the kitchen table we do this for each other. Hidden in all stories is the One story. The more we listen, the clearer that Story becomes. Our true identity, who we are, why we are here, what sustains us, is in this story. The stories at every kitchen table are about the same things, stories of owning,

having and losing, stories of sex, of power, of pain, of wounding, of courage, hope, and healing, of loneliness and the end of loneliness. Stories about God.

In telling them, we are telling each other the human story. Stories that touch us in this place of common humanness awaken us and weave us together as a family once again.

Sometimes when I ask people to tell me their story they tell me about their achievements, what they have acquired or built over a lifetime. So many of us do not know our own story. A story about who we are, not what we have done. About what we have faced to build what we have built, what we have drawn upon and risked to do it, what we have felt, thought, feared, and discovered through the events of our lives. The real story that belongs to us alone.

All real stories are true. Sometimes when a patient tells me their story, someone in their family will protest. “But it didn’t happen quite that way, it happened more like this.” Over the years I have come to know that the stories both these people tell me are equally true, equally genuine, and that neither of them may be “correct,” an exact description of the event much as a video camera might have recorded it. Stories are someone’s experience of the events of their life, they are not the events themselves. Most of us experience the same event very differently. We have seen it in our own unique way and the story we tell has more than a bit of ourselves in it. Truth is highly subjective.

All stories are full of bias and uniqueness; they mix fact with meaning. This is the root of their power. Stories allow us to see something familiar through new eyes. We become in

that moment a guest in someone else's life, and together with them sit at the feet of their teacher. The meaning we may draw from someone's story may be different from the meaning they themselves have drawn. No matter. Facts bring us to knowledge, but stories lead to wisdom.

The best stories have many meanings; their meaning changes as our capacity to understand and appreciate meaning grows. Revisiting such stories over the years, one wonders how one could not have seen their present meaning all along, all the time unaware of what meaning a future reading may hold. Like the stories themselves, all these meanings are true.

Knowing your own story requires having a personal response to life, an inner experience of life. It is possible to live a life without experiencing it. Most children experience life more fully than we do. Children are aware of the particulars. For a child the time between Halloween and Christmas is made up of thousands and thousands of fully experienced moments. That takes longer to live through, longer to go by. After forty, Christmas seems to come three times a year.

I was once a pediatrician but I am no longer; for many years now I have listened to the stories of people with cancer and other life-threatening illnesses as their counselor. From them I have learned how to enjoy the minute particulars in life once again, the grace of a hot cup of coffee, the presence of a friend, the blessing of having a new cake of soap or an hour without pain. Such humble experience is the stuff that many of the very best stories are made of. If we think we have no stories it is because we have not paid enough attention to

our lives. Most of us live lives that are far richer and more meaningful than we appreciate.

We carry with us every story we have ever heard and every story we have ever lived, filed away at some deep place in our memory. We carry most of those stories unread, as it were, until we have grown the capacity or the readiness to read them. When that happens they may come back to us filled with a previously unsuspected meaning. It is almost as if we have been collecting pieces of a greater wisdom, sometimes over many years without knowing.

My mother was a woman who was full of stories. As a public-health visiting nurse, she had sat at many kitchen tables, drinking tea and listening. At the age of eighty-four she chose to have cardiac bypass surgery, because it was the last chance she had for life. Even so, the odds were long: four chances in ten that she would not survive the operation. But my mother was not your ordinary elderly lady. She had lived her life as a maverick and a risk taker and to her those odds looked good. The morning of her surgery, I came to her hospital room two hours early only to find that her surgery had been moved forward and I was barely in time to kiss her before they took her upstairs. Despite the sudden change in plans and the daunting odds she was facing, my mother was peaceful, even radiant.

“Oh good!” she greeted me. “You’re here! There was something that I wanted to tell you. I wanted to be certain you knew that no matter what happens here, *I am satisfied* and I hope you will do whatever you can to be satisfied as well.” Then she smiled her charming, rakish smile and they took her away. These were her final lucid words to me.

COHERENT, ELEGANT, mysterious, aesthetic. When I first earned my degree in medicine I would not have described life in this way. But I was not on intimate terms with life then. I had not seen the power of the life force in everyone, met the will to live in all its varied and subtle forms, recognized the irrepressible love of life buried in the heart of every living thing. I had not been used by life to fulfill itself or been caught unaware by its strength in the midst of the most profound weakness. I had no sense of awe. I had thought that life was broken and that I, armed with the powerful tools of modern science, would fix it. I had thought then that I was broken also. But life has shown me otherwise.

Many of the people who come to my office now as counseling clients have come because modern medicine has failed them in some way, or they have used up its power to help them and they do not know what else to do. They hope to find a way to heal, to cooperate with or even strengthen the life in them. After listening to hundreds and hundreds of their stories over the last twenty years I think I would have to say that most people do not recognize the strength of the life force in them or the many ways that it shows itself to them. Yet every one of us has felt its power. We who doubt are covered with the scars of our many healings.

So when people first come, this is the place we usually start—talking about life itself, our attitude toward it, our experience of it, our trust or distrust of it. Developing an eye to see it, in others and in ourselves. In the beginning is the life force. After more than fifty years of living, I have learned it can be trusted.

PLUM BLOSSOMS

MANY YEARS AGO in the midst of a shopping trip, I found myself in a store specializing in Japanese furniture, helping a friend who was furnishing his house. He had been rapidly taken over by the only salesperson, a tiny woman in a kimono who had grabbed his arm and begun a discussion of Japanese paintings with him in a loud and intense voice. Her head reached barely above his elbow but in spite of her size her manner made me uncomfortable and I drifted away toward the door, lurking behind chests and tonkus, waiting until he finished his purchases. I thought I had hidden successfully until, without warning, the woman turned and moved toward me, pointing as she came. I saw then that she was very old, possibly even deaf, and this perhaps explained her loudness. She took me by the arm and began to pull me through the showroom, encouraging me with little clicking noises and repetitions of "Come. You come." I tried to shake her off but for someone so small and frail her grip was strong. So I went along, followed by my friend, who was clearly amused by my struggle.

She took us into a room in the back of the store, empty except for four scrolls, one on each wall, representing the seasons. Unlike the paintings in the showroom these were museum-quality. In one of them, an old and twisted branch bloomed with hundreds of tiny pink blossoms. The branch and the blossoms were covered with snow. It was exquisite.

Leading me up to this, she said to me, "You see, you see?"

February! The plum blossom comes!” In her odd intense way she told me that the plum suffered because it was the first, it bloomed early, in February, often still in winter, in the hard and the cold. She touched the snow on the branch with her small arthritic hand, nodding her head vigorously. Looking intensely into my face and shaking my arm slightly, she said, “Plum blossom, the beginning. Like Japanese woman, plum blossom gentle, tender, soft ... and survive.”

I puzzled about this for a long time afterwards. As a physician, I thought I knew about survival, because after all I was in the survival business. I had known survival to be a matter of expertise, of skill and action, of competence and knowledge. What she had told me made no sense to me.

This was confusing to me for other reasons as well. Like the plum blossoms, I too had come early. My mother had suffered from toxemia and I had been delivered by emergency cesarean section far below full-term weight. In February 1938, I had not been expected to live. All through my childhood I had been told that I had survived because of the invention of the incubator. For many years I had felt grateful for this technology, dependent upon it for my life. Now as a young pediatrician I was working in a premature intensive-care nursery using far more powerful technology to keep other babies alive. But what the old woman had said had made me wonder. Perhaps survival was not only a question of the skillful use of state-of-the-art technology, perhaps there was something innate, some strength in those tiny pink infants, that enabled both them and me to survive. I had never thought of that before.

It reminded me of something that had happened one

spring day when I was fourteen. Walking up Fifth Avenue in New York City, I was astonished to notice two tiny blades of grass growing through the sidewalk. Green and tender, they had somehow broken through the cement. Despite the crowds bumping up against me, I stopped and looked at them in disbelief. This image stayed with me for a long time, possibly because it seemed so miraculous to me. At the time, my idea of power was very different. I understood the power of knowledge, of wealth, of government, and the law. I had no experience with this other sort of power yet.

Accidents and natural disasters often cause people to feel that life is fragile. In my experience, life can change abruptly and end without warning, but life is not fragile. There is a difference between impermanence and fragility. Even on the physiological level, the body is an intricate design of checks and balances, elegant strategies of survival layered on strategies of survival, balances and rebalances. Anyone who has witnessed the recovery from such massive and invasive interventions as bone marrow transplant or open heart surgery comes away with a sense of deep respect, if not awe, for the ability of the body to survive. This is as true in age as it is in youth. There is a tenacity toward life which is present at the intracellular level without which even the most sophisticated of medical interventions would not succeed. The drive to live is strong even in the most tiny of human beings. I remember as a medical student seeing one of my teachers put a finger in the mouth of a newborn and, once the baby took hold, gently lift him partway off the bed by the strength of his suck.

That tenacity toward life endures in all of us,