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The Glass Is Already Broken: A Meditation on Impermanence

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In my first conversation with Dennis, he shares his story with me. He describes how he had gotten his diagnosis of Stage IV lung cancer and was given a prognosis of two months. This was five years ago. Now he is hospitalized with pneumonia, and we are having this conversation at the bedside. "So this," he explains as he gestures to his hospital bed, "is not where I want to be … but *this* is all bonus time!" He sounds almost joyful.

As we continue talking, I reflect on a teaching from Thai meditation master Ajahn Chah, as shared by American psychotherapist Mark Epstein. When Epstein asks Ajahn Chah what suffering has to teach us, he responds by motioning to the water glass by his side:

> For me, this glass is already broken. I enjoy it; I drink out of it. It holds my water admirably, sometimes even reflecting the sun in beautiful patterns. If I should tap it, it has a lovely ring to it. But when I put this glass on the shelf and the wind knocks it over or my elbow brushes it off the table and it falls to the ground and shatters, I say, 'Of course.' When I understand that the glass is already broken, every moment with it is precious.

I find this teaching inspiring, grounding, and profoundly challenging to my natural tendencies toward perfectionism and control. I engage with these challenges daily in my role as a palliative care social worker in the Whittingham Cancer Center at Norwalk Hospital, a community hospital in the Connecticut shoreline town where I live. I work with patients and families as part of a pilot initiative to integrate palliative care into interdisciplinary cancer treatment early in the disease trajectory.

It is an honor to walk alongside patients and families through their journey of coping with a serious illness. The specifics of this process might differ in the context of each individual's story, but at its core, it is always about the same things: learning to embrace impermanence and practice non-attachment. To help patients foster these attributes, I must simultaneously do the work myself. Learning to let go of the illusion of control is

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my life's work; it is not easy work. And it is essential to my ability to accompany my patients in the most authentic way I can.

Together, we explore how to sit with the beauty and fragility of life. Grief is not reserved for the end of life; I see patients grieve the many changes and losses along the way. Jim, who grew up racing sailboats, realizes at 79 that he might not be well enough to go out on his boat this summer for the first time in over 60 years due to the increasing symptom burden of his metastatic cancer; two months later, he lists the boat for sale. Margaret cooks her beloved pumpkin soup from taste and memory, yet her platelets are low and she no longer has the energy to stand at the stove. Liz, an avid long-distance cyclist, longs to ride her bike but gets short of breath walking to the mailbox from her pleural metastases. Eleanor loves to read but cannot hold a book due to neuropathy in her arms.

I hope to offer patients the space and language to process these losses while also guiding them to consider: What are the anchors that offer stability and connect you to yourself when it feels like everything is slipping away? How do you stay connected to those anchors as life changes? What are your hopes and fears as you look forward? What does a good day look like for you right now? What are your goals and priorities if your health worsens? If these conversations happen early enough and often enough, when the wind knocks the glass off the table, will they be able to say, "Of course"?

Reality is rarely so tidy. One of my teachers, Sensei Koshin Paley Ellison, describes this kind of work as being like the North Star: a guide rather than a destination (Ellison, 2019). The goal is not to arrive, but to travel toward this place of embracing impermanence. And so I continue to walk with my patients on the path. "Of course" is our North Star.

This path exists in the setting of a battle narrative that is deeply embedded within the oncology world. This metaphor rests upon an illusion of control and a deceptive binary of fighting or giving up. What does it look like to reframe the question as *what are we fighting for?* What does it mean to explore patients' other priorities, their other reasons for living, which might exist beyond surviving at all costs? Where is there space within this framework that praises strength, courage, and bravery in the context of fighting disease to extend these same attributes toward the work of understanding the nature of impermanence? Vietnamese Buddhist monk Thich Nhat Hanh writes that "impermanence does not necessarily lead to suffering. What makes us suffer is wanting things to be permanent when they are not" (Nhat Hanh, 1998). How do I translate this resonant concept into the quotidian moments within my own life and my work in the cancer center?

I am learning to resist the temptation to offer my patients certainties and solutions and, instead, to bring openness and curiosity into the room – to really be present for whatever arises. Sometimes this feels impossible. Sometimes the seemingly simple act of listening, just listening with softness and without agenda or distraction, feels impossible. I catch myself performing the tasks of listening but not actually listening from my center. I know what it feels like to both listen and be listened to—the experience of really being received by someone, of truly being seen by them. I remind myself to pay attention.

Research demonstrates the benefits of early palliative care intervention for cancer patients, including improved quality of life, reduced depressive symptoms, and fewer hospital readmissions (Adelson et al., 2017; Temel et al., 2010). I am coming to appreciate another benefit of getting to know patients earlier in their illness: I have more time to hear their stories, to allow the process of creating connection to unfold unhurriedly, and to build a foundation of trust from which we can move organically into goals of care conversations. There is more time to widen the paradigm beyond the incredible capacity of modern medicine to make the proverbial glass appear shatterproof and, instead, to see the glass as it is: fragile, beautiful, and impermanent. The Japanese poet Kobayashi Issa writes:

> This dewdrop world
>
> Is a dewdrop world –
>
> And yet, and yet …

It is easy to get caught in a desire to be "good" at this work, to yearn desperately to help, to fix. Many days, I find myself wishing I'd had different conversations, more conversations, better conversations. I try to shift away from reactivity, away from needing to have all the answers, away from hurrying to fill the silences. What does it feel like to let something that someone says just rest?

By learning to pause, I access a different kind of compassion; my presence matters, how I am in my body matters. How I hold space with someone matters. Instead of asking "Am I doing enough?" 'Am I being of service?' and 'What good did I do?' how can I open myself to what is happening? How can I fix less and listen more?

Like the North Star, I will never arrive at these answers, but I continue on the path. The more that I can learn to see the glass as already broken, to accept the inevitability of change and loss, the more able I am to do the same for the patients I see. Through this lens, I can help patients meet life's challenges not by making them disappear, but by exploring – and changing – the way they relate to them. Perhaps, like Dennis, they will even learn to find joy there.

References

Adelson, K., Paris, J., Horton, J. R., Hernandez-Tellez, L., Ricks, D., Morrison, R. S., Smith, C. B. (2017). Standardized criteria for palliative care consultation on a solid tumor oncology service reduces downstream health care use. *Journal of Oncology Practice*, *13*(5), e431–e440. doi:10.1200/JOP.2016.016808

Ellison, K. P.(2019). Wholehearted: Slow Down, Help Out, Wake Up. New York: Wisdom Publications.

Nhat Hanh, T. (1998). *The Heart of Buddha's Teaching*. New York: Harmony.

Temel, J. S., Greer, J. A., Muzikansky, A., Gallagher, E. R., Admane, S., Jackson, V. A., … , Lynch, T. J. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *New England Journal of Medicine*, *363*(8), 733–742. doi:10.1056/NEJMoa1000678