

FINDING MEANING IN MEDICINE
Resource Guide For
Forming FMM Discussion Groups

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FINDING MEANING IN MEDICINE

Since 1996, The Institute for the Study of Health and Illness at Commonwealth (ISHI) has helped physicians nationwide build authentic and supportive community by forming monthly self-directed Finding Meaning in Medicine (FMM) groups. These groups meet throughout the country independently of institutional support or involvement, using a simple and powerful story-telling approach to uncover and deepen a sense of professional satisfaction in daily work.

WHAT IS AN FMM GROUP?

An FMM group is a group of like-minded physicians and/or residents who come together in a warm and supportive environment to explore the personal meaning and values which are inherent in the practice of medicine. The format is simple and no special group leadership skills are required other than the ability to run an even-handed meeting where everyone has the chance to speak.

You can begin a new FMM group just by inviting four or five of your physician friends to meet. Groups usually meet one evening a month for about two hours in someone's home or on any other professionally neutral ground. Participation can be on a drop-in basis, there is no charge, and almost no staff support is required. Groups tend to grow organically as those who attend tell their colleagues. The group organizer usually sends a monthly email to all physicians who have ever attended the group, giving the date, place, time and topic of the next meeting.

WHAT HAPPENS IN AN FMM GROUP?

Each meeting centers around a one-word topic that is one of the universal experiences of medical practice or one of the fundamental values that doctors hold in common topics such as compassion, healing, service or loss. Each person who comes to a meeting brings a story to tell drawn from their professional life, or a story from world literature, or a poem, or an experiential exercise to enable the group to explore the topic of the evening in greater depth. The group responds personally and genuinely to what they have heard, creating a profoundly rich and renewing conversation. Each meeting closes with the selection of a topic for the next meeting.

An FMM meeting offers a rare opportunity to talk about experiences not usually shared among colleagues. Physicians who attend report finding the kind of support, understanding and insight only possible within a group of other doctors. Physicians say that the group has given them new insights into their daily work, strengthened them to live closer to their own values and helped them to work with renewed satisfaction and meaning.

POSSIBLE TOPICS FOR AN FMM MEETING

Some tried and true topics include:

- Honor
- Refuge
- Service
- Compassion
- Collaboration
- Listening
- Suffering
- Loss
- Forgiveness
- Mistakes
- Healings
- Grace
- Honesty
- Gratitude
- Dignity
- Mystery
- Integrity
- Fear
- Commitment/Calling
- Humility
- Surrender
- Awe
- Prayer
- Spirit

FMM GROUP SIZE

In our experience, the best group size is about 12 physicians. Larger groups do not allow time for everyone to speak and to respond to what has been said. However, the process works well in groups as small as four or five.

Once this simple format is experienced, many physicians realize that they too could offer such a group to their colleagues. As word about a group circulates and more physicians drop in, additional groups usually form among doctors who live close together and want to reduce travel time. Several spin off groups can run in the same medical community at different times, providing easy access for the busy physician.

The ISHI staff develops support materials for groups and is available to provide ongoing mentoring and consulting to new group organizers.

THE FIRST MEETING

The first meeting of any group is different from any other meeting. Those who have been invited should know the topic ahead of time, and have brought with them a story to tell from their professional lives, or a story or piece of writing from the world literature to read, or a poem or a piece of art, or an exercise. It is helpful to begin by going around with very brief introductions: asking everyone to share their first name, their specialty, where they work, and most importantly why they have come and what they hope to get from these meetings. You may want to briefly share why you decided to convene a FMM discussion group and talk about the model. Allow plenty of time for questions.

Sharing a short history of FMM is often helpful. Mention that the FMM model was developed by ISHI 17 years ago, is presently being used by groups of doctors around the country and that those who have used it have found that it enriches their experience of the practice of medicine. This gives people a context for the evening. Those interested in more information may want to check out ISHI's website www.ishiprograms.org.

One of the most important parts of the first meeting is discussing and agreeing to the guidelines that shape all future conversations (see below). The first meeting is also a good time to say a few words about the power of 'generous listening' (also discussed in the next section). We recommend that you discuss guideline details in the first half hour, if possible, and then go on to the evening's topic.

ESTABLISHING GUIDELINES FOR AN FMM GROUP

At the start of the first group, take some time to help the group determine the "Guidelines" for future conversations. Do this with a light touch. Agreement to the guidelines sets the tone for all future discussions.

Offer the group some standard guidelines, defining them when needed. You may want to read these one at a time or offer everyone a copy of a list of standard guidelines. The group should be invited to consider each guideline and asked if all can agree to it. If all cannot, the guideline is negotiated and revised until all present can accept it. After the first session, new group members are given a copy of the guidelines and have the opportunity to review them and agree to them.

STANDARD GUIDELINES

Following are some rather standard guidelines that have worked very well for groups of physicians around the country:

- Generous listening
- Confidentiality

- No interruptions when someone is speaking
- Allow for all differences
- Share from personal experience
- Own what you are sharing. Use “I” and not “one” or “people often”. And no references to the medical literature.
- Give advice only when directly asked for it.
- Allow silence when it occurs naturally.

Check with the group members to be sure their needs are met by the standard discussion guidelines. Remember to add other guidelines that group members may need. Be sure that everyone is comfortable with all the guidelines before you begin. Let people know that you will be helping the group honor this agreement in all future discussions and will remind people of it if needed.

You may want to give each member a written list of the agreed to guidelines at the second meeting of the group and offer this listing to any members who join the group later on.

MORE ABOUT GUIDELINES

Generous Listening and Confidentiality are the two most fundamental guidelines which insure the quality and depth of an FMM discussion.

GENEROUS LISTENING

Agreement to this simple guideline is fundamental to the success of your group. Generous listening means listening without deciding whether you agree or disagree with what is being said, or whether you like or dislike what is being said. It means listening without comparing the speaker to yourself: Is he or she more or less highly trained, smarter, more or less competent than I am? It means listening without trying to ‘fix’ the person speaking or to offer advice.

It even means listening without trying to understand why the speaker feels the way that he or she does. Generous listening is listening simply to know what is true for another person at the time that they are speaking. When we listen this way, we offer a place of refuge and profound safety that allows for genuine connection and the open sharing and transformation of ideas.

CONFIDENTIALITY

The guidelines about confidentiality are usually the most discussed and negotiated. We all have different boundaries and different privacy needs. Confidentiality is an issue for some people and not for others, but it is good to discuss such differences fully and openly. The group will need to accept the rules that make every group member comfortable. You may want to start by saying what is said in this group is

meant to be a private conversation, like many other private conversations in our lives. Sharing within the group seems to be fulfilling for most people. However, we know that someone could say something in this meeting that may be important and deeply moving, and we might then want to share this with other people who matter to us who are not in the room. Then ask: Is this ok with everyone? Who is OK to share with...and who is not? Is it OK to share if you do not use the name of any doctor here or identify the story in any way that others would be able to figure out who told it or where it happened?

In traditional group process work, the comfort level of the least comfortable group member is usually what the whole group agrees to uphold. Should someone insist that he or she is only comfortable “if nothing said here leaves the room”, yet all other members are comfortable telling wives and husbands a story (without revealing identities), that person can be asked to reflect for a week on whether they can change their position to the position of the rest of the group. If they cannot this may ultimately not be the group for them.

RESPONSIBILITIES OF THE FMM GROUP ORGANIZER

The group organizer has only two responsibilities during the discussion. The first is to be sure that everyone has an opportunity to speak. The second is to hold the group to the guidelines that were agreed upon in the first meeting.

Referring back to the guidelines and the group’s agreement to them is often key to maintaining a sense of safety and open sharing in any individual meeting. The guidelines enable the group organizer to maintain the level and quality of interaction of the group in a very simple, low key and effective way. Should any group member interrupt or confront another or offer judgment or criticism, simply call a brief pause in the discussion and remind the entire group of the guidelines that everyone agreed to honor at the beginning: no interruptions, no advice unless asked, no need to agree or disagree or whatever guideline is needed at the time. Then resume the discussion.

CONSULTATION AND SUPPORT

While this is a simple process, anything new raises questions for most people. We are available to answer any and all of your concerns and questions, to offer the learning from our 17 years of personal experience with FMM as well as sharing pitfalls encountered and successfully negotiated by group organizers around the country. Call us! We can be reached at 415-868-2642 or by email at ishi@commonweal.org.

MORE ON FMM

A typical meeting and helpful tips from Rachel Naomi Remen, MD

Over the past 17 years I have run a Finding Meaning in Medicine group for physicians in the San Francisco Bay Area, and together we have developed and piloted a simple,

effective group format. For many of us the meeting has become a high point of our month. I began by inviting three or four of my physician friends to meet in my living room one evening a month for 2-1/2 hours. Over time the meeting has grown, and at present it is a drop in group which draws from a pool of 60 physicians. On an average evening 10-12 doctors attend a meeting. There are now five ongoing FMM groups formed by doctors from the original group in a 60 mile radius of my home.

Like all the other ISHI programs, this meeting is organized as a conversation and a discovery process. At each meeting we explore some dimension of our daily experience as physicians. The “price of admission” is telling a story from our professional lives or personal experience with illness, or a story or piece of writing from the world literature, or a poem or a piece of art, or an exercise. Whatever someone brings to share is intimately related to the chosen topic for the evening. The stories and other materials that people bring are often surprisingly profound and allow everyone present to examine the meaning of the topic and their own experience with it at depth. The genuine collegiality and fulfillment these groups offer is more powerful than any of us had anticipated, and has taken us all by surprise.

These groups require almost no preparation and are very easy to organize and run. Any physician who can find a quiet, private meeting place and has three or four interested physician friends can organize a group. As an FMM group organizer, all you need to do at the meeting is share your story or experience, and see that everyone has a chance to talk. Everyone who organizes an FMM group will have their own unique way of running the group. To help you get started I would like to offer you some of the basic “how-to” ideas that I have used with our Bay Area group.

I keep an email list of everyone who has ever attended the FMM meeting at my home. Approximately one week before each meeting I email a brief note reminding everyone on the list of the time, the date and the topic of the upcoming meeting. I ask people to RSVP the invitation by email so I have a list of who is expected to come. A staff person can send this email if such support is available.

About a half-hour before people come, I set up a circle of chairs in my living room, leaving room for those who prefer to sit on the floor. The seating is arranged so that everyone is in one circle and able to see everyone else. I also make tea and/or coffee and set out fruit and cookies for those who may have not had time for dinner before the 7pm starting time. (The food is really optional.) It takes about a half-hour to set things up.

The meeting begins at 7pm. People start arriving shortly before this. I greet everyone personally (sometimes I am the only person who knows everyone by name, as this is a drop-in group) and make introductions when necessary. People usually remove their

shoes, hang up their jackets and join the others standing around the table, snacking and catching up on news. Because the session always begins the same way, latecomers are familiar with the format and have no difficulty slipping in.

I like to begin the evening with a few minutes of silence, which allows us all to really “arrive” and experience the comfort of sitting together with other like-minded doctors once again. Many doctors have described sitting together in silence for a few minutes as an experience of relaxation and safety.

Then I end the silence by reading a short poem or a saying that (hopefully) is relevant to the topic of the evening. Because my group is a drop-in group, on any given evening everyone may not know everyone else who is there. When this is so, I usually comment on it and invite all those present to go around the circle sharing only their first name, their specialty, and where they work. I like to keep these introductions brief because I do not want people to retreat behind their expertise/professional roles.

At the first session of my group years ago, we developed and agreed to some simple guidelines for the discussion (see Establishing Guidelines) which have shaped all of our subsequent conversations. Similar guidelines are used around the country and are very helpful in enabling everyone to feel seen and heard and establishing a sense of safety for all. The atmosphere is characterized by respectful listening, honest sharing, a deep respect for differences and a genuine wish to know how it is for other people. There is, of course, the shared understanding that the others would not be at the meeting if they did not have an interest in being of service. If possible, new participants receive a copy of the guidelines by email or mail before they come and after we go around with introductions they are simply asked if they can agree to them.

FMM groups feel both special and safe to the participants. Often doctors comment that this is the first time they have felt open and non-competitive with fellow physicians. The secret seems to be in creating a relationship of harmlessness that can be trusted no matter who attends or what topic will be discussed. Agreement to the guidelines on the part of everyone present is essential for this to occur.

After the opening silence, if no one new is present, I usually begin by reminding people of the evening’s topic and by talking briefly about its’ importance to me personally – sharing either a personal illness story, a story from my work, or reading a story from literature, or a poem. Then I ask others for their thoughts and comments. A simple “Anyone have thoughts on this?” often helps begin the discussion.

You may prefer to begin this way or to just remind the group about the topic and throw the discussion open for the group to begin sharing their stories, waiting until later in the evening to share your own. If it is needed, you can encourage deeper exploration by asking the speaker “What was the hardest part of this for you? Is there

anything more that you haven't said? Is there anything you wonder about?" You may also want to comment on the effect that the story has had on you or ask others to comment in this same way. Asking simple questions of the group such as "What surprised you about the story?" or "What touched you?" or "What inspired you?" can be all that is needed to deepen the conversation. Sometimes a story will impress others because of certain qualities that the storyteller has exhibited. Surprisingly storytellers are often not aware of these qualities in themselves, so you may want to comment on them. For instance, the courage in your story really touched me. You might note the loyalty, empathy, sensitivity, etc. the speaker has shown in the story they have shared. If you as the group coordinator do this a few times, others will begin to do it too. Others may tell of their own experiences related to the story, or share their insights. Be sure to allow the silences. Often a lot is happening when the group is silent, and after silence what is said is usually at a deeper level.

People will share both the facts of their stories and the emotions behind the story. Listen carefully to these feelings and leave time for their full expression. You may want to express empathy and solidarity with the speaker by saying such things as "What you've said seems so important or some other phrase that shows recognition and validation of the feelings that have been expressed. Encourage cross-conversation by asking the group if someone has anything to say or add, or whether others have felt the same way.

If the conversation seems to remain on an intellectual level, it is sometimes good to encourage a change of level with a question such as "What feelings did you have about that? Is there anything about that experience that you wonder about?"

I try to leave time for each person to speak. You can encourage participation throughout the evening by asking "Does anyone who has not spoken yet want to share anything?" Toward the end of the evening, if there is someone who has been quiet throughout the meeting I may even invite him/her directly by asking a question such as: "John, is there something that you would like to add?"

Although the evening is 2 -1/2 hours long, usually we do not take breaks. People get up to get tea or food or use the bathroom as needed. Often we bring the food from the table into the living room and put it on the floor in the middle of the circle so that people can help themselves as the conversation continues. Depending on the number of people present, the meeting ends at 9:30 or 10pm. About twenty minutes before the conclusion, I call the discussion to a formal close and ask for two or three suggestions for the next session's topic, and the group votes on these. After the close of the meeting, people usually stand around a bit talking and help with the cleanup.

Over time, group members often ask if they can bring a doctor friend to the meetings. As the months go on, even though the total participant pool grows larger, at each particular meeting almost everyone will have been in at least one prior meeting with some of the others. The sense of safety and community is so strong in these meetings that not knowing each person in the circle does not seem to affect people's openness and willingness to share. It is best if everyone is an active participant or feels that they could be a participant. There seems to be an optimal size for these groups. I have found that if the group is larger than 10 or 12 people there is often not enough time for everyone to talk or to say everything that they want to say. When our Bay Area group got too large, some member physicians started new groups of their own. This has happened a few times over the years and there are now five "offspring" groups running in the Bay Area.

I hope these notes are useful to you and that you will find the deep fulfillment and renewed passion for your work that we have found as a result of these meetings.