

HOLDING ON TO THE HEART

Some time after one of my patients died of breast cancer at thirty seven, I arranged to spend an hour with husband and her four year old daughter. The little girl had been devastated for her and was now only slowly learning to live in a world without her mother. Her father, overwhelmed by his own grief, had tried his best to be there for her, but it wasn't always possible. But they both were doing a little better now, he told me. Kimmie was able to sleep through the night, and he had started back to work. We sat in silence watching Kimmie as she gently patted my cat. Feeling herself watched, she looked up. With a smile, she abandoned the cat and climbed into my lap. Reaching into her tiny pocket, she took something out and put it into my hand. It was a small stuffed velvet heart, obviously handmade.

I looked at her father. "It's a feelie heart", he said. "She never goes anywhere without it".

A friend had sent it from Bridges, a bereavement centre in Tacoma, Washington, that serves children who have been touched by death. Small enough to put into a little pocket and take to school to hold and rub, these soft little hearts give children permission to hold their own hearts tenderly and to grieve. To remember that they were loved and know that they can love. Children carry them for as long as they need to, finding comfort in the softness when thoughts of their loss might otherwise overwhelm them.

Deeply moved, I held the little heart out to Kimmie. She took it and held it against her cheek for a long moment. Her mother had loved her fiercely. Perhaps that love could be a place of refuge for Kimmie now.

More than 30,000 little hearts have been made for Bridges over the past ten years by a group of volunteers who sew them by hand out of old bathrobes, shirts and running suits - anything that is velour or velvet. Bridges gives these hearts to grieving children at many of their own public events, in their support groups and sometimes even at funerals.

No two hearts are exactly alike, and each has a life of its own. Stories about that life abound. It is common for children who have grieved to give their feelie heart to other children who are going through hard times. One little girl gave her heart to her father when her parents divorced. A small boy sent his to his teacher when her own little boy died. When we have the freedom to grieve, loss often turns naturally into compassion.

For the past nine years I have run a Continuing Medical Education program for physicians who work intimately with death. The physicians who come are seeking the deepest meaning of their difficult work and inspiration to go on. A large part of this program involves healing loss. Physicians are trained to feel shame about their personal responses to the loss of a patient and to view these responses as unprofessional. We do not hold our own hearts tenderly. Many of us repress our losses and carry our own pain ungrieved, often for years. We have become numb, not because we don't care but because we don't grieve. Grief is the way that loss heals. The program has been in part about creating a community of professional peers who grieve together and give each other the permission and the courage to feel again.

Sometime ago, I wrote to the women who make the feelie hearts for Bridges to tell them about this work, about the oncologists, emergency room physicians, surgeons, and internists who have spent time with us and about the fifty first and second year UCSF medical students who take our course on the art of healing every year. They sent us hundreds of little velvet hearts. They fit into the pocket of a white coat perfectly.

Several of the students have told me that they find that if they hold their feelie heart while they study, it relaxes them. But perhaps it does more than this. The first and second year medical students at our school and at every medical school are remarkable young people, on fire with the spirit of service. They are people who care deeply and passionately. Research at medical schools throughout the country shows that often this passion does not survive the rigors of the training. Sometimes I think of one of these young people, late at night, struggling to memorize the countless facts on which the scientific practice of medicine is based and holding on to a little velvet heart. The image fills me with an irrational sense of hope.

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