Life As It Is
"A Different Kind of Healing"
Episode #22 with Anthony Back
August 30, 2023

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Anthony Back: You know, when I was a young physician, I was trained that care was all the nice things that you did, and really now I think of care as it is the way I bring myself to the room to meet this other person and the way I can stay there regardless of what is coming up for them because the more that we can both be present with everything, the more I think the potential for kind of healing there really is.

James Shaheen: Hello, I'm James Shaheen, and welcome to *Life As It Is*. I'm here with my co-host Sharon Salzberg, and you just heard Tony Back, a palliative care physician and practicing Zen Buddhist. Tony currently serves as co-director of the University of Washington Center for Excellence in Palliative Care, and he leads retreats on being with dying at the Upaya Zen Center in New Mexico. In our conversation with Tony, we talk about how he came to Buddhism, how Buddhism has changed how he relates to feelings of powerlessness as a physician, how he deals with burnout and moral injury, and what James Joyce and Virginia Woolf have taught him about how to pay attention. So here's our conversation with Tony Back.

James Shaheen: So I'm here with Dr. Anthony Back and my co-host Sharon Salzberg. Hi Tony. Thanks for joining us.

Anthony Back: Thank you.

James Shaheen: So you're currently the co-director of the University of Washington Center for Excellence in Palliative Care and a professor of oncology and medicine, and you're also a practicing Zen Buddhist. So to start, how did you first come to Buddhism?

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Anthony Back: I came to Buddhism really out of a sense of trying to survive. I was a young oncologist. I was feeling a little overwhelmed by the amount of suffering and death that I was dealing with, and I thought, "How will I make a career of this? How will I keep doing this day in and day out?" And that led me to mindfulness and Jon Kabat-Zinn and then to Roshi Joan Halifax at Upaya Zen Center.

James Shaheen: So it started out as a coping strategy and then became a committed practice.

Anthony Back: Totally. It started out as "How am I just going to get through the day" and over time deepened into this other practice.

James Shaheen: Right, so you were already an oncologist when you came to Zen practice. How did you come to medicine?

Anthony Back: I came to medicine because as a young man, my mother had died of a pre-leukemia syndrome when I was in college. She had been sick for several years. I had kind of a vague idea what was going on, but my parents were very concerned about my success and not distracting me and not making me sad, and so they didn't really talk about my mother's illness much. I didn't talk to her directly about it very much, and I didn't really get a lot of information about it. But I got a phone call when I was a sophomore in the dorm. You know, in those days you went to the phone at the end of the hall. And I heard from an oncologist that all of a sudden she had really taken a turn for the worse. She was in the hospital. There was something going on with her spleen. And that was how I found out it was really serious.

James Shaheen: So around this time, you wrote your senior thesis on James Joyce and Virginia Woolf, two of my favorites as well. How did the study of narrative influence how you think about illness and medicine?

Anthony Back: Oh, it has had a huge influence on me, I mean, what I learned from both Joyce and Woolf, because what I really studied was how a sense of personal identity was rendered in that stream of consciousness narrative technique. What I took away from that was the incredible richness of just one moment and the incredible particularity that different people have because of their background, because of their surroundings, because of everything about them. It made me really clear that someone else's experience was totally different than mine and that in fact there was something amazing happening all the time in the background that I couldn't really see very easily, that I couldn't perceive. You know, in Joyce there are all these different chapters of all the fantastical and sometimes fanciful and sometimes poignant worlds that are going on inside people's minds. And in Virginia Woolf, what I got was this sense of actually how interconnected we are, that there are these kinds of invisible ways of being that we are together with each other, and I didn't really realize at the time—I was just very interested in what they were doing with narrative—that that actually really stuck with me in a way, and for me it was a real preparation for mindfulness and the inquiry into my own mind that that practice became.

James Shaheen: Just to go back to Woolf for a moment, what really resonates there with many Buddhists who like Woolf are these moments of being that may even be accelerated or induced by facing one's mortality. But I wonder, are there patterns that you see emerging in the narratives you hear patients tell?

Anthony Back: Yes, to some degree. I think of a couple of things. You know, I've just been interviewing patients for this study that I'm doing of psilocybin-assisted therapy for a group, and so, for example, one of the people said to me, "I went to see a doctor about my cancer. The first thing the doctor said was, 'You know, I can't cure this illness.'" And she said, "I completely had a panic attack. I didn't want to show it. But basically everything in my mind was going, was screaming, 'Oh my God, what is happening?'" And from that day on, she started to have panic attacks. And what I think is one of the patterns there is this tremendous dislocation that people

feel when they get the news of something like cancer or serious illness. All of a sudden, everything looks different, and that's one of the big narratives.

Another narrative that I see a lot of is this narrative—this was really identified by a writer, Arthur Frank, who had a serious illness and did a lot of writing about the illness experience. He identified something called the quest narrative, meaning the quest for my former condition to be restored, for things to be exactly like they were, for me not to have to worry about this, and I see a great deal of that, especially in the cancer space.

And then finally there's another one that is a narrative about "What am I becoming," which I think of as a different kind of narrative that is a much more open-ended narrative that is really an inquiry about "What is my life about now given all these different things?" And that in a way, that's one of the ones I try to encourage as a physician. ? I feel like that is a way into a kind of new adaptation and a new reinvention of the self.

James Shaheen: Yeah, it's interesting, this idea of dislocation or all sorts of narratives that repeat themselves when people are at the end of their lives. A close friend of mine a few years back got his diagnosis and he said, and I don't know where he got it from, that he felt like he had walked into a room that nobody else could enter. So that sense of separateness needs somehow or another connection. It is very interesting. But on a similar note, have you noticed any stories that you yourself have felt trapped in, either as an oncologist or as a palliative care doctor?

Anthony Back: Oh, yeah. I mean, how much time do you have, James?

James Shaheen: We have some time. I would rather talk about Woolf and Joyce, but here we are talking about death, which is related.

Anthony Back: Yeah. Well, of course, one of the stories is, "I'm an oncologist, I should be able to fix this, and if I'm not fixing it, it must be because I'm doing something wrong." Like that's one of my stories. Or if I were a better doctor, this person would understand themselves better and they would adapt better, and what is happening to them is their difficulty is my fault in some way. And there's another one about feeling heroic. Something good happens and I feel like the hero, and I'm writing the story of myself as the doctor hero, with all the trappings that entail, that's a very kind of comforting, also trapping story. But yeah, I have all those things going on.

James Shaheen: So you work as a palliative care doctor, and for our listeners who may not be familiar with palliative care, could you give us a brief introduction to the field?

Anthony Back: Sure. Palliative care is specialized medical care that is aimed at treating the ss symptoms, dealing with the stress, and improving coping for people who are living with a serious illness. And so palliative care can be given at any time, at any stage in a serious illness, and so it's really meant to help people live well in this face of whatever their illness may be.

James Shaheen: So you're an oncologist, but what drew you specifically to palliative care?

Anthony Back: I think it is because, you know, in my own personal experience, that was the part that I don't think happened for my mother, and as a young oncologist, that was the part that I felt like nobody was really doing.

I remember in my training, I was following a really famous oncologist around on rounds, and we had been seeing a woman who, like my mother, had pre-leukemia, had an infection, ended up in the emergency room, was staying there because there was no bed in the hospital for her, and we were about to go see her the next day, and the attending said in the hallway, "Hey, what happened to Mrs. So-and-so?" And the fellow said, "Oh, she died." And the attending said, "Well, she was

an old trout," and then he turned the corner and everybody followed him like a school of fish. And I was walking along going, "Holy shit, what just happened?"

Nobody said a word of it. Nobody acknowledged it. We didn't go talk to the family, even though we had been the oncology team supposedly taking care of her in the hospital. And I thought, "What is this? What is happening here?" SoI think it was experiences like that that made me think there was more to be done there.

James Shaheen: So a lot, though, has changed since then, and you're a part of that change. Can you say something about that?

Anthony Back: Yeah, so I do think there has been this awareness that has turned into a set of medical practices and now a new specialty, a relatively new specialty, in medicine that is meant to make this issue visible and address it and bring the same kind of expertise to it that we bring to, you know, trying to stop the cancer or cure the cancer. And so that is the field of palliative care.

Sharon Salzberg: It was very evocative for me when you were talking about your family and your conditioning around death and loss and so on, because mine is very, very similar, which carried on through—my mother died when I was 9, and I was then living with my father's parents, who felt the kindest thing of all was not to ever mention her again. And so this very strange kind of silence surrounded that, you know, and, and the eventuality of death. And it was also very interesting for me when James said that quote from his friend about entering a room that no one else could enter because in a way we all enter that room inevitably. And so there's cultural conditioning, there's family conditioning. I know that when I grew up, you wouldn't say the word cancer like it was a normal word, you know, you had a whisper or, and so all of that makes honest communication about illness and really being there in a way for people who are struggling very difficult. Thinking that so much of palliative care actually seems linked to honest

communication about illness and death, I'm curious about how your Buddhist practice might influence your ability to have these open conversations.

Anthony Back: So what my practice has really given me and what it's really enabled me to do is work at a layer that is below just the words. Of course, there's all this teaching about what words to use and what words help you come across as empathic. But what my practices taught me was that my, uh, stillness can make space for whatever that other person is experiencing and that my ability to be with it and not push it away myself or distract them or try to distract myself, that really creates a kind of field for that kind of deeper communication. And people pick up on that right away, I think. And I don't think I would've learned that any other way, really.

You know, the priority in my world is not about stillness. It's about doing, doing, doing and about efficiency, efficiency and faster, faster, faster. And it really took taking myself out of the hospital or the cancer center to learn to practice that kind of stillness inside and outside to be able to do that and to sit with people.

Sharon Salzberg: Because it's really, I mean, it's striking me that there's layer upon layer of conditioning. There's just the conditioning of a human being. When we're confronted with suffering, it can be so tempting to look away or to try to avoid it at all costs. And then you have the kind of, I would assume, sort of professional obligation to make it all better, you know, in some way. And that's another layer of conditioning, you know, as you described, like fix it, make it better, do it faster. And I'm wondering how you've seen this kind of avoidance or resistance to suffering itself play out in the medical field, and how do you train providers to be able to talk openly about suffering?

Anthony Back: Well, in the medical field and among the people I am training and among colleagues, I think the usual reaction to suffering is that we should be able to do something about this and we should be able to treat it. And if we can't treat it now, we need to find some new

treatments to treat it. And so we need to do more research and do more clinical trials and all that stuff. And there is something really good in all that, right? That is how medical practice improves. And yet if we don't pause to be with that suffering and to witness it and to be present with it with that person, then something gets missed, and people really notice that.

It is a constant struggle honestly to make the time to be still in the midst of these busy practices. And because it's not reinforced by the system, because it's not reimbursed, for example, because it's not really formally taught, you know, very often mindfulness gets this label of being just another little technique. And of course, what you learn after years of practice is that it is a way that you bring yourself into everything. It's a way you are present in the moment. It's not just some kind of thing you apply at the moment. Of course, it is good to apply it when you're stressed out or when you're freaking out or when you're like, "Yikes." But there is another layer of it that is the ground that you're coming from.

Actually, what I have found in my own practice is that actually being that is much more important than talking about it. So I can do some things like I will have a moment of mindfulness on rounds or a moment for somebody who's really had a tough time. Or even when I'm with a patient, I will say, "Wow. Let's, can we take a moment just so I can take that in," you know, and I make it about me so that they don't have to feel like I'm asking them to do something. But in a way it's what happens in between all those things that I think is the most powerful teaching of all. And then of course with the patients, there's a whole, and families, there's a whole different thing.

Sharon Salzberg: And I'm also thinking about colleagues in the sense that the first time I ever heard the term moral injury, it was from some hospice nurses who were talking about how they'd find themselves sometimes in a situation where the patient was ready to go and the clinicians were quite ready to not, you know, intervene excessively and let them go, but the family could not let them go. And so there was a kind of moral quandary there. Moral injury is a kind of soul

wound where you have these divided loyalties in a way, you know, your own values and then the situation.

The next time I heard the term was really through Roshi Joan, who was exploring it extensively. I wonder if you could talk a little bit about the courses you teach on being with dying at Upaya with Roshi Joan and the complexity of these kinds of situations.

Anthony Back: Yeah, well, let's start with moral injury. Moral injury in the case of a clinician is when a clinician knows what they think would be best and has some experience to back it up and yet feels blocked or prevented from doing that by some other circumstance, you know, a system that won't give them the time, a family member who can't bear the thought of losing their loved one.

And when clinicians have a really strong sense of what the best course, the best pathway ff would be for someone, that being blocked can really feel like kind of a soul wound. It can feel like, "Wow, I am not doing the work I was meant to do, the work I'm equipped to do, the work that would be really facilitative for this person."

Now, of course, there's always a caveat in there about knowing what is best for another person, right? That's a whole thing in and of itself. And yet there are times when you know you as a nurse or doctor or another clinician really perceive that suffering is being magnified or suffering is being amplified by the blockade of people or systems around somebody that are preventing something from happening. And one of those is really around how we meet the moment of death, right? And so those moral injuries, I mean, they're things that clinicians really remember and that stick with them.

For example, I was working with an ICU nurse. She was an ICU nurse during the worst part of COVID. She was with a patient who was intubated from COVID in the ICU, still having

difficulty breathing, struggling on his tube, trying to talk to her, you know, can't talk because of this tube in there, and she was the only person in the room, ao she felt completely responsible for him. And then it turned out he was getting worse and worse, and she had to give him a medicine that would actually paralyze him so that his body would resist as little as possible to the breathing machine that puts air down into your lungs.

What happened was she realized as she was giving him the medicine that she was probably blocking the only way he had left to communicate with her. And so even though there was part of her that knew that she was doing the medically indicated thing to help him on the ventilator, there was part of her that felt like, "Oh my God, I am preventing him from communicating it all." And it was a moment of real moral injury for her where she felt like "I am not doing the right thing for this person."

And so in that case, the block was this imperative to save his life, keep him breathing. She wasn't at all sure that he was what he really wanted or needed at that point in his illness. And so those moments, they stick with.

In the course that I teach with Roshi Joan, "Being with Dying," and then another one called "G.R.A.C.E.," we actually invite and create space for clinicians to remember those moments, to go back to them, in a way to tell their stories about them, and create a setting in the retreat, where unlike regular life, people aren't just going, "Oh, you did the best you can, move on. Oh, that probably would've happened anyway. Oh, there was nothing more you could have done," because that experience of being deeply listened to and to learn yourself how to be with all those emotions that come up, that is actually an incredibly healing thing.

And that's really maybe the most important thing that goes on at these retreats is that, you know, we teach a lot of mindfulness skills and a lot of other ways to think about that. These are clinicians, so we teach a lot of the neuroscience that supports what happens in, uh, many

Buddhist practices. But really, the healing thing is being in this community of other practitioners who've all been there, who all have their own stories, who listen to each other's stories and simply witness them. And so that's a great deal of what happens there.

James Shaheen: Tony, I'm really glad you mentioned that sometimes protocol isn't what's called for, because maybe 30 years ago I was with someone who was in his last days and he was told, "Don't have a glass of water. You may aspirate. "And so he asked for a glass of water and I said, "Well, they said you're not supposed to have water." He said, "James, I'm dying. I can have a glass of water," and I gave him a glass of water, and he drank it with mixed results, but he was thirsty.

But yeah, you've talked about the sense of inadequacy and powerlessness you can feel in the face of a patient's suffering. Has your Zen practice shifted your relationship to this powerlessness, and maybe more broadly, has it changed your understanding of what it means to provide care?

Anthony Back: So first, I would say that Zen practice has radically shifted my sense of what powerlessness means and what it is in the sense that I no longer expect to have that kind of power over that, like I really appreciate all the things that medical technology can do, and yet I don't invoke them and use them with the same kind of expectation that I will be able to have power over another person's body where there are things going on biologically that are so complicated that, you know, we'll never be able to completely understand them. And so coming at it that way, which I think gives me a kind of humility about the situation, I think that changes how I expect everything to happen. And, you know, ex expectations are a huge issue, right, for all of us.

So the other thing that has really shifted about what providing care means is that there's a technical aspect to my care, the care that I provide, but then there is also this other more personal aspect, which is this person-to-person aspect, which I think of as more than even just emotional

care. It is the care of being present. It's the care of witnessing. It is the care of sharing space with another human being. And I think that's a very different sense of care than I have had earlier in my career. You know, when I was a young physician, I was trained that care was all the nice things that you did or all the extra things that you did that were beyond the minimum. And really now I think of care as it is the way I bring myself to the room to meet this other person and the way I can stay there or try to stay there regardless of what is coming up for them and for me to use that time that we are together to invite everything into the room. Because the more that we can both be present with everything, the more I think the potential for kind of healing there really is, and it is healing for both of us, right. It is healing for that person, and it is healing for me, even though the emphasis is on them,

James Shaheen: Just really quickly, how do you make a decision, for instance, intubating a patient who might otherwise have communicated, although with difficulty, or the person who wants the glass of water, how do you make that decision?

Anthony Back: Oh yeah. Yeah, so for the person who needs to be intubated, so I'll say that, you know, there are situations where medically, there are guidelines and research and all that stuff about measurements you make to decide when someone needs a new medical intervention, and then you do that in the context of what is this person's goals? How much is this person willing to go through? Have they told me that they think this is going to be worth it? Are they on board with that? Because if they're not on board with that, it doesn't matter how technically adept I am. It won't turn out well in the end.

And so those kinds of technological interventions I have to make always in the setting of do I know what they are really aiming for, and do I know in what way they're willing to go through certain kinds of medical things to get there?

And then for the glass of water, it's the same thing. You know, it's like, what is all wrapped up in that glass of water for that person, and what is the danger really? Is the danger that he's going to cough a little bit and we're gonna have to reposition him and help him get over that, and is that going to be a real burden on him? I know enough now as a palliative care doctor and a person who's been with dying people to know that one glass of water is not going to be the end of his life. He may cough, but you know what? He's not going to die because someone gave him a glass of water. So if he wants a glass of water, you know, hand it to him. And if you have to, you can comment to, you know, go a little slowly with it so he doesn't take a big gulp and, you know, really cough. And that I am balancing against the sense of someone near the end of their life having agency over their own body, having the feeling that I as someone right nearby will respect and honor what he needs and wants, right, and all that actually in that setting is as important or more important than just the mechanical aspects of aspiration or coughing, right, and that's what you did for him.

James Shaheen: Yeah, it made the most sense.

Anthony Back: Yeah. And that was an honoring of him. You know, if he knows and everyone knows he's near the end of his life and he asks for something, wow. We have to have a pretty good reason not to say that we won't do something that we could easily do, right?

James Shaheen: Well, what you're saying is that you listen to the patient. That's not always the case, but it's really refreshing to hear that. This was thirty years ago. But Sharon, I think, has a question.

Sharaon Salzberg: So, uh, you've discussed how your practice influences your clinical work, but I'm also curious about the other direction. Has this day-to-day work in such complex moving situations as a palliative care doctor changed your relationship to Buddhist practice?

Anthony Back: Well, I will say that my experience as a doctor sitting with people who are dealing with a serious illness or dying, it has totally changed my worldview. I mean, I think I started out in this work as kind of a materialist, right? Like you have a body and it's just stuff and you die and it's over. And sitting with people actually has given me the sense that there's something much, much different. Like being at with somebody at the moment of death and being really present for that, there is clearly something happening that is not really described by medical science that we don't know, but it is a profound shift when someone's spirit leaves the room, and that has really forced me to recognize that there is something else going on at the universe that I really was never trained about, and my Buddhist practice is what has allowed me to really perceive that.

I think if I had not learned to stay still long enough to feel inside myself, I don't think I would've ever noticed that was happening. And I see it all the time actually at work. Everyone's running around so much, and everybody's worried about all these different things, and someone dies and they just don't even notice what happened and they don't feel it. And actually, I think those experiences over and over have really tuned me in to a level of my practice that I'm not sure I would have accessed just on my own, because being with people has really changed what it means for me to even be present in my own body.

And so what that does, I think, for me is it gives me a different point of reference for myself, but it has also given me a point of reference about how we are all really interconnected, right? Like, I'm interconnected to everything, and actually if I pay close enough attention and my mind is quiet, I can actually feel it like all the time, and that is a source of encouragement and a kind of joy and a kind of curiosity and a kind of awe really. Even in really busy moments. I can get a taste of that on a good day.

Sharon Salzberg: That's beautiful.

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Sharon Salzberg: One of the themes we've been exploring recently on the podcast is dealing with burnout, especially for those in helping professions. I know this has been an area of focus for you as well, and I'm wondering if you could walk us through how you understand burnout. We talked about moral injury, and just now in this last response, you touched upon taking in the joy and the awesomeness and the wonder of life as well. So, you know, that I think would have to be a part of dealing with conditions that could steadily produce burnout. So, to begin with, how do you understand burnout?

Anthony Back: Yeah, so the scientific definition that I use as burnout is a condition where people experience three things. They feel emotionally exhausted, right? Like "I just can't bring myself to the situation anymore, it's just too hard." Then there's the cynicism, which is "No matter what I do, this is going to turn out badly." And then there's the, uh, sense of low personal accomplishment, like "I am working really hard, and I'm really not making a difference in the world."

Those three aspects are three different aspects of what can get measured in like a scientific question or as burnout, and I think what has happened and what I see is that there has been such a focus in medical practice on medicine as a series of procedures, right? It's not about care actually. It's about a series of procedures. And everything in the system is designed to set up the procedure, execute the procedure, bill the procedure. That's really it. And then you go to the next procedure. And what that means for a clinician is that your work is really measured according to how many of those procedures you've done, how well they were executed, and whether they had the desired effect.

What that can lead to in a really difficult time, like in the COVID pandemic, is the sense that I just do these things over and over and over, and then if they stop working because something changes, like we don't exactly know how COVID is going to act, or I am running into a lot of new situations, well, then what I know to do feels like it's not working, and if I just keep doing it

and keep doing it and it's not working and not working and not working, then after a while I go, "Why should I bother? Why should I bother to put myself out there?" And you extend yourself less and you are less present because you think "I'm just going to, you know, close my eyes and get through the day." And it constricts your whole field of vision. And what that does is that makes you less porous to all the complicatedness of it, but it also makes you less porous to the joy of it and the satisfaction of it. And so that's how I see burnout now.

I mean, in a way, it's a changing of your orientation to what's around you so that your expectations become that nothing is going to work, and then what that turns into is because you are not then doing your work to the same degree, that that happens, like you are in fact achieving less, and that turns into a spiral. And it's hard. It's hard to experience and hard to get out of.

James Shaheen: So Tony, you're currently conducting a study on psilocybin-assisted therapy for doctors and nurses who experienced burnout from the pandemic. Could you tell us a little bit about that study and how it came about?

Anthony Back: Yeah. Well, it came about from my direct experience in the pandemic of seeing people and talking to people who were really just blown away by their experience in the pandemic, and to the point where they felt like they were not functional. And I remember, you know, Roshi Joan did a, we did a retreat online for clinicians early in the pandemic because we thought, "Well, there seems to be a need here," and they were like eight hundred people who signed up, and we were like, "Oh my gosh, there's really something going on here."

This is a different part of my life, but I have been looking at the potential for psychedelics to sort of reset how people see the world, how they hold their expectations, how they work with their own assumptions and their own habits and patterns. And, you know, one of the things is that psychedelics can disrupt our habits and patterns long enough for us to say, "Gee, is this really

what I should be doing? Is there a new pattern that I could develop or a new habit that I could develop that is actually more adaptive for me in the current situation?"

And then there is this other ability of a well-guided psychedelic experience for people to enable themselves to experience some of the deep-seated feelings that they have been not allowing themselves to feel. You know, doctors and nurses, they're so professionalized about what happens. It becomes hard to feel. After you've been preventing yourself from feeling everything for a long time, it becomes just hard to feel what's really happening, and a well-guided psilocybin experience can do that. So I started this study as a way of investigating whether this is a way to work on the inner side of how people end up in burnout.

James Shaheen: You know, I'd like to read a quote from an article you were kind enough to write for *Tricycle*. You write, "What I am realizing as the study unfolds is that how we all recover from the pandemic—from the suffering, the burdens, the changed identities—starts with how we cultivate our own presence, as well as how we extend that presence to the people we are with." You refer to a reciprocity of presence. Can you say something about that?

Anthony Back: Yes. You know, what I have begun to realize really sitting with doctors and nurses in this study, because sitting with people while they're having their psilocybin experience is really like a meditation retreat. It's like you are holding space for them. You are completely present with yourself, but you are also present with them. So it's just a very interesting variation on what happens when you are in a long meditation retreat.

And what I came to realize is it wasn't just me sitting there being open for them, and it wasn't just about them doing their own thing. There are subtle ways in which we know each other is there, subtle ways in which we interact with each other. And they can be the small things that happen in the room—you know, somebody needs to go to the bathroom or they want a glass of water. And

they can be deeper things like when somebody sat up with me and sat right across from me and said, "I can really feel you here."

All those experiences, I think, allow people to feel their own presence and allow me to feel my own presence with them. And that kind of exchange is what I meant by a kind of reciprocity, and in fact, it's always happening, and I'm just not always so aware of it, but in that setting, I have become really attuned to it.

James Shaheen: OK, we're running short on time, so one last question. I was asked not long ago to speak to a group of humanities students at Berkeley. And People who were majoring in literature were asking, "What is this degree going to do for me?" And yet you've integrated your background in the humanities too into your medical practice. You know, back to Joyce and Woolf, I'm sorry, but how, how would you say the value of that education, what value did that bring to your work as a medicine oncologist?

Anthony Back: Well, you know what, I mean, there are a couple of things. One is it was about the value of paying close attention. For me, this was pre-mindfulness, right? It was about the value of paying attention to every sentence, to every comma, and that ability to focus like that I think has been incredibly fruitful for me, and it has led to all these avenues in life I would've never expected.

And then the other thing is that there are people who, like James Joyce and Virginia Woolf, who had such a profound understanding of the mind and of human experience that even though they weren't scientists and they didn't know any the things that I talk about now in terms of scientific concepts, what they knew and rendered was a deep kind of understanding of the world that I think only happens in a kind of act of creative imagination like those novels represent.

There's nothing like it, even in the scientific literature. And I go back to those kinds of writings again and again even now because they are so rich. And so I think of the humanities for me as really the ground of everything else I've done. And so I know that everyone feels really pressed to do something really practical, but it turns out that these fundamental abilities and capacities that we build, they're what really sustain you in the long run.

James Shaheen: OK, so we have a nice way of closing. First of all, thank you, Tony, for joining us. It's been wonderful. We typically close with a meditation led by Sharon, but I leave it to the two of you to decide which one of you will lead the meditation.

Anthony Back: Oh, beautiful.

Sharon Salzberg: I actually had that thought as well. I thought, Tony, why don't you lead us in the short meditation? Then I get to just sit, which is great.

Anthony Back: Sure. I would love that. Thank you. So first, if you allow your body to settle in the chair and just imagine that you are sinking deeply into the chair and the chair is completely supporting you, let your body soften and just take three breaths and on the in breath one, and on the breath, I'll count three.

So, on the in-breath *1*, and on the out-breath, *1, 2, 3*. Again, in on *1*, and out, *1, 2, 3*. Notice the stillness, however much there is. Last one. On the in-breath, *1*, and out, *1, 2, 3*.

Now, as your breathing comes back to normal, whatever that is for you, just notice the tiny movements your body is making as you breathe and just allow them, and let yourself take in everything in this present moment and allow it to pass through you.

And for whatever brought you to this podcast, remember why you're really here. Remember what you'd like to look forward to or what direction or what aspiration. Just hold that for a moment with your next out-breath. And on the next out-breath, please dedicate your practice to the well-being of all. And when you are ready, you can open your eyes. Thank you.

James Shaheen: OK, so I opened my eyes and I thank you, Tony. Thank you, Sharon. It was great to speak with you both.

Sharon Salzberg: Thank you all.

Anthony Back: Thank you.

James Shaheen: You've been listening to *Life As It Is* with Tony Back. To read Tony's article on psilocybin-assisted therapy, visit tricycle.org. We'd love to hear your thoughts about the podcast, so write us at feedback@tricycle.org to let us know what you think. If you enjoyed this episode, please consider leaving a review on Apple Podcasts. To keep up with the show, you can follow *Tricycle Talks* wherever you listen to podcasts. *Tricycle Talks* and *Life As It Is* are produced by Sarah Fleming and The Podglomerate. I'm James Shaheen, editor-in-chief of *Tricycle: The Buddhist Review*. Thanks for listening!