

Awestruck: The Transformative Power of Wonder in Psychosocial Oncology

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Learning Objectives



Define the concept of awe and explain the evidence-informed relationship between awe experiences and improved coping, resilience, and post-traumatic growth in individuals facing cancer.



Identify at least three clinical strategies for facilitating awe experiences among cancer patients across diverse care settings.



Develop a preliminary plan for integrating awe-based interventions (e.g., nature-based practices, guided visualization, creative arts, spirituality, or micro-awe techniques) into your own practice or patient-support programs.

https://greatergood.berkeley.edu/quizzes/take_quiz/awe



Taking Stock

The Awe Quiz

*from the Greater Good
Science Center at UC
Berkeley*

Original Video By:





What *is* “Awe”?

“The feeling of being in the presence of something vast that transcends your current understanding of the world.”

~Keltner, D., & Haidt, J. (2003).

Why?



Sources of Distress:
People Impacted by
Cancer (Patients &
Loved Ones)



Sources of Distress: Patients & Families

❖ Grief for Losses:

- ❖ “Normalcy”
- ❖ Illusion of control & predictability
- ❖ Bodily parts & functions
- ❖ Prior level of energy, stamina, & cognitive functioning
- ❖ Roles

❖ Fears:

- ❖ Mortality
- ❖ Recurrence/Progression
- ❖ Suffering
- ❖ Dependency/becoming a burden

- ❖ Medical Trauma
- ❖ Financial Trauma
- ❖ Institutional Racism & health inequities
- ❖ Isolation/Loneliness



Sources of distress: Oncology Social Workers

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- Increased client needs
- High caseloads / Culture of overwork
- Limited resources to help clients
- Organizational structures and stressors, including institutional racism
- Ethical dilemmas
- Workplace conflict
- Unsafe situations
- Low wages / financial stress
- Exposure to abuse, poverty, and social and racial inequities
- Ethical imperative to respond to social justice concerns
- Risk of contracting COVID and other contagious illnesses in workplace
- Grief
- Secondary Trauma/Empathic distress / Compassion Fatigue
- **Moral distress***

Greatest Contributors to Moral Distress for Oncology Social Workers

- Follow[ing] the family's insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient
- Witness[ing] health care providers giving 'false hope' to a patient or family
- Continu[ing] to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it

Guan T, Nelson K, Otis-Green S, Rayton M, Schapmire T, Wiener L, Zebrack B. Moral Distress Among Oncology Social Workers. *JCO Oncol Pract.* 2021 Jul;17(7):e947-e957. doi: 10.1200/OP.21.00276. PMID: 34252313; PMCID: PMC8462654.



What does
the research
demonstrate?





Research on awe demonstrates...

- Reduced distress
- Increased sense of connection/reduced isolation
- Reduced depression, improved mood and sense of wellbeing
- Enhanced mental resilience
- Greater sense of meaning & self-transcendence



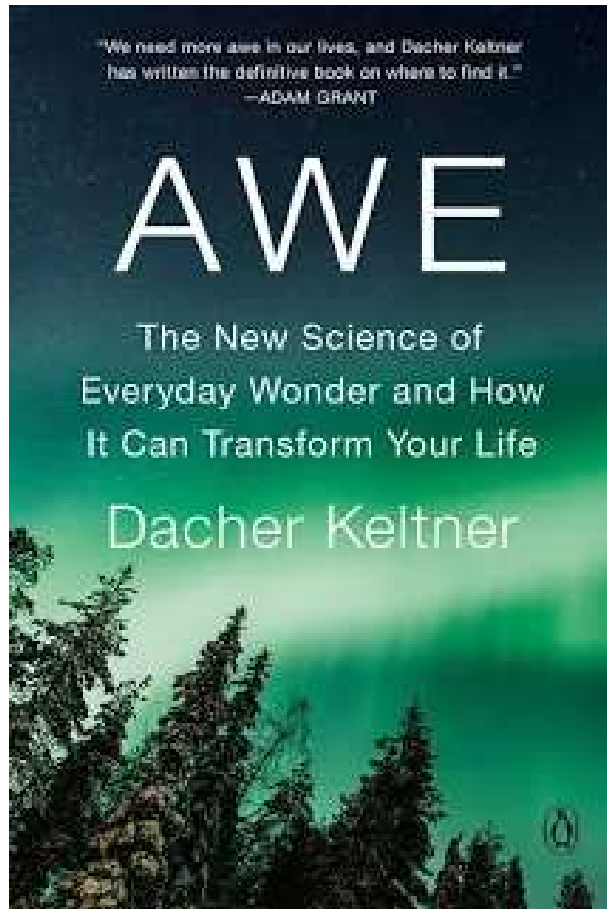
Clinical Example



The “Awe Narrative”

- ▶ What is an experience of awe that you have had, when you encountered a vast mystery that transcends your understanding of the world?
- ▶ In what ways (if any) has this impacted your experience in coping with challenging experiences in your own life?





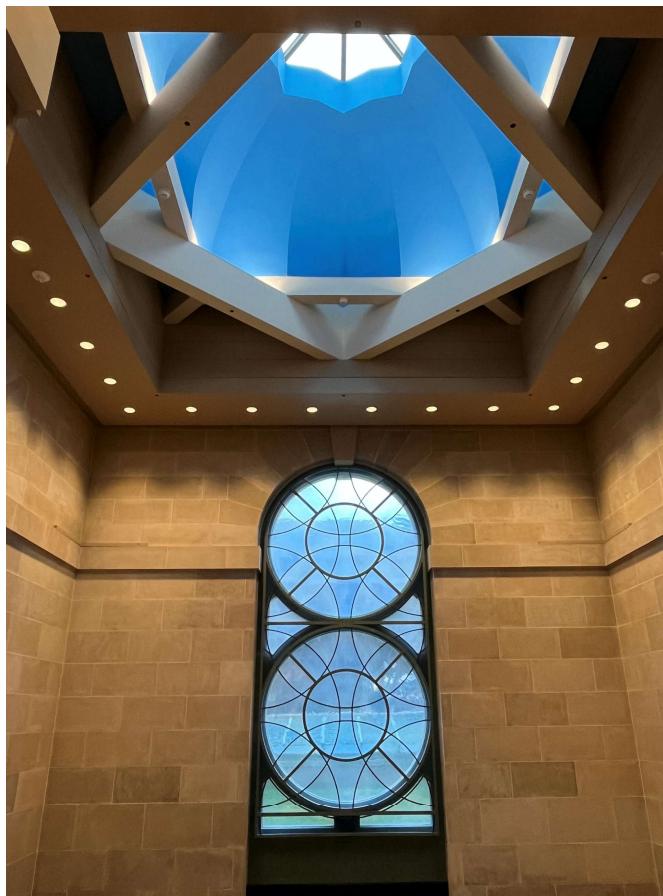
Dacher Keltner's Research on Awe

- Not "WEIRD"
- All major religions represented
- 26 countries
- Varied in terms of SES & education
- Varied in cultural values
- 2600 narratives





Art & Visual Design





Mystical Encounters

Encountering Birth or Death



Experiencing Big Ideas / Epiphanies





Witnessing Moral Beauty



Collective Effervescence



The “Eight Wonders of Life”

- ❖ Nature
- ❖ Music
- ❖ Art & Visual Design
- ❖ Mystical Encounters
- ❖ Encountering Birth & Death
- ❖ Big ideas / Epiphanies
- ❖ Witnessing Moral Beauty
- ❖ Collective Movement





Witnessing Moral Beauty

Reflecting & Journaling

Reflect upon & journal about a time when you witnessed moral beauty of others in your work, and what effect this had on you.



Who experiences more awe?

- Age (older)
- Extraversion
- Openness to new experiences
- Gender
- Lower SES
- Limited data on culture



Clinical Skill Building: Awe Interventions

- ▶ Psychoeducation: “Awe Tips”
 - ▶ Unplug
 - ▶ Slow down
 - ▶ Appreciate your senses
 - ▶ Linger



Awe Walks

- Unplug and approach mindfully, set intention to see with “fresh eyes”
- Engage your senses: feel your feet on the ground; listen to surrounding sounds
- Open your attention to explore what may inspire awe in you from the vast to the small
- Cultivate deep noticing/awareness





Awe Journaling



Read an “Awe Story”

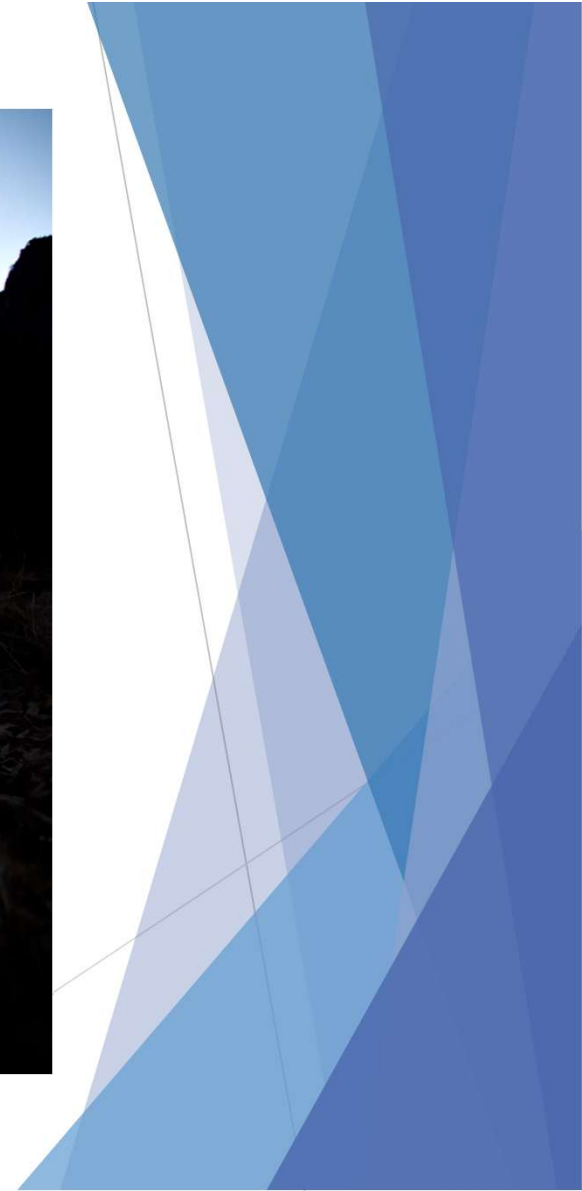
Example can be found at:

https://ggia.berkeley.edu/practice/awe_story?_ga=2.111853060.1439543279.1697992420-1620294534.1697992419



Offer Virtual
Reality experiences
of Awe





“Ten Breaths” Practice





Q & A / Drawing

- ▶ Feel free to contact me at kirish@dempseycenter.org with questions and comments.
- ▶ Highly recommended resources for learning more about awe:
 - ▶ The Greater Good Science Center: [Greater Good: The Science of a Meaningful Life \(berkeley.edu\)](https://www.greatertgood.org/programs/greater-good-the-science-of-a-meaningful-life)
 - ▶ [Awe: The New Science of Everyday Wonder and How It Can Transform Your Life](#) by Dacher Keltner (2023)
 - ▶ Krista Tippett interview with David Kelter: <https://onbeing.org/programs/dacher-keltner-the-thrilling-new-science-of-awe/>

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