

Pamela Austin “Sat-Siri” Sumler, LMT, BCTMB, CLT, E-RYT

Interview 92

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Interview Session One: 1 May 2018

Chapter 00A

Interview Identifier

Tacey A. Rosolowski, Ph.D.

[00:00:02]

We are recording. Okay. Oh, let me grab my—I always have my little official thing I put on here. So I’m Tacey Ann Rosolowski, and today is May 1st, 2018. The time is about eight minutes after 10:00 in the morning, and I am in the Historical Resources Center Reading Room with—Sat Siri is how you say it?—Sat Siri Sumler, and we’re having a conversation for the Making Cancer History Voices Oral History Project, run by the Historical Resources Center at MD Anderson Cancer Center in Houston, Texas. Now, if I get any of this wrong you do correct

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me, okay? Ms. Sumler came to MD Anderson in 2000 to work in the Integrative Medicine program. She is a Board-certified therapeutic massage therapist and bodyworker, licensed massage therapy instructor, and a certified lymphedema therapist, and also a teacher in the field of yoga, though I notice that you do a number of other things, as well, and we will be talking about all those, but so far I'm good? Okay.

[00:01:07]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:01:07]

That's good. I started here as a contractor, massage therapist contractor, about three years before I came on staff.

[00:01:12]

Tacey A. Rosolowski, Ph.D.

[00:01:12]

Oh, okay. Well, good. Well, let's—we'll talk about all of that, because that's—I mean, that kind of track is really interesting. I also moved from contractor to staff status, and it's sort of a nice way of people understanding how you have value. (laughter)

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Chapter 01

A Child with a Different Perspective

A: Personal Background;

Codes

- A: Personal Background;
- A: Character, Values, Beliefs, Talents;
- A: Influences from People and Life Experiences;
- A: Faith;

Tacey A. Rosolowski, Ph.D.

[00:01:12]+

Okay. Well, let me start in the traditional place, and please make yourself comfortable.

[00:01:35]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:01:36]

This chair's uncomfortable. (laughs)

[00:01:37]

Tacey A. Rosolowski, Ph.D.

[00:01:37]

It is? Oh, dear. Well, let me pause for a sec. Let me pause for a sec.

(The recorder is paused briefly.)

Okay, so we took care of a little glitch. So yeah, let's start in just the traditional place: tell me where you were born, and when, and tell me a little bit about your family.

[00:01:52]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:01:52]

Well, I was born in New Haven, Connecticut, and my family goes back—kind of old Yankees—to Rhode Island and Massachusetts from the 1600s, on both sides of the family. And I was born on April 23rd, 1958. I grew up in Connecticut until I was ten, and then we moved to Houston.

[00:02:13]

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Tacey A. Rosolowski, Ph.D.

[00:02:14]

Now, what did your father or mother do that necessitated that big move?

[00:02:19]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:02:20]

My father was a linotype operator, and my mom grew up—her father was a meteorologist, and she grew up in weather stations along the Eastern coast, and she did not like cold weather. Her brother—one of her brothers was—ran the photography department of NASA, and so they came to visit him, and my mom kind of loved the heat. She never complained about it once after we moved here. My dad got offered a job when they were here just visiting, and so we moved to—

[00:02:51]

Tacey A. Rosolowski, Ph.D.

[00:02:51]

All right. Now, tell me your parents' names.

[00:02:53]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:02:53]

They were Doug and Ginger Austin.

[00:02:55]

Tacey A. Rosolowski, Ph.D.

[00:02:56]

Do you have any siblings?

[00:02:57]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:02:58]

I have two brothers.

[00:02:59]

Tacey A. Rosolowski, Ph.D.

[00:02:59]

And their names?

[00:03:00]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:03:00]

Stephen and Doug.

[00:03:03]

Tacey A. Rosolowski, Ph.D.

[00:03:06]

So what year did you move down to Houston?

[00:03:08]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:03:08]

We moved here in 1968.

[00:03:09]

Tacey A. Rosolowski, Ph.D.

[00:03:09]

Nineteen sixty-eight, okay. So tell me about kind of your young life: your educational experience, kind of what you found... And the reason I'm asking these questions is I'm always interested in how it is that people come to gravitate towards what they end up doing in their life, how they find their purpose, if you will. So tell me a little bit about what were the high points for you, growing up. How did you come to love what—the kinds of things that you're doing now?

[00:03:40]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:03:41]

Well, I think growing up in Connecticut, I just really had an affinity for nature. It's very beautiful there. I spent a lot of time outdoors, just really in contemplation. I loved the night sky, the daytime sky, the rocks, the—just everything about being in nature, and I was a very contemplative child.

[00:04:01]

Tacey A. Rosolowski, Ph.D.

[00:04:02]

Even as a child.

[00:04:03]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:04:03]

Yeah.

[00:04:03]

Tacey A. Rosolowski, Ph.D.

[00:04:03]

Does that have a spiritual kind of dimension to you? For you?

[00:04:06]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:04:06]

Absolutely. I was a very spiritual child. I remember my mother—I went to Catholic school, and my mom just taking me to school, and telling them, “Pammy’s gonna ask you questions about God that you’re just not gonna know how to answer.” (laughter) And then the teacher would go, “You were right about her.”

[00:04:25]

Tacey A. Rosolowski, Ph.D.

[00:04:25]

What were some of the questions you asked as a little girl?

[00:04:27]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:04:27]

I was really intrigued with kind of the concept of what—like, kind of what was the universe about, and how did—and, like, really, what was our place in the universe. I remember in the third grade we were learning the Creed, and what the Creed meant, and the nun—my teacher told us that “Catholic” meant “universal,” and I just blurted out in the classroom, “The universe! That’s what I believe in!” (laughs) And so I was the kid that when we got dropped off at school and you were supposed to go play in the playground, I went across the street to mass, and the mass was in Latin, and there was incense, and it was—there was just this mystery, and I wanted to know what’s the mystery, what is this all about.

[00:05:12]

Tacey A. Rosolowski, Ph.D.

[00:05:12]

Did you have kind of physical dimensions of that experience, being in the presence of mystery, or...? I mean, there are emotional dimensions and kind of intellectual, but was there a physical component?

[00:05:27]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:05:28]

Well, I mean, I know that for myself, I would spend just a lot of time of just being aware, physically, just as a child, I would go outside in the winter and lie on the ground in the sun, and just feel the warmth of the sun from the Earth underneath me, the sun on my face, but the cold air on my skin, and just how that affected me. And it was kind of—it was like there was a transformation involved in that.

[00:05:55]

Tacey A. Rosolowski, Ph.D.

[00:05:55]

So talk about what is that transformation. I know it's very hard to put into words, but I'm interested. I mean, these are important experiences, when you're young.

[00:06:04]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:06:04]

I think without really having words for it at that age, for me it was beginning to realize that there was, reality and nonduality, that things weren't—that there was more than what things appeared to be like. And then kind of another thing that was going on simultaneously with that was that my dad was just really kind of a jokester, kind of fun, the dad that had lots of games for all the neighborhood kids, and so he would play—for him—it was different games with me. I took it all very seriously. So, for instance, just driving in the car, we'd come to a stoplight, and he'd say, "You know, you have the power to change the light from green to red." And I'd—I didn't really think I did. And he'd say, "So I just want you to just be with the light, and then I'll tell you when to turn your power on." And so I didn't know what that meant, and I didn't know what turning my power on meant, but I just would really contemplate the light, and try to be aware. And then he'd say, "Okay, turn your power on," and I'd be, I don't know what that means, but just let it happen. And the light would turn red. And so, of course, eventually I learned how he played that game, but maybe—but I started applying that practice towards everything. I'd go outside and just be in relationship with the neighbor's house, and try to feel when someone was going to walk out, if I could know or not, and then... Or with the phone, in different ways. And then I remember at one time in my teens I had some question about all this that I was asking my father, and he was like, "I don't know what you're talking about." (laughs) And I was—my mind kind of blew up where I realized, oh, that was just all kind of children's nonsense to him, and I kind of took it into this other—

[00:07:58]

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Tacey A. Rosolowski, Ph.D.

[00:07:59]

Well, it tapped into something that was—

[00:08:00]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:08:00]

—journey. (laughs)

[00:08:00]

Tacey A. Rosolowski, Ph.D.

[00:08:00]

—hardwired in you that he maybe didn't even understand. He didn't understand the implications of it, but he provided a really neat kind of mirror for—an amplifier, in a sense, for your natural tendencies.

[00:08:13]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:08:13]

Yeah. So that was really kind of my informal training in meditation began, then, at a very young age. And then, when I was 11 years old, we had already moved to Houston, and I found this book on Daoist koans, and so then I began practicing kind of contemplation with Daoist koans, and just reading, like, about realization of the mind, and having no idea what that meant, but just kind of opening up to a different practice.

[00:08:50]

Tacey A. Rosolowski, Ph.D.

[00:08:50]

So tell me how that evolved. And, well, I guess the other question is how was this evolution going on paralleling or having a relationship with school? Or did it? Were they two environments? (laughter)

[00:09:07]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:09:10]

Yeah, I think so. I think kind of simultaneously, with that when I had moved to Houston—so I was—it was the summer before the fifth grade, and I remember, walk—I met a girl who lived a block from me, and we would walk home from school together. And I guess I thought I was a normal kid, and I probably talked to her about (laughter) these kind of things. And so one day

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she said to me, “Oh, you should meet [] my sister Jean. She’s weird, too.” And I was like, kind of, “What?” And her sister and I [became friends and] are friends still.

[00:09:45]

Tacey A. Rosolowski, Ph.D.

[00:09:45]

Oh, that’s interesting.

[00:09:46]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:09:46]

But anyway, yeah, so I guess just kind of feeling kind of a little bit different, but as... I began just really developing an interest, then, in yoga, meditation, diet, and so there was kind of a fringe element in school that was interested in those things, but it was very small at that time.

[00:10:15]

Tacey A. Rosolowski, Ph.D.

[00:10:15]

And what years are we talking about here?

[00:10:17]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:10:17]

So this would be in the early ’70s, and so one of my first experiences with yoga was, well, my dad, in the evenings, he would go in his bedroom and watch TV, and he’d call me in there to bring him a snack, and so he called me in there and he goes, “Hey, I think you’d really like this.” And it was the beginning of *Lilias, Yoga and You* on PBS. And so I think that was in the— maybe around 1973 or something. And so I started—that’s when I really started getting into Pranayama breathing practice, and I started practicing every day from what I’d learned from *Lilias* on Channel 8. (overlapping dialogue; inaudible)...

[00:11:00]

Tacey A. Rosolowski, Ph.D.

[00:11:00]

Now, did you continue in your Catholicism, as well? I mean...

[00:11:05]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:11:07]

I did. When we moved to Houston, that was kind of the end of Catholic school. So we lived in the Spring Branch school district, and my parents put us in Spring Branch schools, but I still had

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Catholic education. Somewhere around that time the Catholic Church moved to folk masses, and so then I was really disappointed. Everyone was very excited, and I kind of thought, “Well, where’s the...? I want the mysticism.” And so there was kind of that.
[00:11:38]

Tacey A. Rosolowski, Ph.D.

[00:11:38]

Yeah, there’s a beauty to the masses in the traditional sense that was missing. I... Yeah.
[00:11:44]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:11:44]

Yeah. But I still—I mean, there were people in our church who were just very heart-centered and compassionate, practiced that also, I was very drawn to. So I think... I guess going back to the yoga, kind of yoga, so I started with the hatha yoga practice on television, and then I was also an artist, so I was an artist while I was in school.
[00:12:26]

Tacey A. Rosolowski, Ph.D.

[00:12:26]

Visual? Visual arts?

[00:12:28]

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Chapter 02

Scoliosis Changes Life and Perspective

A: Personal Background;

Codes

A: Personal Background;
A: Character, Values, Beliefs, Talents;
A: Influences from People and Life Experiences;
A: The Patient;
A: Professional Path;
C: Human Stories;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: Formative Experiences;

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:12:28]

Mm-hmm, yeah, visual arts. I was also a dancer. I started dancing when I was very little, and so I also danced. My aspirations were to be a dancer, so that was kind of my plan. My plan was really to be a priest, but that wasn't going to happen, (laughs) and so I was going to be a dancer. And then I started practice... So then I developed scoliosis. So I had scoliosis, and I was having—it was kind of progressing rapidly in high school, and I was having difficulty in physical education, not being able to do certain things. I had a note from my doctor to get taken out of PE classes. And so I guess at that class period there was not another class I could have, and so they made me be an art assistant in a classroom that already had an art assistant, so it was really just like an art studio time for me. And so when I went into that class, the first day, one of the students who became a good friend of mine was making a batik, and it was the tree of life. And around the outside of it she had written, "May the long time sun shine upon you, all love surround you, and the pure light within you guide your way on." And that was a song I had heard on the radio, and I said, "Oh, I love that song." And she said, "Oh, this is a song we sing at the closing of every yoga class. You should come." And so I was 15 years old, and so she was a couple years older than me. So we went to yoga class, and it was a kundalini yoga class. The musicians who recorded that song [The Incredible String Band]—had been students of this yoga master, who became my yoga master, and so he had heard this song and said, "We need to sing this as the closing song—[of] every class."

[00:14:15]

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Tacey A. Rosolowski, Ph.D.

[00:14:16]

Can I just ask you a question? Tell me about your experience of being told you've got scoliosis, there were limitations on what you could do. I mean, what was your reaction to this progressive condition?

[00:14:33]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:14:36]

Wow. It was interesting because before I was diagnosed with scoliosis I knew that one side of my waist was flat and the other side curved in. I knew that I was structurally different, but as a young girl I just thought I'm not perfect. I guess it was a self-esteem, or just you're trying to figure out—your body's changing and all of that. And so I was just --there was something wrong with me, and my belly stuck out, and found out that was because of the curvature and the rotation of the spine later. My clothes didn't fit right, but I didn't really understand—it didn't—I wasn't able to piece it all together. I was reading an article in the newspaper on a girl who had scoliosis, and she had to have this surgery, and be in a body cast for a year, and I just remember praying and just thanking God that I didn't have that disease. I just thought that was the most horrible thing that I could possibly imagine. And then the next week my mom took me for a physical exam, because I was going to this big Girl Scout jamboree, and the doctor had me turn around during the exam, and he had me bend over, and he was drawing with a ballpoint pen between my vertebrae, and just tears started falling down. When I stood up and my mom saw me crying, she's like, "What's wrong?" And I just knew. So the doctor started talking to my mother about how he thought I had scoliosis, and I needed to go see a specialist. So at one point—my back wasn't supposed to get worse. I did have pain. It did interfere with things. But then I was in an accident. I was thrown from a horse, and I got kicked in the head. I got stepped on my back, and both of my—I had fingers on both hands broken. And so it was after that accident that I started rapidly progressing in scoliosis. I lost three inches in height, and was actually having difficulty standing up or sitting or moving for positions. It started getting really drastic. And how that affected me—it was just really hard to digest, hard to comprehend what was happening.

[00:17:00]

Tacey A. Rosolowski, Ph.D.

[00:17:00]

So how was it treated?

[00:17:02]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:17:04]

So I had surgery right after I graduated from high school, when I was 18.

[00:17:08]

Tacey A. Rosolowski, Ph.D.

[00:17:09]

And this year?

[00:17:10]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:17:10]

That was in 1976, and that was September 14th, 1976. And it was here in Houston. I remember before I had surgery, when I would go just every year for my examination there, they would always show me off, because when you stand forward I could bend [sideways] all the way, my shoulder to my leg. I was so flexible. After surgery, I think it was just really shocking for me just to not be able to bend my back, just to not be able to bend.

[00:17:46]

Tacey A. Rosolowski, Ph.D.

[00:17:46]

Did they put a pin—

[00:17:47]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:17:47]

Yeah, so they straightened the spine, and then I have a steel rod, so it's about two thirds of my spine, and I have the steel rod, and the spine is fused with bone. So...

[00:18:01]

Tacey A. Rosolowski, Ph.D.

[00:18:02]

That's a huge shift in body awareness, your body experience, who am I as a body.

[00:18:09]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:18:09]

It really was quite an experience. I was in—at that time, they put you in a body cast. Now it's different, but then it was plaster. It was heavy. Part of that weight was to help the fusion. You wear the—after about six months, then they'd change the cast, so it's nine months in a cast, and then it was three months in a brace. For me, I think, I graduated from high school. My friends

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were all going to college, and then I went to hospital was the way I saw it, (laughs) and kind of was in bed a lot, and just recovering for a year. I just remember I had a profound experience when the doctor was putting my cast on. It was like when I was going to have surgery, I read about it, I learned about it, but I didn't realize it was going to be painful. Then it was extremely painful after the surgery. I remember I had this experience where my mom was with me in my room, and I was in so much pain that I was out of my body. It was like I was on the ceiling looking down at my body, and I just thought, there's no way I'm getting near that. It was just so painful. And then I remember thinking, well, if I'm up here on the ceiling, maybe I could go down the hallway. And so then I had this experience of going down the hallway, and I saw somebody carrying flowers, and I just knew they were bringing this arrangement of flowers to me. And when I saw the flowers, I knew they were from my aunt, my mom's youngest sister. And I had been my mom's youngest sister's flower girl when I was little, and she was like my other mother. And I just knew that they were from—and I said out loud, “Oh, Paula has sent me the most beautiful flowers.” And then there was a knock at the door, and the door opened, and they brought in these flowers and put 'em down. And my mom looked at them, and she saw the card, and they were from my aunt Paula, and my mom said, “How did you know?” And I remember thinking, oh, I can't tell her [that] I just knew [as soon as I saw them]. I kind of totally forgot the whole thing that I was having this out-of-body experience. And I said, [I read the card.”]

[00:20:34]

Tacey A. Rosolowski, Ph.D.

[00:20:34]

When really it was dad and the stoplights that was helping out there. (laughter)

[00:20:38]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:20:39]

You know, it was just like, whatever.

[00:20:40]

Tacey A. Rosolowski, Ph.D.

[00:20:40]

Yeah. That's an amazing experience.

[00:20:43]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:20:43]

I remember years later I saw—it was some British TV show in the hospital where somebody had kind of a similar type experience, and I thought, okay, maybe that really did happen, you know?

[00:20:52]

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Tacey A. Rosolowski, Ph.D.

[00:20:52]

Yeah, yeah, clearly. I mean, how did that experience—did it have an effect on you, having that kind of out-of-body experience around pain and...?

[00:21:05]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:21:05]

I think, well, it had—I mean, it definitely had an effect on me now as—in the work that I do. That hospital experience, it definitely... One thing I realized is that people have a lot of experiences that they don't talk about, or they don't feel like they can talk about, because people will just kind of shake their head at you, or there's not something to reflect in society all these different experiences that we have. I think --another kind of experience that I had in the hospital—I had several different experiences in the hospital that were profound. I had an experience of—from the medication I was on, when they were changing my pain medication, of hallucinating for 24 hours, and it was really frightening. What I do remember, I was down the street by the Mecom Fountain, and I realized I could just hitchhike, because I thought that they were trying to kill me in the hospital, and that's why I was there, and it was all my mother's plan to get rid of me. And so I was down by Mecom Fountain. I was going to hitchhike and go away. And so then at some point I called my mother up and I told her, "I know what you're doing. I know what you're trying to do, and I just want you to know it's not going to work. I've already left the hospital and I can get out of here." And my poor mom, it was the one night that the nurses had told her, "You have to go home and go to sleep," (laughs) and so it was the one night she wasn't there. But in my work I've experienced a lot of patients who've had similar kind of frightening experiences with hallucinating from medications and things, and so I think that has given me some compassion, to be able to have that empathy, or a glimpse into somebody else's experience.

[00:23:02]

Tacey A. Rosolowski, Ph.D.

[00:23:02]

Mm-hmm. And I think you're right; I mean, I know from interviewing people have a lot of experiences that they—it takes them a long time to kind of warm up and realize that there is someone who will listen to it, because a lot of people say, "No, that's weird," or "You should go get medication to make that stop," (laughs) or... And I think there's a lack of recognition of the full range of what human experience can be—

[00:23:31]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:23:31]

Yeah.

[00:23:31]

Tacey A. Rosolowski, Ph.D.

[00:23:31]

—and needs... I enjoy acknowledging that. It's much more faceted than traditional folks might want to think.

[00:23:42]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:23:43]

I agree with you, and I think—another experience I had that really was probably my most profound experience during that period of time was when, after my surgery—I don't know how much—what time it was, but at some point when they were going to put the cast on me, and I had to be moved from, like, a gurney into wherever it was where the doctor was going to put the cast on me, and I was in so much pain, and I just told him, “I can't do this. I just—I can't move. I can't do this.” And somehow—I don't know how he did it, but he just, like, looked me in the eyes and he just said, “You have the strength to do this.” And then it was just like he was just connecting with me, and then somehow we were able just to go through this process of him applying this cast. And I just remember in that moment thinking, wow, the human connection is so powerful, that I just had—I valued that.

[00:24:41]

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Chapter 03

Exploring Massage and Raja Yoga; Cancer is a New Health Challenge

A: Personal Background;

Codes

A: Personal Background;

A: Faith;

A: Character, Values, Beliefs, Talents;

A: Influences from People and Life Experiences;

A: The Patient;

A: Professional Path;

C: Human Stories;

C: Offering Care, Compassion, Help;

C: Patients; C: Patients, Treatment, Survivors;

C: Cancer and Disease;

C: Formative Experiences;

C: Evolution of Career;

Tacey A. Rosolowski, Ph.D.

[00:24:41]

Mm-hmm. And it made a real change. Yeah. So tell me about the after, kind of coming back, and getting back on track with—or becoming reconnected with bodywork and all of that. How did all that happen?

[00:24:59]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:24:59]

So after that, really what happened was, a number of years of grieving the dancer me, and (laughs) watching lots of dancer movies and crying a lot, and just kind of trying to return to my old body. I just really started applying everything I could, really dived deeper into my yoga practice. I had been practicing for a while, but really just trying to do everything to, quote, “heal.” I wanted to really heal, and I wanted my body back. And then I remember at one point talking to my doctor about it, like, well, when... Because I thought that my problem was my cast, that somehow my cast (laughs) had made me stiff, and kind of forgetting that my spine is fused and I have this steel rod, and not only that but I’ve lost the natural curves, like the lumbar curve, and so my center of gravity has changed, and all that’s never going to be as it was before. And so I remember my doctor telling me, “This is something you might just have to accept.” And I was so angry. For three years I was really angry, and I was like, I’m not accepting this. I’m changing this. And then, finally, (laughs) I did, I think really through meditation, be able to

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come to that acceptance that this is me, but on the other hand I'm really grateful, because meditation, massage, yoga, walking, diet are all things that have helped me manage kind of the side effects of the surgery that I had. Massage came into play—I mean, I started kind of learning about massage when I was younger, kind of just reading in books, the year that I was in bed and in a body cast I really spent learning about what they called then alternative healing. So I did, like, a correspondence course in Western herbology, and just a lot of different investigation on diet and things like that.

[00:27:10]

Tacey A. Rosolowski, Ph.D.

[00:27:11]

How usual was that in Houston at the time?

[00:27:14]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:27:15]

It was not usual. I mean, in that time there were two yoga schools in Houston. I remember the yoga school I attended was one of them, and my yoga master said, "One day yoga will be on every corner," and I was like, "Yeah, sure." (laughs)

[00:27:28]

Tacey A. Rosolowski, Ph.D.

[00:27:28]

Who was the teacher?

[00:27:29]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:27:30]

Yogi Budgeon. So it was not that—there was some of that but not a lot of that in Houston at that time. And so then I really started learning massage through yoga. Kundalini yoga's what they call a raj yoga, so it's a whole lifestyle practice, not just asana. And so some meditation—I mean massage—was part of that. And so I first started learning different bodywork and massage from my yoga master, and he would have courses he would teach also, and...

[00:28:05]

Tacey A. Rosolowski, Ph.D.

[00:28:05]

What attracted you...? And you said raj yoga?

[00:28:08]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:28:08]

Mm-hmm.

[00:28:09]

Tacey A. Rosolowski, Ph.D.

[00:28:09]

R-A-J?

[00:28:10]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:28:10]

Mm-hmm.

[00:28:10]

Tacey A. Rosolowski, Ph.D.

[00:28:11]

Okay, so the lifestyle. What attracted you to that kind of complete commitment, as opposed to, oh, I'm going to take some classes in this and this and this and this? It's sort of more separate, compartmentalized. You know what I'm saying?

[00:28:26]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:28:26]

Yeah. I think it was really the authentic me was still that very spiritual and just really wanting a spiritual life, and trying to see how I fit in. And so for me it felt like this is where I fit, that it had kind of all these different components that I was looking for, and kind of that had spirituality in all these different aspects of life and lifestyle, and really health and healing. It was... I think when I first walked into my first kundalini yoga class, I just felt like, oh, I'm home. It was kind of that feeling of, yeah, this is it.

[00:29:03]

Tacey A. Rosolowski, Ph.D.

[00:29:03]

Wow, that's neat. So tell me... I mean, I noticed that you took a lot of really interesting training. Tell me about some of that. When did you make the decision to actually—like, I'm going to go get real training in this? Or maybe I should ask you: tell me about your relationship with Yogi Budgeon. Because it sounds like that's where it really started, the whole training started.

[00:29:29]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:29:30]

Yeah, so... (pause) I felt—I was really—felt like I had a lot of ignorance, that I just didn't... I really still wanted to know what is this thing about the universe and how does it all work. And so having a spiritual teacher that I could train with was important to me, because—especially when I was a little older and starting my family, because there was guidance kind of on all these different aspects of your life. In yoga, in Ayurveda, they tell you, like, how to sleep. I mean, just, there's just guidance for everything. And so I was really grateful to be able to have guidance really in confronting my own self. To be able to confront myself, to connect with the self, to be able to elevate myself, to be able to learn the difference between kind of my—what we call the ego is how I identified myself in the world, which, when I was younger, was involved with suffering. The me that suffered for so long, because I wasn't a, quote, "dancer," and that just was never going to happen. That was just so painful to go through. And then to be able to have a teacher guide you in that's not you, that's a role, and the you, the Self with a capital S, isn't affected by the roles, the different roles in life. It's always there. It's nourishing. It's perfect. It doesn't suffer. And I think now, working with patients, that's the self that I like to connect with, with my patients, and not put a judgment on them that "You are this cancer," or "You're this treatment," or "Isn't that too bad that you're going through that?"

[00:31:36]

Tacey A. Rosolowski, Ph.D.

[00:31:36]

Or "These are the things you can no longer do because of your cancer."

[00:31:40]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:31:40]

Right, but you are you.

[00:31:42]

Tacey A. Rosolowski, Ph.D.

[00:31:42]

Yeah. Wow. Now, you mentioned that you were married and started a family. When did you get married, and what's your husband's name?

[00:31:49]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:31:50]

I got married—let’s see, when was that? (laughter) I got married, I guess, in 1981, and I’m no longer married, but his name is Michael Sumler. And our—my first daughter was born in 1982, and her name is Guru Kirn.

[00:32:11]

Tacey A. Rosolowski, Ph.D.

[00:32:11]

And how do you spell that?

[00:32:12]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:32:12]

It’s G-U-R-U, next word K-I-R-N, Sumler. Guru Kirn Sumler. And then I have a second daughter, Sara Sumler, Sara without an H. (laughs)

[00:32:24]

Tacey A. Rosolowski, Ph.D.

[00:32:24]

Okay. And I wanted to ask you about the name you selected. I kind of googled it, and there... Is it from a mantra?

[00:32:32]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:32:32]

It’s a spiritual name that I got from my teacher, and it is in—there are mantras with that name, which we kind of segue into when I was diagnosed with cancer, but kind of... (laughs) But anyway, I was given the name by Yogi Budgeon. I guess I got my name in 1982. Yeah. And so it means—what it means is—it means “the princess who represents the great truth,” and truth being “sat,” and “sat” is that Self we were just talking about, so...

[00:33:09]

Tacey A. Rosolowski, Ph.D.

[00:33:09]

Oh, so your name kind of represents that—one of the most profound teachings for you.

[00:33:14]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:33:14]

Yeah.

[00:33:15]

Tacey A. Rosolowski, Ph.D.

[00:33:15]

Yeah, that's wonderful. Okay. So, next in the story? You mentioned the cancer journey.

[00:33:23]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:33:24]

Yeah, so—

[00:33:24]

Tacey A. Rosolowski, Ph.D.

[00:33:24]

Or whatever you feel is the next step to tell.

[00:33:28]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:33:29]

Yeah, I think—well, when I was, I guess, in my... So it was in 1990, around 1990, 1991—I guess it was sometime in 1990—I noticed that I had this, like, mole on my back that wasn't there before. And the reason that I knew it wasn't there before was because I have a scar down the middle of my back from my back surgery, and it was just right above it, like dotting an I. And the reason I was aware of that area was because when I had my surgery, my surgeon told me, "Don't let your scar get burned for two years," or something. "Otherwise, it'll be shiny." And so I remember searching at that time to try to find a one-piece bathing suit that was high in the back. That was impossible. They were all string bikinis or something. But somehow I found one, and there was about three inches of my scar that was above that line, and, of course, it sunburned, because I was a burner, and so I remember always looking to see when I was younger, "Is it shiny?" So I knew there wasn't a mole there. But everybody kept—you know, my friends, my massage therapist, and my husband kept assuring me that, "Oh, no, you've always had that." And then I started having these funny feeling—like, one day, in the night I woke up feeling like I was having a heart attack. And I remember thinking, I can't be having a heart attack. I'm a yogi. I'm a vegetarian. I've been exercising my whole life. There's no heart disease in my family. And this kept happening. And so then one day I was... It was before that I started having fevers. So I would have high fevers, like, every—they would last --every afternoon for a week, every other week. I started seeing lots of different types of doctors, and having lots of tests, and nobody could figure out what was going on with me. My tongue turned

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black. It was just all these strange things were happening. Anyway, then one day I was taking a nap and I started having this pain in my back, right between two vertebrae, and I thought, I wonder if I massage that if this pain will go away, and I felt that that mole, it had been flat and now part of it was raised.

[00:35:57]

And so that led me going to go see the dermatologist. And she always had told everyone in our family, because we get a lot of moles, like, “Oh, this will be nothing,” and so I thought for sure she was going to say it’s nothing, and then as soon as she walked past me—my gown was open in the back and she saw it—she said, “Oh, that’s definitely coming off.” And so I was, oh no. So... And then she said, “You’re going to need to call somebody to come and pick you up because you won’t be able to drive afterwards,” and I was, “Okay...” And so, anyway, I called my husband. He worked just a few blocks away. And it was flooding. It was raining, and it was flooding. And he said, “I can’t get out. All my customers are coming back. (laughs) I can’t get out.” And I was like, “Okay, well...” I said, “I think I can get out of here,” because she was in a high-rise, and I said, “I think I can get out, and I kind of know Houston so I think I can get home.” And so I left, and I was—it was out in Spring Branch, and I was driving my kids—I had one child at a private Montessori school in Spring Branch, and my other child was in a public Montessori school, (laughs) near the U of H. I was thinking, well, the older child can just stay there, because they’ll have a slumber party, there’s a pizza place next door, but I’ve got to go get the baby. And so I was on I-10. I got there, kind of wiggling around to get past high water, and got on the freeway, and on the radio they kept mentioning the freeway closing right behind me. And so I was just right ahead of it. And I picked my daughter up, and I got to the school. I had to park in the middle of the road and wade through water to my knees. And I got my daughter and my neighbor’s son, and I carried them (laughs) on my hips to the car, and we drove home. I drove past one of the bayous nearby, and the water of the bayou was up to the road. And I got home and I turned on the news, and then the road I had driven by on the bayou was flooded. And I thought, I’m going to be okay. I’m one step ahead today. This is a good omen.

[00:38:15]

And so I came home from teaching yoga one night and my husband told me the doctor called him, wanted me to call her, and I was, “It’s 7:30 at night.” And he said, “Yeah, she said just call whenever you get here.” And I thought, that doesn’t sound good. So I called and I found out that I had melanoma. And then I had a visit with an oncologist, and I was told that I would not survive two years. So that was just really shocking. And I spoke with my yoga master, and he told me different—he told me to meditate on death in every moment. And so I did a lot of different kind of yogic death practices. And all of my yoga classes—I taught four classes a week then, and all of my classes, all the meditation and practices were death practices, but I didn’t tell my students that. (laughs)

[00:39:08]

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Tacey A. Rosolowski, Ph.D.

[00:39:09]

What does that mean? I have no idea what a death practice would be in a yoga class.

[00:39:13]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:39:13]

So it might be, for instance, a meditation that is using a mantra that has to do with kind of facing death, or... Like one of the practices that I did, I didn't—actually, this one I started doing, and I didn't know at the time it was a death practice, but it is for facing death. And so this practice I did, it was like a two-and-a-half-hour-a-day meditation, and every morning I would do it, like, at 3:00 in the morning, and every morning when I would wake up I would feel death, like this feeling of this presence looking over my shoulder at me. And then, by the end of the practice, that feeling would be gone. But every time, every day, it would still be there. During this time period, I had a recurrence, so the melanoma came back in the same place. My oncologist said, "Well, we're not going to consider this a recurrence. We're just going to think this was a rogue cell." (laughs) I was like, okay, whatever. So then I had—at that time they only used surgery for melanoma, so there weren't—there wasn't any other treatment. And so I kept doing this practice, and then one day during my meditation, I had this experience of death just facing me, and I just remember feeling, well, finally, you aren't just sneaking around behind me. We're finally just face to face, and if you want me, you take me, you know? But anyway, at that time, at the end of the practice, death was gone, and it didn't come back. And so I thought, oh, okay, I think I am going to be okay. Either way, I think, all the other practices that I did were kind of facing death in my daily life, and so I basically taught my husband, "This is where the chil..." I was a housewife. "This is where you buy the kids' clothes. This is where I buy your clothes. This is when they're on sale." And just kind of organized the life for my children, and just started trying to gain acceptance that my children would be okay. That if they lost their mother at such a young age that they were going to be okay. And just kind of facing all of those kind of things.

[00:41:32]

Tacey A. Rosolowski, Ph.D.

[00:41:32]

How old were your children at this time? You said one was a baby.

[00:41:35]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:41:35]

Well, she was... So one was a preschooler, so they were—let's see... [four] and eight. []

[00:41:50]

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Tacey A. Rosolowski, Ph.D.

[00:41:50]

Yeah. So, yeah, tender age.

[00:41:52]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:41:52]

Yeah.

[00:41:52]

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Chapter 04

Massage and Cancer Patients: A Contemplative Practice

A: Overview;

Codes

A: Overview;
A: Definitions, Explanations, Translations;
A: Joining MD Anderson;
A: Personal Background;
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: Faith;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: Formative Experiences;
C: Faith, Values, Beliefs;
C: Evolution of Career;
C: Professional Practice; C: The Professional at Work;

Tacey A. Rosolowski, Ph.D.

[00:41:53]

Yeah. Now, you mentioned you were teaching, and you said you were a contractor at MD Anderson? So were you already teaching yoga at MD Anderson at this time?

[00:42:02]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:42:03]

I was not teaching yoga at MD... I wasn't at MD Anderson at that time.

[00:42:08]

Tacey A. Rosolowski, Ph.D.

[00:42:08]

Okay, so that would've been later in the '90s that you started—

[00:42:10]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:42:10]

Mm-hmm.

[00:42:10]

Tacey A. Rosolowski, Ph.D.

[00:42:11]

—there. So where were you teaching at the time, and...?

[00:42:15]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:42:15]

I was teaching at Yoga Central, so it was—it's a kundalini yoga center in the Montrose area. And I had taught... I taught some other places in the community, as well. I taught for—in the Spring Branch School District, continuing education, and kind of private classes, and such as that.

[00:42:40]

Tacey A. Rosolowski, Ph.D.

[00:42:40]

Mm-hmm. Did you feel... What was... You had this sense—so much earlier you were interested in the Universe, with a big U, and living a contemplative life. I mean, were you feeling like you were on the path to it, or in the midst of such a life? The purpose question.

[00:42:58]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:42:59]

I definitely felt like I was on the path, yeah. It was definitely—it felt like it was a journey, that I was on the path. I know that when I had my cancer diagnosis, it was such a shock. I felt like I had been going 300 miles per hour and just, like, crashed into a brick wall. And then as soon as I crashed into that brick wall, I felt like I've been [able] to face this because of my yoga practice, and my meditation practice. I felt like, okay, I have the tools to face this. And so I was really very grateful for that, and I just tried to apply what I had to do going forward with that. I was teaching yoga at that time, and I was also practicing massage therapy, so when I first started my massage practice, massage was not licensed in Texas. And there was probably a dozen massage therapists in Houston, (laughs) and so you knew all of them. And I just only practiced massage, like, with family or friends. And so one day my neighbor, who was one of the 12 massage therapists in Houston, called me up and asked me if I would do a massage with her that one of her regular clients wanted a couples massage, and she couldn't get ahold of anyone else, and she had two tables, and I could bring my then—my youngest daughter was an infant, like a one-year-old. I could bring her over and stay with her nanny, and we could just set up in one room and

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just do the routine that she did. So I was like, “Sure.” And so I went. We did the massage. So that would’ve been, like, in 1986. And I came home with a hundred-dollar bill in my hand, and I thought, I can do this, and as a stay-at-home mom. And before, when I was an artist, I also did a lot of ceramics work, and I felt like bodywork was kind of like ceramics to me. For me, it was an artistic expression, and a connection, and so it was like an art for me to do, and I did enjoy it.
[00:45:12]

Tacey A. Rosolowski, Ph.D.

[00:45:13]

Tell me about the artistic expression part. Why...? Make that comparison.

[00:45:18]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:45:19]

I think, for me, when I was doing artwork, it was really a feeling of a connection with kind of the divine, with that good connection with the self, and to be able to express that, and then working with a human body (laughs) as your medium. For me, it was also like connecting with the self of the other—I’m not going to say “the other” because of this non-dual—trying to realize this non-dual experience of kind of oneness in this expression, but being able to have that—just this time of being completely, 100% there for another person.

[00:46:06]

Tacey A. Rosolowski, Ph.D.

[00:46:06]

And transforming their body through something you’re doing that wouldn’t have happened without that connection.

[00:46:12]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:46:12]

Yeah.

[00:46:12]

Tacey A. Rosolowski, Ph.D.

[00:46:12]

That’s a very beautiful, intersubjective thing to be happening. Yeah.

[00:46:18]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:46:18]

So then I started kind of a small massage practice, just really word-of-mouth. I worked out of my home, or I went to people's houses. And then, when I was diagnosed with cancer, what happened was my—that same friend of mine, she had also had the same surgery for scoliosis, and we used to trade back massages pretty regularly. And so at some point—I didn't get massaged for quite a while after my diagnosis, because you were just in that getting tests all the time, and all of the cancer things. And then one day I told her, I said, "Hey, look, let's schedule a trade and do some back massage," because my back was really hurting. And she said, "Oh, you know, I can't massage you." And I was like, "Why not?" And she goes, "You know, the cancer. Like, massage will spread your cancer, so I can't touch you." And then at that time massage therapists were taught in school to never touch anyone who's ever had cancer in their whole life, because if you do you'll spread the cancer, even if they haven't had cancer for 20 years or whatever. And so really, for me, to manage my back—because one of the side effects I had from my back surgery is muscle rigidity in my back, and so kind of I used yoga, meditation, massage, and walking, and they were all equally important. And so when she said that, I just said to her, I said, "You know, if I can't have massage I'm really not interested in having cancer. That's just not going to work for me." (laughter) And so I said, "I've got to find out. I've got to find out about this massage thing, because it just doesn't make sense to me." And so that's when I started just really speaking with my oncologist, and trying to find out everything I needed to know about massage and cancer, and really what was true and what was just a myth. And simultaneously—

[00:48:29]

Tacey A. Rosolowski, Ph.D.

[00:48:29]

Was there a lot of information available at the time?

[00:48:31]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:48:33]

There was really almost nothing available at the time, except really to have a conversation with my doctor, and to try to learn about cancer, and... But there wasn't really anything on... Oncology massages didn't really exist. If there were, there were, maybe somebody else like me in a couple other places in the world. And so kind of simultaneously people just started referring their family and friends who were being diagnosed with cancer to me, and—as a massage therapist. And so—

[00:49:10]

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Tacey A. Rosolowski, Ph.D.

[00:49:10]

So how...? Because this is something I wanted to ask you about later, but appropriate now. So tell me about how you work with a cancer patient as a massage therapist. What's that practice like?

[00:49:27]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:49:29]

So really, with massage, there's—I forget—there's over a hundred modalities of massage. And so oncology massage is really not about a modality. It's really about education on what is cancer, what about cancer treatment, and what do we need to do to be safe. And also, what are—what practice do we have that's evidence-based? Because massage has a lot of—comes—has had a lot of myth involved with it in the past. I think that's changing now.

[00:50:07]

Tacey A. Rosolowski, Ph.D.

[00:50:07]

Yeah, witness the massage will spread your cancer.

[00:50:10]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:50:10]

Right, exactly, starting—

[00:50:11]

Tacey A. Rosolowski, Ph.D.

[00:50:11]

Crazy.

[00:50:11]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:50:11]

—just starting with that one. And so, really, for me, working with someone who's been diagnosed with cancer, it's really a contemplative practice to begin with. So really just taking all the dogma about massage and kind of throwing it out. And so, for instance, massage dogmas that during the massage you don't talk. You encourage the massage—your client to not talk, or they should just be experiencing the massage. Well, sometimes when massage—what goes hand-in-hand with massage is trust, right? You're usually naked, and a stranger or someone is touching you while you're relaxing, so there's a lot of trust there. And often for people you might be the person they trust to share what's going on with them. And so I've had countless

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people tell me “I’ve never told anyone this. I haven’t told my husband this.” Or just taking their wig off. “No one’s seen me without my wig. Even my husband hasn’t seen me without my wig.” And so those kind of dogmas, like everyone needs to just experience the massage and not talk, doesn’t work with oncology massage. Another one is whatever you do on one side of the body, you’re going to do it just the same on the other side of the body. Well, what’s going on with somebody who’s had cancer or cancer treatment on one side of the body, the other side of the body might not be there, or it may have precautions that you need to take that you need to do something differently. So, for instance, the risk of lymphedema. If we remove lymph nodes, if somebody’s had a mastectomy or melanoma or something, and they’ve had lymph nodes removed, and they’re at risk for developing lymphedema. Massage can trigger lymphedema in someone who’s at risk in that region. So we modify how we do the massage, the pressure we use, the direction that we massage, kind of the rate, the tempo of the massage, to help be supportive of collateral flow. So we’re not treating lymphedema, but we’re just supporting the lymph to flow in a collateral way. We’re still able to give touch, so it’s not just contraindicated and I can’t touch you there. We can still incorporate it into the massage, but not trigger lymphedema. Well, somebody might just want regular massage (laughs) on the other arm, on the other side of the body. They might not want it to be the same. And so, really, it has to do with modifying different ways of positioning a patient, the level of touch we use.

[00:52:53]

So in oncology massage there’s two different scales of massage pressure, and the one that we use here is called the Walton Scale of massage pressures, and it has five different pressure levels. Well, when you’re in massage school, you don’t learn different pressure levels. And so when you practice massage, in general, you’re not just using the strength of your hands. You use the strength of your hands, but you also use your bodyweight. So you have the table. The person is lower than you, where you can lean and apply pressure into them. And so, for instance, in the first two levels of the lighter pressure in the Walton Scale, we don’t use any bodyweight. So we’re not contouring our hands, but our hand is flat, and it’s matching the contours of the body, so we’re not changing the contours of the body, so it’s a very light practice. And we’re looking at what are the patient’s blood levels; are they at risk for bruising or bleeding; what medications are they taking; are their medications affecting the integrity of their tissue, or also putting them more at risk for bleeding. We’re looking for medical devices, what medical devices do we need to avoid; tumor involvement; is there bone involvement, are they at risk for fracturing; things like that.

[00:54:21]

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Chapter 05

Bringing Massage to the Place of Wellness and Integrative Medicine

B: Building the Institution;

Codes

A: Overview;
A: Definitions, Explanations, Translations;
A: Joining MD Anderson;
A: Personal Background;
A: Professional Path;
A: Inspirations to Practice Science/Medicine;
A: Influences from People and Life Experiences;
A: Faith;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: Formative Experiences;
C: Faith, Values, Beliefs;
C: Evolution of Career;
C: Professional Practice; C: The Professional at Work;
B: Multi-disciplinary Approaches;

Tacey A. Rosolowski, Ph.D.

[00:54:25]

I'll want to come back to a lot of these issues, but I wanted to kind of get that story of the transition from here you are, private practice, starting to get all these referrals, to becoming a person who can come and then practice at an oncology center. Tell me about that process, because that's a lot of learning you went through during those years.

[00:54:55]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:54:56]

So I think, really, in the beginning was just a lot of just studying, kind of trying to learn about cancer, what was cancer. When I was first diagnosed cancer was just one thing, not 200 different diseases, and different diseases with all subcategories within themselves. And trying to learn about cancer treatment, and how it worked, and... And then some of it, as I was working with people, many of them would be patients at MD Anderson, and so my clients would invite me to come with them to give them a foot massage while they were getting chemotherapy infusion, or for a back massage while they were in inpatient. And so speaking with the staff, speaking with nurses, they were very supportive of that. Yeah, the nurses would usually put a sign on the door,

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“Do not disturb,” or they would tell me, “Okay, she’s got this medical device, or this is happening.” So just really speaking with my own doctors, my own surgeon, oncologist, speaking with staff here, reading. But the more time I spent just walking from—in the halls of MD Anderson and being up here, I started feeling just this really deep... You use the term a “calling,” but I just started feeling this deep feeling that I’m supposed to be here. I just felt like I am supposed to be here, and... Which is really kind of a shock for me, because when I was younger (laughs) I think I was the person that I would go visit someone in the hospital but I would faint in the hallway. I just could never imagine I could ever work in a hospital. It was just... So I had... So by this time, I was still kind of getting towards the... I had progressed a lot on that journey of realizing that that Self with a capital S doesn’t suffer, and so we can help people to have that experience, that you can have suffering and then still have another experience at the same time.

[00:57:24]

Tacey A. Rosolowski, Ph.D.

[00:57:25]

What was the status of your own cancer at the time?

[00:57:29]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:57:29]

After that second—the second—the first time that it came back, I just kept getting scans, and kept being clear.

[00:57:39]

Tacey A. Rosolowski, Ph.D.

[00:57:39]

Oh, wow, yeah.

[00:57:41]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:57:41]

So, yeah. Yeah, so... (laughter) My doctor said, “I don’t know what you’re doing, but just keep doing it.” Yeah, just keep doing it.

[00:57:50]

Tacey A. Rosolowski, Ph.D.

[00:57:50]

That’s wonderful news.

[00:57:51]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:57:52]

So I think kind of... So another thing that happened kind of—this would be before I started at MD Anderson—was my daughter, Guru Kirn, was in high school by now, and she went to the DeBakey High School for Health Professions. In their junior and senior year, they do a preceptorship in the Texas Medical Center. And so I was hoping for her senior year that she could get something—at that time they called it “alternative medicine.” So I was hoping that she could have some experience in alternative medicine in the Medical Center. And so I spoke with Dr. Mary Ann Richardson [DrPH], who I knew through yoga, and she, at that time, was the Director of the UT Center for Alternative Medicine Research. And I asked Mary Ann, “Do you know anything that Guru Kirn could do (laughs) for her senior year?” And she was, “Yes!” She said, “She can work with me, and she can work at the Place of Wellness at MD Anderson.” And so that was my first introduction to the Place of Wellness, which was pretty new at that time. So this would’ve been around ’99, I think, or... Yeah, probably—or ’98. This was probably—when I talked to Mary Ann was around ’98, so my daughter was there in ’99. And so my introduction was as Guru Kirn’s mom, who’s a yoga teacher, and they kept inviting me to come and teach yoga at the Place of Wellness. And I really wanted to, but logistically the time period that they wanted was when I picked my kids up from school, and I just wasn’t going to sacrifice that. Because I think that was part of my journey with cancer was there were certain things I did with my kids that were golden, and those were the things I did, and it was still picking them up from school, even though they were a lot older now. And so that just never happened.

[00:59:58]

Anyway, one day, when I was walking through the halls of MD Anderson, (laughs) after I had seen a client. I thought, I’ve just got to go talk to—then it was Laura Baynham Fletcher was the Director of the Place of Wellness. And so I just dropped by the Place of Wellness. I think there were—they had three employees at that time. (laughs) And I just told Laura—I said, “Hey, Laura, if you ever want to start a massage program here, I’m interested, so just let me know.” And Laura said, “You know, we are interested in starting a massage program, and we’ve—we’re actually working on that.” And she said, “I have another massage therapist that I’m working with, but if we get it up and going we’ll let you know.” And so I was like, “Okay.” And so anyway, at some point after that, a friend of mine taught a yoga class in an artists’ studio in the Heights and asked me to sub for him, and so I went to go sub, and Deanna Cuello, who was, like, one of the three people who worked (laughs) at the Place of Wellness, was in the yoga class. And after class she came up to me and said, “Hey, we started that massage program at the Place of Wellness. Are you still interested?” And I said, “Yeah, I sure am.” And she said, “Well, the therapist that we hired wants to go on vacation in two weeks. Would you come and sub for her for two weeks?” And I said, “Absolutely.” And so then we were doing chair massage, and so I came and subbed for Cynthia Raman, and by the end of the two weeks Laura had gotten a position for me to start as a contractor. And so I’ve been here ever since.

[01:01:51]

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Tacey A. Rosolowski, Ph.D.

[01:01:51]

Yeah, that's great. That's great.

[01:01:53]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:01:53]

So our contract position—we started with chair massage. We did chair massage in the Place of Wellness, and also in different wait areas. It started, I think, in the breast cancer wait area. Over time, we had other wait areas. The ones I primarily did was the ICU wait area, and then also at the Rotary House, which is the Marriott Hotel connected to MD Anderson. And so those were my primary places. We, over the years, added other areas, but kind of those were my two ones that I did for a long time.

[01:02:35]

Tacey A. Rosolowski, Ph.D.

[01:02:35]

Now, at the time, when MD Anderson—when Integrative Medicine was establishing this program, what were they saying were the reasons to provide massage to cancer patients?

[01:02:49]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:02:50]

Really, for relaxation. They really tried to be very clear that this was relaxation massage. And as a matter of fact, (laughs) they called the massage that we did “brief relaxation massage.” And I remember that they were trying to, I think, look at it, as opposed to therapeutic massage, and I would try to say, “But relaxation is therapeutic.” (laughs) But really, that was—that's what they were trying to say.

[01:03:17]

Tacey A. Rosolowski, Ph.D.

[01:03:17]

And what were the reasons for that? Why were they being so specific about that at the time?

[01:03:22]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:03:22]

I think they were trying to be careful that people wouldn't think we were trying to cure cancer, basically, or that we didn't have evidence for—to make other claims. And so I think they were just really trying to be cautious to not make claims that we couldn't back up.

[01:03:42]

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Tacey A. Rosolowski, Ph.D.

[01:03:42]

I mean, part of the story I'm interested in here is it's been a challenge to get Integrative Medicine techniques accepted in the broader institution that is so firmly rooted in Western medicine. So there has to be some strategizing about how it's presented, and kind of the pacing, I guess, of unfolding the full value and implications of this kind of practice. So I'm interested in that process.

[01:04:16]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:04:16]

I know that there were things—I remember hearing from someone who's not here anymore, who started the first support group, and when they were wanting to start a support group, that I think she was told, "Well, that's what we have Sister Alice for." (laughs) And it was like, we have all these patients who need a support group. And just kind of the process of working, of getting a support group—it was for women—approved. And then I think the first room that they were given was kind of like a boardroom that was all very dark wood. (laughter) And so kind of going through this process of just changing how things look. I remember just our own center, the Place of Wellness, the colors on our walls were institutional colors. [Redacted]

(The recorder is paused.)

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:05:30]

Yeah, so I think I was talking about just, like, changes that happen over time, and once a patient came in to our massage treatment room in the Place of Wellness and saw the color on the wall, and at that time the institution used the same colors throughout, and when they saw it they said, "Oh, this is the color of my personal torture room." And so it was, oh, we need to make some changes here.

[01:05:58]

Tacey A. Rosolowski, Ph.D.

[01:05:59]

So tell me about that evolution, I mean both in terms of the institution, but also as you began to practice, and you obviously had a much broader sense of the value of massage and yoga than this is about relaxation. So however you want to unfold that story, how it all began to take shape since 2000.

[01:06:22]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:06:23]

Well, when I... So when I—while I was a contractor, I saw that Memorial Sloan Kettering had—was starting to offer a massage course for massage therapists to work with cancer patients. They also had a massage program at that time that they had started, and so I asked if they would send me to it, and they said, “Well, we can’t send you as a contractor, but we’ll send you when you’re on staff.” And so when I was hired on staff, right away I got to go to this training. Before I went, Laura asked me, she said, “Would you—do you think that you would be interested in developing a program? Would you want to teach this?” And I said, “Absolutely.”

[01:07:10]

Tacey A. Rosolowski, Ph.D.

[01:07:11]

And that was in 2002. I’m just seeing on your...

[01:07:13]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:07:14]

Yeah, or two thousand... Yeah, yeah, yeah.

[01:07:16]

Tacey A. Rosolowski, Ph.D.

[01:07:16]

Okay, yeah. Oh, and then there’s—

[01:07:17]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:07:17]

I think that might be—maybe that’s a mistake, because maybe it was 2003. I’ll have to check.

[01:07:21]

Tacey A. Rosolowski, Ph.D.

[01:07:21]

Okay, there’s also anatomy and physiology at Baylor College of Medicine, so...

[01:07:24]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:07:24]

Oh, right.

[01:07:26]

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Tacey A. Rosolowski, Ph.D.

[01:07:26]

Okay, so anyway, we can check the... I mean, just—but we're in the ballpark there.

[01:07:29]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:07:29]

Yeah.

[01:07:29]

Tacey A. Rosolowski, Ph.D.

[01:07:29]

So 2002, 2003, you went to Sloan Kettering.

[01:07:32]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:07:32]

Yeah, and that was fabulous. That was just incredible. I had already—I think, like, on my first day as a hire, Laura gave me two names. One was Wendy Minor at Memorial Sloan Kettering, and then Bambi [Mathay] at Dana Farber, and she said, “Contact these two people.” They were the lead massage therapists in their massage program. She said, “Contact them. You will be working directly with them on many projects for the rest of your career.” That’s been absolutely the truth. And so it was great. I got to go actually meet Wendy in person, take their course. It was fabulous. Learned a lot. Got to tour their hospital, go on rounds with them. And that was amazing. The training at Baylor was great. That’s one that they’ve had for many years, an annual training, and I think when I first started working here I was spending a lot of time looking up terminology. (laughs) And so just—that was a great training that I recommend to all of our students.

[01:08:41]

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Chapter 06

Massage: Benefits to Patients

B: Building the Institution;

Codes

A: Overview;
A: Definitions, Explanations, Translations;
A: Professional Path;
C: Offering Care, Compassion, Help;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: Professional Practice; C: The Professional at Work;
B: Multi-disciplinary Approaches;

Tacey A. Rosolowski, Ph.D.

[01:08:41]

So tell me about kind of your more global perspective on what massage can do for a cancer patient, how it can have not only relaxation benefits but therapeutic and outcome benefits.

[01:08:58]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:09:01]

Massage can really help, I think, in many different ways. Massage, globally, if we're talking globally, then I'm talking kind of outside of what I do here, because at MD Anderson we have manual therapy in the Integrative Medicine Center, but also in physical rehab. So two different domains where a massage therapist working outside of the institution may be having the goals that I would have at Integrative Medicine, but they could also have the goals, or some of the goals, for manual therapy that are—that they would do in rehab here. And so... But just speaking for myself here, I'm working primarily with helping patients manage symptoms. For me, I think one of the most important things that I can help people with is coping. And I guess by "coping," I'm going to correlate that to digesting. It's like when you get a cancer diagnosis and as you're going through it, it's just a lot to digest. It's that experience I talked about earlier of running into that brick wall and just being overwhelmed. And so I think massage is a way that can help people to get through it. And the thing that I hear the most from people, all these years that I've worked with people, is after massage they'll say, "This is the first time I have felt like myself since my diagnosis," or "I haven't felt like this since before I was diagnosed." I think it is so [] empowering for people to feel that connection with themselves again: Oh, I can still feel this way, even with all of this that's going on. I can still feel good. Or, oh, something can feel good. And I think people—we talked earlier about your own sense of self. People's sense of

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self gets jarred. Their relationships change. Their relationships and their roles that they are engaging in, their work, and all the different roles they have in their life, all change. And if for a brief amount of time somebody can lie down and experience that connection with themselves again, I think it can help people to get through it.

[01:11:32]

Or just for instance if we take breast cancer. Somebody's had a diagnosis. They go through chemotherapy, maybe for a very long time, maybe a couple different types of chemotherapy. And then they have surgery. Then they're going to have physical rehab, helping them with what they've gone through from their surgery, so that they can get radiation, they can be in the position they need to be in for radiation. And then radiation, now they're looking at five days a week for six weeks. I've had women come to me just in the beginning of radiation for massage, maybe for their first massage, and after the massage tell me, "You know, when I was walking over here I decided I was going to tell my husband and tell my doctor that I can't do it. I can't do anymore. But now I know I can." And so I'll just recommend that people get—just schedule massage once a week during radiation. And then people are telling me, "I only have one more massage left," (laughs) or—instead of, "I've got five more days of radiation." And so just help people to get through what they're going through, and just have a different experience.

[01:12:47]

I think it also helps not only physically, in having a pleasurable experience, but it also helps people to have something pleasurable that they can share with others. I think people's stories are very important, and that when you're diagnosed with cancer you're telling your story to people. People are asking you your story. Every time that you tell your story, you're hearing your story, and that can be a lot. And I think it's really something to be able to say, like, "This great thing happened, too." It's also something that people can control. I've had people tell me, like, "I'm so glad that I can get massage because it's something that I want." Or they'll say, like, "I have all these different doctors, and they all want something different for me, and I know those things are all for me, but massage is what I want, and it means so much to me that it's part of my plan." And so... Or they can go, "I'm not getting massage today. I don't feel like it." But they don't get to say "I don't get feel like" getting something else today that they need for their treatment.

[01:14:00]

Tacey A. Rosolowski, Ph.D.

[01:14:00]

Do you find...? The patients who get massage, they self-select. Are there—do some people feel an aversion to getting massaged? Or what's the range of reactions when the possibility is offered to them?

[01:14:18]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:14:19]

So there are people who don't want massage, definitely. And there are some people who are very afraid, because they've heard—especially nowadays. Like, you can hear all kinds of things (laughs) in the media, and so they're really afraid.

[01:14:33]

Tacey A. Rosolowski, Ph.D.

[01:14:33]

What are you referring to? What kinds?

[01:14:36]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:14:36]

They're just, like, of really, like, inappropriate sexual stuff, or even just people may have gone and got—they might have had negative experiences in the past where somebody was too deep, they hurt them, they bruised, they hurt afterwards, they told the massage therapist to stop doing something painful, and they kept doing it because no pain no gain, or those types of experiences. And people who just are afraid—who don't want to be, don't like being touched. Or people who are ticklish, and they think that massage will tickle. And so often a lot of those walls come down if people say, if there's something that's just going to help me feel better, I just want it. So sometimes that's the case. Some people—it's rare that somebody doesn't want to come back for a massage, but that does happen sometimes, and sometimes it's just somebody's not—it's not for them. But usually, if somebody is open to it, we will start with wherever the person's at. So there's not—they're in charge of, you know, let people know if there's anything I do for any reason at all that you don't like, and we're checking in with the person, so really looking for their body reaction, looking for expressions they're making, trying to stay tuned in, that if something's not right we can stop.

[01:16:14]

Tacey A. Rosolowski, Ph.D.

[01:16:15]

What do you find is the attitude or acceptance level among MDs, among other staff members? And kind of respect for it as a practice, as an important part of a patient's experience here?

[01:16:32]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:16:34]

I feel like we've had tremendous, really tremendous support. When we first started the massage program, Dr. Ki Shin was the medical supervisor for massage, and so I will say that really the—I would say the bulk of the education that I got initially was really from Dr. Shin. He just—he

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didn't just give guidelines. He gave guidelines and then he really taught me how to think critically, and how to ask good questions. And so because I think the patients that we work with, there's always something different that you've never seen before, and there's always a treatment that you've never heard of before, because it's all growing, and so I had a lot of opportunity to learn a lot from him. And so we were connected with Physical Rehab and Supportive Care, and they were all very supportive of us, and just very nurturing, and kind of embraced us, really. And so I had the opportunity when I came on staff to begin attending the Palliative Care and Rehabilitation Medicine Grand Rounds every week. And so that was just a bulk of incredible learning that just continues.

[01:18:04]

Tacey A. Rosolowski, Ph.D.

[01:18:08]

And from other people I've certainly learned, and it makes sense, that the more you can speak the language of the individuals who are providing the care, the more they'll understand that you are part of their team, and...

[01:18:19]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:18:20]

That's very important. Yeah, that's very, very important. And not making claims that... I'll say that when we first started our program, we took vitals of our patients before and after every patient, I think for about three years. (laughs) And I just remember, like, trying to tell Dr. Shin, "This kind of breaks the mood after, (laughs) like..." But I feel like—

[01:18:50]

Tacey A. Rosolowski, Ph.D.

[01:18:50]

Why did you do that?

[01:18:51]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:18:51]

I really think we did it to show that it was safe, like, that we were going above and beyond in our care and concern that what we were doing was safe, that we were helping, and that we weren't harming anyone.

[01:19:07]

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Tacey A. Rosolowski, Ph.D.

[01:19:07]

And at a certain point—because I could see that that might be an important message to send outside of Integrative Medicine, I mean, not the best message to send to the patient, but outside. And there was a moment when it was no longer necessary to send that message outside.

[01:19:26]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:19:27]

Right. I mean, our patients have vitals in our clinic beforehand, but it's not the massage therapists doing it before and after, right. Yeah. Which is important, because we don't provide massage if somebody's vitals are unstable, and that is not terribly common, but we certainly do have a number of patients who we have to send to the emergency room who come in because their vitals are unstable. So it does happen sometimes.

[01:19:55]

Tacey A. Rosolowski, Ph.D.

[01:19:56]

Wow. Now, tell me a little bit about the yoga. I mean, so mostly you provide massage therapy, but you also do teach yoga still, or...?

[01:20:05]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:20:05]

I'm not right now, but I did. So when I first started, Laura asked me—she said, “I know we're hiring you as a massage therapist, but would you be open to teaching yoga and meditation?” And I said, “Absolutely.” So I did teach a yoga and meditation class at many years, and then I had a yoga and meditation class plus a meditation class that was specifically for different symptoms, for helping with symptoms.

[01:20:29]

Tacey A. Rosolowski, Ph.D.

[01:20:29]

And what was the value there? What do you—what's the why for yoga and meditation? Why is yoga and meditation of value to oncology patients?

[01:20:42]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:20:42]

Oh. I think that yoga and meditation can help in a lot of different ways, so it helps patients, again, feel connected, have that body awareness, and feel connected. I think that it can help with

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symptoms. We know that it can help with sleep, which is very important for people who are going through cancers. I think one of the first symptoms people might have is that they're not sleeping. But also, just even physically, I would have breast cancer patients tell me, like, "What helped me the most was yoga." And I think coming together with a group... So when you practice, if you're practicing something at home it's one thing, but when you're practicing with a group you also have this group dynamic. My yoga master used to say that when you practice with a group, if you can't do it perfectly you still get the benefit of the group. And so sometimes patients just want to come and lie down in the group and be kind of in the group energy, and they can feel a benefit from that, even not practicing, so...

[01:22:01]

Tacey A. Rosolowski, Ph.D.

[01:22:02]

Well, and if they're in shavasana [sic; savasana], right, that's a practice. That's a pose.

[01:22:09]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:22:07]

Right, right, that's a practice. That's a practice, and it all begins with breathing—

[01:22:11]

Tacey A. Rosolowski, Ph.D.

[01:22:11]

Absolutely.

[01:22:11]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:22:12]

—and just... Or even just being aware, just being there, so...

[01:22:16]

Tacey A. Rosolowski, Ph.D.

[01:22:17]

Yeah. So that makes total sense. Why did you kind of drift away from teaching that and focusing specifically on the massage?

[01:22:27]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:22:28]

So that happened because I was actually hired as a massage therapist, and so then as our program grew they began hiring body/mind specialists. So then the body/mind specialists started teaching the body/mind classes, and then I got relegated back to what I was hired to do. (laughs)

[01:22:48]

Tacey A. Rosolowski, Ph.D.

[01:22:48]

So do you miss the yoga? Do you miss teaching the yoga?

[01:22:50]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:22:51]

I love teaching. I love teaching yoga and meditation, and I love teaching it with the patients, and it actually helped me, in a way, to kind of deepen as a teacher, to be aware of much more going on in a classroom than if you're working with a group of young, healthy 20-year-olds or something. It was a real different approach. But yeah, I love that, but I'm very happy doing what I'm doing, too, so...

[01:23:23]

Tacey A. Rosolowski, Ph.D.

[01:23:25]

So tell me more about how the massage kind of helps you bring your own purpose, make it manifest, if you will.

[01:23:38]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:23:40]

I think, for me, like, every massage that I do I approach it as a personal practice. And so, really, when I'm working with someone, I am... I kind of—where I come from is, like, this contemplative practice that's associated with kundalini yoga is kind of a contemplative practice of kundalini yoga. And so I... It's not, like, at its deepest level, because in its deepest level you'd be sitting and experiencing nonduality, so I have to have this duality in there. Otherwise, I wouldn't be able to walk in the room and do what I'm doing. But really, try to be aware of, like, my relationship with the patient, and how does that affect me. Like, how do I feel? You know, whether it's just being in the room with the person when they're talking, or where—when I'm touching them, when I'm massaging them, like, how does that make me—how do I feel? How am I physically or in any way reacting? And then just to allow that to happen, just to give space to that, without any judgment or thought. And the same time, I'm being aware and remembering all their medical history, and what I need to know, and what our goals are for the treatment, so

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that my goals may be to help with fatigue or sleep or pain or relaxation or whatever it might be, and be aware of how they're responding, and just really making space for them to be completely open, or just try to open up a space, kind of a sacred space, if you will, for them.

[01:25:42]

Tacey A. Rosolowski, Ph.D.

[01:25:42]

It's very present-moment practice. Yeah. And always changing when you're working with a body, because every moment of touch creates the response, and that creates the new environment that has another kind of physical response. So, yeah. You mentioned some ways in which your own experiences with both the scoliosis and cancer had an impact. I mean, as you've thought about your practice over the past almost two decades now, how—what do you bring because of your own experience with disease?

[01:26:19]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:26:24]

I guess I bring... I bring my own view. Like, my—what my experience is... Gosh, it's... Hmm.

[01:26:45]

Tacey A. Rosolowski, Ph.D.

[01:26:46]

If you want to ponder that for a while, we can move on. (laughs)

[01:26:48]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:26:48]

Yeah.

[01:26:48]

Tacey A. Rosolowski, Ph.D.

[01:26:52]

That's okay.

[01:26:52]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:26:53]

Okay, good. (laughter)

[01:26:54]

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Chapter 07

Training Massage Therapists and Building Institutional Acceptance for Massage

B: Building the Institution;

Codes

B: Education; D: On Education;
A: Overview;
A: Definitions, Explanations, Translations;
A: Professional Path;
C: Professional Practice; C: The Professional at Work;
B: Building/Transforming the Institution;
B: Obstacles, Challenges;
C: Human Stories;
C: Offering Care, Compassion, Help;
B: MD Anderson Culture;
B: Working Environment;
B: Multi-disciplinary Approaches;

Tacey A. Rosolowski, Ph.D.

[01:26:56]

Yeah, move on. Well, let me ask you about—because I know you do quite a lot of teaching, as well. So tell me about the teaching piece.

[01:27:03]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:27:05]

So I think after we were able to attend the Memorial Sloan Kettering's course—I also attended with Curtiss Beinhorn, who's our other staff massage therapist here, and Curtiss came on shortly after I did. And so we came back, and we developed this program, a training program for massage therapists to work with cancer patients. And we had a lot of support from a lot of the faculty, and so we—Curtiss and I taught kind of the massage component, and then we had faculty teaching kind of cancer 101, kind of complications of cancer, palliative care topics, different... They've changed through the different years. We had chaplaincy. We had dieticians teaching on nutrition for cancer patients, different things. They were really a comprehensive training program for cancer patients.

[01:28:18]

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Tacey A. Rosolowski, Ph.D.

[01:28:19]

What was it called? That's okay. That's something... (laughter) It's okay. People forget details, and when you look at your transcript you can put that in. That's what I searching for. I was like, what is the name of that thing?

[01:28:31]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:28:31]

I know, it's like, my mind went... All those years, I should know it.

[01:28:35]

Tacey A. Rosolowski, Ph.D.

[01:28:35]

No, no, it happens, believe me. (laughter) Not to worry, a detail that can be added. Yeah. Now, you mentioned that there were faculty who were really supportive. Who were some of the folks who were most in your corner about this?

[01:28:49]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:28:52]

Oh, goodness, over so many years... I mean, really, I would say—you know, I'd have to just say so many of the—probably all of the physicians from Palliative Care and Rehab Medicine, we'll just have to say. Of course, Dr. Bruera [oral history interview], Dr. Zukhovsky, Dr. Konzen, Dr. Shin, Dr. Dev... Just on and on.

[01:29:19]

Tacey A. Rosolowski, Ph.D.

[01:29:19]

Okay, yeah. Well, that's really great. And so that was taught over a number of years. And was it a yearly thing? Twice a year?

[01:29:29]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:29:29]

It was a three-day course, and it was an annual event that we taught over three days.

[01:29:35]

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Tacey A. Rosolowski, Ph.D.

[01:29:35]

And who could attend?

[01:29:38]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:29:38]

You had to be a licensed massage therapist. There were some cases where we had exceptions, because some states do not have licensing (laughs) for massage therapists, so kind of on—by one by one we had exceptions, or we might have a nurse or somebody who did not have a massage license who wanted to attend, so... But primarily it was licensed massage therapists.

[01:29:59]

Tacey A. Rosolowski, Ph.D.

[01:29:59]

And how many people would attend these over the years?

[01:30:01]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:30:01]

When it started we had 40 people, a maximum of 40 people, and then it grew to 75, and then our maximum was 100. And that would be kind of 100 plus, (laughs) because we would have other massage therapists who were contractors who would help us with the hands-on portion, so... Yeah. And then eventually it grew, so first it was just massage, and then eventually we added an acupuncture and yoga for yoga teachers component to the training.

[01:30:35]

Tacey A. Rosolowski, Ph.D.

[01:30:41]

What's your philosophy about teaching other massage therapists? What do you hope to achieve when you, as a teacher...? Because everybody's a different teacher. So what do you want to achieve when you go in to train other massage therapists?

[01:30:59]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:30:59]

Yeah, I have two goals, and so one goal is that I would really hope that anyone who's ever had a cancer diagnosis won't be told that they can't get massage, that I can't touch you. So, and then—but really for the massage therapists, that—especially for massage therapists who this is their first type of training that they've had on this level—is to begin to see that there's so much

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more outside of basic training, and to begin to think critically, to be—to know what they don't know.

[01:31:41]

Tacey A. Rosolowski, Ph.D.

[01:31:42]

Now, that's the second time you've mentioned thinking critically. Can you give me an example of why that's so important in what you do?

[01:31:49]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:31:53]

Yeah, so I guess, like, there's just so many un... I think when you're trained to do massage therapy, primarily you're trained to work with a healthy population, and so there's not a lot of intake. There's not—you're not really taught to think what if something's wrong. I mean, there's maybe a little bit of that, and it's probably changed since... When I started, there wasn't massage school, (laughs) and then eventually there was, and so I went to, like, one of the first schools in the area. There was one school in Houston and one in Tomball, and I went to the one in Tomball. So it's—and the hours have changed and all of that. But I think that you're not taught what you don't know, and that is what you really need to know so that you don't harm someone. And also, just for an example, I was working with a patient for the first time. I didn't know this person. And so they were—we were just getting ready to start the massage. He was just getting ready to lie down on the table. And he started complaining of pain in his back. And I ask him to tell me about his pain. And he said that it was his tumor pain. And so then he started to lie down on the table again, and he was just having so much pain. And I told him I thought he needed to sit up, and I ask him again, "Tell me about this pain." And he said, "Well, it's in my back, and I just feel like a knife is stabbing me." And so I just pulled the call button, because this wasn't a common thing for me. Well, it ended up he had a pulmonary embolism, so he ended up being transferred to the emergency room. But I think on another scenario, if I didn't know what I didn't know I could've just been thinking, oh, okay, that's his tumor pain, or that's his back pain or something, and just tried to massage him or something, but...

[01:34:16]

Tacey A. Rosolowski, Ph.D.

[01:34:17]

No, that's a great example. Yeah, no, I was just curious, and it was a little hard for me to connect with actually in practice what you would be talking about with critical thinking.

[01:34:27]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:34:27]

Yeah, I think—or, like, for a massage therapist who doesn't have access, for instance, to a patient's lab work, so I can look and see what the patient's recent lab work on... If you don't know that they're on medications that could be compromising their platelets and putting them at a risk for bleeding, then you could cause not just bruising, like... If you like deep massage and you get a little bruise, some people don't care about that. Somebody who's having to deal with cancer treatment, you don't want them to [have to] heal from their massage. A little bruise, but if they're at risk for bleeding, if their platelets are low, then that deep massage could cause massive bruising. So it's kind of being able to think about, well, if they're on a new treatment and I don't know about this treatment, I don't know what the effects of that—what are the systems of the body that that treatment's going to affect? And how might massage affect that?

[01:35:28]

Tacey A. Rosolowski, Ph.D.

[01:35:30]

Yeah, it's a whole different... I mean, putting the context of the massage in counter into—inside a much broader context, and thinking about the impact. That must be really interesting to do, I have to say. You don't think about it in that way.

[01:35:45]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:35:46]

Yeah. It's... Well, I love learning, and so it's just—there's always an opportunity to learn in every moment. Yeah.

[01:35:54]

Tacey A. Rosolowski, Ph.D.

[01:35:54]

What are some of the most interesting things you've learned from this, things that you really hadn't expected?

[01:35:59]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:36:00]

One thing really—that really kind of... It was kind of just one story that I'll share with you, that it just really surprised me, was there was a young man who I went to go see in the hospital, and he had an unknown primary disease with widespread bone disease, and he had a lot of pain, and just nothing helped. And he had a lot of bone disease. He had low platelets. I knew it was going to have to be a light massage when I went into the room. Well, it's one thing when you read someone's chart—and I guess one thing that always amazes me is, like, you read the chart,

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but then you meet the person, and they're a real person, and it's so different from whatever you're reading. And I walked into the room, and he had been a college quarterback, and so he just filled up the whole bed. He was, like, this big guy in this bed, young man, and the room was dark, and his parents were sitting in the chairs over by the window, and it was a small room, but they seemed like they were so far away, and they kind of—to me, it looked like *Honey, I Shrunk The Parents*. Like, they seemed tiny, like they were just teeny-tiny, sitting on the chair. Their son had a washcloth over his eyes, and he was so inward, just trying to deal with this pain. The room was dark. And I just thought, what am I going to do? How am I going to help this guy? Because I saw him physically, and he looked like an athlete. And so in my mind, still part of me thought that he had this athlete's body that needed this deep massage, and I wouldn't be able to help him, but I couldn't do deep massage. And so we do a symptom assessment before each massage, so we use the ESA. So we have, like, 16 different symptoms. I'm not sure how many we assessed at that time; it might've been a little bit less. And so I had to ask him to rate—and his pain was an eight or a nine out of ten. And so I did the massage, and after—we had to rate before and after, and after the massage it was an eight or a nine. It was the same. And by the time I got back to the clinic, someone had already called to make sure I was coming the next day, and that happened every day. Every day his pain was eight or nine. It was either eight or nine afterwards. And either his parents or the nurse or his physician called to make sure we were coming back the next day. And I was—part of me was just thinking, well, this isn't helping.

[01:38:34]

And so I was walking to his room, and I decided, well, I'm not going to ask him to rate his pain today. We already know what it is. And so instead I asked him why was massage important to him, because, I said, "I know that massage must be important to you, because everyone (laughs) wants you to get massage []." And he said, "Because during the massage I don't have to feel the pain. I can feel the massage, and it feels so good." And shortly after that he was discharged home for—it was a holiday, and they let him go home, and then shortly after that he passed away. And so I think what I learned from that was no matter how much I want to think I've realized something, like, that always I'm capable of having something—some veil come up in my vision where still part of me wanted to see him as an athlete instead of himself, or still part of me wanted to think a body like this has to have a massage like this, and this isn't going to help. And sometimes just that human compassion and touch can be so valuable to someone, and maybe I didn't change his pain but for half an hour he got to feel good. And I'd like to think that that was very valuable for his parents, and that that is part of the legacy of his journey with cancer that they got to have, and that was part of their story that they got to have, that this felt so good during that time.

[01:40:33]

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Tacey A. Rosolowski, Ph.D.

[01:40:35]

That story's connecting up with a lot of things that you've said this morning. I'm thinking about your description of how you walk into the patient's room, and you're trying to figure out what's my reaction to the patient, kind of assessing how my reaction to the patient is affecting how I—that constant checking in with where you are in delivering your care. And the idea of helping a patient reconnect with their self in a—that inner self, that doesn't suffer—way, that's really... And even the whole community piece, having that done with witnesses who really do have an investment in the whole scenarios, because that's their—part of their story, too. Yeah. We have a few minutes left today, and I just wanted to ask you if there was anything additional that you wanted to share this morning, a follow-up to that story, another story of that kind, of something surprising, or if there's anything else that I have neglected to ask this morning.

[01:41:46]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:41:46]

I'll share another story that you had asked earlier about kind of acceptance of the staff and all, and so this was a story that involved another patient, an inpatient, who I went to see, and this gentleman had had a recent lower extremity amputation. And he was a big man. I walked into the room, and his nurse was positioning him in a chair, and had all these pillows, and I could tell that they had been—it looked like they had been trying for a while to get him comfortable. And so I came in and introduced myself, and I said we could do massage in the chair, but he wanted to get back in the bed for massage. And so she called for help, and I waited, and they got him comfortable. Anyway, it turned out that he had gotten massage once a week for years, that he was this person who never wanted massage, and he went on a cruise with his wife and another couple and everybody got massages, and they loved them. They kept telling him he had to get a massage, and he didn't want a massage, and finally he did. And then two weeks later he noticed that his chronic back pain still was okay. And so he just started getting massage regularly after that, and that was how he'd been managing kind of some chronic back pain that he had had. And now he had had this amputation and he said his back was just killing him, that his back hurt so bad. And so I was able to massage him and help him, and I left, and I was on the unit [] [completing] my dictation. And he called the nurse, and the nurse went in there. And then she came out and she said, "I just really wanted to thank you for seeing my patient. It just means so much to me that you did." And I thanked her, and I said, "Could you please tell me why it means so much to you?" And then she started telling me all these things about Integrative Medicine, that she just loved Integrative Medicine and all of this. And I said, "Yeah, but you told me it means so much to you. Like, why? Why does it mean so much to you?" And she said, "Because when I have a patient that is suffering so much, and I have done everything that I can do, you can come in here and do something that I don't have time to do. This is the first time he has smiled since he's been here. Thank you." And I was like, "Okay." (laughs) And I think that that's something that I hear, that, like, a lot, especially, of our nurses, some of them do

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massage their patients, but a lot of time they don't have time to do things, and there's just something that can help someone. A lot of times we'll see inpatients who are just uncomfortable because they've been in beds so long that they're not discharging because they're in pain, and sometimes they just need some massage and then they can go home. (laughter) So...

[01:45:04]

Tacey A. Rosolowski, Ph.D.

[01:45:04]

Wow. I had no idea.

[01:45:06]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:45:07]

Well, I mean, I think they're good about getting rehab in to get people up and work with them, but sometimes it's just a simple thing. Often it's like the—people say, "It's the position I was in during surgery. The surgery's okay; it's just, like, this position." And they just need a little something to get them through that part.

[01:45:26]

Tacey A. Rosolowski, Ph.D.

[01:45:26]

Yeah. Would you like to stop for this morning?

[01:45:32]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:45:32]

Sure.

[01:45:32]

Tacey A. Rosolowski, Ph.D.

[01:45:33]

Okay. Well, thank you for sharing both those stories.

[01:45:35]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:45:35]

(laughs) Thank you.

[01:45:36]

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Tacey A. Rosolowski, Ph.D.

[01:45:36]

Those are—they kind of really bring alive what you do.

[01:45:39]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[01:45:40]

Thank you.

[01:45:41]

Tacey A. Rosolowski, Ph.D.

[01:45:41]

Yeah. All right, well, thank you. And I'll just say I'm turning off the recorder at 11:55.

[01:45:49]

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Pamela Austin “Sat-Siri” Sumler, LMT, BCTMB, CLT, E-RYT

Interview Session Two: September 10, 2018

Chapter 00B
Interview Identifier

Tacey A. Rosolowski, Ph.D.

[00:00:00]

It is ten after 11:00 on the 10th of September, 2018. I’m Tacey Ann Rosolowski, and we are in the Reading Room of the Historical Resources Center. I’m sitting with Sat Siri Sumler. This is our second session together. You—I’m glad you can—made it back to chat about a few extra topics that we have. So thank you for making the time.

[00:00:23]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:00:23]

It’s my pleasure. Thank you.

[00:00:25]

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Chapter 08

Patient Acceptance (or Non-Acceptance) of Massage Therapy

A: Overview;

Codes

A: Overview;

A: Definitions, Explanations, Translations;

A: Professional Path;

C: Professional Practice; C: The Professional at Work;

B: Building/Transforming the Institution;

B: Obstacles, Challenges;

C: Patients; C: Patients, Treatment, Survivors;

C: Cancer and Disease;

C: Human Stories;

C: Offering Care, Compassion, Help;

B: MD Anderson Culture;

B: Working Environment;

Tacey A. Rosolowski, Ph.D.

[00:00:25]

Really, really a pleasure to have your perspective. So one of the things as I was reading over our conversation last time, you talked a lot about kind of the practical aspects, kind of what you do with patients when you're doing massage. And what I wanted to do was maybe kind of back up to more of a 10,000-, 15,000-foot perspective and think about really that whole process of getting these sorts of somatic and integrative practices accepted at the institution. Because I've interviewed folks like Lorenzo Cohen [oral history interview] and Eduardo Bruera [oral history interview], and it's maybe not the easiest thing. So I kind of wanted to get your read. What is it—what is acceptance like for patients, and what is acceptance like for clinicians? And which would you like to start with first, patients or kind of the clinical staff?

[00:01:29]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:01:29]

I'll start with patients.

[00:01:30]

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Tacey A. Rosolowski, Ph.D.

[00:01:30]

Okay. So what do you find, in terms of people being resistant, people being accepting? What's that—what's the landscape like?

[00:01:42]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:01:43]

Well, I think it's pretty wide. There are some people that are already doing these things. They're already—this is what they want. And I've had—and over the years I've had a number of patients tell me, like, "I chose MD Anderson because I could get massage there." So I don't know if that's totally true, (laughs) but it was important enough to them to say—oh, and that they looked to see what services were available for them. And then, on the other hand, there are people who just do not—are not interested. "I've never done this before." I'm just talking about massage, in particular. And so usually, in those cases, it's usually a spouse that twists their arm for them to try it, and then they're usually onboard, (laughs) that there's—

[00:02:29]

Tacey A. Rosolowski, Ph.D.

[00:02:29]

Now, do you have a sense of what the resistance is? Like, what's going on in their heads that's making them think, "Uh, no, not comfortable with this"?

[00:02:37]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:02:40]

I... Yeah, I don't know. I mean, some patients will just tell me, "I'm just not a massage person." It's—I think massage, in particular, is very intimate. You're going to—on the one hand, you're going to let someone touch you. On the second hand, there's chair massage where you're fully clothed, and then there's—then you could be completely naked. So you will be—have some level of not having your clothes on, with a complete stranger touching you, and then also you're relaxing, so, like, you're letting your guard down. So you really have to be able to have that trust. And I think some people aren't comfortable with that in the first place, and then they're in an environment where everything is new, and maybe their level of trust is in jeopardy in a way where they don't know what's going on with their life, or what their treatment is, or it's all new things that they're facing.

[00:03:40]

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Tacey A. Rosolowski, Ph.D.

[00:03:40]

And what—how might the cancer experience add to that? Because it's—I think anybody who has questions about massage might talk about all the things that you've just mentioned, but how might cancer, the cancer experience add to that?

[00:03:56]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:03:56]

Well, I mean, in particular, for someone who has decided they want to get massage, is people are very uncomfortable that, number one, they don't want to take their wig off. Like, what is their body image? What's going on with their body? Maybe they have a wig. Maybe they have a colostomy, or they've had nephrostomy. I've had a young woman [with a nephrostomy bag] undress and just burst into tears because she's, "No one's ever seen my urine before." [] And I think I might've said before I've had a number of women tell me, "No one's ever seen me without my wig before. Even my husband hasn't seen me." And so... Or just shaving. I will say that I usually like to tell people when they are—there's, like, "Oh, I'm not—I haven't shaved," and I'll tell people, "Well, no one who comes to get massage here shaves. Either their doctors told them not to, or they're too tired, or they are from out of town and forgot their razor, so..." But that's a big—that's really important to people. Or, "I haven't had my pedicure. I can't get pedicures or manicures anymore, and I'm embarrassed." So people are just feeling bad about themselves. But I will say that usually a massage helps people to feel better about themselves. And so in a way people can feel like their body has betrayed them often. They'll talk about, "I've done everything right," or whatever, "I don't know why this is happening to me," and then they realize that they can feel good again: oh, my body can make me feel good. And so getting the massage helps them to, I think, to digest their experience. I feel like sometimes people don't want massage because [it makes them aware of the way they really feel.] Within the first five or ten minutes of the massage they'll say, "I had no idea how bad I felt." And so our patients complete a pre- and post-symptom assessment, and so they might have put all their symptoms really low, or even all zeroes, and then we'll start the massage and they'll say, "Oh, wow, I had no idea I felt this bad." And then at the end they're like, "I feel so much better." And so I think, as human beings, we, to cope, kind of put things back, and just—we're focusing on what we need to, to get to that next appointment, to do that next treatment, if it's every day or whatever it might be. And then when we stop, and massage puts us in touch with how we feel, I think some people maybe subconsciously don't want to go there. But that's just my theory. I don't know if that's accurate or not.

[00:06:52]

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Tacey A. Rosolowski, Ph.D.

[00:06:52]

Yeah. No, no, that's valuable. I just... (coughs) Excuse me. I think I'm having some problems with pollution and... Oh, you, too? (laughter) Yeah. It's been a real challenge, particularly when the weather's this damp and cloudy. No, I mean, I—what you're saying makes perfect sense, and I've been curious because, I mean, the vulnerability and trust issues, I think they do put people in a very complicated emotional, psychic space, and so figuring out how to take on one more new thing that may be quite that alien and challenging, it's like, that's courageous in a lot of senses.

[00:07:39]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:07:39]

Yeah. I think it really is. And patients will talk to me also about other services that they—that we offer that they've never done, in particular acupuncture, and they'll say, "I've never done acupuncture before." They'll try to ask me about it, and they'll just say—but they're really—it's been recommended to them, and so they're starting to digest what that might be, that this is something that actually could help, and how to get over that barrier they have to wanting to go there.

[00:08:13]

Tacey A. Rosolowski, Ph.D.

[00:08:13]

So are you finding that the massage can be kind of a gateway to other complementary practices? Or do people go to acupuncture and then say, "Oh, this works; maybe massage can work," that sort of thing?

[00:08:27]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:08:27]

That will happen also. Often, patients will be with the acupuncturist, and they may talk about some symptom that they're having, and acupuncture may say, "Maybe that's something you might want to think about, massage." Or massage has also been recommended to them, and they'll start talking to the acupuncturist, because they're developing a rapport and trust with them. So I think it can go either way. And also, with our other services, even our classes, or yoga, or... I think once people get into our center, they meet our physicians, get to talk with them, find out more about it, and they start kind of putting their foot in the pool, some of them want to try everything, and they might've been resistant to even come to us, or even come to us and, like, "I don't know why I'm here. My doctor sent me here." (laughs) But they needed our services, so...

[00:09:23]

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Tacey A. Rosolowski, Ph.D.

[00:09:23]

And instantly it opens up a whole world. That must be exciting to see.

[00:09:28]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:09:29]

Yeah, it's very exciting, especially because we have people who come from all over, and a lot of people come from small places that don't have the things that we offer. And so then they're just really excited to learn new things and try new things, and see how they would be able to incorporate similar things at home. So...

[00:09:50]

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Chapter 09

Clinician Acceptance (or Non-Acceptance) of Massage Therapy

A: Overview;

Codes
A: Overview;
A: Definitions, Explanations, Translations;
A: Professional Path;
C: Professional Practice; C: The Professional at Work;
B: Building/Transforming the Institution;
B: Obstacles, Challenges;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: Discovery and Success;
B: MD Anderson Culture;
B: Working Environment;

Tacey A. Rosolowski, Ph.D.

[00:09:51]

Now, what about from the perspective of clinicians? I mean, I know from talking to some of the individuals I mentioned earlier that this—mainstream medicine is still really the norm here, and there are people who are very suspicious or dismissive. What have you heard from people? What's your experience of encountering kind of difficulties in accepting more complementary approaches?

[00:10:21]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:10:22]

I think maybe two categories, and one is where clinicians feel extremely protective of their patients, and so they might look at massage as something that could hurt them, because either, one, they don't know what a massage is, or just basically massage could be anything, and so, unfortunately, in our field there's not just a real set definition of what that is. And so I do think massage could hurt some of our patients. It needs to be modified to be safe. So that's what I've had. I've had people tell me, "Well, not my patient. You're not going to touch my patient."

[00:11:08]

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Tacey A. Rosolowski, Ph.D.

[00:11:08]

So how do you respond in that situation?

[00:11:10]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:11:10]

I try to speak to them in a language that will help to also work in developing trust, and so then I'll find out what their concerns are. "Oh, well, their platelets are too low. They would—I'm afraid that they'll get bruised." And then I can say, "Well, what I would be doing would be like light lotioning." And then they'd say, "Oh. Well, they might like that, and that would—might feel good, and they could actually—their skin is really dry; (laughs) they could use lotioning." So it may just change the conversation to direct it... So usually what I want to let them know is in a patient like this my concerns are this, and I would make these adjustments. This would be my goal to help them; this is how I would adjust it, to—

[00:11:59]

Tacey A. Rosolowski, Ph.D.

[00:11:59]

Because you... I'm sorry.

[00:12:00]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:12:00]

Just to let them know that these are the concerns that I would have, or I might say—and ask them also, "What are your concerns?" So...

[00:12:09]

Tacey A. Rosolowski, Ph.D.

[00:12:10]

Because you were really clear last time. I mean, oncology massage is not just anything. I mean, it's a very rigorous process, as you folks have started to define it, and it's extremely attentive to the physical condition of the patient, and facilitating their treatment, rather than doing anything that could undermine it. Yeah. So it's almost like an education issue. So that's one clinician, not my patient. What are some of the other sources of resistance that a clinician might have?

[00:12:44]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:12:48]

I guess that's pretty... I guess that's pretty much it. Like, either—in the early days, this would not... Because our orders used to come from the primary team, not from our physicians, the

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orders for massage. And so there were a few that just would refuse to write an order for their patient. (laughs) And so I remember once—it had to come from the primary oncologist, the order, at one point. And so one patient asked their physician for (laughs) the order, and they wouldn't write it, so then they were getting radiation, so they asked the radiation oncologist, who wrote an order, and then they came, but it wasn't one we could accept, and so then we had this—I had this dilemma. So then I contacted the primary [oncologist], who said—then wrote an order saying as long as that patient was under the care of Radiation Oncology they could get massage. [00:13:48]

Tacey A. Rosolowski, Ph.D.

[00:13:48]

And you never found out what the person's resistance was.

[00:13:51]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:13:52]

They were kind of ... [] They just felt like it wasn't—they weren't open to hear about it. They weren't—they're no longer here, (laughs) who this person was, but... Yeah, it was just sort of a blocked communication that never changed. We did presentations and tried to open that relationship. But I think one thing that helped, that was beneficial, was when we... We have our guidelines, but then sometimes there might be something, like a new treatment that's coming out, (laughs) or a new procedure, and I'll talk about a couple of those, that I think has helped to build trust with clinicians. And so, for instance, when we opened up the Proton Therapy [Center], that was new [and] not in our guidelines. And so I—we spoke with—kind of seeking their guidance for our guidelines. "Here's the guidelines that we have. Here's what we have for radiation oncology, during radiation; after radiation; these are our concerns. How would proton therapy be different?" And then we started getting lots of referrals from radiation oncologists. At that point we could get our referrals from other—any of the physicians, so that kind of changed. Recently, we've started seeing—I started noticing more and more patients who were having lymph node transplants, and lymphovenous bypasses for treating lymphedema. And that's something new that we're doing here. So we had no guidelines on that. And so I had a patient who I was going to be seeing, and I had read that she had had several bypasses and lymph nodes and [transfers] done. And so I contacted her plastic surgeon and told him, "Well, these are my concerns. This is what I would normally do with a patient who either has lymphedema or is at risk of lymphedema, to be safe. And what are—and I'm looking to you to help me know what can I do. Like, how long after surgery...?" I said, "After surgery, I would think for at least eight weeks I wouldn't even touch that area, but this is what I would do after that." And so then I was able to have a conversation where he was, "I think what you've proposed sounds good, and that I have seen"—he said, "and I have seen patients get worsening lymphedema who had vigorous massage outside." So I think it's good to know that. Like, the clinicians will see things that happen from

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outside, and [] if they don't know what we're doing, then that's a legitimate precaution that they would have.

[00:16:46]

Tacey A. Rosolowski, Ph.D.

[00:16:46]

Well, it also sends a really good message. If you're being proactive and saying, okay, this new treatment's coming down, I'm going to approach that person, I imagine that builds a lot of trust right there.

[00:16:59]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:17:00]

Yeah, I think it makes a big difference, and so I've reached out a number of times with the plastic surgeons, but I'll also sometimes send patients back. So, for instance, after a patient's had a mastectomy, reconstruction surgery, we have a breast bolster that we'll use for patients who have implants, and—or just really any woman who wants to use it, but primarily it's with a patient who has tissue expanders or they have implants. [] It's foam and it has cutouts for the breasts when they're laying facedown on the table. And so women, in general, most women find it really comfortable, and women will go—I've had women just burst into tears because they're like, "I'm a stomach sleeper. I didn't think I could ever sleep on my stomach again." And I'll say, "Well, I've talked with a plastic surgeon about you being able to use this for an hour during massage. I don't know if you can sleep on it overnight, so talk to your doctor about it. I'll send him a note that you're going to do that." (laughs) And they'll go, "Okay." And so now I'm getting feedback from patients saying, "Oh, my plastic surgeon says, 'Oh, go—just go to Integrative Medicine for massage. Like, they know what they're doing down there.'" So I think that we can really build these relationships, and I'm really grateful for the information that I get from them. And then now they know if—until they release that patient to be able to use that bolster, I'm going to—when I work on their back, I'm going to have them sit up on the side of the table first. Then they're going to lie on their back for the rest of the massage, so that'll be safe.

[00:18:30]

Tacey A. Rosolowski, Ph.D.

[00:18:31]

Wow. I mean, that's really an interesting story that is about just creating the personal relationship, convincing the individual, each individual, that yeah, it's going to be okay. Have you experienced that...? Well, you mentioned that people say yes, send people down to massage, they know what they're doing down there, so there is a word-of-mouth kind of thing happening.

[00:18:58]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:18:57]

Yeah. Yeah.

[00:18:58]

Tacey A. Rosolowski, Ph.D.

[00:18:59]

Yeah. That's very effective. Now, what have you noticed over the years? How has acceptance improved, or is there anything different about the process now?

[00:19:12]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:19:13]

I think the acceptance has improved a lot. I think our process has changed, and so I think before we would try to... Initially, patients had to have a referral for full-body massage, but for inpatient massage patients could self-refer. And so there really wasn't that—we weren't building that relationship with the other clinicians. And so I think that's really different now. And we didn't have our own physicians in our own department. And so on all different levels we have a different relationship. We spent a long time at one, for a number of years, writing thank-you letters (laughs) to every physician that referred to us, and in those letters we would also "Thank you for"—kind of what I said similar earlier—like, "Thank you for referring this patient for this. In a patient like this, these would be my concerns. This is what I would do, and these were the results and what the patient said." And so it was just kind of very short, very specific to that patient, and where they could see, oh, I have other patients like this, and then they could get the feedback also from that patient, yeah, this is helping, so I have other patients that this could help, too.

[00:20:48]

Tacey A. Rosolowski, Ph.D.

[00:20:48]

So thank-you letter as educational opportunity. (laughter)

[00:20:51]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:20:51]

Yeah.

[00:20:51]

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Tacey A. Rosolowski, Ph.D.

[00:20:52]

Yeah, yeah. Who came up with the idea for the thank-you letters?

[00:20:55]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:20:55]

I think that was Richard Lee, Dr. Lee. [had the idea to write thank you letters. Ben Konzen, MD suggested writing letters detailing therapeutic concerns, evidenced based goals and safe massage modifications.]

[00:20:59]

Tacey A. Rosolowski, Ph.D.

[00:21:00]

Yeah, that's a great idea. So what do you think would be helpful next to increase acceptance within the institution?

[00:21:15]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:21:15]

Hmm... (laughs) My goodness.

[00:21:22]

Tacey A. Rosolowski, Ph.D.

[00:21:23]

Well, maybe you can come back to that.

[00:21:24]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:21:24]

Yeah.

[00:21:24]

Tacey A. Rosolowski, Ph.D.

[00:21:25]

Yeah, yeah. Because it's just always a process, you know?

[00:21:28]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:21:28]

Yeah.

[00:21:28]

Tacey A. Rosolowski, Ph.D.

[00:21:31]

Talk to me a little bit more generally about kind of... Well, let me back up, because I know you've worked with—you did some research with, worked on some research studies with Eduardo Bruera [oral history interview] and with some other folks. So obviously you have connections beyond Integrative Medicine, in other departments. Dr. Bruera's in Palliative Care. So you're in this community of folks who are kind of struggling with—kind of going against the main tide of the institution. So tell me about working with those folks, I mean, what they say, your community, your perspective. How's that community kind of working together to make some acceptance happen?

[00:22:21]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:22:22]

Like kind of the greater community for Integrative Medicine with Palliative Care and Rehabilitation Medicine?

[00:22:28]

Tacey A. Rosolowski, Ph.D.

[00:22:28]

Mm-hmm.

[00:22:28]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:22:29]

They have just been, since I started here, a tremendous support, just a really... They were our champions, I would say. I think myself, personally, I learned so much, and was able to develop tremendously because of them, but even from the very beginning, we first started having inpatient massage was where we first started, and one of the advanced practice nurses wrote our notes, because we couldn't dictate at that time. We attended their discharge planning meetings every week, and so I got to really hear their team talk, and be accepted as part of the team, and invited into the conversation of how could I help this patient, or... And so I always felt a lot of respect from all their team members, and not all of them really were pro-massage, but they were open to see how it could help their patients, and make referrals for their patients, even if they didn't start out that way. I think they initially just decided to be open about it. And so I think with Rehab we just were very clear about what was the manual therapy that Rehab would do,

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(laughs) and what were the—what were their goals, and then what did we do, and what were our goals. And so it was very—pretty clear about who was going to see what patients, and always felt like we referred to each other when sometimes somebody was coming to the wrong place, basically.

[00:24:32]

Tacey A. Rosolowski, Ph.D.

[00:24:33]

Yeah, so that's an interesting example of kind of bringing something new into the institution, and sort of defining what's the scope of work, and how do they dovetail, and all of that. Yeah. And I'm sure there were some moments of real... Did you find territory wars there at all? I mean, did people kind of like, "No, I don't want you taking over," or...?

[00:24:54]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:24:56]

I never felt that, so I never felt that way. I'm not sure what... (laughs)

[00:25:02]

Tacey A. Rosolowski, Ph.D.

[00:25:02]

Were there people from Rehab Medicine that were maybe a little concerned that maybe massage was taking over some of the work of Rehab, or...? I was just curious.

[00:25:16]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:25:16]

Yeah, not really, that I heard. I know that we have always tried to be really clear, because sometimes it's just, I think, also confusing to patients, so they might come in, and they—because in the community they may go to a massage therapist for a lymphedema treatment, and so then they might show up with me and want that. But now that patients aren't just referring directly, they are first meeting with our medical team first, that doesn't happen anymore. But so if Rehab was concerned, I didn't hear those concerns, (laughs) because... And also, when we first started massage our medical supervisor was Ki Shin, who was from Physical Medicine. And so he was just fabulous. He met with Curtiss and I, our other massage therapist, regularly. Kind of he helped create our guidelines. Anything new that was outside of our guidelines that we didn't know, we would contact him, and he immediately would educate us. So it felt like we were pretty in line with what our scope was.

[00:26:29]

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Chapter 10

Contributing to Research on the Value of Massage

A: The Researcher;

Codes
A: The Researcher;
A: Definitions, Explanations, Translations;
A: Professional Path;
C: Professional Practice; C: The Professional at Work;
C: Patients; C: Patients, Treatment, Survivors;
C: Cancer and Disease;
C: Discovery and Success;

Tacey A. Rosolowski, Ph.D.

[00:26:30]

Yeah, that sounds like a really well-run process. Yeah. Did you want to talk at all about the work that you did with Dr. Bruera on the research studies? Because we hadn't talked about that part of your contribution to MD Anderson.

[00:26:46]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:26:47]

Yeah, so I know with Dr. Bruera... I mean, I worked on kind of some case studies that were with—to see—(laughs) showing that massage was safe and beneficial for patients who had deep vein thrombosis. And so those were some case studies, yeah.

[00:27:17]

Tacey A. Rosolowski, Ph.D.

[00:27:18]

Now, how did that work? Were you called in at the very beginning of planning that research study, or...? Because what I'm interested in is you're not traditionally in the scope of research, so how did you get brought into the whole research process?

[00:27:34]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:27:34]

I think what happened was I was treating patients that we saw mutually, (laughs) and so I was seeing patients for massage. I had had some questions about a patient who... I'm trying to remember in particular. So it was a patient who had had a DVT in her leg, and then she was

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wanting some massage on that leg, but she hadn't had Dopplers, but she'd been on treatment for a very long time, on anticoagulation for a long time. She wasn't having any more symptoms. And so anyway, it might be a patient like there where, can I touch that leg? Normally we wouldn't touch it. Can I touch it at all? What can I do? Having those kind of conversations. "How can we help this patient?" And then there were just other patients who we were... And so then I think they just thought, oh, let's do these—this case series. First it was a case study, and then a case series, on massage, modifying massage—
[00:28:39]

Tacey A. Rosolowski, Ph.D.

[00:28:40]

What did you discover?

[00:28:41]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:28:41]

—to help patients. That we could help patients, they could benefit for pain, anxiety, distress, and it was safe. We didn't... So we could do modifications that were safe, we didn't have any adverse events, and the patients benefited. So...

[00:29:02]

Tacey A. Rosolowski, Ph.D.

[00:29:02]

What other projects did you work on?

[00:29:04]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:29:04]

I also worked on a research study in our department with Dr. Lopez on massage and peripheral neuropathy.

[00:29:12]

Tacey A. Rosolowski, Ph.D.

[00:29:12]

I'm sorry, what is that?

[00:29:14]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:29:14]

Chemotherapy-induced peripheral neuropathy. And so we were looking at patients who they had to have a certain level of severity of symptoms in their feet, and we had four different groups—

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this research hasn't been published yet, and it's still being analyzed, so I don't—I haven't heard what the results are. I just know what patients would tell me. But we had two different treatments, treating different parts of the body. Patients could have neuropathy in their hands, but they had to have it in their feet, as well, if they did. So we had two different massage treatments. They were both... But we had different dose that they received. So we were looking at four different groups.

[00:30:12]

Tacey A. Rosolowski, Ph.D.

[00:30:12]

And what were you hearing from the patients?

[00:30:14]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:30:15]

Most patients were benefiting, so things like a patient would say, "I always have to wear these soft slippers because if I go barefoot I feel like I'm walking on broken glass, so I never go barefoot, and the other day I realized I was at the end of my driveway going to get the mail and I was barefoot."

[00:30:37]

Tacey A. Rosolowski, Ph.D.

[00:30:37]

Oh, gosh.

[00:30:38]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:30:38]

Yeah. So things like that. There were some patients who were like, "Uh, I don't know if I feel anything different," but a number of patients who felt like they were—their symptoms were less severe, or they were having more sensation. People would say, "Oh, I could feel more than I thought I could." So...

[00:30:58]

Tacey A. Rosolowski, Ph.D.

[00:30:58]

Is participating in that kind of research study sort of—does it give you a different perspective, or does it make your practice faceted in any way?

[00:31:10]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:31:11]

I think being able to participate in a study like that really makes me think differently, because over the years I would hear the patients say the same thing, like, “Oh, it’s like—somehow you get through the numbness. I can feel more.” Or like, “I could feel better for one to four days.” Usually they say neuropathy was improved for one to four days. But I never thought about, well, what type of chemotherapy are they on? Would they just feel better anyway? All those types of questions I didn’t think about. So it really helped me to think differently, kind of, about it. And so...

[00:31:54]

Tacey A. Rosolowski, Ph.D.

[00:31:55]

Yeah. Do you plan on participating in additional studies? Is there anything coming down the line?

[00:32:01]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:32:02]

I haven’t heard (laughs) of anything in particular. I would love to. I mean, we’ve also done some other studies where we just are looking at massage, like, benefiting just, like, the different symptoms in the ESAS, like just a number of different symptoms, looking at—we’ve looked at our chair massages, our full-body massages, our inpatient massages. We’ve looked at kind of patients and caregivers, also dose, whether it was 30 minutes or 60 minutes. And so one thing is that we’ve found that for our outpatients, because we either offer a 60-minute visit or a 30-minute visit, that they were both beneficial. And so we are going to be piloting going to 45-minute visits, instead of offering 30 and 60, so that we could open up our template to be able to try to see more patients.

[00:33:05]

Tacey A. Rosolowski, Ph.D.

[00:33:04]

See more patients, yeah.

[00:33:05]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:33:06]

Yeah, because as it is, one problem that we have is that sometimes patients are stuck in another appointment, or sometimes they don’t feel good, and so we’ll have cancelations or no-shows at the last minute, and our PSCs are good at getting people in those slots, but it doesn’t always

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happen. And so if we have more slots I think we can see more people, so I'm excited about trying that.

[00:33:31]

Tacey A. Rosolowski, Ph.D.

[00:33:32]

Do you think people will be bugged if they don't get their 60 minutes? (laughs)

[00:33:35]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:33:35]

Yeah. People will be, because especially (laughs) people want longer than 60 minutes. They're like, "Well..." Somebody told me the other day, because we've put a sign up saying that's going to be happening, and somebody's, like, going, "Remember me? I'm the one that wanted 90 minutes? So can I schedule a back-to-back 45?" And I'm like, "You can't." (laughs) So... But so we'll see. I think people will be receptive when they hear we can help more people. It will still be a benefit, and if we can benefit more people, because I think usually people want to help more people, so... But yeah, I think there will be people who are... Yeah. Yeah.

[00:34:22]

Tacey A. Rosolowski, Ph.D.

[00:34:24]

There will be people that...?

[00:34:26]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:34:26]

Are just, "No, I'm not going to drive across town, park, (laughs) walk there, do all that." And so then maybe that's somebody who doesn't—either that's a service that's not for them. Maybe they... I think there are patients who maybe they need an oncology massage therapist who can come to their home, or maybe they can get massage in the community and maybe they're not needing, like, a special... Maybe where they're at, they are not needing the modification that we do. And some people might need that, and that's what we'll be offering. (laughs)

[00:35:03]

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Chapter 11

A Few Words about Yoga and Views on MD Anderson's New Directions

A: Overview;

Codes

A: Definitions, Explanations, Translations;
A: Professional Path;
C: Professional Practice; C: The Professional at Work;
C: Patients; C: Patients, Treatment, Survivors;
B: MD Anderson Culture;
B: Working Environment;
B: Institutional Mission and Values;
C: Cancer and Disease;
C: This is MD Anderson;
C: Offering Care, Compassion, Help;

Tacey A. Rosolowski, Ph.D.

[00:35:03]

Interesting, yeah. We never talked about you teaching yoga, and would you talk about that now, kind of what's about, and acceptance, and its impact, all of that good stuff?

[00:35:19]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:35:20]

So... So when we first started teaching yoga, I guess we had yoga here before I started teaching yoga here, and it's been quite a long time since I've taught yoga, and I also—I taught a meditation class here, as well, but I haven't done that in quite a while. But when I first started, I think there really was concern from Physical Rehab about our yoga classes. And at that time, we didn't have, like, a medical director onsite in our center, and Rehab would oversee that. So they were very protective. Basically, the yoga teacher could submit, one, this is what I'm going to teach, and they would see what it was and say, "No, you—yes, you can do this; no, you can't do this," and that's it. And so that's changed a lot. Rehab has become part of our—and the Physical Medicine physicians, we created a training for yoga teachers, that they helped in developing those guidelines, and for yoga teachers to begin to think critically about working with patients. And so I think now our yoga teachers that we have are—have grown a lot. I mean, we have new people from before, but that whole part of what we have has developed a lot, since the very beginning. Because as a yoga teacher, you want to modify your class according to who's in there, and so you really need to have those skills to be able to do that with a special population.

[00:36:54]

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Tacey A. Rosolowski, Ph.D.

[00:36:54]

Yeah, for sure, and just information, too, that you may not be aware of. Yeah, last time you talked about that, developing the critical thinking skills, and I'd never really thought about that before, how key that was, but it sounds like that's been a continuing theme sort of with everything that's being offered through Integrative Medicine. That's really cool, I mean, that...

[00:37:17]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:37:18]

Yeah, I think there's—even for yoga teachers in general, it's just beginning to have continuing education for yoga teachers in working with people who have been through trauma. And so I think that's going to develop more for yoga teachers in the community, but all of those types of trainings are really important for our—in our—for our patients who come to our classes.

[00:37:41]

Tacey A. Rosolowski, Ph.D.

[00:37:43]

Now, what's your kind of big perspective? We have a new president at the institution. There are all these changes going on, attempts to kind of refocus the institution after the turbulence of Dr. DePinho [oral history interview] and his resignation, and all of the shared governance reorganization, all that kind of stuff. What is your impression about sort of where the institution's going and what place Integrative Medicine is going to have in that new scenario?

[00:38:18]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:38:19]

I'm really excited. I think we're—(laughs) I like... I feel like a door has opened, or there's kind of like a new light shining, and I feel like at least my initial impression is, like, we need to kind of look at our people that we have here, and support them, and empower them to serve our patients, and acknowledging the people we have here care about our patients, and they want to do a good job, and we think that's great. That's kind of the message that I'm getting, which is really exciting. And I think that Integrative Medicine has really developed so much, and it's continuing to develop into a program that is fitting into this. And, of course, like, what's, to me, a very important component in our mission is compassion, and compassion for our—for patients, compassion for caregivers, and compassion for our staff. And I feel like that's also kind of a bottom-line message that I'm hearing in our new—from our new president. And so I think that things are going to be changing. I don't know how long it's going to take, but I think that Integrative Medicine is becoming more accepted, that maybe we'll see more reimbursement for some of the things that we offer. Like, even yoga, when—I'm trying to remember what year we had health law change. And—not in Houston, but it was another part of Texas-- I knew

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somebody who was actually getting reimbursement for yoga. I forget how many weeks. It was a number of weeks that you could actually get reimbursed for yoga. So it just gives me hope that things are going to change, and that especially, I don't know, that we'll keep being able to help more people.

[00:40:53]

Tacey A. Rosolowski, Ph.D.

[00:40:54]

Well, I thought it was interesting when you mentioned that some patients reported that they'd selected MD Anderson because they could receive some of these Integrated Medicine services, and that goes to patient experience, it goes to the marketability of the institution, and the fact that a growing number of patients do want these kinds of things that round out and humanize, almost, the cancer experience. So hopefully there will be ears in the leadership that receive that message.

[00:41:30]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:41:30]

Yeah.

[00:41:30]

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Chapter 12

Reflections on Contributions and on the Art of Massage, Meditation, and Teaching

A: Character and Personal Philosophy;

Codes

- A: Character, Values, Beliefs, Talents;
- A: Personal Background;
- A: Professional Path; C: Evolution of Career;
- A: Inspirations to Practice Science/Medicine;
- A: Faith;
- A: Overview;

Tacey A. Rosolowski, Ph.D.

[00:41:31]

Yeah. Yeah. What are you—what are your kind of plans? You know, you've made some contributions here. What's sort of next for you on the horizon?

[00:41:44]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:41:45]

For me, I mean, I would like to stay here as long as I can, and also just to continue learning. I'm a lover of learning, and I have—I guess one thing I've learned is that I can expand my knowledge and improve what I do, even if I'm not doing that. And so, for instance, I became a certified lymphedema therapist, which has helped me tremendously, and helps me to just view patients differently, even though I'm not treating lymphedema. I have a lot more different knowledge of the anatomy, and kind of, it improves my critical thinking. Last year, I took a great course in scar tissue mobilization for patients after mastectomy and radiation fibrosis, and that was—really opened my mind to look differently. And so for me, I'd like to continue as long as I can here, and learn as much as I can, and I'm not sure what my steps will be after that, but I know eventually that will change. (laughs) But yeah.

[00:43:06]

Tacey A. Rosolowski, Ph.D.

[00:43:06]

What are you particularly pleased to have done here, when you look back and think of all the things you've done? Is there something that's like, yeah, that really means a lot to have done that?

[00:43:17]

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Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:43:18]

I think just our course, that we developed our [] oncology massage course. And I also got to work in developing the yoga course. So those—that was really phenomenal. I'm really happy to... I guess, other than that, working with patients, teaching—when I taught yoga, teaching my... I taught a meditation class that was for a symptom-based class, and that was really fulfilling. But...

[00:43:53]

Tacey A. Rosolowski, Ph.D.

[00:43:56]

Well, it's a very focused and niche area of practice, but one that a lot of people don't really know exists, and don't know what goes into it, so I'm really grateful for your perspective on that. Is there anything else that you'd like to add to help people understand what you do and why it's important?

[00:44:22]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:44:29]

I think the bottom line is that massage can really help people who either have a diagnosis of cancer, if they're going through treatment, or even afterwards, that massage can be a benefit to help people to cope. [It can help relieve anxiety, stress, pain and promote relaxation and] help people to feel like themselves again. And that people need to be mindful that they have a therapist who has proper training. Yeah.

[00:44:58]

Tacey A. Rosolowski, Ph.D.

[00:45:00]

And here's a weird one. (laughter) I mean, we've talked about a lot of things, but is there something that you're comfortable sharing that you'd like people to know about you as a person, that maybe they don't know? (laughter) Something that's really a window into Sat Siri Sumler?

[00:45:22]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:45:22]

Gosh. I guess, for me, I'm a meditation practitioner. [] Meditation is—and really teaching meditation is my joy, and just helping [experience] transcendence. And so in massage I think people can experience transcendence. It's kind of what I want to happen, but...

[00:45:49]

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Tacey A. Rosolowski, Ph.D.

[00:45:49]

And what does that mean, transcendence? To you, I mean.

[00:45:52]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:45:53]

I guess on the most kind of basic level is to have an experience that's kind of beyond our kind of limited perception of our self and our reality. And so just to be able to relax and let that perception open up a little bit, see a bigger—see something more vast.

[00:46:21]

Tacey A. Rosolowski, Ph.D.

[00:46:22]

What can that do for any person, but a person with cancer?

[00:46:28]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:46:29]

I think it can do so much. I mean, it just—even if we're looking at symptoms, sometimes, for instance, if we are—like, if I have pain, then that grabs all of my attention, and so that becomes very intense. If I open up my perception, I become—sometimes, if I'm in pain, then I don't want to be aware of anything, because you're afraid the pain is going to become bigger, but if I become more aware of everything else that's going on, then the pain becomes smaller. So to kind of take the pressure off, or just people to be able to—just to feel connected, I think, gives people more of an experience of just feeling more complete, and at peace.

[00:47:23]

Tacey A. Rosolowski, Ph.D.

[00:47:24]

What does it do for you to teach people to reach that?

[00:47:27]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:47:29]

I think it's... Kind of like another part of me to express about myself is that I'm an artist. So I was an artist before I started doing massage, and I worked professionally as an artist. I went to art school. And so really yoga and massage are like an art form for me, and teaching, also, is like an art form. And so teaching yoga and meditation, being able to try to connect and be aware of how everyone in the room, in the classroom, how—what is the effect on me? What am I feeling? And then just to allow that without any judging. For me, teaching is a contemplative experience.

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And I think that when we are [] purposefully contemplative in relationship with another, that that affects the other person, too. And so that is a healing relationship. And so that's my bottom line, [] about me. (laughs)

[00:48:42]

Tacey A. Rosolowski, Ph.D.

[00:48:43]

Is there anything else you'd like to add?

[00:48:45]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:48:46]

Just, I guess, at the end of the day I'm just really grateful for every minute that I've been here. I'm really grateful, and I thank you for inviting me, also, to partake in this, which I think...

[00:48:58]

Tacey A. Rosolowski, Ph.D.

[00:48:59]

Well, it's been a real pleasure. I've really enjoyed talking to you. So I just want to say thanks, and if we're good, then I will just say for the record I'm turning off the recorder at 12:00 noon. Thank you.

[00:49:15]

Pamela Austin Sat Siri Sumler, LMT, BCTMB, CLT, E-RYT

[00:49:15]

Thank you.

[00:49:15]