Opening the word hoard

Edited by Gillie Bolton

Who's speaking?

When you read, who is speaking to you? A novel or poem is always told by a specific voice—the voice of the narrator: that narrator is a fictional character, whether they reveal themselves or not. Whose is the narrator's voice in any particular text?

When you write, who tells the story, creates the description, or reports events? You know who is holding the pen or tapping the keys, but whose voice is expressed within the writing? Where does writing come from, whether you are reader or writer?

How does literature (fiction, poetry, drama) have the power to transport the reader or writer into a space other than the one inhabited by their body? Winnicott would have called it a *play-space*.¹ *Play* here does not mean ease and light enjoyment. It means a deeply creative, explorative, expressive, and inventive space. It is a strenuous exercise of the imagination, when the imagination is “a power at once intelligent, sensitive and constructive, importantly related to the power of healing”.² It is not only the space into which children disappear, but also where musicians are when *playing*, and where all of us are when we read or write with deep attention.

Writing can be powerful communication: even more powerful than speech, as it does not disappear on the breath. Much of what we read is absorbed unaware, like many other sensations. Since the narrator is not corporeally present in the disembodied text, their characteristics can pass unnoticed. Yet every utterance has a narrator. Every utterance is a communication between interlocutors. To whom do you listen as you read a text?

The point of view from which writing is angled greatly affects readers' responses. It also greatly affects the writer's understanding as they write. Everyone has multiple voices clamouring or silently waiting in their minds or bodies. The process of writing can be a way of listening to them. Reading is therefore also a way of attending to voices other than the dominant ones

presented in habitual social and professional situations.

The creative writing process is long and complex. The development of the narrator for any text is likely to be partly intuitively derived, and partly cognitively constructed. The initial writing stage is often intuitive and unreasoned, the hand being allowed to write with no conscious mental direction: “That willing suspension of disbelief for the moment, which constitutes poetic faith”.³ “If poetry comes not as naturally as the leaves of a tree it had better not come at all” (John Keats, in a letter to John Taylor, 27 Feb 1818). Winnie the Pooh clearly reads Keats: “‘It is the best way to write poetry, letting things come’, explained Pooh”.⁴ He had also read Wordsworth: “Poetry is the spontaneous overflow of powerful feelings; it takes its origin from emotion recollected in tranquillity; the emotion is contemplated till by a species of reaction the tranquillity gradually disappears”.⁵

Ted Hughes, in *The Thought Fox*, likened it to a silent, still night watching for foxes: “Till, with a sudden sharp hot stink of fox/It enters the dark hole of the head”.⁶ These metaphors all suggest the writer has to be in a specific frame of mind before inspiration will arrive. Heaney, in his poem, *Digging*, used a more active metaphor: “Between my finger and my thumb / The squat pen rests. / I'll dig with it”.⁷

Cixous similarly actively searches: “These pearls, these diamonds, these signifiers that flash with a thousand meanings, I admit it, I have often filched them from my unconscious. The jewellery box. ... Furtively, I arrive, a little break-in, just once, I rummage, ah! The secrets!”⁸ A unitary, closed and private self is assumed here (“The jewellery box”). Heaney describes a similar assumption:

Usually you begin by dropping the bucket half way down the shaft and winding up a taking of air. You are missing the real thing until one day the chain draws unexpectedly tight and you have dipped into water that will continue to entice you back. You'll have broken the skin of the pool of yourself.⁹

These are the kinds of processes writers report themselves undergoing

for their original material, whether they consider they create access into a single self, or find a place in which to hear more (and more clearly) of the many voices within. But then, in the ensuing stages, the author redrafts, crafts, and edits consciously in order to manipulate the text, and the response of their reader. This has to be learnt by beginning writers: even creative writing MA students confuse their text's narrator with their own voice.

Authors write themselves out of a text, because readers are interested not in them as people, but in what they have to say. The reader of a personal letter relates to the writer as a person. But the literature reader relates to the text, not the person of the author. Authors want their readers to develop and maintain a relationship with the text—intellectual, emotional, physical, and spiritual. They remove from the page their own bleeding heart, their own anguished mind, or their personal knotty tussle. They turn the text into a carefully constructed object which they think will communicate with their reader. It is not so much the death of the author, as suicide.¹⁰

The voice of the narrator is a good example. In literature it is always a construct—creative, but nevertheless a construct. This is so whether it seems disarmingly the *authentic* voice of the author, as in—for example, Wordsworth's, *The Prelude*, John Graham Pole's story, or Ann Jay's poem (both below), or where it is clearly not the authorial voice, as with Carol Ann Duffy's wonderful women in *The World's Wife*, Coleridge's *The Ancient Mariner*, Nigel Gibbon's piece below, or whether, as below, in Sam Kyere-mateng's *Jug*, it is a non-human “voice”.

A single narrator in a piece of literature may give a one sided view only (as in Carol Shield's *Unless*), and it is up to the reader to realise this is the case, and think through how the situation and events might be seen differently by the different characters, or by an omniscient narrator. Laura Ingalls Wilder's engaging children's novels about the opening up of the Wild West are deeply romanticised (*Little House in the Big Woods* series). I did not really realise this until I read the final one, which is sad, tough, and unromantic; I always wondered if she died before she was able to give it that warm harmless glow of the others.

Opening the word hoard is edited by Gillie Bolton. Items should be sent to her at the address at the end of her introduction to the column.

Many novels, such as Eliot's *Middlemarch*, are written from the point of view of the omniscient narrator—generally a reliable, authoritative voice upon whom the reader can rely to tell them about events, give them information about the characters, and also provide an appropriate commentary. Other fiction and poetry is written in the first person singular voice, from the point of view of one character, such as Charlottes Bronte's *Jane Eyre* ("Reader, I married him"). Or a range of points of view might be offered, either by switching first person narrator, as in Mary Shelley's *Frankenstein*, or by the omniscient narrator entering different characters' heads, as in the works of Virginia Woolf.

An awareness of the narrator's voice has an importance beyond that of reading and writing critically and creatively. The deeper levels of understanding and awareness developed by this critical capacity are invaluable in listening to, say, patients' stories. Who is telling the story? Is it the story they think you want to hear? How might it be different if told by another family member, say, or the general practitioner? How might an omniscient narrator tell the story? Is the narrator of this story reliable? Heidi Lyth's story below has an unreliable patient narrator. When we read this as a text we know we do not trust this patient, but it might take more skill when the real patient lies before you.

In the last issue, I asked if readers would like to write a piece with an unreliable narrator. Elsewhere I asked for self portraits from the point of view of someone else. Heidi and Nigel responded as you see. This time I would like to ask for even more. Send me stories or poems from different points of view (reliable or unreliable), but I would also very much like to hear your views on the issues raised, both about reading and writing.

The pieces below are all written by medical and health care practitioners. They are written in very different voices, from different points of view. Ann Jay's is a seemingly simple lucid (pellucid even) picture of a double grief; John Graham Pole's story about one of his dying child patients, while extremely touching, is a story of an ethical dilemma. Heidi Lyth gives us a tough, angry, patient. Nigel Gibbons's piece is an unrelenting, but funny sideways view of himself. Sam Kyeremateng's small elegant writing is also, I think, a self portrait.

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Elegy for general practice

Mae loan wedi marw heddiw.

loan died today.

His wife, a widow now, sobs on my shoulder.

As I drive home,

Snow tipped Welsh hills glow pink,

And the sun slips away.

This land is full of ghosts,

And the "multitudinous dead",

Whom we have loved and tended,

Come to their gates to greet me,

As I pass by.

AFTERWORD

The poem distils the feelings I had on my way home one beautiful evening last winter. I passed a house where a man had recently died after a long terminal illness, during which I had visited him regularly. Musing on this I started to recall other patients from the area, also departed and, maybe, because it was that shadowy time between day and night, I found it easy to conjure up their "ghosts". It struck me then how absolutely right John Berger was when he wrote the paragraph below. I did not find these thoughts and feelings sad or macabre. On the contrary they gave me a great sense of comfort and companionship. But then I started to wonder whether such attachments between doctors and their patients will survive in the future, and the belief that they might not, does make me sad. I would like to think that the poem expresses some of these contradictions and a little of what it means to me to be a family doctor in a tight knit community in West Wales. (The second line is a translation of the Welsh in the first line.)

"Multitudinous dead" is a phrase used by John Berger in *A Fortunate Man*, his book about a country doctor. He tells us that:

The doctor is the familiar of death.
When we call for a doctor, we are

asking him to cure us and to relieve our suffering, but, if he cannot cure us, we are also asking him to witness our dying. The value of the witness is that he has seen so many others die. (This, rather than the prayers and the last rites, was also the real value that the priest once had.) He is the living intermediary between us and the multitudinous dead. He belongs to us and he has belonged to them. And the hard but real comfort which they offer through him is still that of fraternity.¹¹

In *The Mystery of General Practice* Iona Heath omits the sentence in parentheses which makes the quotation even more powerful.¹²

Ann Jay

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Consensus and consent

Yesterday's family conference brought us at last to consensus. There were twelve of us present in 94B's family room: two faculty doctors, our haematology fellow, a senior paediatric resident, two paediatric interns, three nurses, a social worker, and Kyle's divorced parents. You could call it a hospital ethics committee of sorts. Most hospitals have ethics committees; they get asked to come together to help doctors and families wrestle with difficult medical decisions. Mostly these have to do with life and death issues. Our gathering was an unofficial version of such.

The senior resident laid out the facts of the case. From time to time she would defer to Kyle's parents by translating, when she realised her language was getting too much like "medspeak" (jargon for medical terminology). The fellow then quoted recent medical literature on a new therapy for aplastic anaemia—Kyle's illness. We all took this in. Then the social worker spoke up, encouraging Kyle's parents to air their own ideas about what seemed best for their ten year old.

After it seemed that everyone had said their piece, I summed things up. A three week trial of this new therapy seemed like a good idea. After all, Kyle was still pretty full of life, and he was not about to give up on himself, or on us. True, this treatment was certainly experimental, but the results so far showed some real hope, and those unwanted side effects had not been too bad in the people treated up until now.

At least, as far as we could tell from the report.

Mind you, there haven't been too many treated so far—maybe a dozen altogether. Anyway, what it seems to come down to is this. Kyle will just need to spend a couple of days in the hospital each week. He's pretty used to that by now. And there is the outside possibility he might respond really well. We all know that's a long shot, but he's beaten the odds already. We really didn't expect him to get this far. Who's to say he won't do it again?

As I listened to myself, I realised I sounded pretty lame. I wondered if the others heard it in my voice. Anyone who thinks medicine is an exact science has been watching too many soaps. But our "committee" broke up with a sense of satisfaction at coming to a consensus that had at first seemed unlikely. We had started out trying to smooth out a lot of animosity that the parents were directing toward each other, and that often overflowed onto us. Divorced a number of years, they usually came to see Kyle at separate visiting hours, not least so they could cut down on contact with each other. Both parents had been tense during our conference, which had set them to looking for things to fight about. Here was a great chance for them to go at it again: what was best for their sick son. It did not help that none of us caregivers had a very clear notion of what was best for him either.

Kyle had been suffering from aplastic anaemia for the past year. This is a condition in which his bone marrow—the source deep within our bones where our blood cells are hatched and flow into our bloodstreams in a never ending cascade—had suddenly got blocked up, like a dam abruptly stopping a river's flow. In most cases, no one knows why, and we had certainly never unearthed a reason why fate had settled this thing on this thriving ten year old.

The illness had devastated him. He had fallen prey to all manner of germs that any healthy child would shrug off. They often set off an infection that would spread through his body like a brushfire. In recent times he had been spending more and more time on the ninth floor of our hospital, on the receiving end of intravenous antibiotics for often uncontrollable fevers. His body had come to depend, too, on frequent transfusions of red blood cells and platelets (the cells that trigger the body's clotting process). Lately he had been needing "top ups" more than once a week.

But he was one stoical fellow, and seemed ready even now to deal with whatever nature and his doctors had in store for him. The day after our

conference, I and my fellow trainee, together with Kyle's favourite nurse and his parents, gathered at his bedside. We did not want to crowd him but it seemed important he knew we had all come to the same conclusion about our plans for him. He had been in his usual isolation room on the children's ward for the past five days, and was just coming out from under another bout of FUO—"fever of unknown origin", in medical parlance.

I pulled up a chair beside his bed and slipped my hand into his. His arm was skinny, pocked with bruises and needle sticks, but he managed a grin. Time to lay out the plan we had come up with.

"Kyle, we've been talking about you—your mom and dad and some of the doctors and nurses. Trying to figure out what's the best thing to do. We haven't done too great a job lately, right?" He had the grace not to nod vigorous agreement.

"Well, we've got this new medicine that's helped other boys and girls like you. Some grown ups too. We're pretty sure it could do the trick for you. It's a very new medicine, though, so we don't know too much about it. Can't make too many promises."

I was hedging a bit, not really spelling out the whole story for him. The truth was, only a handful of children had been treated across the whole country, and not all of them had responded well. And we had no idea about the long term success; definitely too early to say.

He looked up at me in the unnerving way children are so good at, that few adults can match. "Will I have to stay in the hospital?"

"Yup. You'll need to be in for a few days each week—the first four weeks anyway. Not so often after that."

"Hooked up like this?" He nodded his head at the double set of tubes running from his intravenous infusion bottles to his Infusaport site. Infusaports are surgically implanted devices that give us easy access to the bloodstream, avoiding the uncertainty and pain of starting new IV's in the arms and hands of small children every time they are needed.

"Yeah, pretty much, buddy."

His look got more and more pointed. He was giving full consideration to the merits and otherwise of such terra incognita, and infirma.

"Will I get better?"

"I don't know, Kyle. I sure hope so, but... I don't know."

"Is this what y'all talked about yesterday? When I wasn't there?"

"Yeah. Yeah, we all got together and talked, and we all agreed this was the best thing."

Now the look wasn't just pointed, it was downright pissed off.

"You all talked, but I wasn't there. Were my mom and dad there? I told them I didn't want them talking about me without me there!"

No one was quite sure who he meant by "them". And I for one did not feel ready to ask.

"Well, we sure don't want to talk behind your back, Kyle."

"That's what you did!" He was close to tears, but very clear.

"Hey, I'm sorry, buddy. It was just that there was a whole bunch of us and it seemed like it was best..." I trailed off. Well, why hadn't we brought him in on the conversation, so he could be part of this life and death decision making? Good question. It was his body after all—his life and death we were talking about.

"I already decided anyway. I wanna go home."

"Well, you'll get to go home pretty soon, Kyle," his mom stepped in, coming to my rescue. "It's only two or three days each week."

He ignored her. "Those other medicines didn't work. If this new stuff was any good you'd have given it me before."

Ah, the logic of a very smart child. He had me on the ropes; I had no answer. Experimental or not, the drug had been around for a while. Kyle was not about to listen to a lecture on the time honoured protocols for clinical trials of new drugs—how all the "established" agents must be tried first, and that to be eligible for such a protocol a patient must be shown clearly to have "failed" each one of them before an investigational agent can be tested. (Yes, medical science talks about the patient failing the treatment, not the treatment failing the patient).

I knew when I was beaten—or rather when it was time to bend with the wind. And I knew which way the wind was blowing, even if his parents had not got there yet. I had the feeling Kyle, clear and sharp as he was, was going to need some reinforcements. His mom and dad, let alone our haematology fellow and resident doctors, might not be ready to take this lying down. And one thing you learn early about being the attending doctor—the one nominally in charge: you do not get to make the big decisions on your own.

"Well, it seems like you've happened upon a decision, Kyle."

"Yup."

"I know your mom and dad and all of us want you to give this treatment a try. And I think there's a good shot it might work, buddy." I shuffled my chair in even closer. "But you've sure got a say in

all this. No one's going to force you to do anything you don't want to."

As I talked I could see his look soften, as though he suddenly knew he had an ally. That the world of adults, and of adult conferring and judging and decision making, could be breached. That a person of ten years old, who had lived a lifetime in a year, had not only the right to be heard but the wisdom to go with it. The others could not see Kyle and me exchanging looks; I only just restrained myself from winking at him.

"You really don't want to go on with this, do you, Kyle, old bud? Sounds to me like you're ready to stay home for a bit."

"Yeah."

"So—will you come in and see me sometimes? See how things are going?"

"Yeah. But I'm not staying in the hospital."

"Not in the hospital." I repeated the words to make sure that they sunk in with everyone else in the room. Then I leant back, waited a long moment before taking a look around me at the other grown-ups. No one had said anything. We looked at each other. Then his dad spoke up, clearing his throat:

"Well, I guess that's what we'll do then. If you're sure about it, Kyle."

"I'm sure, dad."

I became aware of a slight easing of tension in the room. Slight but definite. All these people, and more, who had gathered together yesterday afternoon had made their collective judgment, and decided what was best for the situation. And now this young boy had rebuked us for our pains, told us succinctly whose life it was we were dealing with. Who was the final decision maker.

Medical ethics is a funny thing, never more so than when applied to children. The "right" thing to do is not cast in stone; you can never write anything in big letters in the sky. The best thing to do is what feels best in the circumstances. And circumstances, as they say, change cases.

So Kyle went home with his mom. His dad spent a good amount of time with him in his last few weeks. I venture to think his parents drew closer together again, maybe buried some old differences. The couple of times he came to my clinic before he died, they were both there with him. He was very weak and pale the last time, but pretty happy. He gave me his look, and we hugged.

A healing moment; a holy moment.

AFTERWORD

Like many of my "true stories" about patients, I wrote this to sort out my confusing thoughts and feelings about the situation. I have had quite a bit to do with bioethics committees over the

years, and I am sure issues surrounding ill children must be among the hardest to resolve. I have also met with many a parent who held quite different views from their child about the best thing to do in hard situations. In the end, I almost always find myself edging over to the child's side. As I reread this piece, I remember how angry I was about the futility of the treatment we were proposing, and how often that is the case.

Perhaps it is not futile if it does not put a child through too much (whatever that means), and meanwhile "buys some time" while helping a family get to a place of acceptance. But the pain and beauty of Kyle's story was that he was at the end of his tether as far as more and more experimental and horrid treatments were concerned, and it was his honesty and clarity that helped us all finally "get it". Children are our best teachers, if we let them be.

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One of the girls

I am fat and I fill the bed. It creaks when I move around. I hardly ever get off it, except when I waddle to the toilet and waddle back. I lie in the corner bed, by the window, far away from you. I hate you nurses. You are young and slim. You move quickly and you laugh. I am young and I was one of you. I was a nurse, and now you have to notice me. My fat is white and folds over itself between my thighs and knees. My anklebone pins my skin down. My hair is thin and I don't talk much. But I have pain and it never goes away. So I come to hospital, to you, and you give me Pethidine every four hours, on the clock, all day and all night. I can make you do this to me. I can make you stupid cows see me, take notice of me, make you see and touch my skin.

My medical notes are fat and spill out. Pathetic cardboard covers with a torn spine. My own skin won't tear; it keeps growing like a joke. My records will tell you all about me, if you really want to know. But I know you won't have the time or the interest to read them, and even if you do, you stupid nurse, it won't change anything. I am so vast and so full of problems that you cannot make me better. I will not let you. I want surgery. I want bits of me taken away. I want to be an emergency. A letter in my notes will tell you I wanted a hysterectomy when I was 23. They wouldn't do it. Now I want a kidney

out—nothing less will do. The pain will not go away until he takes it out.

My consultant works in an office on his research, to keep his problems quiet. So I can stay here for weeks at a time, all over Christmas. I tell you I have good days and bad days, but must have the injections because the tablets just don't work. I am not stupid, I have power and I know how to use it. Last time you sent me away because there is no disease, no abnormality.

But I am a nurse too, so my doctor let me inject myself. And now I am back. In my bag I keep my own Pethidine and needles, and you stupid cows don't know and bring me more. You come to me when I call you, and you don't know.

AFTERWORD

For a few years I have been carrying this destructive, vengeful patient round in my head, and now having written her as an unreliable narrator, have found somewhere for her to go. I was involved with this lady through several hospital admissions over a couple of years where I was one of the smiling busy nurses that she hated so much. From her I learned that there are sometimes much deeper, stronger feelings which lie underneath the surface impression of people's lives and motivate their actions. These are not easily accounted for in the way that nurses and doctors like to account for things.

We tend to acknowledge only the socially acceptable emotions that are comfortable to the patients, to us as carers, and to us if we are patients. This does not include feelings such as hatred, destructiveness, and a desire for chaos to be felt externally as it can be felt internally. This particular woman, to me, belonged to a small, diverse, and scattered collection of people whom I have met over some years in different clinical areas. For a period of time in life, and in the absence of abnormality or injury, they come to depend entirely on large regular doses of morphine, Pethidine, or similar strong analgesics. Pregnant women are as likely to be like this as anyone else. They do not carry the stigma of "drug user" because a supply comes from the general practitioner or as a hospital inpatient.

At the time I felt this woman was, in a way, using all of us involved in her care to help her carry on a course of action which would eventually kill her. In fact I don't know what became of her, and she might now be living in better circumstances.

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Portrait by a patient

He's always the same: late; slightly scruffy—never doing up his top button; tie not straight or not there. I like the doctor to be neat, to look as if he's bothered. And it sometimes smells so stale in there, especially if a lot of people have been in on a hot day, so he usually has the window open, but then the traffic is so noisy.

He always seems tense and rushed, as if he really wants to be doing something else and not listening to me. He keeps tapping at his keyboard, or looking at the screen or at my records on his lap. He doesn't seem to look at me very much, although you can't tell with those eyes looking so small behind his glasses, darting here and there.

He seems to listen for a while, although he might be just dreaming or thinking about something else, and then it's as if something snaps inside him, and he suddenly starts to tell me that I've got to do something, or take something, or not do something, and he keeps on saying it over and over again, or in an only slightly different way, and then he puts my cards away, jumps up and opens the door, sometimes before I've even got my list of tablets out, so then he has to sit down again, and type out all the things that I want, while I'm trying to remember what I really wanted to ask about.

Sometimes he's really impatient or even cross with me, although he's never actually rude—well not really—although it often feels as if he has been. And I always feel as if I'm in the wrong, as if I shouldn't have talked about all those things, because after he's spoken about something, it doesn't really seem very important or difficult. He only ever says something if it's really obvious—and that probably wasn't the most important thing that I really wanted to talk about anyway.

He doesn't get me any better. That's why I have to keep coming back every couple of weeks. And there are so many things wrong that there is always something else that I don't get round to, so that I have to start again with it the next time, but he doesn't ever try anything really new, he just keeps on talking about the same things with his rather growly, monotonous, nasal voice.

I always feel so fat and clumsy and heavy, especially with him being skinny and jumping up suddenly—although he's not so skinny now as he was when he first came—it must be sixteen years ago now.

I really don't know why I bother with him as he's no good at all. I suppose that I feel that I'm used to him, and it would take so long to tell everything to

someone else that I might as well stick with him. He ought to be grateful to me for all those chocolates that I've given him for Christmas. He really owes me!

Anyway, I've made up a sort of poem about him:

If he was a dog he'd be an old,
greyhound—tense and stiff but
droopy round the middle.

If he was a cat he'd be a Siamese,
small eyes, and coming over all
superior, but lazy.

If he was a wild animal he'd be a
weasel, cunning and sly and always
wriggling and slipping away from
you.

If he was a bird he'd be a heron—
tall and staring at you with beady
eyes, and then darting at you.

If he was an insect he'd be a busy
bee—bumbling about and blunder-
ing into things and no use at all.

If he was a fish he'd be a fat trout—
just sitting there, and then suddenly
shooting off.

If he was a farm animal, he'd be a
donkey—awkward and just not
quite right.

If he was a bit of furniture, he'd be a
tallboy—all big and shiny and
domineering, but just a lot of empty
space up at the top and not much
use down below. You keep putting
things in but you can never get
anything out when you want it.

If he was a car he'd be an Austin
Cambridge—years out of date,
mediocre, middle of the road, too
big, using up too much fuel, and you
can't get the spares.

If only he wasn't the way he is, he'd
be a proper doctor.

AFTERWORD

I was asked as an exercise to write a piece about a patient. I chose this one because of her familiarity. I found it quite a satisfying experience to share a distillation of my observations with others as a sort of anecdote. Because of the privacy of consultations, their contents are usually lost to the outside

world, and it was therefore a pleasure to be able to tell a story involving some of my observations, displaying anonymously some of what would otherwise have slipped into oblivion.

The piece was written in a spirit of affectionate resignation about the impossibility of making any real medical progress in the case. Reflecting about my consultations in this detached and analytical way, and writing a parallel piece about the imagined observations of me by the patient, taught me that I should be just as acutely aware of the signs and signals that I give out when talking to people, as I am of what I observe.

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Jug

A terracotta jug sits on a stone floor, in a dark space. A dim light illuminates the spot on which it sits. The jug ponders its existence in the world. It surveys the gloominess of its surroundings. Why am I here? Who am I? What am I? The unspoken questions are unanswered.

The jug ponders itself. It was crafted with care. Someone had lovingly sculpted its form. Taking great care, moulding its short spout and stout handle. Despite this the questions remain unanswered. The labours of its maker could not fully explain its purpose. It understood it was a jug. By its own admission it knew jugs could hold all manner of things. But it could not hold all things at once, and it could not decide what it should hold. It was not enough to be simply a jug, was it? It did not think it wished to be an empty vessel, and it did feel so very empty. It thought of all the things it could hold; water, wine, oil, or even marbles.

If it held water it could be used to sustain people or to hold beautiful things like flowers. If it held wine it could bring life to a party, solace to the lonely, and joy to the sad. If it held oil it could fuel a fire, or ease the workings of some great machine. If it held marbles it could be an ornament to be admired and adored. As the thoughts danced through its imagination the jug realised that in the darkness of this room it could see no water or oil or wine or even stones let alone marbles and even if it could, it could not decide how to choose between them all. The jug sat empty.

The jug sat in silence. In the distance the sound of footfalls tapping the flagstones pierced the darkness. The jug pondered a new thought. Perhaps someone would come and make the

choice. Someone would find it and fill it up with something that would make it something worth being. Delighted by the prospect it sat thinking soon it would find the answer to all its questions. As the steps drew closer the jug's excitement changed to anxiety. What if the person chose the wrong thing? Once filled with wine it could no longer hold water for fear of tainting the taste and vice versa. Would oily marbles have the same appeal? Panicked by the new dilemma the jug remained frozen in the spotlight. The steps stopped. The jug sensed the gaze of the unseen figure. After a moment the silence that had nurtured its thought, became unbearable. The steps clacked back into life then faded.

The terracotta jug sat on a stone floor. In the silence it decided it was better just to be and not ask too many questions. To be an empty jug was enough for now.

AFTERWORD

I wrote this at a time of uncertainty: I'd like to think the sort of uncertainty that everyone experiences from time to time. Primarily it was about career paths: that time when all junior doctors must close the door on general training and decide

what path they should take for the next 30 plus years of their lives. There was also, though, uncertainty about my place in society. As a black Scotsman (or Scotsman of African origin to be politically correct) I often wonder about my place in the world and what my attitudes should be. Being young, male, and black all have their own associated dilemmas. Whilst I am undeniably Scottish, I have a deep love of my African roots. All this is further complicated by the media concept of *blackness* which is very different from that which has been passed to me by my parents. In my experience there are very few role models for the young, black, Scotsman even in today's multicultural world. Even now the only one I can think of is the guy who was in Porridge with Ronnie Barker and I'm sure he doesn't count.

The story was never meant to be a self portrait. I think I was just trying to capture certain emotions. It was certainly never meant to be published. Only now reading it again do I realise how embarrassingly personal (and at times sad) it is. Despite the blushes I am happy for it to be published as it surprises me by capturing my thoughts at a certain moment in time. I guess I

hope that someone else might gain some comfort knowing that they are not the only ones to have similar thoughts of uncertainty.

Sam Kyeremateng

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