

Opening the word hoard

Through the looking glass

“Stories do social and political work. A story is never just a story—it is a statement of belief, of morality, it speaks about value.”¹

“Knowledge is limited. Imagination encircles the world.”²†

Life is perspectival. Looking in through a window at one’s life in order to reflect on it from outside is impossible. Medical and health care clinicians, however open about themselves and their practice, can only perceive and understand from their own viewpoint. With the best, most empathic, will in the world no practitioner can understand a patient or colleague’s point of view. As Anais Nin says: “We don’t see things as they are, we see them as we are.”³

A fully objective account is not possible from anyone about any situation. To be objective is to be “not influenced by personal feelings or opinions in considering or representing facts; impartial, detached” according to the Oxford English Dictionary. Every attempt is made in certain situations—for example, to be uninfluenced by personal feelings etc, but it is not possible to be totally detached or impartial. Even a video recording of a situation must be partial: for instance the stance of the camera must be considered, and the fact that only sight and sound are recorded. Letters, emails, or other writings accurately record communications, because they *are* the communication. Even then, however, they only record each individual’s precise written words, not what the writer or recipient felt or thought at the time, or any other circumstance.

Impartiality and detachment are conspicuously impossible within medicine and health care, as they are essentially interpretive activities,⁴ full of inherent paradox and ambiguity, and therefore there is an inevitable lack of transparency.

Individual clinicians’ perspectives and values can, however, be widened and deepened, in order to develop their

†This was said to Sylvester Viereck by Albert Einstein in an interview in Berlin in 1929.

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

practice as effectively as possible. I remember George Herbert’s hymn from school chapel: “A man that looks on glass, /on it may stay his eye; /or, if he pleaseth, through it pass, /and then the heav’n espy”. Lewis Carroll’s Alice does even better: she crawls right through the looking glass, leaving her stuffy Victorian rule bound world, entering a world in which everything “was as different as possible”, things are “all alive”, where dynamic connections are made between divergent elements.⁵

A creative leap is required to support widening and deepening of perspective, and the ability to mix tacit knowledge with evidence based or explicit knowledge effectively.⁶ The clinical arena can be opened up to artistic scrutiny; practitioners can observe and reflect upon life and practice through the lens of artistic processes. We are still anchored to our own perspective, but these perspectives will be artistically and critically enhanced. We cannot pass through the mirror’s silvering, and can inevitably reflect only upon ourselves, our own thoughts and experiences. Artistic processes can, however, enable a harnessing of—for example, material such as memories which we do not know we remember, and greater access into the possible thoughts and experiences of others.

The artistic method I have used, and which has fostered many Wordhoard accounts, is writing.⁶ Wordhoard featured writers usually write about their own professional or personal experience. The perspectival nature of these writings is acknowledged—that is, they do not purport to be objective or even necessarily true accounts, and many of the writing skills used are those of literature.

Clinician/writers are being heard clearly, both students in reflective writing courses,^{7,8} and practitioners, (see *Annals of Internal Medicine: Physician/Writers’ Reflection* series.) “By rendering whole that which they observe and undergo, doctor/writers can reveal transcendent truths, exposed in the course of illness, about ordinary life.”¹⁰ Samuel Shem says fiction writing has been an essential way for him of humanising medicine.⁹

Writers acutely observe small details and subtle nuances of behaviour and situations. A clinician/writer observes details missed by a good observant

clinician.¹¹ Try it. Observe a patient walking into your consulting room, clinic or ward. Capture on paper: how they hold themselves, breathe, move their limbs, their characteristic gestures and sayings. What do they remind you of—a cat, a big soft armchair, a locked filing cabinet?

A writer has the unparalleled privilege also of entering into the life of another. That this person is a character on a page does not make it any less of a privilege. Deep understandings can be gained by entering (virtually) another’s feeling, thinking, perception, and memories. This is a process of writing beyond what you know: if you know where writing is going to take you, start at that known point, and write on from there into the unknown. Try it. Take the patient you have just described. Write the conversation they might have had on returning home from their consultation or interaction with you, or in the pub that night.

Remember this is an artistic exercise: do not think about it, let your hand do the writing, free of the policeman of your mind. If you add in something about how they got home, where they live or drink, you really are allowing your imagination to take you through the glass. You are tapping into your understanding of this patient which is latent in your mind, but has possibly not been so fully exercised before.

This is fiction; the writing has been invented imaginatively. That process of imagination, however, draws upon deep experience and memory of human interaction. It matters not a jot that your patient had a totally different response to their consultation with you from the story you have depicted. What does matter is that you have brought what you understand and think about this person into the forefront of your mind.

Sharing this writing with a colleague can offer effective reflection upon understandings. Rewrite with the fresh insight gained. And perhaps a colleague, also present at the encounter with the patient, might write an account. Reading each other’s will offer the different perspectives from which you unwittingly work.

This method of reflection does not jeopardise clinical accuracy of perception.¹² Neither does it impose distorted interpretations about patients because its purpose is to explore and express what is already there in

clinicians' understanding and perception.¹³ It brings this to the fore to be reflected upon critically and effectively. It also brings to the forefront of attention the perspectival nature of our perception. No one can know *what really happened* in any situation. Perhaps this writing work might make it clear that the doctor had a totally different understanding of the patient from the nurse, or that the doctor might think and write one thing today, reflect upon that writing (perhaps with a peer or group of peers), and write something different tomorrow; their perception enhanced by the writing and discussions. Such a collection of stories can build up a composite picture of a situation, and what was thought and felt—getting as close as possible to *what really happened*.

This is the kind of work I facilitate in the reflective writing programmes I run.⁶ The first three stories below were written for such groups by medical

practitioners. All these stories are part of the flux and flow of our understanding about life. Being written, and even being published, does not ossify them. They indicate where the understanding of the writer rested at the moment of writing. Retaining this reflexive fluidity in these writing explorations is vital.

G Bolton

Medicine and the Arts, King's College London University, Department of English, Strand, London, WC2R 2LS, UK; gillie.bolton@kcl.ac.uk

REFERENCES

- 1 **Goodson I.** Storying the self. In: Pinar W, ed. *Curriculum: towards new identities*. New York and London: Taylor & Francis, 1998:3–20.
- 2 **Taylor K.** When fact and fantasy collide. *Times Higher Educational Supplement* 2002 Dec 20/27:viii.
- 3 **Epstein RM.** Mindful practice. *JAMA* 1999;**282**:833–9 at 834.

- 4 **Bonnebaker V.** Literature and medicine: humanities at the heart of health care. *Acad Med* 2003;**78**:966.
- 5 **Carroll L.** *Alice's adventures in wonderland*. London: Dent & Sons, 1865.
- 6 **Bolton G.** *Reflective practice writing and professional development*. London: Sage, 2001.
- 7 **DasGupta S,** Charon R. Personal illness narratives: using reflective writing to teach empathy. *Acad Med* 2004;**79**:351–6.
- 8 **Hatem D,** Ferrara E. Becoming a doctor: fostering humane caregivers through creative writing. *Patient Educ Couns* 2001;**45**:13–22.
- 9 **Shem S.** Fiction as Resistance. (Medical writings: physician/writers' reflections on their work). *Ann Intern Med* 2002;**137**:934–7.
- 10 **Sharon R.** Narrative and medicine. *N Engl J Med* 2004;**350**:862–4.
- 11 **Coulehan J.** *Chekhov's doctors: a collection of Chekhov's medical tales*. Kent State: Kent State University Press, 2003.
- 12 **Mattingley C.** Emergent narratives. In: Mattingley C, Garro LC, eds. *Narrative and cultural construction of illness and healing*. Berkeley: University of California Press, 2000: 181–211.
- 13 **Garro LC,** Mattingley C. Narrative turns. In: Mattingley C, Garro LC, eds. *Narrative and cultural construction of illness and healing*. Berkeley: University of California Press, 2000:259–69.

Anniversary VE day

The day was very cold. The empty platforms and the patch of steel grey sky, visible between the outline of the footbridge and the sheds beyond, only reinforced his feelings of melancholy and fear. He shuffled from foot to foot and pushed his hands deeply into the pockets of the heavy old fashioned serge overcoat, and tried to make them meet in front of him so that the rough material was pulled more closely to his body. It wasn't effective though; the wind sliced down the platform from the East, and found its way easily between the folds and opening of the coat, to the vulnerable body beneath. He shivered and turned to face the priest from the day centre who had come to support him. The priest met his questioning gaze directly and smiled in encouragement, but said nothing. He placed his outstretched arm around the other's shoulders, and squeezed gently pulling him momentarily towards him before releasing the pressure. The grey coated man continued to gaze at the priest but now there was a hint of relaxation around his eyes. His mouth worked for a second or two but no sound came and he looked away down the track.

They stood, not speaking for ten or so minutes more before a barely audible announcement crackled over the Tannoy, and their anxiously scanning eyes picked up the first hint of movement many hundreds of yards away in

the distance down the dully glistening tracks. The train snaked its way towards the station growing larger by the second and eventually pulled into the platform in front of them, as they moved restlessly a few yards to the left, and then again to the right, peering tentatively through the slowing windows of the train. The grey coated man fought to control the panic rising inside him. He was too late to call the whole thing off now; too late to run away; too late to continue the anonymous unencumbered life. Would he recognise her? Would she recognise him? Would he find any familiar hint of that dark girl he had once loved, or had the last thirty years of separation and solitary living erased all trace of their previous connection. Just then he couldn't remember her smell; he couldn't remember the touch of her skin, could not recall her smile, or how her mouth altered when she laughed; it was a void which might never be filled. They had exchanged photographs of course, but there was no suggestion of any smile in those, in fact there was no clue to any of her thoughts or feelings from them.

The doors opened with a snap and a dozen or so passengers, non-familiar, climbed down from the tall carriages, looked around them and hurried off towards the exit sign at the top of the steps. With a sense of relief he realised she wasn't on the train, she wasn't

coming after all, and turned, shaking, towards the priest. He, however, did not meet the grey coated man's glance but was looking steadfastly towards the front end of the train, where a small stooped figure, dressed almost completely in black, was dismounting from the leading carriage, evidently with some difficulty. The priest pointed to the woman with his black gloved hand and said softly, "There", and putting his arms around the shoulders of the man in grey, pulled him gently forwards as he set off, steadily, towards the woman at the other end of the shining platform.

His head was swimming and he still wasn't sure if it was her, but as they approached she was joined on the platform by a squat, bespectacled nun who was wrestling with two large suitcases, and he now knew that she was indeed the woman. The nun said a few words to the woman in black and she became aware of their emphatic footsteps and turned towards them. As she did so, the man in grey looked directly into her sombre, shadowed eyes and whispered, in an unsteady voice, "Yana?" "Husband?" she breathed in her own language, and grasping his arms with her own small hands she sobbed and sobbed and sobbed.

"What did you say?" he asked in his thick, almost unintelligible accent.

I said, "I bet you have many memories flooding back at this particular time; you were miles away then weren't you?"

"I thought that is what you said; yes many memories—none very happy though. VE Day means nothing to me. I don't think I've been happy since I was twenty. I told you didn't I—I was a prisoner for two years and I never thought that I'd live—no one else much did. After I was released I walked all the way from Russia right through the Middle East and I didn't see my wife for thirty years. She thought I was dead for fifteen of them. In the end she came over to England in 1968, it had taken fifteen years to get them to agree to her coming. I could have gone back to live in Poland but I was frightened. I thought they might put me back in prison or even kill me. It was never the same when she came. She never got over

those desolate years. I don't think she ever really forgave me for not getting back to her. She loved me, but she never forgave me, bitter with me really, bitter with the whole world and I am sorry that I was never able to love her again. I don't know why, I wanted to but it had gone, burnt out by those thirty empty years. My life has been terrible; I wish I'd never been born, but I do believe in God and he must have had a reason for me being here. Anyway I'm going now, and Doctor, don't let's talk of this again please! Goodbye".

AFTERWORD

He was a very old Polish man who was a frequent attender and who never seemed to get better or any happier no matter what efforts I made for him. He was a devout catholic and I could not understand why someone with such a

faith was so concerned with their health and mortality—in fact his hypochondriacal attitude irritated me. I never seemed to really reach his inner self and in an effort to engage him I took the opportunity of the VE day anniversary to try and connect as I knew he had come to this country as a result of the second world war. I was astounded by what he told me and his attitude to life and his health was suddenly explicable. I was never able to make him any happier but I was never irritated by him again. Not long afterwards his wife died and his priest arranged for him to go into a home for aged Polish expatriates in Wales, so I didn't know his end but I like to think he found some solace amongst his compatriots.

B Purdy

14 Whitworth Rd, Sheffield, S10 3HD, UK;
bobpurdy@ranmoor22.freeserve.co.uk

Warts

Before starting as a general practitioner (GP) principal I had finished off my training with a six month placement in genitourinary medicine. For a convent educated girl this had been rather challenging but by the end of the job I was proud of the matter of fact way I could deal with all manner of embarrassing conditions. When, therefore, in the first weeks of being a GP a slightly nervous man began the consultation with "I think

I've got warts Doctor, my wife had them first....,"I eased into my GU role without difficulty. "Right, fine", I said briskly "Just pop behind this curtain and slip your trousers down." At first I took his hesitation for shyness so I flashed him my most reassuring smile and gestured to the couch. He walked across slowly, sat on the edge and said: "But they're on my hands, Doctor". Suffice to say he never came back to see me.

AFTERWORD

Writing this piece has helped to reframe the experience from a completely excruciating one into one which if not exactly my proudest moment at least demonstrates an ability to see the funny side of misfortune. Pomposity is one of the ever present pitfalls of working as a doctor and sharing stories such as these is a powerful antidote to it.

H Starkey

Dr H Starkey, 47 Cairns Road, Sheffield, S10 5NA, UK;
helen.s@doctors.org.uk

Gunman aimed to please

The female voice from the doctors' co-op was breathless with excitement and a tinge of fear: "Sorry to bother you on your weekend off, but it's one of your patients. He's attempting to shoot the duty doctor."

It was Mother's Day and, since I was not on call, it had seemed a good idea to go out as a family for a meal. The phone had rung just as we were heading out of the house.

"Patrick Brennan sent for a doctor for his mum, and when our doctor got there he pulled a gun", the voice continued.

The gunman was someone I knew quite well. He was an eccentric character in his mid-40s, had a mass of auburn hair which surrounded his head like a bushy halo, and was unfailingly cheerful, probably due to his excessive daily consumption of brown ale.

He was intrigued by our suggestion that less drinking and smoking might prolong his life, and unrepentant that he had lost his job as a hospital porter by being drunk and disorderly in charge of a trolley. He lived with his elderly mother who was housebound

and confused. She had recently taken to her bed, but, on my last visit the only solvable problem I could elicit was constipation and this easily responded to an enema.

"What do you want me to do?" I queried hesitantly, thinking for one bizarre moment that they wanted me to go and disarm Patrick, or at least talk him out of his intended action.

"Well, it's his mother. The police have arrested him, but they are concerned about the old lady being left on her own."

I drove to the Brennans' house. Mrs Brennan was sitting up in bed as usual, looking rather regal, though pale and weeping. The room was full of flowers, and an enormous card proclaiming "Happy Mother's Day" sat on the dressing table.

"He's such a wonderful son", she sniffed, "I just don't know what got into him. We were going to have a really lovely day, but then I felt unwell you see, just like last weekend. Patrick thought another enema might help.

"He rang for the district nurse, but she was a bit put out when I asked her to do the necessary—she said the request had to come from a doctor. At this Patrick just seemed to lose control. He ranted and raged and, when she left, he slammed the door so hard that the glass broke. I heard him phone for the emergency doctor, and now he seems to have disappeared."

I spent some time with her, and ascertained that her main need was for someone to stay with her until Patrick could return. I first rang a local nursing agency that could usually help at short notice, but they had no one available at all: "You see it's Mother's Day, and they all want to be at home with their families". The agent sounded almost aggrieved that I hadn't considered this first.

Unsure of what to do next, I reassured the old lady that some help would be found, and that, in the meantime, I

would find out what was happening to Patrick. The police station fortunately was just a few minutes drive away.

Patrick was to be kept in the cells overnight, and his future determined by the court hearing and a psychiatric report in the morning. He seemed pleased to see me, and was drawing heavily on a cigarette held between his nicotine stained fingers. He regaled me with the whole sorry story.

After the nurse had gone and he had phoned for the doctor, he had picked up his air rifle and started to shoot empty tin cans at the end of the yard—his usual way of letting off steam. Hearing a ring at the door, he had hurried to open it, but realising that the smashed window would collapse inwards as he did so, he decided to make a neat job of it by pushing the pane outwards with his gun.

Thus it was that the young emergency doctor found himself looking down the barrel of a gun, with Patrick framed in the smashed window behind it. Understandably, he took off in a cloud of dust, leaving Patrick perplexed on the doorstep.

Within minutes six police cars, with flashing lights, and sirens wailing, had arrived. The road had been cordoned off, curious neighbours had come to their doors, and little boys on bikes had congregated behind the cordons.

Suddenly, a voice had boomed: "Drop your gun, and put your hands above

your head", and a bewildered Patrick had done so, as two policemen steadily approached him, revolvers drawn. Patrick was arrested, handcuffed and, in his own words, the rest was history.

"You didn't intend to shoot the doctor then," I asked.

"Of course not", he wailed, "I only wanted him to prescribe an enema!"

I returned to the Brennans' house; one neighbour was carefully boarding up the hole in the front door and another had volunteered to stay the night. Relieved, tired, and very hungry, I headed home.

"Don't worry, Mum", said my youngest, "we had a takeaway pizza. Happy Mother's Day!"

AFTERWORD

This piece describes a quite remarkable experience. As with so many experiences in everyday working life, there were elements of humour, poignancy, perplexity, and frustration. Perhaps the element that stands out most clearly for me is the one which illustrates the essential nature of general practice: the contact with ordinary and extraordinary people coping with their lives and the problems they face in their own inimitable and idiosyncratic ways.

M Brimacombe

Correspondence to: Dr M Brimacombe, 10 Broad Elms Lane, Sheffield, S11 9RQ, UK; m.brimacombe@btinternet.com

Flawless for Tom

"Diamonds [can be] made from carbon captured during the cremation process..."

Chicago Tribune August 20, 2002.

You say it can be done. You tell me anyone can sparkle for a price. Ashes refined then crushed in the final hug that makes you a star; a diamond to be worn in navel, tongue, or nipple. You, who threw yourself down—In abandon?

For love?—refuse to lie in the ground. You want to burn again but not to be cast on beaches where you chased flawless men; and found yourself—caught. Now those left behind

will shine, a mute night studded with constellations of loss.

AFTERWORD

It is now three months since my brother, Tom, died of AIDS, aged 42. Mark Doty says, "an absence the size of you" about the death of his partner, Wally.¹ I find his phrase unforgettable because of its precise description of the perfect fit between the person lost and the hole left in the survivor's life and self. It speaks to the absolute and brutal uniqueness of each loss of some person.

"Flawless" came out of a conversation we had on the phone a year or so before he died about what he would want us to do with his body. Tom drew my attention to a *Chicago Tribune* article

about making diamonds out of cremation ashes. With that discussion, and his colourful and dramatic personality in mind, I imagined the conversation that opens the poem. I tried to capture in a brief space something about the way he lived his life as well as my understanding of the "flaws" that drove him to some of the lethal promiscuous sexual behaviour of his younger years. Tom loved the poem, and asked that I read it at his funeral, which I did.

L Rosenblatt

Dr L Rosenblatt, St Paul St #404, Brookline, MA 02446, USA; Laurie_Rosenblatt@dfci.harvard.edu

REFERENCES

¹ Doty M. *Heaven's coast: a memoir*. New York: Harper Collins, 1996.

Fighting man

I'm looking at meself in the mirror, not too many marks on me face considering how many times I've done this. It's no good though is it? A man of my age still fighting, having to spend a day or two lying down on the bunk in me trailer because I can't work. Even if the fella's hardly marked me, I still can't go out calling for work till the bruises have gone off me face. If I never have to have another fight in me life I'll be a happy man. But that's not likely, not the way things is going. It's getting worse and people is using knives and guns now. Used to happen a few times a year, maybe during or after a fair or a wedding, people'd have too much to drink, things'd be said and then it would end up in fighting. It's more than that now. I don't know what's getting into people but it seems like they want to kill each other: Travellers against Travellers.

My youngest lass came and sat on me knee the other day and said Daddy I don't like it when you get hurt, it makes me cry and get really sad and I don't tell Mammie because I'm not supposed to say it to you. Everybody knows when there's going to be a fight, even the bairns. I didn't know what to say, I couldn't tell the little lass that it wouldn't happen again because we both knew it would.

It's like I say, things are said maybe in drink and then they have to be straightened out the next day or a few days after by me and the other fella who I'm having to fight. I might have nothing against the man and him the same with me, but we are the fighting men from both sides and we have to sort it out.

I've got a bad feeling about this one though I don't mind tellin yer, I've had a good run and me heart's not in it, but I can't let my family down. Young Georgie and Tommy said what they said in front of a load of other men and the other family's within their rights to have

it sorted. My family'll all be cheering when I win, if I win and my wife will be bathing me cuts the next morning when the drink has worn off me. I'll have a drink after with the men because they'll want to buy it for me and that'll stop the pain a bit. There'll be a bit of money as well, some'll come from the bettin, some'll have to come from their pockets and all that'll do is cover the few days I can't work.

My wife'll be waitin for me whatever time I get back to the trailer, she does it every time and she never says a thing, she never has because she was brought up with it, her father was a fighting man as well. I don't know when this is going to stop I just have to keep on going until it does, but I'll say it again me heart's not in it. There's the knock on the trailer door and there's a last look at my wife, she knows how I'm feeling and she can't look me in the face. I wouldn't wish this on me worst enemy, being a fighting man.

AFTERWORD 1

Trying to explain to gorgio (non-Gypsy) people about Gypsy Traveller culture can be a very difficult task, you don't even realise how complex your culture is until you try and explain certain aspects of it.

Earlier this year I was contacted by a person studying for a PhD. She contacted me hoping that I could shed light on the current situation regarding conflict resolution within the Gypsy community. I tried on a number of occasions via email and over the phone to properly explain my viewpoint and experiences, but no matter how I tried I felt I just was not able to do it properly.

Having written a number of stories for my children on different aspects of my upbringing in the Gypsy community, in which I always seemed to be able to express myself very well, I sat down and

wrote in the same story form about a relative who was a fighting man. Within 15 minutes it was done. I felt straight-away that it worked and sent it to the PhD student who felt that it explained very clearly what I had previously been unable to and gave her a new and unique way of looking at the subject. The therapeutic benefits of having written *Fighting Man* were tremendous. I had found a new way of expressing myself and the benefits are ongoing, the very positive responses to *Fighting Man* inspired me to write another 20 stories on other aspects of Gypsy life. I now have a collection called 21st Century Travellers Tales, which I hope gives those within my community some kind of voice outside of it and those outside of it some kind of insight into it.

R O'Neill
rroneill@aol.com

AFTERWORD 2

I first met Richard through his interest in promoting men's health. Richard became a valued advisory group member on the Department of Health funded study, *The Health Status of Gypsies and Travellers in England*.¹ Richard's creative and positive approach to raising cultural awareness has led to encouragement of other Gypsy Travellers to have a voice through his website, www.gypsyexpressions.org.uk, to express and celebrate their lives and their culture.

P Van Cleemput
P Van Cleemput, Sheffield University, SCHARR,
Regent Court, 30 Regent St, Sheffield, S1 4DA,
UK; p.vanCleemput@sheffield.ac.uk

REFERENCES

- 1 Parry G, Van Cleemput P, Peters J, et al. *The health status of Gypsies and Travellers in England: a report of Department of Health inequalities in health research initiative project 121/7500*. Sheffield: University of Sheffield, 2004. www.shef.ac.uk/scharr/sections/ir/library/publications.html (accessed 5 Oct 2004).