Opening the word hoard

Edited by Gillie Bolton

Sharing explorative and expressive writing can facilitate deep and effective insight, understanding, and discussion with trusted confidential appropriate others. 'Doctors felt the process of writing and talking about the stories was both profound and helpful. The process stimulated clarification of personal values and priorities, created a context for peer support (which doctors often seem to resist), and fostered recognition of opportunities to make constructive changes in their professional lives ... Amid so much discussion of what is wrong with medicine, the workshops seemed to help them remember what is right' (Horowitz, p 774).¹

The narratives and metaphors by which practitioners structure their lives, the taken-for-granted, are questioned and challenged: making the familiar strange, and the strange familiar. All life-stories can be questioned; many can be altered or struggled against. Life does not present with inevitable chronological consequences of certain actions or events: people are free to choose how to act and influence others.

Writing can develop awareness of narrative structure (plot, characterization, chronology, environment), sensitivity to perspective (from whose point of view is the story told?), and the function of metaphor, simile, metonymy, alliteration assonance, etc. Interpretive abilities can be developed: the narrator's role (omniscient? reliable?), the value of multiple perspectives (viewing the same situation from the point of view of doctor and patient, teacher and student), and inherent ethical and value structures depicted.

Carefully observed, detailed descriptions of events are a sophisticated reflective form because 'we theorise every time we look at the world'.² Acute observation is required: not the narrowly focused observation skills required by practice, but the detached and impartial detailed observation of a writer. Awareness of detail can enable insight, pushing away assumptions and habitual perspectives and modes of understanding. 'God is in the details' (Verghese, p 1014).³ A closely observed

event, however small, written about, reflected upon, discussed critically, and re-explored through further writings stands metonymically for the whole of that reflective writer's practice. A short story or poem is a slice of life, metonymically revealing the whole of life. 'We should be ministers for healing, storytellers, storymakers, and players in the greatest drama of all: the story of our patients' lives as well as our own' (Verghese, p 1016).³

Poet and physician Jack Coulehan says: 'My life in poetry has taught me that empathy is an affair of the heart and imagination. [We must] call [the emotions] by name rather than ignoring them completely or attempting to sanitise them. By attempting to enter my patients' stories and in essence re-imagine them through words and symbols, I learned that compassion, courage, self-effacement, and humour set the stage for healing... Empathy, metaphor and imagination are really at the root of the art of medicine' (Coulehan, p 102).⁴

'Teaching methods grounded in the narrative nature of medical knowledge, the use of stories to develop the moral imagination, and the use of creative writing to promote empathic understanding all foster a commitment to tenderness and steadiness in medical learning... detachment must be viewed as a serious risk that leads to undesirable consequences in practising medicine, rather than as a goal of medical education' (Coulehan, p 234).⁵

Acute observation and the writing of narrative and poetry develops awareness, human understanding, narrative competence,⁶ and synthetic abilities to make links and connections particularly between concept and intuition,⁷ and between physical, psychological, emotional and spiritual areas. Such reflective work can help tune physicians attention to nuances and hidden meanings in what patients say, as well as the ability to contextualize and connect: to carry over ideas from one situation to another.⁸ These abilities can be honed by writing about personal matters as well as professional.

The guest editors of this *Word Hoard* are a doctors' writing group. They write about professional and personal issues, for the two are intimately intertwined. They write for each other; they write to find out, discover, understand; they write to engage in the fulfilment of a

creative process. They do not write to publish:

"As expected, much of our writing about patients was ruled out because of respect for their privacy even though we could and did, of course, change identifying details. We hadn't anticipated that our own self-disclosure would also be an issue, but in the event were surprised by our feelings of vulnerability."

This collection is therefore not representative; most practice-based writings could not be published. A camera or observer at their proceedings would destroy the process. They have therefore created a word picture telling some of what they do and share, and its impact upon them and their work.

A Doctors' Writing Group

Guest edited by: Shirley Brierley, Clare Connolly, Maggie Eisner, Sheena McMain, Mark Purvis, Becky Ship

Our group has been meeting for 6 years, once a month, taking turns to facilitate sessions. All originally general practitioners, one now works in Public Health. For the first 4 years our group was facilitated by Gillie Bolton.

DISCUSSING

The space created by the group is: supportive, constructive, safe, facilitative, confidential, free from jargon, and (almost) free from bollocks. (Mark)

Our discussion may focus on the thoughts, feelings, and experiences which led to the piece, on the way it was crafted, or both. The trust we have developed means that we may quickly move from empathising deeply with a writer's grief to suggesting their piece would be more powerful without the last sentence.

Discussing each other's work, our focus moves naturally between personal development, professional development, and writing technique. We work intensely, sometimes sharing deep emotions, but I rarely experience any tension or sense of effort. (Maggie)

The group 'works' but it's too facile to say it works because of some kind of homogeneity in terms of philosophy, aspiration, or whatever. That we're all doctors is important - but we are not all the same. I think our diversity is what makes the group so dynamic

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and interesting. Our voices are very different. (Becky)

Since I became a GP Trainer, I have read more widely about how we learn and how we enable ourselves to carry on functioning as GPs amid all the demands. I have realised that we have to make the day to day parts of our work more enjoyable and varied. Writing, and the reflection it allows, has brought me a real pleasure. (Clare)

For me, the group is not about using the writing to analyse my work as a general practitioner. It is about discovering, through the medium of writing, something about my personal and professional relationships – with patients, family, the world, the past etc. Constructing or crafting a piece of writing is part of the discovery process, and reading it is the final act of legitimacy. (Becky)

Writing helps me weave connections between work and the rest of my life, between my inner and outer selves, between the left and the right sides of my brain, between the past and the present. It has made some hard times much more bearable. (Maggie)

Reading aloud is important for both writer and listener

The group has enabled me to share my writing over the last 6 years in a supportive and creative environment. This has helped me to both explore and make sense of some of the experiences and challenges of my life. (Shirley)

Sometimes reading my work feels exciting; sometimes gratifying; sometimes heartbreaking; sometimes even faintly dangerous. (Becky)

Reading a piece aloud is like writing a song and singing it – it's not just your creation, it's your interpretation, it's putting your own voice out there. (Sheena)

Reading in the group can give the writer the courage to examine painful events in a truthful way. The group holds the writer's hand through raw and painful events. (Mark)

I wrote bits of verse which expressed conflicts of loyalty and fears for the future. I read them out and wept, and the silence of our group carried my emotions. (Clare)

There have been times when I've brought a piece of writing and decided not to read it – the circumstances have simply not been right. And this feels acceptable – comfortable – because the group is sensitive to the mood engendered by each person's writing. I think we have learned to 'hear' better and this has informed our writing. The whole process is evolving all the time. (Becky)

I find the process of listening to someone read intensely moving, knowing something of the life from which the writing comes. It helps me know the person more fully. It really is a unique way of sharing. (Sheena)

Sharing our writing makes connections between us. There is attentiveness as we listen to someone reading their work and to the silence afterwards. There is special pleasure in witnessing each other's writing develop, each in their own way. There is excitement in discovering unfamiliar aspects of people: sensual, lyrical writing by one known for their cynicism, well-crafted, poignant pieces by another who joined the group believing they couldn't write. (Maggie)

I have improved my confidence and ability to write creatively and have been enriched by the range and depth of poetry and prose which each member has brought to the group (Shirley)

Mark Purvis: Bonfire night 1969

I remember weeping after bonfire night when I was very young. I wept not because I was disappointed with the fireworks. Far from it. The fireworks had been the best, spectacular. As loud and bright and dazzling as any 8 year old could wish for. There was plot toffee that made your jaws ache with the effort of chewing. Nutty smelling baked potatoes, wrapped in charred tin foil, forked fluffy yellow with melted butter. The fire had flickered, come to life, then roared and blazed, sending sparks cracking up into the crisp night air. Those busy angels, fiery messengers, going who knows where. The grown ups laughing, with their exaggerated "oohs" and "aahs", relaxed and happy. My brother and I wrapped safe in our duffle coats, bobble hats, and warm mittens. The socks scrunching at the toes of our wellies, our cheeks glowing, our noses dripping and nobody minding when we licked those tasty, salty drips with our tongues. It was the best firework night I could remember, the best firework night ever. Ever, ever. And I wept. For the end of it. For the realisation that moments that pass can never be recaptured. That the magic only does its work by passing. Next year, bonfire night would come again, but not this one.

Afterword

It has been really difficult choosing a piece for the word hoard. Having the opportunity to share pieces of writing with the very special people in our writing group is a wonderful privilege.

In the group I have shared stuff written for my family and for friends, but this seems too intimate for a wider audience. I have written about patients, their stories and my feelings, but confidentiality is an issue.

I chose "Bonfire Night" because it reminds me of the importance of living in the moment. There is sadness for what has passed, but that sadness does not diminish the moment.

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Sheena McMains: Boxing Catfish Blues

In a boxing match, there is a moment when the loser apparent, his features bloodied and disorganised with fatigue and pain, sways, but still stands firm with a terrifying and beautiful effort of courage and pure will.

So it was for me that Bank Holiday Saturday.

Perhaps it was the weird legacy of the eclipse shedding its eerie influence long after that quiet noon of a city at standstill.

Or the weariness of a long difficult summer with fewer than expected patients departing for days of whelks and candy floss and returning burned and broke from caravan parks and convalescent homes on the east coast.

Or perhaps of finding that I had changed and struggling with a sense of dislocation: not yet wholly my new self nor even knowing who that was, but unable to accommodate the former ways: sapped by constant compromise to the needs of patients and partners: too old to become an academic, too rebellious to become a nun, too frightened to make any changes and worst of all too tired.

Anyhow I like working with patients. That Saturday morning, I saw 35.

The 32nd was an elderly lady whose husband died a year ago.

He had cancer. She had lost a great deal of weight. She wasn't eating.

Her grand daughter was very worried. So I must do something - immediately.

At noon on the Saturday of the August Bank holiday.

The 33rd was a heroin addict.

She told me her brother had died in Bristol that week from an aortic aneurysm and that her mother had "fucked off to the funeral" leaving her to look after her sisters' kids.

She screamed at them all through the consultation... Her own were in Care.

She was in withdrawal and smelt of stale sweat.

Her face was streaked with mascara and snot and tears.

As I anticipated the impending struggle to contact the emergency Social Services team and mentally rehearsed all possible management options, she threw herself on the floor at my feet and begged. "Help me. I can't stand another fucking weekend. I'll kill myself."

It was noon on August Bank Holiday Saturday.

The 34th was more straightforward.

I did not prescribe antibiotics for her sore throat.

She informed me I was "useless, the whole community knew it and if they didn't she would soon make sure they did..."

Then there was Ahmed.

Less than 8 weeks earlier I had puzzled over why this delightful family man had lost his sparkle.

Soon after, a highly aggressive tumour was found. He was dying.

His wife didn't want to trouble me but if I could just help her lift him off the floor and onto the bed, she would carry on over the weekend.

He sat naked on the bed, pulling at his genitalia like a toddler and looking around with bewilderment. He shouted in Urdu and asked constantly for Simon.

Neither of us knew who Simon was. His children looked sad and puzzled.

When I rang the hospice to organise admission the duty doctor was sceptical and reluctant. "Had I..." she said, "actually seen the patient? Had I examined him?"

It was then I did something it shames me to remember.

I raised my voice.

I told her I was sick of being patronised by junior staff who knew less than I did, and that she had better ring the consultant because I was going to report her.

This worked. There was a hurt and frightened silence. I realised she was tired too.

Over my shoulder, I sensed the patient's family stare at me as if the tired old family mongrel had bared its teeth and snarled.

As I drove back to the Health Centre in heavy traffic and sweltering sunshine, my mobile phone rang four times. It was a local chemist. She had refused to issue a script for a patient for dihydrocodeine because it wasn't signed. I had met the patient in the Health Centre car park and signed the script. Now she didn't believe it was my signature. Could I just call in and verify? But she was closing in ten minutes.

When I finally arrived home, it was nearly three.

I ran a bath and lay down in the coolness of my bedroom.

I felt a sense of weary completeness: like an aboriginal elder lying down under a tree to die, worn out with much knowing.

At five I got up, showered and went to do my roster session at the doctors' co-operative. That was easier. I only saw 30 patients, and our transactions bore the careful politeness of strangers who are never likely to meet again.

It seemed much later than nine when I finished and drove off into urban twilight.

There were fewer cars and there had been a light shower of rain.

The road glistened and tyres hissed on the wet road.

On the car radio a blues artist sang "...I wish I was a catfish swimmin' in the sea, I'd have all them pretty women swimmin' after me swimmin' after me..."

By the time I'd finished the fifteenth refrain in the manner of Billie Holliday, the window down and open to the soft night, I was passing the Late Night Store.

The lighted windows looked as glamorous and inviting as Harrods.

I wanted to call in and buy Vogue magazine and gherkins and beer and mango chutney and henna and hair ribbons, to dance and to sing.

When I pulled up outside my house the leaves were dark against the twilight sky. From the garden came the faint smell of wood smoke and wet earth and jasmine.

The cat ran towards me, miaowing with the urgent delight of being alive.

In the late summer evening light, his coat was the colour of a beech wood in autumn and his green eyes bright with attention. His short dense fur was sharp with the smell of male animal and damp with the soft scent of recent rain.

He purred with extravagant ostentation, as he lay limply on my arm, like a sleeping baby. Then a small night animal rustled in the undergrowth and he was gone.

Afterword

I wrote this during one of the last summers of our practice doing its own out-of-hours work. Rereading it I am reminded of a way of medical life that will soon be only a memory: of the bone weariness of long days and of broken nights. Despite this, something will never be the same again: and the exquisite delight of breaking free after a long shift will never be quite so keenly felt... Reading this piece aloud was a turning point for me. Several years on I

have changed. I still work too hard but I sing the blues and have taken up boxing as a hobby.

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Clare Connolly: WIND in Bradford playground, 17 January 2003

As I walked into the St Barnabas school grounds, Chris holding my hand on this winter Friday morning, I noticed the playground.

I have been coming here since 1994 when my eldest, Alastair, started school. In those first days we'd stick to a traditional walled entrance facing the school. Now those of us who live down the hill enter up a short slope at the side. It is a steep walk up our hill, a simple measure of my fitness: how breathless do I get as I climb? And this depends in turn on how briskly I can be bothered to walk. But as we gain the top of the little path it is like the brow of a hill, the world of the playground opens out in front...

In January at 8.50 the light is not yet complete. The ends of the dawn and darker clouds still linger in the sky as it stretches over the edge of our football field. There's a wide view of the hills over to Bingley, Wilsden, and Ilkley Moor beyond.

With sunlight there's also heavy cloud which throws a threatening, unusual light over our assembling children. The playground is quite exposed – sometimes we can have no ice at our house down the hill and yet there will be patches of ice here for excited children to slide on before the caretaker's arrival with the salt. This morning too we have a light buffeting wind which gusts around blowing scarves and hats, and stroking cheeks with a tease which is not quite cold.

As the playground fills rapidly with children and their adults, the wind catches voices, too, calling across the yard – screams, shouts and whispered secrets.

The distinctive broken edge of Bradford Asian accents mingles with English, Punjabi and children's talk of games, teachers, and TV. Two boys I recognise walk sideways towards each other, pacing slowly, heads down slightly. One throws a taunt to the other with a rich swear word to enhance its sting and the other, still standing sideways, answers aggressively, swinging his bag and then his body into a tussle, both bristling.

As the children coalesce into lines they giggle and jostle with each other, sometimes talking, sometimes just bumping and knocking each other bottom to bottom, shoulder to shoulder. The wind whips fake-fur rimmed coats into flaps, emphasising their movements; hats blow away for parents to chase - movement at once random and organised. Sad that the fizzing bubbling energy and noise of the children can be organised into classrooms and work within minutes...

The bell rings and a chatting bundle of teachers appear to collect their activity for the day. The lines are never straight and this wind seems to bend and twist them ever more like branches swung to and fro, as they follow their leader into class. Some catch a last nudge on a friend who is heading off to another class and will be seen again when they spill out for playtime.

A taller gangly line, with lots of those trendy white collars and heavy platform-shoed girls, is still rolling about enjoying the gusts. No teacher has shown up. Mothers of littler ones stand chatting nearby as the tiny preschoolers enjoy the games and spaces painted on the almost empty playground.

An old man, must be a grandfather, in traditional Punjabi dress and his warm Afghan woollen hat, stands watching this twisting line of teacherless Year Fours. They scream delighted as another gust almost knocks them over, laughing at their classmates' distress. As a group they discuss their dilemma - do they go into school in a line without a teacher or do they wait? Four of them break off, dash for the door into school. 'No!' cry others, while another group again calls excitedly to go in. Latecomers take advantage of the delay to hook on to the tail of this noisy, wavy, colourful, debating line.

I consider whether to seek out a member of staff but as I deliberate they catch my attention again. They are loving it—giggling, rolling into each other and happily avoiding desks and work.....in no hurry to find order while they can play with the wind, faces highlighted by a new light and their sense of self and sheer pleasure in the morning's wind.

Finally she appears, smiling at them. She knew they were fine, old enough and confident enough to wait for her. 'Miss, you didn't come and get us ...' they call in half-hearted self-justification, laughing above the wind.

'I'm sorry,' she shouts, still smiling. As they follow her, red cheeked and fully awake, the playground grows quiet and the only view is the brown and purple hills over the field as I head for the woods.

Afterword

For many years I have written pieces in my head. I collect phrases or observations of place or dialogue as I do my work as a GP or as a mother.

To write this, I observed closely and quietly and, very soon after, wrote a few notes to jog my memory. Over the next few days I wrote bits in my mind, sometimes jotting them down, and enjoyed reliving the experience and its sensations. The writing also allowed me to express a sensory pleasure I often feel in the landscape, which can be elusive living in the city.

It is one of a collection of pieces about my youngest son Chris and my sense of both delight and sadness at his growing up. I hope it will be part of a record of things which will remind us later of his childhood. But as I reread it, I realise I also wanted to capture a time when I am walking to school with my youngest child and the play and spontaneity of children is part of my busy stressful day. I often delight in the chance just to see and hear this community of school starting or finishing its day, and I now see that with our children we will soon have to grow out of it. More than this, I was with those girls enjoying light and wind, feeling freedom.

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Maggie Eisner: Frank

Frank isn't the sort of bloke to trouble the doctor very often, or make a drama out of a crisis. A retired engineering worker in his late sixties, he comes to see me with a persistent cough and turns out to have lung cancer, too advanced for an operation. He's quietly matter of fact about the diagnosis. He doesn't seem worried about being a single man living alone with a terminal illness - he says he has a big family who will help him out. He agrees to come and see me regularly so I can keep an eye on him.

After a while, in May, he misses an appointment. A few days later I get a message to visit him. He lives in a dingy rented flat on the ground floor of a newish block at the rough end of the practice area. The carpet is stained, torn and a bit sticky, there are overflowing ashtrays everywhere and not much furniture. Frank is his usual gentle self, admits that he doesn't feel so good, his appetite is poor, he feels sick and has lost some weight. He introduces me to his niece Joanne, who says he wasn't keen on sending for the doctor, but she felt he was going downhill. She is a weary-looking woman in her 30s,

obviously pregnant, shouting at an unruly toddler and his 3 year old brother to keep quiet and keep out of the doctor's way or they'll get a smack. Her voice softens when she tells me she's planning to look after Frank and will be able to visit him daily, as she's moving to live nearby.

The shabbiness of the flat is relieved by a few photos on the wall, several of a dark-haired, sharp-eyed girl.

Frank says 'That's my little pet, that's Danielle'.

Joanne explains 'She's my eldest, she's had a lot of trouble, I got a lot of abuse off her dad and she seen a lot of things she shu'n't, you know, violence and that, I find it really hard to get on with her, I do love her, like, but she's such a difficult child, much harder than t'others, never does what she's told. She idolises Frank, he's always been like a father to her.'

We spend the rest of that visit talking about practical things like applying for Attendance Allowance, asking the District Nurses to visit and asking Social Services to pay for a telephone to be installed.

Over the next few weeks I get to know him better - and watch him gradually decline. He tells me he used to like sea fishing and photography, and he'll show me some of his many photographs when he manages to sort them out. He talks about Danielle: she has said that when he dies, she wants him to be cremated so she can keep his ashes in a jar in her room, and he'll always be with her that way. I am glad they are able to talk so openly but feel shocked by the rawness of it, and shiver inside with the sense of Danielle's impending loss.

I meet Danielle when I visit during the summer holidays, a thin, prematurely knowing 10 year old. She says she's upset at not being allowed to stay at Frank's overnight any more, but he says he's worried that something might happen to him in the night. She and her wild little brothers are in the room with her mum when Frank asks me whether I think he'll still be around for Christmas although, he says, it doesn't matter as he's bought all their presents already. She protests when Joanne tries to hustle her out of the room with the boys, and I say maybe she should stay with us. She sits on Frank's knee. We manage to talk gently and openly about the uncertain weeks ahead, and the certain end. Danielle asks Frank to come back and haunt her mum when she shouts at her.

Joanne's pregnancy advances, and Frank's strength ebbs. There's always a few days' grey stubble on his face. I suggest he might like to go into a hospice when she has her baby in

September, but he says his other niece will take care of him. I'm not sure what Joanne thinks of this - on a previous visit she's said 'I'm t'only one what really cares about him, t'others are just vultures, after what they'll get when he's gone'. Looking around the threadbare flat, I can't see anything which the vultures might want.

A few weeks later, Frank tells me Joanne has had a baby boy, but there's something wrong with his windpipe and she's having to spend a lot of time at the hospital. He insists he's all right, his other niece is visiting, he can get around the flat with either his sticks or his Zimmer frame, and although he's in his pyjamas in bed, he assures me he isn't spending all his time there. A few days later Clare, the District Nurse, tells me he has a pressure sore. She has raised the question of a hospice again but he's still sure that he would rather stay at home.

The next couple of visits, he seems to be minding all three children. Danielle greets me with an enthusiastic cuddle. Nice but inappropriate, I think, as I hug her back. I ask her to turn off the Jerry Springer show on the TV but decide not to send the children out of the room. The toddler spills the contents of an ashtray over the floor and the older boy tries to explore my medical bag. Frank chides them ineffectively - his voice is very weak because the cancer has affected the nerve to his larynx, and I think the children are used to discipline by shouting. Nevertheless, I feel he's content to have them around him, part of the life he knows and a symbol that life goes on.

Two days later at lunchtime, I get a call to say that he has been found dead, the ambulance service has been called and will I visit? I arrive to find him lying in the bathroom doorway. He must have fallen a couple of hours before. Two paramedics are there, in bright green uniforms which remind me of Casualty on the telly. There's a youngish man I've seen there before, and an elderly woman neighbour. After a few moments of uncertainty, I decide I can write a death certificate giving lung cancer as the cause, even if it isn't clear exactly how he died. The paramedics move him on to the bed and we close his eyes. I stroke his forehead and think 'Goodbye Frank'.

The paramedics leave, mentioning that they've called the police, this being a sudden death in the home. The young man tells me his name is Paul, he's a sort of relative of Frank's, well he was married to one of his nieces, divorced fifteen years ago but he's kept up with Frank, none of the others have, except Joanne, the others are just after his

money. I say I liked Frank, he was a good bloke. The neighbour on the sofa looks bewildered. Paul says she's a bit deaf.

'I liked him a lot' I shout in her ear. 'He was a good bloke'.

A young policewoman with a warm, thoughtful face arrives, and starts to write down the details.

'I see, he was terminally ill. What was wrong?'

'Lung cancer.'

Paul takes another drag on his cigarette:

'He were in a dreadful state, wa'n't looked after properly, Joanne said she did but she di'n't, no-one's been here since eight o'clock last night, if I hadn't come here this morning it'd've been them kids what found him, suppose they'd run in and found him, why di'n't you send him into hospital, it wa'n't right, him being at home here in that state, just look at him, no-one cared about him, why di'n't you send him into bloody hospital?'

I start to tremble inside but check myself, faintly remember a course on how to communicate with angry patients, and muster a dignified reply:

'I realise you're angry but I want you to know that I did care about Frank, I visited him every week and I looked after him to the best of my professional ability. I need to tell you that you're hurting my feelings with what you're saying. I did think he might be better looked after in a hospice but he told me he wanted to stay here.'

'Yeah, well ... I di'n't mean you di'n't care, I meant his family - that phone's been red hot since I told them, they'll all be round here for what they can get, I don't know what to do, I've got to go to work at 2, Joanne's at t'hospital and I can't get hold of her, I've collected all t'money I can find in the flat, it's here, look, about six hundred pounds in this carrier bag, I can't leave it here.'

He draws a wallet stuffed with notes out of an ASDA carrier bag, and the young policewoman asks about the key to the flat.

'There in't one, t'door's always open, t'lock's bust.'

I've always assumed Frank left the door open because he was expecting me. I'm glad that none of our drug-using patients in the area knew that a frail old man kept six hundred pounds in cash behind an open door.

The policewoman says that she will have to arrange for the body to be removed to the police mortuary, and the undertaker will collect it from there. It's against their policy to leave a dead person alone at home. She also says she'll remove all the valuables, and

Frank's next-of-kin will have to contact them.

I'm beginning to take my leave when two short, stout women storm in, one in her 60s with wiry grey hair and a worn face, the other thirtyish, bleached blonde, with a very disconcerting squint. Both of them burst into a free-floating tirade:

'Look at t'state of him, look at t'state of this place, it shu'n't be allowed, not in this day and age, Joanne never looked after him like she should've, she used to leave her kids here until eight at night, it's not right, he shu'n't have bin left here, should've been in hospital, did you say you wa' t'doctor, well you should've sent him into hospital, he's bin totally neglected, di'n't you care about him?'

Paul defends me: 'Don't have a go at her, we've bin through all that, it's not her fault, she asked him to go and he wu'n't'

'You should have forced him to go'

I look the younger woman in the face, wondering if I have picked the wrong eye to focus on:

'No, I discussed it with him, I needed to find out what he wanted and where he'd be happy. How would you feel if someone forced you to go into hospital against your will? Anyway it's against the law to force someone to go into hospital unless they're not right in the head.'

'Well I don't think he wa' right in t'ead, we rang him up and he di'n't know us.'

I'm not sure who they are, but if they're the vultures, I reflect that he might well have chosen not to know them when they rang. The older woman revives the theme of how Joanne hasn't looked after Frank properly. I say I won't comment on a family dispute, but before I leave I just want to say that I really liked Frank, thought he was a really nice man.

I walk to the car feeling shaken. I can smell cigarette smoke on my clothes. I feel sad that Frank died so suddenly and that he was alone. I hope it happened instantly as he fell. I feel upset that I hadn't said any kind of goodbye to him when he was alive, and then think of how Danielle is going to feel. And the unexpected anger against me really hurt - and it knocked my confidence: Should I have reported Joanne and her family to Social Services? Should I have been more insistent that Frank went into a hospice? What would a coroner have made of the situation if I had decided not to write a death certificate?

Back at the Health Centre, the nurses and receptionists give me tea, comfort, and support when I tell the story. I feel cared for, lucky to work in a good team.

Joanne rings:

'I'm at t'hospital wi't'baby - me family have been ringing me up here and abusing me - where's Frank? What's happening? Have you been there? Were they there? Did you hear what they're saying about me, me mum and me sister? Did Paul tell you what they said to him on t'phone: "just bring his wallet down here"? What've I got to do now?'

I explain what's happened and tell her to contact the Police who I think will accept her as Frank's next-of-kin.

'Yes, I'll go straight there, I daredn't go to t'flat wi' what they're saying, they'll skin me alive.'

'What about Danielle?'

'She'll take it hard. She wanted to, you know, be there when he ... I know people would think it in't right, a kid of her age, but she really wanted to ...'

'She's going to need a lot of love.'

'Yeah, I know. But I don't know what to do, what with all they're saying about me, and I know he wanted me to make all t'arrangements, he were talking to me about it all t'time, t'last few weeks.'

'I think you should contact the police and take it from there. I really liked Frank, you know, he was a good bloke. And you did all you could. And will you give my love to Danielle? And you know where I am Joanne, if I can be of any more help you can contact me here.'

I put the phone down and decide to send Danielle a story book I've seen, about a girl whose grandma dies and how she gets over it. And then I remember that my dad died of cancer when I was ten, and I didn't get the chance to say goodbye.

Afterword

I wrote this piece immediately after the events it describes, and found it very therapeutic. I think it was the act of writing which made me make the connection with my father's death.

I remember reading it more dramatically than I usually do. The group liked the funny bits about the policewoman's policy of not leaving a dead person alone in the house, and the relative's squint. We discussed (pre Shipman) the death certificate issue and the part about managing angry patients, with my use of the set phrase 'I need to tell you that you're hurting my feelings'

I found it hard to choose a piece, as I write for myself and the group, and have never had publication in mind. I have, of course, changed all the names and other details. I liked Frank; I thought he was a good bloke.

Maggie Eisner

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Shirley Brierley: Screaming and Shouting

He arrived reluctantly but screaming at 6:30 pm on a warm evening in April 1989. The first person to see him was Dr Hukuimwe who dragged him from his mother's womb and the second was his father. When he finally saw his mother she looked at him sleepily, eyes full of wonder and love. He grew rapidly, first on breast milk and later with the addition of mangoes and avocados. He loved to hold the mango stone in his chubby fingers and suck the juice out of the fruit remaining. He watched his parents flit in and out, often looking worried or tired. Then he caught malaria and vomited for a whole week. Eventually his parents forced a long plastic tube down his throat and he slowly got better.

Then life changed dramatically. He left behind the bright colours of Africa and Isabel who cared for him every day, when his mother was at work. They flew back from Harare to Leeds and he screamed again; in fact he cried most of the flight home. His parents slowly settled into life in Leeds and he grew to be a large sturdy toddler. But as he grew, the sounds around him became quieter and quieter. He felt frustrated especially when his mother wasn't looking at him when she was talking. So he ran about bashing things and shouting. His baby sister was born and he found new friends; two brothers, John and Christopher, who he stayed with when his mother went to work. He liked playing with his friends and they had a lot of fun.

Then they moved again and he felt angry and upset. He had lost his favourite friends and his new nursery was different. He cried every day his mother left him but Ingrid comforted him and began to settle into his new routine. But the sounds became fainter and fainter and mum and dad always seemed to be so busy. When his mum picked him up from nursery he would start to cry again and knock things over. He wanted to let her know how he felt.

One day it all changed again. He met a lot of new people who seemed very interested in him. This was followed by a strange thing; someone placed a cold waxy toy in his left ear and the sounds became louder again. Mum and dad started to pay him a lot more attention but mum still looked harassed and dad looked sad, almost guilty. It confused him.

Afterword

This piece was written 6 years ago when I was still working out my feelings

about my eldest son, David, and his deafness. He was initially misdiagnosed as having 'glue ear' and did not get hearing aids until he was three. By the time he was 5 he was profoundly deaf. I spent the first 15 months of his life in Mozambique together with my husband; we were both working as doctors in the local hospital. We then returned to general practice in the UK. David continued to scream and shout quite a lot until he was 8 or 9 years old and then he began to settle down and his behaviour began to improve. Over the next few years he slowly came both to understand his deafness and accept it. He is now a confident mature 15 year old with a good sense of humour - who still occasionally shouts!

After writing this piece, I felt I had managed to express some of the difficult feelings around David's deafness and to describe one part of the story of our family in an honest and truthful way. Using the third person and describing it from David's point of view allowed me to talk about the tiredness, sadness and guilt which pervaded those early years of David's life. When I shared it with the group, it felt like a validation of the experience of my family and how we had all been challenged by David's deafness in different ways. Over the years I have written and shared many pieces about my life at work and at home; quite a few of which included David in some way. Recently, I have now begun to share some of them with David too.

Shirley Brierley

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Becky Ship: A letter to my patients

I am listening, really I am.

I have to be honest, though - sometimes it's hard to pay attention. If my focus seems to shift away from you to the clock, or the door, or the computer, please don't think it's because I don't care.

There may be a moment or two when I seem to be engaging more readily with a piece of lint on your coat.

When my jaw clenches, it's not because I'm tense or annoyed with you. Well, I might be - but I don't want to hurt your feelings. I may be stifling a yawn but, believe me, it's not personal.

I try to imagine the process which brought you to this room. I see you waiting. Maybe your heart skips a beat when you hear your name called out. Eyes look up from magazines and follow you down the corridor. You pause for a moment at my door, hesitating, drawing breath, making last minute

adjustments. Then you knock. Did I say come in?

It may have taken a lot of courage for you to make this journey. How many times did you pick up the phone and then change your mind and slam the receiver down? Maybe your family urged you to come. Or maybe someone at work took you aside and said – “Look, you’d better get this sorted out.” Or did you just look at yourself in the mirror one day and shudder at the image staring back at you? What is it you’re looking for? Affirmation? Validation? Permission?

I’ve been there, you know. But it might be too frightening for both of us to tell you that.

So here you are.

You’ve got ten minutes. Tough, if you don’t know the ropes.

And if I’m in a bad mood - if I woke up with a headache, or had a fight over breakfast, or fell out of love - I hope I won’t hold it against you. Of course, you might not notice anything. After all, you’re too wrapped up in your own problems and you’ve come to me to help sort them out. I’ll try to remember that when you talk through my next coughing fit.

Let me tell you something, my friend. I’ve got problems, too. Sometimes my problems are bigger than yours and I’m hanging on by my fingernails. But I’m the one with the desk and the prescription pad.

And what am I doing while you struggle to explain yourself to me? I’m holding myself together, is what I’m doing. I might distractedly put my hand up to my face while your words hover between us. Just checking I’m in one piece.

I’m not painting my toenails, that’s for sure.

I’m not snuggled up under my duvet, drifting off to sleep.

I’m not licking a rapidly melting chocolate ice cream cone.

I’m sitting here, listening to you.

So make the most of me.

Afterword

I’d been in the writing group for about two years when this piece spilled out with little effort, as if it had been waiting to be written. I think it was a way of allowing myself to give vent to some very strong feelings, including anger and frustration. What surprised me at the time was how liberating it felt to read this aloud to the group. It was as if I’d been given permission – gave myself permission - to say things that would normally be considered inappropriate. And in the actual process of writing, I let the negativity go. I didn’t notice the movement of the piece until I re-read it. My struggle to remain empathetic gives way to something altogether harsher, and maybe more healthy. What I’m saying is ‘Hey, look at me, I have needs too.’ It was a tremendous relief to find a way of expressing this.

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Afterword – the Word Hoard Experience

We were surprised how challenging it was to choose work for a wider audience. Hearing favourite or memorable pieces read again, we learned something

that may seem obvious: sometimes the passage of time changes the writer’s perspective. We remembered Shirley’s contribution from the time she first read it, and shared her feeling of resolution. In contrast, two of us discarded well-written and personally significant pieces because they no longer had their original resonance.

Putting together a collection, with an introduction and commentaries, has been very different from what we usually do. We have had to reach a consensus, explain ourselves and work to a deadline.

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