Miscellanea

Holding the mirror

PETER UNDERWOOD

In 1983 I received an unusual invitation to speak at a conference. The conference was the fourth annual conference of the Australian and New Zealand Association of Psychodramatists, Sociodramatists, Role Trainers, and Sociometrists. This group, whose work is based on the teachings of the American therapist Moreno, has exerted a lively influence on a growing group of Australian teachers, health professionals, and social workers, as well as therapists and even the odd administrator and doctor. (For those of you who are unaware of Moreno and psychodrama the essence of the method is the use of a dramatic setting in which participants move in and out of the roles of people in their lives: a sort of exalted role play.)

The theme of the conference was *The Journey*. I was asked to talk about my own journey in medicine: the following talk resulted. The peculiar demands of the theme and the audience inspired an individual response; for this reason I have decided here not to change the original style. I hope that by leaving the piece as a talk you, the reader, will allow me to talk to you.

Non-traditional science

There are several reasons why I am pleased to be talking to you today. One of the major reasons for my pleasure, a pleasure tinged with a certain sliver of relief, is that from what I know of you all—psychodramatists, sociodramatists, role trainers, and sociometrists (though I confess to being worried a little about the sociometrists)—not one of you will judge this talk a failure on the grounds that: (a) it contains not a single slide showing tables and graphs; (b) in attempting to show a difference it has no recourse whatsoever to statistical tests of significance or values of *p*; or (c) the sample on which the talk is based, and from which the rest unashamedly follows, is the most miniscule and the least representative sample conceivable—namely, one man, the author, me. No—you will use different criteria, not those of traditional science. And because of that I will try to be different. I have taken your invitation as a chance to talk about myself, my work, and what I feel about the connection between the two.

I want to tell you a story. It is a story about some things that have happened to me. Like everyone here in this room my life is not made up of one story, but I have chosen this one because it tells something of what has happened to me in my work. I want to tell the story in a series of images. I am going to try to let these images speak for themselves to you, uncluttered by my comments and interpretations. If this leaves you with uncomfortable questions and loose ends so be it. I hope, however, that you will hear from my story that these images have not only sometimes jangled harshly but have also sometimes sung.

If I am going to tell a story about myself in medicine I should take my first image from medical school. But I'm not going to. And that is because I find from my present viewpoint that despite all the views of medical educators I learnt very little of importance in medical

school. We learnt about the machinery of the body. As an awesome symbol of what was to follow, the first human being with whom we had professional contact was dead, and we proceeded to dissect him. We learnt about molecules, then molecules in living cells and organisms, then assemblages of molecules, and finally how these assemblages go wrong. We were taught how the machinery works, how to find out what goes wrong when it breaks down, and a little about how to put it right.

If I had certain doubts about the picture of man with which we were being presented, the idea of humankind as millions of gorgeously complicated Lego sets, my doubts remained merely as a feeling of unease, a kind of dull ache. The doubts were inexpressible not only because they were inchoate but because of the nature of my teachers. Without exception they were robust, confident, and all knowing. Indeed, they were so competent, sure, infallible, and shiny that they seemed to me to be the ultimate embodiments of the "man the engine" that they so coolly dissected, analysed, probed, measured, operated on, and fixed up.

No—the first image I give you comes from a month after graduation, when I was working in the surgical unit of a large teaching hospital. The unit specialised in very long and difficult operations on blockages in arteries. The characteristics of the blockage can be diagnosed most precisely with special skills and clever techniques, and a new piece of pipe can then be put in place of the blockage using even more special skills and clever techniques. It is superlative plumbing. My job as a junior doctor was to check in the patients, assist at the operation, and help with the care of the patients after their operation.

After a short time a certain patient came in. He was younger than most of the patients—in his mid-sixties—and from our first meeting I felt that he was special. It was not only that he had a certain gentle, joyful humour or that he had a large family who manifestly cherished him, but it was also the quality of emotion with which he treated me that I found unique and disturbing. I felt that he knew something. He knew something about himself and, in a peculiar way, about me. Outwardly he treated me with playful respect, but I felt from the outset that in our relationship I was the receiver and he was the giver.

Perhaps you may know what happens next. After a six hour operation he died just as he was leaving the operating theatre. The surgeon—who with hindsight I can see was himself most upset—instructed me to go and inform the family. The operating theatre was on the eighth floor of a 10 storey building, and the little wardroom where the family were gathering was on the second floor. I walked from the top to the bottom of the building down the back stairs, which were in a long well with little diversions into the wards at each floor. I can remember every detail of that walk. I remember the emptiness of the tiled stairwell and my echoing steps and the long pauses I made at each floor where, as in a newsreel, I glimpsed a vision of busy humanity going about its tasks. I eventually reached the second floor, my surgical ward, where there was a man talking to his wife on the phone. He was telling her heatedly that his operation was held up, but could she remember to bring him some clean pyjamas. I walked slowly to the wardroom. The family had gathered and as soon as I saw them I knew that they knew. No one said a word, but everyone, including me, began to cry quietly.

Even at the time, when so much of what I saw and felt was

Department of Community Practice, University of Western Australia, Claremont 6010, Western Australia

PETER UNDERWOOD, MD, FRACGP, teacher, researcher, and practitioner

inexplicable, I sensed feelings different from and greater than those of simple loss and sadness. It was clear to me that the patient had somehow known that he was going to die and had been giving me a message. It was a message of compassion and hope. So I give you this as my first image. It is of a young man in a white coat, climbing back up the tiled stairwell, all six flights, trying to make sense of what he was experiencing and thinking about a man who seemed to know, who loved, and who died. And about death, the ultimate engineering failure.

And why, some of the more practical of you might ask, did I climb the six flights back to the operating theatre? Well, you see, we had another operation to do. This time it was the man who had requested the clean pyjamas from his wife. I had heard him say to her, "Dear, after the op I'd feel better in clean pyjamas."

Children and women

After some time I found myself studying paediatrics in London. I got a job in a centre for neonatology, the discipline concerned with the newborn. Tiny babies, some weighing as little as 750 g, came from all over England. They were placed in humidicribs and kept alive by complex support systems. The babies had catheters in every orifice. At first I thought I was back in the physiology laboratories of third year medical school, where we worked on anaesthetised rabbits that were also pink and white and about 10 inches long. But these tiny animals were not rabbits: they were humans, with mothers. One could see these mothers standing outside the special baby ward, their pale, tired, young faces pressed against the glass. They looked in while the doctors, gowned, gloved, and masked, moved briskly from one baby to another. I give you this as my second image.

I worked in paediatrics in the early 'seventies, and it was soon after that that special baby care began to change. But while I was

working in this field I remember that it was suggested once that it might be a good idea to allow the mothers to handle their infants more often (at the time contact was minimal). An enterprising registrar said that he thought this would be a good research project: we could see if babies who were given more contact with their mothers grew faster. I don't remember if they undertook the project, but I imagine that at some meeting the registrar proved, with tables, graphs, levels of significance, and p values, that it is good for babies to be touched by their mothers. For my part I felt that something here was deeply wrong, but for the life of me I didn't know what it was. With some regret I decided I didn't want to be a paediatrician.

But there's been an important omission in the story so far. You see, I had previously spent a couple of months in India, and this experience, though it had nothing directly to do with medicine, changed me. I do not want to tell you in detail how it changed me; how I discovered, with astonishment, even shock, that I was a child, or rather a narrow product, of my own Western culture. No, I want to describe for you just one image from the subcontinent.

After only two days in India two of us fell ill with a fever, and we camped out in the hot Deccan in a field beneath a struggling tree. We stayed there for two days, during which the villagers were gathering wheat from the field next door. The women came up over the adjacent hill walking in lines and singing, and they gathered the cut stooks and carried them off on their heads, leaving in lines and singing in their strange high rhythms once more. They came, gathered, and went all day long. These women seemed not to notice the three young men with short haircuts and bush shirts lying beside their landrover watching each human wave with growing wonder. I had read only one book on India, and this was unsympathetic to the culture, but one phrase from it had stuck. It said that a Westerner views his life as an arrow, an Indian as a wheel. So for our third image I give you a tree, a landrover, three young Australians, and a group of Indian harvesters: three arrows and a dozen wheels.

MEDICAL DOCTOR: Hail, friend: how very many medicines you have about you this morning! Why, you have every medicine in the country here.

RAIN DOCTOR: Very true, my friend; and I ought; for the whole country needs the rain which I am making.

MD: So you really believe that you can command the clouds? I think that can be done by God alone.

RD: We both believe the very same thing. It is God that makes the rain, but I pray to Him by means of these medicines, and, the rain coming, of course it is then mine. It was I who made it for the Bakwains for many years, when they were at Shokuane; through my wisdom, too, their women became fat and shining. Ask them; they will tell you the same as I do.

MD: But we are distinctly told in the parting words of our Saviour that we can pray to God acceptably in His name alone, and not by means of medicines.

RD: Truly! but God told us differently. He made black men first, and did not love us, as He did the white men. He made you beautiful, and gave you clothing, and guns, and gunpowder, and horses, and waggons, and many other things about which we know nothing. But toward us He had no heart. He gave us nothing, except the assegai, and the cattle, and rainmaking; and He did not give us hearts like yours. We never love each other. Other tribes place medicines about our country to prevent the rain, so that we may be dispersed by hunger, and go to them, and augment their power. We must dissolve their charms by our medicines. God has given us one little thing, which you know nothing of. He has given us the knowledge of certain medicines by which we can make rain. We do not despise those things which you possess, though we are ignorant of them. We don't understand your book, yet we don't despise it. You ought not to despise our little knowledge, though you are ignorant of it.

MD: I don't despise what I am ignorant of; I only think you are mistaken in saying that you have medicines which can influence the rain at all.

RD: That's just the way people speak when they talk on a subject of which they have no knowledge. When we first opened our eyes, we

found our forefathers making rain, and we follow in their footsteps. You, who send to Kuruman for corn, and irrigate your garden, may do without rain; we cannot manage in that way. If we had no rain, the cattle would have no pasture, the cows give no milk, our children become lean and die, our wives run away to other tribes who do make rain and have corn, and the whole tribe become dispersed and lost; our fire would go out.

MD: I quite agree with you as to the value of the rain; but you cannot charm the clouds by medicines. You wait till you see the clouds come, then you use your medicines, and take the credit which belongs to God only.

RD: I use my medicines, and you employ yours; we are both doctors, and doctors are not deceivers. You give a patient medicine. Sometimes God is pleased to heal him by means of your medicine: sometimes not—he dies. When he is cured, you take the credit of what God does. I do the same. Sometimes God grants us rain, sometimes not. When He does, we take the credit of the charm. When a patient dies, you don't give up trust in your medicine, neither do I when rain fails. If you wish me to leave off my medicines, why continue your own?

MD: I give medicine to living creatures within my reach, and can see the effects though no cure follows; you pretend to charm the clouds, which are so far above us that your medicines never reach them. The clouds usually lie in one direction, and your smoke goes in another. God alone can command the clouds. Only try and wait patiently; God will give us rain without your medicines.

RD: Mahala-ma-kapa-a-a!! Well, I always thought white men were wise till this morning. Who ever thought of making trial of starvation! Is death pleasant then?

MD: Could you make it rain on one spot and not on another?

RD: I wouldn't think of trying. I like to see the whole country green, and all the people glad; the women clapping their hands and giving me their ornaments for thankfulness, and lullilooing for joy.

MD: I think you deceive both them and yourself.

RD: Well, then, both of us are rogues.

Poverty and richness in personality

But let us return to London for the next bit of the story. A humidicrib wizard (a master of human machinery) suggested one day in passing that I read Winnicott. So on a holiday in Greece I read a book of his called *The Child, the Family, and the Outside World*.¹ It said many things to me, but the essence of its message was that a baby is a person from birth; a baby not only reacts but acts. This person is trying to make sense of their world, just as I am trying to do with you today. Moreover, Winnicott says that the baby's ability to make sense of the world, and his or her development into a person who can create and work and love, is forged from the outset by the social bonds that unite him to his mother and the outside world. For instance, Winnicott describes how in the presence of a loving mother a child's aggression can be integrated into the rich fabric of his or her personality and so provide a source of burgeoning power. And it is this difficult image, our fourth, that I now ask you to help me create. It is of a developing child, whose instincts to hurt, to bite, and to destroy, are being shaped by the mother. She does not demolish these aggressive instincts but transforms them by the power of her love into a source of strength, creativity, and also love itself. Try with me to make this image, to visualise this miraculous transformation.

Before I leave children and Winnicott I want to give you a phrase of his, for it is one that haunted me and still does. He said: "A doctor may feel that by easing matters all round he is obviously doing good. But this is looking at life in terms of ill health and health. Those who care for infants must be able to think of poverty and richness in the personality, which is quite another thing."

The next image I give you is a product of the years that followed for me in Yemen, where we lived in an exotic and remote culture.³ The image itself, however, is taken not from Arabia but Africa—from Dr Livingstone's *Missionary Travels and Researches in South Africa with a Sketch of Sixteen Years' Residence in the Interior of Africa*.⁴ Dr Livingstone describes a conversation between a medical doctor, like himself, and an African doctor, a rain doctor. It is a famous passage, but worth quoting in full (see box).

Our fifth image, then, is of Dr Livingstone and the rainmaker. And you psychodramatists may find it easy to insert a third figure in the scene: a person hovering above and magically becoming first one and then the other.

"You don't know anything"

For our sixth and final image we move now to the drab northern outskirts of Perth and into the consulting room of a general practitioner now not so young and now often with his own students, some of whom may visualise him as a shiny, impenetrable, and well oiled knowledge machine.

It was late afternoon, and I was seeing a woman of 35. She was a single supporting mother who had once been married to a Chinese man and had had to bring up her two daughters on her own. Partly because the daughters were so beautiful and lively and partly because the mother was so life loving and competent I looked forward to seeing any of her family, and I looked on them as my special patients. It so happened that the mother, who lived with her family in a miserable block of housing commission flats, had been hit on the head by the frowsy wall heater, which fell from its place on the wall. She had a small cut on her head, and this was soon repaired. She got up to go, her usual chatty, laughing self making light of her problems. To my surprise her face suddenly changed, and with an uprush of deep emotion she burst into tears.

I said, "Sit down. What's the matter?"

She said, "I'm depressed; I'm just so unhappy."

Going into my good doctor routine I said, "Come back! Please sit down. Tell me about it . . ." and so on.

She stood there, hand on the door, an ageing young woman with bad teeth, a cheap black rinse that had left the hair roots a different colour, sobbing with deep wracking sobs.

The she collected herself and cutting me short burst out with anger, "What can you do for me? I'm lonely. I want a bloke. I want

some love and security. You can't give me that! And I can't help myself. I've got no money to fix my teeth up. I've lost my looks and what's worse, my confidence. You will talk about pills and psychologists and groups. But that's all rubbish!"

She drew herself up to her full height, composed herself, and said to me very clearly, "You are a very nice doctor, but you don't know anything. You see, there's actually nothing the matter with me!" Then she left.

So that is our sixth and final image: the woman at the door, the doctor in the chair.

Social bonds

Now, gentle listeners, who have joined me on this modest journey, I will say little else. The social scientist in me is trying to say something like, "Birth, death, and disease are biological events, and these biological events underlie the six images. But what gives them their human importance is their social character." But the social bonds that unite human beings cannot be so simply categorised and put aside. It must be said that these bonds are not just inseparable from the stuff of man: they *are* the stuff. A man knowing he was to die, a woman whose social world was destroyed by society, an African rainmaker, a child who turns hate into love, one group of women gathering grass, another group looking in at their children—each serves to remind us of this.

The novelist Fay Weldon said, "Do all men and women feel love before they die? This force, this source of light, that lies behind the sun; glances off mountains and lakes; comes upon you suddenly . . . so brilliant you have to fold you arms to shield your heart from the very memory of it." Those of you who have shared a real psychodrama know of this force, this force that lies behind the sun and glances off mountains.

You may ask what this has to do with medicine. According to Borremans the Aztecs believed that:

"The doctor, the true doctor is a poet (a wise man).

He imparts life . . . his advice has been tested by experience;

He holds a mirror before others,

Fosters wisdom in their countenance.

The false doctor makes things complicated.

He destroys faces; causes others to lose their face."

Do we doctors have to be poets then? Is that not asking too much? Tolstoy tells us: "Inanimate objects may be dealt with without love; we may fell trees, bake bricks, hammer iron without love. But human beings cannot be handled without love . . . if you feel no love—leave people alone." So perhaps the doctor must be not only a poet but also one filled continually with love! Otherwise he should shun patients and take to medical physics. No—we are asking too much. This concept is an ideal; only sometimes can we realise it. What is desirable, even essential, to me in my work is the recognition of man's humanity.

Today I have struggled to reveal something of one person's journey of discovery about humanity. With these word and picture images I have tried to show you something of my notion of it. In my future teaching, research, and practice it is this notion that I want to explore.

It is said that it is better to travel joyfully than to arrive. I'm not sure one ever arrives; this makes me even more convinced of the worth of a joyful human journey.

References

- 1 Winnicott DW. *The child, the family and the outside world*. Harmondsworth: Pelican, 1964.
- 2 Winnicott DW. *The child, the family and the outside world*. Harmondsworth: Pelican, 1964:54.
- 3 Underwood P, Underwood Z. New spells for old: expectations and realities of Western Medicine in a remote tribal area of Yemen, Arabia. In: Stanley NF, Joske RA, eds. *Changing disease patterns and human behaviour*. London: Academic Press, 1981:271-97.
- 4 Livingstone D. *Missionary travels and researches in South Africa with a sketch of sixteen years' residence in the interior of Africa*. London: Ward Lock and Co, 1857.
- 5 Weldon F. *The president's child*. London: Hodder and Stoughton, 1982:88.
- 6 Borremans V. The inverse of managed health. *Development Dialogue* 1978;1:26-34.
- 7 Tolstoy LN. *Resurrection*. Harmondsworth: Penguin, 1966:450.

(Accepted 4 April 1986)