

MEDICAL MUSE

*An occasional journal devoted to the inquiries, experiences, and meditations of the
University of New Mexico Health Sciences Center community*



Michael Billhimer

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MEDICAL MUSE

Welcomes submissions (literary or visual), letters, and participation from all members of the UNM Health Sciences Center community.

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We are pleased to bring you this edition of the *Medical Muse*. This semiannual arts journal is meant to provide a creative outlet for members of the greater Health Sciences Center community: patients, practitioners, students, residents, faculty, staff, and families. In this business of the scrutiny of bodies and minds, it can be all too easy to neglect an examination of our own lives. This journal is a forum for the expression of meditation, narrative, hurting and celebration—all the ways in which we make sense of what we see and do.

It is our hope that in these pages you will encounter a range of experience from the outrageous to the sublime. What we have in common binds and steadies us, yet there is much to be learned from the unfamiliar.

We see the purpose of the Muse as a way of encouraging members of the Health Sciences community to express their creativity, and we encourage all to submit. Unfortunately, due to space constraints we cannot publish every work that is submitted in the print copy. We wish it to be known that our worst fear is that in selecting submissions we are discouraging the same creativity we wish to foster. We therefore sincerely thank all those who have submitted in the past and ask that you continue submitting. Without your creativity and courage to share the Muse would not exist.

– The Editorial Board

Cover: "The Old Man" by Michael Billhymer MSII

We were told that we were the first medical team to come to this rural village situated in the middle of the Guatemalan mountain rain forest. We had traveled in the back of an open cattle truck to get to the small one-room school house that became our clinic. He had heard that the UNM-CMDA medical team was coming; he was excited. He stood patiently in the back of the crowd watching and waiting, waiting and watching. Soon it was his turn. Eyesight was his problem. Team members helped him sort through a hundred or more pairs of donated glasses. This pair was too strong, that pair too weak. Eventually he found a pair that seemed as though it was crafted uniquely for him. The green blurs off in the distance became the infinitely detailed mountains of his youth.

Zen and the Art of Daily Activity

By Ameer Alene Turner
Occupational Therapy Student

As human beings, we are inclined to explore our world and participate in life. We do this by engaging in meaningful activities. The activities we choose to do define who we are as individuals, so, in a sense, our hands guide our brains, creating our own individual experience as we interact with the world around us. As a Zen practitioner and an occupational therapy student, I am brought closer every day to understanding the importance of meaningful activity in my own daily life.

The word “occupation” is often misleading, but Occupational Therapists use this word to encompass all activities that a person is involved with in their daily life: work, school, play, dressing, bathing, walking the dog, doing bills, folding laundry, and being with others. Daily activity. At a Jukai* ceremony I attended last spring, the priest asked the woman who had just received the precepts how she planned to manifest the Buddha’s teachings and live by these vows. She said, sincerely and graciously, “daily activity.” How beautiful.

What I do defines, in part, who I am; how I do it defines the quality of my engagement. Occupational Therapists believe that people are healthiest and happiest when they are participating in meaningful occupations. Buddhists believe that people are their true selves when they are fully present in each moment. If I realize that the occupation I am involved with right now is what is most important and most meaningful, then these daily activities are no longer simply mundane tasks, they become opportunities to live fully. Eating breakfast, slicing vegetables, sorting laundry, or listening to a friend or client: what I am doing at this moment is what deserves the most attention.

I once jumped out of a perfectly good airplane. On my way down, I truly experienced each moment in that five-minute drift back to solid ground: the feel of the cold wind on my face, that

same wind the only sound, the pull of the parachute on my torso, and the glimmer of the Clackamas river below me. After spraining my ankle on landing so badly that I couldn’t stand on it for six weeks, I was forced to slow down enough to realize just how quickly I moved through my life. I was able to see how I was unaware of the importance of daily activity by always waiting for the next exciting moment to present itself before me. One does not need to skydive to feel the thrill of living; one must simply take the time to pay attention to what is happening right now.

So often we take the simplest moments for granted. Full participation in the activities of daily life can lead to a more intimate relationship with one’s self and one’s environment. It is through these daily occupations that I allow myself to be who I truly am. It is my vow that I may support others in doing what is most meaningful to them and in becoming and being their own true-selves. □

*Jukai is a ceremonial initiation into Buddhism. In this ceremony one commits oneself to acting according to a series of moral and ethical guidelines, the precepts. These precepts include not creating evil, practicing good, and actualizing good for others.

Sean Kelly



West of Center

by Mark Unverzagt, MD

Author's note: This monologue, entitled *West of Center*, is still a work in progress. I started writing it not to document my experiences as a solo practitioner in Catron County, but rather to reflect on current events. I became interested in the issues of extremism and its role in government and society as I saw the terrible conflicts in the former Yugoslavia unfold. The ideas became more compelling after the terrorist attacks of September 11th. I realized that what I saw and learned in Catron County from 1993-1997 is merely a microcosm of all that is happening around us currently. And I see now as I saw then that medicine (and those of us who work in the profession) has an important role to play outside of the clinic when confronted with these larger societal issues.

For those of you who don't know, Catron County in the early to mid-1990's was a hotbed of antigovernment radicalism. Locals were pitted against the US Forest Service, the Clinton administration and environmental groups in order to preserve the local "custom and culture" they felt was unique to the rural Southwest. There was so much of this fervor that militias had formed, the county government passed an ordinance requiring all residents to own a firearm and we dealt with bomb threats from time to time. I addressed this problem of the potential for violence by defining it as a health problem and intervened by starting a dialogue—a dialogue between all different points of view. It is a dialogue that still continues nearly ten years later. It is a dialogue that has made a difference. But now we all live in a Catron County. And it seems to me this dialogue—the dialogue about extremism and how we confront it as healthcare professionals—is more important now than ever.

Charlie V. came in with a chainsaw today. It was a thank you gift to me for taking care of his bladder problem. He came in last week looking pregnant—imagine that in an 87-year-old man wearing overalls! His bladder was obstructed—he says from eating too much chile, and I drained over five liters of urine from him!

Eddie A. came in with a bum knee. He tore a ligament running away from a bull that was chasing him. I don't think it is too bad but he told me that at 72 he wasn't sure he was going to outrun the bull.

Lewis K. came in for a final check of the cut on his hand. It is healing nicely. He is back to riding horses and roping already. Not bad for a 70 year old! He says he will still do his ranching work and stay on the Coumadin.

I'm not an actor. My real job is doing this (points to the screen)—taking care of people. Acting and doctoring are two very different types of professions. As a physician, I never act. So why do this?

In 1993 I was a 29-year-old solo practitioner in Catron County, New Mexico. It's the largest county in the state and is located in the west and center of the Land of Enchantment—over near the Arizona line. Few people in New Mexico know Catron County. Fewer still have been there. I was one of those in the majority—that is before I took the job. While I knew that is it an area nearly the size of the state of Massachusetts, I didn't have much knowledge of the history of that region—didn't know who Judge James Catron or Aldo Leopold were.

When I moved to Catron County, I thought it was going to be all about medicine. There had been no regular

doctor there for a few years until I signed on. Ole Doc Foster, after 50 years, had retired and left the medical care to a string of doctors who came and went. And as far as most people were concerned, I was just going to be part of that rotation. I did know this going in. I also knew that I would be taking care of lots of (points to screen again) Charlies, Eddies and Lewises. What I had no idea about was that the ghosts of Judge Catron and Aldo Leopold would come to life again in 1993. These legacies forced me to treat pipe bombs, militias, threats of armed succession from the federal United States and county ordinances requiring people to own a gun. I would be treating these things in much the same way that I would treat bad knees and cut hands.



Doc Foster came in to the clinic today. He usually ambles over each day. But today he hobbled. His gout had flared. I walked him back over to his house and brought him a new bottle of his gout medicine.

By the time I came to Catron County, Doc Foster was more infamous than famous. He had long been retired and lived alone in a series of dilapidated buildings that used to be the clinic. Now they were tattered old cinder block structures that reminded me more of a bomb shelter than a medical complex. Most of the rooms in his house had little furniture. One time, when I brought him some Thanksgiving dinner on a cold November day, he was sitting bundled up in his kitchen. The only heat he had was a gas range and he had all the burners turned on. It was freezing in there. In his kitchen cupboard, he had a box of powdered

sugar donuts and that was it. Scratched in pencil on the cupboard door were the telephone numbers of a few people he could still count on as friends.

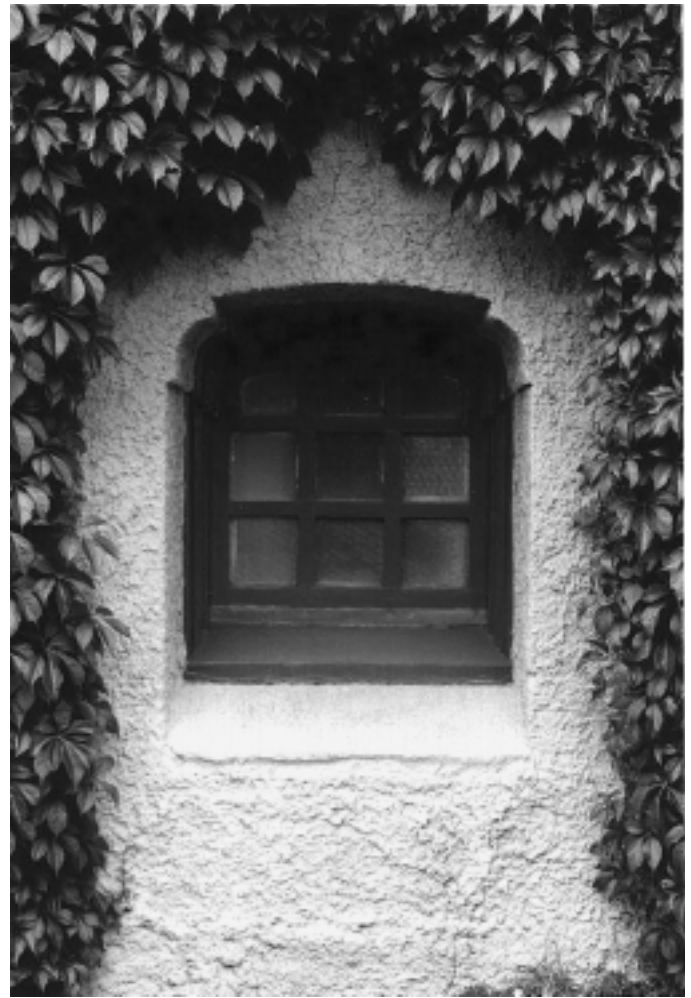
I am not sure he could see those numbers though. By the time I got there, both his eyes and his mind were going. He was nearing 80. I know that he had family that cared about him, but none in the area that cared for him. It was sad to see this. Plus it scared the hell out of me. Here was a man who gave up nearly 50 years of his life to serve a community—beginning in the old mining town of Mogollon in the 20's—and he lived in the worst kind of squalor imaginable. It was said around town the as soon as he retired and gave up his medical license that his wife left him. The rumors went on to say that she ran a separate business selling narcotics from the clinic and once he no longer had his license and thus availability to the drugs, she took all the money and was up and gone. I don't know if any of this was true. But this is what folks told me.



A patient talked me to today for nearly an hour about the Armageddon that was sure to come. He could verify that UN troops and black hawk helicopters were just over the mountain range waiting to squash the rebellion at a moment's notice. He wasn't sure who was going to give the order. But he was ready he said with dozens of rifles and plenty of ammunition.

Surely there have been other times in our history as turbulent as this one seems to be. Or maybe it's not really ever better or worse, just different. But I am struck by the profound sense of fundamentalism that has engulfed us. Both sides, really all sides, are so fundamental in their beliefs that room for compromise, for negotiation and sometimes for just good common sense becomes a rare commodity. Just look at how each side frames their issue. The militia formers talk about the need to preserve "custom and culture" at virtually any expense in order to preserve a valued and historic way of life. The eco-radicals talk about preserving a natural order to things in order to save the planet. Each side seems to feel the same violent means will achieve their own ends. Neither side appears willing to recognize that they may need to depend upon one another if the real threats are ever to be addressed. Their beliefs are too fundamental to even contemplate that working together might be worth considering. There is no ecology of thought or belief.

Just as it was said that it is "our way or the highway" in Catron County a decade ago, we have our own president stating "You are either with us or against us" and quite literally enacting this into foreign policy. It's not that this



Robert Sasaki Mcclies

kind of statement is entirely wrong. Rather it suggests that we don't need one another any more. And the world seems more dangerous than it has been in recent memory.



You can look also at the current conflict in the Middle East. The Israelis decry the terrorism of the Palestinian radicals. The Palestinians express outrage at the Israeli occupation wherein their neighborhoods are razed and their economy held hostage. There is lamentable loss of life on both sides. Yet the conflict itself seems intractable. The encroachment of radicalism on the policy of the center seems to breed this intractability. What is one to do now? It's all emotion and no reason. And in these circumstances, do negotiated settlements really work? It seems to me that one side prevails only when the other side has their spirit broken: "OK, I give now". The weaker side gives and settles for eons of resentment and anger along with an abiding sense of injustice—all of which makes real compromise or real peace a farce.

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West of Center

(continued from page 3)



Andy came in today as frightened as I have ever seen a grown man, “I shot g-damned shot myself Doc!” He held up his shirt, and sure enough there was an entry wound. He had been shooting a pistol when the bullet ricocheted off a rock and into his abdominal wall.

There is a small group of Glenwood ranchers who get together at the McKeen’s ranch every Sunday morning for a tennis game. The McKeen’s have the only tennis court in the whole county. I’d been a part of these games in the past. It’s the best kind of get together you can imagine. Just plain old-fashioned fun. Sometimes when there were more than four of us we played this kind of volleyball on the tennis court. The whole court is in-bounds and everyone just tries to keep it in play. It’s all meant to have fun, and each time I am with them I am always humbled to some extent by the McKeen’s—and other ranchers like them that I know and have spent time with—extending their hospitality and putting everything aside just to really enjoy themselves. It’s enough to make me want to go into ranching.



One of the central questions is how to move about in the world? What does it mean to build something new? How is one to create positive change? For me, in Catron County, it seemed essential to do something. It helped that other people came to me and asked me to do it. It allowed me to feel a sense of legitimacy, and I needed this to begin to move ahead. In many ways I was ready to do it, so when you are asked to do something with my training and background you do it. As a physician you are trained to respond. But there is no guarantee that your actions will be welcomed or that they are even necessary. Anything new creates skepticism—especially in the backwaters of places like Catron County. But to be perfectly honest, I didn’t worry about that too much.

But really, how is one to move about in the world? Is it enough just to vote, treat your neighbor decently and recycle? I see so many people moving about like automatons that it frightens me. I feel alienated from many of the very people I want to help.



A group of locals, including some of the county commissioners, along with many people I have never seen before burned a United Nations flag in the center of town today.

It takes a different level of commitment to live 200 feet up in a tree for months at a time. And with names like “Critter” and “Free,” I suppose that commitment is a little easier to come by. It’s a strange transformation to me, however. It’s a youth culture with liberal values transmogrified into violent action. When someone says “for life to survive as we know it, millions of people are going to have to die. It’s sad to say that, but it’s true. Millions of people are already dying—it’s just gonna have to start happening here,” that is strong stuff. Compare that with, let’s just call him rancher Joe, “if they keep pushing us [off the land] there’s gonna be some red stuff spilled and it ain’t gonna be ketchup.” One is pushing and the other is feeling pushed yet both sides on each end of the extremes see the same solution—violence. We should pause and think about that. Fanatical Middle Eastern Islamist extremists came to the same conclusion as Critter and his gang, rancher Joe and his militia pals. Governments respond in the same way. Blast ’em to smithereens is the way most of us feel. I’m not here to argue over the merits of that, but who takes responsibility for dialing all this craziness down?



We had our first community meeting tonight. There were about fifteen of us there and pretty much all factions were represented. It was a wonderful opening dialogue. Each person was able to speak his or her mind. And we set some important ground rules for future work. I am not at all certain where this will all end up, but it felt good to be doing something. And someone—I am not sure who—brought some delicious cookies. Let’s hope we can put the guns away for a while...□

Mockery

Nearly translucent white crescents
Make parallel moons,
Framing her naval.

Fresh, tender & new
As her babies must be.

Red stains her panties:
Haunting echo,
Mockery of moonglow below,
Of the almost bloodless wounds
where the bullets entered her chest

To waste her precious blood
Behind her breasts
Above her womb
Drained from her once dark
Brown Skin.

Far from where
We could save her.

01.15.03

– Christine Buckley



Sean Kelly

Weekend Scientist

I study the clouds

The tides

The moon

For a sea change –

The omens in the leaves of

Teas and trees.

– Rebecca Mayo, CNP



David Gonzales, MD

Literature as a Therapeutic Tool: Prevention and Treatment of Ailments Generally Failed by Traditional Medicine

by Robert Cantrell, M.D

“A well chosen anthology is a complete dispensary of medicine for the more common mental disorders and may be used as much for prevention as cure.”

– Robert Graves

Many of the illnesses that trouble people in the United States today are physical manifestations of their confusion and anxiety regarding problems such as isolation, meaninglessness, commitment, and the inevitability of death. Literature can be a tool to help patients realize the non-physical sources of these subtle but widespread discomforts and then deal with them in appropriate ways outside the medical system.

This country fails generally to see that the tools that people have to have in order to maintain their “well being” in this sense, are not derived from doctors, but through their educational system and their libraries. We have long ago stopped connecting the lessons that we learn in the general liberal arts curriculum with anything “useful.” But if so many people are declared “disabled,” or “diseased,” by their existentially induced psychosomatic problems, and if the solution to this societal problem can reside in literature as well as pills, then the liberal arts classroom has tremendous potential for being a prophylactic environment, preparing individuals to understand the common nature of the pain they will feel in their lives, and offering them a self-directed and self-accomplishable way to deal with that pain before they ever even consider seeking consultation with a doctor.

In truth a great percentage of the personal health problems of which we complain, including many that have very real physical manifestations, are psychosocially based.

Servan-Schreiber et al provide a very elegant summary of the clinical picture of such patients, who are often given

the label, “somatizers.”

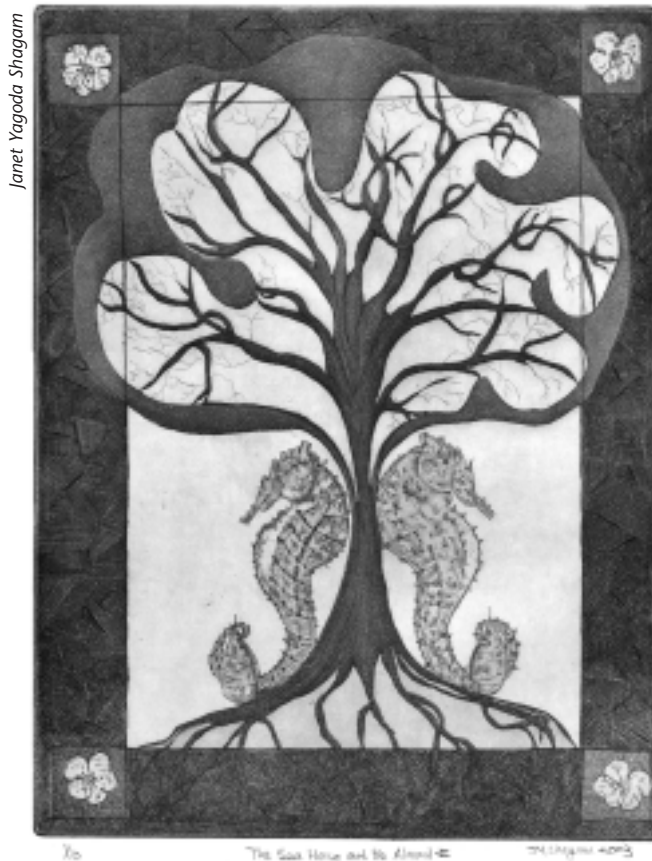
“In patients with somatoform disorders, emotional distress or difficult life situations are experienced as physical symptoms. Patients who somatize present with persistent

physical complaints for which a physiologic explanation cannot be found. Failure to recognize this condition and manage it appropriately may lead to frustrating, costly, and potentially dangerous interventions that generally fail to identify occult disease and do not reduce suffering.

“Somatization is common. In one study, no organic cause was found in more than 80 percent of primary care visits scheduled for evaluation of common symptoms such as dizziness, chest pain or fatigue. In addition, somatizing patients use inordinate amounts of health care resources. One study estimated that patients with somatization disorder (the most severe form of the condition)

generated medical costs nine times greater than those of the average medical patient. Despite substantial amounts of medical attention, somatizing patients report high levels of disability and suffering. Finally, physicians report that somatizing patients are frustrating to treat. Physicians lack a sense of effectiveness when multiple complaints do not fit into usual diagnostic categories or patients do not fit into a typical office schedule. Traditional medical training is focused on the identification and treatment of organic disorders and leaves most physicians ill prepared for recognizing and managing patients who somatize.”

That is why after physicians have had their say at defining and diagnosing and working cures as best they



can, there are still quite a lot of odd “syndromes” left lying around with no focused physiological explanation and therefore no simple remedy.

The psychosocial basis may be traceable in many cases to patients’ problems in dealing with existential issues such as personal isolation, meaning in life, the problem of freedom versus commitment, and coming to terms with death. Ironically, it is the decrease in the older, obvious dragons of physical disease and conditions of want that has left us with much time and few enemies except these, our own internal demons. The struggle to free ourselves from the specter of want and untimely death has been broadly accomplished and those battles no longer occupy us daily and at all ages. We are mobile and the achievement of individual liberty is the apotheosis of civilization. Paradoxically, that mobility and that liberty itself, however, often contribute to a void that is only vaguely realized but nonetheless painfully felt.

Ironically, even as our performance regarding the classical indices of health has risen so satisfactorily, we see a higher percentage of the population who are defined as being “ill.” Today people seek healing of diagnoses such as, “dysthymic syndrome,” “chronic fatigue syndrome,” “obsessive-compulsive disorder,” “attention deficit disorder,” and lately even “social anxiety disorder” (shyness) from a largely reductionistic, biologically oriented medical profession.

When people speak of “healing,” we must think of two different types. The common one we might think of as “small healing,” as in the acute pharmacological struggle against bacterial diseases resulting in “cure,” the surgeon’s ability to find a broken or dysfunctional part like an inflamed appendix and to mechanistically “fix what’s wrong”; the ability to find physical problems and to make them go away. The common aim of this familiar activity is to evade physical, and resulting psychic, pain and infirmity and to prolong life.

The tools of this smaller, physiological healing are a bustling industry in this country, all of the hospitals, the offices, the x-rays, the pharmacies, the ambulances and so on. Most of what people quickly envision when they think of “medicine,” or “health care” is this kind of activity. The kinds of problems it faces and tries to counter are heart attacks, cancer, stroke, lung disease, trauma and the other “illnesses” to which we fall obviously heir. Within the great mass of all medical activity there is certainly a small core of problems for which this healing is appropriate, indeed often superb. We may even include within this type of healing cases of some “mental” illness, such as mania, schizophrenia and some depression, that seem to respond objectively to pharmacological treatment. Then there is a broad group of

maladies that lie in between worlds and are neither purely psychological nor purely physical, but both, as anyone who has treated asthma or a panic attack will attest.

At the end of the day there will still be the problems that we cannot make go away with physical therapies. Beyond the relatively few maladies that can be overtly and completely solved by the houses of smaller healing lies this much more ubiquitous collection of problems.

Among the several roots of the problems which one faces along that path are the human conditions of isolation, freedom, meaning, and the inevitability of death. The very fact that at some level we must face these issues is in itself a great cause of dis-ease. It is this subtle but profound psychospiritual disease that is the more important in terms of the great mass of suffering in the United States at the end of the millennium, and dealing with it constitutes “larger healing.”

What then are the tools of the larger healing? To judge by the dissatisfaction on the part of both patients and practitioners in recognizing and dealing with such problems, the anti-depressants and other psychotropic medications currently used are not universally effective. They will remain ineffective for a large percentage of patients. We must stop dancing around the fact that these life questions exist and that they are important, that they have little to do with our chemicals, and that they cause pain if not respected.

Though psychologists may regularly think in such terms, more medically trained practitioners are often not fully conscious of such questions themselves, mistaking their physical effects for purely physical problems and attempting to jam them into a reductionistic pigeonhole of diagnosis and treatment. If they are, in deed, aware, they often see the possibility of dealing with such problems as potentially overwhelming. In our present uneasy truce with these existential problems it seems easier to maintain our brittle ignorance than to dig any deeper and promise cure where none may exist. If you don’t want to hear an answer, don’t ask a question. There are demons of conscience we fear may be best left undisturbed because once released they cannot be put back into their bonds.

As recently as twenty years ago, medical students were still taught that “depression” was to be thought of in two different versions, “endogenous” and “exogenous.” Though for reasons of time and money, more people are being treated with medication now to redress the supposedly ubiquitous “endogenous” chemical imbalance that “causes” depression, we still tacitly acknowledged people’s interchange with their psychosocial milieu. Thus, exogenous depression was a descriptor of the situation in which

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Literature as a Therapeutic Tool

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for whatever reasons, a person's environment was simply so hostile, or perceived by them to be so hostile, that it might lead to symptoms such as insomnia, impaired concentration, agitation or lethargy, and even thoughts of suicide, all sans chemical imbalance. The term "hostile" might mean, "lonely," or "conflicted," or "empty," or, in the case of death, "unacceptable."

Many people live and die unaware that there are such basic problems. It never rises into their consciousness or into their range of expression. They are the legion that believes the smaller healing will help their often non-specific and nebulous symptoms. The industrialized part of the smaller healing feeds off of them, sucks the marrow from their very bones, but does little or nothing to ease their true pain. In contrast, the truly well trained physician at least has compassion and resists the temptation to exploit their illness for personal gain, for to do so is the worst form of venal quackery. Corporate interests in medicine, however, have no personal conscience and thus have no such internal mandate to resist that temptation.

At least some people, often through the paths of literature, come to the point where they can at least recognize the problem for what it is, and an even smaller number will follow those paths to see if they may come to a deeper understanding and thus to some degree of equanimity. It is a long and uncertain path, and even equanimity, it must be said, does not axiomatically equal relief of pain or even peace of mind.

As Tom Robbins' omniscient narrator puts it in *Skinny Legs and All*, "Was there a more difficult lesson for a human being to learn, a paradox harder to accept? Even though the great emotions, the great truths, were universal; even though the mind of humanity was ultimately one mind, still, each and every single individual had to establish his or her own special, personal, particular, unique, direct, one-on-one, hands-on relationship with reality, with the universe, with the Divine. It might be complicated, it might be a pain in the ass, it might be, most of all, lonely—but it was the bottom line. It was as different for everybody as it was the same, so everybody had to take control of their own life, define their own death, and construct their own salvation. And when you finished, you didn't call the Messiah. He'd call you."

In taking control and defining these existential problems we seek, and to some degree construct, our own salvation. That salvation is being free of the most overt psychosocial, and hopefully, the most overt psychosomatic, illnesses.

So, having come to this point, what then are the practical, therapeutic roles of literature in healing? The use of literature as a therapeutic tool depends to a great extent upon the level of self-awareness and maturity of the patient. At a simple level, when dealing with a patient who has little awareness of the larger existential issues and little possibility of (or desire for) any deeper examination of their life, literature can serve an almost palliative function. Everything fits here from pulp science fiction/fantasy to the mass of "romance" novels on every grocery store check stand bookrack. Millions of people read "escapist" literature every day. Escapist, one asks, from what? Escape from the discomfort of the larger, existential disease, from boredom fostered by lack of meaning, from crushing loneliness brought about by isolation. Escape from the unblinking gaze of death. We can consider the reading that many such people do to be the analog of taking a daily dose of an opiate to dull a chronic pain from any physical cause. It simply needs to be repeated regularly to maintain its effect. Until recently, such a statement would have been considered unequivocally patronizing, implying that such escape is somehow unworthy and that one is somehow required to stay in a struggle toward maximal self-awareness regardless of the increase in psychic pain that may occasion. In the same way that we are recognizing the validity of the ongoing administration of opiates to control many forms of chronic pain without hope of removing the underlying physical cause, just so, we should pay attention to the use of escapist literature as valid anodyne for unresolvable and unbearable existential pain.

If, however, we make that analogy, we must continue it by also warning that there may be better and worse types of literature to accomplish this goal, just as there are better and worse ways of using analgesics to palliate physical pain. Millions self-medicate with alcohol for instance, seeking to dull physical pain. In the short run this may accomplish its purpose, but physicians who see the long term effects might recommend that the patient, through choosing other agents and other patterns of use, might maximize the relief of their pain and minimize the undesirable side effects of their current drug of choice. The major problem with self-medication with alcohol is that while it may yield short term relief, one may in fact find their pain augmented when the dose wears off and end up "chasing one's tail" in an ever increasing spiral of use of that particular analgesic.

Literature that "takes one out of oneself" is not necessarily bad. However, if the place to which it takes the reader is toward a fantasy land where the existential problems are magically resolved for them, upon putting down the book, one assumes they may have some sort of analogous

crash back into reality as that pain-patient has. It would require a study of the fine distinctions within escapist literature to separate out the wheat from the chaff, to define which works are simply able to suspend the patient's angst and leave them no deeper into it afterwards from those which, like alcohol as an analgesic, deliver momentary relief at the cost of worsening the situation in the long run. Works in which people don't have to face death simply because the author defines them as immortal or in which there is tremendously compelling meaning to the hero's life, such as a mission which will save the entire world (or indeed, the Universe), may leave the reader feeling that much more empty when he returns to his own necessarily finite and less dramatically important daily existence. Too much reading for pure escape might also exacerbate a problem of intellectual isolation and loneliness in the same way that masturbation might exacerbate physical isolation by replacing continuing efforts at real contact with fantasy.

Beyond these "patients" for whom the best we may be able to do is to recommend palliative reading, there will be a subset, often interesting, who may be capable of self-examination, but who do not necessarily see that introspection as leading to any personal evolution. Many bright young people find themselves in such a stage at some point in their maturational process.

In literature one can follow the meanderings of Salinger's Holden Caulfield in *Catcher in the Rye*, or Frederick Exley in *A Fan's Notes* to see such erudite stasis. It is actually a large part of the often-unrecognized function of liberal arts education to bring us to this point. Unfortunately an incomplete education is often enough to bring us to this pass and no further, stuck, as it were with the pain of awareness but without the will to move forward, nor the power to return to their previous state of less consciousness. In real life, as in literature, it is from this pool that a great number of "neurotic" patients come, reflected by Exley and Caulfield, sometimes presenting with vague anxiety or "depressive" symptoms, but also, problems with the very real attendant psychosomatic effects on sleep and activity that their psychogenic paralysis occasion, presenting to physicians with symptoms of "insomnia" or "fatigue"

or "chronic pain syndromes." These are the legion who are likely to be exigently tried, and if tried, often left on, our friends the anti-depressants, very often to little real effect other than to superficially assuage the physician's professional conscience and comply with the latest in publicly or institutionally promulgated practice guidelines. Exley chides, "I had come to understand that doctors—at least those with whom I had come into contact—were not

a particularly competent lot, thoroughly accepting the notions of normality that society had imposed upon them. For the most part they did not consider it their duty to probe the strange, anguished, and perverse realities we had fabricated for ourselves."

Beyond these, there is an even smaller subset of people who may be able to travel farther down this road and realize that not only do these existential obstacles confront them, but that they may actively seek to achieve some degree of equanimity in their face. In *No Man Is an Island*, Thomas Merton speaks of "recollection." While he speaks of it in a clearly religious context, the effect is seeking, "a change in spiritual focus and an attuning of our whole

soul to what is beyond ourselves." It is a clear call to look beyond our current limits for explanations to our problems.

At some point, once you understand that there is a search, and importantly, once you buy into it as having power, it is not only what the author wrote, but also what you, the reader bring to the work in the way of your search that gives the writing its power, its significance, its protective effect.

Some people derive comfort reading the Christian Bible. That comes from a kind of pre-established faith that what they find there is worthwhile, and thus strengthening. That is what they bring to the act of reading. It is possible to have an analogous faith in the whole of secular literature as being "worthwhile" as well. The actual inoculation process that can be accomplished has little to do with teaching that specific works speak with absolute universality to every person in the same way. It is rather



Sean Kelly

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Literature as a Therapeutic Tool

(continued from page 9)

instilling awareness that there is the possibility of deriving from a literary source the personal strength to resist psychospiritual disease. For centuries, many people have had a relationship with the holy scriptures of their accepted faiths. Many Christians derive strength and comfort from reading the Bible, as Moslems may from reading the Koran. Often it is not that they find a passage that is a specific prescriptive for a given challenge. Rather, because of their underlying faith they bring a readiness to derive strength from that which they read. It is, quite literally, an inculcated faith that what they will find will be of help.

In a more secular extension, Thomas Wolfe's character George Webber in *You Can't Go Home Again*, describes an important teacher in his formative past. "He was a great teacher, and what he did for us, and for others for fifty years before us, was not to give us his "philosophy"— but to communicate to us his own alertness, his originality, his power to think." It is this "alertness," this expectation that there is in fact strength and wisdom to be derived in literature, not only in itself, but in the blending of its self plus that faith which the reader brings to it that gives the power to heal, to comfort, and to counsel, to revered scriptures and to works of secular literature as well.

Turning to the specific issues of, for instance, isolation, one can see much in *The Scarlet Letter*. Compare the feelings and the fates of the two lovers, Hester Prynne and Arthur Dimmesdale. As Hester is contemplating her plight and considering escaping from the emotional bounds of Boston where her grief is ongoing, she decides to stay because, "There dwelt, there trod the feet of one with whom she deemed herself connected in a union, that, unrecognized on earth, would bring them together before the bar of final judgment, and make that their marriage altar, for a joint futurity of endless retribution."

Her life, as it plays itself out is not one of neurotic pain and vague physical anguish, but rather of uncomplaining physical strength.

Contrast Dimmesdale, though a young and vital man, succumbing to a clear somatization of his heart's inner pain, severe enough to kill him on the public scaffold. As Hester holds her hand and her soul out to him at the end, he rejects her. "Hush, Hester, hush," said he with tremendous solemnity. "The law we broke! — the sin here so awfully revealed! — let these alone be in thy thoughts! I fear! I fear! It may be that when we forgot our God—when we violated our reverence each for the other's soul—it was thenceforth vain to hope that we could meet hereafter, in an everlasting and pure reunion."

It has been said that people will suffer almost any "what" if only they have a "why" of meaning. It may well be that in terms of suffering the usual shocks and abrasions of life that bring so many to a doctor that people may accept and withstand much more "what," if only they feel they have a "who," even through such a tenuous connection.

Though Milton's Lucifer may be powerfully appealing in his glacial pride (especially perhaps to adolescents and other rigid personalities), Adam is perhaps his nobler and wiser character when he freely chooses to go out of Eden with Eve after she has sinned (and he has not), saying that it would be better to be in Hell with her, than to remain in Paradise alone. The reader, meditating on these images may choose to change his life, his willingness to suffer for the presence of another, seeing the ultimately greater pain of perhaps self-imposed isolation.

That "suffering" also has to do with other interconnected issues which probably also lie at the roots of somatoexistential pain; choice, freedom, and commitment.

Consider the choices of people as they establish those intimate relationships. The choosing of the one denies the future freedom to choose the other, at least in our society. One is then left to wrestle with the question of commitment. Tolstoy said that in writing *Anna Karina*, he wanted to show a woman who had committed adultery, but rather than condemn, he wished to show her with pity. A large part of the pity stemmed from the fact that her sin was to be unable or unwilling to continue her commitment, but rather to follow her freedom to render a second, illicit, choice in bestowing her love on Vronsky after first committing to Karina. It is a burden that every person faces when they make any choice. Seeing the end of that track without actually having to live, and to die on it, may give the alert reader pause to reaffirm their comfort with their own choices. Literature is filled with countless examples wherein the combination of the experience and circumstance the reader brings, plus the writer's skillful insight can do such things for the reader in any sphere of their concern. The process of teaching a love of literature consists practically of pointing out that possibility and providing at least one example though which an individual student may experience such synthesis of insight for themselves. From that point on, they are armed with the philosopher's "alertness" every time they read for the rest of their life.

In the end, however, they will find that barring religious certitude, the rivers of thought regarding the issues of man's isolation, his meaning in the world, the tyranny of choice, and the riddle of his death do not end in very discrete goals and answers, but rather play out again amongst the diffuse streams and marshy ramifications of uncertainty. Dealing with this realization cripples yet a few more,

and leaves yet a few more at a higher level of maturity. Not more comfortable, not more certain, but somehow stronger nonetheless, more “immune” or resistant, reaching into a store of intellect and spirit to deal with the certainty of uncertainty. If this constitutes “healing” with awareness, it has to do with acceptance in some form. It may be the humble acceptance of religious traditions, such as that found by Dante within the Celestial Rose or at Merton’s Abbey of Gethsemani, or alternatively in the heroic acceptance of unrelenting resistance as in the Existentialist school. Witness Sartre’s Orestes in *The Flies*, going down into the city, asking no assurance or moral compass but his own, accepting the pain of those existential questions and asserting that, “Human life begins beyond despair.” Acceptance may take a more post-modern, dissociative turn like Kazantzakas’ Zorba the Greek, who simply floats above uncertainty while clearly recognizing it. “You think too much, Boss,” he chides his callow employer, stuck in the muddy road of confrontation with these problems.

These are people who will have achieved a higher level of Piaget’s stages of maturity, and who are sometimes able to look issues such as mortality, meaning, and the problem of freedom versus commitment in the eye and accept some degree of uncertainty or ambiguity. It is a stony island but some gain help from the realization that there is a long and rich literature left by a hundred generations of thinkers before them. For some there is comfort and companionship, solidarity and support in connecting with these characters and at least a temporary truce with angst as they follow to see to what insights these literary figures have themselves come as they followed these streams.

In order then to play an important role in building up our resistance to psychosocially moderated disease, literature must first make us aware that this path exists; it is both the road sign and the road. Hermann Hesse’s, *Siddhartha*, a novel about a search for the meaning and mission of his life, contains both elements; the story of how enlightenment is approached, and then a more advanced and lyrical attempt to describe the enlightened state itself. The opening chapter, the young Brahmin’s search begins. “Dreams and a restlessness of the soul came to him, arising from the smoke of the sacrifices, emanating from the verses of the Rig-Veda, trickling through from the teachings of the old Brahmins.” But by the end of his search, at the end of the book *Siddhartha* is left in a place of peace, his boyhood friend Govinda exalting, “Never since the time our Illustrious Gotama passed into Nirvana, have I met a man with the exception of Siddhartha about whom I felt: This is a holy man! His ideas may be strange, his words may sound foolish, but his glance and his hand, his skin and his hair, all radiate a purity, peace, serenity, gentleness and

saintliness which I have never seen in any man since the recent death of our illustrious teacher.”

While the objective literature supports the contention that medication is marginally more effective than “counseling” therapies in depression (it also supports the contention that placebo is also effective in something like a third of cases) the problem with the pill method of the relief of psychic pain is that no one learns anything in the process. The patient is, while perhaps pain free, left even more vulnerable to the possibility of feeling overwhelmed in the future. If you were passively taken out of your pain by an external agent this time, it doesn’t teach you anything about your own potential sources of strength against next time. Rates of relapse into symptoms of Obsessive Compulsive Disorder are higher in those originally treated with medication than in those utilizing cognitive counseling therapy. It is still odd however, in practice, to spend more time talking to a patient about existential issues than about “blood pressure, glucose and weight” or about trying yet another antidepressant medication, because “this one just doesn’t seem to work.” It takes too much time, in a world where time is money. Thus the recent thrust toward treating depression, anxiety, and a rapidly growing set of less specific complaints pharmacologically.

Thus, returning to the population of whom we spoke earlier, those who frequent doctor’s offices with often vaguely felt and even more vaguely diagnosed biopsychosocially mediated illnesses, we find that they may fare far better by beginning in the “waiting room” of a library than that of a physician. That is predicated, however, upon the idea that classroom teachers themselves are aware of these connections and these routes. Pedagogy may be important, but a good liberal arts education, based upon literature, must underlie any effort to “inoculate” the public against the effects of existential angst. By understanding this common ground, educators as healers, and healers as educators, can perhaps reinforce each other’s efforts. In the coming generation, this may well be the broadest, most subtle, most profound, and most effective public health campaign we wage. □

About the art work “The Seahorse and the Almond II” (page 6): The intimate and intellectual connections between art and science fascinate me. As an artist and scientist, I am awe-struck over the realization that the dissected bits and pieces are never as grand as whole and living organisms. Copperplate etching gives me the opportunity to explore relationships between these “bits and pieces” from another direction. In my etchings, I use familiar objects to make allegorical bridges between emotional art and functional science. It is amazing that simple hand tools and chemical etchants can reveal these amorphous boundaries between form, function and spirit.

Janet Yagoda Shagam, Ph.D.

Represented at New Grounds Print Workshop, 3812 Central Ave 87108



Children, Guatemala

Michael Billhymer MSII

An awe of silence took hold as the UNM-CMDA medical team arrived at the primary school in the middle of Guatemala City. The abysmal conditions were only too evident; the half-finished structures, jagged metal, open pits, junked cars, streams of some unknown chemical. And then came the children. The glow in their stunning faces, the joy in their hearts, and the love that they exuded engulfed us. The decrepit surroundings faded as we played and sang with them. We found the greatest of beauty in a most wretched environment. They will forever hold a special place in my heart.

Tashunca Uitco (1849-1877)

'My lands are where my dead lie buried.'

Crazy Horse endures too many losses.
We are inadequate witness to empty gaze,
full heart,
troubled mind.

I saw Crazy Horse last night.
She wears pink pumps,
sits on the side of the road.
She cried when we moved her,
one holding each arm:
"Let me walk free!"
We couldn't take her dog;
she wouldn't find him again.

Her husband dies every day.
She buried him fifteen years ago.
She'd have taken him to his clan if they were
still around.
She'd have escaped the rez to return him to his
land,
Endured the bayonet in her back.

I saw Crazy Horse last night
Sitting at the side of the road:
Laughs a laugh of knowing.

Crazy Horse sits at the side of the road,
Seeking the battle to set her soul free.
Dispensing gentleness
Alone.

– Christine Buckley
01.15.03

CHILLIN' TIMES

A funny thing, this
Chemotherapy
To save your life
You accept
Drugs that kill —
With gratitude.

Monday night, eleven p.m.
Eleven days since my last treatment
I know I'm in trouble
Temp nearly 102, got the shivers
Can't hardly eat or talk for the mouth sores.

My husband comes home, halfway through
his work shift
And holds me through the night.

Morning comes, we phone the doctor
Drive to the city
One-way trip
(I knew it all the time)
I'm Sorry says he
Shaking his head
Your white count is way too low
No choice but to put you
in the hospital.

Lying in bed
Blankets piled to my chin
Shaking
She's chillin' again — the nurse says
to the doctor
From somewhere over my head
Time for more Tylenol, and a third
antibiotic.

Lying in bed
Now hot and so dry
Time for thinking, for gazing at the bricks
out the window
Too sick to do much else.

I ponder my past
Consider the future —
Stage 4 Hodgkin's months of chemo
ahead
Will I be around someday for my kids?

Fears and hurts magnified
Emotions frayed
Alone, sometimes I cry quietly
Then chat pleasantly with anyone who
enters —
Anyone.

Days pass
After IV's, antibiotics, injections of
growth factor, Tylenol, rest
All kinds of concoctions for my mouth
And two units of blood
I am feeling some better.

Drifting through the halls
In an oversized gown
A pale-blue clad ghost
With a fringe of baby-brown hair

A week to the day, I am discharged.

Back home again, to our place in the
country
Get reacquainted with my kids
and husband
Back home again, to the land of the living
Living on oranges and pasta
Lemon water and Lipton tea and handfuls
of vitamins.

And hope.

In a week, maybe two
I'll take my next treatment
I'll do it again, come what may—
There's nothing else for it.

A funny thing, this
Chemotherapy
To save your life
You accept
Drugs that kill—
With gratitude.

– Nancy Costea, RN
November 1994
West Newfield, Maine

Damaged Goods

by Donald K. Ricks, Jr.

Medicine is my profession, and still a damn fine one, if you ask me. Many of my colleagues would tell you that being a doctor is the only life they've ever dreamt of. For some of them, the ones who dream in gray and black instead of color, that's probably true. I'm less sure, though, about a lot of other folks I could name, docs who'd professed their unwavering infatuation with medicine so many times over the years, first to med school admission committees, then to just about everyone else around them, that a statement born out of calculation had eventually taken on a life of its own.

For me, though, medicine was never my first love. Not hardly. In my youth, my dreams flashed across the night in brighter, bolder shades, with a soundtrack equally resplendent. I was a skinny six-three as a junior in high school, and by that time had perfected a mid-range jumpshot that was close to deadly. All-county as a senior, I was recruited by a dozen D-1 schools, and even had a home visit from a coach who'd been to the Final Four in the late sixties. All this attention was heady stuff for an eighteen-year-old kid from a small town, but it ultimately proved to be a waste of everyone's time, including mine. My dad had played for State, and family photos verified what was reported more than once in the local press, that I had indeed worn a tiny State sweatshirt in my crib in lieu of Disney-figured pajamas. My father told me he'd try not to influence my decision, but that was like my beanpole dad trying not to influence my height. State was in our blood, not only his, but his dad before him, and the die was cast before any of the recruiting letters came within a mile of my mailbox. If State was good enough for my father and grandfather, it was sure as hell good enough for me.

My career in college ball had a promising enough beginning. I started as a freshman and made second team

all-conference as a sophomore. I had dreams of playing in the pros until one sweltering August day between my sophomore and junior seasons when, during a pickup game, I drove left on Luther Cunningham, whom you might recall from his days as a backup power forward on the Celtics. Somehow my legs got tangled up with his, and all of Luther's two hundred and fifty pounds landed square and hard on my right knee as I hit the ground. As soon as



Clover Hatcher

it happened I saw the NBA winging out of the picture. It was less the pain than the sudden give in my knee, the feeling that my limb was no longer under my full control. I rehabbed as a junior and came back to co-captain the team as a senior, but I had lost more than the expected step or two. I had lost a sense of purpose, a sense of unlimited possibilities. In a way,

it was the end of my youth and the rude dawning of my adult life.

Fortunately, I was a good enough student to be able to make the switch to pre-med with minimal strain. My grades were way above average and my statewide reputation as a "smart" ballplayer probably didn't hurt matters any when my application came before the med school admission committee at the U. By that time, I had long since stopped feeling sorry for myself, though it was still hard going anywhere around campus without someone pointing out what a lousy hand fate had dealt me.

Despite having a thriving and, for the most part, highly enjoyable medical practice for the past sixteen years, my passion for basketball in general and State basketball in particular has never waned. If anything, my years away from the game, the fact that I was so close to the top but fell a court-length short, has made me an even more rabid fan. Not coincidentally, I also happen to be a prominent member, if I do say so myself, of a crazed collection of basketball zealots known officially as State's Bball Boosters.

All of which brings me to the true subject of this tale, the most wondrous teenage hoops prospect I had ever seen, a kid named Billy Borders.

Billy was a true phenom, every coach's wet dream, a six-nine transfer from Indianapolis who somehow landed in town, like manna from heaven, just in time for the basketball season. Billy could do it all; he was a walking – no, make that a racing and leaping – compendium of sports-caster clichés. He had point guard skills in a big man's body. He could run the floor. He could bury a jumpshot from almost anywhere short of half-court. At seventeen, he could already dunk with either hand. Perhaps even more amazing, the kid had zero attitude and was a hard worker to boot; within a month of the season opener, he had come up with nice little spin move around the basket, along with a baby hook that was nearly unstoppable.

Billy's exploits would have drawn my attention under any circumstances, but I had more than the average fan's interest in his game-in game-out development. Billy was the undisputed star at Riverside High, which was not only my alma mater but also the team for which our eldest son Donnie was the third-string point guard. Since childhood, Donnie's friends had called him "Trey," an obvious reference to the "III" which followed his name. Unfortunately, given Donnie's habitually horrendous outside shooting, this nickname took on an ironic and even cruel connotation on the basketball court, especially when the team was playing before a hostile crowd. Donnie played basketball the way he seemed to approach most things I deemed important; more often than not, he gave the impression he could either take it or leave it. It wasn't so much that Donnie lacked exceptional athletic skills; what stuck in my craw more than anything was that Donnie just didn't seem to give a damn. The coach, Ed Saunders, was not only a friend but also a patient of mine, and there was a widespread, whispered assumption in town that this was the only reason Donnie was even allowed to remain on the team. It was an assumption I suspected Donnie shared as well.

Donnie was a senior and, except for the nights when I was busy in the hospital, I had attended all of Riverside's home games (and most of its away games) for the past three years. Coach Saunders routinely acknowledged me with a wink and thumbs-up sign at the start of each game. To my embarrassment, I — and I'm sure many of the other parents in the bleachers — recognized a distinct relationship between my presence in the stands and Donnie's playing time although, to be perfectly frank, Donnie's minutes on the court were severely limited even under the best of circumstances.

So as the season progressed, I found myself spending

less and less time rooting for my own flesh and blood and more and more time cheering for Billy Borders. I loved Donnie, but I loved the way Billy played the game. During those few hours a week in sweat-stained gyms throughout the state, I and hundreds of other adults just like me were swept away in the whirlwind of Billy's on-court brilliance. There was nothing the kid couldn't do on the hardwood, and for many of us, watching Billy was almost a mystical experience. We were sure we would never witness his likeness in these parts again.

As February turned to March, the whole town was focused on two questions and two questions only: how far would Riverside advance in the Quad A playoffs and on which college would Billy bestow his Midas touch? Although Billy was projected as a surefire first round pick in the next NBA draft, the word was that his parents wanted him to attend college, at least for a couple of years. The ESPN website was predicting Kansas or Kentucky, but the locals were praying that State was still in the picture. Such was the situation when Vince Youngblood, the head honcho of the Bball Boosters, paged me at my office one drizzly Thursday morning.

"Ya got a second?" Vince began.

"Sure. What's up?"

"I got an offer ya can't refuse."

"This wouldn't involve hoops and a frosty beverage, would it?"

"Half-right, Donno. Billy's thinkin' about State."

"You're kidding."

"There're only three things I don't kid around about, Donno. Death, taxes, and State recruiting. Though with the right punchline, the first two can still get me a lotta yucks."

"You sure it's true? How'd you hear about it?"

"From the kid himself. By the way, he wants to meet ya."

"Me? Why?"

"Why not? You're the closest thing in town to a leg-end, though what the hell for beats me."

For a moment, I was left speechless. It took me a few breaths to regain my composure.

"So what's the plan? Am I supposed to go to his home or what?"

"Nah. He'll stop by your office today after five. I told him you'd be finishin' up with your last victim by then."

"Great. That'll help sell him."

"Sell is right. The kid's a stud, Donno. The real deal. We've only got two scholarships left, so don't let us down, OK?"

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Damaged Goods

(continued from page 15)

Vince hung up without so much as a goodbye. His interaction with me on the phone was less a conversation than a set of marching orders. State's chance of landing Billy Borders was now officially in my hands.

* * *

My office is only a five-minute drive from our house, so I usually try to make it home in mid-day for a quick sandwich. On this particular afternoon, the day of Vince's phone call, I found Donnie sitting in the kitchen, slurping down a bowl of chili. The clock above the fridge read 1:17.

"What's goin' on?" I asked. "School burn down or something?"

Donnie belched as he looked up.

"Nah. No such luck. Teacher conference. Told ya 'bout it last week."

He resumed eating.

"Right. I probably wrote it down someplace."

"Whatever. No big deal."

I sat down across from him.

"School OK?" I asked.

"Sure. Why?"

"Just making conversation."

I pointed to the bottle of Coke in front of him.

"Mind if I take some?"

"Free country. Help yourself."

I reached over and poured myself a glass of soda.

"You got practice today?"

"Two thirty. Got plenty of time."

I took a sip of my drink.

"I'm meeting with Billy Borders tonight."

Donnie suddenly stopped chewing.

"What for?"

"Word is he's thinkin' about State. Vince Youngblood thought I could help convince him."

Donnie grinned at his chili.

"Well, lotsa luck."

"Why? You don't think State's got a chance?"

Donnie shrugged his shoulders as he spooned another mouthful.

"Dunno. Never asked him."

"Whattaya think he wants?"

"Who? Billy?"

"Who else are we talking about?"

Donnie got up from the table and placed his dish in the sink.

"Tell ya the truth, Dad. I think Billy just wants to be left alone."

* * *

Billy Borders appeared in my waiting room at the stroke of five, wearing sweats and a Rockies cap flipped backwards. My last patient, an elfin woman with a marked kyphosis, was leaving as Billy arrived. She craned her neck and eyed him just the way Donnie, a million years ago, had stood mouth agape, staring up at the giraffes in some big-city zoo.

I ushered Billy into my office and offered him a seat.

"Find the place OK?" I asked.

Billy shifted in his chair. A moment passed before he spoke.

"Yeah. I guess."

From the get-go, Billy appeared distinctly uneasy, and seemed to regard even my innocuous attempts at small talk as trick questions on a surprise quiz. Whatever topic I raised — Riverside's magical season, the many splendors of State — Billy's comments were at most a series of monosyllables. All I could think of was the next Bball Booster get-together and trying to explain this evening's barren conversation to Vince Youngblood and the others.

At five-thirty, I looked at my watch.

"Boy, look what time it is. I'd better cut ya loose for dinner. Otherwise, I'm gonna get an earful tomorrow from your coach."

"That's OK. I ain't that hungry."

"Well then, anything else you'd like to ask me?"

Again, Billy shifted in his seat before responding. His eyes moved from me to his sneakers and back again.

"You're a doctor, right? I mean you know the body inside out, don'tcha?"

"I never really thought about it quite that way before, but I guess I do."

"Well, I got this friend. He asked me to ask ya this.

What does it mean when ya get so dizzy it turns black?"

I contemplated Billy's question for a full five seconds.

"How old is your friend?"

"Just, just 'bout my age," Billy stammered.

"Does your friend have any other problems?"

"Like what?"

"Like chest pain. Like his heart is racing."

"Sometimes."

"Sounds like your friend needs to see a doctor."

"Don't think that's gonna happen."

"Why not?"

"Too much goin' on in his life right now."

"Want me to talk to him?"

“Don’t think so, Doc. I’ll tell him what ya said, though. ‘Preciate it”.

And with that, Billy Borders rose up, shook my hand, adjusted his cap, and glided out of my office.

* * *

Billy’s visit left me reeling. One didn’t have to be a doctor to realize that Billy was describing his own symptoms and not those of some fictitious “friend.” Being a physician did, however, provide me with some insight as to Billy’s likely diagnosis. Billy’s symptoms were classical for hypertrophic cardiomyopathy, a heart condition notorious for its potential to cause sudden death in young athletes. Medication could help, and surgery was sometimes recommended in selected cases, but a mainstay of management was advising the patient, in the strongest possible terms, to avoid strenuous physical activity. If I was correct in my diagnosis, and I had every reason to believe I was, Billy Borders would have to give up basketball forever.

But what was I to do at this point? Strictly speaking, Billy was not even my patient, although the more I considered it, the more I thought he had sought me out to discuss, however briefly, the symptoms he was

experiencing. I had already told Billy that he needed further evaluation, but what if he ignored my advice? Should I call him at home, confront him with my suspicions, push my recommendations even more forcefully? Should I contact his parents? Should I involve Coach Saunders? But what if my preliminary diagnosis was wrong? What if I was making a mountain out of a molehill? How would that reflect on my judgment, my standing in the community? After all, folks here trusted me; they knew me as a level-headed sort, a man not prone to jumping to conclusions

But what if I was right? What if I didn’t do anything? If he did have hypertrophic cardiomyopathy, Billy was at risk every time he stepped onto the court. But basketball was Billy’s ticket to a better life. Was it my role to tell him what to do? Life was full of risks. From a statistical standpoint, maybe Billy had as much chance of dying in a car wreck as he did playing ball. I certainly wouldn’t tell him to never

get behind the steering wheel of his pickup, would I?

But what if State and the other colleges found out? From what I’d heard, Billy was hardly a stellar student and his folks were each working two jobs just to make ends meet. The odds were good that his only chance of getting into college was via a basketball scholarship. Maybe this thing could be kept quiet for just a few more months. That way, Billy could get his scholarship, but then not play once his heart condition was discovered during his preseason physical. No school would rescind his scholarship just because he couldn’t play, would they? Or maybe they would. And then I thought of Vince Youngblood and our conversation earlier in the day. State had only two scholarships left. What if they wasted one on a player who’d never help them? My thoughts were coming in such a rush, such a torrent of contradictions, it was becoming harder and harder

for me to sort everything out. I decided to sleep on it.

By the next morning, I had decided on a plan of action. Riverside was playing at home that night, a first-round playoff game against Springfield. I would find Billy’s father at halftime, at the very latest after the game, and have a private heart-to-heart with him. It might be a rocky conversation but, as a doctor, delivering bad news was

part of the terrain I trekked on a regular basis. I knew I could do this.

My afternoon clinic ran late and, as luck would have it, I had to admit my last patient of the day to the hospital with a nasty bout of pancreatitis. By the time I pulled into Riverside’s parking lot, it was nearly seven-thirty and I knew the game was already well into the first quarter. As I made my way down the empty corridor leading to the gym, I suddenly heard a collective gasp from the crowd followed by a heart-stilling silence. I rushed onto the court and found Billy Borders sprawled underneath one of the baskets, surrounded by his teammates, Ed Saunders, and both game officials. From the corner of my eye, I could see Billy’s parents hopping down from their seats in the bleachers. I was there in an instant, and expelled an audible puff of relief when I saw that Billy’s problem was ortho-



Sean Kelly

– continued on page 18

Damaged Goods

(continued from page 17)

pedic rather than cardiac. Billy's left foot jutted out from his leg in a manner that seemed anatomically impossible, the most unnatural angle I had ever seen. Donnie was squatting by his side. Billy, his teeth gritted, had his hand around my son's forearm, squeezing it pale.

* * *

Billy was brought to the hospital by ambulance and had surgery later that night. I intended to call the orthopods myself the following day, but I received a medical update instead from a most unexpected source before the sun had even risen over town.

Our home phone rang a little after six. I was already up, and was surprised to find Vince Youngblood on the other end. Vince had never struck me as an early riser.

"Ya won't believe what I just found out, Donno."

"Vince, do you know what time it is?"

"Right. But this is important. Our guy Billy's got more wrong with him than just his ankle."

"What are you talking about?"

"Turns out he has some sort of heart murmur. They got one of those echo jobs on him last night before the surgery."

"I'm surprised they could get the tech to come in that late."

"Are you kiddin'?" She's married to Ed Saunders' cousin. Anyway, the echo showed a cardio somethin' ..."

"A cardiomyopathy."

"Exactly. They called the cardiology guy from the U and the word is that Billy's career is over. Over as in finished."

"That's too bad."

"Too bad is right. But there's a silver lining."

"A silver lining?"

"Absolutely. At least we found out now rather than later. It coulda cost us a scholarship, Donno. The kid's damaged goods."

* * *

Word of Billy's condition soon spread over town like an oil slick. The general sense of melancholy was so pervasive that, as a precautionary measure, I actually phoned Buzz Carter, our local pharmacist, and advised him to order a few extra cartons of Prozac in anticipation of the community's upcoming mental health needs.

Billy decided to drop out of school before the end of the semester, but for reasons far happier than anyone could have predicted. It turns out that Billy had been negotiating with an agent, a fellow named Werlitzer, ever since his

sophomore year in Indianapolis. When Billy's diagnosis became public knowledge, Werlitzer proved to be an extraordinarily resourceful advisor; where others would have seen only catastrophe, Werlitzer saw opportunity. Recognizing the human interest potential, Werlitzer got Billy booked on "Oprah" and "Dr. Phil," and Billy Borders' fame soon extended far beyond the world of sports. After a particularly ingratiating interview with Barbara Walters, Billy was contacted by a writer from Sports Illustrated offering to ghost-author Billy's autobiography. Rumor has it that the book, still in its planning stage, is already the focus of a furious bidding war in Hollywood.

Donnie, meanwhile, was accepted by several colleges, and chose to forego State in favor of a school nearly twelve hundred miles away. My wife remarked in passing one day that Donnie was playing intramural basketball, although that was the first I'd heard of it. Donnie also seems to be contemplating his future with a good deal more gusto than the average college freshman. Last Thanksgiving, for example, in an effort to make conversation, I asked Donnie whether he had given any thought to pursuing a career in medicine. Donnie lowered his drumstick and offered me a sweet smile. "More like corporate law or hospital administration, Dad. Either way, looks like you'll be working for me some day." I must admit that the others at the table found Donnie's response much more amusing than I did.

As for me, my practice is still thriving and my professional reputation, if anything, has even increased over time. Over the past several months, however, I've needed to cut back a bit on my clinical workload. Not long after the incident with Billy, Vince Youngblood's colitis began flaring up. Naturally, as his physician, I advised him to slow down and give up all "non-essential" activities. Vince decided to step down as the head of the Bball Boosters and I was honored to be the unanimous choice as his successor.

There's a great deal more I could tell you, but I need to run. I'm driving down to State tonight to meet with a six-eleven kid from Pittsburgh. They say he can rebound like you wouldn't believe.

— Donald K. Ricks, Jr. is the pseudonym of a physician working at University Hospital.

Soft light, soft music – peace

Strong warm hands kneading, rubbing –

Bliss time – and I purr.

– Harry M. Murphy
Child Life Program

The River of Your Breath

The River of Regret is an underground canyon,
Often raging, but unheard.

In the young, innocent or unlucky
no line on their map bears this name.

I am still reconnoitering for my map.

The tributaries shift depending on what day I am
charting.

The River of Your Breath

led me nowhere.

The somewhere I found in the nowhere you left me
Was the River of Regret.

First alluvial trickles,
tracings in moist sand,
beginning of erosion.

Beginnings of memory, time & consciousness.

The stretch I now explore is rich with
vegetation,
replete with overhanging branches,
flowers, nuts, birds and many creatures of fur.

The river sometimes clouds with silt
nourishing a thick forest
bordered by open prairie,
some farmland.

Beyond lie roiling skies and
gentle, persistent winds.

01.15.03

– Christine Buckley



Esther Holan, nurse, Nigeria

Diane Fernandez, MSII

TO MISS EMILY DENNIS From Her Last Nurse

There was no one there who cared
For you but me and mine was new
Love drawn by your life-etched
Age-drawn beauty.

And when you saw me dimly and
Asked me to kiss you I was afraid.
Your mind was somewhere in a
Long-past place with dreams and
Shadows and friends who'd gathered,
Unseen shapes, to preside at your dying.

But we loved you
So I greeted them and kissed you
Dead. And you kissed me as we both cried
And let each other go.

– Rebecca Mayo, CNP

An excerpt from “Notes and Thoughts on Yom Kippur”

by Marianna I. Borkovskaya, MS’06

“In late 1930’s my (great-) grandfather was a political prisoner in a Siberian concentration camp in the Soviet Union. He was a skinny, short man who was not physically fit to do the daily exhausting labor that the prisoners were forced to. His health was gradually deteriorating. Coincidentally for my grandfather, the doctor at this prison unit was Jewish, like him, and every Friday he wrote a sick note for my grandfather, which allowed him to take a little time off the grueling camp labor and pray on Shabbat.



Sean Kelly

When the Second World War began, prisoners who were physicians were given an option of going to the fight in the battle. In return, they would get forgiveness from the sentence after the end of the war, if they survived. The Jewish doctor made the decision to go since his alternative would have been another fifteen years in the Siberian concentration camp and there was no guarantee he would make it alive there. Before the departure, he met with my grandfather and told him that he was very sorry that he would no longer be able to write him sick notes for Shabbat since he is leaving for the war. He also asked my grandpa to write Shema Israel for him on a piece of paper and sneaked it out of the camp as a prescription written in Latin. A month later my grandfather received a letter from him and that was the only letter the doctor sent from the war...

There was a commander at the camp who was known for his incredible brutality. When he called a prisoner into his office, he would order to keep the door open or to shut it. If he asked to keep it open, the prisoner would come out all right. If the door were to be shut, the prisoner never came out. The commander would

beat him to death behind the closed door. With a stick...

Late in the evening my grandfather was called into the office. He came in and the commander ordered him to shut the door... As soon as the door was shut, the

commander started screaming at my grandpa: “Did you think I did not know what was going on between you and that Jewish doctor?! You thought I was blind not to see that he was giving you a fake sick note on every Shabbat?! Don’t you know what I could do to you just for that?!” The prisoner was trembling from the terror. “The doctor is

gone, – the commander continued, – “Who is going to save you now?! The doctor is dead! Who will be your angel now?!” The prisoner knew that this was the end. He started reciting Shema Israel as he heard the words: “I will be your angel, – said the interrogator, - “I am also Jewish and I will do my best to keep you alive through your term. What is your profession? What can you do?”

My grandfather was an accountant. It was arranged that he did not have to work doing the physical labor anymore. Instead, he did the accounting job.

So, here we are.”

The rabbi finished his opening speech at the beginning of the Yom Kippur service: “What is a person’s soul? Never judge about someone’s soul. You don’t know what it is until you see it very closely. You never know where that soul came from and what it is destined for in this world.” □

Circle of Life - My Quest to Zuni Mesa

As I walk the pathway to the circle of life
My destiny is the 'sacred mesa' of Zuni
The red dirt and the rocks ruse under my feet
Cold and big whirlwinds spin around me.
Each step bringing me closer
A golden beam breaks the overcast — lighting my way
I see a ladder of life with a rope of oxygen
Feeding me life.
I need not toil any longer
For today is ending
And circle of life is forever.
It's the dream and the destiny
My closure — the circle of life!

I stand quietly suspended on top of the mounds of 'ruins'
Between the boundaries of day and night
As if the light and dark had surrounded to each other.
A moist mist lets upon my lips
Restoring life to my body,
And healing the sorrow within it.
As I draw the warm air into my lungs
I feel the presence of another being,
Experiencing every emotion I feel.
In a cloak of silence
And with a renewal of body and mind,
I begin my journey into the circle of life!

Why to feel — But not to experience, a broken arrow head
Why to know — But not to realize, a broken piece of pottery
Why to be — To exist not knowing, a 'sacred soul' of ancient one
To walk around asking questions of myself
Not being able to see for the lack
Of an answer — A knowledge of myself
The light is far-reaching
Answering to me of my destiny and my dreams!

Can I feel again what I haven't felt
For what seem's like an eternity;
Or am I now too numb to what I want most out of life,
To be a vessel for sharing what I am
In a quest of completing the circle of life;
To live a life and not be an existence
Void of what gives me strength
To survive in a moment of joy,
A life that can be lived
And not an existence of torment and emptiness on the mesa — 'the sacred mesa of Zuni'!



– Dr. Vallabh Shah
Research Associate Professor
Department of Internal Medicine

Early Spring London Kentucky

by Pamela Houghton DeVoe

There is a man standing in a doorway; he watches his white & brown spotted rat-like dog urinate. He wears his spectacles, blue suit and white shirt with a patterned tie of a light color. His dark hair is slicked back revealing the beginnings of a receding hairline, that sometimes hallmark of middle age. His stance and attitude indicate his short familiarity with that arbitrary but apt social prefix. One hand rests in a pants pocket, the other on the soon-to-be screen door. It's February still, but spring is everywhere felt in the songs of returning birds and the comforting moisture lying in the air. A deep breath no longer irritates the lungs but refreshes them after the smothering artificial heat and staleness of a winter spent in house.

The view emerges from across a narrow but well used street. The two houses facing the street leave a modest space between, filled only with grass, driveways and a semblance of urban privacy. There is a straight view to this man's yard, his backdoor, dog and blue suit. A momentary glance is stretched until its boundaries are no longer recognizable. Questions about the nature of existence arise in torrents as if unplugged by the unique clarity of the picture. Not that this particular moment, or any other in itself, proclaims the necessity

for deep reflection on life; but any moment which stretches into appreciation does conjure a certain reference. In short, there is no disinterested reflection, recognition, or remembrance of reality without the memory of self as participant.

The street was exceedingly quiet and peaceful regardless of the periodic car passing. The birds sang seemingly with a happy recognition of their role as proclaimers for the promise of spring. The Mourning Dove cooed its reasonableness and caution, seeming to act as conductor for the masses. The stark brownness of winter already was giving way to the softening influences of coming re-birth. Small streams ran briskly now, the milky brown water rushing as if worried to arrive for spring on time. The liquid gushed alongside the road filling the streambed gutter, and cascading over cement blocks and tin cans to progress underneath ramshackle wooden driveways and bridges leading to strangers homes and friends' houses. The street too was wet, damp still from an early morning rain. Puddles and miniscule streams meandered along uncharted paths, cracked cement and chuckholes. Where sidewalk existed, it improved pedestrian transport immensely, but then so did a dry pair of boots. □



Sean Kelly

Coureur de Bois (For a Spell)

A medical student's vacation, several selves ago

I wish to lick the creamsickle skyline
That slumps about the darkening firs
Deceiving my parched and pinching senses,
So overprimed and understoked
By pulling J-strokes and
The deftness of raccoon raiders.

The droll and wicked aching in my shoulder
Abates in the star-shocked night.
Then a lonely ululating in the predawn
Awakens me to a stiffening chill,

But we're all for a splashing, white-whirling
Rush to winsome Chelsea buns,
So sweet and soft and vanilla-beaned,
Awaiting us at the rough-planked boathouse:
Civility at the edge of wildness.

We dip and thrust in grinning heavens
Assured of a plentiful finale,
But I spare a stare from ferocious intent
To suddenly gasp then tumble, helpless,
Into a shallow salmon sunrise.

It unbalances my heaving Grummand canoe,
This shedding of my cloddish human self,
To rasp against their ragged, sequined sides;
Could we pant, we would. Onward we surge
To a body-breaking slough
Of ancient, egg-strewn pebbles.

Enfeebled, spent, about to die,
I'm scooped up and out; vertebrae crushed,
Devoured by a fat and slobbering giant
Whose black and dangling lips don't quite close
Over ancient, unsated hunger-
One life for another.

He shits me in a great, enticing pile
That smells of fishy riches.
The beetles and flies imbibe my
Residua, frail unlikely wings
At rest yet wanton in wind flutters,
The makings of a Skraeling poultice:

Crushed bugs and charred dung
To slap on an oversore shoulder;
Something learned from the savages.
But it's cold as Loki's heart, so
Let me burrow into the warmth
Of the last Hibernian cow, though she is
So gaunt, under all that honey-rufous hair.....

That matches in hue the thickened tea
That sweetly douses our hunger and thirst.
Grummand silver is overturned, at rest.
So soon it's ended; we're bound for ticking clocks
And morning commutes chiggered
With the overanxious.

But here, a few more wrested moments
Aside the silver and the water.
Through drizzled window, over the for-once,
Deserved repast, a glimpse, runnelly,
Of the next traipser.

He hefts the boat with a mocking groan
Then slips, all quiet, into it,
Assailed by the siren, tannin-bronzed
Waters.
His shoulder will ache, too,
I'll warrant,
And he'll rejoice in it.

– T. Bocklage, Pathology



Sean Kelly



Victor Proo, RRT, RCP, Pulmonary Serv. Dept., UNMH HSC

Ecstasy is A Secret

Ecstasy is a secret.
 The subtle taste of happiness.
 The bittersweet wine,
 Wetting mere velvet dreams.
 The chosen sacrifice.
 Of deepest triumphance.
 Crimson perfume on lingering memories.
 The hand of choking motion.
 Sweet saffron melody.
 A sharp stab.
 A silver dream,
 The will to live.
 Desperation, numbing your lips.
 A black orchestra,
 Playing the softest tune.
 To touch the soft breasts of roses.
 Unloved,
 Endearing smiles of sadness.
 A kiss of fading truth.
 Like cancer in a pounding lung.
 Whispers of the darkness being told.
 Ecstasy is a secret.

Nightswimming

Blue sky from
 Heavens kiss.
 Bursting, unhindered.
 Like a child's cry.
 Sparkles like a mystic stone.
 It twists and circles
 Around the planets flesh.
 And hear its heartbeat bounding?
 The crisp air,
 A magic light,
 A thousand stars begin to rise.
 Beholds the sea,
 Like a devoted tide.
 The night is glorious.
 A gleam of conscience.
 Gods love
 Speaking privately to me.
 In tones of the sweetest ballet.
 I struggle to listen.

– Melissa Fought
 Patient Care Tech, Pediatrics



Still image from video by Dale Sonnenberg and Matt Sneddon

Performance – March 31, 2003
Keller Hall, UNM Fine Arts Center

Composer, Patrice Repar; Trombonist, Debra Taylor; Sculpture, Paul Akmajian

PROGRAM NOTES:

breathing.bones.mobile.mind.

“The main misconception about bones, then, is that they are made up of dead tissue.”

– Dr. D.R. Johnson, Centre for Human Biology

Jawbone chatters away, singin’ the blues of ocean and rock,
skeletal bits of earth

imprinted with birds and star beings.

Sara sings the joik — banned but alive — her Saami, Lapplander voice

chanting essences of someone or something

ever changing, no beginning no end.

Mourning Dove sings the story of Coyote who got down safely

by turning himself first into a pine needle — falling fast —

and then into a leaf floating gently to the ground.

I dance to Julia and Debbie sings Danny Boy,

our bones compressing and stretching

responding to neuropeptides, cellular receptors, and

memory upon memory — even the songs of Jawbone and Sara and Mourning Dove.

– Patrice Repar

UNM Department of Music, Program in Arts and Medicine



Diane Fernandez, MS II

Public Transport – Nigeria