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MAKING THE ROUNDS

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Case Story: The Silent Conversation

Marti Cleveland-Innes

"While he inevitably feels superior to me because he is the doctor and I am the patient, I'd like him to know that I feel superior to him, too, that he is my patient also and I have my diagnosis of him. There should be a place where our respective superiorities could meet and frolic together."

—Anatole Broyard, *Intoxicated by My Illness*

"We're a long way from where we were in 1982, aren't we?" the neurologist asked, but he didn't look at me. A shadow of the sick feeling I get every time I remember what might have happened in 1982 passed over me. "*You were wrong!*" the voice inside my head screamed. But it didn't speak aloud. It didn't have to. He knew what hadn't happened. And he knew that I knew. "Yes, we are," my outside voice said. The doctor still didn't look at me.

"Since 1982 you've seen me three times," he said, looking down at his hands, which were fondling my very thin medical file. "You suffered numbness of the lower extremities, a slight wobble in your walk, and a slight sense of increased fatigue in 1985. You reported that the attack lasted eight weeks and you were left with intermittent sensations of numbness in both feet."

"*So what happened to your grave predictions of my future in 1982?*" demanded the voice inside my head.

"My MS flared up in 1985 during the process of my separation and divorce," my social self said aloud. "In fact, the flare-up did not occur until three months after my actual separation. You see, I knew I was at risk at that time. I ate regularly and well. I pared down my schedule so my workload was light. I went to bed at 8:00 each evening and slept until I was rested. Eight o'clock was my daughter's bedtime." My eyes dropped away from his face but not before I noticed him stiffen at my reference to my daughter. "And she slept well into the morning," I continued, "so my schedule of sleep matched hers. In fact, looking after her was my greatest joy. She really kept me going." It was a jab. I wondered if he knew it was a jab. My mind wandered to past events.

I collected the thoughts that had become lost in my memory of 1982 and returned to the events of 1985. "By the end of three months, I was ready for the standard postseparation attempts to create a social

life. In my usual style, I went all out. One weekend I moved out of my matrimonial home, went to a party and stayed late into the night, then skied all day the next day. By the end of that week, I was sick."

"Then you enjoyed a seven-year remission," he said, with his eyes on my open file, "and the MS flared up again in 1992." My description of the possible etiology of my flare-up in 1985 was ignored. "*So you still think I don't know anything, don't you?*" the voice inside my head said. "*You can't possibly still be trying to show that you knew better in 1982. You were wrong! You said the progression of my disease had nothing to do with external, social events. You said that I was so sick that I probably would not get better! Look at me! Listen to me!*"

He was still talking. "... the 1992 symptoms were basically the same symptoms that you experienced in 1985, without any new areas being affected. The only difference in 1992 that you reported was a much longer attack. It apparently took you six months to recover." He didn't offer any explanation, so I thought I would try again.

"It took me six months to recover because I chose to maintain my very stressful schedule and didn't respond to my illness. Once I realized that that simply would not work, I designed a program of recovery for myself and carried it out, and my symptoms went away." He was staring intently at me now. "*You said the baseline of my disease had probably changed,*" my inside voice accused as our eyes locked, "*and that any treatment would be of little value since I was probably no longer relapsing and remitting.*"

His eyes reflected his usual, persistent doubts. I continued, "My next attack came in the middle of 1994, during my last pregnancy." I made the hit I had imagined. His eyes went back to the file, and he shifted forward in his chair, as though he were reconnecting with his medical judgment of the past. "But it had nothing to do with my pregnancy. I was fine until I decided to work 16 hours a day to finish everything on my agenda before I left for holidays. By the time I left, I was sick. I recovered quickly, probably within a month, because I focused all my energy on getting well." I was really rolling now. There was a time when I held back describing what I do that I know makes me well, because the thought of his disdain was too uncomfortable. Now I had a moment of courage.

"*Who else may be hurt by his erroneous, arrogant judgment calls?*" my inside voice pondered. It really was time. My courage faltered, and then by some miracle what he did next gave me the permission I needed. Perhaps he was finally putting the whole picture together.

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Perhaps he was finally willing to accept that I was going to have my say in how I handled my illness, whether he supported it or not. Perhaps this acceptance would bring him to a place where he could forgive himself and recognize that he had been wrong. I had been willing to act outside of his grave predictions in 1982. I had a beautiful, viable teenager who was full of life, the child that he said should not be born.

He pushed himself back in his chair, away from me, as though what he was about to say might bring us too close to that one thing that we had never discussed. "You have done amazingly well," he said slowly, tipping back gently in his chair. He leveled his gaze at me. "Perhaps what we should be doing is spending more time studying people like you." I was blown away by the validation. Is this what his inner voice had been asking? I continued to push. "You said there was nothing you could do for me in 1982," I risked saying. "I had no choice but to look to alternative medicine. I meditate. I visualize health. I study nutrition and choose carefully what I eat. I do relaxation exercises before I go to sleep to maximize the amount of rejuvenating sleep I get. I am careful always, and I mean *always*, to feel that I am in control of my life. Not in control of others or events, but of me. I can always make another choice. To feel helpless and hopeless depresses your immune system. I need mine to be in perfect health. I read John Dwyer's book on the body at war and understand very well the process of this disease."

I stopped for breath. Did I dare say what we had never said? That in 1982, when I was not only pregnant but completely paralyzed on the left side and barely walking, I had found a way to prove him wrong. That after he said I should not have the baby, that my MS was so severe that I would probably not recover, I did recover. Completely. And I also knew that the stress and unhappiness of not having the baby, of having what he called a "medical termination," might well have driven me into so serious an attack that it would have proven him right. The thought of this reality, this reality that came so close to occurring, made me feel dizzy, sick. If I said all this out loud, would this reaction disappear?

The look on his face made me change my mind. I had been lured by a brief moment of connection, lured by his interest in my case into the hope that we might actually communicate this time, tantalized by the opportunity to speak to him as an equal, to join with him on a team to address my health. His smug, patient look made me realize that I was in this alone. I said no more.

"So what brings you to see me this time?" he asked, with no reference to my disclosures. I felt frivolous, silly. The voice inside my head was growling. I took a moment to collect my "selves." I wondered what this repression of emotion was doing to my immune sys-

tem as I imagined the complexity of biochemical reactions occurring inside me. I forced myself to relax. Why was I here?

"I want to change my life insurance," my polite social self said. "I need a letter from you describing my medical history and my present state of health. They want to know, of course, whether my life span will be shortened by this disease." "Good question for this person," muttered my inner voice, "since he seems to know so little about this disease." "I guess the insurance company doesn't value my opinion," I observed sardonically.

He missed my jab. He was looking directly at me, and I at him. I noticed how handsome he was. A mental caution flag went up. I knew from past experience that my ability to connect at that level was well developed and all too effective. I reminded myself that romance was not what I wanted from this person. I shifted uneasily in my rather hard seat.

His hands were near his face, open, with his fingertips pushed together, elbows resting on the arms of his large, comfortable chair. He was staring off into the distance now. "An MRI may be indicated here," he said absently, almost to himself. "It would show us the extent and location of any damaged areas in your brain and spinal cord."

I felt as though an icy hand had wrapped itself around my heart. I went absolutely still, barely breathing, as one does in the face of terror. "I will never have an MRI," my inner voice said. My outer voice was unable to speak. Any sound would give away the extent of my emotional response. If he refused to acknowledge my intellect, my analysis of my own illness, what would he do with my fears? I did not want to find out.

He was looking at me again. "Ah, but you don't want to have an MRI, do you?"

he asked. Perhaps my silent reaction triggered his memory. We had discussed an MRI before, in past visits when he seemed unwilling to accept my descriptions of my wellness.

"What would the value of an MRI be in my case?" I had asked him. "Will it suggest one possible course of treatment over another? Will it suggest what the progression of the disease will be?"

"Only to give us a baseline to compare to future MRIs," he had said. "No, the treatment would not change, and the results do not indicate the characteristics of manifest symptoms." I had refused the MRI.

I was still frozen in my chair, starting to feel lightheaded because my breathing was so shallow. I thought that moving would give away my discomfort and prove him right. "It is much easier not to know, you fool!" exclaimed my inner voice. "The best defense I have against this disease is visualizing myself healthy. The results of an MRI would make that much more difficult! You offer me nothing, nothing in the way of support or hope. Yet you refuse to acknowledge or assist with the things that I say do help. Why are you my doctor? Why?"

Did I dare say what we had never said? That after he said I should not have the baby, that my MS was so severe that I would probably not recover, I did recover.

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I searched for and found my rational voice. I knew I didn't have to have an MRI if I chose not to. It might mean that I wouldn't get a letter for the insurance company or that he wouldn't be positive enough in his report. My anger flared for a moment as I considered the possibility that I would not get what I needed. I was really quite well, relatively speaking. He did not need an MRI to see how well I had done. "The literature I have seen about MRIs and MS suggests that it is impossible to predict the course of the disease from the results," I said in a cool, rational tone.

At least now I was speaking his language, even if he refused to speak in mine. He actually looked relieved, as though I had given him a legitimate way not to insist on an MRI. "The results are not definitive," he said, "but can only suggest possible difficulties. You are right. Let's just do the usual neurological assessment, and I'll base my report on that."

At least he said I was right about something. "Boy, is this guy stuck in the scientific paradigm," my inner voice mocked. "How about a little intuiting, doctor? What does your gut tell you? Am I going to be okay? That assessment will probably be as accurate as the one you were going to make from an MRI or that you are going to make from a physical assessment. The assessment you made in 1982 was totally incorrect." I began to feel that awful sense of an existential vacuum. I shook myself mentally and re-centered.

Luckily, he was giving me something concrete to do. "Go across the hall into the examining room and change into a gown," he said as he stood up. "I'll be there in just a few minutes." I rose stiffly out of my uncomfortable chair. "Careful," my hidden self warned, "don't wobble or stretch. Who knows how he will interpret that?"

I walked carefully across the hall. "So how much are you going to tell this guy?" my inner voice challenged. "Things that you've never told anyone else? I can't wait to see this," she said. My hands were trembling, oh, so slightly as I dressed in the hospital gown. Ties to the back, I remembered.

He walked in as I was trying to fasten the top ties. "Can I help?" he asked, and put down my file. I didn't respond. I was lost in reverie. He had done the same in 1982, because I could not tie the ties myself. My left hand was not working at all then. This time I could manage, but slowly.

He didn't wait for an answer. He stood behind me, close enough to reach the ties, close enough that I could feel the warmth of his body. I could feel the ends of his fingers brush against the back of my neck. I was carried away by a momentary sense of being cared for. How badly I wanted to connect with this person.

I don't know how long I had been lost in my thoughts when I realized he had finished. He caught me off guard again. I turned around and faced him squarely. There was a brief moment of suspended animation in which we just stood and looked at each other. All of a sudden, he looked awkward, boyish. "Well, shall we begin?" he asked almost softly. Empathy stirred in me. Was his past manner all a defense? Was he refusing to acknowledge my insight because to do so would be to admit his error? My feelings shifted with an almost audible click. He began looking in his pockets for his pen and walked over to my file.

The exam went by in a blur. I was busy mentally redefining my experience based on my new insight. He had used the only methods of assessment and judgment that he knew how to use. He didn't know how important it was to check with me. What did I think? How did I feel? The only things that mattered were the things that could be seen—like the marks on an MRI screening. I could tell him what parts of my body had been affected. But he wouldn't be able to see that. Therefore, it didn't count.

I sat on the examining table with my numb feet dangling over the edge. I was staring at the floor. He was writing in my file what he had found in his examination—nothing, really. Because the exam did not test the things that needed to be tested to illuminate the damage to my nervous system that I know has occurred. I feel it. I live with it every day.

Every day. I also manage the damage every day. I remembered something I wanted to tell him. "Oh, by the way, I have a file of research about the relationship of folic acid and vitamin B12 and the progression of MS. Very interesting findings. I went looking for this research because while I was pregnant, I began to notice that I didn't feel quite as well on the days I missed my prenatal dose of folic acid. As you probably know, a shortage of folic acid is linked to spina bifida. Anyway, folic acid and vitamin B12 are critical to the development of myelin in the body's normal nerve ending repair process. If nothing else, an MS patient must need a great deal of these substances to repair the damage that's being done by the immune system. I brought copies if you'd like to see them."

I didn't mean to deal such a blow. He looked hard at me and folded his arms across his chest. "No . . . no," he stammered, "I think I'm up to date on that research." "If he's so up to date on this research, why hasn't he suggested that I try it to see if it helps?" the cynic inside said.

"I will dictate a letter based on my findings and send it to you in the mail," he said in his most professional voice. He was turning to leave, file in hand. His hand was on the doorknob when he turned back to me one more time. This

was the last possible moment we had to celebrate my wellness together. We still had more to say to each other. He knew it, and I knew it. Any chance he could be happy for my sake that he had made an error? "You're doing very well," he said, still in his best doctor voice. No emotion.

That was as close to a celebration as we were going to get. "Then why won't you listen to me and hear how I have contributed to making this happen?" my inner voice pleaded. But I knew why. He needed to stay in his paradigm. And I had to give up my hope that someone like him would validate my experience and my way of making sense of and dealing with my illness.

I didn't know what to say. I was doing well, relatively speaking. "I know," I said in reply. I know things that he doesn't. He walked out and closed the door.

The letter came a few weeks later. It started by saying, "This patient has been under my care since . . ." Under his care? I thought that rather ironic. At the end he said, "I believe this woman has a very benign form of multiple sclerosis which is unlikely to lead to serious disability or to shorten her life expectancy." I stared at that sentence for a long time.

My emotions were searching for a place to land. How nice it would be if I could trust this doctor's judgment enough to believe it to be true. But I live in this body. I know I am in a much different place from where I was. And I am definitely getting worse. Slowly, definitely. But his assessment procedures did not tell him that. I wonder what his inner voice was telling him. My inner voice could have told him things, but he didn't ask.

Why do I continue to be his patient? Perhaps this is a misguided quest on my part to try to connect with the unavailable. No, it is more likely that proving him wrong has been part of my reason for staying well. In this way, doctor, you have served me well. Now your inaccurate assessment is something I cannot fight against; I only want to make it true. For this motivation I thank you, doctor, again and again. □

I was carried away by a momentary sense of being cared for. How badly I wanted to connect with this person.

Commentary: Missed Connections—Fear, Power, and Therapeutic Alliance

Arthur W. Frank

Marti Cleveland-Innes's story leaves me suspended between joy and sadness. Joy for the child who was born in 1982, and joy not only because Cleveland-Innes is as healthy as she is but because she has learned to practice a phrase that is too frequently euphemistic, "taking responsibility for our health." My sadness is for all the physicians and patients who pass each other by, locked in their respective silences.

"How badly I wanted to connect with this person," Cleveland-Innes writes. How badly we all want to connect with so many people around us, and among those missed connections, lost relationships between the ill and their caregivers are particularly poignant. Cleveland-Innes and her neurologist might share her lifelong contest with suffering, and together they might form a therapeutic alliance. In this story we see such a potentially profound human connection being lost, and we wonder what could be done to save it.

What prevents Cleveland-Innes from saying to her physician what she now tells us that she was thinking? If he does little to invite her to tell him what she is experiencing, he is also not rushing her out of his office. What silences her, and what silences him as well? Most obviously, fear. On the patient's side, fear begins with what resources the physician can deny or what he can invoke. Cleveland-Innes wants a letter from her neurologist certifying that she is a good candidate for life insurance, and she does not want an MRI diagnostic scan. Many of her silences are directed toward achieving these ends. Her "hidden self" warns her to be careful not to wobble when she is getting up, lest the physician interpret that as a symptom of her deterioration. She says, accusingly, that he "used the only methods that he knew how to use" and that he "didn't know how important it was to check with me," but she does not offer him her observations of her deterioration. Information control is high on her agenda, and for good reason. Throughout this consultation, a third party is in the room—the potential insurer.

But Cleveland-Innes fears a good deal more than that she will be denied the letter for her insurance policy. She fears her physician's capacity to unbalance her relation to her illness. "If he refused to acknowledge my intellect, my analysis of my own illness," she wonders, "what would he do with my fears? I did not want to find out." To be ill is to harbor all sorts of fears about what might happen. Against the ill person's hope that these fears are simply fantasies, the physician has the power to turn fears into real possibilities. Cleveland-Innes wants to connect with her physician, but only on terms that protect the sense of health she has constructed around herself, her "best defense." She needs her belief that she has at least some control over her disease. If she presses her physician to speak to her, he may say what she cannot tolerate hearing. Beneath her fear is a lack of trust that her physician knows how to care for her, in the terms she is certain that she needs.

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What then are her physician's complementary fears? For him also, the third-party insurer is a silent participant. Perhaps he does not "check" his observations against her self-perceptions because of fear that if she tells him of some new deterioration, he will then not be able to write the recommendation of her health that he does provide. In an era of managed care, most doctor-patient interactions have some third party invisibly present, and Cleveland-Innes's story provides a paradigm of how this invisible other, the "carrier," precipitates strategies of information management by both parties.

But clearly more is going on for the physician than filling out an insurance form. How do we reconcile his "validation" expressed in saying, "Perhaps what we should be doing is spending more time studying people like you," with his emotionless closing, "You're doing very well," spoken in what Cleveland-Innes hears as "his best doctor's voice"?

We do not hear the physician telling us his fears, but speculation is assisted by another physician who does share his inner dialogue

with an observer. The medical anthropologist Roger Hahn writes an ethnographic description of the work and person of an internist whom he calls Barry Siegler. Siegler teaches his residents to "treat the patient, not the lab" (Hahn 1995:198) and emphasizes the patient's history. But Hahn notes perceptively that "'Listening to the patient' and 'taking the patient's history' are not efforts to sympathetically comprehend the patient's life-world, inner meanings,

fears, or desires, but rather to diagnose disease conceived by criteria independent of the patient's personal experience" (1995:199). The description seems to fit the practice of Cleveland-Innes's neurologist.

Why, I asked throughout the story, doesn't Cleveland-Innes's physician pursue what his patient tells him she has learned about her disease: how she controls it, what it means in her life. I hear him as sincere when he says that he should be studying how Cleveland-Innes stays as healthy as she is. What stops him? We can imagine many things. Perhaps he feels the same erotic undercurrent that Cleveland-Innes describes, and he is not confident that he can redirect those feelings to enhance a relationship that remains professionally appropriate. Perhaps the bureaucratic auspice of the examination—again, the silent third-party insurer—excludes exploration of "extraneous" lines of interest, no matter how mutual these interests may be. Or perhaps Cleveland-Innes's descriptions of how she controls her disease sound too "new age," if not for his own taste, then at least for what he imagines the judgment of his colleagues would be, if he himself appeared to take her "alternative medicine" seriously. All these, in any combination, may figure into his silences.

But what I find most convincing as the rationale for the neurologist's nonresponse to his patient's conversational overtures is found, again, in the words of Barry Siegler. Siegler, like the physician whom I imagine Cleveland-Innes's neurologist to be, takes in more than he allows himself to respond to. In the middle of dictating a chart note, Siegler pauses to tell Hahn what he is not including, and how he self-consciously silences any outward expression of his inner dialogue:

See, I get this picture of this gal not being the bright-eyed cheerful good-natured gal that she is. Underneath all that there's a great deal simmering. And I'm not so sure that this gal isn't exceedingly

The physician's ultimate power is not to write or withhold the letter to the insurer; it is the power to validate or invalidate what the patient believes is sustaining her health.

depressed herself and isn't exceedingly anxious about her self. . . . And I, you know, I've . . . there are a lot of things I didn't even get into with her. I'm just damned afraid of opening a Pandora's, and I wouldn't know how the hell to put the lid back on her, so I, I just circumvented a lot of areas. (1995:201)

What is the "Pandora's" that causes Siegler to "circumvent" a lot of areas? Later in the same conversation he says, "I'm not sure that I can handle what I come up with." Is this a realistic sense of his own limitations, or does he fear confronting what lies within this "Pandora's"? That question is surely rhetorical, because one possibility cannot be separated from the other.

Also rhetorical is the question of whether Siegler suffers personally from his self-imposed circumventions and the contact they deny him; for other physicians, such personal contact would be what reinvigorates them.¹ I imagine that Siegler loses something, but because circumvention is his choice, I find his potential losses less compelling than their complement, what his patient suffers. Cleveland-Innes allows us to imagine the "silent dialogue" of Siegler's patient. Like Cleveland-Innes, she may be asking why he doesn't pursue the hints she so clearly drops about what she really needs to discuss with him. I can imagine her thinking how much she wants a connection with him. But to Siegler, her needs are "a Pandora's" that he dares not open. Cleveland-Innes's physician seems to regard the conversational openings she offers him as having the same danger. For every Pandora's, a missed connection.

As evocative an opening into medical thinking as Siegler's fear of "a Pandora's" is, Hahn also suggests a more analytical explanation of why Cleveland-Innes's neurologist cannot follow up his comment about studying how she controls her illness. Hahn writes that medicine is dominated by a "division of the world into bodies and the nonbodily environment" (1995:174). Cleveland-Innes speaks to her neurologist in a language that constantly effaces this division: she conceptualizes her body existing in perpetual response to her environment, and she knows her environment through its imagined effects on her body. Thus in the midst of talking to her physician, she pauses to wonder how the emotion she is repressing in this talk is affecting her immune system. Hers is a preeminently bodily environment, where words, touch, and immune responses constantly interact, and there is no vantage point outside this interaction. Whether or not such thinking is "magical," it is pervasive in contemporary culture.²

Medical science recognizes that the physician's belief in the treatment can affect its success; thus double-blind studies require that the physician not know which drug is being administered. Yet translating this recognition into a "therapeutic alliance" (Cousins 1981) in which the physician supports the patient's "unconventional" healing practices is still difficult, as this story illustrates. Cleveland-Innes imagines her neurologist himself—not just whatever treatments he might offer—as an active factor in her disease's progression. The intensity of her desire for his acknowledgment that her efforts at maintaining her health are effective suggests her belief that her doctor's belief in her efforts can contribute to making these efforts successful.³

Thus we reach the impasse at the core of this story. What Cleveland-Innes wants most is for her physician to lend his personal validation to her attempts to control her disease. Her inner voice cries, "how about a little intuiting, doctor? What does your gut tell you?" But she wants his gut to tell him what she wants to hear: that she is keeping herself healthy, that her disease is not an

autonomous process within her body. The physician's ultimate power is not to write or withhold the letter to the insurer; it is the power to validate or invalidate what the patient believes is sustaining her health. Because Cleveland-Innes believes her physician could be so powerful on her behalf, she also fears his capacity to undo her efforts at maintaining her health.

This story is very much about medical power. Cleveland-Innes's physician's sense of his own power seems to be what Howard Brody (1992:16–17) calls Aesculapian power, possessed "by virtue of her training." Aesculapian power is technical, practical, and impersonal; it is not what Cleveland-Innes wants. She wants her physician to invoke his charismatic power on her behalf, a power Brody identifies with such personal qualities as "courage, decisiveness, firmness, kindness." But as I read her desire, the charismatic power she wants her physician to exercise on her behalf is inextricably rooted in his Aesculapian power; the personal qualities of this man become resources on her behalf because he is trained in medicine. Thus his validation has an importance for her that others' validation cannot have. Of all the silent conversations she has in her life, that with her physician seems singularly important to her.

In the end the neurologist and his patient are each left "in this alone," as Cleveland-Innes writes of herself. What gestures might open this silence, so that a connection could be made? The initial gesture is Cleveland-Innes's writing this story, allowing her silent voice to be heard, perhaps even by her neurologist. Barry Siegler performed a complementary gesture when he allowed Roger Hahn to follow him through his

daily work. Both—Cleveland-Innes in writing her story and Siegler in allowing Hahn's observations—demonstrate a most human quality: the desire to be known. The difference is that while Cleveland-Innes is reflectively clear about her desire to be known by her neurologist, Siegler is a long way from such self-awareness. As Cleveland-Innes describes him, the neurologist seems unable to allow himself to think what his patient allows herself to write: "How badly I wanted to connect with this person." In contrast to this neurologist, and to Barry Siegler, many other physicians both express their own desire for connection with their patients and teach their students how to cultivate this connection.⁴ Their work offers hope for a day when few patients will experience the irony that Cleveland-Innes finds in her neurologist's phrase, "under my care."

While we wait for the medical future to evolve, what of Marti Cleveland-Innes and her doctor? I know she has little choice among neurological consultants; that lack of choice is a reality of "managed care" in Alberta and for many patients in the United States. If Cleveland-Innes's worst forebodings about her deterioration are true, I doubt that in those days of sickness she will be adequately served by technical competence alone. Nor can I believe that when her health deteriorates, she will suddenly find that her physician makes himself available to her in ways he does not offer now. The relationship she will need with her physician then must begin now. And none of us knows when our own then will be.

I too hope the neurologist's "inaccurate assessment" of Marti Cleveland-Innes's future health is true. But if her worst fears are justified, may she find a physician who, at the risk of whatever "Pandora's," will join her in opening their mutual silences. □

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NOTES

1. Thus in a classic statement of medical work, the poet and physician William Carlos Williams wrote that after consultations in which "I lost myself in the very properties of their minds: for a moment I actually became them," he felt "as from any other sleep, rested" (1984:119). No sense of the patient's being a "Pandora's" in Dr. Williams's writing.
2. Martin's (1994) study of the immune system as a pervasive metaphor in medical, corporate, and popular cultures shows that Cleveland-Innes's imagination of her immune system linking her body and her environment is fully in tune with her times.
3. The curative effects of the physician's perceptions of the patient's condition are considered by Dossey (1996a, 1996b).
4. I realize that I am unfairly excluding many medical educators, but let me cite Brody (1992), Cassell (1991), Charon (1986), Kleinman (1988), and Spiro, Curnen, Peschel, and St. James (1993). Before all of these is Williams (1984).

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