

# Putting Pen to Paper

*– Insights into Writing  
Medical Narratives*

By A/Prof Cheong Pak Yean



**THE LATE** Dr Chan Kah Poon (who used the pseudonym Garfield) and *Hobbit* are among the long line of SMA News writers who penned stories of patient encounters to commiserate with doctors immersed in the travails of medical practice. More recently, Dr Joanna Chan Shi-En, a young doctor, continued this tradition with her article, "In the Line of Fire", published in the September 2013 issue (<http://goo.gl/H8CPM7>). She meshed encounters with patients and the public during consultations and on social media platforms, into her story about the plight of doctors when their bosses assert that the "customer is always right".

Medical narratives are a powerful tool of communication. I gained new insights into writing such narratives from attending two sessions with renowned authors of this genre at the week-long Evolution of Psychotherapy conference held in Anaheim, California in December last year. (Held once every four years, this conference is the Woodstock of the talking-cure community, and features a plethora of training and actualising activities.) The first was a workshop with Dr Mary Pipher, clinical psychologist and author of *Reviving Ophelia: Saving the Selves of Adolescent Girls*, which stayed on the *New York Times*' bestsellers list for 26 weeks. The other was a two-hour keynote address by Dr Irwin Yalom, legendary professor of Psychiatry at Stanford University and author of scholarly books and novels on existential psychology. His address, delivered at the Anaheim Sports Stadium, so enthralled the audience of thousands of mental health carers that he was accorded a standing ovation when it ended.

### **Purpose and meaning**

There is purpose and meaning in writing narratives. Dr Pipher commented that her works were first written for herself, to capture her experiences with patients, for personal growth and professional development. She later published some of these works in the public sphere as she was moved with a mission of "writing to change the world", especially that of adolescent girls. Dr Pipher declared that writers have saved lives and taken them, changed the way we think, and transformed our definition of right and wrong. To her, ethical responsibilities of patient advocacy transcend the consultation room to the larger society.

Dr Yalom shared the thrust of his many seminal works and read us some of his writings yet to be published. His books and stories explore and document the human

conditions. At 83, he remains physically robust and intellectually prolific. He joked that he had thought and famously announced during the previous conference four years prior, that his appearance then would be his last. His recent books, *The Schopenhauer Cure* and *Staring at the Sun* revolve around reframing death anxieties and their transcendental meanings to provide a philosophical understanding of end-of-life issues.

### **Fact versus fiction**

In his keynote address, Dr Yalom discussed the fears and anxiety that many medical writers have about transgressing patient confidentiality in their writings. He quoted the winner of the 1947 Nobel Prize in Literature, Andre Gide's famous observation: "History is fiction that did happen. Fiction is history that might have happened." Medical narratives giddily traverse both these terrains.

To ensure that the stories retain their authenticity, writers must have actually experienced what they write. Patients' confidentiality is however protected by masking and hybridisation. Dr Yalom commented that his patients do ask sometimes whether they were the protagonists of his stories. He would turn these queries to his advantage to spark therapeutic conversations. Dr Pipher, on the other hand, asserted that her stories use only composite patients, who therefore were fictitious characters woven together using strands of reality. Regardless, there are universal life themes that run through the characters in such stories as much as those in real life.

### **"Writer's clamp" and courage**

Some doctors may self-impose imaginary writing clamps too early, out of fear of offending their patients, their bosses or politicians. They fear that the stories they write may be misconstrued as undue social commentaries and critiques of healthcare or political systems. These doctors thus never begin writing or write something so contrite and phoney that the stories become unreal. Dr Pipher opined that the censorship knife should only be wielded later.

During Dr Pipher's workshop, a psychiatrist shared that he had finished a 2,000-page manuscript of narratives but agonised over its publication. Dr Pipher commiserated that courage was needed to put narratives into the public sphere, whether in print or cyberspace. The alternative was to keep the works as a personal diary and only release them to a restricted audience.



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### Writer's cramp and discipline

Dr Pipher disclosed that her works often morphed through multiple revisions, as many as 40, before seeing print – a process that may take years. Apparently, her bestselling book *Reviving Ophelia* was rejected by many publishers before it finally saw print. She only found out about this from reading a disclosure by her book agent in an interview after the book's success. Her self-disclosures provided me some comfort, as I get writer's cramp after writing and rewriting, and often end up demoralised over my proclivity for writing.

Dr Yalom counselled discipline to overcome writer's cramp. He revealed that he keeps parallel records of patients, recording interesting vignettes separately from the usual medical records so that he can read and reread them for inspiration. He sees patients in the morning and then devotes the rest of the day to writing.

The new perspectives to writing medical narratives encouraged me. Commenting on a piece I wrote soon after the conference, Dr Ong Chooi Peng, a colleague and friend, reflected, "We are in a privileged position of human contact, and if we are fortunate and open to interruptions, we sometimes may glimpse the sublime among the

profane, as you have in this encounter. I wonder if perhaps this is God allowing us to see the eternity in the hearts of men – to look beyond the mundane and to touch the spirit underneath." (Editor's note: read A/Prof Cheong's piece in the next issue of SMA News.)

Every encounter with a patient, another human being, is a story waiting to be told. Many doctors do capture in their minds such narratives when providing person-centred care, even if they remain unwritten. At times, for a precious magical moment, there is epiphany. The transformative power of that experience when written then allows for reflection and introspection, and if broadcasted, the transcendental "rippling (of memes that) tempers the pain of transiency" (as Dr Yalom writes in *Staring at the Sun*). This is, perhaps, the most powerful motivation to continue writing. **SMA**



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