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Editorial: Writing the Soul

The one thing in the world,
of value, is the active soul.

—Ralph Waldo Emerson (1983)

In “Over the Rhône and into the Night: Just Be Graceful,” by Florence Gelo, featured in this issue of *Ars Medica*, we encounter Bernice, who is nearing the end of her life. In dialogue with the narrator, looking together at paintings, Bernice is soothed by the luminescence of van Gogh’s stars. The ability of art to salve, to transport Bernice to “the ethereal” is soothing for her because, as she articulates, “I think that’s where I’ll be going.” The art is evocative, but the relationship with the care provider who narrates this piece is critical. It is through this dialogue that Bernice’s narrative is shaped, and through their exchange that a bridge is created between the apperception of art and their shared meaning-making.

The exchange also evokes a recollection in Bernice of Dylan Thomas’s poem “Do Not Go Gentle into that Good Night”:

There comes a time to go. We can’t fight it.
I have
a nice poetry book, and one of the lines is,
“do not
go gently into that good night.” I don’t
agree with
that. I wanna go gently.

The poem, as with the painting, allows Bernice to contemplate her life, and also to share it. Bernice is following Ralph Waldo Emerson's injunction: "Make your own Bible. Select and collect all the words and sentences that in all your readings have been to you like the blast of a trumpet" (1983, p. 58). Doing so, Emerson believed, makes us active souls.

What does it mean as a care provider to encounter the soul of the patient? We can consider this in secular as well as in religious terms. At its most basic, encountering a patient's soul is to encounter where meaning resides for that patient, and of course where it resides for us as healthcare providers.

The challenge of contemplating the patient's soul brings to mind what in philosophy is called the binding problem: the relation of the immaterial soul to the physical body. The binding problem also appears in the disjunction between the unity of our consciousness, so at odds with the discrete neurochemical processes that make it up. Learners in healthcare encounter this when they learn about "the kidney" or "the heart," as if these organs are separable from the ecology of the body, and from lived human experience. This dichotomy continues for clinicians when it remains easier to recognize and diagnose disease than to understand how suffering, disease, and illness are experienced within a human life.

In 1974, psychiatrist George L. Engel proposed the biopsychosocial (BPS) model of medicine in response to what he perceived as a "medical crisis" that he believed "derives from adherence to a

model of disease no longer adequate for the scientific tasks and social responsibilities of either medicine or psychiatry” (p. 129). Instead he advanced that medical practitioners and researchers “should take into account the patient, the social context, the physician’s role and the health care system” (p. 132). The BPS model was a call to a more holistic understanding of the patient’s experience, though it has been critiqued for oversimplifying how each of the levels (biological, psychological, and social) interact, for an overemphasis on the individual, and for the failure of the model to account for the spiritual dimensions of experience (see Borrell-Carrió, Suchman, & Epstein, 2004; Ghaemi, 2009; Hatala, 2013). Recent research is exploring the implications of expanding the BPS model to the biopsychosocial-spiritual model (Hatala, 2013). In fact, many practitioners are learning from other cultures that adopt a more integrative, holistic approach.¹

Many of the pieces in this volume of *Ars Medica* honour the existential encounters within medicine and healthcare. They represent patients’ and providers’ most liminal moments—whether crossing from life into death, as in Gelo’s piece, or from medical training to practice, as described by Mays Tahseen Ali, or from practice to retirement, as portrayed by Diana J. Pi. These encounters are varied in their emotional impact. Ali expresses gratitude and joy, while Pi, in her portrait of a long relationship with a man with an extensive history of self-harm, gives voice to the “burnout” that can ensue from providing deep care for patients.

Both Ali and Pi take up the epistolary form to narrate these experiences, but other writers, poets, and artists in this volume use many forms to actively explore and craft experience. On the cover, Iranian-Canadian artist Mona Hedayati uses 3D printing to replicate the HIV capsid protein “to convey the alarming situation of those living with the virus and those yet to be infected.” She alerts the viewer to the social dimensions of disease: fear of contamination, stigma, human rights.

In “The Show,” C. Alessandra Colaiani embraces the absurd, inserting lines from Eugène Ionesco’s *Rhinoceros: A Play in Three Acts* to capture the unbearable unreality of transitioning from medical school to residency, and the surreal feeling of role-playing as one tries to inhabit one’s new identity and have “real” interactions with patients. Michael Lubin employs humour and text messaging in “I’d Love to, But Unfortunately I Have My Genitourinary Exam Tutorial Tonight,” to explore “[w]here should we draw the boundaries around our experience,” in what to share of our confidential and privileged encounters in healthcare.

Many of the poets in this issue touch upon related themes of the intersection of the body and spirit. Ingrid Andersson finds the resonance between the natural world and the human drama of the body in “Phalaenopsis”:

I sip and consider this
common tropical genus, the profane,
yet prayerful, nature of it

In “Nearly Six Years,” Erica Danya Goldblatt Hyatt figures grief and loss, using the lyric form to enact the mourning of an unborn child:

I have tried my best to really grieve this loss.
Living and dying inside me, living and
dying inside me.

The lyrical incantation of the repeated line insists that the reader pause and repeat the ongoing nature of loss.

Both Stanley Princewill McDaniels and Sage Schick probe the experience of mental illness and suffering. McDaniels writes of sound puncturing experience:

& your body
is always interrupted
by the sound
of something breaking,
falling, crashing,
like a glass,
like a building,
like a plane crash-landing.

Schick writes of the complex interplay between the self and other, and self and society. In “I Kneel Down,” she describes a shifting veil between the self and others clouding and darkening, making experience impenetrable to the other. In “Presbycusis,” from her series *Bodies of Work*, Rebecca Coles Lee writes of “the bone conduction of time,” figuring life and memory as a soundscape that recedes with age.

In “Commonplaces,” Rebecca Ann Spears explicitly seeks to capture the interconnectivity of hu-

mans with the environment and with the cosmos
as recompense for our corporeal finitude:

how we quicken when all is in balance,
a pinch of this, more of that: cobalt and
iron,
copper and manganese, the world in us
again and again
as the stars, hot brilliant minerals,
a promise that we are after all immortals
who won't be destroyed but rendered
into other forms.

The mortality/immortality of our physical bodies
is considered in relation to the law of conservation
of mass.

Through their poetry, Trevor Morey, Sarah
Kristin Andersen, and Ron Riecki make vivid the
practices of healthcare. In all three works, the
bleakness and anonymity of care are transfigured
into and through poetry. From Morey's collection
Healthy, for example, "From the Coffee-Stained
Patient List," creates poetry from a list of patients.
Demographics, labs, discharge plans become
poignant points of life. The white space around
the poem's lines suggests the vast expanse of the
unitemized, unregistered life of the patient. In
"Doctoring," which considers the borders between
home and clinical practice, Anderson writes,
"some lines are blurred of late," as in the poem
where the line between these experiences and iden-
tities can be traversed and recast.

Dan Champion represents the world of health-
care from the outside. In "Lift," the everyday expe-
rience of the narrator is sliced through by the

blades of the helicopter overhead on the flight path to the nearby trauma centre. Like the painting *Landscape with the Fall of Icarus* by Bruegel, spectators can go on with their everyday lives, unheeding the suffering and trauma around them.

Riecki's poetry enacts the active soul of the practitioner-artist. Creating poems from the poetry of Nancy L. Meyer and Lisa Fay Coutley is like found poetry or the cento poetic form. Amid the detritus of clinical care, the traumatic experiences of loss and ineptitude, Riecki ekes out poetry to create beauty and meaning. This active assemblage brings the reader simultaneously into contact with the viscera of his work, and with the meaning-making practices of a community of artists. We hope that *Ars Medica* can do the same, and that these powerful pieces remind us of the work of the soul and the spirit in medicine.

Note

1. As an example, at the Centre for Addiction and Mental Health and ECHO Ontario we are creating communities of practice with First Nations, Inuit, and Métis communities and employing a physical-mental-emotional-spiritual model to understand wellness.

Website

Centre for Addiction and Mental Health and ECHO Ontario, <https://camh.echoontario.ca/first-nations-inuit-metis-wellness/>

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