

Muneca Rota (Broken Doll)

JO MARIE REILLY, MD

She sits on my examining bed, a broken shell, faceless, nameless, ashamed.
Stripped of dignity, power, self.
Her eyes glisten with tears.
Dishonored.
Her bruised lips tremble with the pain, the fear of remembering.
Her limbs are thread bare.
Victimized.
Powerless in her crumpled paper gown.
Broken by the vicious cycles of violence and rage.
Demeaned
Her hopes, yearnings and dreams shattered.
Alone.
Eclipsed in darkness.
No color. No freedom.
Who will mend her battered heart?
Who will sew her tattered soul?
Who will rekindle the spark in her spirit?
Who will repaint her lifeless face?
Who will restore her faith?
Who will cherish her beauty and embrace her?
How can I, the doll defender, empower her to break free, to heal?
How can I, the doll tender, share hope, possibility, love?
How can I, the doll mender, enable her to survive, believe, dream?
So that she may walk anew....
La muneca con un alma devuelto renacido
(The doll whose soul has been renewed)

I have had the privilege and challenge of caring for "Maria", a victim of domestic violence in my clinical practice. Maria told me in Spanish one day that she felt like a "muneca rota" and after several years of therapy, that she is not yet "whole", but rather healing. While healing is a dynamic process that often takes a lifetime, Maria has emerged from her pain with much courage and strength. Henri Nouwen says "glass shines brighter when it's broken." While Maria may still be broken, she is on the road to healing. On her life journey to wholeness, there is hope, renewal and a dream to live.

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POETRY

Putting a Broken Doll Back Together Again

JOHANNA SHAPIRO, PhD

Like Humpty-Dumpty, some patients arrive in their physicians' exam rooms shattered on many levels because of complex multiple illnesses, severe emotional traumas, or both. Sometimes, like the king's men, physicians despair of ever putting these patients back together. It is a daunting task and one that requires great courage and great humility. Jo Marie Reilly uses the metaphor of a broken doll to describe the devastation of intimate partner violence and the parallel metaphor of "the doll defender/tender/mender" to characterize the physician who must try to repair her patient. Working within these metaphors evokes childhood memories of ministering to our complaisant and uncomplaining dolls (perhaps while listening to nursery rhymes). Now there is so much more at stake. A lovely children's book by Richard Kennedy called *Amy's Eyes* explores the enchanting yet disturbing possibility that dolls can become human and humans can become dolls. The "mediating mechanism" appears to be love and its withdrawal. Abuse, the betrayal of love, often seems to suck the life force out of its victim, so that all that is left is a shell, an empty form. In this poem, the doctor com-

mits to helping to bring her broken doll-patient back to life. The power of the poem lies in the questions it poses, faithfully searching for restoration and wholeness. The narrator is too humble to attempt to provide answers. But she seeks for her patient to become a "doll" whose life has been restored and whose soul has been renewed. As Dr. Reilly wrote in her submission email, "These ladies are still broken to me, but on their road to healing. On their life journey to wholeness, there is hope, renewal and dreams to live."

In Reilly's poem, the physician and patient have only each other, and the weight of this responsibility is apparent in the narrator's anguished pondering, although she assumes it gladly. "Poetic License—Balint Style" by Jeffrey Sternlieb offers the reminder that, just as the physician is present for the patient, through Balint groups, other physicians also can be present for a colleague in need, prepared to engage in a shared reflective process that reduces isolation, shares burden, and creates a sense of community. As readers undoubtedly know, Michael Balint, a British psychiatrist, originated a method of group discussion for family physicians to help them better understand and manage their relationships with difficult patients by examining their feelings, projections, and countertransference toward these patients.

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A group of family physicians (or residents) gathers. In response to the call, "Who's got a case?" a volunteer steps forward and presents a patient. Then, precisely as Sternlieb lightheartedly describes, participants speculate about what is going on with the doctor, the patient, and everything in be-

tween, all that exists or might exist within the hyphen of their relationship. Metaphors are made, patterns identified, coping questioned. If all goes well, after everyone has said their peace, the doctor begins to heal and is once more ready to defend, tend, and mend their broken patients.