

CONSOLED BY POETRY: CAREER TWISTS AND TURNS

Some people are fortunate enough to know, by the time they are sixteen (or sometimes six), what it is they want to do with the rest of their lives. Their career path is set – mathematician, teacher, physician – and a direct line appears to exist between the point of aspiration and the point of achievement. For others, a process that has been described as an organic unfolding occurs – one’s abilities and inclinations lead to certain work, which in turn provides the foundation for other, related work, and in this fashion an interesting, although not always predictable, career is built. Regardless of the type of career one has evolved – whether “directed” or “organic” – it is likely that within that career there may be various shifts of emphases as new interests and challenges develop, and other aspects of work become excessively familiar and well-worn.

In academic family medicine the opportunities for such career retooling and reorienting are especially rich. This is true both for physicians and for non-physicians such as myself. For example, where else can professionals move between clinical practice, teaching, administration, and research, at various points emphasizing the preeminence of first one, then another? Yet we know little about this process of professional change and evolution, and in fact can find it intimidating and unnerving. How do we recognize that we are changing? How do we know that this is a good thing, and not a bad thing?

In any field of investigation, where little evidence has previously been compiled, it is useful to examine the single case history in the hopes that it will provide insights for more systematic study. Although by training a psychologist, and not a family physician,

having spent over twenty years of my life in the field of family medicine, I have participated in many of the career roles related to academic medicine. In the spirit of comraderie, therefore, I offer the following professional “slice-of-life.”

EARLY SHIFTS. Trained in counseling psychology, and particularly the psychology of women, upon completion of my Ph.D. I found no positions open to me in my chosen area. So my first professional “shift” occurred when I accepted a job working in the Division of Physical Therapy at Stanford University. This experience refocused my training on the psychological effects of chronic illness and disability on the entire family and made me interested in continuing to work in medical settings. Fortunately, two years later I was hired by the UCI Department of Family Medicine as a behavioral scientist, a position about which, at the time, I knew virtually nothing. Indeed, I had never actually heard of family medicine!

However, here too I was able to parlay my basic training and build on my past experience to develop expertise in this new role. Having major teaching responsibilities in my program, I also maintained a small clinical practice and did small-scale research as well. Over a fifteen year period, I honed my own understanding of the relationship between behavioral science and clinical medicine, advanced my pedagogic and research skills, and had the opportunity to develop a successful behavioral science program.

Toward the conclusion of this period of challenge and growth, although filled with a sense of accomplishment, I noticed increasing feelings of approaching an “ending.” I was satisfied with what I had achieved as a behavioral scientist, but felt I had finished what I had set out to do fifteen years earlier. My new ideas were simply elaborations on my old ones. I was repeating myself, although perhaps I was the only

one to notice. I longed to branch out and find new challenges. Because I had developed administrative skills in organizing and directing our department's behavioral science program, I thought I might be able to administer other academic programs as well.

MID-CAREER SHIFTS. Around this time, I was fortunate to be given the chance to serve as the coordinator of the second year medical students bioethics course. This I did for two years, picking up background in ethics in the process. Shortly thereafter, I was asked to co-direct (with an internist) a new required 316 hour year-long second year course, Patient-Doctor II. My responsibilities included everything from monitoring course objectives and liaisons with the over fifty faculty involved in the course to course and student evaluation and troubleshooting learners in difficulty and problem faculty. I held this position for three years. During the last year I also assumed responsibilities in my department as Acting Predoctoral Director, which provided additional experience, particularly in the area of clerkship organization and administration.

All of these administrative experiences culminated in my serving for almost two years as the Acting Chair of my department. Although entering an "acting" role, because of the situation of the department within the institution, this position ended up requiring me to take responsibility for significant budgetary, hiring and firing, and directional decisions for the department.

All in all, I spent six years in various administrative capacities both within my department and my institution. I acquired a plethora of skills, and exercised aspects of my personality, particularly as acting chair, that had long been dormant. However, what I discovered, much to my discomfort and confusion, was that I was likely not

constitutionally suited to being a full-time administrator over a long-term course. Although I acquired many management skills, and hopefully even developed a leadership “style,” I realized that the day-to-day pressures, in response to which some of my colleagues seemed to thrive, were for me personally too costly. I would like to think that I made reasonably good decisions that benefited the department with the information and resources I had available, but each one demanded too much of me emotionally and psychologically. I developed health problems and home problems. I did not regret the time I had spent focusing on a range of systemic responsibilities, but eventually I concluded I could not continue in such a high-pressure environment for the remainder of my professional life.

SHIFTING AND STUMBLING. At this point, caught up in the flurry of high-stakes, intense political maneuvering on a daily basis, I had little time for reflection. At first I blamed my family for not being sufficiently supportive, or my colleagues for not being sufficiently helpful. Eventually, I recognized a basic incompatibility between who I was and what the nature of the work demanded. Once I reached the decision not to further pursue an administrative career path, although I felt relieved, I also felt disappointed in myself, and frightened. I believed I had been a “successful” behavioral scientist. I also liked to think I had been a reasonably successful administrator. But the awareness that I could not sustain the lifestyle necessary for full-time was a difficult admission to make. Whereas I felt I had made a choice in leaving behavioral science, I felt I had no choice in moving away from administration. I knew I had done the right thing, but having to do it was discomfitting.

I was eligible for a year long sabbatical, which I gratefully took, intending to “refocus” my career. Since I was in an academic series, and was in fact a tenured professor, several representatives of my institution urged me to become a more serious researcher. Despite the fact that I had never been awarded a large grant, I was repeatedly told that “people in my position” were expected to bring in NIH grants on a regular basis. Over a 20 year career, I had managed to maintain a steady level of research activity, but I had never regarded myself primarily as a researcher. Perhaps now was the time to make this transition.

Accordingly, I applied for and was accepted into a grantwriting research fellowship sponsored by NAPCRG. This fellowship provided a wonderful opportunity to retool skills acquired in graduate school, but exercised only very modestly since then. I wrote concept papers, networked with other researchers, developed a satisfying relationship with a research mentor, and worked on an NIH proposal. I spent the year of my sabbatical and the subsequent year working very hard to reconfigure myself once again.

The only trouble was that the farther down the road of the NIH researcher I traveled, the more I became convinced that, like administration, this also was a direction incompatible with my interests, desires, and to some extent abilities. However, for the better part of two years, this awareness remained nothing more than a nagging discomfort on the edge of my consciousness. The idea that this path too would culminate in a dead end was so frightening that I could not bear to consider this possibility.

RESOLUTION. For better or worse, life has a way of getting our attention even when we would prefer otherwise. A month before my RO3 grant was to be submitted to

NIMH, I experienced a severe retinal detachment, which definitely put my career dilemmas into perspective. For awhile it was unclear how much sight I would recover, and this brush with my own vulnerability and frailty left me feeling depressed and defenseless. Struggling to accept medical uncertainty, however, I made a crucial discovery, one that spoke not only to my medical and psychological condition, but to my career confusion as well.

Like a good scientist, I spent some time studying the scientific literature on the causes and treatments for retinal detachment. I also examined some of the psychological literature on the symbolic importance of sight. Yet I discovered that, in searching for a way to find meaning in and make sense of my experience, I was consoled not by the medical data or social science findings, but, surprisingly, by poetry. A friend had thoughtfully sent me a supply of Books on Tape, some of which coincidentally included Emily Dickinson's musings on mortality, and a striking book *Stones from the River*, about the physical distortions of a child-dwarf growing up amidst the horrific social distortions of Nazi Germany. For some obscure reason, I returned to these works over and over, feeling that the "voice" in which they spoke was telling me something profound, but which I could not quite grasp. When I could read again, I continued this new pursuit, ranging further afield to learn what patients said about their suffering, what doctors said about their patients, not because my institution or my department or my self-image required it, but because I could not help myself. I was in the grip of a passion.

FINAL SHIFTS: I believe the "twists and turns" of the last several years have resolved into a career direction that I regard with gratitude and excitement. Following in the footsteps of my esteemed colleague Howard Stein, I am using literature to bring the

voice of the patient (as well as often the uncensored voice of the physician) into the process of medical education. In the process, I seem to have connected with many of my past lives. For example, working with the department's current behavioral science director, I have been able to experiment with using literature as an adjunct to the standard behavioral science curriculum. Because of my contacts with course directors for patient-doctor courses in the medical school, I have also been able to pilot the idea of literary sources as additional teaching material. In an extremely pleasurable development, I have used my knowledge of the curricular process to develop and win approval for a first year elective on literature and medicine. We have even played with a resident-faculty social evening, whose highlight is probably dinner, but that does include literary selections focusing on doctor-patient relationships.

In this circuitous course, I have learned several things about "professional direction" (as well as about myself, although those insights deserve to remain more private). One is, at least for some of us, any given professional initiative may have not only a beginning, but an ending. It would have been a lot easier in some sense for me to have remained in behavioral science. It was safe, secure, and known. Yet something beyond my conscious control impelled me into other paths that were significantly less predictable. Paying attention to the phenomenon of ending helped me, I believe, avoid cynicism and burn-out.

A second lesson is that everything is grist for the mill. Although I spent seven years performing tasks that did not evolve into "careers," during these years I learned a great deal, acquired many valuable skills, understood my physician colleagues for a whole new (ie., administrative) vantage point, and, on a day-to-day basis, I hope made a

useful contribution to the educational mission of the university. I learned that work is not only about self-advancement, although this is certainly not wrong, but also about being the right person in the right place at the right time, even if this will turn out to be the wrong place and the wrong time a year or two down the road. Trite as it sounds, while it is not something that you can put on a cv, helping to heal collegial wounds, or problem-solving how to salvage a failing student, or reconciling warring institutional interests are all good ways to make a difference.

Finally, I learned something important about trusting the process of change and trusting myself. When I first realized that I wanted to shift my focus from behavioral science, I did not pause to ask myself what it was I really wanted to do. In fact, I had already flirted with the idea of qualitative research and the study of patient narrative. But at a high-achieving, upwardly mobile phase of my career I did not dare “indulge” these interests. I was well aware of the academic ethos that regarded qualitative research with skepticism and the exploration of literature and medicine as even more fringe and tangential than behavioral science. Administration and then high-powered research seemed more stable, more respectable, as indeed they are.

However, they did not fit with the core awareness of what I needed to be doing, something I discovered only through being forced to confront various large professional issues:

What I discovered in the reading of poetry was something quite personal, something I assume can easily be discovered by others in administration or research or nuclear physics. But for me it was poetry. As can sometimes happen in the encounter

between two people, it was a flash of recognition, a moment when I felt truly consoled, and in the next moment, wanting to extend that consolation outward to others.