

The Vermont Humanities Council
and the
Vermont Board of Medical Practice

Present

A six-part public discussion program

***Doctors, Patients, and the Public Trust:
Conversations in Literature and Medicine***

Using fiction, essays, and other forms of literature, the following questions will be explored:

- Doctors: are they devils or deities? Or are they just human?
- What problems do physicians face in today's world?
- How do physicians cope with those problems?
- What effects do such problems have on our medical and social systems?
- How can the problems best be dealt with?

**Fifth program: Wednesday, February 18, 2009
5:30 to 7:00 PM
Fletcher Free Library
235 College St (at S. Winooski Ave.), Burlington**

Readings:

Marianne Paget, "The Work of Talk," from *A Complex Sorrow*, Temple University Press, 1993.

Adam Haslett, "The Good Doctor," from *You Are Not a Stranger Here*, Anchor, 2003.

Walter Hard, "Socialized Medicine" [poem].

For copies of the readings and for further info: 802-657-4220

Socialized Medicine

by Walter Hard

Dr. Mosely had been practicing in the valley
Since the days he'd had to keep horses
To get around in winter and in spring mud time.
As the roads got better and he could use a car
All the year around the Doctor used the saved time
Not to make more visits but to make them longer.
Answering a call he'd fulfill his professional duties
Usually with dispatch and always with skill.
Then he might sit and talk with the patient
And probably with some other members of the family.
He might go over local affairs and often
He'd go out into the kitchen and have a cup of coffee.
Perhaps he didn't realize it but just this social visit
Normalized many a household and so relieved anxiety
And the strangeness that sickness often brings.
Or he might stroll out to the barnyard
And, leaning on the fence, talk about stock
Or even politics with the menfolks.

Then the time came when the Doctor had to slow up
And he welcomed a young man who gradually took over.
He was strictly professional in his bearing,
Friendly and pleasant but not inclined to visit.
One day Mrs. Glode was doing some spring cleaning
For Mrs. Stillman in the village, and the new Doctor drove
past.
Grandma Stillman was sitting by the window knitting.
She spoke well of the new young man.
"But I do miss the real friendly calls of Doctor Mosely,"
she said.
"Why, he might sit and talk over old times for a half hour."
Mrs. Glode stopped to wring out her cleaning cloth.
"Yes," she said, "I kinda feel that way, too.
I've heard 'em talkin' on the radio .
'Bout this new idee, they call it new, in medicine.
And even if Truman and the Democrats are fur it,
I like this social medicine,
Jest as you do."

From:

You Are Not a Stranger Here
by Adam Haslett (Anchor, 2003)

THE GOOD DOCTOR



AS HE PULLED up the drive, Frank saw the skeleton of a Chevy Nova, grass to the windows, rusting in the side yard like some battle-wasted tank. Toy guns and action figures, their plastic faded, lay scattered over the brown lawn. The house, a white fifties prefab, sagged to one side, the chimney tilting. To its left stood a dilapidated barn. From the green spray-painted letters on its door announcing *No Girls*

Allowed it seemed clear the building had some time ago been delivered from the intention of its creator into the hands of children.

He cut the engine and watched the cloud of dirt his tires had kicked up drift into a stand of oak trees shading the side of the house. They were the only trees in sight, empty prairie stretching miles in every direction. He rested his hands and chin over the top of the steering wheel, his head weighed down with the sinus ache of his hangover.

One of the reasons he'd taken his job at a county clinic two thousand miles from his friends and family was that the National Health Service Corps had promised to repay his medical school loans in return for three years' work in an underserved area. Last night he'd come back to his apartment to find a letter in the mail: Congress was cutting the program's funding, leaving him the full burden of his debt and a paltry salary to pay it with. He'd spent a year at the job already, and now they were hanging him out to dry. For the first time in his life there was uncertainty in his future. From college to medical school to residency to this job, everything had been applied for and planned. Now he wasn't even sure he could afford to stay. He'd got drunk on a bottle of scotch his friend from back East had sent him for his birthday. The last thing he had wanted to do today was drive two and half hours here to Ewing Falls to evaluate some woman who'd been refusing to visit the clinic for a year and demanding her medication by phone.

Nearly hundred-degree weather had settled over the state for the last week and today was no exception. With each step

across the drive, more dirt rose powder dry into the air. By the time he mounted the porch steps, sweat dampened his collar.

A first knock produced no response. He waited a minute before tapping again. The shades in the front room were pulled to the middle of the windows and all he could see was the wood floor and the floral print back of a sofa. He turned to look across the yard and saw a girl standing in the driveway. She seemed to have appeared from nowhere. By the height of her, she looked eight or nine, but her rigid mouth and narrowed eyes suggested someone older.

"Hey, there." As soon as he spoke, the girl started walking quickly away, toward the trees.

"Hey," Frank called to her back, "are your folks home?"

"She ain't a bigger talker," a voice behind him said. Frank turned back toward the door to see a middle-aged man dressed in a sweatshirt and work pants. Spidery angiomas, those star-shaped discolorations of the vessels seen in liver patients, blotched the skin of his rounded face. Hepatitis C, Frank thought, or the end of a serious drinking habit. The man took a drag on his cigarette, holding the filter between thumb and forefinger, the exhaled smoke floating over the porch, tingling Frank's nostrils.

"You're the one they sent up from the clinic," he said flatly. He leaned forward, squinting. "Bit young to be a doctor, aren't you?"

Frank got this all the time: old ladies asking when the doctor would be in—a useful icebreaker, but he wasn't in the mood today.

"I'm here to see Mrs. Buckholdt," he said. "I assume she's home."

The man looked out across the fields, the horizon molten in air heated thick as the fumes of gasoline. The expression on his face changed from scrutiny to the more absent look of recollection, as though he had suddenly lost interest in their conversation.

"Yeah," he said, almost to himself. "She's in there."

Then he crossed the porch, past Frank, and wandered out into the yard.

"MRS. BUCKHOLDT?" FRANK called out, blinded momentarily by the darkness of the front hall.

"Down in a minute," she said, her voice coming from somewhere up beyond the stairwell.

Ahead in the kitchen, a cheetah chased a gazelle over the screen of a muted television. Frank could see the back of a boy's head silhouetted against the screen's lower half, the rest of him obscured by the counter. The house smelled of stale candy and the chemical salts of cheese-flavored snacks.

A bookcase stood on one side of the living room and a picture he couldn't make out in the poor light hung on the wall opposite. Two large Oriental carpets covered the floor. He put his briefcase down on a torn leather armchair and took out Mrs. Buckholdt's chart, which he would have read by now if he hadn't been in such poor shape this morning.

After getting thoroughly drunk, he'd done the really smart thing of calling his ex-girlfriend, a woman in his pro-

gram he'd dated toward the end of their residency. They had gone out for six months, which, at the age of thirty-two, was the longest Frank had ever been with a woman. If he hadn't seen so many patients with romantic lives more desperate than his own, he might have considered himself abnormal. Anne had flown out from Boston a few times when he first got out here; he'd convinced himself that one day he would ask her to marry him.

"Glad to hear you're still out there saving the world," she said, after he made a few comments he regretted now. She knew he'd come out here with the idea that he'd be given the freedom to practice the way he wanted to, which meant more time to talk with his patients. Wanting such a thing seemed almost renegade at this point in his profession, given the dominance of the biological psychiatry they'd been trained in, a regime Anne had never seriously questioned. They'd argued about it plenty, always ending with her calling Frank a romantic clinging to an old myth about the value of talk. But no words of hers could change the fact that Frank had instincts about what it meant to spend time with the people he cared for, and they involved more than picking a drug. He knew his patients sought someone to acknowledge what they were experiencing, and he knew he was good at it, better than most of his colleagues.

At medical school, they all joked about the numbing: from four months spent dissecting the body of a dead man, cutting into his face and eyes, to seven hours clamping open a woman's chest, only to watch her expire on the table—whatever the particulars, it didn't take most people long. And

then in residency, schizophrenics trembling in psychosis, addicts, manics, beaten children. Frank joked too. But he always felt odd doing it, as if it were a show to prove he was adapting like his peers. The fact was he still felt like a sponge, absorbing the pain of the people he listened to. Privately, he considered it the act of a certain kind of faith. Never having been a religious person, empathy had taken up the place in him belief might have in others.

Trying to ignore his headache, he skipped over the internist's report in Mrs. Buckholdt's chart and went straight to the psych note: forty-four-year-old woman with no history of major mental illness in the family; first presented with depression following death of her eldest son, four years ago; two younger children, boy and a girl. When he scanned the margin indicating course of treatment, he saw how shoddily her case had been managed. A brief course of antidepressants, probably never finished, and since then nothing but benzos—sedatives—written as needed. No therapy. George Pitford, the shrink Frank had replaced, wasn't about to drive five hours round-trip for a meds consult, so he'd just kept calling in her refills. A cryptic line he'd scrawled at the bottom of the page read, *Injury may be a factor.*

"My apologies for not greeting you at the door," Mrs. Buckholdt said, entering the living room, hands tucked in her pockets. She was an attractive woman, slender, taller than her husband, in better physical health, though she certainly looked older than forty-four. She wore tailored black pants, a bit faded, a white rayon shirt, a silver necklace. He'd been expecting a disorganized person, some kind of shut-in.

The woman before him seemed almost out of place here, in this house out in the middle of nowhere.

She closed the door to the kitchen, turned a key in the latch to lock it, then crossed the room to join him.

"I'm sorry you had to come all this way," she said. "In this awful heat. Would you like a drink? Water perhaps, or a lemonade?"

"I'm fine for now," he said, "thank you."

She took a seat on the couch and he lowered himself into the leather armchair.

"The reason I'm here is the director thought it would be a good idea for me to check in with you in person. He said you'd had some trouble getting down to the clinic for your last few appointments."

Her gaze rested somewhere over his shoulder. "I take it you're childless," she said.

Frank had patients who asked questions about his life, but they usually didn't come so fast.

"It might be best if we talked about how you've been doing lately. The clonazepam, it's an anti-anxiety drug. Have you been experiencing much anxiety lately?"

She lowered her glance momentarily to look Frank in the eye. She had a handsome, slightly gaunt face, powerful green eyes, a strong, almost male jawline; her black hair was brushed back off her high forehead. Frank didn't often see female patients with such a self-possessed demeanor. The women who came to him at the clinic usually had the blunt affect of beating victims or the long-untreated ill.

"You're here to write a prescription. Am I right?"

Frank was about to respond when Mrs. Buckholdt raised her left arm from her side to tuck a strand of hair behind her ear. As she did so, she lifted her other arm from her pocket to rest on her lap. All four digits were missing from her right hand, the skin grown smooth over the rounded ends of the knuckle bones. Frank couldn't help but stare at the fleshy little knobs. Some kind of farm accident, he guessed, the injury Pitford had mentioned. Catching himself, he focused resolutely on her face. Whatever he'd been planning to say had vanished from his mind.

"Maybe I'll have a glass of water after all," he said.

"Yes, do. Just help yourself. The key's in the door."

"HEY THERE," HE said to the boy in front of the television as he looked in the kitchen cupboard for a glass. Apparently this one wasn't a big talker either. He was slightly older than his sister, twelve perhaps. He stared at Frank with an odd expression, as if he were trying to decide if this man in front of him existed or was merely a passing mirage.

"What are you watching there?"

On the screen, a jackal or wolf fed on the gashed belly of a deer.

"You want some water?"

The boy shook his head.

THOUGH HE FELT odd doing it, Frank turned the key again in the door, locking it behind him as he reentered the living

room. Mrs. Buckholdt hadn't moved from the couch. She sat rigid, her eyes following him as he crossed to his chair.

"I see you first visited the doctor about four years ago. That was just after your son died. The notes here say it was mostly depression you were coping with at that point. Is that right?"

"I wonder, Dr. Briggs. Where is it that you grew up?"

"Mrs. Buckholdt, I think that in the time we have it's important for me to get a handle on your situation so we can try to help you."

"Of course. I apologize. I just like having a sense of who I'm talking with. You're from the East I take it."

"Massachusetts."

"Whereabouts?"

"Outside Boston."

"I take it you grew up in a rich town."

"Mrs. Buckholdt—"

"I won't go on forever," she said. "But tell me, it's a rich town, isn't it? Tidy lawns. A country club. Kids going to college. Am I right?"

"A relatively affluent suburb, yes," he said, taken in by the gravity of her tone, chiding himself at once for being drawn out on a personal matter.

"Now, is the depression something you're still having an active problem with?" he asked firmly.

Her eyes wandered again over his shoulder, the same look of recollection he'd seen on her husband's face appearing now in hers. He realized she must be looking at the picture on the wall behind him. He turned to get a glimpse. It

was a print of a late medieval painting, the image of a bustling town square during some kind of revel, all manner of people—vulgar, refined, youthful, decrepit—praying, eating, wandering through the square, the scene painted in browns and reds.

"It's a Brueghel," she said.

"Right," Frank replied, recognizing the name vaguely.

"*The Fight Between Carnival and Lent*, fifteen fifty-nine," she said. She examined Frank's expression, as if for signs of incredulity. "It may surprise you that I studied at one of your Eastern universities for a few years. My father liked to think of himself as a progressive man. Very liberal, always took his daughters seriously. He found pleasure in the fact I took up a thing as impractical as art history; used to drop it in conversation with friends at the Rotary and then chuckle in his way at their bemusement. He died while I was out there, just after I'd started my final year."

With her one good hand, she picked up a box of cigarettes, removed one, and lit it. Almost demurely, she blew the smoke down toward the floor.

"My mother wasn't so liberal. Spending all that money to look at pictures, for a girl, no less—what a waste, hey? So I came home—three years, no degree." She drew slowly on her cigarette. Her thoughts seemed to wander.

Though the shades were half pulled, the air in the front room was stifling. Frank could feel the back of his shirt dampening against the leather of the chair.

"I'm just wondering if maybe you could tell me a little about your symptoms."

"My symptoms?" she said, leaning forward. "Yes, I can tell you about my symptoms. Some mornings I wake up shaking, and I'm afraid to get out of my bed. If I take some of the pills I can manage to get up and make my children breakfast. Some mornings the fear's bad and I have to grit my teeth to get through it."

She rubbed her half-smoked cigarette out into the tarnished silver ashtray on the coffee table.

"And I'm afraid of my son."

"Why is that?"

Her already rigid body tightened a notch further. "Like I said, if I take the pills, it's fine."

Noticing her strained expression, Frank decided to back off. "You were saying you'd been to college. That's unusual for most of the women I see."

Mrs. Buckholdt leaned back in the couch and gave a small frown of acknowledgment, as if to say, yes, it was a pity more couldn't go. As she relaxed, a remnant of what must have once been coquettishness surfaced in her face, and Frank glimpsed how she must have looked to the other high school kids, the ones who'd never dreamt of leaving.

"My parents were good Lutherans. We'd always gone to this big, very plain barn of a church over in Long Pine, white-wash walls, a simple cross. My mother—when she came to visit me at college—those Gothic stone halls we lived in, she didn't like them, found them suspicious. There was something Catholic about gargoyles on the head of a drain; she didn't like the smell of it. She'd been happy with my father

out here, couldn't imagine why a person would want to leave."

She gazed past Frank, through the window that looked out over the side yard.

"I'd always pictured heaven as a rather ordinary place, where you met the dead and people were more or less comfortable. I think I imagined the whole world that way, as an ordinary place. But those paintings . . . they were so beautiful. I'd never seen anything so perfect in my life. Do you know Géricault? Do you know his pictures of Arcadia, those huge, lush landscapes of his?"

Frank shook his head.

"You should see them someday. They're beautiful things to see." She spoke in a slow, reflective manner.

"You came home, then," he asked, "when you left college?"

"Yes, to my parents' house." She smiled. "Jack was just starting as an officer down at the bank. He'd spent a year at the state university, read a good deal. He didn't want to stay here forever. Kept telling me that, because he knew it had been hard for me—coming back. He'd drive me out to the lake in his convertible. And he'd talk about a house in a town out in California. Always California. An orange tree in the backyard, how you could drive with the roof down all year round, a porch with a view of the ocean. I kept thinking of being close to a museum. I could enroll in classes again; it wouldn't have taken many to finish. And near a city, I might do research. Jack—he'd nod at that. I was a college girl, you

see, a catch." She chuckled. "Twenty-five years ago, that ghost you saw out there—he was a handsome boy." Her eyes came to rest on the floor by her feet. "Are you married, Dr. Briggs?"

There was a familiarity, almost a caring, to the way she asked the question, as though she were inquiring not for her own information but to give him the chance to tell her.

"No," he said. "I'm not."

"Is it something you hope to do?"

He imagined his professors judging him unprofessional for answering these questions. "Yes," he said, "I'd like to."

She nodded but made no reply.

"You married soon after you returned?" he asked.

"That's right. Jason, my first son, he came early on. Of course, it made sense to save money for a while. Get a house here, just for a year or two, before the big move. I imagine you went to a Montessori, didn't you? Or a country day school—maps on the walls." She smiled at Frank, a wan, generous smile. "He was so bright, Doctor, from the very beginning. I *wanted* him to have all that. I really did.

"I'd kept my books from college, and there were the ones Jack had, and some I bought. So while the school taught him George Washington every year, I read to him. I wasn't a fanatic, I didn't throw the television out, we didn't ground him. I read him books after supper and when he got older he read them himself. And I showed him things. I played him records, drove him to Chicago once, took him to the museum. He liked the paintings all right, but you should have seen the look on his face when he saw the height of those buildings

and all the people in the streets—delighted, that's what he was, delighted. I couldn't stand the idea of him hanging around here, waiting for some dead-end job. Of course that made me a snob, wanting more for him. Those teachers down at the high school, they didn't like me. Too much trouble.

"Round about when he was fourteen, this place, it started doing its work on him somehow. I could see it happening. The little tough guy stance, afraid of anything that wouldn't make him popular. His father had started drinking by then. Everything was going to hell around here, prices dropping through the floor, all these farms that couldn't make a dime. Jack spent his days taking people's homes and property their families had owned for decades. So it didn't worry me at first, I figured the man deserved a drink or two when he came home. That was before the bank went under. And as for symptoms, yes, to tell you the truth, I was depressed. I was. Things hadn't gone like we'd planned. I kept thinking about the girls I'd roomed with, visiting Europe, standing in front of those pictures. I shouldn't have done that—let myself look back that way. It's the sort of thing kids notice, the way you're not really there in the room with them."

She paused. It appeared to Frank as though she were deciding whether or not to go on. Their eyes met briefly, but he said nothing.

"There was a kid," she said, eventually. "Jimmy Green. His parents had lost their house; the family was living with relatives out on Valentine. He and Jason started spending their time together. He rode an old motorcycle and they'd be out in that barn with it for hours, doing I don't know what,

fixing it, I guess. Since he was eight, I'd driven Jason over to Tilden for violin lessons. He'd gotten some grief for it at school, kids calling him names. He'd cried about it some when he was younger, but he loved that music. Used to sit in that wicker chair right over there by the door, his little legs bouncing, twenty minutes before we even got in the car, his eyes begging me to hurry. You know he stood in this room one evening after practice and played five minutes of Mozart for his younger brother and sister? *Mozart*. Can you believe that? In *this* living room." She shook her head, amazed.

"About a year after he started hanging around the Green boy, I was sitting in the drive waiting for him to come out—he'd spent all day in that barn, we were late. Before he left the porch, he took his instrument out of the case."

Her jaw tightened, her lips barely moving.

"We'd bought the violin together. Years ago, on a trip to Saint Louis. His father had given him the money and he'd stood on his toes to hand it to the salesman. That day I was waiting in the car to take him to his lesson, he walked up and smashed his violin on the hood. Said he was tired, didn't feel like going that afternoon. That's what he said: tired. Just like that. Walked back into the barn."

In her voice, there was only the blankness of reporting. Not a trace of sorrow.

"You're a doctor in these parts," she said. "You must know all about methamphetamine."

Frank nodded. He'd seen some of it in the clinic, and heard more. It had become the drug of choice for kids out here, cheaper than coke and without the hippie connotations

of pot. In the end, it wasn't the drug itself that got people but the lack of sleep it caused. After three or four days of no rest the body collapsed or slipped into psychosis.

"I told his father he had to do something, had to go to the Greens, or down to the school, find out who they were getting it from. But Jack—he didn't have it in him. The bank had been shut three years, he was scared of everything by then."

"I suppose I should have put Jason in the car and driven him out of here, gone with him somewhere. I didn't, though. I just took it from him whenever I could. I searched his room every day for those little envelopes of crystals. I checked the pockets of his trousers, begged him to stop. You know, once I even told him I'd buy him marijuana instead. His own mother. When the police finally caught the two of them buying it in the parking lot down by the market, I was glad. I thought it would shake him up. He spent three months up at Atkinson, at the juvenile center." She caught Frank's look. "You think that was a mistake."

"It's a rough place, but it was out of your hands."

"Well, you're right. It didn't help. He was worse when he got back, angrier, more confused. And he still did it. I don't think he even stopped while he was in there—how that can be, how they can run a jail where children can get drugs, I just don't know how that can be . . . and of course he was so young, just sixteen, boys at that age—" She broke off. "All those hormones in him . . . I suppose the drug—" She stopped again, covering her mouth with her hand.

"I was here, in the living room. It was a Sunday. Jack had taken the kids over to visit his sister. Jason had been so erratic

those last few days, we were trying to keep the younger ones away from him. He'd been out till dawn that morning and the morning before and then up there in his room all day, but not sleeping, I could tell he wasn't sleeping. I was waiting for him to come down to eat something. I kept thinking, just one more conversation, we'd talk and somehow. . .

"I was right here on the couch. I heard his door open, and then I heard him crying. It was like years ago when he was a boy and he'd had an upset at school and I'd sit with him out there on the porch with his head in my lap as the sun went down and I'd tell him how one day we'd take a trip on a boat all the way across the Atlantic and he'd see Athens and Rome and all the places where the stories I'd read him took place, and he'd fall asleep listening to me. When I heard him cry that day I thought maybe it was all over—that he had come back to me somehow. He hadn't cried in so long. I went up the stairs.

"My son. He was naked. He'd been rubbing himself. For hours, it must have been. He'd rubbed himself raw. He was bleeding down there. And he was crying, his tears catching in the little beard that had started growing on his cheeks, the soft little brown hairs he hadn't learned to shave yet. When I got to the top of the stairs he looked at me like I'd severed a rope he'd been clinging to for dear life, just like that, like I'd sent him down somewhere to die. What could I do?

"I got a towel. From the bathroom. A white towel. I got gauze and ointment, and I sat him down on his bed and I cleaned him and put Band-Aids on him and I tried not to weep."

Mrs. Buckholdt sat on the edge of the sofa, shoulders

hunched forward. Her words had drained her, her face gone pale now. She stared blankly at the floor.

"I was his mother," she said quietly, almost listlessly. "What was I supposed to do?"

For a moment, there was silence in the room.

"The kitchen," she said. "I was in the kitchen. Later. Making him soup. He'd always liked soup. Maybe he'd taken the drug again. I don't know. I felt him behind me. Suddenly he grabbed my wrist, forced it down onto the cutting board, and he chopped my fingers off, the fingers I'd touched him with, chopped them off with a meat cleaver. Then he walked out naked into the backyard."

THE TWO OF them sat there together a long time, the sun hanging low on the rim of the western sky, casting its giant columns of light down over the land, level over the yard, level through the unshaded panes of the windows, pouring over Mrs. Buckholdt's back, casting shadow over the coffee table and the tarnished ashtray and the rounded, dark center of the densely patterned wool carpet.

In the time she had spoken, it seemed to Frank as if Mrs. Buckholdt's body had sunk down into itself, leaving her smaller and more frail, her earlier, imposing demeanor exhausted. He experienced a familiar comfort being in the presence of another person's unknowable pain. More than any landscape, this place felt like home.

"How did your son die?" he asked.

"The two of them, he and Jimmy, they'd borrowed some

friend's truck. It was only a few days later—he never had come back to the house. They were out on the interstate, headed west. They crashed into the wall of an overpass. Jimmy made it with some burns. He still lives out there on Valentine. I see him now and again.”

By dint of habit, the trained portion of Frank's mind composed a note for Mrs. Buckholdt's chart: Patient actively relives a traumatic event with intrusive recall; there are depressive features, hypervigilance, and generalized anxiety. Diagnosis: posttraumatic stress disorder. Treatment: a course of sertraline, one hundred milligrams daily, recommendation for psychotherapy, eventual titration off clonazepam.

He wondered how his colleagues felt when they said these words to themselves or wrote them on a piece of paper. Did the power to describe the people they listened to save them from what they heard? Did it absolve them of their duty to care?

As the silence between them stretched out, Frank remembered the first patient he'd seen as a resident, a woman whose husband had died in a plane crash. Each hour they spent together she filled with news of her two children, her son's play at school, a job her daughter had taken at a hotel, right down to what they had chosen to wear that morning, and she said it all gazing out the window, as though she were describing events in the history of a foreign country.

He could remember lying in bed on the nights after he'd seen her, alone in his apartment, her plight weighing on him like a congregant's soul on the spirit of a minister or a

character's fate on the mind and body of a writer. Often, lying there, he would remember an earlier night, lying in his bed as a child, soon after his family had moved to a new town. Their house was still full of boxes, and their parents had been arguing. From the other bedroom, he heard his older brother talking to their mother in a scared tone: he hated his new school, the unfamiliar kids, the way they pushed him around, and he wanted so very badly not to go back in the morning. The fear in his voice troubled the air like an alarm. Their mother's voice was lower, her reassurances muffled by the distance of the hall. Frank had wept himself to sleep, pained to tears that he could do nothing to prevent his brother's suffering.

He thought now how it had always been for him, ever since he was a boy sitting on the edge of a chair in the living room listening to his parents' friends—a divorced woman whose hands shook slightly in her lap as she told him with great excitement about the vacation she was to take, or the man whose son Frank saw teased relentlessly at school, talking of how happy his boy was—the unsaid visible in their gestures, filling the air around them, pressing on Frank. And later in college, at a party, drink in hand, standing by a bookcase, chatting with a slightly heavy girl hanging back from the crowd, tracked into every shift of her eyes, every tense little smile, as if the nerves in her body were the nerves in his, her every attempt to disguise her awkwardness raising its pitch in him.

Sitting in front of this oddly compelling woman, he real-

ized more clearly than ever before this was why he'd become a doctor: to organize his involuntary proximity to human pain. He could use his excuse of debt to leave his position at the clinic; he could even leave his profession, move away, anywhere, but still there would be this opening in him.

Mrs. Buckholdt rose from the couch and stood by the window. As she raised the shade, more of the waning sun flooded the room. Her shoulders tensed at the sound of a knock on the other side of the kitchen door. Frank watched her take a breath.

"What is it, darling?" she called out.

"Can I come in?" a quiet voice asked.

She crossed to unlock the door. The boy edged his way into the room. Biting her lower lip, holding herself rigid, Mrs. Buckholdt managed to run her hand through her son's hair.

"What is it, dear?"

"When are we leaving?"

"In a few minutes," she said. "Go ahead and get ready."

The boy stared for a moment at Frank, his expression as mysterious as before. He turned back into the kitchen and they listened to his steps as he climbed the back stairs.

"Mrs. Buckholdt," Frank began, knowing that by saying what he was about to say he was committing himself to remaining here, to finding some way to scrape by. People like this woman needed him, needed a person to listen. "In situations like yours, it can help a great deal if you have someone to talk with. I couldn't see you every week, but I could do it once a month, and if you were able perhaps to get down to

my office, we might meet once every two weeks. We could sign you up for free care. The drugs can only do so much."

She had remained standing by the door, her arms crossed over her chest. "That's generous of you," she said, taking a step into the center of the room.

After a moment's pause, she looked again at the picture on the wall. "That print there," she said, "it was his favorite. He picked it out at the museum in Chicago. He loved all the different characters, the bits of activity."

Frank turned to look. In the left foreground, a tavern overflowed with townspeople, drinkers spilling into the street, following in the wake of a large-bellied mandolin player wearing a floppy hat. In front of him, the obese leader of the carnival sat, as if on horseback, astride a massive wine barrel pushed forward by the revelers, his lance a spit of meat. Opposite him and his train, somberly dressed people stood praying in some rough formation behind a gaunt, pale man propped up in a chair—Lent holding out before him a baker's pole. He faced the leader of the carnival band, the two posed in mock battle. Behind these contending forces, the square bustled. Fishwives gutting their fish on a wooden block, boys playing at a stick and tethered ball, dancers dancing, merchants selling, children peering from windows; a woman on a ladder scrubbing the walls of a house. There were cripples missing limbs, almsmen begging by the well. A man and woman made love. Another couple, dressed in Puritan costume, their backs to the viewer, were led by a fool through the middle of it all.

"Certainly no Arcadia," she said. "Nothing lush about it, not the kind of painting I fell in love with. I've looked at it a lot since he's been gone. My professors taught me Brueghel was a moralizer, his paintings full of parables. But that's not what I see anymore. I just see how *much* there is, how much life."

She looked at Frank. "The woman over in Tilden, she teaches Michael the violin now, and she won't let me pay her. He's not as good as his brother was, but he's good."

She bowed her head. "You seem like a kind man, and you're kind to offer what you did. But I don't want you to come back here. And I don't want to come to your office. A few days a week I use those pills to get by, but there are days when I manage without them. Those are the better days. When I don't look back, when I'm not afraid—better for my kids too. If you feel like you can't write me a prescription, I understand. I'll survive without it."

The boy could be heard at the top of the front stairs. Frank rose from his chair and took a step toward Mrs. Buckholdt. She turned to watch her son enter the room, carrying his violin case. Quietly, he took a seat in the wicker chair by the door.

"Go and get your father," she said. "Tell him it's time to leave." He ran along the hall, into the kitchen, and out the back door.

Frank's stomach tightened, the panic beginning before his mind could form the thought: he didn't want to lose her, he didn't want the telling to end.

Mrs. Buckholdt took her handbag from the front table.

"It really is recommended in almost all cases such as this that a patient undergo some kind of therapy, and given the extremity—"

"Dr. Briggs," she interrupted, opening the front door to the view out over the yard and beyond to the empty road, "didn't you hear what I said?"

From:

A Complex Sorrow

Reflections on cancer and an abbreviated life

Marianne A. Paget

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THREE

The work of talk

EDITOR'S NOTE: In the previous chapter, Paget reports on the performance based on Emilie Beck's adaptation of her research article (Paget 1983a) and discusses her desire to write her own script, adapting the same analysis somewhat differently. Her script appears in this chapter.

One of the ironies of performance in the social sciences is that it can enter our official discourses—our books and journals—only through its written traces. A script on the page can give only a suggestion of the immediacy and embodiedness of performance—the very features that make it distinctive in our professional world. Paget's script is not easy to read, since it imports onto the stage the technical and analytic language of a particular mode of discourse analysis. In addition, the script presents conversation between the physician and patient in a form close to actual talk, including false starts, hesitations, and interruptions. Paget made some concessions to ease of delivery and understanding, particularly in translating from the microscopically detailed transcription of speech in her article into language somewhat easier to read. However, she was committed to preserving the attention to speech and the analytic language that she considered central to her project in human science.

As presented here, the script can be read in several different ways. It can be read for the content of the analysis, though for this purpose it is no doubt easier to read the research article that was its source. It can also be read for Paget's deepened interpretation of this medical encounter. In the creation of characters, the assignment of dialogue, and the addition of stage directions, she made decisions intended to communicate understandings of this encounter beyond those that can be easily expressed in written text alone. Most important, in my view, is the fact that the script can be performed. It can be read aloud, individually or in groups, and it can be staged—and these are the ways it will achieve fullest expression.

Cast

1st Narrator	1st Physician	1st Patient	Death
2nd Narrator	2nd Physician	2nd Patient	

- 1st Nar: They met three times in the early months of 1972 in a large, university-affiliated clinic to discuss her medical problems. Each of their encounters was ambiguous and unresolved. Each encounter exuded misunderstandings.
- 2nd Nar: Their talk was awry with disagreements, odd semantic constructions, radical breaks and shifts in discourse topics, and allusions to an operation that were not clarified.
- 1st Nar: The central tension of their talk was his assessment:
- 1st Phy: that her basic health was good and that the problem was her "nerves."
- 1st Pat: But throughout their meetings, she reported a number of minor and serious symptoms that challenged his assessment.
- 1st Nar: The stretch of talk that follows and others from the same series of interviews will be used to examine the speaking practices of physicians, particularly their practices of questioning patients.
- 2nd Nar: A diagnosis is not just an abstract thing connected with a nomenclature and a theory of disease entities, although it is that, too.
- 2nd Phy: It is not just a term on a medical chart or a record,

- 2nd Pat: although an infinite number can be found there.
- 2nd Nar: A diagnosis is a feature of the organization of talk, and its production is continuously realized in that talk.
- 1st Nar: This analysis will focus on questioning practices because these practices often construct the meaning of a patient's illness.
- 1st Phy: I want you to sit straight. No, sit facing me.
(*Silence*)
Do you wear a hat by preference or are you having anything wrong with your scalp?
- 1st Pat: Oh, I'm, I'm . . . I wear it because it's cold but I, uh, I, I . . . my scalp is a little bit . . . my scalp is getting all abrasions on it for some crazy reason or other.
- 1st Phy: Well, let me just have a look. Take it off just for a second.
- 1st Pat: Look at that . . . look at this, this . . . I can't even . . . I can't even bleach my hair. I don't know . . . I don't know if they're still there but last week it was all red. It was—
- 1st Phy: No, it looks pretty clean.
- 1st Pat: Yeah, that's what my barber just—
- 1st Phy: There's a little bit of dandruff there but that's about all.
- 1st Pat: Yeah.
- 1st Phy: All right, put your hat down.
- 1st Pat: My husband thinks—
- 1st Phy: You'll be more comfortable without it.

- 1st Nar: In this excerpt, which opens the first of three encounters, this physician introduces a topic with a compound question.
- 2nd Nar: "Do you wear a hat by preference or are you having anything wrong with your scalp?"
- 2nd Pat: He has apparently observed that this patient,
- 1st Pat: a woman in her mid-forties,
- 2nd Pat: is wearing both a frock, in preparation for an exam, and a hat.
- 1st Nar: The topic,
- 1st Pat: her hat and scalp,
- 1st Nar: is explored through a series of turns at talk in which each participant responds to the other's utterances.
- 2nd Pat: She answers both his initial questions.
- 1st Nar: "I'm, I'm . . . I wear it because it's cold"
- 1st Pat: is her response to his first question, and
- 2nd Nar: "But I, uh, I, I . . . my scalp is a little bit . . . my scalp is getting all abrasions on it for some crazy reason or other"
- 1st Phy: is her response to his second question.
- 2nd Phy: Her response is complex because it projects an act.
- 2nd Nar: Implicitly, it requests that he examine her scalp,
- 1st Phy: and it is heard that way.
- 2nd Pat: The physician responds. He both says,
- 1st Nar: "Well, let me just have a look"
- 1st Phy: and looks.
- 2nd Phy: His looking is captured in their talk's silence of almost two seconds,

- 2nd Pat: in his assessment, "No, it looks pretty clean,"
- 1st Pat: with which she agrees,
- 2nd Pat: and in his related observation that "There's a little bit of dandruff there,"
- 1st Pat: with which she also agrees.
- 2nd Nar: This discourse topic comes to its close with his request that she put her hat down and with his connected politeness,
- 2nd Phy: "You'll be more comfortable without it."
- Death: His next request introduces a new topic. "Now let me see your throat."
(Pause)
- 1st Nar: The excerpt is a microparadigm of the pattern of their talk, for he continuously directs their talk.
- 2nd Nar: Through questions and other "requests" for action,
- 2nd Pat: and sometimes through commands,
- 2nd Nar: he introduces, develops, and dissolves discourse topics.
- 2nd Phy: Questions are, in fact, "requests" for action. They are used to carry on interactional activities, such as
- 2nd Nar: clarifying,
- 1st Nar: assessing,
- 2nd Nar: complaining,
- 1st Nar: and explaining.
- 2nd Nar: Abrupt breaks or shifts often appear in their discourse, and the physician, too, initiates these shifts and breaks.
- 1st Pat: She helps develop their talk by responding to his questions and his other "requests" and,

- 2nd Pat: sometimes; by suggesting and expressing her own concerns.
- 1st Pat: But often he ignores her concerns,
- 2nd Nar: which also contributes to the developing discontinuities in the movement of their talk.
- Death: The exchange continues:
- 1st Phy: Now let me see your throat.
(*Silence*)
Uh, have the teeth been removed that were in question?
- 1st Pat: No. My mouth is driving me crazy. In fact when I sleep with my head over here or my head inclined on the side m-my whole mouth hurts.
- 1st Phy: Well, I would hate to have
- 1st Pat: Ohhh
- 1st Phy: them remove any more teeth without being sure that they
- 1st Pat: Ahhh
- 1st Phy: were the cause of something.
- 1st Pat: Oh, I know it but what am I gonna do?
- 1st Phy: Well, let's look straight . . .
(*Silence*)
- 1st Pat: His utterance,
- 2nd Phy: "Well, I would hate to have them remove any more teeth without being sure that they were the cause of something"
- 1st Nar: is representative of the abrupt shifts that occur in their talk.
- 1st Pat: His utterance does not develop her reply,
- 2nd Pat: "My mouth is driving me crazy."
- 1st Pat: He does not ask how long her mouth

- has been bothering her, how often it happens, or when she last saw a dentist.
- 2nd Phy: Instead, he shifts ground.
- 2nd Nar: The utterance contains an unmarked pronoun
- 1st Nar: "them"
- 2nd Nar: which has no previous referent in their talk, and suggests that
- 1st Nar: "them"
- 2nd Nar: may have removed teeth unnecessarily.
- 1st Nar: A discourse analyst must continuously confront ambiguities that arise in the highly contextual features of talk and its unfolding ellipses.
- 2nd Pat: In the previous exchange
- 2nd Phy: "them"
- 1st Phy: is a reference to unknown dentists who removed some of her teeth, which this physician noticed while examining her mouth.
- 1st Pat:
- 2nd Pat: His insinuation that some of her teeth may have been removed unnecessarily is the first of several insinuations about her past care.
- 1st Nar: His use of unmarked pronouns will recur.
- 1st Pat: She hears the suggested uncertainty about the appropriateness of removing some of her teeth and responds
- 2nd Pat: "Oh, I know it but what am I gonna do?"
- 1st Phy: He replies with a command
- Death: "Well, let's look straight."

- 2nd Phy: The physician's failure to respond to her question again shows the discontinuities of their talk.
- 2nd Pat: And his impoliteness captures a pattern of dominance.
- 1st Phy: His
- 2nd Pat: and subordination
- 1st Pat: Hers
- 2nd Pat: as it is being constituted in their conversation.
- 1st Nar: Throughout their exchanges, however unconnected his utterances are with what has gone before, they will be supported.
- 2nd Nar: Even when appearing with unmarked references like "them," they will be developed. She will reply.
- 2nd Pat: Very often, however, her inquiries will go unsupported and unclarified.
- 1st Nar: Politeness forms like
- 1st Phy. & 1st Pat: "okay," "yeah,"
- 1st Nar: and
- 1st Phy. & 1st Pat: "thanks"
- 2nd Pat: occasionally follow responses to questions or other requests.
- 2nd Nar: They acknowledge a response.
- 2nd Pat: But politeness forms are frequently deleted from discourse.
- 1st Pat: They are almost entirely absent from the speaking practices of this physician in these encounters.
- 2nd Phy: Questioning patients is the most common method of acquiring information about illness.
- 2nd Nar: Questions create a pool of usable knowledge in responding to illness.

- 1st Nar: In an analysis of the talk of British general practitioners and their patients,
- 2nd Nar: Byrne and Long report that patient care takes place as a series of discourse exchanges that last on the average of eight minutes.
- 2nd Phy: They reviewed twenty-five hundred tapes.
- 2nd Nar: In eight minutes, physicians attempted to establish rapport,
- 2nd Pat: discover the reason for a patient's visit,
- 2nd Phy: verbally and physically examine the patient,
- 2nd Nar: discuss the patient's condition,
- 2nd Phy: establish a treatment plan,
- 1st Nar: and terminate the exchange.
- 2nd Nar: Questioning practices will be the focus of detailed attention here because of a discovered problem in the talk of this physician and patient.
- 1st Nar: This woman is a postoperative
- All: (*whispered*) cancer
- 1st Nar: patient,
- 1st Pat: concerned about the spread of her cancer and about her survival.
- 1st Nar: Yet across their three encounters, her condition as a
- All: (*whispered*) cancer
- 1st Pat: patient and her fear that her cancer would metastasize were never introduced as discourse topics.
- 1st Nar: Her condition became apparent in the course of a close analysis of their talk, including increasingly detailed transcriptions of their encounters.
- 2nd Phy: Oblique references to her recent sur-

- gery appeared in their first exchange:
 1st Phy: "scar"
 1st Pat: "tumor"
 1st Phy: "surgery"
 1st Pat: and "remaining kidney."
 1st Phy: The physician assessed her many symptoms and complaints,
 1st Pat: her anxieties about what was happening to her body,
 Death: and her fear of her death.
 1st Phy: as signs of a neurotic depression.
 1st Pat: He continually assured her that her basic health was good and that the problem was her nerves.
 2nd Pat: Instead of discussing her concerns about
 All: (*whispered*) cancer
 2nd Pat: they talked about a virus,
 1st Phy: persistent pain in her mouth,
 1st Pat: her teeth and gums,
 2nd Nar: her nerves,
 1st Nar: her visits to other physicians and to dentists,
 1st Phy: medical procedures she has undergone in the past
 2nd Pat: or may undergo,
 1st Pat: medications that she is taking
 2nd Pat: or might take,
 1st Phy: plans for new tests,
 2nd Phy: additional visits,
 2nd Nar: her weight,
 2nd Phy: consultations with other physicians for a cyst on her face,
 2nd Pat: and eyeglasses.
 2nd Phy: Medical audiences are able to hear the

- talk's oblique references to surgery as a "conversation" about a cancer operation. Especially important in confirming this impression are references to procedures that were undertaken three months earlier by another clinic where her surgery was performed,
 1st Phy: among the procedures, an angiogram.
 1st Nar: References to these procedures appear on the third tape.
 2nd Nar: The existence of cancer was independently corroborated through questionnaires that were collected in the course of the original study and made available.
 1st Nar: Because this woman's condition as a
 All: (*whispered*) cancer
 1st Nar: patient was never discussed,
 1st Pat: her essential concern about its recurrence could not be addressed.
 1st Nar: More fundamentally, her continued symptoms, persistent reports of pain, anxieties about her health and health care could not be referred or, at least as the discourse developed, were not referred to her experience of
 All: (*whispered*) cancer.
 2nd Phy: Both the referents to her
 All: (*whispered*) cancer
 2nd Phy: and the implications of the experience were lost in the discourse.
 1st Pat: Instead, her symptoms were referred to her nerves.
 2nd Pat: She was reassured that her basic health was good.

- 1st Nar: For example, the physician said,
 2nd Phy: "I'm sure that your basic health is good,"
 1st Nar: and
 2nd Pat: "Well, you're eventually gonna have to be convinced of it or you won't be well."
 Death: "You got to feel it deep down in so that your . . . you have a chance to recover completely."
 1st Nar: Their exchanges became marked by her struggle to resist his diagnostic assessment that the problem was her nerves
 1st Pat: and by her effort to clarify the meaning of her symptoms.
 1st Nar: Because her condition as a
 All: (*whispered*) cancer
 1st Nar: patient was never addressed,
 2nd Phy: we will explore its exclusion by following allusions and oblique references to it in their first encounter.
 1st Phy: Each knew that she had
 All: (*whispered*) cancer,
 1st Pat: and each knew that the other knew,
 1st Phy: and each also knew that these oblique references
 1st Phy. & 1st Pat: recurred without achieving expression.
 1st Nar: Attention will be given to how discourse topics are established and developed because, although this topic was not developed, many, many others were.
 2nd Phy: Excerpts from the early phase of the first encounter will be used
 1st Phy: because it is in the early phase, the

- physical examination phase, that the physician begins to formulate his diagnosis
 1st Pat: that the problem is nerves.
 1st Nar: An excerpt that stands as their first major exchange on the problem of her nerves will be presented.
 2nd Nar: Preliminary exchanges, along the way of that assessment, will also be presented.
 1st Nar: Then a second assessment of her health will be displayed.
 2nd Phy: The unspoken topic,
 All: (*whispered*) cancer,
 1st Nar: hovers on the verge of expression in the questions she asks.
 2nd Pat: Discontinuities in the discourse are noted throughout.
 2nd Phy: These discontinuities continuously capture asymmetries in questioning and answering practices that shaped the meaning of her illness.
 1st Pat: I'm one person . . . have so darned many *complaints* and not being anything . . . I mean, you know (*softly*) in the past few months . . .
 1st Phy: Hold it.
 (*Silence*)
 There has to be some explanation but it doesn't . . .
 (*Silence*)
 it doesn't have to *be a disease* in order to organize . . .
 1st Pat: Oh, I'm not looking for a *dire* disease, you know (*softly*) or anything like that. I'm not looking for anything.

(Silence)

- 1st Nar: In this exchange, he interrupts her, a characteristic discourtesy that will recur.
- 1st Phy: "Hold it,"
- 1st Pat: he commands.
- 1st Nar: The examination is captured in a silence, and he begins to speak while examining her:
- 2nd Phy: "There has to be some explanation but it doesn't . . ."
- 1st Nar: Again, the exam is captured in a silence, then
- 2nd Phy: "it doesn't have to be a disease . . ."
- 1st Nar: This is his first suggestion that a disease may not be the cause of her pains.
- 2nd Nar: It is a kind of initial offering and it will be followed by others.
- 1st Nar: It comes as an expansion of a developing discourse topic,
- 1st Pat: her many complaints,
- 1st Phy: and their not being anything.
- 2nd Phy: The physician's speech carries an emphasis on "be" and "disease," and emphasis is important in hearing.
- 1st Nar: It invokes special notice in the melody of talk.
- 2nd Phy: Such emphasis, here the elongation of sound, can be translated as "hear what I am saying under this accent, it doesn't have to be a disease."
- 2nd Pat: Several of her own utterances carry accents:
- 1st Pat: "complaints" and "dire."
- 2nd Pat: She hears his emphasis and interrupts to say that she is not looking for a "dire disease."

- 1st Nar: Her speech continues very softly, "or anything like that."
- 2nd Pat: Her interruption signals her sensitivity to the idea of disease.
- 2nd Nar: It does not expand on the other part of his offering, that pain may not be caused by a disease.
- 1st Nar: Soon she will ask about the pain in the area of her scar.
- 1st Pat: (Softly) Oh, that hurt.
- 1st Phy: Where? Oh, that's in the scar.
- 1st Pat: Right in here.
- 1st Phy: Yeah.
- 1st Pat: Oh, is that in the scar?
- 1st Phy: That is the scar.
- 1st Pat: I . . . it is?
- 1st Phy: No that—
- 1st Pat: Is it, is that . . . I had . . . is that supposed to hurt like that from a—
- 1st Phy: It . . . occasionally it does for quite a while.
- 1st Pat: Ohhh.
- 1st Phy: That does not represent anything wrong. That's because when they make a scar as big as that it has to cut nerves.
- 1st Pat: Oh, it . . . but it didn't hurt me until this week.
- 1st Phy: Well,
- 1st Pat: Ahuh.
- 1st Phy: Let's see.
- 1st Pat: Ohhh.
- 1st Phy: Now breathe.
- (Silence)
- 2nd Phy: This exchange refers to pain that is located in the course of his examination of her back.
- Death: "Oh, that hurt." "Where? Oh, that's

- in the scar." "Oh, is that in the scar?"
 "That is the scar." "Is it, is that . . . I
 had . . . is that supposed to hurt like
 that from a—"
- 1st Nar: Her question is interrupted in its
 course, and its last component is lost.
- 2nd Pat: The physician assures her that occa-
 sionally such pain continues for "quite
 a while,"
- Death: an ellipsis of "quite a while after an
 operation."
- 2nd Pat: "That"
- 1st Nar: he continues
- 2nd Pat: "does not represent anything wrong."
- 2nd Nar: "Oh, it . . ."
- 1st Nar: she continues
- 2nd Nar: "but it didn't hurt me until this week."
- 1st Nar: "But" signals a disagreement with
 his assessment that "that does not
 represent anything wrong," and that
 disagreement is developed in her state-
 ment
- 2nd Pat: "it didn't hurt me until this week."
- 1st Phy: His response, "Well," is a token of his
 recognition that she has disagreed.
- 1st Pat: And her response "Ahuh," reaffirms
 her position against his reservations.
- 1st Nar: These are small, delicate signs of a con-
 tinuously developing conflict about
 what is wrong with her.
- 2nd Nar: He says,
- 2nd Phy: "Let's see" and dissolves the topic in
 the exam.
- 1st Phy: How good is your wind? Can you carry
 bundles and walk up a hill without
 being short of breath or do you—

- 1st Pat: No, I can't even climb up a flight of
 stairs without getting completely ex-
 hausted.
- 1st Phy: Now do you have any pain under this
 (pause) kidney?
- 1st Pat: (Sniff) Ahhh
- 1st Phy: There.
- 1st Pat: Not when you touch it but I've been
 having pain
 (whistling)
- 1st Phy: pain in that area.
- 1st Pat: Fine. You do have pain in this area.
 Well, that's too soon, you see,
- 1st Pat: Oh yeah. Oh, that hurts. Right there.
- 1st Phy: that's too soon to tell anything about
 that.
- 1st Pat: (Loud exhalation) Hhhh.
 (Silence)
- How about in here?
- 1st Phy: Tch, no, wait a sec. We're gonna do
 that later.
- 1st Pat: Oh. Okay. Hhh.
- 2nd Pat: This excerpt also occurs while he is
 examining her back.
- 2nd Phy: It begins with two questions and
 introduces a new discourse topic, her
 breathing.
- 2nd Pat: She answers his questions.
- 2nd Phy: But her response is not acknowledged.
- 2nd Nar: Acknowledgment has two forms. A
 response may be acknowledged either
 explicitly with a token like "oh" or
 "yeah" or implicitly by developing the
 content of what has just been said.
- 1st Nar: For example, "How often do you ex-
 perience exhaustion?" would consti-

- tute an implicit acknowledgment.
- 2nd Nar: Here, neither one form nor the other occurs.
- 1st Nar: Instead of developing her reply
- Death: that she can't climb a flight of stairs without becoming exhausted
- 1st Nar: the physician begins a new discourse topic,
- 2nd Phy: "Now do you have any pain under this (pause) kidney?"
- 1st Nar: His failure to develop a discourse topic he has introduced constitutes an inattention to the semantic sense of what she has said about her exhaustion.
- 2nd Pat: And his inattentions will recur.
- 2nd Phy: In recurring, they will leave some of her responses hovering without development.
- 1st Nar: Once again, the exam is captured in a silence. Then this patient says,
- 2nd Pat: "Ahh"
- 1st Nar: and he
- 2nd Phy: "There."
- 1st Nar: and she
- 2nd Pat: "Not when you touch it but I've been having pain in that area."
- 2nd Phy: He whistles across part of her statement and says,
- 1st Phy: "Fine,"
- 2nd Phy: then he summarizes, "You do have pain in this area."
- 2nd Pat: In close synchrony with the semantic sense of his summary, she says,
- Death: "Oh, *that* hurts. Right there."
- 2nd Pat: He continues,
- 2nd Phy: "Well, that's too soon, you see, that's

- too soon to tell anything about that."
- 1st Pat: She exhales loudly.
- Death: "Anything about that," of course, refers to the unspoken topic and to the possibility that her
- All: (whispered) cancer
- Death: may return.
- 2nd Pat: Her noticeable exhalation suggests that she has heard that it is too soon to tell.
- 1st Nar: The exam is again captured in a silence between them.
- 2nd Phy: The many silences that punctuate their talk during the physical exam suggest its preeminence as an activity; and the many characteristic interruptions that return their talk to the exam emphasize the exam's importance.
- 1st Phy: It is an activity in which his power is expressed.
- 2nd Pat: Next she suggests, "How about in here?"
- 2nd Phy: He "tchs" the beginning of his utterance in response, and says,
- 2nd Pat: "No, wait a sec. We're gonna do that later."
- 1st Nar: He will, over the course of their encounters, "tch" at the beginning of many utterances and "well" at the beginning of others. Both "tch" and "well" become ongoing tokens of his disapproval.
- 2nd Pat: In the course of the physical examination, he asks about her family.
- 2nd Phy: "Do you have any problems in your home with your . . . husband or your marriage or is that . . ."

- 1st Pat: This topic appears without previous reference in their talk.
- 2nd Pat: Although the question has no discourse history and comes without prefatory notice as a question, she responds to it, and to a number of related questions.
- 1st Pat: She repeatedly supports the development of discourse topics and activities, however unconnected they are.
- Death: Here, his inquiry moves progressively away from her recent surgery.
- 1st Phy: Do you have any problems in your home with your . . . husband or your marriage or is that . . .
- 1st Pat: Ahh. . . . No, I haven't actually had problems. My husband is quite . . . perturbed that I, uh . . . in the past . . . four or five months, that I'm not . . . getting any better. And you know, he's . . . *(softly)* I'm not a happy person to be with *(long pause)* but I, before that I hadn't, uh . . .
- 1st Phy: There were no problems before that?
- 1st Pat: Well, there were domestic p-problems *(pause)*. I, uh . . .
- 1st Phy: Do you think you were having more than average problems or probably less?
- (Silence)*
- 1st Pat: Um *(pause)*. Maybe I was having a bit more than the average person . . . not from the marriage itself . . . the marriage is a good marriage . . .
- 1st Phy: It isn't anything enough to threaten your marriage?

- 1st Pat: Right now I think it's getting so. If I don't get . . . something done about my physical condition . . . about my outlook, uh, I don't doubt but what— I . . . I, I want to feel better. I, I was a . . . very active person . . . had many interests and many hobbies and I loved to do things with the children and with my husband and . . . I, I still do but I find that I just haven't got the . . . stamina . . . to do it . . . which is crazy because I think I have when I start to do it . . . and then I just fall apart.
- 1st Phy: Now big breath.
(Silence)
- 1st Nar: The question on her family life, on problems in her home with her husband, or her marriage, is not fully formed. It contains an
"or is that . . ."
- 2nd Phy: and a pause of two seconds.
- 1st Nar: She responds across the awkwardness of the question and its shape, and her response stumbles over its course.
- 2nd Pat: "Ahh . . . No, I haven't actually had problems. My husband is quite . . . perturbed that I, uh . . . in the past . . . four or five months, that I'm not . . . getting any better. And you know, he's . . . *(softly)* I'm not a happy person to be with."
- 1st Nar: The repeated hesitations in her speech here display reflection. Pauses occur within phrases and clauses as well as between them.

- 2nd Nar: For example, "My husband is quite . . . perturbed that I, uh . . . in the past . . ."
- 2nd Pat: "That"
- 1st Nar: in her utterance "but I, before that I hadn't, uh . . ."
- 2nd Pat: refers to the past four or five months.
- 1st Nar: He develops the topic:
- 1st Phy: "There were no problems before that?"
- 2nd Pat: "That" again occurs, but here it does not refer to the past four or five months.
- 2nd Phy: This physician is not probing the problems with which she and her family have lived in the two months before her operation and the three since:
- 1st Phy: He is probing the time before that.
- 1st Nar: She responds,
- 2nd Pat: "Well, there were domestic p-problems."
- 1st Nar: There is a pause, then
- 2nd Pat: "I, uh . . ."
- 1st Nar: and her talk falls away in silence.
- 2nd Phy: Her reticence here is noticeable and is strongly heard. What is less noticeable is the shift away from the past four or five months of her life to the months before them.
- 2nd Nar: While taking her blood pressure he asks,
- 2nd Pat: "Do you think you were having more than average problems or probably less?"
- 1st Nar: The talk now has moved entirely away from the most recent events in her life.
- 2nd Nar: The discourse topic developing is the

- All: problem of her marriage before her (*whispered*) cancer operation,
- 2nd Nar: not the problems that can be produced by that operation.
- 1st Nar: The "or" in his question in this cycle is one of his regular speaking practices. He asks questions, often in the form of either/or, which forces a choice.
- 2nd Nar: She stumbles on.
- 1st Pat: Then, unexpectedly, he returns the discussion to the present with
- 2nd Pat: "It isn't anything enough to threaten your marriage?"
- 1st Nar: "It" refers to what was before the past four or five months.
- 1st Phy: He means what was before the past four or five months "isn't enough to threaten your marriage" now, is it?
- 2nd Phy: She responds, "Right now I think it's getting so."
- 2nd Pat: Her response again stumbles on across a number of pauses and hesitations.
- 1st Nar: And it contains considerable feeling.
- 1st Pat: No acknowledgment occurs.
- 2nd Pat: "Now big breath," he says.
- 1st Phy: Across the talk's breaks, across the recurrent discontinuities in the development of topics, across the unmarked and unreferenced terms in his questions, she makes sense of what he says and asks.
- 1st Nar: But in ignoring her replies, he makes a kind of nonsense of her talk, for his responses to her replies often do not develop what she has said but dissolve

- her answers back into the exam.
- 2nd Phy: Her talk goes without exploration often:
- 2nd Pat: Her physical condition,
- 1st Pat: her exhaustion,
- Death: her anxieties about her health
- 2nd Pat: hover without clarification or resolution.
- 2nd Nar: The microparadigm of the movement of their talk is captured recurrently in these excerpts.
- 1st Phy: The physician controls their discourse.
- 2nd Pat: His control inhibits expression of her concern about her experience of (*whispered*) cancer.
- All:
- 1st Phy: Well, has it possibly occurred to you that with all the troubles that your . . . body has gone through that your nerves *have now got* to the point where they suffer and where you need help to get your nerves restored?
- 1st Pat: Uh . . . yes, I . . . I think I'm a bit nervous . . . I, I, I don't see what you mean.
- 1st Phy: I, ha, I don't, I didn't mean overtly nervous. I meant that, that . . .
- 1st Pat: No?
- 1st Phy: your nerves have suffered to the point that they could be producing some of these pains (*pause*) because I don't believe you've got a *new* tumor every *place* you have a new pain. I wouldn't think of it.
- 1st Pat: (*Interrupting*) I'm not looking for a new tumor. (*Pause*) No sir, I never said that.
- 1st Phy: (*Interrupting*) and I don't think—no, I

- know you didn't—and I don't think there's anything broken
- 1st Pat: Okay.
- 1st Phy: where you're having the pains. (*Pause*) I *do* think there were nerves cut where you have your scar.
- 1st Pat: (*Interrupting*) It's right there, right there.
(*Silence*)
- 1st Phy: "*Have now got*"
- 2nd Pat: carries strong stress
- 2nd Phy: and it expresses, across the obliqueness of the form of this utterance, his assessment that her nerves have now gotten to the point where they suffer and need assistance.
- 2nd Pat: She, again, and quite characteristically, answers his question
- 1st Pat: "Yes"
- 2nd Pat: and observes that she is a little nervous
- 1st Pat: and she continues,
- 1st Phy: "I don't see what you mean."
- 2nd Pat: He interrupts to say that he does not mean overtly nervous.
- 1st Phy: He explains that her "nerves have suffered to the point that they could be producing some of these pains."
- 2nd Nar: This is his most explicit communication of the functional basis of some pain.
- 1st Phy: After a pause of a second, he adds,
- 2nd Phy: "because I don't believe you've got a *new* tumor every *place* you have a new pain."
- Death: And he then adds softly,
- 2nd Phy: "I wouldn't think of it."
- 1st Pat: And, in its course, she hears his refer-

- ence to a new tumor and says that she is not looking for a new tumor.
 "No sir, I never said that."
 2nd Pat: He continues his assessment and,
 1st Phy: hearing her response,
 2nd Pat: he acknowledges that she never said
 1st Phy: that.
 1st Nar: The synchrony here and the semantic sense of their utterances across the interruptions are rare.
 1st Phy: Here, they each hear and acknowledge that they have heard the other,
 1st Pat: and each thus knows and understands that
 1st Phy: she "never said that"
 1st Pat: and that she
 2nd Pat: is "not looking for a new tumor."
 1st Pat: He acknowledges his understanding with "I know you didn't."
 1st Phy: She responds to his acknowledgment with "okay."
 2nd Pat: Her statement that she is not looking for a new tumor echoes an earlier response:
 1st Pat: That she is not looking for a dire disease.
 2nd Pat: And it comes with a "no sir" which somewhat sardonically suggests his power as it is continuously being realized in their exchanges.
 2nd Phy: His observation, "I don't believe you've got a *new* tumor every *place* you have a new pain" finds its sense as a reference to her
 All: (*whispered*) cancer
 1st Pat: as does her retort,

- 2nd Pat: "I'm not looking for a new tumor."
 1st Nar: His expansions
 2nd Phy: "I don't think there's anything broken where you're having the pains"
 1st Nar: and
 2nd Pat: "I *do* think there were nerves cut where you have your scar"
 1st Nar: are clarifications of his point of view. And his reference to scar once again alludes to the incision for which the scar stands.
 Death: "It's right there, right there"
 1st Nar: follows along.
 2nd Pat: She will often point to areas of pain.
 1st Nar: The silence that follows signals the exam once again and suggests that he may be looking where she has pointed.
 2nd Phy: It is important to remember that these excerpts are taken from the first encounter, which continued for more than fifteen more minutes, and that two additional exchanges occurred between this physician and patient. Yet these excerpts are not intended as mere illustrations. They capture a conversation filled with misunderstandings.
 1st Nar: The meaning of this patient's illness is constructed by the physician as her symptoms and pains are separated from her experience of
 2nd Phy: (*whispered*) cancer
 All: and progressively connected with her nerves.
 2nd Phy: And her illness as nerves is continuously confirmed by her nervousness.
 1st Pat:

- 2nd Pat: More fundamentally, the meaning of her illness is continuously constructed in what he sees, asks, and hears.
- 1st Nar: The small increments of the construction of her illness take shape in the questions he asks and the discourse topics he develops,
- 2nd Pat: as well as in the questions he does not ask and the discourse topics he does not develop.
- Death: The direction of his questioning is always away from her experience of
- All: (*whispered*) cancer
- Death: and their "talk" about her
- All: (*whispered*) cancer
- Death: always obscures her experience of
- All: (*whispered*) cancer.
- 1st Nar: The unmentioned discourse topic that hovers is progressively disconnected from her anxiety,
- 2nd Nar: and her "complaint" finally comes to antedate her experience of
- All: (*whispered*) cancer
- 2nd Nar: and be the "real" source of her symptoms.
- 1st Nar: Later he will say, for example,
- 1st Phy: "You've been through the . . . anxiety of having this complaint for so long without anybody finding a reason for it and then having a m-major surgery."
- 2nd Phy: All the while each knows that the other knows
- 1st Pat: that she has had
- All: (*whispered*) cancer.
- 1st Nar: The physician's progressive formulation of the problem as a matter of

- nerves produces continuous tension and conflict between them and this too, confirms her nervousness.
- 2nd Pat: The patient participates in the development of the discourse process by answering questions and, sometimes, by expressing her own concerns.
- 2nd Phy: Although not as an equal,
- 1st Pat: she contributes to the ongoing misunderstanding between them.
- 2nd Pat: She too speaks only of the scar and the tumor in their first encounter.
- 1st Pat: She is both afraid to express her fear of the spread of cancer and afraid to ignore the possibility.
- 2nd Pat: She tries furtively to discover how a clinician thinks, to catch the truth of her circumstances, across the unspoken fear between them.
- 2nd Nar: A final excerpt follows.
- 2nd Phy: In this exchange, the physician again says that he can find nothing wrong.
- 1st Pat: She begins to ask about the scar.
- 2nd Pat: Softly she says, "That's the scar?"
- 2nd Phy: and then a series of questions about her condition.
- 2nd Pat: "Do you think maybe the, um . . . do you think maybe this kidney is, is, uh . . . overloaded or something?"
- Death: "Oh, they removed an adrenal gland."
- 1st Pat: "Hhh, I don't know. I'm thinking maybe it's a hormone deficiency or something."
- Death: Two of her questions are interrupted in their course and the third seems not to have been correctly heard.

- 2nd Pat: All her questions refer to the impact of her operation on her health.
- 2nd Phy: He looks at the scar and inquires about the other end of it and says,
- 2nd Nar: "It's beautiful surgery."
- 1st Pat: She replies, "It was terrible."
- 1st Phy: Well . . . I feel *nothing* in your abdomen that's *wrong*.
(*Silence*)
I don't feel any arteries that are too big and I don't feel any lumps.
(*Silence*)
I know you're tender there.
(*Silence*)
- 1st Pat: (*softly*) That's the scar?
- 1st Phy: See, the scar is—
- 1st Pat: Do you think maybe the, um . . . do you think maybe this kidney is, is, uh . . . overloaded or something?
- 1st Phy: Oh no.
- 1st Pat: No?
- 1st Phy: Tch, no. We'll do . . . we can do tests to make sure of that.
(*Silence*)
- 1st Pat: Oh, they removed an adrenal gland—
- 1st Phy: (*Interrupting*) You have an excellent reserve—
- 1st Pat: they removed an adrenal—
- 1st Phy: you have a margin of safety in both of those glands that easily takes up—
- 1st Pat: Oh okay.
(*Silence*)
Hhh, I don't know. I'm thinking maybe it's a hormone deficiency or something.

- 1st Phy: Let me just look at the scar.
(*Pause*)
No, no, that's all right.
(*Silence*)
Ah, how . . .
(*Silence*)
how about this end of the scar?
- 1st Pat: He . . . that's . . . that's, right there.
It's, it's right in there—
(*Interrupting*) It's beautiful surgery.
- 1st Pat: Tch, it was terrible.
(*Silence*)
- 2nd Nar: This analysis has focused on questioning practices because questions often introduce, develop, and dissolve topics.
- 1st Nar: Although this physician's questions introduced, developed, and dissolved many topics, one topic was ignored: this woman's experience of
(*whispered*) cancer.
- All:
2nd Phy: In their three exchanges on her medical problems, no question ever addressed her experience of
(*whispered*) cancer.
- All:
1st Nar: Although a number of her questions gained their sense as references to her experience of
(*whispered*) cancer
- All:
2nd Pat: her questions never led to the establishment of her experience of
(*whispered*) cancer
as a discourse topic.
- 1st Nar: As the meaning of her experience of
(*whispered*) cancer

- 1st Nar: became lost in their talk, its significance, in connection with her symptoms and pains, also was lost.
- 1st Pat: The early establishment of a diagnostic assessment that the problem was her nerves, and her sense that there was something wrong, provoked continuous tensions between them.
- 2nd Pat: Furthermore, as already noted, her nervousness continuously confirmed his diagnosis that the problem was nerves.
- 2nd Nar: Discourse is both spoken and heard, and the interpretive sense conversationalists make of their evolving talk is carried not only in the movement of their talk on a series of discourse topics, but also in the semantic sense of what is said and heard.
- 1st Nar: The many discontinuities in their discourse, only a few of which have been reported here, suggest that he was not listening.
- 2nd Phy: Many of her replies were not clarified.
- 2nd Pat: And almost all of her answers were not acknowledged.
- 1st Nar: His interruptions suggest that what she said was not very important to his understanding.
- 2nd Phy: He relied continuously on his observations and his questioning strategies.
- 2nd Pat: And his questioning strategies did not clarify the meaning of her symptoms and pains but continuously confirmed his observations of her nervousness.
- 2nd Phy: Furthermore, he failed to remember

- that cancer is not merely a "thing" to be excised by a medical procedure.
- 1st Pat: He spoke to her as though she were an anatomical display.
- Death: "Your nerves have now got to the point where they suffer."
- 2nd Phy: "You've got pretty good teeth and joints."
- 2nd Nar: "It's beautiful surgery."
- 1st Nar: Talk, when it is serious rather than casual, is as much as it is anything at all a labor of understanding, of listening and interpreting, of clarifying and acknowledging what has been said, and responding.
- 1st Nar: It is an interactionally constituted activity sustained by conversationalists.
- 2nd Nar: The form and substance of serious talk is shaped by a dialectic of questioning and answering, and requesting and responding, and explaining and responding.
- 2nd Phy: And, in its course, the dialectic of talk realizes the many asymmetries that constitute the dialectic.
- 1st Nar: It was their talk's pervasive tensions and disharmonies that puzzled me, the sharp contrast between what she said and what he heard.
- 2nd Nar: An impression of radical misunderstanding led to increasingly fine transcriptions of their talk,
- 1st Nar: for on the surface these tapes do not reflect the problems of a "postoperative"
- All: (*whispered*) cancer

- 1st Nar: patient, they reflect the problems of a hypochondriacal woman of forty-five being assured recurrently that her health is good and that the problem is her nerves.
- 2nd Phy: In their second exchange, which occurred one month later, they discuss other physicians who have, in the past, also told her that the problem is her nerves.
- 2nd Pat: Some, she reports, suggested that without even bothering to examine her.
- 2nd Phy: One had given her Valium surreptitiously.
- 2nd Pat: And she said, angrily,
- 1st Pat: "The same thing is happening again."
- 2nd Phy: For although she was given Valium and told that the problem was her nerves, she also had a tumor.
- 1st Pat: "How do you explain that?"
(Pause)
- Death: Her question goes unanswered.
- 1st Phy: Their talk focuses on a virus,
- 2nd Pat: her sore throat,
- 1st Phy: the pain in her mouth,
- 2nd Pat: her visits to dentists,
- 1st Pat: to other doctors,
- 2nd Phy: medical procedures she has undergone
- 2nd Pat: or may undergo,
- 1st Phy: medications she has taken
- 2nd Pat: or is taking.
- 1st Nar: She complains of persistent back pain.
- 1st Pat: And she says that she is afraid.
- 2nd Phy: He assures her that her basic health is good.

- Death: Their third exchange occurred one month after the second.
- 2nd Phy: Almost half their talk is about the pain in her mouth,
- 2nd Pat: her dental care,
- 2nd Phy: and the medications she has received from another physician,
- 1st Pat: including Valium and Prednisone.
- 2nd Pat: She complains that she is gaining weight and thinks that Prednisone is causing that.
- 2nd Phy: Prednisone is a corticosteroid, producing many serious side effects.
- Death: It is most commonly used to control the pain of rheumatoid arthritis,
- 2nd Pat: and, although she reported many pains, joint pain was not among them.
- 1st Pat: She complains again of back and abdominal pain.
- 2nd Phy: They discuss the possibility of X-rays,
- 2nd Pat: and the kinds of X-rays and medical procedures she has undergone in the past.
- 1st Pat: She says that she does not want to die.
- 1st Phy: He reassures her that her health is good.
- Death: Once again, at the end of their third encounter, he tells her that the problem is her nerves.
- 2nd Phy: This analysis has not investigated this physician's intentions.
- 1st Nar: I suspect that he would not have chosen so cruel an outcome of his encounters with this patient.
- 1st Phy: In good faith, he taped their meetings as a participant in a research study.

- He, therefore, was no longer aware of his manner.
- 2nd Phy: This analysis has, however, addressed the question of how their talk developed.
- 1st Nar: What this physician might have intended does not seem as relevant in understanding their discourse, as how their talk proceeded
- 2nd Nar: and how, as a series of turns at talk on discourse topics, it shaped the meaning of her illness.
- 2nd Phy:
- 1st Phy: It was not his intentions that shaped their discourse;
- 1st Pat: it was his questioning practices.
- 1st Phy: It was not his intentions that shaped the meaning of her illness;
- 2nd Pat: it was his inattentions.
- Death: And, in any case, it is not the intentions of physicians that are at issue here;
- 1st Nar: it is how a discourse process expresses and realizes the work of medicine.
- 2nd Nar: For the work is in the talk and the talk is a realization of the work.
- 1st Phy: (*Beginning to laugh*) The discourse of physicians and patients is controlled by physicians who, in asking questions,
- 1st Nar: (*Laughing*) "request"
- 2nd Phy: (*Laughing*) that patients respond on specific topics.
- 1st Nar: (*Laughing*) And the development of discourse topics is also controlled by physicians, who, with each successive question or request, shape the meaning of what is said.

- 1st Phy: (*Laughing*) This physician reported his diagnosis on a questionnaire called
- 2nd Nar: (*Laughing*) "Physician Questionnaire Concerning Specific Patients."
- 1st Nar: (*Laughing*) It was as follows:
- 2nd Phy: (*Laughing*) "One: depression,
- 1st Phy: (*Laughing*) conversion symptom,
- 2nd Phy: (*Laughing*) "Two: status post-nephrectomy for a hypernephroma, 1971."
- 1st Phy: (*Laughing*) He also reported that he was certain of his diagnosis.
- 2nd Pat: (*Laughing*) This patient also answered a questionnaire.
- 1st Pat: (*Laughing*) Like so many physicians,
- 1st Nar: (*Laughing*) she said,
- 1st Pat: (*Laughing*) this physician told her that there was nothing wrong when she had
- All: (*Laughing and whispering*) cancer.
- 1st Nar: (*Laughing*) She also said that since their last exchange she had gone to another hospital where she was told
- 2nd Nar: (*Laughing*) that she has
- All: (*Laughing and whispering*) cancer
- 1st Pat: (*Laughing*) of the spine.
- Death: (*Laughing*) No further information is available on this woman and her search for care. (*Laughing*)