The person of the practitioner: Roy Jobson

De Roy Jobson, MBChB(UCT), MPraxMed(Medsunsa), HDipEdAd(Wits)
Senior Family Physician/Clinical Pharmacologist,
Dept. Pharmacology and Therapeutics, Medunsa

Correspondence: mrjobson@lantic.net

Editorial

I have struggled to find the ‘right’ topic for this edition’s CPD. In the process however, I have managed to put a few possibilities for future editions at the back of my mind. In the end I have chosen to use material that I have lived with over the last ten years since returning from a year as a Humphrey Fellow in the USA. Elements of this edition concern my personal story - and so I have to state from the outset that, although there are elements of objectivity, particularly in terms of the work of people that I quote, this is essentially subjective material. I trust that some of you who read this will find a few points of identification for yourselves. I hope that if anything I say offends you, you will recognise that I am talking about my own experience, and not even attempting to state ‘universal truths’ on behalf of others.

One of my personal difficulties of the last decade was to live through (and survive!) an incapacitating major depression. I have always had a tendency towards depression, and this was the second prolonged period in my life. Part of the experience could well be described as suusto which in the Aztec tradition means ‘soul loss’.

I found that expression particularly helpful, as I experienced my own religious background (protestant Christian) as completely irrelevant - it actually contributed to the problem. I am a recovering survivor-victim of childhood spiritual abuse. [For a copy of my booklet ‘Stray Thoughts Captive’ of poems and writings about this and other issues, please e-mail me at mrjobson@lantic.net.]

I also have to admit that I am killing two birds with one stone in this article, as it forms the basis of a workshop I will be presenting at the second SA National Wellness Conference in Port Elizabeth in the first week of March.

Roy Jobson


Joseph Campbell once stated: People say that what we’re all seeking is a meaning for life. I don’t think that’s what we’re really seeking. I think what we’re seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonances within our own innermost being and reality, so that we actually feel the rapture of being alive.

When I was in the depths of depression, working out the meaning of my life was paramount—particularly because there only appeared to be a lack of meaning to everything. Campbell’s words were futile and unattainable. Now that I am better, I find myself revelling in simply being alive and his words make sense. Another part of this

‘hellfire and brimstone’ preachers of not so long ago. I particularly like the following quote by Rick Fields:

This person called up and said, ‘You’ve got to come and take this seminar. It will completely change your life in just one weekend.’ And I said, ‘Well, I don’t want to completely change my life this weekend. I’ve got a lot of things to do on Monday.’

Setting goals can of course be very worthwhile, and believing in ourselves (that we’re capable and worthy human beings) is vital in terms of healthy self-esteem. But I must point out that my ‘goals’ now – both personally and as a health professional – are quite different from 20 years ago. What has not changed quite so much are my values.

SA Fam Pract 2003;45(1)
I suspect that, as the Jesuits claim, these were imprinted into my being in the first seven years of my life.

The way we live our lives, i.e. our behaviour, the actions we take, the manifestations of the driving force in our lives, can be thought of as based on 'life issues'. One way of considering various life issues is to examine some of their components. (I have extensively used and modified John Bryson's work in presenting this approach.)

A life issue could for example be my depression (and the consequences of a major depression); or, how I behave in my chosen profession as a doctor.

The components of a life issue could be made up of:

- Our values
- Our mandates
- The context/situation in which we exist/practise
- Our intrinsic/internal consciousness
- Other as yet unknown aspects

1. What are your values (as a person and as a doctor) and where do they come from?

My values are reflected by the kind of person that I am; what I do in and with my life; how I respond to life-situations and to other people; and what I believe in.

As Bryson (modified) states: 'If a person can be clear about her/his values, she will be able to say no more easily to any proposals or actions that are likely to damage her/his integrity and yes to those that maintain or enhance her/his integrity.'

Integrity or the extent to which each of us lives up to our own values could also be called 'authenticity'. Bob Terry has suggested seven criteria by which to assess our authenticity.

- Our values
- Our mandates
- The context/situation in which we exist/practise
- Our intrinsic/internal consciousness
- Other as yet unknown aspects

2. What are your obligations and responsibilities as a person and as a doctor?

These are the 'musts' of our personal and professional lives. Some of them are clear and explicit (the date by which my HPCSA subscription is payable); others are often unspoken or implicit (phoning mum on her birthday).

Some of us have religious mandates to observe such as times to gather and pray; particular fasts or pilgrimages; or evangelical crusading.

What we often ignore is to look at those aspects of our lives not prohibited by our obligations and responsibilities. Are there possibilities, which I have not considered that are nevertheless compatible with my obligations and responsibilities?

3. What is the context/situation in which you exist/practise?

This is all about our external environments. We can look at the trends occurring in our society (e.g. crime vs. 'proudly South African'); we can consider those areas with where we can collaborate and co-operate; or those which are a threat to our contexts; we can consider the political, economic, social and technological aspects

4. What is the influence of your intrinsic self/inner consciousness in your personal and/or professional life?

This has a lot to do with our view of ourselves and the world, and ourselves in relation to the world. I may have a defensive, closed and controlling attitude to life. I may have an open and trusting approach to other people and all the circumstances of life.

We can look at the different scenarios that are a threat to our contexts: political, social and technological aspects (PESTs).

There are other aspects of life that are a threat to aspects of our lives, e.g. manifesting in the form of water to see how indispensable you are when you remove it, remains salutary advice.
intelligent than some in certain ways, yet completely inferior in other ways? Is everything that I am 'merely' a result of my personal genetic make-up and some sort of circumstantial quirk of chance? Why is it me writing this and not you?

Our worldviews also determine the extent to which we're prepared to take certain risks or be vulnerable - when this is appropriate, of course. (Am I going to end up doing that house call at an unearthly hour for some relatively minor problem because my need to be needed or liked, overwhelms my need for sleep?)

This internal consciousness is part of what motivates us in our everyday personal and professional lives. It is what may transform a religious 'mandate' from being dead collections of rules into a source of ecstasy.

Bob Terry has written about our life-motivation in terms of metaphors of life (or worldviews) and he has described six of them.

- Life is a gift (existence): [which ties in with the Campbell quote from the beginning of this article.] Many of us use this metaphor when describing life as sacrosanct, etc., and certainly this is a metaphor passionately held by persons opposed to abortion or voluntary euthanasia. Consider what the typical characteristics of a doctor who is motivated by this metaphor might be.

- Life is a market (resources): Capitalism, the 'free market' and privatisation are prime examples of this metaphor and the illusion (?) of individual free will, and freedom to choose can also be described here. These are highly valued aspects of modern Western life, as well as democratic systems. Perhaps the cynic would say that the person with the most money is the one who wins the democratic election? - yet another version of the market metaphor.) Consider what the typical characteristics of a doctor who is motivated by this metaphor might be.

- Life is a body (structure): As doctors we probably use this metaphor more than most people do, as we're more knowledgeable about the interdependencies, complexities and hierarchies of living systems. 'Systems' is a key word, and systems theory features prominently in this worldview. The focus is often on growth and homeostasis ('balance'). We talk about the 'body corporate', 'political bodies', and a 'body of knowledge' (structure again) As doctors we have our own particular meaning for 'foreign body'. However, 'illness' descriptions sometimes make this a particularly vivid metaphor - for example 'there's a cancer in the council of the university.' Consider what the typical characteristics of a doctor who is motivated by this metaphor might be.

- Life is Ups versus Downs (power): We all use these metaphors extensively. I used one quite unconsciously at the beginning of this article when I talked about the 'depths of depression'. We talk about being (or not being) up to something; an elevated post or position; or being beneath contempt. People who feel that they have been victimised usually experience themselves as having been at the receiving end of those 'in power' (above them). As doctors, we are most often in an up position compared to our patients who are, or perceive themselves to be, in a down (sick, miserable, powerless) position. It's highly likely that we all know what the characteristics of a doctor who is driven by this metaphor are, not only because we've probably personally behaved in this way towards our patients (and even our colleagues - especially nursing and more junior staff), but because we've seen doctor-colleagues behaving in this way.

- Life is a Journey (mission): Again a common metaphor in everyday life, journeys are often featured in the way we describe our activities. Perhaps one of the most well-known journey metaphors in this country is 'Long Walk to Freedom' - the autobiography of former president Mandela. Another book title in similar vein is 'The Road Less Traveled', by Dr M. Scott Peck. We sometimes hear that 'it's been a long haul' in terms of a major accomplishment. Journey metaphors not only focus on the destination, but on the 'process' of reaching the destination. [What is the destination of your life?] Meandering and going 'off the beaten track' are also valid forms of journeying. In medicine, our formalised diagnostic process could also be considered a journey with the final diagnosis as the destination. The steps along the way, however, including all the interpersonal doctor-patient interactions, often form a vital part of overall management - as family physicians know all too well.

- Life is art (meaning): Art has very important and distinctive components - we can be creators (and co-creators) [participants], 'appreciators' and recipients [observers] of art, or both creators and recipients [participant-observers]. We often talk about 'seeing the whole picture' in terms of this metaphor.

Do you see your life, personal and professional, as a work of art? To what extent are you yourself the artist creating the masterpiece of your life? And/or to what extent do you possibly see yourself rather as an instrument being used by some greater purpose? (God?) How does the concept 'the art of medicine' feature in the way you practise your profession?

- Life is a school (evolution): I have added this mainly because it seems to be a fairly pervasive metaphor in many circles. The idea is that we have 'come to earth' in order to learn one or more lessons which our 'soul' still needs in order to 'evolve' further [perhaps that is actually a 'body' metaphor?]. In terms of medicine, illness then takes on a quasi-spiritual aspect in which it is given greater significance than we as doctors tend to recognise. This is perhaps one of those areas in which our profession is accused of not treating the 'real' ('spiritual') causes of disease.
5. What other as yet unknown aspects exist in your life issue(s)?
The unknown is often feared, and yet can be a wellspring of life-giving sustenance. The main tool in exploring the unknown [note the journey metaphor] is reflection—which will hopefully lead to personal insights. Keeping a journal, recording events in short poems or stories, drawing, recording your dreams or even meditating can bring unknown aspects of yourself into consciousness.

Conclusion
Looking at the components of our life issues can be helpful in seeing why our lives have unfolded the way they have. It can also be helpful in making choices for the future.

For each life issue identified, actions or behaviours can be associated and expected to follow. Again a series of questions are posed by Bryson (modified) to assist us in addressing these.1 I have added my own life issue example from a couple of years ago to illustrate these points.

1. What are the practical alternatives, 'dreams' or 'visions' I might pursue to address this life issue? [I should see someone about my depression in the hope of getting well.]
2. What are the barriers to the realisation of these alternatives, dreams, or visions? [My stubbornness and unwillingness to admit weakness and my need; or my reluctance to ask for help.]
3. What steps could be pursued to achieve these alternatives, dreams, or visions directly, or to overcome the barriers to their realisation? [An external force (my wife) was needed to give me the necessary push.]
4. What steps need to be taken over the next year to resolve/maintain this life issue? [Treatment, follow-up and ‘discharge’. Learning of new patterns of behaviour in response to certain negative stimuli.]
5. What specific steps must be taken with in the next six months and who is responsible? [Regular appointments, taking of medication, increased exercise, reduction in alcohol, improved diet. Recognition that I am responsible for sorting out my own life issues—past, present and future.]

The process of examining your life issues can be returned to again and again. It can also be completed once and never re-initiated. The process may never even be completed. It’s all entirely up to you.

References

Notes
1. [note the journey metaphor] The great difference between a story and a life is that a story can and should be finished, made complete; the life is an open book, a never-ending journey.
2. (continued from page 46)