

CAN YOUR LIFE
BE CAPTURED
IN A SCORE?

WHEN
PSYCHOPATHS
ARE WOMEN

INFIDELITY
TAKES A NEW
TURN

GETTING
SELF-APPRAISAL
RIGHT

Psychology Today

PSYCHOLOGYTODAY.COM
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BIG EMOTIONS

NAME AND TAME
NEGATIVE FEELINGS

+

Say No To
Other People's
Drama

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ENVIROINK

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personality

ECENTRIC'S CORNER



BEHIND THE CURTAIN: Campo, a decorated poet, practices medicine at Boston's Beth Israel Deaconess Medical Center.

The Inspired Healer

Physician-poet Rafael Campo finds common threads between creation and care.

BY MATT HUSTON

A DOCTOR MAY WITNESS more suffering in a week than many of us do in a lifetime. How does one respond to a hospital's countless moments of pain, loss, and terror—or capture the glimmers of hope? Rafael Campo distills and examines these episodes through the composition of pointed poems. A practicing internal physician and associate professor at Harvard Medical School, Campo has published nine books of poetry and essays since 1994 and has led writing workshops with medical students, doctors, and patients. This year, he took over as editor of the Poetry and Medicine section of the *Journal of the American Medical Association*, a decades-old complement to the journal's scientific reports.

What role did poetry play in your early medical career? When I first started out, writing poetry was really a form of survival. I was so flooded by stories, in a training setting where they weren't even supposed to be acknowledged. None of my attend-

ing physicians wanted to hear about a patient's social history or whether she was going to be unable to get the medicine because she couldn't read the directions on the prescription. It was like, why is that important? Just focus on the data. So writing

was this critical attempt to, in a way, remain human.

Your poems seem to reflect the emotional gaps between patients and doctors and a desire to bridge them. Is language a big part of that? We often use language to keep patients at a distance. We use medical language all the time. We're using more and more template-based language. I think of poetry as an empathetic opportunity. It is an immersion in another voice, another experience, often very physically expressed through the structure of the lines and the meter.

When we wish to avert our eyes—we don't want to see the ugliness or the pain—there is something very human about that.

How does writing help you process what you experience in the hospital? The creative act unlocks what we suppress during intense encounters in a way that is, in a sense, healing. Even if we couldn't be present because of some urgent intervention that needed to be done, we can still return to those moments. We can give ourselves the space to heal, perhaps, when we weren't able to effect the cure that we had hoped to. Writing can also open our minds to how, in another situation with another patient, we might behave differently. How we might be healers in the broader sense when a cure isn't possible.

You often have a presence in your poems. What is your role in the stories you relate? I don't want to be the hero; I want to be the complicated, conflicted, imperfect person that I am. I was there, but maybe I wasn't listening as attentively as I should've been, or maybe I wasn't present in the way that I hope I could be.

One poem centers on your white coat. How has your work given you insight into such symbols? When I first started in medicine, the white coat had so many associations—it was a symbol of authority, knowledge, and a sort of purity—that I felt I could, perhaps, alter my own identity and hide some of my cultural difference. I think medicine attunes us to different ways of identifying. When we describe patients in our medical notes, we often start with identifiers like age, race, ethnicity, gender. It's in question whether there is really any medical utility to doing that. From the poet's standpoint, it raises gripping questions: Why do we do it, and how do we play on those differences in assuming the role of the authority?

You oversee the poetry section of a top medical journal. How did poetry find a place there? I think it came about as a recognition that even with all the groundbreaking science we publish that helps us understand the working of our physical bodies, we still yearn for insights into the human condition. Disease exposes our vulnerabilities and demands that we confront suffering, and medicine gives us only some of the tools we need to respond. Poetry provides a space in which we can use our imaginations to find meaning in what can seem inexplicable, to be comforted when we feel loss, to embrace our wonder and awe at our own complexity, and to see ourselves as human when mirrored in our patients' eyes.

Do you see a closeness between darkness and beauty? Even in some of the most painful moments I've witnessed as a doctor, I find a sense of beauty. It may have to do with the opportunity to be a witness, to be present for another person, to offer comfort. That our brains are wired to register another person's pain, to want to be moved by it and do something about it, is profoundly heartening. The impulse to write a poem about these experiences is an expression of that capacity that we all have. When we are a witness to the end of life, the will to create art is, perhaps, a way of defying death.

Is there value in rendering a challenging experience into something easier to face? When we wish to avert our eyes—we don't want to look at the ugliness, we don't want to see the pain—there is something very human about that, too. That's part of the empathic response, I think. Art and poetry can allow us to be present in these moments. Poetry can teach us and admit us to experiences that in some ways seem unspeakable or unimaginable.

END OF LIFE DISCUSSION

She speaks for him, her husband's deepening dementia like a river through which she has led him to this place, its current strong but not unconquerable. Carefully,

she holds his hand, still guiding him as in Korean now the translator explains what I have said. Stiff-backed, his peaceful grin a mask that tries to hide the tumor's pain,

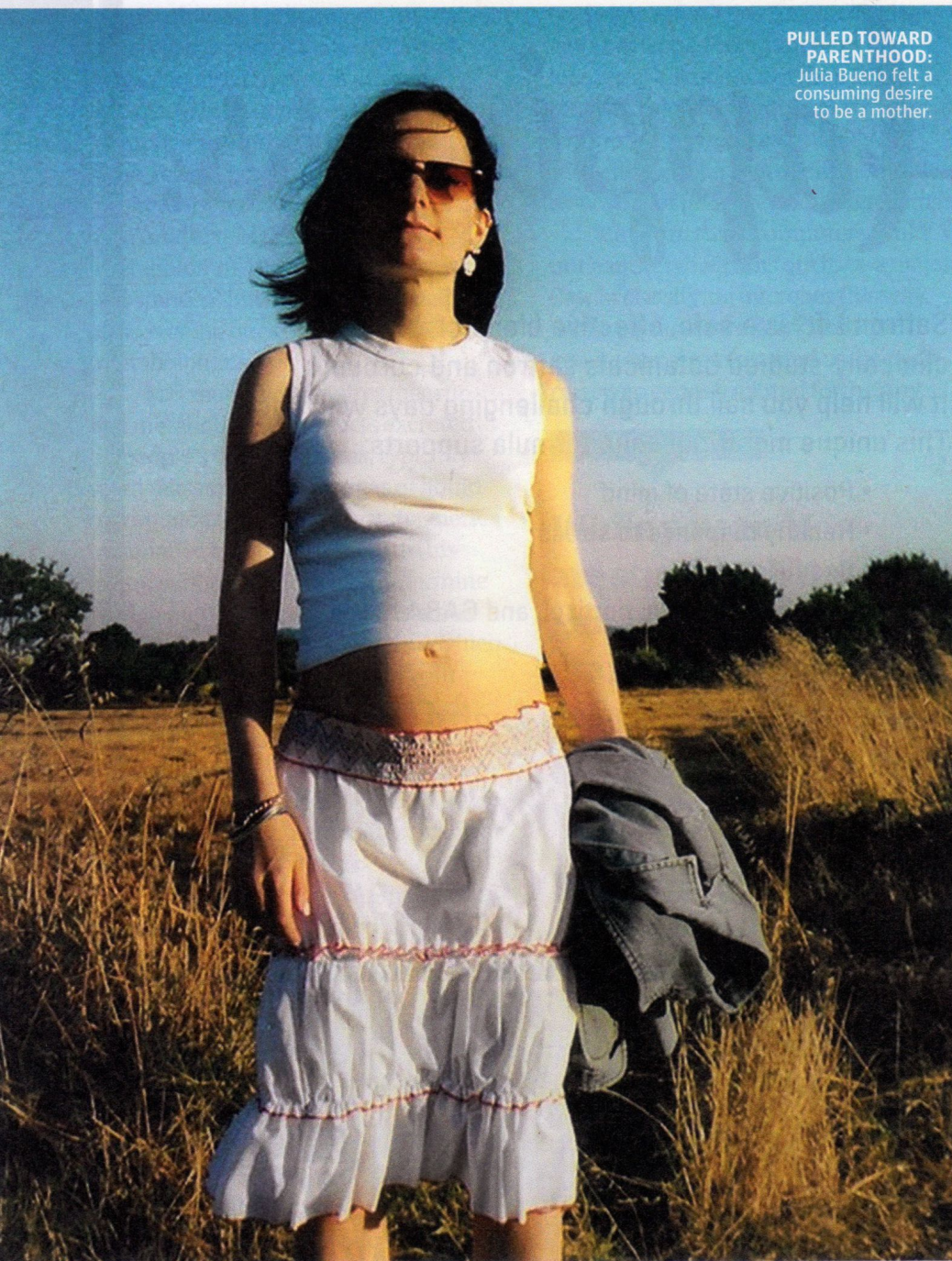
he sits as if imagining he sees her face beyond a soundless waterfall, through mist that moistens his unblinking eyes. His wife says, "Doctor, sorry, is that all?"

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POV

2-MINUTE MEMOIR

PULLED TOWARD PARENTHOOD: Julia Bueno felt a consuming desire to be a mother.



Lives Unlived

Miscarriage can evoke a sense of grief long silenced by society.

BY JULIA BUENO, M.A.

I **TREASURE MY** luck at finding love at the tender age of 18. I met David on my first day of college and realized right then that he would be my partner for life. A decade later, with his career established in journalism and mine in law, we sealed our bond by getting married. As we planned the wedding, I found myself caring less about the details of the event and more about my burgeoning desire to have a baby.

I wasn't one of the lucky ones who conceived with ease. I had potential fertility problems: a strange-shaped womb and only one functioning fallopian tube. So, becoming pregnant was heaven sent. Being pregnant with twins was less so—with my wonky womb and five-foot frame, the risk of complications was high from the start.

Despite frequent complications, my two tiny babies continued to grow. I would drift into reveries of how I would guide a teenage son to be a feminist or encourage a daughter to embrace physical adventures in a way that I never had. It didn't stop there—I even imagined becoming a doting grandmother to my grown children's children. My mother began to collect tiny baby clothes, while David and I sketched out child-care arrangements and played around with possible names.

David and I flew to a friend's wedding in Italy, and I danced until the early hours in a dress that I bought two sizes too big for me. Friends felt my belly for little punches and kicks, and some commented on the wisdom of my sipping champagne and eating prawns.

Not long after arriving home, I noticed a plug of mucus in the toilet

treatment

EATING DISORDERS



When Anorexia Strikes in Midlife

Eating disorders are widely perceived as a problem of adolescence. When they arise in midlife or later, patients face diagnostic and treatment hurdles that younger patients don't.

BY LISA FOGARTY

WHEN DENISE FOLCIK, a Wisconsin mother of four, agreed to take her 16-year-old to the mall, she saw it as bonding time with her youngest daughter. But on the drive home, Folcik suddenly lost consciousness at the wheel; her daughter rushed to take control and get her mother to an emergency room. After hours of tests, Folcik finally confessed the secret she had been hiding for years: She had bulimia nervosa and purged several times a day.

sex power

PEOPLE CHEAT NOT ONLY FOR SEX BUT ALSO FOR PASSION—TO FEEL
ALIVE AND TO BE WANTED. NOW IT'S WOMEN'S TURN TO UNLEASH LUST.

by Hara Estroff Marano • photographs by Reinhard Hunger