

## CREATIVE WORKS

## Self-disclosure

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‘**D**id he need an interpreter?’ I asked. ‘No, he speaks good English,’ replied the resident.

We were on consultation-liaison rounds and I had just heard report on Mr. Hussein, a Pakistani man who was admitted in hypertensive crisis. He had reported feeling depressed for the last 6 months so his primary team had requested a psychiatric consult.

Mr. Hussein sat in the dark with his face staring at the muted television. The flickering images bounced off his unshaven face. My eyes fell on his hands, which lay limply by his side. They were small, with thick, stubby fingers and clean nails. The skin was dark brown, smooth and shiny.

As the team huddled around his bed, I introduced myself and pulled up a seat. Taking his hand into my own, I asked, ‘Tussi Punjabi mein baat karna chande ho?’ (‘Would you prefer to speak in Punjabi?’)

‘Zaroor, zaroor!’ (‘Of course, of



Fred Sebastian

of Karachi. His family was caring, but he felt like a burden. His jet-black eyes clouded over with tears as he admitted he had experienced thoughts of suicide and stopped taking his blood pressure pills.

We discussed his treatment options, and I asked if he had any questions.

‘Doctor, thodi surname ki spelling?’

**Had I burdened Mr. Hussein by disclosing too much information about myself and given him reason to not trust me?**

course!’), he replied, his face lighting up.

Mr. Hussein’s story in his own language was infused with colour. After the death of his wife, he had moved to America to be with his son. Life in Pakistan was a struggle, so he was relieved to live here in comfort. But recently, while his son and daughter-in-law were at work, he found himself feeling depressed. He was not accustomed to the quiet of the suburbs and missed the familiar hustle and bustle

(‘Doctor, what is the spelling of your last name?’), he inquired with a polite smile.

‘J-A-I-N, Jain,’ I replied.

‘Aacha, tussi kithe de ho?’ (‘Okay, Doctor, where are you from?’), he continued, eyes brimming with curiosity.

I explained to him that my parents were from India, but as young adults they immigrated to England, so I was British.

‘Acha, acha. India mei kithe?’

(‘Okay, okay. Where from in India?’)

I paused. ‘Well, my father was born in Rawalpindi, but after 1947 he moved to Ludhiana.’

‘Oh, I see,’ said Mr. Hussein, his face dropping slightly.

I ended the interview by translating back to the team and informing our patient we would come back the next day.

‘Inshah Allah’ (‘Allah willing’), said my patient.

It is rare for me to encounter a South Asian patient in Milwaukee, but today had been an unusual day all round. It had started with the shrill ring of the telephone piercing the early morning quiet. On the other end was my mother’s voice heavy with worry.

‘Dad had a fall.... He blacked out. ... He is stable but ... fractured cheekbone ... waiting for tests.’

I had cried at the image of my father, sitting in a hospital bed, with his bruised and swollen face that had borne the brunt of his descent to the pavement. I felt guilty that in a moment of true need, I was in America and they were in England, but I had little choice

other than to go about my work and wait for news.

So when, later that morning, I met Mr. Hussein and saw his hands, smooth and thick, just like my father's I opted to speak in my father's mother tongue. In a moment of personal vulnerability I found the courage to speak my rusty Punjabi despite Mr. Hussein's good English.

Later, after rounds, my father called to tell me that his tests had been normal and he would be going home the next day. After experiencing huge relief, my mind turned to Mr. Hussein and our conversation at the end of our meeting, in particular my mention of 1947.

The "partition" of India in 1947 resulted in the birth of 2 nations: the Republic of India and Pakistan. The idea was that millions of Indian Muslims would move to Pakistan and millions of non-Muslims (e.g. Hindus, Sikhs and Jains) would move from Pakistan to India. The 2 new nations were grossly unprepared for what would become the largest population movement in recorded history. The result was horrific intercommunal violence, which left half a million people dead. The trauma of 1947 still kindles tensions between these 2 neighbours today.

With my own hospitalized father on my mind, I had spoken Punjabi without thinking through the cascade of questions it would trigger. Punjabi is a dialect specific to Northern India and parts of Pakistan, so speaking it to a Pakistani patient inevitably would invite questions about where I was from. Like Mr. Hussein, my last name too hints to my religious identity; hearing the spelling informed him that I was not a Muslim. Disclosing my father's birthplace revealed that the partition had affected my family's life directly. History placed us on opposite sides of this smoldering conflict.

Had I burdened Mr. Hussein by disclosing too much information

about myself and given him reason to not trust me? When people are depressed they can find it hard to accept help and the stigma of mental illness itself can make them find reasons to avoid treatment. The self-disclosures could have been avoided if we had spoken English.

The following day, on rounds, I reiterated to Mr. Hussein my treatment recommendations. He appeared engaged, but I was sure he would abandon his treatment.

I was wrong.

Over the past year, he has come to see me every month for follow-up, despite the fact that my clinic is far

from his home and has stairs unfriendly for an elderly man who walks with a cane. It seems that my self-disclosures, though clumsy, may have also given rise to a transparency that, ultimately, worked in our favour as doctor and patient.

He is doing quite well. And we always speak in Punjabi.

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