

Room for a view

The shadow

Some years ago, when I was visiting New Zealand, I looked toward the equator in the middle of the afternoon and noticed that my shadow fell to the right. This was quite disorienting: in Canada, when you look toward the equator at that time of day your shadow is on the left. I began to reflect how our shadows are part of our identity. I suspect we take our shadows for granted. Maybe we shouldn't.

In my practice I often hear patients refer to their shadow side. Yet a shadow varies so much in size and shape, depending on the angle of the light. It's hard to see your shadow behind you; you can only really know the shadow in front, which means keeping your back

to the light. At noon in the tropics you stand on your shadow. In the evening, your shadow can be huge and frightening as you walk away from the setting sun. Cast against a distant wall, it almost disappears because of the immensity of the sun. If you walk toward a bright, glaring light, your shadow can only be seen by others. The same is true when you walk toward a bright, glaring truth.

I have found in psychotherapy that people who are most insistent on knowing the harsh truths about themselves, their family or their culture benefit most from their personal inquiry. The most useful history is always the most painful. And the most painful is the

most deeply buried, whether in the recesses of the mind or in the archives of a nation. I sometimes ask my patients to do a role-play in which they persistently insist, "I must know," while I counter with all the usual rationalizations: "It's too painful." "What's the point in digging up the past?" "You'll upset everybody." "You can't remember it clearly anyhow." They come to understand that these resistances have been handed down for generations. The more they push through their resistance, the better they are able to face the harsh light of personal truth, and the better they are able to see their shadows.

Most people claim that they want to know the truth about themselves. And

Lifeworks



I have been a family doctor for 28 years. My hobby is painting, and over the years I have managed to take many small courses at night or on weekends at our city art gallery and in high schools. However, I was always too short of time to do any work on my own. Last year, when my father died, my lifelong desire to paint suddenly became more urgent. I turned an empty bedroom into a studio, and every Sunday afternoon I work there, determined to express some moments of life through this medium. My main interest is acrylic and watercolour portraits and scenes with people, which I suppose is not surprising for a middle-aged doctor reflecting on her life so far. This painting, *First Breath*, measures 18 x 24 inches and was done in acrylic on a canvas panel. It was inspired by a photograph taken by the father of the newborn in the days when I was still delivering babies, and is intended as a tribute to the family doctors and nurses who attend the miracle of birth. — **Lianne Lacroix**, Kelowna, BC

The warranty is running out

For middle age
I lack at times
enthusiasm.

Those in charge,
the politic, the parent
authoritarian, omnipotent
well of knowledge and support,
have crumbled into human remains.

The DNA which never failed
to mount repair of my immortal frame
is giving up.

My friends —
playing tag
just yesterday,
are dying piece by piece.

This was not part of the bargain.

Robert C. Dickson
Family physician
Hamilton, Ont.

yet most are afraid of knowing “too much”: whether they have a genetic predisposition to cancer, for example, or the sex of an aborted baby, or what their father really did in the war. People are remarkably ambivalent about knowing the truth, especially about themselves. This ambivalence applies to physicians as much as to anyone.

Therein lies a problem: you can't see in others what you refuse to see in yourself. The axiom to follow is not “Physician, heal thyself” so much as “Physician, know thyself.”

Much is written about patterns of practice, but physicians could learn more by analysing their “patterns of patients.” In professional as in social relationships, we subtly select people who will help us re-enact our unresolved

conflicts. Then we coach each other toward a dramatic demonstration of that conflict, hopeful to learn how and why it happened in the first place, more often to further confuse ourselves and deepen the wounds. Such situations can be tragic or comic, but invariably they are a source of frustration. From referred patients and their physicians, I often hear the same story from different points of view. It isn't a question of who is right, but of understanding the roots of this apparently futile restaging of unrecognized problems. It isn't enough to be a conscientious, well informed, likeable or agreeable physician. Problems with patients often arise from the physician's deep unawareness of self. Changing roles, specialization, place of work, office or staff can com-

pound these problems. Sticking with it, though painful, can be an opportunity to face painful truths about ourselves. Regardless of rank, reputation or income we are all fallible beings of equal intrinsic worth. Unless we learn from painful truths, we will re-enact unresolved conflicts, possibly in ways that are harmful to our patients.

Examining our shadows can help us to know ourselves. When we are determined to face the harsh light of truth about ourselves, our shadows are very distinct. The size, shape and location of our shadow may indicate how well we are facing the light.

Philip G. Ney

Child, adolescent and family psychiatrist
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One thousand words



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Monthly clinic for the children of shipyard workers in Vancouver, BC, July 1943