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The Healer's Burden: Stories and Poems of Professional Grief
ed. by Melissa Fournier and Gina Pribaz (review)

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Melissa Fournier and Gina Pribaz, editors. *The Healer's Burden: Stories and Poems of Professional Grief.* Iowa City: University of Iowa Carver College of Medicine, 2020. 180 pp. Paperback, \$22.00.

To whom does grief belong? This is one of the implicit questions underlying Melissa Fournier and Gina Pribaz's new edited collection, *The Healer's Burden: Stories and Poems of Professional Grief*. The book gathers first-person essays and poetry composed by health care workers of all stripes remembering experiences in which they have had to grapple with their proximity to grave illness and death. Sometimes the losses they encounter are limited to interactions on the job, and sometimes the losses recall other, more intimate ones. But there are always confusing, sometimes contradictory, and often belated emotional responses called up in the writing process. These might include everything from regrets, frustrations, fears, and hopes to a sense of guilt or responsibility. As these compositions reflect, there is no clear line demarcating personal and professional involvements with loss and grief. Nonetheless, due to the differing nature of the relationships concerned in these contrasting settings, the experiences of grief are, in the end, decidedly discrete.

In her preface to the book, co-editor Melissa Fournier, LMSW, describes holding a position as the director of a bereavement center and first encountering the work of Elizabeth J. Clark, who wrote about "professional grief" as distinct from grief that unfolds in personal contexts. In an undated post written for the National Association of Social Workers, Clark (who died in 2020 and to whom Fournier co-dedicates the book) underscores "[w]hat many professionals don't recognize," which is "that their grief response will be dissimilar to that experienced by family and friends who lose a loved one to death."¹ The difference is not only that health care workers do not have the time—or space—in which to grieve, given the constraints of the environments in which they work; the expectation for health care workers is also that they will have no *need* to grieve. Instead, to be "professional" carries the expectation that caregivers will focus not on their own personal responses to what happens around them at work but on what is being demanded of them: the skills, knowledge, expertise, and care that they can provide to others. This expectation rests, in large part, on the assumption that grief is not meant to be explored, or even experienced, by those professionally tethered to the sick, the dying, and the dead.

These presumptions are, of course, unrealistic at best, and at worst they are damaging to the heart, psyche, and even clinical com-

petencies of professional caregivers. Clark suggests that the lack of a “natural outlet” for the kind of grief that unfolds in the workplace results in “a legacy of vulnerability, burnout, or post-traumatic stress reaction.”² *The Healer’s Burden* is one response to this painful legacy, an outlet in which professional caregivers are meant to play out their professional grief by using writing as a tool for thinking through as well as feeling. The book joins a number of related channels—from literary magazines and writing workshops to storytelling seminars and programs held at medical institutions—developed over the last thirty years or so, which together, though sometimes a bit indiscriminately, fall under the umbrella term “narrative medicine,” or are deployed as part of what is more generally referred to as the “health humanities.”³ Like the *Bellevue Literary Review*, for example, or the Pegasus Physician Writers group at Stanford University, these projects are meant to invite, and honor, what Jocelyn Streid, a student at Harvard Medical School, referred to in a recent documentary as “an active process of communal reflection.”⁴ As such, the discussion questions and prompts bordering each section of *The Healer’s Burden* suggest that the collection is designed to stimulate responses in other health care workers in institutional settings, and to give them an opportunity to reflect on their own, and others’, experiences as a group.

The editors of the book divide the collection into four sections, which Gina Pribaz, in her preface, describes, in turn, as “the futility of denying grief,” “[b]eing ‘haunted’ by loss,” ways of coping with professional grief, and “patients and caregivers on the edge of seemingly insurmountable hopelessness” (ix). I found this loose thematic arrangement of the pieces unhelpful in terms of structuring my understanding of what these narratives, put together, reveal about professional grief. Rather, the narratives in the collection—when they are framed as such (and the poetry is, often, instead, evocative, imagistic, and associative)—generally fit what could better be described as two framing guidelines: “I wasn’t supposed to, but I did” (feel for the people I was professionally connected to); and “I couldn’t believe it, but I had to” (how awful and unjust the world can be). These mental frameworks repeatedly become entangled, of course, and rightly so. After all, to resist the unrealistic presumption that people will not be personally touched in professional settings is to open oneself up to all kinds of vulnerabilities, including those upon which the medical profession is built. Professional caregivers are, in the end, individuals who have chosen to intervene where intervention cannot always yield sure, or wanted, results. They are as subjectively influenced by the

settings in which their work unfolds as those settings, those patients, and their loved ones, are, in turn, impacted by them.

Two stand-out pieces that epitomize, each in its own way, this complex, and often otherwise invisible, interplay are Elena Schwolsky's "From Both Sides Now" and Richard Morand's "Tough Hand." Schwolsky worked for years as a nurse at the Children's Hospital AIDS Program (CHAP) in Newark, New Jersey. In her personal essay, she describes the weekly funerals she would attend in the late 1980s for children who had been in the care of her team. "Some of my colleagues were able to leave their work behind when they clocked out," she writes, while, for her, with a husband, Clarence, at home dying of AIDS, this was not an option (85). "My friends were concerned when I accepted the job at CHAP," she admits. "But Clarence had been thrust onto the frontlines of this epidemic, and the job was my way of fighting alongside him" (86). Schwolsky's piece reveals how health care work is, so often, personal, whether or not professionals are willing or able to explicitly trace those connections.

Morand similarly exposes the ways in which his professional path was shaped through personal experience, though his trajectory is decidedly windier. In his narrative essay, he recounts having lost his youngest brother, Joe, to a gunshot wound while he was in medical school. Joe died on the surgeon's table. "I refused to meet or talk to the surgeon who attended Joe—that incompetent, probably poorly trained and ill-prepared joke of a surgeon," he recalls (30). Morand returns to medical school "completely changed," and he decides to shift his field of focus to general surgery. Working later as a trauma surgeon, he confronts his own inability to save every life put into his surgeon's hands. Towards the end of his essay, he reflects on the man he had imagined as at fault for his brother's tragic death: "I sometimes wish I could go back in time and have a coffee with this surgeon, this man. I would tell him that I know he did his best" (31).

These two essays reflect the ways in which personal and professional experiences often track side by side, even as one traumatic set of experiences may, with negative consequences, blot out or recast the other. In that same vein, the essays and poems in the book can, more broadly, be understood as powerful mechanisms of assembly. By assembly, I mean both of coming to see how personal and professional griefs collide, and of bringing together a community of others to acknowledge, and explore, those otherwise imperceptible convergences.⁵ At their best, the writings in the collection expose what Robert A. Neimeyer describes as the "meaning reconstruction" at the core of the

work of grieving.⁶ The pieces invite health care workers to draw on their own professional losses, that is, to glean whatever can be taken from the very worst facts of life, even if it means simply accepting one's role as helpless witness. The act of attention, these writings tell us, is part and parcel of the caregiver's role; in fact, it may be at the heart of it.

For example, in "A Beautiful Mess," the final essay of the book, Teegan Mannion writes of working as a professional clown with five-year-old Tina, who has been living in isolation for over a year. After witnessing a distressed Tina parting with her mother, Mannion hesitates to join her patient. "I breathed out my fear of not being enough, of not knowing what to do," she writes, and later continues: "As I took in the exactness of the moment and I let go of the need for it to be any different, I noticed that I could see all of Tina simultaneously—the hurting part as well as the bright, resilient, joyful light behind the tears. I noticed that Tina was, and this moment was, despite appearances, innately and profoundly okay. I didn't need to change her, nor could I" (136). Mannion's profound realization here does not, ultimately, end her piece. Instead, as the essay concludes, she has decided to step away, if temporarily, from her work as a therapeutic clown. She has given herself the space to grieve.

What Mannion's piece so movingly depicts is both the power, and limitation, of collective grieving. Just as it is important to find spaces to make meaning of, to communally address, professional loss, there are limitations to what can collectively be shared. Nonetheless, for health care workers, for whom death happens as a matter of course, it's especially important to find and create such spaces. Their daily professional realities separate them from the rest of the population, those of us usually lucky enough to remain ignorant of the closeness of death in our daily lives.

The Healer's Burden is a book clearly aimed at people working in such industries, but it is also a book that could potentially offer an important peek into such work for those outside of it. Over the last year or so, many people working outside of health care have been forced to think about grief and loss in everyday life more directly, and regularly, than we otherwise would. But health care workers are still on the front lines. They have been from the very beginning. And the circumstances of the pandemic have in many ways amplified their isolation from the rest of the population, and from one another. Getting these stories down, collecting them, and publishing them is essential for helping health care workers feel less alone in their experiences.

But it also reconnects them to the rest of the population, who may not have a clear sense of the emotional impact of what it means to daily live out professional losses. Projects like the NYC COVID-19 Oral History, Narrative and Memory Archive, run out of the Interdisciplinary Center for Innovative Theory and Empirics (INCITE) at Columbia University, have become important sites of witness for the struggles that health care workers have borne.⁷ Such projects compel those of us living outside that sphere to bear witness to those who bear witness.

In reading through *The Healer's Burden*, I often found myself wondering how the loved ones connected to the patients in the narratives would feel in reading these stories. I wondered how *I* might feel, knowing that the nurse, doctor, or social worker who cared for my partner, or my father, or my child, was struggling, years later, with intense regrets, sadness, worry, and hopelessness from their time together.

I like to think I would feel grateful, and relieved. What a gift to know that those you care most about are seen, really seen, in their greatest moments of vulnerability.

NOTES

1. Clark, "Understanding," n.p.
2. Clark, "Understanding," n.p.
3. For a definition of the term "narrative medicine," as well as a description of its history and various forms of its practice, see Rita Charon's *Narrative Medicine: Honoring the Stories of Illness*, particularly "Chapter 1: The Sources of Narrative Medicine," 3–15. And for a recent documentary effectively summarizing and historicizing different related modes and practices of narrative medicine, see *Why Doctors Write: Finding Humanity in Medicine*.
4. *Why Doctors Write*, 15:11–15:14.
5. For more on grieving as the work of "assembly," see Oksman, "Assembling a Shared Life."
6. Neimeyer, "Introduction," 4.
7. See "NYC COVID-19 Oral History."

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—Tahneer Oksman

Kylee-Anne Hingston. *Articulating Bodies: The Narrative Form of Disability and Illness in Victorian Fiction*. Liverpool: Liverpool University Press, 2019. 232 pp. Hardcover, \$120.00.

Clare Walker Gore. *Plotting Disability in the Nineteenth-Century Novel*. Edinburgh: Edinburgh University Press, 2020. 208 pp. Hardcover, \$110.00.

Since the founding of the field, disability studies has been particularly interested in the nineteenth century, specifically in the Victorian novel. This is largely because of Lennard Davis's compelling argument in *Enforcing Normalcy* that the idea of bodily normalcy came about in the mid-nineteenth century as a byproduct of demography, statistics, and the increased professionalization of medicine. Davis claims that literature played an important role in the discourse of normalcy: "the very structures on which the novel rests tend to be normative The novel's goal is to reproduce, on some level, the semiologically normative signs surrounding the reader."¹ This has acted as an impetus for Victorianists, inspiring major works dedicated to disability in nineteenth-century literature, beginning with Martha Stoddard Holmes's *Fictions of Affliction: Physical Disability in Victorian Culture*, and continuing with the recent publication of Kylee-Anne Hingston's *Articulating Bodies: The Narrative Form of Disability and Illness in Victorian Fiction* and Clare Walker Gore's *Plotting Disability in the Nineteenth-Century Novel*. Clearly building on Davis, both Hingston and Walker Gore explore historical conceptions of the body in literature, as well as the ways in which the increased medicalization of the body in the period (through