

DOMINIK STOSIK¹

IT'S NOT AT WHAT YOU LOOK THAT MATTERS, IT'S WHAT YOU SEE

Abstract

One of the important themes in the literature on truth is its connection to meaning, or more generally, to language. As Einstein once stated, reality is merely an illusion, albeit a very persistent one. Therefore, truth, as an element inextricably connected to the subjectively perceived reality of each individual, is dependent on the form of communication and the skills used in conversation. The following essay does not focus on the issue in the study of truth itself but instead portrays and deeply analyses each step of a study of a conversation between a surgeon and a patient drawing upon concepts of communication theory and neuroplasticity. Indeed, it shows at each step and juncture of the ongoing conversation, both how the truth may be misconceived and how slight changes in communication techniques contribute to the transmission of truth in the sense of an unimpeded flow of information.

Keywords: truth, communication, health, subjectivity

As someday we will all become a memory for some other people, let us try our best to become a good one. Just imagine the short glimpse of what a hospitalized patient actually sees and hears from their doctor during consultations and visits and what they then keep as a memory when left alone afterwards. We often lose sight of the perspective other people have on life, and that this perspective might differ from ours. In looking through a biographical lens, maybe we need to remove this from time to time long enough to see things more clearly. Imagine the reality a patient faces. When a patient is hospitalized, their whole life suddenly changes. They

¹ MD, PhD candidate; dominik.stosik@icloud.com.

find themselves in new surroundings where there is noise, bright lights and a lot of new people. And where there is worry and concern.

The reality of a hospitalized patient is completely different from the reality of the physician who is treating them. Imagine the gaping chasm between the perspective of a doctor and that of a patient. In their worry, the patient might be constantly gravitating towards the past or the future, neither of which exists, philosophically speaking. At the same time, thinking about one usually causes depression, while considering the other causes anxiety. Perhaps due to this observation there should be a greater focus on teaching communication. With this in mind, let me tell you the story of my clinical internship at a surgery ward in a German hospital and a surgeon who was gifted with a unique skill in communication.

It was that kind of late summer where the morning cold actually felt good, because one could literally sense the upcoming sunny day in the air. As the night is always darkest just before the dawn, the morning is always coldest when one has to ride their bicycle to their internship at the hospital. As reality is created by the mind, we can change our reality by changing our mind and by doing so we can ride our bike to work and skip that morning coffee. What I am trying to say here is that it's not at what you look that matters, it's what you see. We will return to this thought later, but allow me now to present you with a truly incomparable level of communication between a surgeon and their patient. It is important to emphasize at this point that this did not constitute either an instruction, a statement of medical information, or a conversation – it was simply an act of active listening.

As chance would have it, one day this particular surgeon came up to me asking if I could help them. There was a patient who barely spoke German, but as she spoke Polish, I, speaking both Polish and German, took on the task of translation. The best aspect of this situation was that by translating simultaneously I literally felt what the surgeon was doing in each particular situation and how the patient reacted. The patient was duly admitted to the hospital for further diagnosis. However, it was clear from the outset that there was no surgery necessary, at least in terms of physical surgery. There was something else, however, which that particular patient needed, namely surgery on her thoughts and her way of thinking.

As it turned out, her disease was caused by complications after a stroke she had suffered. The inability of muscles to move is one of the most common disabilities resulting from stroke. In fact, as many as 9 out

of 10 stroke survivors have some degree of paralysis immediately following a stroke. However, continued physiotherapy and treatment can help stroke survivors regain voluntary movement, even years after their stroke.

What this patient needed to do was to exercise the muscles of the right-hand side of her body which were badly affected. Her son was a young man in his twenties who, having been unable to get a college education, instead had to work as a male nurse to support the family financially. Apart from this, the surgeon went the extra mile in even consulting a social worker in the hospital and figured out that there was even a physical rehabilitation program that would have been covered by the patient's insurance. So why didn't the patient just do it? Sometimes it turns out that we can be our own worst enemies.

In five years of medical school I observed that in communication, some people only wait until the other person has barely finished their sentence so they can start speaking, as if the content of the spoken word was not important enough to wait until the speaker has finished their sentence. I have always appreciated the words of Zeno of Citium, the founder of the Stoic school of philosophy, who said the reason why we have two ears and only one mouth is that we may listen more and talk less.

Let me try to paraphrase the conversation between the surgeon and the patient in order to show you how simple were the techniques the surgeon used to help the woman to help herself.

"You know that you can improve your situation and the situation of your son?" he said. "Yes, but it's so hard," she replied. Knowing this was hard, the first thing he did was mimic her content. This was a kind of active listening, which is actually not very difficult. Therefore, he listened to the words she spoke and he repeated them. There is no magic behind this: "Yes, but it's so hard," he said. Although under no circumstance do I want to trivialize her situation, it was actually not that hard to get help and start physiotherapy. The problem, however, was something else. I am still wondering how the surgeon knew this already, but let us keep moving. By repeating her words, he had not seemed to evaluate, prove, advise on or interpret what she had said. Further on in the conversation he rephrased her content; as she once again said "Yes, but it's so hard," he replied "You are facing problems in how to approach the whole thing." Even though this was emphatic listening and still was limited to verbal communication, something important happened here, namely he introduced meaning into his own words. Neuroanatomically speaking, he was thinking about

what she said, mostly with the left side of his brain, that is the reasoning, logical side.

As the conversation continued, the right side of his brain came into operation. The surgeon started to reflect feeling by answering “Yes, but it’s so hard” with the words “You are feeling really frustrated.” Now he was not paying as much attention to what she was saying as the way she felt about what she was saying. Although I myself have always had significant difficulties in social interaction and nonverbal communication, even I could see that there was something going on. Without hesitation he summed the situation up masterfully by stating: “You are really frustrated about your situation and how to approach it because of your lack of language skills.” Thus, frustration is the feeling, while the whole anxiety concerning how and where to start with physiotherapy was the content. Both sides of the brain are being used to understand both sides of her communication. Now what happened? This surgeon did not try to indoctrinate his patient, make her feel bad, or lecture her. No, he truly, genuinely did seek to understand, as he rephrased her content and reflected the feeling of the patient. What he did was give that particular patient psychological air with which to breathe, thereby helping her work through her feelings and thoughts.

This surgeon was passionate about this case because he saw the potential benefit she and her son could enjoy if they only tackled the problem. In fact, he was mad, revealing this not in front of the patient, but when we talked about this case before and afterwards. This was expressed more in a frustrated way, that things like this happen all the time, but shouldn’t. However, what had happened to that mother during that conversation was that she experienced a growth in confidence, because there was finally someone who had a sincere desire to really listen and understand what she was going through.

“You know that you can improve your situation and the situation of your son?”

“Yes, but it’s so hard.” (Perhaps she meant “I want to talk to you and to get your attention,” perhaps her hospitalization was, as in so many cases, a cry for help.)

“You are really frustrated about your situation and how to approach it because of your lack of language skills.”

“I am, to be honest, I just don’t know where to start. I always wanted it to be otherwise, but so many things happened. I see my son’s working

for the both of us, my husband left us, I had a stroke, I can't speak proper German."

"You are overwhelmed, you've been struck down by the hand of fate many times, you don't know where to start and instead of doing something you do nothing" (Although this was probably somewhat a leading statement, in this case a little provocation might help to get things moving.) Besides, it's all too natural when emotions come into play. There is an assumption in the collective mind in terms of heroic deeds taking place on the battlefield, in a shipwreck or similar crisis. However, everyday living requires courage too. I'm talking small steps. When people are overwhelmed or experience failure they tend to stand still, instead of doing something they just do nothing. A good piece of advice would be to think in the following way. Any time you act can be wrong. Any decision you make can turn out to be the wrong one. A step in the wrong direction is better than becoming petrified. Once you are moving you can correct your course as you go.

I know what you're thinking. You might think that it's too sad that everything is crystal clear in theory, but so hard in practice. But do you know what's really sad? The ending of the movie *Titanic*, I'd say. Now, let's get out of my head and back into the conversation between the surgeon and the mother.

"I tried to learn German, but then I had a stroke and I can't do my job anymore."

"You've had a hard time and are not happy with the circumstances, you wish they were better. But since you don't work, don't you have time to learn German now?" (Again, a little provocative, but hey, as they say, the end justifies the means.) She smiled quietly. "But it's too late now" she continued.

This, in fact, is not true. The current state of research in neuroplasticity states that neurons that fire together wire together, and neurons that fire apart wire apart. This basically means that neurons in brain maps develop strong connections to one another when they are activated at the same moment in time. I am talking about habits and deliberate decisions we choose every day. Think of these patterns and habits as a trail or path beaten in the woods. The more it is used the better a path it becomes. Same applies to our brain. Use it or lose it.

At this point the surgeon did something really impressive. The conversation seemed to be stuck, but he managed to move it on by using a little

trick. As placebo studies have shown, some individuals responded well to surgery despite not receiving a substance given to other patients. In fact, they did just as well as the average patient who did receive it. The differences among patients in terms of diet, age or blood pressure simply could not explain this effect. There are, however, theories about “rapid healers.” What these people have in common is one easily recognizable characteristic, namely they were optimistic, positive thinkers who not only expected to get well in a hurry, but invariably had some compelling reason or need to recover quickly. They had something to look forward to and not only something to live for, but something to get well for.

“Think of your son,” he said. Silence and a deep sigh from her followed. See how all the well-meaning advice in the world won’t help if we’re not even addressing the real problem. Although the son was not the real problem and we’re probably only halfway through the conversation, what I want to say is that we will never get to the core of the problem if we are so caught up in our own paradigms. We need to take off our subjective glasses long enough to see the world from another point of view. As I experienced that particular situation, I realized there were a lot of unpleasant things that had accumulated over time during the life of that mother and made it more and more difficult to find motivation to start finally with physiotherapy. There were a lot of obstacles and, as so often in life, we tend to wait for the right time and the right circumstances to start. There is no right time and I am afraid there never will be. There is only now. It is different, however, concerning circumstances. While we have absolute no influence on time, we have indirect influence over our circumstances. Think of it as of training your heart, which is a muscle you cannot exercise directly as you would probably do with your biceps by lifting weights. No, you need to increase your heart rate on a regular basis for a certain amount of time and by doing so you will eventually strengthen it.

Although we are eager to improve our circumstances, we are not willing to improve ourselves. We blame our circumstances, not knowing that we are the only author of them. This all just observation, neither good nor bad, but just that. What I realized during that conversation was that while we could not directly choose our circumstances, we could choose our thoughts, and so indirectly, but surely, we could shape our circumstances. This is what I meant in the beginning when I said that reality is created by the mind. Although we can change our reality by changing our mind, sometimes we just need some help from outside.

She continued speaking in a way as if she understood that the future was not as hopeless as she may have thought. The surgeon achieved a shift in perspective. Maybe it won't get as good as it was, but it might become different, which sometimes can be even better than it was before. I felt that her opening up was mainly caused by the particular approach this surgeon had taken during this conversation. During my medical studies I was present at a lot of medical interviews and I experienced that doctors often give a lot of advice in the manner of "You should do this, you should do that." Patient informed, job done, next patient. However, you may have a different attitude if you were only able to see how this attempt at real listening and real understanding changed the process. As I am writing so much about perspectives I will try to do my best at the end of this essay to find possible explanations for the reasons why doctor-patient communication often comes off so badly and try to present ideas on how to fix it. But for now let us get back to the conversation with the surgeon, who was not actually the treating physician. This whole idea had come out of his own initiative, which I consider a truly altruistic act, reminding me of the words of Hippocrates who once said thousands of years ago that it is far more important to know what person the disease has than what disease the person has.

"What should I do?" she asked. "I saw you smoking the other day, I don't think that will be very helpful along the way." Again, he did not tell her what she should do but made her think.

By seeking first to understand, this surgeon had just turned a transactional opportunity into a transformational opportunity. Instead of interacting on a superficial, get-the-job-done level of communication, he had created a situation in which he could now have a transforming impact, not only on his patient, but also on the doctor-patient relationship. By really seeking to understand, he had empowered his patient to open up, layer by layer, and to get to the real issue. Now doctor and patient were on the same side of the table looking at the problem, instead of on opposite sides looking across at each other. Consequently, the patient found herself seeking her doctor's knowledge and experience and asking for advice.

Even as the surgeon began to counsel her, however, he needed to be sensitive to his patient's way of communicating. As long as the response was logical, the surgeon could ask questions effectively and give advice. However, the moment the response became emotional, he needed to go back to emphatic listening: "I reduced smoking to 5 cigarettes a day," she said.

“That is a good start,” he answered before continuing “but will you do me a favor and speak with the social worker? I can come later, we can meet with your son. What do you think?”

“I’ve already tried and checked out all those forms some time ago. It takes so much effort and time. My son tried to help me, but this officialese is so hard, especially in a foreign language.” Sensing emotion in this reply, the surgeon moved back to employing empathy. “I understand that you have tried and failed, and that must feel really bad, but let us try again, I will do my best to help you.” The problem with failure is that when we experience failure, we tend to think we are failures, but that is not true. The problem lies more in the field of self-acceptance. She probably realized that she had made a mistake, and probably thought of this in a negative way. But if we realize that these negatives belong to us – but ARE not us – it makes things a lot easier. People tend to shy away from healthy self-acceptance because they insist on identifying themselves with their mistakes. You may have made a mistake, but this does not mean that you are a mistake. “Do you think I will get on that physiotherapy program and get well again?” she asked.

He just nodded and probably knew already that she had just made a huge step forward considering the fact she was asking a question which implied a possible positive outcome.

She was at once more open and logical. Now the surgeon had another opportunity to influence and transform. Sometimes transformation requires no outside counsel. Often when people are really given the chance to open up, they unravel their own problems and the solution becomes clear to them in the process. But at other times, as in this case, they need additional perspectives and help. What I learned from this conversation is that the key is to seek out the welfare of the individual patient genuinely, to listen actively, to let the person get to the problem and the solution at their own pace and in their own time. In case you are wondering how it all ended, I can tell you that the story came to a positive conclusion.

Let us now take some time to look at the possible explanations why this experience left a lasting impression on me, because to be honest, shouldn’t that be the least we should expect?

I won’t go into detail concerning my ideas for changes in the part of the medical system which deals with time and money, but instead want to focus on the interpersonal aspect and reflections on psychology and purpose. We all know that there is always too little time and, to be honest,

I think there never will be enough. As there will always be something to do, this more concerns time management I think. But let us start with that particular surgeon, who probably was in good control of his ego. Since pleasure is the most superficial form of satisfaction in life, and therefore the easiest to obtain, it is, ironically, also the easiest to lose. This just means that it's not all about you. I didn't get the impression he wanted to be the best in the world. He just did his job and nothing more. Although these were small deeds, they were effective. This was purpose in its purest form. We need more compassion. Can compassion be taught? I don't know. If it can, let's find a way and teach it. Whoever has compassion can be brave. We also need physicians with humility. Whoever possesses humility can afford to be generous. Is there a way to teach it? If there is, what are we waiting for? The right moment? We've had that already. Active listening is a forgotten skill that actually can be taught. Let's teach it. I was lucky in the way that I literally translated every sentence the surgeon said and every word the patient answered. Therefore, I was being actively taught what this surgeon was doing. Of course, while it's not the best idea to teach students communication skills by making translators out of them, I'm sure there is a simpler method. Please find it and teach us. My advice would also be to first seek to understand. Seeking first to understand involves a very deep shift in one's paradigm. We typically seek first to be understood. Most people do not listen with the intent to understand, they listen with the intent to reply. They're either speaking or preparing to speak. They're filtering everything through their own paradigms, reading their own autobiography into other people's lives. Probably the best you could do would be just to listen, without judging or preaching or reading your own biography into what someone says. Just listen and seek to understand. Let the patient feel your concern for them, your acceptance of them as a person.

In fact, did you know that communications experts estimate that only ten percent of our communication is represented by the words we say? Or that the sounds we make represent another thirty percent and our body language accounts for sixty percent? While in your emphatic listening, you listen with your ears, you also, and more importantly, listen with your eyes and your heart. You also listen to sound, to reason. You listen for conduct [behavior?]. You use both your right and left brain. You feel, you intuit and you sense. Researchers on neuroplasticity claim that we see with our brains, not with our eyes. Antoine de Saint-Exupéry said that is only

with the heart that one can see correctly, that what is essential is invisible to the eye. Although they are probably all right, the problem is something else. Again, it's not what we look at, it's what we see. Whether we see it with our brain, our heart or our eyes actually doesn't really matter. We also should remind ourselves more often that we are the ones in control of what we choose. We make choices every day. Since we have seen that the most basic skill is just active listening and this really does not require a lot of effort to do, why don't we choose to do it more often? I can tell you. It is because when something is easy to do, it is also easy not to do. Skills can be taught, learned but it's up to us to make habits out of them. Some of us are more gifted with interpersonal communication skills than others but that's no excuse. In the words of Batman: "It's not who we are underneath, but what we do that defines us." As I stated at the beginning, as someday we will all become a memory for some other people, let us try our best to become a good one.