



Reflections

The hero with a thousand faces visits the doctor

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Storytelling is fundamental to how people think about and understand their lives, and the use of stories in family medicine is no exception. As healers, we tell our stories in ways that make sense to us. But of course our patients tell their own stories, and we cannot understand the physician-patient interaction without understanding their narratives of our encounters.

Joseph Campbell, the famous American mythologist, is known for his view that all of the stories people tell themselves, as well as all of the myths they retell, follow a few basic themes, and that those themes correspond to the main psychological issues that we all face. His book *The Hero with a Thousand Faces* explores the archetypal myth that appears in traditional stories from around the world and also reappears in modern fiction.¹ It is the story of the self's journey to another level of existence, an encounter with the "universal father" (a character representing the forces of life and death), and a return to reality with the "ultimate boon" (the power to transform the world). A visit to the doctor fits this motif nicely. For me, it is just another day at the office, but for my patients it is a journey away from their everyday world. They must find their way past my staff, who serve as the guardians to the "otherworld" of medicine, and sit in my examination room, waiting for an encounter with the mysterious forces of life and death, with the one who knows their secrets but remains hidden behind the veil of professionalism. Joseph Campbell would remind me that this "monomyth" can have many variations and that I might not always like my role as the "universal father" (actually, the "universal parent").

Classically, the forces of life and death take the form of a supportive parent. A hero like Moses climbs the mountain, pays his respects to "the father," and descends with his reward of holy tablets, which are key to the good life. I occasionally get to play this version of the monomyth. At those times I actually do have the power of life and death in the investigations and treatments at my disposal. I get to "play God" and transform my patients' lives. On those occasions, my narrative—with me in the role of benevolent and powerful healer—is comfortably similar to my patient's version of the same encounter. But that is not the only form of the monomyth.

In some versions the "universal father" is not always benevolent. Sometimes he is otherwise preoccupied and must be persuaded to grant the boon. Sometimes, he is frankly hostile. For example, Jack (the one who climbed the beanstalk into an alternate reality) knew exactly the boon he needed to take away with him to repair the life-threatening poverty of his own world. But the giant

who controlled that prize did not seem open to humble requests for assistance. Jack's choice to steal the treasures is an alternative strategy open to the hero.

Like Jack, my patients might be desperate. They might believe that their lives depend on leaving my office with the life-saving prescription or laboratory requisition for a test they read about on the Internet. Asking nicely might be their preferred technique, but when life and death are thought to be at stake, all options remain on the table. Bribery, deceit, threats—at one time or another, my patients have tried them all. The "heroes" in my examination room are often certain that I have the cure they need despite my assertions to the contrary. In their version of the narrative I am uninterested, prejudiced, greedy, or lazy. There must be some reason that I am not curing them, and the idea that I am powerless seems the least likely explanation. Once they have cast themselves as Jason, it is no good telling them that there is no Golden Fleece to win. I am stuck with the role assigned to me by their narrative.

In my own story, I am more like the Wizard of Oz. My patients have come a long way down the yellow brick road and overcome many obstacles in order to have a personal audience with me. They have done so in the belief that I am the only one with the power to restore their world to the way it should be and to get them back to Kansas. And yet I know that I have no magical powers and cannot live up to their expectations. Like the Wizard, I have choices. I could set them an unachievable task so that failure is their fault. I could stall with smoke and mirrors. I could come out from behind the curtain and confess to being a humbug. Or I could try the Wizard's trick of granting empty gifts that merely emphasize the powers of healing that my patients possessed all along. As the Wizard, I must choose how to play my role. What effect will my choices have on my patients' lives? How will my actions fit into their narratives?

As I progress from one examination room to the next I move between worlds. In each room I must identify the patient's narrative and the character I have been cast to play this time. I still have choices, but my actions are judged within the context of a narrative that is not my own. I pause at the door, take a breath ... and walk in. 🌿

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Competing interests

None declared

Reference

1. Campbell J. *The hero with a thousand faces*. New York, NY: Pantheon Books; 1949.