

Art of Family Medicine

Frozen ground

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t was in the days before seat belts. The days before minivans and car seats. We had gone to spend the weekend on my grandmother's farm in the Annapolis Valley of Nova Scotia and were on our way home. It wasn't really that long a drive when I think about it now; it wasn't that far, maybe 2 hours. But to a carload of 6 children aged 2 to 10, it seemed like forever. And I'm sure for our parents it was worse.

I remember a black cat running across our path as we left Kentville, leaving me with a vaguely uneasy feeling. I knew at the age of 9 that superstitions had no bearing on reality, but still.

If it weren't for what followed, I wouldn't remember that detail

As we drove, I was in the far back compartment of our Ford station wagon with my youngest sister, Jill. It was my favourite spot, where I could stretch out and read or think. It was a spring day and we were driving the scenic back-roads route. We had been traveling for some time, and I think my father's nerves were becoming frayed trying to keep his attention on the road while listening to the whining of 6 young children in close proximity.

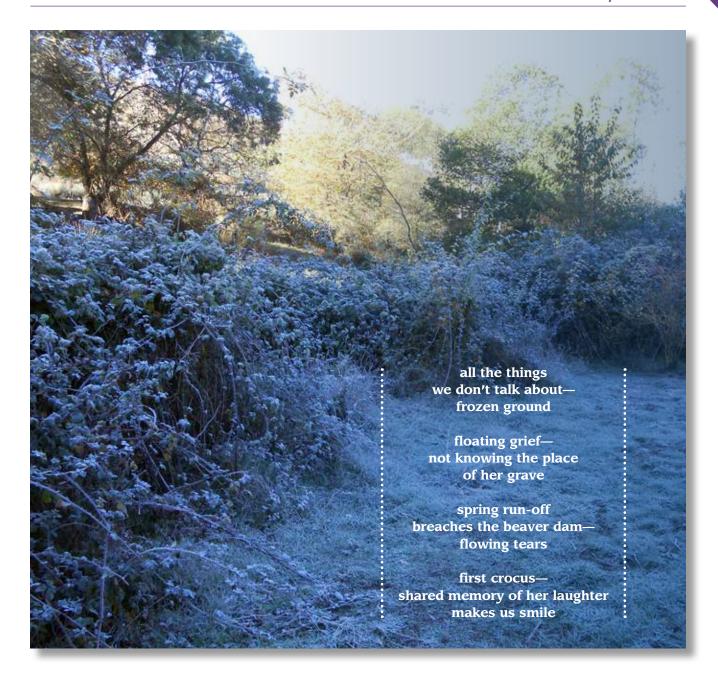
The next thing I remember is regaining consciousness in the back of the station wagon, mouth full of blood, thinking, "We must have had an accident." Jill wasn't beside me. The next few hours and days are still a blur in my memory. A few images stand out. My wonderful mother sitting beside me in the back of a bystander's vehicle, holding large gauze pads to her bloodied face, showing concern not for herself, but for me. The emergency department at the Blanchard-Fraser Memorial Hospital in Kentville, where I had various x-rays. A doctor who, trying to make me feel less anxious, I suppose, teased me about not washing my ears that morning. A hospital room shared with my second youngest sister, Bev, where we were cared for by kind nurses, who were obviously not telling us something. My father coming in and telling me that Jill had been thrown from the back of the car and had died; I realized that I already knew it. His grief. Returning home to New Germany with my father and siblings, where our other grandmother came to stay with us until my mother was released from hospital. My mother coming home with her face bruised and scarred.

I remember some of my emotions. The guilt, the feeling that I should have seen what was happening and held on to my little 2-year-old sister and saved her. The sadness. The transient hope when in my dreams Jill was still alive, and the horrible return of sadness

when I woke and realized it was just a dream. The feeling that this loss wasn't something I could talk to my parents or siblings about. In those days it was believed that children should be sheltered from grief and loss, so we weren't taken to Jill's funeral. I still don't know where she was buried. It would be so wonderful to place flowers on her grave. My much-later feelings of guilt that I didn't lift Bev out of her crib in the hospital and take her into my bed to comfort us both.

Several weeks after my mother was released from hospital we moved from New Germany to Aspen, another village in Nova Scotia. This had been planned for some time. My father was a United Church minister, and it was common for those in his profession to move to a different parish every few years. But I think it just compounded our losses. We limped along. Children are resilient, and the 5 of us remaining were close, despite our differences. I can only imagine what my parents went through. Only when we were much older did my siblings and I talk about the accident and our feelings surrounding it. Our parents are both deceased, and my mother never spoke a word of her feelings to me. A few times my father would say something like, "If Jill were still alive, Bev would have had a buddy."

When we are busy as physicians dealing with accident victims in the emergency department and afterward on the ward or in our offices, although there is nothing we can do to mitigate the losses a family suffers, I think what we say and how we deal with people can make a huge difference. We can let them know about grief counseling services available. We can tell each child that the death of a family member was not her or his fault; there was nothing she or he could have done to prevent it. Any squabbles or angry words or feelings preceding the event did not cause it. Black cats did not cause it. We can let them know that it's OK not to feel sad all the time, that it often comes in waves or in our dreams. And that people grieve differently: some loudly and openly, others privately and inwardly, and that's OK too. Even something as simple as letting family members know that it is common to look for someone to blame; it's a normal response, but not a useful one. The simple words "Be kind to one another in the coming days and months" can be so meaningful and helpful. Lacerations, bruises, and broken bones will heal, leaving scars that fade over time, but the emotional scars stay with you. We can help with the emotional healing.



One morning while walking El Camino de Santiago de Compostela in northern Spain several years ago, I woke to a heavy frost, literally frozen ground. The long walk along this pilgrim route gives one the time for thought and personal reflection that we often wouldn't take otherwise. For me, on that reflective journey, the visual frozen ground evoked the emotional frozen ground so many of us carry. Be kind to one another. Frozen ground can thaw.

Dr Powell is a family physician in Prince George, BC.

Competing interests

None declared

Haiku is originally a Japanese poetry form, from the Edo period. Traditionally, haiku consisted of 3 lines and 17 syllables in a 5-7-5 distribution. Over time this has evolved, and some variation is acceptable. It should evoke a sensory response, and "In the best hands a haiku takes a leap from the particular to the universal." Within the seemingly simple form, deep truths can be found. Two linked forms used here are haiga, haiku with an image, and haibun, haiku with narrative. The combined art forms heighten or expand on the experience.

Reference

1. Bownas G, Thwaite A, editors. The Penguin book of Japanese verse. Revised ed. New York, NY: Penguin Classics; 2009.