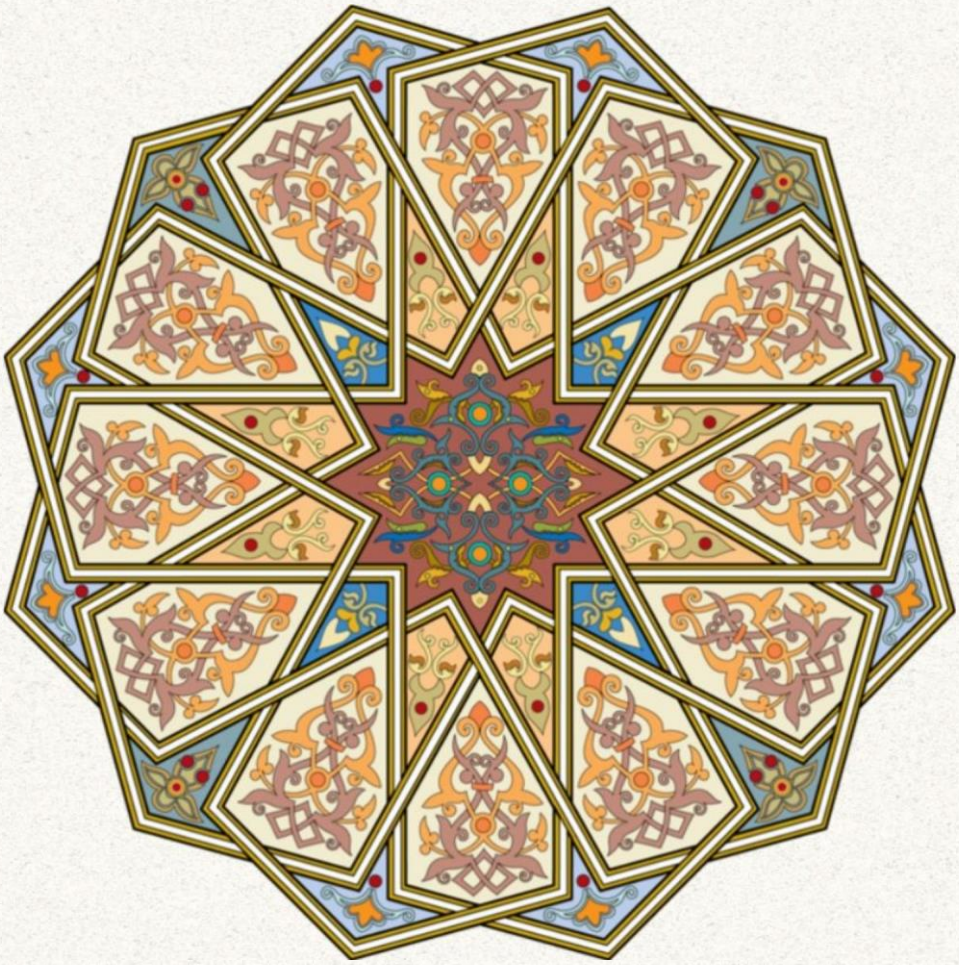
SONG OF THE SOUL

A Tale of Community, Culture, and Art in the Search for Professional Identity



DANA ALKHATIB

The Past

It was a cold night. The light of the mood reflected off glass shards scattered across the ground. Noise, mangled metal, and the sharp sensation of panic as voices yelled for help around collided vehicles. The sudden gasp, crunch, and grinding screech before a momentary stillness were things I could only imagine because I wasn't there, but I knew the sound that came afterwards well. A rotor blade moving at almost the speed of sound was beating the air downwards as a metal bird I previously associated only with dust, flames, and rubble, descended carrying a team of clinicians. They approached a man I had barely registered, lying motionless on the ground. Time began to accelerate as a man in bright orange gathered his team, and spoke in a clear, loud, English accent. People repeated what he said as tubes, needles, masks, and straps were passed around. Minutes later, they had packaged their patient and returned aboard the helicopter. Mama paused the video and turned.

"This man is a doctor. This is what our people need, it is what you can be one day".

Years later I took my first curious steps out of Edinburgh Waverly station. Though booming full of life, it was a foreign city. Filled with a majestic energy much more stoic than my hometown. Only months prior I thought I wanted to be a professional showjumper. Instead, the thrill of the arena was overcome by a quiet, more reasonable judgement. I should be in healthcare. Still, I was determined to find in medicine the excitement of being in the saddle. The voice of Khalil Gibran echoed in my mind:

"Let your soul exalt your reason to the height of passion, that it may sing;" (Gibran,1923).

Long and hard as I tried to search for song, I found myself sat at my desk, listening only to the omnipresent ringing in my ears. My heart raced in an unfamiliar feeling of anxiety, as I waited to speak to a barely familiar supervisor over Teams. I had finally decided I was disillusioned and exhausted enough to accept guidance from anyone willing to offer it.

I stumbled over the concerns that had been building in my mind over 3 years. I had watched as my classmates used medical terms I didn't know, joined societies, and began building CVs, while I spent my time rebuilding a life – learning to understand Scottish accents, use public transport, and re-learning how to learn. The social isolation to which I was sentenced by my immigration was heightened by the pandemic. The next two years became a lonely fever dream – weeks on end of keeping my head down, my pen to paper, and my nose in my notes. Decades worth of work squeezed into a mere 3 years weighed heavy on me; a central crushing chest pain less suggestive of an ill pump than an ill spirit. I grew progressively more dispassionate, and the face on the screen in front of me started to blur and vanish. My mind drifted back into the past.

The year is 2014, I am twelve – In my hometown of Amman, Jordan, Ramadan has just begun. My father stands behind his bedroom window quietly reciting verses.

"Indeed, Allah commands justice, grace, as well as courtesy to close relatives. He forbids indecency, wickedness, and aggression. He instructs you so perhaps you will be mindful." – The Qur'an (16:90)

November 2019, I am eighteen – my grandfather dies, but I tie my laces and run to catch the no.9 bus for my lectures at Ninewells Hospital. 3,500 miles of land and sea stand between me and my grief.

As I neared the end of my outburst, I began to hear myself speaking again: "…but no one around me is having a hard time… am I doing something wrong? Am I crazy?"

I stopped speaking, and we were quiet for a moment. I started to worry if my rambling made any sense, but he broke the silence.

"You're not crazy, you're right. This is a very weird and often brutal job to be in, but remember, you're never alone. Do you enjoy reading? I have some books that might give you some perspective."

The Present

Prof. Melvin Konner's (1987) memoir – *Becoming a Doctor* – discusses the socialisation of the person into a physician. Konner suggests that our training forces us to unanimously adopt "abnormal" behavioural patterns to survive, and our ability to function under such poor circumstances is what characterises the modern physician. Socialisation, however, is not something students undergo independently; in every space, from lecture theatres to wards, they reflect on the way they are treated by patients, colleagues, and the public, to establish a behaviour pattern that allows them to conform. Much of the learning in this hidden curriculum is tacit, including the understanding of terminology and power structures within medicine, or even a new sense of humour and world view (Cruess et al.,2014; Monrouxe,2010). Students learn to play the role of the physician, until they transition from doing medicine, to being medicine.

During their enculturation, students attempt to synergise elements of their *primary identity* (race, ethnicity, etc.), with the role of the physician they must adopt, producing a *secondary professional identity*. This requires a degree of *identity repression* – a negotiation process by which dissonant elements of the student's primary and developing physician identities are resolved as one outweighs the other (Cruess et al.,2014). Personal space, as we are taught to understand it, becomes an element of the primary identity that must be repressed, and social inhibitions overcome, allowing them to comfortably take a sexual history or femoral pulse (Konner, 1987). Failure of this negotiation leads to identity dissonance, causing stress, anxiety, and underperformance (Cruess et al.,2014). Ethnographic research suggests negotiation and merging of personal and professional identities is swift for identities similar to the new professional role. As the differences between personal and professional identities increase the merging process becomes a traumatic experience of identity dissonance (Monrouxe,2010).

Bioscientific knowledge is essential in the development of a doctor's key competences; safe, high-quality healthcare cannot be provided by a doctor who doesn't know the anatomy of the thorax, or cannot establish intravenous access (Kuper and D'Eon,2011; General Medical Council,2018). Konner (1987), however, criticises modern medicine, identifying in its physicians a missing understanding of the: "non-physical aspect to healing…It relates to heart and mind…values and ideas, social and cultural – including religious – life" (p.376). The biomedical approach to medical education may be so steeped in positivism, that it disregards social and cultural aspects of professional identity development (Wyatt,2021).

Post-colonial perspectives recognise that professional identity, values, attitudes and behaviours expected from doctors are context dependent (Wyatt,2021). Konner (1987) identifies a missing element in American medicine he is 'prepared to call spiritual' (p.376), highlighting a cynicism towards spirituality that deeply affects the physicians view of the human experience. However, for Muslim physicians across the globe, ethics rooted in Islamic scripture comprised of the Holy Quran and the sunnah (the teachings of the prophet Muhammad ﷺ) are the cornerstones of their professional identity. These values and commitments materialise in a medical oath specific to Muslim physicians (Abu-Ras et al.,2022;Arawi 2010).

In systems where we are a minority group, Muslims have had to continuously redefine their identity as a community in order to survive in the host culture. 80% of Muslim physicians in the NHS have experienced islamophobia that was damaging to their mental wellbeing and careers. During the pandemic, ethnic minority physicians were significantly less likely to voice their concerns, and more likely to be pressured and bullied into higher risk roles, resulting in increased stress, burnout, illness and death. The first 4 doctors to lose their lives to COVID-19 were Muslims. When all was said and done, 95% of doctors who died would be from ethnic minority backgrounds (Shahid,2020).

The understanding of professional identity in the past reflected a workforce and professional culture dominated by white men. This highlights a community of practice that has not exhibited a cultural shift to reflect the sociodemographic changes that have taken place within our workforce (Wyatt,2021). Women, members of minority groups, and those from lesser socioeconomic backgrounds face additional stress as they join the professional community – a product of tensions between systemic efforts to impose norms and

homogenize values, versus their need to maintain important, unique elements of their identities (Monrouxe,2010).

In a profession built on compassion and unity, we must support one another in whatever state we may find ourselves, and foster a community of concern (Wear,2003). To achieve this, I argue that we require a model of education that runs parallel to bioscience, redefining medicine as a sociotechnical profession rather than a science separate from art, or vice versa.

A shift in our culture must be the product of a discussion that examines "how racism [and other forms of dominance and neglect] … is produced historically, semiotically, and institutionally" (Wear,2003). This must be the role of the arts in medicine; authentic expressions of the human experience that allow us to appreciate identity as complex, culture as dynamic, and systems of oppression in all their forms. The options are hence limitless; if medicine is the practice of alleviating human suffering, then everything human is medical. Whilst impossible to discuss all relevant works, some have shaped my professional development in particular.

Down and Out in Paris and London is a recollection of George Orwell's experiences with poverty as a previously middle class man. It clearly highlights that poverty is inseparable from oppression, that there is no inherent difference between the rich and the poor, and that economic status is inextricably linked with identity (Orwell,2021).

Edward Said in *Orientalism*, explores similar themes to Orwell related to systemic oppression towards the Middle East. While discussing Westernisation, modernity, colonialism, and cultural identity, Said challenges the reader's understanding of "otherness". "Differences" are not just a set of distinguishing traits, but rather, projections of existing power inequalities (Hooker and Noonan,2011; Said,2019).

Mahmoud Darwish's artistic work speaks for his people. Following his family's exile from Palestine in the 1948 Nakba, Darwish channelled his feelings of pain and disillusionment into poetry, focusing on identity, homeland, loss, love and peace. Darwish championed Middle Eastern literature throughout his lifetime, and was a strong, ethereal voice for the downtrodden (Prince of Poets,2012).

These works of art and literature are documented acts of resistance. They must spark critical dialogue and discussion to expand our outlook as doctors, and stretch our ability to understand one another. This slowly creates a professional culture that includes those from all walks of life, and does not silence diversity in the name of bureaucratic efficiency.

The Future

In bonnie Dundee, the fifth and final call to prayer began. I picked up my phone and dismissed the notification. It was the same *Adhan* I knew from Amman; the same words and purpose, but I missed hearing it come from the mosques. Here though, an app would have to do.

I folded my prayer mat and neatly placed it under the coffee table, its malachite fabric breaking the neutral beige tones of our living room. When my friend and I first moved in, it was an uninviting space, but we have since turned it into our home – our once empty bookcase now half filled with textbooks, and half filled with stories. At the very top, the Qur'an.

My flatmate asks me: "What kind of doctor are you trying to become?"

My response was succinct: "Kind, hardworking, and honest."

Little has changed for me since I put down my supervisor's books exactly one year ago. I remain a long way from putting the puzzle pieces together, but I live with uncertainty, and rebuild my life one brick at a time. There are fleeting moments when the excitement of entering the arena returns to me. Though the smell of damp sand has been replaced by an antiseptic scent, I welcome it. I walk into hospital with a newfound spring in my step as I choose one of my favourite poems, and sing.

As you sleep and count the stars, think of others
(those who have nowhere to sleep).
As you liberate yourself in metaphor, think of others
(those who have lost the right to speak).
As you think of others far away, think of yourself
(say: "If only I were a candle in the dark").

– Mahmoud Darwish
('Think of Others', no date)

Works Cited

Abu-Ras, W. *et al.* (2022) 'The Influence of Religious Identity, Culture, and Values on the Practice of American Muslim Physicians', *Social Sciences*, 11(11), p. 499. Available at: https://doi.org/10.3390/socsci11110499.

Arawi, T.A. (2010) 'The Muslim Physician and the Ethics of Medicine', *The Journal of IMA*, 42 (3), pp. 111–116. Available at: https://doi.org/10.5915/42-3-5403.

Cruess, R.L. *et al.* (2014) 'Reframing Medical Education to Support Professional Identity Formation', *Academic Medicine*, 89(11), p. 1446. Available at: https://doi.org/10.1097/ACM.0000000000000427.

General Medical Council (2018) Outcomes for Graduates 2018. rep. Available at: https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf (Accessed: December 28, 2022).

Gibran, K. (1923) On reason and passion, Poets.org. Academy of American Poets. Availa- ble at: https://poets.org/poem/reason-and-passion (Accessed: 01 January 2023).

Hooker, C. and Noonan, E. (2011) 'Medical humanities as expressive of Western culture', *Medical Humanities*, 37(2), pp. 79–84. Available at: https://doi.org/10.1136/medhum-2011-010120.

Konner, M. (1987) Becoming a doctor a journey of initiation in Medical School. New York, New York: Viking Penguin Inc.

Kuper, A. and D'Eon, M. (2011) 'Rethinking the basis of medical knowledge', *Medical Education*, 45(1), pp. 36–43. Available at: https://doi.org/10.1111/j.1365-2923.2010.03791.x.

Monrouxe, L.V. (2010) 'Identity, identification and medical education: why should we care?', *Medical Education*, 44(1), pp. 40–49. Available at: https://doi.org/10.1111/j.1365-2923.2009.03440.x.

Orwell, G. (2021) *Down and Out in Paris and London*. United Kingdom: HarperCollins Publishers.

Prince of Poets (2012) *The American Scholar*. Available at: https://theamericanscholar.org/prince-of-poets/ (Accessed: 31 December 2022).

The Qur'an. 16:90. Translated by Dr. Mustafa Khattab (2020). Available at: https://quran.com/16/90 (Accessed: 20 December 2022).

Said, E.W. (2019) *Orientalism*. New York, New York: Penguin Random House.

Shahid, H.J. (2020) "The Pandemic of Islamophobia," Journal of the British Islamic Medical Association, 6(2), pp. 1–4. Available at: https://www.jbima.com/wp-content/uploads/2020/12/4_Advocacy_1_The-Pandemic-of-Islamophobia-_-Hinna-Shahid-Z.pdf

'Think Of Others' (no date) *Palestine Advocacy Project*. Available at: https://www.palestineadvocacyproject.org/poetry-campaign/think-of-others/ (Accessed: 31 December 2022).

Wear, D. (2003) 'Insurgent Multiculturalism: Rethinking How and Why We Teach Culture in Medical Education', *Academic Medicine*, 78(6), p. 549. Available at: https://journals.lww.com/academicmedicine/Fulltext/2003/06000/Insurgent_Multiculturalism__Rethinking_How_and_Why.2.aspx

Wyatt, T.R. *et al.* (2021) '"Whispers and shadows": A critical review of the professional identity literature with respect to minority physicians', *Medical Education*, 55(2), pp. 148–158. Available at: https://doi.org/10.1111/medu.14295.