

Portrait of American author and poet William Carlos Williams (1883 - 1963), circa 1955. Hulton Archive/Getty Images

Losing control: Reflections on W.C. Williams' *The Use of Force*

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When physicians lose control of their emotions bad things frequently happen. An angry outburst can severely damage a relationship with a patient, student, or colleague. Excessive fear can cause a surgeon to hesitate in the operating room with deadly consequences for the patient. Although Sir William Osler did not speak of emotional intelligence (EI) as we know it today, he did speak of a similar concept: equanimity. In his 1889 valedictory address to medical school graduates at the Pennsylvania School of Medicine, he defined equanimity as a state of mental calm and presence that allows physicians to focus on the needs and goals of the patient, without being distracted by one's own emotions.^{1,2}

Without equanimity, it is difficult to heal the patient.

Today, high emotional intelligence is characterized by excellent self-awareness, self-management, social awareness, and relationship management.³⁻⁶ It is the ability to identify and manage emotions in self and others, and to use this knowledge and skill to achieve mutual goals. As Dr. Ezekiel J. Emanuel notes in his article, "Does Medicine Overemphasize IQ?" there is a growing need for physicians to build their emotional intelligence, especially for physicians who manage chronically ill patients and lead inter-professional teams.⁷ Emanuel quotes Daniel Goleman, one of the originators of the EI concept:

...emotional intelligence is the *sine qua non* of leadership. Without it a person can have the best training in the world; an incisive mind; and an endless supply of smart ideas; but he still won't make a great leader.⁷

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There are many ways physicians can increase their EI: reading articles and attending conferences on managing emotions; professional coaching; role playing emotional conversations such as breaking serious news and addressing broken commitments; and observing and emulating respected and emotionally skilled leaders. I will examine Dr. William Carlos Williams' *The Use of Force*, a powerful short story that provides important lessons for physicians who struggle to control their emotions.

In the early 20th century, Williams practiced medicine, pediatrics, and obstetrics in Rutherford, New Jersey, a rural immigrant town on the outskirts of New York City. He worked long hours making house calls and delivering babies for an underserved population. Today, he is better known as one of America's foremost poets and writers. In between seeing patients and late at night after his last house call had been made, Williams did his writing. He often scribbled down lines of poetry on prescription pads. He wrote poetry the way he practiced medicine, with enthusiasm and enormous energy.

The Use of Force was originally published in a collection of stories known as *Life Along the Passaic River* (1938), and now appears in *The Collected Stories of William Carlos Williams*.⁸ The narrator of the story is a doctor (presumably Dr. Williams) who makes a house call on Mathilda, a young girl with fever. The doctor knows diphtheria is going around the schools. The parents claim she does not have a sore throat. The doctor is not convinced. He gently and nicely asks Mathilda to open her mouth. Nothing doing.

The mother chimes in, "He won't hurt you."⁸

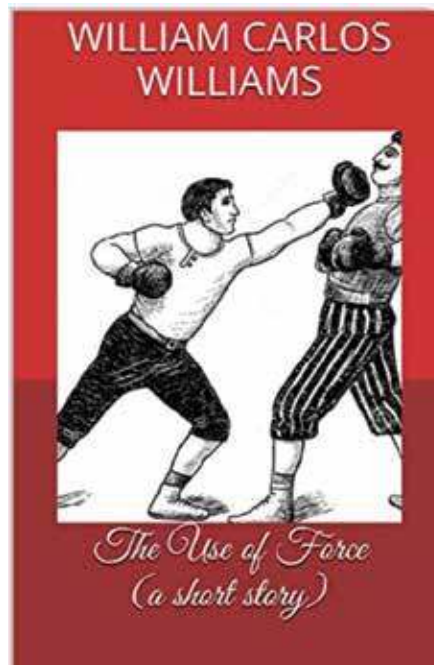
The doctor is more than irritated with the mother for saying this. He grinds his teeth in "disgust."

Disgust is a powerful emotion. *The American Heritage College Dictionary* defines it as profound repugnance and loathing excited by something offensive.⁹

What has triggered such a strong reaction from the doctor? The mother seems to be trying to help. Did the doctor have a sleepless night on call, lowering his stress threshold? Does the mother evoke memories of another patient encounter that went badly? Is he behind schedule with many more house calls to make?

The doctor briefly lets go of his anger and proceeds slowly toward the child. As he approaches Mathilda, she viciously claws at him, knocking off his glasses. The girl is terrified. The mother and father are embarrassed by the girl's behavior. They threaten to take her to the hospital if she does not cooperate. His "contempt"—another emotion, meaning to regard someone as inferior or worthless—for the parents grows.

After the swipe at his face, the doctor becomes angrier and forces a spoon down Mathilda's throat. His anger has turned to rage, and he has lost control of his emotions:



I could have torn the child apart in my own fury and enjoyed it. It was a pleasure to attack her. My face was burning with it. The damned little brat must be protected against her own idiocy, one says to himself at such times. Others must be protected against her. It is a social necessity. And all these things are true. But a blind fury, a feeling of adult shame, bred of longing for muscular release are the operatives. One goes on to the end.⁸

On telling the story, the doctor realizes he has lost control, "I too had got beyond reason."⁸

He rationalizes his behavior by telling the reader that he must push on to save the girl's life, and the potential spread of disease to others.

Assuming the narrator and Williams are one and the same person, Williams courageously and honestly reveals the emotions he was feeling during his examination of Mathilda. How rare for a doctor to do this! He reveals his humanity and imperfection to physician readers demonstrating that there is some comfort in the fact that we are not alone in our strong emotions and weaknesses.

The author anticipates objections to his violent behavior and offers another rationalization, "Perhaps I should have desisted and come back in an hour or more. No doubt it would have been better. But I have seen at least two children lying dead in bed of neglect in such cases and feeling I must get a diagnosis now or never I went at it again."⁸

Without pausing to identify what he was feeling, there is little way for the doctor to decide the best course of

action. Emotional fury is driving the doctor's behavior. It is only on reflection of the events told in a story that the doctor admits his true motivation: to defeat the child with the use of force.

If he had exhibited high emotional intelligence in the moment, perhaps he would have stepped away from the girl, paused, and asked himself, "What am I feeling right now?" What does my behavior right now tell me about my motivation—to help this girl, or to win the fight?¹⁰ "What do I really want? What is the goal here? What do I want for this girl? What do I want for her parents? For the community? Is there a way to find a mutually satisfying solution to the urgent problem before me?" Without this kind of questioning, he risks an ethical lapse: doing harm to the patient, parents, and himself (shame).

Many may be thinking the doctor had no choice. He did what needed to be done in this situation to save a young girl's life. Maybe so.

What if the doctor had stepped into another room with the parents, taken a deep breath, sat down, and in a relaxed and respectful manner, obtained more history from them? Early in the story, we are told the parents eyed him up and down distrustfully. That suggests that the doctor had much work to do to create psychological safety and to build trust. Once safety was established, he could have said, "Please, let's start again. What has been going on with Mathilda? Thank you. Please tell me more. Okay, has she had any trouble swallowing her food? Is she eating or drinking at all? I know I asked you this before, has she complained about a sore throat or sore neck?"

After taking more history, he could have proceeded to examine her again, starting with the ears, heart, lungs, and abdomen to rule out other sources of infection before examining her throat. In a calmer state of mind, the parents may have felt better about the doctor's competence and compassion. It's possible the girl may have been more agreeable to a throat examination. If not, Williams already had a good idea what the patient had. Would the safest option have been to examine her in the hospital, where intubation and ventilation were available if he dislodged a diphtherial membrane into her airways? In the hospital, there would be others to help with an emergency tracheotomy if needed, as well as antitoxin treatment.

It is easy to second guess the decisions of the doctor. However, the story encourages physician readers to critically examine the actions of the doctor who loses control. The story is an ironic testimony to Williams's emotional intelligence—like everyone, he is imperfect and subject to strong emotions.

The Use of Force is a powerful short story about strong emotions, and what happens if they are not identified in the moment. It is a courageous example of emotional honesty and self-knowledge. Emotions often drive words and actions—words and actions we may later regret. Without learning to pause during an emotional storm, it is nearly impossible to determine the right course of action. Williams provides important lessons for physicians who strive to use their emotions intelligently to not only heal patients, but also to lead teams.

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