

## On semantics and intimacy

It's intriguing that humans have in a few hundred thousand years (really only an evolutionary eye blink) managed to develop a purely physiological communication system wherein complex concepts and equally complex questions can be effectively communicated by simply manipulating the sounds that are produced when we blow air over a couple of folds of cartilage in our lower neck.

Our communication patterns are pretty sophisticated, and most of the time the people we are communicating with (as long as we speak a common language) understand our meaning. Doctors communicate with their patients in a ritualistic template as they take them through a prescribed process of gathering specific historical and clinical information, which usual-

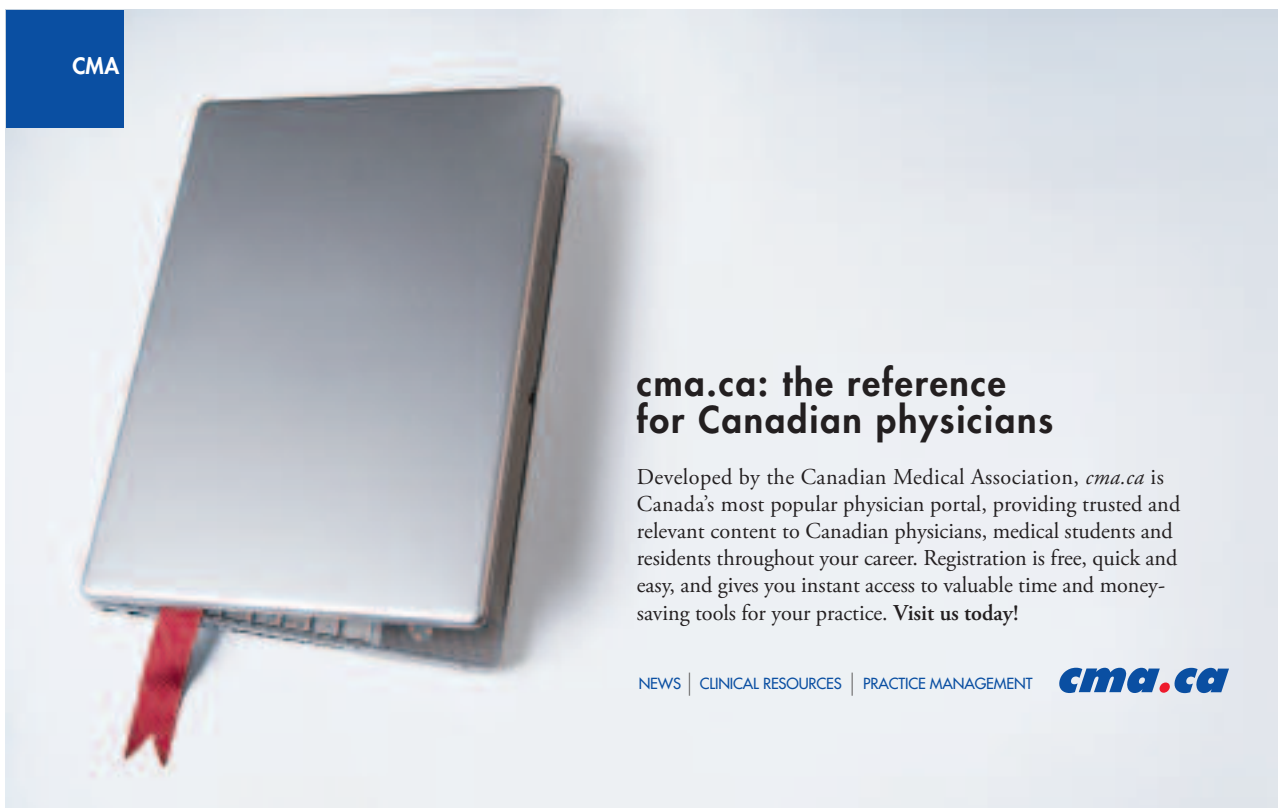
ly works pretty well, but there are still areas where ambiguity exists, particularly where docs use the buzzword of the day or where popular culture has created new meanings for words.

I was recently asked by a very nice young doctor if I was in an intimate relationship. I hesitated because my definition of intimate, I realized, was likely somewhat different from the doctor's. His was a purely sexual one, and I know he was querying whether my physiology needed pharmacotherapy or not. Because I delayed my answer the doctor asked if I was embarrassed by the question. I then became this unsuspecting, well-meaning doctor's worst nightmare as I went on to provide him with my sense of the meaning of the word *intimate*, and the 15 minutes he had allotted to our pro-

fessional interaction became 45.

I regaled my audience of one suddenly time-challenged doctor with a story of an "intimate couple" in my practice. They were a Japanese-Canadian couple who always seemed connected at the hip. They never came to my office alone and always exhibited a quiet, warm, deeply caring connection that never ceased to delight me. Certainly there were other couples I saw who seemed to have a deep, caring relationship, but none that came close to the deep spiritual relationship that those two shared. Unfortunately, the husband developed an incurable malignancy at the age of 47 and he came to see me shortly after his diagnosis, deeply agitated that his terminal illness would injure his partner. He won-

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## editorials

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dered about suicide, and wanted to know how he could make it easier on his wife if he had to go through the whole process of dying. It turned out she already knew what was going on and was fully prepared to deal with whatever the next 6 months was going to bring, and was truly amazing. About 3 months after her husband died the woman came to see me because she wanted to finally tell someone about the sexual abuse she had experienced while in an internment camp in the interior of BC during the Second World War. She had never told anyone about it before because she did not want her husband to be injured by her horrendous story of systematic physical, sexual, and psychological abuse over about 5 years by a school teacher in the internment camp (the teacher had been deceased for many years at that point).

This couple went to extraordinary lengths to protect each other from the emotional pain they would feel from their partner's pain. Their connection was so strong on all levels that they defined for me, then and now, how real intimacy is defined by caring actions, shared feelings, and unspoken understanding—and definitely not limited by what goes on between the sheets.

At the end of my soliloquy I think the doctor agreed with my definition and understood that my hesitation was a matter of semantics and not a fragile male ego. I think he will likely ask the question a little more directly in the future and keep his waiting room a little less congested.

—JAW

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