

# Viewpoints

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## The Heartlift Operation

Alan Rosen, Sydney, Australia

### Introductory Comments by Harriet Wadeson (Associate Editor, 2003-2006)

I was a member of the original Journal Planning Committee that inaugurated this publication, and I was the initial editor of the viewpoints section. My introduction to the first issue stated: “Viewpoints provides a forum for sharing ideas and graphics about issues facing art therapists.”

Twenty years later, I became Associate Editor, once again editing viewpoints. So for these historical reasons, I was especially pleased when, for the 40th anniversary issue, Journal Editor Lynn Kapitan asked me to select a significant viewpoint I edited.

In looking through those viewpoints, I have been impressed with their variety, covering personal art and therapy experiences, new ways of using art therapy, and many outcries for social action. I was especially pleased to support Maxine Junge and Janice Hoshino in a series of viewpoint articles by art therapists of color. I want to recognize this series as significant and important, particularly as part of art therapy’s history.

My choice for a single article to reprint, however, is of a very different nature. It is one that touches my heart: “The Heartlift Operation” by Alan Rosen (2004, 21[3], 163–167). With this selection, I am returning to my wish 25 years ago for viewpoints to provide a forum for images as well as verbal ideas. I recruited this piece for the Journal because it is a memoir of a horrific experience, expressed through drawings. Alan Rosen takes us with him on his very personal frightening journey of quintuple bypass surgery. I love the humor of the art and the clarity and eloquence of the accompanying language. He not only tells us, he shows us how making art “became a sort of meditation or reflection...so I felt more curious about this new experience rather than feeling I was suffering through it.”

“The Heartlift Operation” is one of the clearest articulations I have seen of how art can help one heal from trauma, and surprisingly, it is humorous as well.

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I am a psychiatrist in an integrated community and hospital mental health services, but in another life I am a printmaker. I always draw my way through my journeys, whether for work or leisure, to remote Australia, East

Timor, and further afield. So it was just a reflex for me to consider my quintuple coronary bypass graft operation to be another trip, a new journey to doodle my way through.

During my early convalescence, I was listening to Douglas Adams’s *Hitchhiker’s Guide to the Galaxy* (1978/2001) serialized on radio yet again, so I began to conceive of what I’d gone through as a “quintuple hyperspace bypass.” At other times, I would try to anticipate and explain it away to my asymptomatic self as merely an amendment of my interior, internal cosmetic surgery, or a heartlift operation (Figure 1). Most of my drawings of this experience (23 in total) were done the week or so I was in hospital. A few were added during the aftermath.

When people ask me, as several have, did I draw as “therapy,” I’d have to answer, “No,” not intentionally, though doing so may have been unconsciously therapeutic in effect. By therapy they meant help in distracting me and taking my mind off the pain and discomfort by occupying my mind and hands with something to do besides expressing the internal sensations of trauma, on the old “it’s-better-out-than-in” principle.

This question has led me for the first time, and sort of artificially, to think about the function of such autobiographical doodling for me. I believe it helped me stand a step away and observe my own experience from a slight distance as it was unfolding. It didn’t take away the discomfort—in some ways it amplified it—but it became a sort of meditation or reflection upon it so that I felt more curious about this new experience rather than feeling I was suffering through it. Just like any expressive or creative medium you may choose, it should first have meaning for yourself, and then possibly help you to convey it to others in a way that both personalizes it as your unique view of the experience and possibly also resonates with the common experiences of others who have been through something similar.

The socialworker for cardiology at the hospital at which my bypass was performed told me that when she was showing these drawings to another person who’d been through the same mill, this person burst into tears, particularly when looking at the drawing about the boring, repetitive dreams I was warned I would go through due to perfusion effects (Figure 2). They were tears of recognition. No one had adequately explained to her that this could happen, and apparently for her, it carried on for some

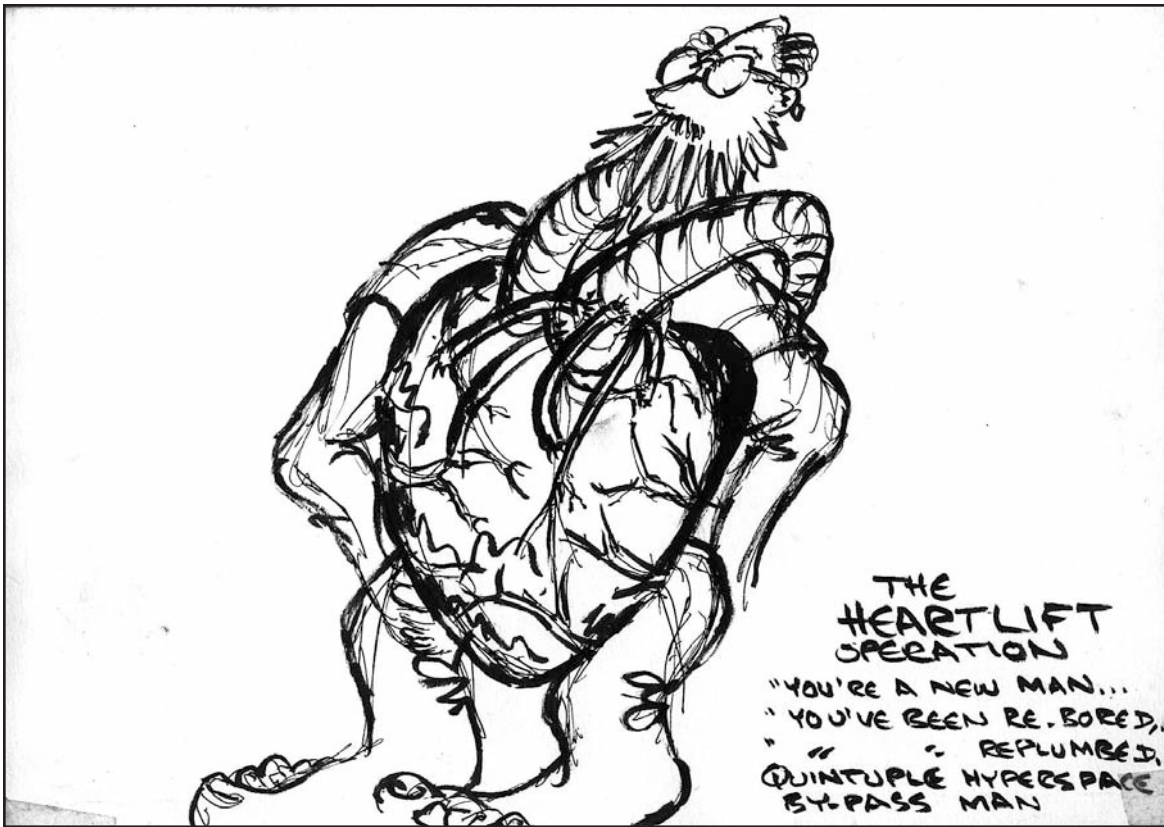


Figure 1 The Heartlift Operation



Figure 2 Repetitive Dreams

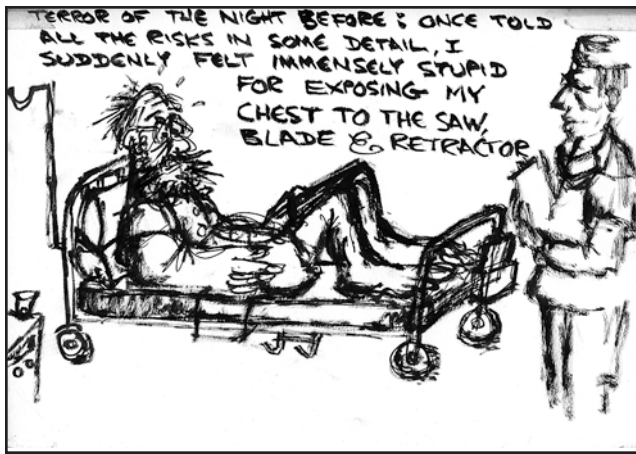


Figure 3 Terror of the Night Before

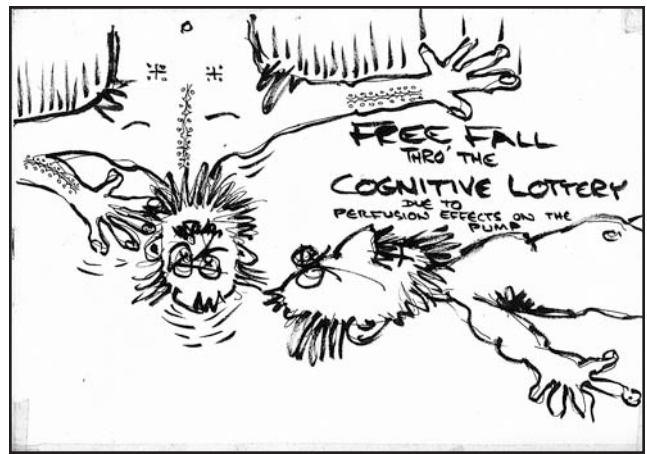


Figure 4 Free Fall: Perfusion Effects

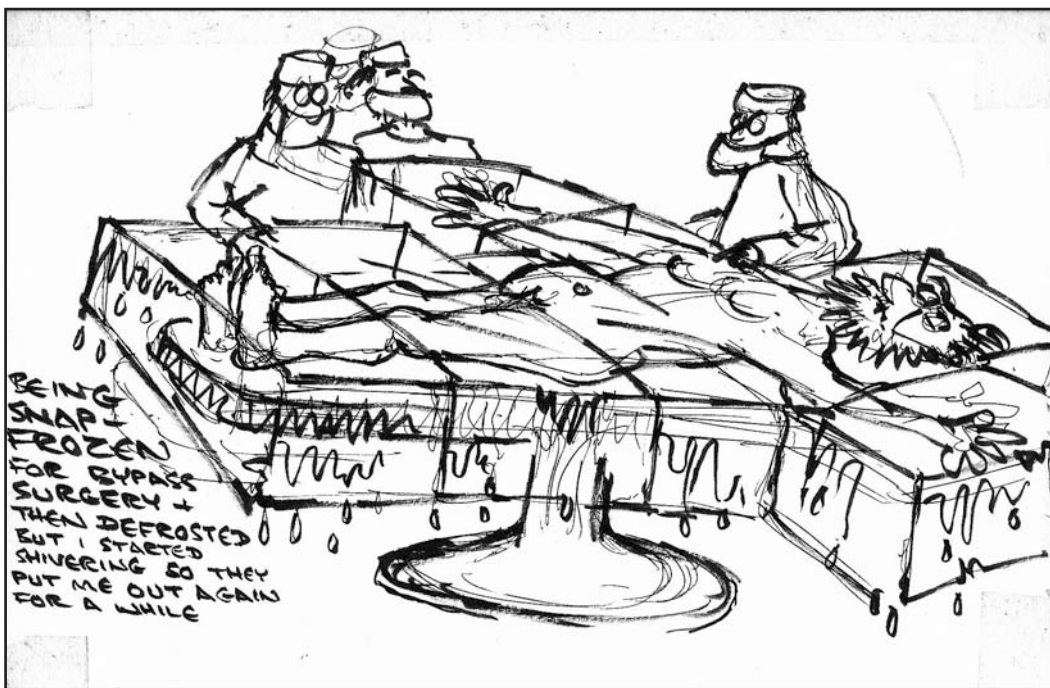


Figure 5 Being Snap Frozen

months. In my case, the dreams continued for nearly a week. This raises the possibility that such cartoons and stories could be used as prompts to prepare people for what might happen postoperatively. I guess it could also frighten them off having the procedure altogether, depending on how and when the pictures and stories are deployed. In fact, the night before my bypass was the first time I heard all the statistical details of the short- and long-term risks involved, mainly from the perfusionist<sup>1</sup>, whom I had never met previously (Figure 3). These ranged from possible continuing angina pain to transient cognitive impairment or even (rarely) permanent brain damage (Figure 4). As Uma

Thurman said to John Travolta in the film *Pulp Fiction* (Tarantino, 1994) when his character announced he was going to pee: “That is more information than I needed.”

For the first time, I felt both scared and stupid for exposing my chest to the knife, considering I hadn't had any prior symptoms—just a slightly abnormal ECG (left bundle branch block) on a regular check-up, then an equivocal echo test, leading eventually to a tell-tale angiogram. I was told I had congenitally curly coronary arteries compared to the smooth ones most people have. My oldest sister died of a heart attack before she turned 60, so her gift to me was to prompt me to have fairly regular check-ups. It seems like a very postmodern decision to allow a relative stranger to open your chest on the basis of other people's stories, like angiogram reports, when you feel so well. I now understand what women go through when they have to contemplate breast surgery based on

<sup>1</sup>A perfusionist is a medical specialist who insures the proper oxygenation and acid-base balance and other properties of the patient's blood when it is diverted from the heart through a heart-lung machine.

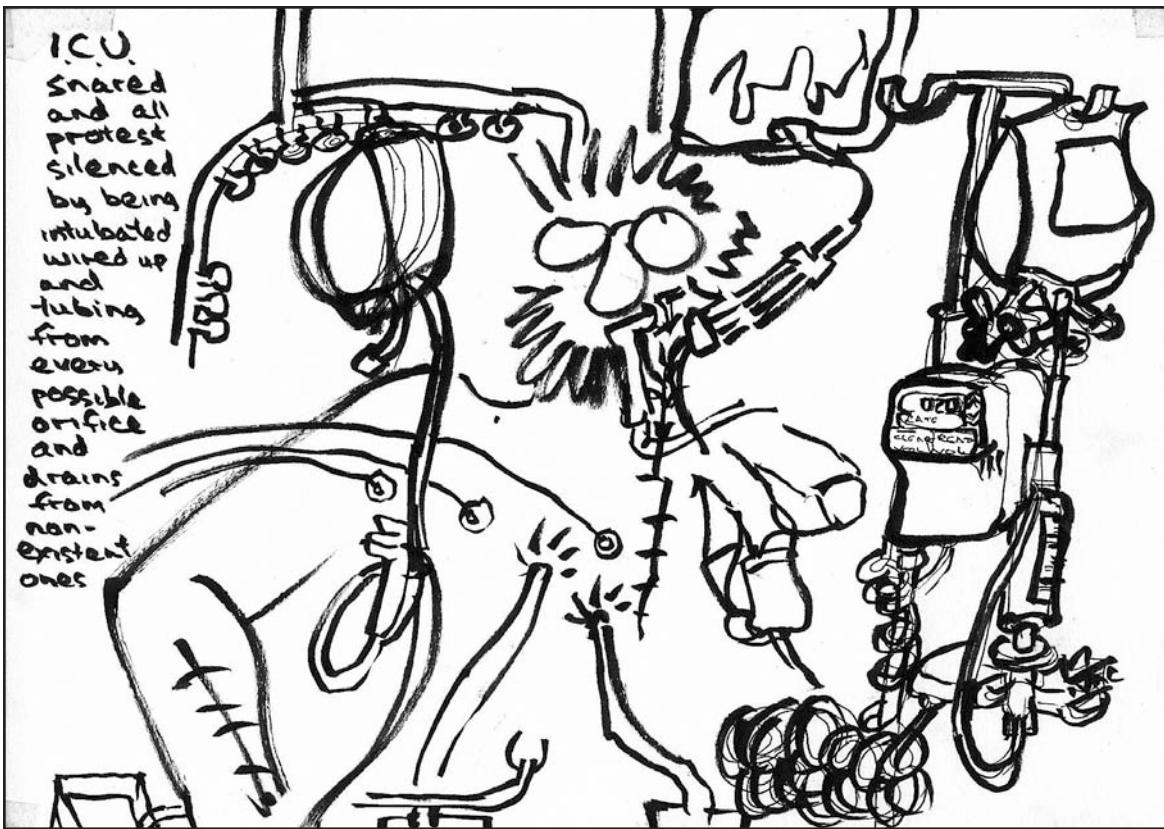


Figure 6 ICU Intubation



Figure 7 Little Victories: Milestone Achievements



Figure 8  
In This Life We're All on the Same Track in the  
Corridor of the Cardiac Ward

results from a routine mammogram. Only less than 50 years ago, the prospect of facing this sort of preventive surgery before you have symptoms you can *feel* was virtually unheard of.

Mine was one of the most passed around angiograms in history. After being shown my angiogram and being told the verdict by my cardiologist, I sought a second opinion via an academic cardiologist friend at my base hospital, Royal North Shore. He passed my angiogram around his colleagues at the hospital's heart grand rounds, and they all agreed unequivocally that I should have the bypass. Was there a vote? I was told no. I understand this is the first quintuple bypass to be decided by acclaim. I hope this was not my colleagues just deciding a bypass would serve me right and do me a lot of good, regardless of the state of my heart.

When the cardiology clinical nurse specialist recently showed these doodles to the Intensive Care Unit staff, they were struck that I had remembered so much detail about being in the ICU. I really didn't mean to. In fact, I was promised preoperatively that I wouldn't remember much about the first 2 days in ICU. I was misled. When they warmed me up after the operation, I apparently started shivering (Figure 5). They sedated me again, which suppressed my breathing, so I could not take over from the respirator. Now, they didn't want to take out the breathing tube overnight, because the anesthetist had said I had "been a difficult intubation." I carry a card in my wallet to prove it. So whether for my safety or to preserve the anesthetist's sleep or both, I had a memorable night in the ICU, including a bit of vomiting into the tube (yuk), until disintubated the next morning.

Perhaps drawing traumatic experiences is like writing down dreams as soon as you wake to help you to remember them. As Jay Rayner (2003) suggests, "Most worthwhile accounts...[of traumatic experiences] emerge years later, a dam-burst of emotion and narrative." He contrasts this with the virtues of an account written directly after the events it describes: "Perhaps because of that immediacy, the lack of time to ponder and embroider...it is easier to

appear more...cool and objective" (pp. 26-30). I must say, I was certainly not *feeling* very cool or objective at the time, but maybe it was easier to record my experiences in a more primitive, raw, and direct way through drawing.

The other reason I remember so much of my surgery-related experience is that I just kept drawing all the time. Drawing around catheters, electrodes, and sundry pipes sticking out of every orifice, including some which had never been there before, certainly changes your drawing style for the worse (Figure 6). But as a dear friend of mine and extraordinary Hamilton, Ontario artist Rick Pottruff told me, "It is easy to draw during the good times, but the real challenge is to keep drawing during the tough times. That's when you're likely to come up with something different."

The cardiology physiotherapist was my anchor and guide through the inpatient process, which was punctuated by little victories over the surgical suspension of my natural functions (Figure 7). Whereas most of the other players (nurses and doctors) were caring but fleeting in their attendance, he was constant. He was also the policeman who would issue me a parking ticket if I didn't keep walking the ward corridor, the same track of life the whole world seemed to be treading during that first postoperative week (Figure 8). I don't believe in maintenance. You either heal, recover, and grow, or atrophy, wither, and shrivel in this life. I've been grateful to the new friends and soulmates I've met among all my fellow light- and heavy-duty consumers of cardiac rehabilitation. Thanks to the help and support of many people, both clinical staff and fellow heavy-duty consumers, I am able to celebrate my 2.5 years of survival after the bypass on November 12, 2001. Long before Spike Milligan proposed the epitaph he wanted on his grave, "I *told* you I was ill"<sup>2</sup> (BBC News, 2004), he paid homage to the people who had helped him through life. As his Goon Show character, Henry Krun, exclaimed: "Thank you, thank you for your support. I [will] always wear it" (Milligan, 1956).

<sup>2</sup> Spike Milligan's gravestone is inscribed, "Buirt me leat go raibh me breote." This is Gaelic for "I told you I was ill."

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