

# *Voices*

## When Professional Becomes Personal

**William G. Hoy**

**W**hat started as a simple 45-minute drive with longtime friends ended abruptly, just 10 minutes after it began. When I slowed to a stop on Interstate 35 in Waco, TX, because of stopped traffic ahead, the 47,000-pound commercial truck behind me did not. The Texas Highway Patrol estimated the truck's impact speed at 69 mph, obliterating the much smaller Toyota Camry I was driving. My 74-year-old passenger in the back seat died instantly; her 75-year-old husband in the front seat with me was seriously injured and died later. Though I sustained a serious head injury and significantly reinjured my recently repaired right hip, I am the sole survivor from my car.

That crash nearly 5 years ago changed the trajectory of my life and my practice, transforming my view of trauma from one of “dispassionate clinician” to personal survivor. This event challenged my family's view of the civil justice system and the way restitution is made for such injuries. But most of all, it revolutionized the way I teach and provide care, introducing both profound disabilities and amazing transformations to my life and work.

The brain injury I sustained created significant short-term memory deficits with which I continue to struggle. While I certainly saw some incremental improvement in the early months, those improvements have mostly been static since early 2018. I see those deficits most pronounced as the day draws long; I rarely teach or present in the late afternoon or evening anymore, and only then if I can arrange a rest period in the mid-afternoon. My mental acuity wears thin as the day gets late.

The chronic pain that has occurred in the wake of the crash is a more constant reminder of that day. The day of the crash marked exactly 2 months since my surgery to repair my arthritic hip. I had just told my wife earlier that week I was now pain-free for the first time I could remember. That pain-free state ended finally and abruptly on February 16, 2017; I have not enjoyed a pain-free day since, despite more surgery, physical therapy, and a host of other medical interventions. Of course, the need to teach, hear patient stories, and carry out the other activities of my day mean that I manage that pain with non-sedating analgesics, regular massage therapy, exercise, rest, and nutrition.

Though the premise makes no sense to others and no rational sense to me, I experienced profound guilt after the crash. The truck's driver blamed me even as I regained consciousness after the wreck. And his assertion simply reminded me of what I already thought about the role I had played in the accident.

Investigators found no fault in my actions; in fact, the investigating detective said my car acted as a "buffer" that protected the children in the vehicle in front of us. His word throughout the process was that the truck driver, distracted by his phone or texting at the time of the crash and exceeding the posted speed limit in heavy traffic, was 100% at fault.

Protecting my passengers had been my highest priority as a driver in the 40+ years I had been a licensed driver. The responsibility had been embedded in my psyche by a well-meaning driver's education instructor who taught us that all accidents are someone's fault; I apparently heard his instruction as, "Every accident is *your* fault." In the same way I saw my "protector" role for my children when they were young, so I continued to see my fundamental responsibility for those in my car that day. I reasoned that by "allowing" people to die in my car I had failed to deliver on that promise.

My journal in the months following the wreck shows this tortured thinking. When coupled with the persistent reexperiencing of the trauma, the avoidance of the crash scene, and the ongoing negative belief about whether I would ever be better, this guilt at times seemed insurmountable. My wife, adult children, and friends were wonderful, and they provided incredible support through those early months, but I needed more. Little by little, an incredible therapist, mostly through the use of compassionate presence and a trauma resolution technique known as EMDR (Eye Movement Desensitization and Reprocessing),

did with me what I had done with countless patients throughout my career but found unable to do for myself. I found resolution to the posttraumatic stress disorder (PTSD) so I could now work on accommodating the ongoing losses of our friends who had been with me in the car and the new reality of my own disabilities.

The crash had profound physical, psychological, and cognitive impacts on me, and some of those impacts will reverberate through the remainder of my life. But that is not the end of the story. In our field, we often refer to a hoped-for outcome in loss, known as posttraumatic growth (Tedeschi, Park, & Calhoun, 1998). I have discovered that this kind of transformation is possible, and I have found it in my own life.

Somewhat surprising to me was the lack of spiritual crisis. My Christian faith is vital to me, and my regular time in scripture reading, prayer, and journaling took on new meaning and importance, especially in the days after the crash when I was so limited physically. I might not be able to concentrate long, but the discoveries I made about God's never-ending care, along with the tangible compassion of our church small group, were sustaining to me in the midst of life's darkest nights. The "fund" of faith, deposited over years, undoubtedly contributed to these discoveries.

The cognitive deficits have not magically disappeared in this transformation. I have discovered compensatory strategies that have helped mediate the deficits—writing more down, reminding the people around me of the need to be patient as I learn names and facts, and acknowledging my difficulty at learning and retaining new information. Because I "cover well" with the fund of precrash knowledge, participants in workshops sometimes think, "Oh, he is recovered." What they do not realize is the difficulty I have with learning and assimilating new information, and with synthesizing it with the content that I have been teaching and that has been foundational in my practice for nearly 40 years. It takes approximately four times longer now to write an article.

And of course, students and colleagues alike are unlikely to appreciate the ensuing exhaustion that comes about from presenting for several hours against the backdrop of near-constant physical pain. In this arena, too, I have created compensatory strategies. Whether it is using a stool for part of a presentation or having a high table on which I lean for support, I am learning to not be confined by my pride and my expectations that speakers should always stand to speak. At times,

I use a cane to help take some of the pressure off the painful hip, and I now use it without embarrassment. Such assistive devices allow me to function more fully and to not be unduly limited by my disabilities; I welcome their help and see them as a symbol of my independence *and* my dependence.

I have come to realize that cognitive deficits are often the “invisible disabilities” and that people who complain little and “cover well” may contend with them without others even being aware. The rehabilitative medicine physician who has managed my care has reminded me often that people who start from a high level of functioning often function “above average” even after a disability, but that the realizations that one cannot do today what one did yesterday is often part of the disability. That reality is magnified by well-meaning colleagues and friends who, in the effort to cheer and encourage, actually minimize the significance of the loss by saying things like, “You are so much better now” and “You’re back.”

One of the greatest gifts given to me was the word of a colleague who, after a workshop several years after the crash, pulled me aside. He had been attending my presentations for nearly 20 years and had certainly heard me at my best. “Bill, you have certainly ‘lost a step’ in your presentation,” he explained. “I can hear how you lose words and can’t find phrases when you speak, how your mind sometimes wanders. However, what you have gained is that you now speak with an authenticity and an intensity that is borne out of great suffering.” He went on to say that, while he knew it was of little comfort to me as I struggle with the cognitive challenges, he wanted me to know that my life and work have profound impact, and in his experience, maybe even more impact because of the loss I have suffered. His words were like honey; he “got it.” That is the power of transformation despite awful circumstances.

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## REFERENCES

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