

HEALING ARTS

*Text and Context***On Medicine and Boundaries: Frost's *Mending Wall***

Gabriel L. Perlow, B.S. and Andrew C. Furman, M.D.

Emory University School of Medicine, Atlanta, GA, USA.

Published just over a century ago, Robert Frost's *Mending Wall* stands as one of the most eloquent meditations on boundaries and the complex and nuanced role they play in interpersonal relationships. Often anthologized, and perhaps as often misunderstood, *Mending Wall* has much to teach medical educators and practicing clinicians about the physician-patient relationship and the evolving dynamic between healer and patient. Remembered mostly for the seemingly contradictory repetition of the adage "Good fences make good neighbors," and the opening "something there is that doesn't love a wall," Frost mischievously navigates through the many meanings and functions of boundaries; how they separate, unite, and ultimately, how they might mend. *Mending Wall* offers physicians an opportunity to look closely at the barriers and thresholds prevalent in medicine and explore how they both preclude and allow for intimate and healing relationships.

KEY WORDS: boundaries; doctor-patient relationship; medical humanities.

Mending Wall by Robert Frost¹

Something there is that doesn't love a wall,
That sends the frozen-ground-swell under it,
And spills the upper boulders in the sun;
And makes gaps even two can pass abreast.
The work of hunters is another thing:
I have come after them and made repair
Where they have left not one stone on a stone,
But they would have the rabbit out of hiding,
To please the yelping dogs. The gaps I mean,
No one has seen them made or heard them made,
But at spring mending-time we find them there.
I let my neighbour know beyond the hill;
And on a day we meet to walk the line
And set the wall between us once again.
We keep the wall between us as we go.
To each the boulders that have fallen to each.
And some are loaves and some so nearly balls
We have to use a spell to make them balance:
"Stay where you are until our backs are turned!"
We wear our fingers rough with handling them.
Oh, just another kind of out-door game,
One on a side. It comes to little more:
There where it is we do not need the wall:
He is all pine and I am apple orchard.
My apple trees will never get across

And eat the cones under his pines, I tell him.
He only says, "Good fences make good neighbours."
Spring is the mischief in me, and I wonder
If I could put a notion in his head:
"Why do they make good neighbours? Isn't it
Where there are cows? But here there are no cows.
Before I built a wall I'd ask to know
What I was walling in or walling out,
And to whom I was like to give offence.
Something there is that doesn't love a wall,
That wants it down." I could say "Elves" to him,
But it's not elves exactly, and I'd rather
He said it for himself. I see him there
Bringing a stone grasped firmly by the top
In each hand, like an old-stone savage armed.
He moves in darkness as it seems to me,
Not of woods only and the shade of trees.
He will not go behind his father's saying,
And he likes having thought of it so well
He says again, "Good fences make good neighbours."

First published in 1914 in *North of Boston*, Robert Frost's poem explores the intricate nature of thresholds and barriers. Set at the wall between two farms, *Mending Wall* describes the annual ritual of two New England farmers meeting to mend the gaps in this boundary between their properties and their lives. The poem implies that a deep, natural truth, "something there is that doesn't love a wall," works against their common project. Yet each year they come together to repair the wall, each on his side. The contrast in points of view is stark, one advocating for the security and tradition of the wall, the other for creativity and connection. Deriding his old-fashioned neighbor, the speaker questions: "Before I built a wall I'd ask to know what I was walling in or walling out, and to whom I was like to give offence." For him, fences are offensive. The tradition-bound neighbor simply reaffirms, "Good fences make good neighbors." Rejecting the arbitrary barrier, the speaker struggles with this seeming ignorance. He concludes: "the old-stone savage...[moves] in darkness," believing him to be trapped, unthinking, bound by custom, ritual, and tradition.

With whom does Frost side? Frost is too good a poet to offer easy solutions. He playfully suggests that it is perhaps himself, Frost, that "frozen-ground-swell," who does not love a wall. Frost and the warming sun make for "gaps [that] even *two* [emphasis added] can pass abreast." This natural cycle of

freezing and thawing connects these two contradictory men. But Frost also offers the symbol of hunters, aggressive and raw, as a cause of the wall's disrepair, highlighting the wall's importance in ensuring safety and security. Finally, the speaker wishes his neighbor might consider elves—magical and wondrous, knowing in the end that the closed-minded farmer “will not go behind his father's saying.” Each year they meet, and the wall is rebuilt. The wall is made of boulders, hard and impermeable. Frost's speaker reimagines them as loaves and balls, bread to be shared, and playthings, “another kind of outdoor game” to be enjoyed together; Frost suggests that the wall with its many meanings provides the scaffolding for mending the bond between these disconnected men.

What can physicians glean from Frost's poem? Boundaries in medicine have meaning, and like Frost's wall, they both separate and unite, allow for safety and enforce distance. Like the yearly call to mend the wall, the annual physical illustrates and parallels the meeting of Frost's Yankee neighbors. When physician and patient meet to assess and repair, our own walls are evident. Our white coat and the patient's corresponding “johnny” manifest the divide, as do the asymmetric and hierarchical relationship of the history and physical exam. These are tradition-bound practices, often performed without introspection or reflection. But to what end? These barriers, both physical and ideational, imply authority, cleanliness, objectivity, sanctity, privacy, control, and mastery. Just as readily, they contain their own miscarriages: authoritarianism, coldness, aloofness, mystery, and arrogance. Like the solid wall of the ritualistic farmer who calls for good fences, these barriers are clear and clinical, and we have been teaching them for generations.

Naturally, it is tempting to circumvent these dividing lines in an effort to create a more casual, familiar, and “real” environment where patients retain a sense of control and dignity. Ostensibly, such would be a better platform for productive human connection. From this perspective, we would act like the speaker of Frost's poem. Free of hierarchy and estrangement, we would strive to remove barriers that inhibit connectedness and that distance us from our patients and their suffering. “Something there is that doesn't love a wall.”

But it may be that patients also benefit from these formalities in a way that we do not typically see. The special environment and formal presentation of the physician function to make it possible for patients to yield their story and their body to us in ways not possible in a setting without boundaries. In this view, crossing from waiting room to exam room entails gaining the physician's full and professional attention, in privacy, and with respect. These boundaries allow for patient safety and autonomy. Without them, our “crossings” become violations. It is not merely about apples and pine cones. In the exam room, the stakes are real. When taking a history or examining a patient, sacrificing equal sharing provides

necessary distance for the physician to examine the patient's life, body, and choices in a safe space, free from judgment, bias, and encroachment. To mingle our personal lives complicates that space.

Of course, it is to miss the point to say that boundaries between providers and patients are always beneficial. The speaker admonishes those who build walls without intention. Our lack of awareness of the purpose of our boundaries can reinforce difference at the expense of closeness. Putting aside our clinical reserve and crying with patients, stepping through the gaps and sharing in that vulnerable space, can provide for intimate human healing, better than any other source of normal saline.

Frost speaks for both of his farmers and for neither. Boundaries exist, and we maintain and rebuild them, even as we question their utility. If we approach the boundaries of medicine with an eye to serving our patients through the functions that our barriers serve, we acknowledge that some stones are best left in place, and some “loaves” best shared. By mending the gaps, we come together. As physicians, we must look critically at the boundaries between our patients and selves and give our walls attention and vigilance. Ultimately, these boundaries provide for closeness and distance, for intimacy and safety, and for care and respect. Our walls need mending, and in turn, mend.

Learning Objectives

The learner should be able to:

1. Assess and critically evaluate how boundaries provide for patient safety and autonomy.
2. Discuss how boundaries, when used without care, can lead to estrangements between physician and patient, or inappropriate violations.
3. Illustrate how medical boundaries “mend” relationships between physician and patient.

Corresponding Author: Andrew C. Furman, M.D.; Emory University School of Medicine, Atlanta, GA, USA (e-mail: afurman@emory.edu).

Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

Contributors: None.

Funding: None.

Presentations: None.

REFERENCES

1. Frost R. North of Boston. New York: Henry Holt and Company; 1915:11–13.