The Great Enigma: Tomas Tranströmer and the magic of geriatric medicine

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A part of the magic of geriatric medicine is our privileged insight into how the human spirit thrives in adversity, particularly in later life. In addition, as clinicians we learn much from our patients not only about the meaning of life but also how we accommodate to existential vulnerability and finitude, and of how we can meld a vision that incorporates our awareness of death and dying with creativity and vitality.

Finding an articulacy to share this wonder must become a central pillar of sharing the mission and vision of the speciality with trainees and students. Getting to the heart of this complex vision might be most authentically achieved through the insights of great artists, and none more strikingly so than those of the Swedish Nobel laureate, Tomas Tranströmer (1931–2015) [1].

Trained as a psychologist and a gifted pianist, he worked professionally with juvenile detainees and wrote poetry from an early age. Hugely popular not only in his native country but also translated into over 60 languages, his output infused the everyday with the mystic in a very approachable style. Nature featured prominently and his work seemed to dig deep into the universal with little bending to topical social issues or controversies.

He was approaching the age of 60 when he suffered a major stroke, with a severe aphasia and right hemiplegia. His creativity following this major life event gives us a remarkable insight into the resilience of the human condition following a major age-related illness and disability, but also a precious and beautiful narrative of negotiation and flourishing in the context of awareness of vulnerability and mortality.

Paralleling other narratives of the creative urge acting both as therapy and window into phenomenology of life with stroke, such as the progression of great art by Lovis Corinth after his major stroke [2], or Schnittke's Cello concerto and symphonies after repeated strokes [3], the poetic journey of Tomas Tranströmer is a captivating and appealing journey that parallels and amplifies the process we see in so many of our patients in geriatric medicine.

His expressive aphasia remained severe to the end of his life but was countered by his return to writing, akin to Zaslavsky, the soldier with a serious brain injury affecting his speech and memory but who learned to express himself through writing, subject of Alexander Luria's *The Man With a Shattered World* [4]. This outpouring of lyric poetry by Tranströmer in the face of mutism in many ways reflected his frustration in an earlier poem, *From March 1979*, of how daily life was full of words without language and that the ideal of poetry was language without words [5]. This creative and adaptive surge was matched by his determination to return to music, exploring with skill the range of music written for the left hand.

His first collection after the stroke, *The Sad Gondola* (1996), takes its name from Liszt's dark-hued piano pieces of the same name, inspired by a vision of funeral gondolas on a visit to Venice to his daughter Cosima and her husband, Richard Wagner. Marked by an elegant and terse beauty, the verses combine expressiveness with a paradoxical yearning for articulacy:

*The only thing I want to say
glitters out of reach
like the silver
in a pawnbrokers*

We also get a dream-like vision of the onset of stroke:
*Like being a child and a sudden insult
Is jerked over your head like a sack
Through the mesh you catch a glimpse of the sun*

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And hear the cherry trees humming

In his last collection, *The Great Enigma*, we see elements of influential theories of ageing relevant to our practice—gerotranscendence, life course review and socio-emotional selectivity—illuminated through a stream of concentrated lyrical expression. These concepts outline the opportunities for growth gifted to us by living into later life. In the socio-emotional selectivity of Carstensen we strive for deeper meaning and purpose in the proximity to existential threats such as death and serious illness [6]. By gerotranscendence we understand the final stage life as a natural progression towards wisdom and maturation, enabling older people to see life with a larger perspective with a meaningful interpretation of past experiences [7], reflected also in life course review theory of the pioneering gerontologist and geriatrician, Butler [8].

Largely expressed through terse Haikus, these poems are extraordinarily serene and comforting, and are particularly notable for a droll acceptance of the presence of death, familiar but not intimidating:

*Death stoops over me
I'm a problem in chess. He
has the solution*

Reminiscent of the wonderful clarity of vision of the other Nobel laureate in poetry, Czesław Miłosz in his poem *Late Ripeness* on reaching his ninetieth year, we are afforded a beautiful and almost over-powering serenity and acceptance of the paradoxical and inexplicable, a truly liminal experience, caught in the consolation of the final verses:

*A wind vast and slow
from the ocean's library.
Here's where I can rest
Birds in human shape.
The apple trees in blossom.
The great enigma.*

Clearly loved and admired by many, a delightful pendant to this extraordinary body of insight into the human condition, ageing and the mastery of existential vulnerability is a beautiful CD of music and poetry bridging his life before and after the stroke, *Klangen Säger Att Friheten Finns—The Sound is a Declaration of Freedom* [9]. The tracks include his expert playing of piano music for the left-hand following the stroke and readings of his poetry by the poet prior to his illness. This is matched by a moving short documentary centred around the unfolding events of the progress of the

day in 2011 when he was awarded the Nobel Prize with interviews and readings by the poet [10].

As working clinicians we are constantly aware, if often inarticulate, of the wonders and mysteries of ageing: Tomas Tranströmer has gifted us a window into the great enigma of the final flowering of life which should inspire future generations of geriatricians to do ever better to nourish and sustain the longevity dividend.

Compliance with ethical standards

Conflict of interest The corresponding author states that there is no conflict of interest.

Ethical approval This article does not contain any studies with human subjects and therefore did not require ethics approval.

Informed consent Informed consent not required for this study.

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