

Show Me the Book Contract

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If all of life's experiences are material for writers, then few professions provide as much grist as the daily experiences of clinical psychiatrists. From a writer's point of view, most psychiatrists start from an overwhelming advantage since every day they attend to issues at the core of the human experience. But how do psychiatrists expand their repertoire from anonymous patient histories to genuine storytelling? How can they transform run-of-the-mill journal articles into gripping narrative stories with powerful beginnings, compelling middles and dramatic endings? How do psychiatrists learn to think like writers? Where do psychiatrists start? How do they switch from the right-brain functions of science, and wade into the decidedly left-brain activities of creative expression through words?

Of all medical specialties, psychiatry probably has had more physicians who also are professional writers than any other medical discipline. The list is staggering. An abbreviated directory would include: Eric Berne, Donald Black, Robert Coles, Frantz Fanon, Anna Fels, Viktor Frankl, Joseph Glenmullen, Julius Heuscher, Kay Jamison, Carl Jung, Peter D. Kramer, Elisabeth Kuebler-Ross, RD Lang, Arnold Lazare, Dorothy Otnow Lewis, Robert Jay Lifton, Sally Satel, Benjamin Spock, Anthony Storr, David Viscott, Richard M. Berlin, Ron Charach, Keith R. Ablow, and Luis Martin-Santos. And that's just a beginning. All writing is storytelling, whether it is writing for a medical journal or writing for a mass audience. For psychiatrists who desire to reach an audience more diverse than fellow psychiatrists (and patients in their offices), this essay explores how to hone reporting, writing and storytelling skills. Such proficiencies will increasingly play a central role for the 21st century psychiatrist who seeks a wider circle of influence.

The craft of storytelling goes back to our earliest days as humans. I suspect when the caveman returned home after a hectic day of foraging, the first thing his family asked (after "Where's the food?" and "Can't you turn up the heat in this place") was "Hey, what's going on out there?"

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That's your job as a writer. To tell the rest of us what's going on — and in doing so, to tell a story that is informative, enlightening, compelling and entertaining. In other words, to tell a story that matters.

If your story is any good, it's got to keep readers riveted. All well-crafted stories are told deliberately. Each has a beginning, middle and end. And while middles and ends are essential, unless your beginning is spectacular, most readers aren't likely to get past the first paragraph. That's why ledes, or beginnings, have to read like Japanese haiku. They have to sing. They have to be sublime and eloquent. Ledes are the store window. If readers don't like the opening to your story, they won't venture inside. Craft your ledes. Polish them. Rewrite them. Cut out superfluous words (as the preceding "out" is). This goes not just for ledes. Despite what your professors in medical school may have drilled into your heads, and despite what the articles in this and other psychiatric journals may otherwise indicate, short is good. Not enough has been said about the importance of the period and how close it ought to come after the first word of each sentence.

The middle of your story is crucial, too. It builds your case, working from the lede, like a psychiatrist's gathering assessment of a patient. Each paragraph carries a single cell of information, the laying out of a specific element that leads to the story's overall meaning, feeling, and payoff. Quotes are important in the body of your story, but remember: quotes are for opinion, not recitation of facts. As a psychiatrist who is a writer, you can better transmit basic information by using an indirect quote or through narrative than by using a direct quote. Keep your ears open for quotes that express opinion in a memorable way; these are the quotes you'll want to use. Also, remember transitions, particularly in the middle of your story. Each paragraph ought to be connected to the next by a transition that is both natural and logical to the unfolding of your story.

Endings are the part of the narrative story that I like the most. Effective endings send the reader off with an understanding of the entire story. Sometimes a quote works best — a pithy observation that wraps up the entire piece. Other times, it's a description of an action or event that encapsulates the essence of your story.

In my own writing, I follow something I call “the three-second rule.” Unless your story’s top wows readers fast, then all the effort you spent crafting the rest of it is for naught. The nature of the printed word starts the writer at a disadvantage. Films, television and radio are much more user-friendly than magazines, newspapers and books, which display stagnant words on a stagnant page. Visual and aural media don’t require the same kind of engagement as the written word. You just sit back and enjoy. Internet users are perhaps the most spoiled. Your story is one click away from being banished. So, for a psychiatrist’s story to work, it must move fast to hook the reader. After a headline or title, your story begins. That story has to jump out at the reader within three seconds. If it doesn’t, the reader has already flipped the page and moved on. Readers pay out symbolic change when they decide to spend time with a stranger (you). Every second that goes by with readers sinking their eyes into your account is costing those readers something. For your story to work, it must seduce the reader. Writers of journal articles and books may have more than three seconds to lure readers, in part, because journals and books seek a narrower niche. But for any story to succeed, it has to intrigue readers in the opening moments.

Once your opening hooks readers, you’ll still have to work on keeping them. You’ve got to engage readers with each succeeding sentence. There is a minefield of distractions out there, too much risk of readers skipping out, for you to forget your primary role: to tell a story that captivates. Reading requires engagement on the part of the participant, and you as the psychiatrist/writer must constantly fight to maintain that reader engagement. You might be writing to get tenure, to share your trenchant observations with others, maybe for fame and fortune (good luck), but your primary target must always be the reader. That’s what separates diary-writing and professional writing. Remember: You are not writing for yourself, but for readers. Respect readers. You’re inviting them into a portion of your brain. Be attentive to their needs. Take time to explain psychiatric issues and concepts that may be foreign to them. Be your readers’ Virgil, their tour guide. As skilled professionals, take them by the hand and show them what you’ve seen and why it’s significant. In doing so, avoid jargon. Translate it as you would to a non-psychiatrist friend. Make your writing accessible. Imparting information vital to readers is what writers (and psychiatrists) do. It helps readers see their world differently by informing and enlightening them. In that sense, writing is the ultimate public service.

So that your readers stay with you, make sure you parcel out information selectively. Readers tend to read in chunks, with paragraphs being the markers. Most readers make decisions on whether they’ll continue as they reach the end of each paragraph. Each paragraph, in a sense, then ought to be a mini-story in itself. Good psychiatrists/writers increase the velocity of their sentences within each paragraph so that readers feel a heightened drama as the paragraph draws to a close. Creating suspense this way compels readers to go from paragraph to paragraph. Since the reader’s eyes automatically gravitate to

white space, you should be hard-pressed to write long paragraphs. I know this is a break from everything held sacred in medicine as well as in psychiatry, but trust me on this one.

Long pieces, including books, need to be framed with both a front and back story, and plenty of ancillary anecdotes sprinkled in between. Let’s say you’re writing a narrative story about schizophrenia — how it first manifests itself, its impact, implications, effect on patients and those around them. For most readers, the omnibus topic of schizophrenia won’t be enough to pull them into the story. But if you break down the topic of schizophrenia to, for example, immigrant workers, that may be what intrigues, that is, immigrants’ peripatetic trek from foreign homelands to the United States, and a sense of schizophrenia that seems to trail some immigrants because of their circumstances. For other readers, back stories woven into your text could include hereditary effects of schizophrenia; environmental and psychiatric issues particular to modern American immigrants; employer and family reaction to the illness; a personal narrative of a psychiatrist discovering a multitude of common traits among schizophrenic patients who are also immigrants.

Whatever you do, don’t take yourself too seriously, even with the most serious of subjects. Don’t bore. Write convincingly about issues that can change the lives of readers by affecting how they carry out their daily tasks. If told well, your story ought to be essential to readers’ well-being — intellectually, physically, even spiritually.

Concentrate on the task at hand. In my early years as a writer, I taped a fortune-cookie fortune to the top of my computer screen that read “Stay Focused.” You’ll know you’re cooking the moment all your senses are focused straight ahead. Some writers describe this as the Zen of writing. You feel a part of the computer screen; the keyboard becomes an extension of your fingers. Metaphorically, if a bomb were to go off under your chair, you’d hardly notice it. When the telephone rings, it ought to startle you out of your sense of concentration. On the 1960’s television show “Get Smart” (aired these days on the cable network, TVLand), whenever spy Maxwell Smart and the Chief wanted to engage in a top-secret conversation, the Cone of Silence, a cheesy-looking plastic cutout, would descend from the ceiling and the two spies would commence their discussion. When your writing is going well, you ought to feel as though the Cone of Silence has descended, isolating you from the rest of the world.

Learn how experienced storytellers parcel out information using dialogue, narrative, description and quotes to win over audiences. When you come across skilled storytellers (including your patients), don’t be lulled into satisfaction. Probe their techniques. Listen. Take notes. Understand their tricks and methods.

Good storytellers go where other writers won’t. Don’t be scared to light out on your own. Question similar stories written by multitudes of writers. Break out from the rest and write stories that challenge conventional wisdom.

In doing so, write about victims. Give voice to those without any. As a psychiatrist, think of yourself as writing a bottom-up

social history, instead of a top-down institutional overview. Talk to people whose lives have been changed by institutions. Try to understand what they have gone through and why.

Realize the power of your words. Assume that what you write will have an impact. Unlike the ephemera of the spoken word, the written word lasts. Don't shy away from writing what you see, but be aware of the consequences. This plays itself out in different ways, some large, some small. In a profile I once wrote, I described a woman as "big-boned and handsome." Boy, did I ever hear from her! Sobbing, she told me that until the day she died, she would think of herself that way. In retrospect, my description was cruel, and I'm sorry I wrote what I did. There is no way I can ever take away the pain I caused her.

Descriptions ought to be central to your story. You might describe someone's translucent blue eyes and crackling voice, but only if that description adds to the reader's understanding of the person you're writing about. Should you write, for instance, that a person is left-handed? Only if the story is about right-brain, left-brain orientation or that the left-handed metal sculptor you're profiling uses special tools specifically designed for her.

Here's another example of what I'm talking about. I once wrote a story about a rare condition that renders its victims without the ability to see colors. For those born with achromatic vision (three people in a million), the world is like a non-stop black-and-white movie. Midway through interviewing JayJay Pruitt, a nine-year-old boy with the condition, I realized I was staring at the lede: JayJay's hair was carrot-orange color. JayJay's medical condition prevented him from ever seeing the color of his own hair. That was the detail that made my story.

"Show, don't tell" is basic advice veteran editors give green writers, but it's something all writers always keep in the back of their minds. An extreme example: Don't write that the transsexual "dressed colorfully"; describe *how* she dressed — "in six-inch stiletto heels, a black bustier with a plunging neckline, and torn fishnet stockings held up by a crimson garter belt."

Another point: Don't put emotions in the heads of people you're writing about. Don't write, for example, that "John Doe was shocked when he was arrested"; better might be, "John Doe said he was shocked when CIA agents put him in handcuffs Sunday morning and arrested him in front of his wife and six children in Doe's \$4.7 million house at the end of a tree-lined cul-de-sac in the wealthy Detroit enclave of Gross Pointe."

Understand and acknowledge your own cultural, class, racial or gender biases. As a psychiatrist and as a writer, be alert when writing about people and events that may conflict with your own values. At *The Los Angeles Times*, when an editor (who was white) in the mid-1980's inserted the word "controversial" before the words, "Muslim leader Louis Farrakhan," a reporter (who was black) protested, saying, "In my neighborhood, Ronald Reagan is controversial; Louis Farrakhan is not." The reporter was right to protest.

Learn to juggle multiple tasks. You already do this as a psychiatrist. Similarly, professional writers learn to work on different

elements of many stories at the same time. That's why they're called professional.

Pick a place and a time to write. Devote your time in that place to writing. Try to do your big-picture thinking somewhere else, so that when you get to your writing place, you're able to concentrate on putting into words what you've already mulled over in your head. This is the way to avoid writer's block. The story is already written in your head before you sit down to write it on your computer or on paper.

By the way, there's no faking a story's organization. As a writer, you can't rely on sound technicians, directors, camera operators. Your story has to stand on its own. Editors can help you, but it's your story, not theirs. It's just you and your ability to coax a stranger into the world you've created with words. Your job is to make that world vital to readers.

In doing so, don't be afraid to write your story in the first person. First-person stories are all over American writing today. They are a way to write about an event that has had an impact on the psychiatrist/writer; if told in a compelling way, such stories ought to create a similar effect on the reader. Rules for first-person stories are the same as for all writing. The prose has to offer a gripping story, filled with information told with insight, wit, opinion and edge. But there's something else: The writer/psychiatrist of a first-person story must be the genuine hero of the story. If you witness, or are a part of, a remarkable diagnosis, treatment, or patient response, write about it from your viewpoint.

Once you have a draft, try reading it aloud. There's nothing more humbling than hearing your own sentences and realizing how clunky, imprecise and verbose they can sound.

Try not to forget that editors are on your side. By nature, editors subjugate themselves to you, the writer. You might have to educate and coax editors, but they are the gatekeepers, and ultimately, they have a larger picture of how your story fits into an editorial product — be it a book, magazine, or journal. Most writers write too long and know it. They welcome a skilled editor's efforts at paring down a story. Listen to editors.

All right, already. You have dreams of Brian Lamb interviewing you on C-SPAN's Bookworld. Why shouldn't *your* name be on the *New York Times* Bestseller list?

Your next step is to figure out what to write about. That's where idea-generation comes in.

Steep yourself in ideas. As a psychiatrist, every day you are transported into a world of ideas. Once you're sold on a story, sell the idea to others. Seed your environment with the strength you feel in your bones for the story. Invest in the story. Don't take no for an answer when one editor turns your idea down. Listen to criticisms and suggestions — then come back with airtight arguments to allay editors' concerns. Good writers know how to sell story ideas to editors trained to be wary and cynical. (Two editors, for example, turned down this piece, before being accepted by this journal.)

You will learn how to write if you do it every day, have a good editor (if you don't, find one), and are committed to making your writing as good as it can be. But fresh *new* ideas — well,

they are something different. Coming up with wondrous ideas for stories and books may be intuitive, but it's a process that all professional writers must master. As a writer and as a psychiatrist, ideas ought to be flooding your brain constantly. But how do you remember all of them?

Walk around with a small notebook. You already keep a notebook in your office, but keep one next to your bed and in your car so you can jot down ideas as they come to you. If that's too geeky, scribble on the back of an envelope, which is what I do. Don't think your memory will be good enough to store your fleeting ideas. Every place, patient, event, is fodder for material. Ideas are currency among writers. When you go shopping, while you're waiting at the carwash, as you're sitting at a conference of fellow psychiatrists, write down thoughts that may become elements of a story.

This notebook/envelope idea probably shows my age. You can also type out notes to yourself on your computer when you get home or back to your office. Or do what I find myself doing more and more — typing emails to myself in the middle of the night as I lie awake thinking about the stories I'm writing and the stories I hope to write. (By the way, I wrote this paragraph at 4:35 a.m.)

You can take a vacation, but you'll always be working. All life experiences are material. Look at the world in story form. When you walk, don't stare down at the pavement. Look up.

Look around. Drama is swirling out there. Good writers are information junkies. They read voraciously. They go to movies. They surf the Web. They think. They are curious.

Writing is like having an intense affair with an alluring stranger who magically appears in your life. You're immediately infatuated. The stranger is all you think about. You fall asleep and awake with your new caller. This newcomer consumes you — for better or worse. Newspaper and magazine pieces you write are relatively short-lived affairs; books can last for years. But all these affairs end when the story ends, when you're onto another project, when another provocative stranger is about to enter your life.

Writing is the only business I know of that allows its practitioners to make sense of their world. Writing is the process of refining words to approximate your thoughts. Many writer/psychiatrists deep down do what they do because they want — *and need* — to do it. When I'm not writing, or my writing is going badly, I'm a bear to live with. Ask my wife.

Good writers are *always* rewriting, polishing, redrafting, to make their writing better. Every version of your writing is a draft. Like an actor, run your lines over and over in your head. Think how you can write the same sentence better.

Enjoy the solitary time shaping a context for your thoughts and perceptions. Have fun. Writing and psychiatry, after all, are two of the best jobs out there.