

From our Fellows

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'Incidental Findings'

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My friend Tom introduced me to the concept of the **linguistic shell**: the patterns and habits of language which serve as boundaries to our thoughts and expressions. I have long been intrigued by the ways the shell can be broken or fractured, and our language refreshed and renewed. A month ago, during my recent hospitalization, I encountered the phrase “**incidental findings**.” These are the unanticipated discoveries during medical tests or scans, in my case a ‘pelvic mass’ which later proved to be insignificant. These “incidental findings” can be frightening, costly, and distracting.

As I have been thinking of this phrase, I am aware that in many other fields ‘incidental findings’ may be far more important than the defined goal of research. Dr Gary Gunderson works to identify and strengthen the health assets in any given community. He has the gift of great **peripheral vision** which notices the hidden bonds of trust which make action and change possible. Time after time, as he and his team have worked with the most vulnerable among us, they have found, or revealed, existing leadership, efforts and movement forward which had been unsuspected. In no sense are these findings ‘incidental’, but just as in clinical diagnostics, they were not anticipated.

Frequently in the field of resilience, emphasis is often placed on the cognitive ability to re-frame attitudes and thus responses. However, in studies of community resilience, after natural disasters for instance, the unanticipated discovery is frequently the most profound. Lenore Ealy and Emily Chamlee-Wright, among others, sought to understand resilience in fractured communities after Hurricane Katrina. They found, often, that it was not attitude but existing social bonds that made a positive difference. In my own studies of recovery from famine in Asia, I did not expect to find, time and again, the critical importance of the sense of beauty—of lyric poetry, a musical tradition, community theatre—as essential within struggling communities trying to redefine themselves.

Our medical industry has reached the stage that now diagnostic tools reveal far more than previously, leaving the clinician to sort through what is shown and decide on necessary and sufficient care. There are many discussions about the distractions caused by ‘incidental findings’, and doctors worry that in pursuit of the unanticipated, the critical presenting issues may be neglected. We all suffer from too much information, finding meaning requires constant editing, reflection and adjudication, for which few of us have either time or energy. This is most important in healthcare, where overtreatment has become the norm while understanding health and vitality, all too rare. The temptation is to ‘do something’ about everything, clearly impossible and constantly discouraging.

I advocate that findings are simply findings—not incidental, and not, merely because unanticipated, of more or less importance than the knowledge which was sought. We explore this world of mystery eager to learn, sometimes fearful of all that remains unknown, but compelled, because we are human, to seek and find out. The journey is never as planned, but if it is to be a fulfilling adventure, our language cannot constrain what we notice, or how we learn. We all need peripheral visions and to accept that we will never be able to anticipate what we find. That is the magic.