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Preface

There are few people who don't know Anton Chekhov or William Carlos Williams. Yet few people know their more recent followers, such as Richard Selzer, Abraham Verghese, Atul Gawande, Rafael Campo, Perri Klass, and so forth. Many of my colleagues in the humanities were confused when they knew my research focuses on physician writers. One of the difficult yet interesting things to explore in an emerging field is to explain what I am working on. Although the link between literature and medicine is as ancient as Apollo, the Greek god of poetry and healing, physician writing as a genre of literature is recent. In order to avoid confusion with the more inclusive term "medical narratives," which include medical charts, case history, medical stories and other genres of writing widely used in the medical profession, I use the term "physician writing" to refer specifically to the literary work, fiction as well as nonfiction, about the medical profession, in particular physicians, written by physician writers who have a combined career in medicine and literature.

In this current study, I do not want to read physician, medicine or illness as metaphors. I do not want this project to be one about medical ethics either. Instead, I am interested in the creativity and possibility inherent in the ambiguous zone formed jointly by literature and medicine. This ambiguous zone invites the self-conscious physicians to turn the medical gaze inward and speak back to a totalizing medical

discourse by allowing their desire, anxiety and grief to emerge. The process of writing is one of physician writers' confessing of and mourning for a (hopefully temporary) loss of a feeling, emotional and desiring self. What physician writers call attention to is the specificity and heterogeneity embedded in their lived experience in the medical profession. With a view to recognizing specificity and heterogeneity, I focus on a few selected narratives from representative physician writers, instead of covering a wide array. I contextualize selected narratives within their particular social, cultural and political environments, which have helped shape the way individual writers tell their stories. In addition, since the physician writers and narratives I analyze in this book are comparatively less known to the general public or even scholars from literary studies, an in-depth analysis will allow readers to appreciate the unique voice of each chosen physician writer.

The chosen narratives, which vary greatly from one another, are interpreted respectively from different perspectives. However, these narratives together address how writing doctors negotiate their professional identity by situating themselves within a transitional period when the older model of biomedicine is found lacking, yet the newer one is still in the making. In order to better understand the complexity embedded in the threshold experience of physician writers, I propose to read physician writing primarily in light of anthropologist Victor Turner's understanding of liminality, which explores, among others, a transitional situation imbued with uncertainty and possibility in rites of passage. Significantly, I incorporate two major revisions about the modern applications of liminality and take into consideration the heterogeneity and instability as demonstrated in modern societies and in physician writing in particular.

There is more than one type of liminality that is investigated in this

study. The title of this book, *Liminalities and Narratives: Studies on Contemporary American Physician Writers*, especially the use of the plural form of the word "liminality," manifests that there are multiple in-between situations involved. Not only is physician writing, an interdisciplinary field, liminal in nature, so are physician writers and their physician narrators, both of whom are situated in a transitional period. The relationship among these three types of liminalities is interdependent. The transitional situation of physician writers plays an essential role in their choice of this type of writing, which serves as an expressive and safe medium to articulate the previously muffled voices of desire and anxiety; more significantly, the liminality of physician writers is concretized by that of their physician narrators in more specific contexts. The interrelatedness of these three types of liminalities illuminates our understanding of the role of narratives in the medical profession and affects the way we read these narratives.

As demonstrated in the chosen narratives, writing forces physician writers to witness themselves at work and to constantly engage themselves in a sense of loss, including the loss of a whole self because of professional imperatives, as well as the loss of composure resultant from witnessing the mysterious power of the human body. The act of writing actually makes it possible for physician writers to create literary prostheses to fill the void that deprives them of a sense of wholeness. Although the ease of post-liminal state is rarely achieved in physician writing, witnessing of and mourning for a loss through the public acts of writing and storytelling break down the cold walls of silence and indifference. Physician writers' lingering in the liminal state allows them to take advantage of the creativity and possibility embedded in these three types of liminalities. This ceaseless longing for creating a meaningful story, which can address the individual's lived experience in

the medical profession, imparts energy to the evolving field of physician writing.

This book, based on my dissertation, would not have been possible without the support and assistance from many people. I always count myself lucky to have met my advisor, Dr. Gayle Whittier at State University of New York—Binghamton, who has led me into the field of literature and medicine. Our regular Mondays and Wednesdays meetings during the three years while I was working on my dissertation have been a great source of inspiration as well as encouragement. I owe Professor Whittier a debt of gratitude for all she has done for me. I am also grateful to my committee members, Professors Elizabeth Tucker, Lisa Yun, and Marilyn Gaddis-Rose for the generosity of their time and guidance. In the process of putting my dissertation together, I have benefited from a timely dissertation scholarship from the Institute for Advanced Studies in the Humanities (IASH) at Binghamton University. Thanks to the fellows attending my IASH talk on Richard Selzer's *Raising the Dead*, for their insightful feedback and interesting questions.

I am especially grateful to Prof. Zhu Binzhong at Wuhan University for his encouragement and support in the process of turning my dissertation into this book. I also owe thanks to the School of Foreign Languages and Literature at Wuhan University for a timely publication grant.

Contents

Chapter One
The Liminal Physician Writers: A Tour of the Field of Physician Writing

> I believe that the truly great writing about doctors has not yet been done. I think it must be done *by* a doctor, one who is through with the love affair with his technique, who recognizes that he has played Narcissus, raining kisses on a mirror, and who now, out of the impacted masses of his guilt, has expanded into self-doubt, and finally into the high state of wonderment.
>
> (Selzer, "The Exact Location of the Soul" 18, Selzer's emphasis)

In a short story titled "Brute," surgeon writer Richard Selzer's physician① narrator recalls an emergency room encounter with an incompliant and intoxicated African American patient, who failed to hold still for a suturing on the forehead. The narrator, extremely tired and angry, sewed the patient's earlobes to the mattress of the stretcher in order to suture the laceration. Besides, the physician narrator did more. As he recalled, "And I grin. It is the cruelest grin of my life. Torturers must grin like that, beheaders and operators of racks" ("Brute" 389).

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① Disregarding the nuanced differences between "physician" and "doctor," this book uses these two terms interchangeably.

In spite of the various reasons or excuses which might have led to this extreme action, the torturer image and pain-inflicting scene lingered in the physician narrator's mind. As he reflected on this experience years later, "I have only to close my eyes to see him [the patient] again wielding his head and jaws, to hear once more those words at which the whole of his trussed body came hurtling toward me" ("Brute" 389). This image of the tortured patient repeatedly reminded the physician narrator of his momentary betrayal of his profession. Although he was fully aware of the fact that the harm resultant from the cruel act was irreparable, the physician narrator must have hoped that his unflinching confession would offer him some degree of resolution.

This short story① from surgeon writer Richard Selzer constitutes a part of the evolving field of physician writing, in which physician writers write in fiction or nonfiction about their lived experience in the medical profession. Differing from the conventional use of physician, medicine or illness as a trope or a metaphor in literature, physician writing brings to the fore physicians' lived experience and explores how the telling of their stories matters as well as how difficult the process of finding one's own voice can be. Physician writing, ranging from short stories, poems, to book-length memoirs and fiction, has appeared with an increasing frequency, particularly since the last three decades of the twentieth century. The exploding of the field of physician writing is inseparable

① It is noteworthy that Selzer's stories resist the simple categorization or labeling as fiction or nonfiction (Morris, *Culture* 217). "Brute" is a good example to show the in-between situation in terms of genre, as a result of its artistic blending of facts and imaginations. I will elaborate upon Selzer's writing style later in this book.

from the changes, or the call for changes in medicine①.

The Narrative Turn in Medicine

Physician writers' honest and oftentimes unsettling revelations of their lived experience in the medical profession locate them in a position, which resonates with that of authors who write about their experience of living with illness in the form of life writing. Undeniably, biomedical achievements have drastically increased medical efficacy and cured/controlled numerous formerly incurable diseases. Yet, biomedicine has also made clinical encounters impersonal. The person is, more often than not, reduced to some abstract medical/pathological images, counts, procedures, or even the disease itself. The growing dissatisfaction with the limits of biomedical discourse contributes to a growing subgenre of life writing—the illness narratives. With disturbing complaints and strenuous resistance to medical depersonalization, illness narratives reveal the embodied experience with illness from the perspectives of patients② and/or their caregivers.

The interest in narrative in medicine is first demonstrated through the re-evaluation of patients' stories and voices. As a result of criticism against biomedical discourse, the imperative to understand patients' accounts as meaningful narratives, rather than letting patients' stories be supplanted by or devalued in the face of a totalizing and authoritative medical voice, becomes progressively evident in the medical profession.

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① Given the specific context of this current study and for the convenience of discussion, the term "medicine" refers to biomedicine throughout this book, unless indicated otherwise.

② For the purpose of this current study, I use "the sick" and "the sick person/people" interchangeably with the term "patient(s)," regardless of their nuanced differences.

According to Howard Brody, in the 1980s the systematic interest in narrative in psychoanalysis developed into "a more general turn of interest toward narrative in medicine and health care" (11-12). Scholarly research that initiates and sustains this "narrative turn" in medicine includes the publications of the 1988 edition of Brody's *Stories of Sickness*, psychologist-anthropologist Arthur Kleinman's *The Illness Narratives: Suffering, Healing, and the Human Condition*, Kathryn Montgomery Hunter's *Doctor's Stories: The Narrative Structure of Medical Knowledge*, Anne Hawkins's *Reconstructing Illness: Studies in Pathography*, Hilde Lindemann Nelson's *Stories and Their Limits: Narrative Approaches to Bioethics*, among others (Brody 12). Medical sociologist Arthur Frank's *The Wounded Storyteller: Body, Illness, and Ethics*, in which he maps the field of illness narratives, is also notable in this line of thinking. These studies examine the role of narrative or storytelling in re-humanizing medicine by giving credit to patients' personal stories and by generating a fuller picture of the private experience with illness.

It is noteworthy that clinical encounter is intersubjective. In the simplest scenario, it is a reciprocal interaction between the patient and the physician. If patients are projected and treated as abstract and inarticulate, is it possible for physicians to play the role of loving and caring healers? I am afraid not. Actually, physicians equally risk being rendered less human with a view to maintaining professional codes, such as objectivity and clinical detachment, and so forth. These professional codes, which prioritize physicians' authoritative and impersonal voice, do not only render inconsequential patients' personal accounts of illness experience, but also obscure physicians' individual experience in the profession.

Along with patients' stories, doctors' stories therefore seem

increasingly influential in the last several decades for physicians to reclaim a personal voice. In addition to book-length publications in the forms of life writing, novels or poetry, physicians' self-reflective stories appear frequently in medical magazines, academic journals in medicine, newspapers and magazines, ranging from *The Journal of American Medical Association*, *The New England Journal of Medicine*, *New York Times*, and *The New Yorker* to *Slate*. Scholarly research on the roles of narratives in medicine, such as Rita Charon's "Narrative Medicine: Form, Function and Ethics," Charon and Martha Montello's *Stories Matter: The Role of Narrative in Medical Ethics*, and Suzanne Poirier's *Doctors in the Making: Memoirs and Medical Education* has also boosted the development of the narrative turn in medicine. These studies examine, in particular, how narrative can help address the complexity embedded in the construction and ongoing revision of a meaningful professional identity.

Charon, a physician with a Ph. D. in literature, "is the director of the pioneering Program in Narrative Medicine at Columbia University, which teaches literature, literary theory and creative writing to medical students and whose practices are rapidly being incorporated and adapted by schools across the country" (Thernstrom). Charon is a leading figure in the ongoing movement called "narrative medicine," a term she coined in a 2001 article (Thernstrom). According to Charon, narrative medicine is "medicine practiced with the narrative competence to recognize, absorb, interpret and be moved by the stories of illness" (*Narrative* vii). Charon and her followers in the narrative medicine movement attempt to fully employ narratives in medical encounters to offset the limits accompanying biomedicine. By "looking to a literary cure," "[t]he goals of narrative medicine are similar to those of other medical movements that have focused on communication and treating

'the whole' person instead of the disease alone, like biopsychosocial medicine, patient-centered care, relationship-centered care, the primary care movement and others" (Thernstrom). The major focus of narrative medicine, or rather the turn toward narrative in medicine is a much-needed reaction and response to the depersonalization of the biomedical discourse.

As Charon observes in her article "Literature and Medicine: Origins and Destinies", "the nourishing relationship between literature and medicine was not invented" before the 1970s (23). The marriage of literature and medicine was institutionalized in the medical profession through reformed curricula in medical education: "[b]y 1998, according to the Association of American Medical College's Curriculum Directory 1998-1999, 74% (93/125) of U. S. medical schools taught literature and medicine, and in 39% of U. S. schools, such study was part of a required course" (qtd. in Charon, "Literature" 23). This percentage continues to grow drastically. The development of the field of literature and medicine "may well signify that medicine, now, has once again become fertile to, hungry for, and humble in the face of that which can be learned only through language" (Charon, "Literature" 26). The incorporation of literature in medical education underscores the importance of narrative through re-reading literature in light of humanistic medicine, and more importantly, through the creative act of producing literary work. Not only are patients' stories valued in this narrative turn, so are those told by physicians from an insider perspective.

When the Medical Gaze Turns Inward

The developing field of physician writing well illustrates the narrative turn in medicine. Physician writing, echoing illness narratives, tells the story about illness from another perspective as a counternarrative

to biomedicine. Among the various reasons that compel those busy doctors to write, doctors write to have their voices heard by the medical institution, by patients, and by themselves as well. In their article "Medical Intellectuals: Resisting Medical Orientalism," Felice Aull and Bradley Lewis make an analogy between physician writers and literary theorist Edward Said's intellectuals. The authors believe that writing doctors "take risks and ... speak truth to power on behalf of humanizing medical discourse and practice" (107). Giving credit to truth-speaking writing doctors, Aull and Lewis contend, "[a]s writers, they [physician writers] take on the public responsibility of representation and advocacy, that Said requires of intellectuals" (107). Writing doctors do bring some insights that might not be attainable from other sources or perspectives and help paint a fuller picture of the experience in medicine①.

Physician writers locate themselves in a complex situation of being an active agent of the medical system and meanwhile decrying the limits of it. Through the act of writing, physician writers hope to reveal the hidden side of the medical profession and explain how they have become who they are because of their profession. Whatever literary forms or genres physician writers use, the major characteristic of contemporary physician writing is the dominance of a confessional tone. As Terrence Holt comments on the emerging field of physician's autobiographical writing, "[c]onsidering the offerings before the public now, it would seem that the dominant mode of medical discourse is the confessional"

① Terrence E. Holt helpfully points out that the prolific publications by physician writers and the airing of medical shows in the media are inseparable from the voyeuristic need in the audience (324-325). In a sense, physician writing appeals to the voyeuristic curiosity of the general public by showing some facts that have been hidden from them.

(318). The tone of confession dominates the field of physician writing, with a special emphasis on the acknowledgment of fallibility, a sense of inadequacy and the limits of medicine in front of human suffering and the mystery of human body, among others. In his 1978 essay "Facing Our Mistakes," physician writer David Hilfiker discloses his accidental abortion of a living fetus. It is a courageous act that might damage his career. As Nancy Berlinger notes, "[t]his is a shocking story—shocking, that a working physician would publish such an unsparing account of a worst-nightmare case and take full responsibility for his error and its consequences" (235). Significantly, Hilfiker breaks the conventional silence after medical errors occur by disclosing his mistakes with unflinching honesty.

Hilfiker's effort is continued by more recent physician writers, notably Pauline Chen. In her memoir *Final Exam: A Surgeon's Reflections on Mortality*, surgeon writer Chen reflects on physicians' underpreparedness in the face of death. In particular, Chen takes issue with medical rituals. By medical rituals, particularly "the more complicated rituals, like learning to open someone's belly or resuscitating the mangled trauma victim or transplanting a liver," Chen refers to medical protocols or procedures which require physicians to do things in a certain way (90). Chen is fully aware of the limits of medical rituals, which allow physicians to distance themselves from patients as well as human suffering for the purposes of efficiency and self-protection. As Chen observes, "[i]t is precisely when that responsibility is largest—encompassing a powerful human emotion or even life itself—that concentrating on the ritual becomes our professional method of coping" (94). According to Chen, "[t]he rituals allow us [medical professionals] to evade death, literally and figuratively" (94). Chen continues to note that these procedures "are downright dizzying and require [physicians] to put [their] innate responses on hold in order to