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# Literature and Medicine II: Women in the Medical Profession: Personal Narratives

Edited by
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Spring Issue:
abstracts (October 1),
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abstracts (January 1),
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abstracts (April 1),
completed papers (July 1)

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abstracts (May 1),
completed papers (August 1)

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abstracts (July 1),
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## About

*Gender forum* is an online, peer reviewed academic journal dedicated to the discussion of gender issues. As an electronic journal, *gender forum* offers a free-of-charge platform for the discussion of gender-related topics in the fields of literary and cultural production, media and the arts as well as politics, the natural sciences, medicine, the law, religion and philosophy. Inaugurated by Prof. Dr. Beate Neumeier in 2002, the quarterly issues of the journal have focused on a multitude of questions from different theoretical perspectives of feminist criticism, queer theory, and masculinity studies. gender forum also includes reviews and occasionally interviews, fictional pieces and poetry with a gender studies angle.

Opinions expressed in articles published in *gender forum* are those of individual authors and not necessarily endorsed by the editors of gender forum.

## Submissions

Target articles should conform to current MLA Style (8th edition) and should be between 5,000 and 8,000 words in length. Please make sure to number your paragraphs and include a bio-blurb and an abstract of roughly 300 words. Files should be sent as email attachments in Word format. Please send your manuscripts to gender-forum@uni-koeln.de.

We always welcome reviews on recent releases in Gender Studies! Submitted reviews should conform to current MLA Style (8th edition), have numbered paragraphs, and should be between 750 and 1,000 words in length. Please note that the reviewed releases ought to be no older than 24 months. In most cases, we are able to secure a review copy for contributors.

## Article Publishing

The journal aims to provide rapid publication of research through a continuous publication model. All submissions are subject to peer review. Articles should not be under review by any other journal when submitted to *Gender forum*.

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There are no submission or page charges, and no colour charges.

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# Editorial

By Carmen Birkle, Philipps University, Marburg, Germany

1 This thematic issue of *gender forum* is part II of a collection of essays focusing on the intersections of medicine, literature, and gender. In contrast to the first issue with its contributions on the representation of women in the medical profession from historical and literary points of view, in this second part personal narratives take center stage. Here, all contributions emphasize the healing power of grief and illness narratives in their various sub-genres, such as written testimonies, diaries, blogs, and artists' books, thus in a multiplicity of autobiographical or auto-ethnographical writings. Some of the authors interweave theoretical discussions or analyses of other people's narratives and their own illness narratives. In doing so, they all demonstrate that they share a belief in the illness narrative as a new space of communication between readers and artists and, ultimately, doctors and patients.

2 More than part I, part II foregrounds the structures and functions of narrative for both writers and readers. Translating personal experiences—which have shattered the "reliance on the orderly functioning of [people's] books" (Becker 12)—into narrative—and thus overcoming "the resistance of a collapsing body to verbalization" (Rimmon-Kenan 245)—gives voice to its author and structure and coherence to often traumatic events in someone's life. Such a narrative also reaches out to its readers and establishes a community or continuum between author and reader. The healing powers of narrative, which allow the patients to regain (at least partial) control over their bodies, is complemented by the insights doctors can gain: "[…] through the study of narrative, the physician can better understand patients' stories of sickness and his or her own personal stake in medical practice […]" (Charon et al. 599).

3 **Bärbel Höttges**'s contribution on blogging the pain not only is a discussion of the most recent form of grief narrative, namely blogs, but also lays the theoretical foundation for a distinction between more traditional grief narratives told from hindsight and the immediacy of blogging. As Höttges finds, the more traditional form allows for a narrativization of the events, i.e., the author attempts to make sense of the past through the narrative, to give order and coherence to the experiences, and thus to come to terms with the events. In these narrativizations, the healing power of narrative as well as the successful formation of a new identity after the experiences of pain, suffering, and death (of a loved one) can unfold. In contrast, blogging as a form of emplotment tries to shape the future since the outcome of the events is open-ended. Thus, blogs do not convey a sense of order, coherence or closure. As Höttges shows, the mode of publication strongly influences the writing process.

4 **Katie Ellis**'s article equally embraces the healing power of illness narratives and intertwines a theoretical discussion of these narratives with her own illness narrative since she suffered from a stroke when she was only 18 years old. For Ellis, this stroke has changed her life, and over the years she has attempted to make sense out of these changes. Writing as a critical disability theorist, Ellis uses Arthur Frank's narrative structures and uses his three categories of chaos, restitution, and quest narratives. A lack of reflection and understanding in the first type of narrative is replaced by the desire for a restoration of health in the second, and finally by a critical reflection on a changing identity in a culture of health in the third type of narrative. Joseph Campbell's concept of the hero's journey helps her to read this narrative development as constituted by a departure from a familiar life (first stage), a process of initiation into illness and suffering (second stage), and, finally, a moment of return as a changed person with new perspectives (third stage).

5 **Elizabeth J. Donaldson**'s essay demonstrates how illness writing and autobiographical or life writing intersect. She shows how Lauren Slater, a psychologist and patient herself, plays with the genre of memoir and the contract of writing truthfully which writers of a memoir are expected to have with their readers. In contrast to her *Prozac Diary* (1998)—Slater's auto-pathography, which documents her life with major depression and her cure with the drug Prozac—*Lying* (2001) is "a metaphorical memoir," as Slater herself terms it. Here, the lines between fact and fiction are thin, and readers perceive a parody of the illness narrative highly critically. As Elizabeth Donaldson suggests, *Lying* is a "complex hysterical conversion" which describes epilepsy as engendered by Slater's mother. It is the mother figure whom the daughter makes responsible for her epileptic seizures. In this sense, this epilepsy is "a real metaphorical illness." Playing with the genre conventions of both medical and memoir discourses, Slater's memoir, as Donaldson finally argues, resists the pathologization and categorization that societies impose on their members with the latter's complicity in this process. Slater's "life writing" also questions how strongly psychiatric diagnoses and the reading of an autobiography / memoir depend upon narratives and their pre-given categories and conventions. It is thus that a sane person can easily be pronounced insane and vice versa. But Slater, as disability studies scholars warn, also undermines the necessary credibility of illness narratives and their potential healing powers.

6 In contrast to Slater's deliberately staged and faked illness narrative, **Aimee Burke Valeras**'s contribution focuses on the examples of four women with hidden disabilities and their daily decisions of whether to disclose their disabilities or to "pass" for able-bodied, as Valeras explains. Valeras intersects these four case studies with her own example, suffering

herself from Muscular Dystrophy. Here, too, all illness narratives reveal the difficulties and complexities of self-disclosure as well as of the process of identity formation. Mary's Mitochondrial Myopathy, Victoria's Juvenile Rheumatoid Arthritis, Angela's Epilepsy, Rosalina's Celiac Disease, and the author's own Muscular Dystrophy provide ample examples of how concepts of self—both as women and disabled—are affected by everyday performances. Valeras points out how women with unapparent disabilities live with the paradox of fulfilling neither society's expectations of femininity nor the feminist call to resist stereotypical feminization. Disabled women live in-between two worlds—both in the nondisabled world and in the disability world—and have to cope with the expectations of both.

7 **Stella Bolaki**'s essay is the first of three essays that deal with women's strategies of dealing with breast cancer. She, too, explains that illness narratives in their various sub-genres are one way of coming to terms with such traumatic experiences. Such narratives, as all contributors suggest, give voice to those who are affected as well as possibly power to effect change, for example, in doctor-patient relationships. With her example, Martha Hall's artists' books, Bolaki demonstrates how Hall hoped for an impact on future physicians and the medical community by inviting her readers as witnesses to her story of illness. Bolaki suggests that since doctors are faced with patients' narratives that need to be interpreted, artists' books could become part of a doctor's training. The advantage of artist's books over other illness narratives is that they return their readers to the body because of their materiality, i.e., the material the artist uses to produce them.

8 In contrast to Martha Hall's artist's books, **Julia Mason** analyzes the representation of breast health in 32 articles selected from a total of 44 American women's magazines consulted. As she argues, many women increasingly use these magazines for information about breast health, and, at the same time, they also publish their personal narratives in order to give voice to their experiences and to inform other women. Mason, too, suggests that these narratives have an empowering function for both their readers and their writers. However, these narratives, since they are written in a specific cultural context, often reinforce narrow social constructions of gender. A greater variety of these personal narratives in magazines, which right now are mostly written by heterosexual white and African American women, would enhance the insight that breast health in general and breast cancer in particular do not just have individual but also social and medical dimensions and, as Mason points out, would ultimately increase the potential for women's empowerment.

9 **Cecile Ann Lawrence**’s discussion of race and breast reduction surgery continues the issue’s focus on the intersection of women’s health, the body, and constructions of femininity in the context of medical discourses and doctor-patient relationships. Lawrence intersperses her theoretical discussion of what it means to have breast reduction surgery with a third-person narrative in the stream-of-consciousness style, an auto-ethnography, as she terms it, in which she foregrounds the tension for those women who undergo such a treatment. In contrast to the previous contributions, Lawrence thematizes not so much the implications of the illness narrative but rather those of cosmetic surgery and, perhaps also, whether such procedures are, as she terms it, “medically necessary.” Furthermore, Lawrence suggests that the “right” size and shape of breasts in / after surgery are determined by the (subjective) male point of view, represented, for example, in the fact that most surgeons are still male, as Lawrence posits. The narrative difference between a theoretical and scholarly discussion and a personal narrative, also reflected in the choice of italics for the latter, lies in the notion of emotional distance. A rather rational analysis is complemented by emotional immediacy—a technique which facilitates the “narrat[ion] of the unnarratable” (Rimmon-Kenan 241) and brings together and effects more humane understanding between doctor and patient.

# Works Cited

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