

# Literature and Medicine

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## Additional Information

# The Physician as Witness:

A Response

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Narrative is powerful, and doctors are no less attracted to storytelling than the rest of us. These three articles—“The Witnessing Imagination,” “I don’t actually mind the bone saw,” and “Daughters of Æsculapius”—all share the urge to order the universe by telling tales about it, though they relate very different stories in very different ways.

“Daughters of Æsculapius” is actually a collection of narratives, what those in the literary field would call an annotated bibliography documenting the autobiographies of women doctors. The least complicated of the three articles, “Daughters” is a text of origins, a list of begets that female physicians can consult to find their roots. Sirridge and Pfannenstiel offer no critical analysis of any of the texts they describe, but instead attempt to document the history of women in medicine through testimony, pointing the reader to the source material. Women doctors, they demonstrate, have been telling their stories for over one hundred years, testifying both to their trials and tribulations, and to their triumphs. Because it is a bibliography and not an essay, “Daughters” can only point to other works (an important task), but it cannot tell us what the commonalities and

differences are in the stories of these women, or place these texts in any sort of social, cultural, or political context. Such work, we must assume, is left to the reader inspired by texts addressed in the bibliography. Those readers will find a vast body of feminist literature on women's autobiography that they can connect with other contemporary women's writing, as Elizabeth Blackwell was connected to sister feminists like Lucy Stone and Lucretia Mott. The bibliography, without context, lends itself to the idea that these early women physicians were a breed apart, whereas they were often deeply involved in larger social movements such as those for women's rights or the Progressive political movement of the early [End Page 217] 1900s. For women such as Josepine Baker, for example, medicine was a form of activism and not an end in itself.

In Reifler's essay on student writing about Gross Anatomy class, I was impressed by his attention to the process of narrativizing unpleasant, or even traumatic events. Clearly, Reifler's students are forced to think through their actions and their emotions in Gross Anatomy, and his exercises are geared to enhance their progress. His identification of recurring themes, such as "surprising physical aspects of the cadavers," distancing, and a "sense of strangeness" about the dissection are interesting to me, particularly since they mirror the reactions of the combat veterans whose writing I have studied for the past decade. All three themes are ubiquitous in war novels, and the similarity should lead us to question the (perhaps deliberate) parallels between medical training and combat. I found these themes most effectively expressed in work by W. D. Ehrhart, Gustav Hasford, and Charles Durden, and they are surely apparent in the novels of Erich Remarque, Ernest Hemingway, and James Jones.

Stevan Weine does draw those parallels in his article, "The Witnessing Imagination," when he asserts that it is the responsibility of doctors to become "witnessing professionals." The most theoretical article of the three, "The Witnessing Imagination" argues that it is the special duty of health care providers to tell the stories of survivors, and to "bear witness" to their experiences. It is unfortunate that Weine relies so heavily on the work of Jonathan Shay and of Dori Laub and Shoshana Felman, however, since his arguments share the weaknesses of those texts.<sup>1</sup> Like Felman and Laub, Weine tends to appropriate the position of the survivor, and, like Shay, his analysis is hampered by a naive view of testimony as unmediated access to "truth."

Until recently, the title of *witness* to a genocide (or to any other event) was accorded to those who had firsthand experience of an atrocity. Lately, however, the title has expanded to fit (or been appropriated by) those who have only a

mediated experience with the traumatic event. Instead of experiencing, for Weine, “To witness is to see, to know, and to be engaged with an other’s experience of traumatization, in all its complexity and enormity.” What then is the survivor, if she has been displaced as the witness who is now defined as one who “receives, processes, and transmits survivors’ knowledge”? (emphasis mine).

The disappearance of the survivor from the “witnessing imagination” is made clear by Weine’s claim that the “most fully realized practitioner of the witnessing imagination is the creative artist who is [End Page 218] a witnessing professional.” *Many* survivors are artists and writers in their own right. Can the “witnessing professional” do a better job than, say, Primo Levi, Tadeusz Borowski, W. D. Ehrhart, or Carolivia Herron at creating a work of art that represents the traumatic experience? Those who tell secondhand tales can write powerfully (the work of Susan Fromberg Schaeffer comes to mind), but power is not necessarily truth, and such tales rarely avoid the problem of assimilating multiple survivors’ tales all *too* well, so that they relate not an individual’s story but a composite, *normative* trauma narrative with a comfortable “formula” plot.

Weine is obviously energized by his contact with survivors and with the creative artists who stage Karen Malpede’s play, *The Beekeeper’s Daughter*. But though his experience is deeply emotionally affecting, it does not necessarily result in a clearer vision of the role of the therapist in “witnessing.” This use of a rite-of-passage metaphor makes the romance of the “witnessing professional” role obvious: “the witness must undergo a period of moral and psychological preparation in order to be positioned as a receiver of testimony.” While most contemporary students of trauma have rejected the rite-of-passage description as inappropriate for understanding survivors, Weine has adopted that description for himself and his colleagues. A “witnessing professional” is a better, stronger person for his exposure to what I have begun to call Other People’s Trauma (OPT), which, like Other People’s Money, is far easier to spend than one’s own. I would suggest that the list of readings Weine offers as evidence of his preparation for an encounter with survivors is more compelling in its omissions than its inclusions: Langer but not James Young, Sidra Ezrahi, and Charlotte Delbo; Fussell but not Eric Leed and Modris Ekstine; Barker but not Carolivia Herron, Margaret Randall, or Louise Wisechild.

While the questions Weine raises about the relationship between medical professionals, genocide, and survivors are compelling, because he does not interrogate his own mediated position, Weine cannot critically examine Malpede’s work. Nor does he bring any literary expertise to bear on his analysis. In fact he

often remarks upon the words of Malpede's characters (Robert and Admira, for example) as if they were the words of "real" survivors rather than the words of a playwright crafting a piece of art for the stage—a sociological fallacy a trained literary critic would assiduously avoid.

Malpede, from Weine's description, writes toward resolution, an understanding of how the character of Admira can learn to "live with the traumatic memories." Weine, also, is interested in resolution. As a **[End Page 219]** health care worker, how can he desire any other end? But this urge to resolution often conflicts with the narratives written by survivors, many of whom describe an unhealed wound decades after their experience. I was made most uncomfortable by the quotation from Malpede's character Robert, who says of Admira's child, "I feel as though I am giving birth to him as a person, as a human being. I am giving birth to him by my act of looking. . . . My look is the womb in which he is able to grow his own idea of what it is to be him."

It was *Admira's* womb in which the child grew, but Robert has displaced Admira, the "real" survivor, and appropriated her child, claiming that he and only he is able to help the child grow into "himself." It is a short step from empathy to appropriation, and health professionals should monitor themselves carefully for signs that they are replacing survivors' stories and testimony with their own narratives. Insisting that it is the "witnessing professional" who embodies the highest form of testimony results in the displacement of those with firsthand experience of atrocity.

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### Footnotes

**1.** For a full critical appraisal of Laub and Felman, see my book *Worlds of Hurt: Reading the Literatures of Trauma* (Cambridge: Cambridge Univ. Press, 1996). For critiques of *Achilles in Vietnam* by several authors, see the journal *Viet Nam Generation* 6, nos. 3–4 (1994–95) and 7, nos. 1–2 (1995–96).