

Panel 1a: Locational Narratives and Mental Health: Gender, the Body and the Nation

Gender, Medical Authority and Location in fiction by women (Geraldine Perriam)

The proposed paper develops the theme of gender and authority in literature, with a focus on two pieces of fiction from the mid-Twentieth century. Both narratives are written from the viewpoint of two women patients with mental health problems. Their relationships with male caregivers are explored with a focus on spatial aspects of the tensions surrounding gender and the authority of caregivers.

The first novel, *Asylum Piece* by Anna Kavan, features short narratives about a woman admitted to an asylum. The second novel, *The Pumpkin Eaters* by Penelope Mortimer, is concerned with a woman who is essentially confined to her house 'for her own good' by her husband and a doctor. In both narratives, the exercise of authority and the spatiality of that authority are central to the discourse surrounding the women's illnesses.

First, the paper explores the locatedness of the narratives in relation to gender and authority. Second, it draws together concepts of scale and the politics of space as they are developed in the novels. The aim is to show how these interact to form a narrative of locational and gendered disempowerment where medical 'authority' acts in complicity with the women's male partners to subdue and/or confine the women.

Both narratives are examined through the lens of locational feminism, which acknowledges the politics, production and consumption of knowledge and its situatedness within specific locations. The tensions and complexity of attending to gender, in this case, in relation to authority, are drawn out using examples from each of the narratives.

These works are not written by the doctors but about them. As with other, similar works, binaries of male/female, doctor/patient are less helpful than deeper

explorations of the complexities of authority, space and gender within particular locations. The paper advocates a more nuanced interpretation of narratives centred on gender and medical authority.

James Hogg and the Maternal Body (Katherine Inglis)

The body is an object of fascination in Hogg's writing, and for Hogg scholarship. Dead bodies, diseased bodies, caricatures of Hogg's own body in contemporary periodicals, disembodied bodies: all have proved rich veins for research in recent years. In this paper, I will discuss the representation of the maternal body in Hogg's fiction as a figure that disrupts authority. Hogg's representation of maternity can be considered in the context of his interest in materialist philosophy, contemporary medical discourse, and the representation of individual suffering in historical narrative; but the repeated occlusion and displacement of mothers in Hogg's fiction also indicates his particular interest in the figure of the mother within these discourses. Maternity and midwifery feature prominently and problematically in stories such as 'Seeking the Houdy' (1830), in which a midwife returns from the future to deliver her infant self, in references to the myth of maternal impression in *Confessions of a Justified Sinner* (1824), and most notably in *The Three Perils of Woman* (1823), which features a birth within an asylum, the introduction of a straitjacket to a birth chamber, the stealing of newborns, and infant death. In all these texts, the maternal voice is silent or incoherent, the maternal body a troubling absence, and the task of telling the woman's story taken over by an authoritative male voice. This distortion of voice and displacement of the subject is, I will argue, integral to Hogg's critical reworking of the maternal body of the national tale and contemporary midwifery literature. In his fiction, the bodies of women generate crises and unplaceable narratives. They destabilize the myths and claims of the discourses to which they refer.

The Presentation of Madness in Modern Scottish Literature (Allan Beveridge)

Although the subject of madness features in the literature of most countries, the literature of modern Scotland appears to be especially preoccupied with it. As the literary critics Gavin Wallace and Randolph Stevenson have observed: 'The literary revival of the 1970s succeeded in the compellingly imaginative depiction of Scotland as the one country best designed to drive anyone with the faintest glimmer of an imagination quietly insane'. This paper gives a brief overview of the ways in which madness are represented in modern Scottish literature and the different artistic functions it performs. It will consider the subject on a thematic basis. First, there is the theme of the Gothic or Divided Selves. While the term 'Gothic' originally evoked disquieting *exteriors* of castles and crypts, it came to be replaced by the evocation of disquieting *interiors* of madness and self-division. A key text in this is James Hogg's 1824 *The Private Memoirs and Confessions of a Justified Sinner*, which provides a double narrative: a supernatural one by the central character, Robert Wringhim, in which he maintains that he is possessed by the devil, and a 'rational' one by a fictitious 'editor', who maintains that Wringhim is insane. This theme of the double and self-division can be traced through Robert Louis Stevenson's *The Strange Case of Dr Jekyll and Mr Hyde* to modern novels such as Alasdair Gray's *Poor Things*, Irvine Welsh's *Filth*, James Robertson's *The Fanatic* and Iain Banks' *The Wasp Factory*. R.D. Laing's existential psychiatric classic, *The Divided Self* also belongs to this tradition. The second theme is that of the Narrative of Personal Crisis which depicts an individual's journey through three stages of mental struggle: the initial crisis; the dark night of the soul; and, finally, redemption or resolution. Examples of this are George Friel's *Mr Alfred, M.A.*, Iain Crichton Smith's *In the Middle of the Wood* and Alasdair Gray's 1982 *Janine*. The third theme is that of the Female Voice and includes Elspeth Barker's *O Caledonia*, A.L. Kennedy's *Paradise*, the novellas of Agnes Owens, and much of the work of Muriel Spark. The fourth theme is that of Outsiders and Holy Fools, whose off-kilter utterances and behaviour serves as a subversive commentary on wider society. Representative of this theme are Iain Crichton Smith's 'Murdo', Muriel Spark's Uncle Magnus Murchie in *Symposium*, and Daniel Adamson in David Aitken's *Sleeping with Jane Austen*.

1b. Panel: Veterinary Healthcare

Indifference, Attention, Love: Therapeutic Relationships in J. M. Coetzee's *Life & Times of Michael K*, *Disgrace*, and *Slow Man* (Maren Scheurer)

“He has learned by now, from her, to concentrate all his attention on the animal they are killing, giving it what he no longer has difficulty in calling by its proper name: love.” At the end of J. M. Coetzee’s novel *Disgrace*, David Lurie, volunteering as a veterinary assistant in an animal shelter, has reached the state of loving attention necessary to honorably perform what he and his mentor feel is their duty: the euthanasia of neglected and sick dogs.

This bleak vision of the therapist’s ethical obligation even in the face of his or her most horrific responsibilities is characteristic of Coetzee’s portrayal of health professionals in his novels. Hardly ever interested in actual physicians, Coetzee writes about outsiders – patients and therapists at the periphery of the medical profession, such as animals and volunteers in *Disgrace*, a medical officer who used to be a pharmacist and mentally disabled Michael K in *Life & Times of Michael K*, nurses, social workers, physiotherapists, and elderly amputee Paul Rayment in *Slow Man*. None of these encounters, however, result in therapeutic success; instead, they demonstrate how difficult it is to establish a mutually respectful relationship in which both partners may gain insight into each other and initiate treatment without exploitation or loss of dignity. In these novels, some medical professionals, caught up in excruciating daily routines, feel only deep-seated indifference towards patients craving for healing and human contact, while others desperately try to reach clients who are unwilling or unable to enter into a therapeutic relationship. Under these conditions, proper attention and care cannot be established. While Coetzee’s novels suggest that all therapeutic encounters are thus fraught with personal needs, fears, and desires, they still uphold the demand for the ethical and attentive treatment of all beings and hint at its powers of transformation.

These therapeutic relationships also provide Coetzee with a site to explore issues relevant both to healthcare and to the writing and reading of literature. Lurie and the medical officer, for instance, are exegetes and authors in their own right, and Paul Rayment has several metafictional encounters with writer Elizabeth Costello,

who pushes him into stories worthy of her attention. Thus merging and analogizing therapeutic and literary situations, Coetzee emphasizes the similarities between them. Therapists, like writers and readers, struggle to pay attention to, understand and interpret the patients, characters, and texts that come to them. However, texts just as patients may refuse to yield meaning and to be exploited or overwritten by medical and hermeneutic discourse. By analyzing how Coetzee depicts therapeutic relationships in his novels and thereby questions the authority and authorship therapists, writers, and readers assume over the other's story, this paper will discuss not only Coetzee's critique of the medical and the literary profession but also, by looking at the few exceptional relationships in which dignified care *is* provided, the preconditions of achieving Lurie's attention-as-love.

Animals, Animality and Mental Health (Gavin Miller)

Intellectual traditions within anti- and critical psychiatry typically presume that attributions of animality to humans are invariably demeaning and reductive. To think about madness in terms of human animality is taken to be exclusively the province of biomedical psychiatry, and thus to be inadequate to the personhood of the mentally ill. This premise is apparent in the writings of Karl Jaspers, R.D. Laing, and in the everyday discourse of psychiatric critique; therapies such as ECT and behaviourism are regarded as fundamentally premised upon a depersonalizing view of human subjects – as fitting only for pigs in the slaughterhouse or rats in a maze. Nonetheless, there are strands within the post-war critique of psychiatry that find critical impetus from the recognition of human animality. Philosophical-theological work by Buber, as well as creative writing by Naomi Mitchison, Marge Piercy, and Doris Lessing, explores more sympathetically the possibilities of human-animality for critique of biomedical psychiatry. This paper examines some of the attentiveness to human animality by writers dealing with mental health and illness.

Is Herriot history? Narratives of British veterinary medicine (Andrew Gardiner)

In the 1970s and 80s, James Herriot's writing about communities of animals and people in the Yorkshire Dales transformed the way people thought about vets. It also transformed the way vets thought about themselves. Huge demand for places led to veterinary medicine becoming the most competitive course for which to gain university entry, which eventually changed both the size and the demographic of the profession. The international success of the string of bestselling books, TV series, films and other spin-offs, exerted similar effects in other countries, especially North America. North Yorkshire, and the town of Thirsk, attracted tourists in large numbers from all over the world, and still does. Within the veterinary profession, this transformative process became known as 'the Herriot factor'. Within wider society, like Dr Findlay, Herriot became emblematic for the caring community health professional, and for a certain type of nostalgia which commented on modernity by harking back to an earlier, more straightforward era.

This paper will look at Herriot's writing from several different angles: the author's own biography; what his writing said about himself and the transition that was taking place in his profession; his use of anecdote, memory and history; and how the animal patient figures in the Herriot books. I will argue that despite some efforts to shake off what is seen as an outmoded view of the profession, 'Herriotism' remains a powerful imaginative force within contemporary veterinary medicine. Revisiting Herriot enables us to question fundamental aspects about the nature of veterinary practice, the veterinary role in society, the problematic area of the subject-status of animals in scholarship and in practice, and the enduring power of narrative.

Link to Andrew Gardiner's profile:

[http://www.research.ed.ac.uk/portal/en/persons/andrew-gardiner\(e4f699a3-0aa3-423e-9ff5-0302b995c82e\).html](http://www.research.ed.ac.uk/portal/en/persons/andrew-gardiner(e4f699a3-0aa3-423e-9ff5-0302b995c82e).html)

Nineteenth-Century Medical Morality and Narrative Authority: The Case of Samuel Warren's *Passages from the Diary of a Late Physician* (1830-1837) (Megan Coyer)

In August 1830 an editorial correspondent to *The Lancet* criticised a perceived breach of medical ethics in *Blackwood's Edinburgh Magazine*. Although the first chapter from the series, *Passages from the Diary of a late Physician* (1830-1837), is said to bear the 'indubitable marks of fiction', the correspondent feared that the disclosure of 'the sacred secrets which are communicated to us in perfect confidence by our patients' to the general public might lead to the distrust of physicians. The anonymous author of the series, Samuel Warren (1807-1877), was a lawyer rather than a physician by trade; however, Warren insisted upon the veracity of his series in a long-standing hoax which his publisher, William Blackwood, actively encouraged. The series is written from the perspective of the 'late physician' who recounts the 'secret history' of the medical profession, including his own 'Early Struggles' to become a prominent physician in London and subsequently sketches of notable medical cases, which range from the macabre to the sentimental.

Meegan Kennedy (2004) has read the *Passages from the Diary of a Late Physician* as endangering 'the professional standing of the physician by insisting on his subjective embodiment rather than his rational, distanced perspective' (330). While Kennedy focuses on the negative reception of the series and the conflict between the voyeuristic, "curious" vision of the late physician and the nineteenth-century drive towards scientific medicine, my reading works to understand Warren's self-purported attempt to revitalize the reputation of physicians – 'to awaken society to a sense of its incalculable obligations to Medical Men' (Preface to the People's Edition, 1854) – and the text's positive reception by some medical practitioners. I argue that Warren casts the late physician as a "moral physician" in the Scottish Enlightenment tradition of medical ethics as initiated by Dr. John Gregory (1724-1773) and as a highly competent reader and writer of his patient's narratives, reifying and popularizing the authority of the physician during a period in which the modern identity of the profession was under construction.

Revolutionary Healthcare, the Autobiographic Physician and the Limits of Professional Expertise in Mikhail Bulgakov's Medical Stories (Pavel Vasilyev)

Before embarking on a literary career that would lead him to writing *The Master and Margarita*, Mikhail Afanasyevich Bulgakov worked as a physician and wrote numerous short stories dealing with various healthcare – related topics. Most of these stories have strong autobiographic elements, and the main character can usually be associated with Bulgakov himself. My paper looks at these 'medical stories' with particular attention towards discrepancies between medical theory and the practice of healthcare in revolutionary Russia, the challenges to the physician's authority, and the interactions between different healthcare workers. Apart from the more famous stories *A Young Doctor's Notebook* (1925) and *Morphine* (1926) that are set in 1917-1918, my paper also addresses such works as *The Murderer*, *Unbelievable Adventures of a Doctor*, *Holiday with Syphilis* and *The Moonshine Lake*. These stories usually reflect less autobiographic elements, but their analysis allows to reflect upon Bulgakov's attitudes towards healthcare and the dilemmas of the physicians in the Civil War and NEP periods.

The physician in Bulgakov's works often appears as inexperienced, nervous and insecure. The transition from the ivory tower to the messy practice of rural healthcare is further complicated by the ongoing First World War, Russian Revolution, and the Civil War. More often than not, physician has to face difficult ethical dilemmas and to make decisions under the conditions of extreme stress. The overall pathos of Bulgakov's medical stories varies from one work to another. In some situations, the autobiographic physician manages to adapt to the difficult reality, to execute operations successfully and to make brilliant diagnostic guesses. However, in other stories he has to face his inability to save his patients (*The Blizzard*) or even becomes depressed and addicted to drugs (*Morphine*). Interestingly, in some cases it is the irrational behavior of his rural patients (*Black as Egypt's Night*) or the extremely unusual medical conditions (*The Vanishing Eye*) that make his knowledge and expertise useless.

I also seek to underline that Bulgakov is ready to acknowledge the role that other healthcare workers play in the operation of the hospital. From the very beginning, the autobiographic physician is dependent upon the collaboration and the practical advice from the junior staff. Often, paramedic Dem'ian Lukich and midwives Pelageia Ivanovna and Anna Nikolaevna actually emerge to be more experienced (especially in regard to more practical matters) than the young doctor. I also give special attention to Bulgakov's presentation of non-clinical healthcare workers (janitor Egorych, hospital cook Aksin'ia).

My paper also addresses recent screen adaptations of Bulgakov's works, in particular Russian movie *Morfii* (Morphine) (2008) and the UK TV series *A Young Doctor's Notebook* (2012). I am especially interested in the ways that these adaptations reflect the contradictions between the images of a maturing doctor and a weak-willed drug addict – as well as the presentations of nurses, paramedics and non-clinical healthcare workers.

Barchester Clinics: Doctors and medicine in the novels of Anthony Trollope (Malcolm Nicolson)

Considerable critical attention has been paid to Trollope's portrayal of lawyers, clerics, financiers and politicians. It is surprising how little, by contrast, has been written about his medical characters, especially if one considers the importance of Doctor Thorne in the popular Barchester series of novels. My paper will explore Trollope's characterization of Dr Thorne and other medical practitioners, as well as noting how frequently and perceptively Trollope deals with some of the medical and health-related issues of his day. I will argue that Lillian Furst's account of Doctor Thorne is unsatisfactory, owing to an imperfect understanding of the practice and context of medicine in the mid-nineteenth century and, on occasion, a less than attentive reading of Trollope's text.

2b. Attentively Writing in the Health Humanities

Bridging Two Worlds - Reflection through Creative Writing Programme for undergraduate nursing students at Waterford Regional Hospital, Ireland **(Mary Grehan)**

In 2012, the Waterford Healing Arts Trust (WHAT) and the Clinical Placement Co-ordination (CPC) team of Waterford Regional Hospital joined forces in rolling out a programme of Reflection through Creative Writing sessions for nursing students on placement in Waterford Regional Hospital from the Waterford Institute of Technology School of Nursing, Ireland.

As Arts Director of WHAT, I co-facilitate these sessions with a member of the CPC team. I facilitate the writing process which I view as a means for identifying issues. The CPC follows up by facilitating reflective discussion of these issues and placing them within a clinical context.

This is one of the many partnership programmes that the Waterford Healing Arts Trust delivers for the benefit of patients, staff and visitors of Waterford Regional Hospital, St Otterans Hospital in Waterford and the wider community.

For me personally, this programme represents the fusion of my work with WHAT which is busy, peopled and dynamic and my other more internal and reflective life as author. (My debut novel will be published by Penguin Ireland in April 2013.)

The Reflection through Creative Writing Programme aims to enable nursing students to reflect on a deeper level than had been previously happening through discussion. I set specific creative tasks for the group, each with its own set of aims. For example, I ask the group to recall an encounter with a patient through dialogue as a means of exploring the notion of 'show don't tell' and bringing the patient's voice into the room unmediated by the students. To promote empathy for patients, I ask students to write about an encounter between a student and a patient from the point of view of the patient. I facilitate discussion around the communication issues with children by asking students to describe a procedure in paediatrics from the point of view of the child and to address the creative challenges therein.

My paper will draw upon an analysis of the writing produced by nursing students through this programme, feedback from the Clinical Placement Co-ordination team and my own reflections on the process in the context on my own creative writing experience with specific consideration of:

- The relationship of the writing process and reflection
- The meeting point between the imagination and the facts
- What does it take to understand a patient's point of view
- The challenge of 'showing, not telling'
- Ways of reading the world – visually, aurally and kinaesthetically

Download the full paper: http://www.gla.ac.uk/media/media_289415_en.pdf

Attentively writing: tips to improve your medical-themed creative writing (Tracey Rosenberg)

Just as a medical professional uses a variety of tools for diagnosis, treatment, and surgery, a creative writer makes choices that fundamentally affect their stories. By being attentive to the choices they make, writers can better create and shape their creative pieces into honest, moving work. In this session, a working writer will offer suggestions on how creative practice can be improved and enhanced through close attention to detail.

Word choice: Words are, of course, the building blocks of writing. How can writers choose the best words, and in the process avoid vagueness, obfuscation, or confusion? There is a wealth of further options available by using the language of medicine - Latin terminology and casual jargon can offer new resources.

Voice/character: Even if we're writing about our own medical experiences (as health professional, patient, onlooker, or any other identity), the persona in a creative piece is a character. How can we avoid turning these characters into tired clichés?

Research: Even if you're writing about your own experience, you may wish to bolster it with some medical fact. Where do you begin to look for these details? How could you integrate them into your own work?

All of these tools help the writer shape and hone the story - the heart of any creative piece. Medical narratives often share similar arcs and themes, so the attention to detail is one crucial way in which a writer can make a narrative of diagnosis or healing stand out from the crowd.

A SURGE of Poetry and Art in the Hospital: Pediatric Illness Narratives in Practice (Thomas Dooley and Suzanne Bifano)

In and out of a Children's Hospital as a writer (Linda Cracknell)

What patterns, highlights and issues are emerging for two practitioners (myself and Cate James, illustrator) both new to a hospital environment and working on a programme that's new to the hospital? Drawing on examples of writing and drawing by patients, parents, staff, volunteers and ourselves, I will discuss our role in using creative activity to turn attention away from pain and illness towards health, hope and change. Our method of working together and with the client group overturns the conventional relationships that are encouraged by publishers between writers and illustrators. Therefore I will also address how the play between textual and visual forms can encourage engagement and self expression in individuals distracted by illness.

3a. Gender and Medical Authority: The Nineteenth Century and its Interwar Legacy

This panel attempts to explore figurations of gender and medical authority, as constructed in the intersections between sociohistorical and literary texts, by attending to gender constructions in terms of medical authority, the power of the medical gaze, and the authoring of subjects. The panel offers different perspectives on gender and medical authority; on constructions of femininity and masculinity; of what constitutes medical agents, subjects and subjectivities; and on what

constitutes medical knowledge. The papers throughout consider gender as an integral part of power relations and formulations of knowledge.

The idea of narrative is essential to each paper's approach to the theme – whether it be literary, medical, or personal narratives, this panel considers the interweaving of medicine and the narrative form as a frame within which medical authority and its impact on constructions of gender can be addressed. Within the context of late nineteenth-century short fiction and medical reports, and the legacy of nineteenth-century discourses in interwar crime fiction, these papers focus on areas where the intersection of medicine and narrative bring the construction of gender to the surface. Taking advantage of this medical framework, each paper examines and questions the very process of gender construction, and reveals the complex interplay of authorship and authority that underwrites it.

Paper 1) Gender, Authority and Technological Modernity in Conan Doyle's Medical Stories

Lena Wånggren (University of Edinburgh)

This paper will examine late nineteenth-century debates around gender, technology and medical authority through the figure of the female doctor, specifically as figured in Conan Doyle's medical story 'The Doctors of Hoyland' (1894). (full abstract below)

Paper 2) Medical History, Medical Myth: Diphallicism, Masculinity, and Authority in 19th-Century Medical Narratives

Ally Crockford (University of Edinburgh)

This paper will provide a new perspective on the intersection of masculinity and medical authority in the late nineteenth-century by looking at medical reports of Jean Baptista dos Santos, renowned as the most celebrated diphallic terata, and studies of diphallicism more broadly. (full abstract below)

Paper 3) Born Criminals and Sympathetic Doctors: Diagnosing Deviance, 1920-1945

Samantha Walton (University of Edinburgh)

This paper will consider the psychological debate surrounding the 'born criminal' that influenced interwar crime fiction, discussing the significance of gender to medical authority and the novels' ironic evocation of 'feminine knowledge'. (full abstract below)

Gender, Authority and Technological Modernity in Conan Doyle's Medical Stories

Lena Wånggren (University of Edinburgh)

In 1910, surgeon and writer Arthur Conan Doyle wrote, addressing medical students: 'this generation has, as it seems to me, brought about a greater change in medical science than any century has done before' (105). This noted 'greater change' or medical modernity took place not only in terms of new medical technologies and scientific discoveries during the nineteenth century – such as the invention of the hypodermic syringe (1850s), the thermometer (1860s), or the sphygmomanometer (1880s) – but also involved a reworking of notions of gender. This paper will explore late nineteenth-century negotiations of gender roles and medical authority as specifically configured in debates regarding the female doctor, through a specific medical story from Doyle's *Round the Red Lamp* (1894).

Published as a short story collection, Conan Doyle's *Round the Red Lamp* presents us with an invaluable insight into debates around late nineteenth-century medicine. This paper will examine the medical short story 'The Doctors of Hoyland', which thematises the novelty of the female doctor. Informed by Kristine Swenson's *Medical Women in Victorian Fiction* (2005) and Claire Brock's writings on the Victorian female doctor, it will examine the controversies provoked by medical women in this period, through both the disdain of some medical men and the debates of the reading public. I will especially examine the role of late-Victorian modern science and technologies in the reworking of gender roles in the medical profession, as a way of redefining knowledge and gaining authority for the female doctor, reading Conan Doyle's story as a literary contribution to these debates.

References

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**Medical History, Medical Myth:
Diphallicism, Masculinity, and Authority in 19th-Century Medical Narratives
Ally Crockford (University of Edinburgh)**

Teratology, the now antiquated name for the study of congenital birth defects, was a subject of intense interest throughout the nineteenth century, with teratological reports peppering medical journals. In 1847, one such report was published in the *American Journal of the Medical Sciences* detailing the birth of a Portuguese child named Jean Baptista dos Santos, who was born with two complete sets of external genitalia (diphallicism) and a supernumerary leg. The account leapt to the question of the child's marital – or, more significantly, sexual – potential, unwittingly foreshadowing the legend which was to surround dos Santos in his adult years of a prodigious virility. This lascivious character was concretely bound to his diphallicism by George Gould and Walter Pyle, who declared him to be 'the most celebrated of all the diphallic terata' in their *Anomalies and Curiosities of Medicine* (1896), a title based entirely on tales of his prowess. Yet the medical literature surrounding diphallicism in the later nineteenth century depicts a puzzling contrast, as the label of 'true diphallic', which is deliberately denied dos Santos on account of his third leg, becomes equated with an inadequate masculinity: unlike dos Santos, the 'true diphallic' is said to exhibit a pathologically deficient sexual drive. The most marked similarity between the reports on dos Santos and those on diphallicism in general, however, is that, on closer examination, both camps appear to draw conclusions that contradict the evidence they provide.

This paper proposes an exploration of masculinity as it is constructed and de-constructed in late nineteenth-century medical reports focusing on dos Santos in particular, or diphallicism in general. Building from Lisa Kochanek's 'Reframing the Freak: From Sideshow to Science' (1997), and keeping in mind Elizabeth Stephens's 'The Spectacularized Penis: Contemporary Representations of the Phallic Male Body' (2007), this paper will question the significance of the double penis itself to the contradictory constructions of masculinity in studies of diphallicism. More importantly, the paper will explore the role of the medical framework in which these conversations take place, discussing the significance of authorship and the authority of the Foucauldian medical gaze in the creation and

dissemination of two distinct myths surrounding the existence of the double penis. By exploring the complexities of the embedded narrative voices that make up these reports as case studies and myths alike are told and re-told, this paper seeks to provide a new perspective on the intersection of masculinity and medical authority through the obscure and complex case of diphallicism.

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Born Criminals and Sympathetic Doctors: Diagnosing Deviance, 1920-1945 Samantha Walton (University of Edinburgh)

Whether it was possible to be born with innate criminal tendencies animated psychological debates of the interwar and early war years and, as this paper proposes, contributed to innovations in the plotting of 'golden age' crime novels. The figure of the 'born criminal' made the clue-puzzle convention of punishment problematic: the offender might not always be an autonomous, free agent, making more affective, merciful and medicalised interactions between detective and criminal seem both possible and ethically desirable. But what kind of medicine or criminal theory should fictional detectives espouse? As analysis of interwar criminological writing will demonstrate, doctors who diagnosed criminality by objective attention to positive data found themselves at odds with practitioners who made affective appeals for mercy and rehabilitation based on sympathetic analysis of an offender's circumstances. In these debates, the gender of the medical authority became the lens for different responses to the criminal, with female practitioners tending to adopt a more humanitarian, charitable approach to young offenders, in the mould of nineteenth-century Christian philanthropist Elizabeth Fry. At the same time, new sciences of the self gave fresh support to older, and by now traditionally feminine, responses to the criminal. Supported by cutting-edge advances in contemporary psy-disciplines, early twentieth-century female prison reformers exploited conventional constructions of gender in order to advance their reform agenda, at the same time as they asked

challenging questions of medical authorities, even to the point of condemning the supposed objectivity of positivist accounts of crime given by leading male doctors.

In this paper, I focus specifically on the work of pioneering prison reformer Lilian Le Mesurier, and the novels of crime writer Gladys Mitchell. In 1922, Le Mesurier was sent to the Boy's Prison in Wandsworth to interview boys on remand and make reports on their psychological state. Later, she enlisted more female helpers and volunteers to make visits to prison and to the homes of boys in order to provide 'the fullest possible history of the lad,' in order to determine 'why character and environment have been maladjusted, and by what process can readjustment come' (Paterson xi). While Le Mesurier's work can be seen in the context of the interwar penal welfare movement, the focus here will be specifically on her negotiation of gender constructions in the process of questioning the scientific validity of much terminology then in circulation regarding young offenders, as well as criminal classifications, tests, and statistics-making in vogue. In similar vein, Gladys Mitchell's novel *When Last I Died* asserts that theories of born criminality are founded on fear rationalised by pseudo-scientific calculations. Featuring the eccentric psychoanalytic detective Mrs Bradley, the novel explores environmental, psychological and social cause of crime rather than its unproven biological foundation. While many critics have suggested that interwar female crime tended to arm their detectives with forms of knowledge and experience constructed as feminine – including empathy and sensitivity to emotional states – Mitchell both confirms and confounds their assertions. By selecting the stance in criminological debates which relied upon affective relations with the criminal, 'feminine knowledge' is ironically and subversively evoked in order to critique contemporary medical excesses and form the basis of a wider diagnosis of the social and economic causes of crime.

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3b. Beyond Pathography: Varieties of Form in Craft and Care

Self-portrait without Breasts, poems by Clare Best and photographs by Laura Stevens

Self-portrait without Breasts, poems by Clare Best and photographs by Laura Stevens



As the only female in two generations of my maternal family not to have contracted breast cancer, I decided in 2006 to undergo preventive double mastectomy.

Being a writer, my way of dealing with the experience became to write my way through it. I kept a journal during the months of decision-making leading up to surgery, and I continued this journal throughout the period of recovery. The following year, I began to write the poems which developed into the extended sequence *Self-portrait without Breasts*.

A blog at selfportraitwithoutbreasts.wordpress.com gives a full account of my work on this project, including journal extracts, accounts of events/presentations,

short films of the project, Laura Stevens' photographs and some of the poems themselves.

The material and my presentation of it are relevant to many discourses including those concerning surgery and aesthetics; the medical gaze; gender politics and body changes; the ethics of genetics; the place of art and literary writing in patient/physician/caregiver communications; the education of present and future health professionals.

Personally and professionally, I have become very interested in the strong and subtle impacts of inherited disease, surgery and body change on my own and on others' creativity, as well as the impacts of the poems and photographs themselves on audiences and readers. My work with this material, with this project, continues to evolve organically and opens up more and more interesting and complex discussions.

Over the past two years, I have developed readings/performances of the poems alongside 'before and after' photographs of me taken by Laura Stevens, adapting the work for various multi/cross-disciplinary audiences and settings (often with a panel for questions after the presentation, including medical experts and cultural historians) as follows: an 'Ethics in Performance' event and an 'Ethics of Genetics' conference at Brighton and Sussex Medical School; an event at the Modern Literature and Culture Research Centre, Ryerson University, Toronto; an event at the Dana-Farber Cancer Institute in Boston; an event at Exeter University for their Medical Humanities Strategy launch.

At the Glasgow conference in August, I propose: a 10-minute introduction to and summary of the project and its history so far, followed by a 10-minute reading (poems) illustrated by projected images (Laura Stevens' photographs)

Link to Clare Best's blog: <http://selfportraitwithoutbreasts.wordpress.com>

A fine cycle of sustained self-examination, both physical and spiritual

Michael Hulse

The surgeon's album

He turns the pages for me:

full and partial reconstruction, implants,
muscle flaps from back and stomach. Creations
to match and balance. *But how would I look
flat? No extras. Straightforward scars.*

He frowns at a lop-sided photo.

The absence doubled? I've not done that before.

Twelve months on, he wants

my picture, conforming to house style:
no head, arms at forty-five degrees to clavicle.

I stand anonymous against a stripped pine door,
knots and fissures dark behind my skin –
a knife-thrower's object, still
until the last blade hangs from the wood.

The Argument of Images: narrative diversity in cancer care (Jac Saorsa)

In order to address the idea of 'attentiveness' in terms of process-oriented creative practice this paper will discuss an ongoing interdisciplinary research project that is fundamentally premised in the conceptual and methodological ethos of narrative medicine, and in an exploration of the '*argument of images*', as promulgated by James W. Fernandez, it could be understood to offer a challenge to the specific idea of 'attentive writing'. If such a challenge does indeed exist however, it is not based in any denial of narrative itself as the powerful '*magnet and a bridge, attracting and uniting diverse fields of learning*' that Charon describes; it is based rather in the promotion of the inclusive nature of narrative

itself, wherein writing and imagery are understood as equal in terms of their capacity for generating dialogue between the humanities and bio-medical science.

The *Drawing Women's Cancer* project derives from the idea that visual art, produced by an artist working with cancer patients and health professionals, creates novel representations of the sufferer's experience that enable understanding and conversations between patient and physician, between patients and their carers, and within the public arena in terms of awareness of the disease and its impact. Moreover, where gynaecological disease has almost a 'taboo' status in society due to the intimate and personal implications of the condition's bodily location, such representations, and the conversations they encourage, can serve to promote feelings of entitlement to discuss it more openly. Key here is that conventional language in the form of personal narratives is understood as the vehicle for the articulation of the overall existential experience of 'illness' as distinct from the more objective clinical understanding of disease; and furthermore, these narratives, generated in unstructured conversations, or 'encounters', between the artist and cancer patients are reinterpreted through the artist's visual response in a complex and creative process that generates a form of interlanguage.

Derived from a complex continuum wherein one language is mapped onto another, an interlanguage is manifest as simultaneous point of difference and correspondence, an independent, self-authored 'meta-narrative', and in the *Drawing Women's Cancer* project the interlanguage is manifest as a 'telling' that is beyond both verbal articulation of personal experience and the narrative that dictates the nuances of art practice. The meta-narrative therefore becomes the catalyst for meaningful engagement with the impact of gynaecological disease, from the perspectives of both the sufferer and the 'listener', or in this case, viewer of the drawings.

For Linguist Einar Haugen, '*many ideas do come in extra-linguistic form, as images*', however, he also acknowledges that because images representing experience are in themselves extra-linguistic, this is not to discount language per se. This paper proposes then that visual representation of the experience of illness, in drawings

generated through an artist's interpretation of personal narratives, which are themselves representations, is a multi-layered process that can be defined as a methodological 'visual extension' of narrative medicine. Visual representation here becomes a form of 'attentive' creativity, manifest in an interlanguage that can 'speak the unspeakable'.

(The presentation will include a powerpoint presentation of images, and, as the research includes creative writing as well as imagery based on the re-interpretation of personal narratives this will form an integral part of the paper.)

Refs:

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Turner, W., Bruner, E. (1986) *The Anthropology of Experience*, University of Illinois press

Drawing Women's Cancer project: <http://drawingcancer.wordpress.com>

Read the conference review by Jac Saorsa:

<http://medicalhumanities.wordpress.com/2013/08/30/attentive-writers-healthcare-authorship-and-authority-conference-review-by-jac-saorsa/>.

Got Lyme? Here Are Your Metaphors (Izabela Morska)

Paraphrasing Susan Sontag's famous title, I intend to share parts of my experience with Lyme disease which in my view forces the patient to process grief, as well as both personal and political loss, while acting consistently, resolutely, and unwaveringly on her own behalf. I consider Lyme disease more than a medical issue, its treatment obstructed not only by the complexity of symptoms, but also by the official take on Lyme voiced by the US Centers for Disease Control and Prevention (CDC) and reiterated by the EU-founded European Concentrated Action on Lyme Borreliosis (ECALB) in how in its view: "Public perceptions of the disease in Europe have been distorted by the media and by activist groups, with exaggerated claims of ...difficulties of diagnosis and treatment," thus implementing terms within which bureaucracies of the advanced world rally against their

already afflicted patients. Lyme borreliosis is a political disease which forces the patient to skip through bureaucratic tripwires in search of a cure. Entering forbidden territory, crossing a secret line, or even stepping through the mirror to an alternative world are all valid metaphors depicting the Lyme patients' trials. Lyme communities, symbolically speaking, are not positioned far from queer communities. Concurrently, regardless of bureaucratic obstinacy, patients and doctors increasingly partake of the networking and transfer of information, including information on alternative medical treatments. Rapidly formed friendships, in addition to Lyme-centered vocabulary (words such as "herxing" make up the Lyme lingo), the heterogeneity within the Lyme community mixed with the emphasis on individualism (each case of Lyme is different) are what ultimately allow us to outdistance Lyme.

4a. Case histories and the Afterlife of the Medical Gaze

Dr William Cullen's "Consultations"; narrative competence and the limits of medical communication in an eighteenth-century practice (David E. Shuttleton)

Medical humanists seeking to historicise current cultural formations cast the eighteenth century - often conflated with "The Enlightenment" - in one of two wholly contradictory lights as either the era which sees the emergence of a codified medical ethics recognising the obligations of the physician towards the patient as an autonomous individual (McCullough 1996; 1998) *or* as a period which lays-down the foundations for an instrumentalist culture of medical objectification, as encapsulated in Foucault's concept of "the clinical gaze" (Foucault 1993; following Adorno and Horkheimer 1944). The pervasive concern with the oppressive "biopower" of a technocratic, dehumanising medical modernity underpinning the medical humanist project since its inception in the 1970s is commendable, not least in prompting the due attention now given to "the patient's perspective" (Porter and Porter 1989; Frank 1995; Hawkins 1994 and 1999; Charon 2006). But if we are to provide historical frameworks for comprehending the shifting dynamics of doctor-patient relations, not least as demonstrated through affording literary-critical attention to the 'case history' and

its narrative correlatives, the autopathography or medical memoir as ethically significant literary genres (Epstein 1995; Hurwitz 2006; Tougaw 2006), then we need to look beyond epoch-fixated narratives which risk being reductive in seeking to recover some lost greater humanity from the past or, alternatively, identify a single moment - a sort of quasi-religious fall from grace - when matters took a wrong turn. This paper summarises an exploration of how the historical record provides a more complex picture. Dr William Cullen (1710-1790) was the leading academic Scottish Enlightenment physician whose teachings shaped an entire generation of international students and who maintained a geographically far-reaching private epistolary practice. Comparing Cullen's teachings on 'Case Taking' as evident from his Clinical Lectures at Edinburgh Infirmary (amongst the earliest of their kind) with his diagnostic practices as evident in the vast archive of his private "Consultations" now held at the RCPE, exposes his responses to the potentially conflicting demands of furthering medical research and affording humane attention to individual patients. Cullen's deep scepticism concerning the communicative veracity of *both* parties when 'taking a case' and constructing an adequate *history* reveals the influence of the epistemological and historiographical project of his close associate David Hume, while the physician's concern with the particularised *constitutions* of individual patients formed part of his influential participation in a Scottish Enlightenment "culture of sensibility" built upon ideals of moral sense and social sympathy formulated by Cullen's Glasgow contemporary Frances Hutcheson, by his colleague and patient Adam Smith and as adopted for medical ethics by his co-lecturer Dr John Gregory (Lawrence 1979). The close synchronic analysis of a Georgian diagnostic practice alerts us to the dangers of caricaturing the Enlightenment and to the importance of specific cultural and institutional contexts. My paper concludes by suggesting that the value of historical comparison for any postmodern medical humanist agenda should not simply rest upon a crude polarity between what I term *recoil and recognition*.

Medical Moral Tales: Extraordinary and Exemplary Case Stories of Enlightened Madness (Sheila Dickson)

The German periodical *Magazin zur Erfahrungsseelenkunde* (Journal of Empirical Psychology), published in Berlin between 1783 and 1793 by Karl Philipp Moritz,

collected ten volumes of short essays submitted by educated lay people describing aspects of the mind from the Enlightened gentleman's viewpoint, with a strong focus on aberrant psychology. The contributions can be interpreted as a composite of two in themselves hybrid forms: case histories, which in current scholarship are defined as a combination of data and interpretation, and short stories which, in Goethe's contemporary definition of the *Novelle* genre, describe "sich ereignete unerhörte Begebenheiten" (extraordinary but true events). In both, one person's individual experience is examined in an attempt to establish general principles, and the result in this unique forum is an ambivalent concoction vacillating between fact and fiction.

This narrative form of the "case story" lent itself well to debating the parameters of reason and unreason, in particular how far madness lay beyond apprehension by the sane, and to what extent any boundaries between the two could meaningfully be drawn. Anecdotal rather than diagnostic, the contributions explore the difficulties of expressing and understanding emotional turmoil and suffering through the personal experiences of autodiegetic narrators and the attempts to interpret such experiences of observing homodiegetic narrators. As Enlightened laypeople, these attentive writers undermine and reinterpret a medical view of health and illness through the medium of literature.

The 'Medical Gaze' Reconsidered: K. P. Moritz, F. J. Gall and the Dynamics of Observation (Monika Class)

This paper reconsiders Michel Foucault's concept of the medical gaze (*The Birth of the Clinique*, 1963, transl. 1973). For Foucault, the medical encounter epitomizes 'surveillance, whereby the doctor investigates, questions, touches the exposed flesh of the patient, while the patient acquiesces ... with little knowledge of ... the procedure' (Lupton 1994, p. 24). In this Foucauldian spirit, leading scholars in the field of literature and medicine have argued that the assimilation of the medical gaze in eighteenth and nineteenth-century narrative fiction usually aims at establishing a character's observational authority, their sense of professional entitlement and even their dominance (S. Shuttleworth 1996; M. Kennedy 2008). Similarly, Andreas Gailus has commented on K. P. Moritz's

repository of psychological case narratives, *Magazin zur Erfahrungsseelenkunde* ('Magazine for Empirical Psychology'), 1783-1793. With regard to Moritz's conceptualization of an ideal observer, i.e. a moral doctor, Gailus notes: 'there is an excessiveness and cruel quality about the analytical gaze of the moral doctor' (2004, p. 413).

Deviating from these views, this paper argues that the dynamics of medical observation were more complex and not limited to repressive objectification. Drawing on K. P. Moritz's psychological magazine and F. J. Gall's collection of cases in his phrenological publications around 1800, my paper proposes that both sets of texts contributed to the advocacy of empathy and compassion through observations. Gall emphasized that for him observation was not only a painless alternative to experiments (on animals) but also implied a situation of mutual consent: 'Nature has to reveal herself voluntarily. She has done so with me. All I do is observe' (my translation; *Journal für deutsche Frauen* Vol 1.2., issue 7., p. 33). Likewise, Moritz's ideal observer is mainly concerned with overcoming his own impulses and desire: 'The author would not have to be objective all the time, but he should be capable at times to extract himself from the storm of his own desires for the sake of playing the cold observer temporarily without any self-interest whatsoever (my translation – *Deutsches Museum* 1782, p. 491). If this observer acts cruelly then towards himself and not towards the people he observes.

The paper will discuss these dynamics of observation in Moritz and Gall in more detail and show that the medical gaze can operate on a wider spectrum than Foucault acknowledged since observation is also indispensable for bearing witness and showing compassion (see Boltanski 1999).

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Gailus, M (2004): 'Anton Reiser, Case History, and the Emergence of Empirical Psychology' in: *A New History of German Literature*, D. E. Wellbery & J. Ryan, London: Harvard University Press, pp. 409-14

Kennedy, M. (2008): 'Diagnosis or Detour? The Uses of Medical Realism in the Victorian Novel', *Romanticism and Victorianism on the Net*

Lupton, D. (1994): *Medicine as Culture: Illness, Disease and the Body in Western Societies*. London: Sage

Shuttleworth, S. (1996): *Charlotte Brontë and Victorian Psychology*. Cambridge: Cambridge University Press

4b. Interrogating Narrative and Autobiographical Practices

Writing Trauma and the Limits of Narrative (Claire McKechnie)

Over the last twelve years or so, there has been a movement in critical medical humanities towards understanding narrative as an essential component of good patient care. Rita Charon's seminal *Narrative Medicine: Honoring the Stories of Illness* (2006) has ensured that, at least within a US context, narrative and narratology have been central to debates in the field that place narrative theory behind the practice of medicine. Responding to sociologists and medics such as Arthur Kleinman, Arthur Frank, and Howard Brody, who have focused closely on the importance of narrative in patient illness discourse, Charon has acknowledged that doctors have to 'follow the patient's narrative thread, identify the metaphors or images used in the telling, tolerate ambiguity and uncertainty as the story unfolded, identify the unspoken subtexts, and hear one story in light of others told by this teller'.¹ Charon therefore joins a growing cohort of scholars who understand narrative to be at the core of medical knowledge and practice.² However, a number of issues with this way of thinking have been raised. More recently, Angela Woods has set medical humanities scholars the task of reflecting critically on whether narrative is useful or helpful in clinical practice, or indeed in our philosophical engagement with stories of illness. In 'The Limits of Narrative: Provocations for the Medical Humanities', an essay to which this paper responds and with which I take issue here, she uses Galen Strawson's influential 'Against Narrativity' (2004) to suggest that storytelling is not the only – or even, indeed,

¹ Charon, *Narrative Medicine*.

² Brian Hurwitz and P Grenhalgh, *Narrative-Based Medicine: Dialogue and Discourse in Clinical Practice* (1998) for example.

the most valuable – way in which to express or recognise a person’s suffering. This paper interrogates Woods’s argument and seeks to place narrative at the core of medical humanities by shifting the focus away from the expresser and on to the witness of that expression and by re-examining the act of storytelling itself in the interpretation and analysis of the illness narrative.

Post Traumatic Growth in the Autobiographical Comics of Sarah Leavitt, Nicola Streeten and Maureen Burdock (Sarah Lightman)

“To be traumatised is precisely to be possessed of an image,” writes Cathy Caruth in her introduction to *Trauma: Explorations in Memory*, (Caruth 1995:5). The three autobiographical graphic novels I will discuss in my paper, Sarah Leavitt’s *Tangles: A story about Alzheimer’s my mother and me* (2010), Nicola Streeten’s *Billy, Me & You: A Memoir of Grief and Recovery* (2011) and Maureen Burdock’s *Mona & The Little Smile* (2010), all illustrate this form of imagistic possession by telling harrowing stories of the death of a parent, the death of a child and sexual and spousal abuse respectively. Caruth’s analysis of post traumatic stress disorder focuses on the subjects who involuntarily return to the traumatic event, yet these three comic artists choose to return to the scenes of their trauma through their art (Caruth 1995:5). For Streeten, Burdock and Leavitt the powerful images are embedded on their pages. These pages are insistent like re-occurring nightmares, constantly retelling and reminding their readers and creators of their traumas, yet also capable of empowerment and transformation. “The idea of transformation through trauma goes against the grain of all that is written about the devastating and destructive effects of trauma” writes Stephen Joseph in *What Doesn’t Kill Us: The New Psychology of Posttraumatic Growth* (2011:xii). “The key to enabling [...] growth is to take control of the stories that survivors tell themselves, [and] re-author these stories” (2011:148). Leavitt, Streeten, and Burdock, have re-authored their stories, in images and words and simultaneously changed their lives and as I will argue, the world, for the better.

Narrative Ethics: The Limits of Self-Representation in Transplant Memoirs (Donna McCormack)

Organ transplant recipients speak of a traumatic experience of illness where they reach the brink of death. In this narrative logic, it is only after months – and sometimes years – of suffering that they are given a new life. The much-awaited arrival of a cadaveric organ is an event that simultaneously evokes joy and sadness. The death of another human is anticipated and yet not without its corporeal and psychic repercussions.

This paper explores the difficulty of constructing a first-person narrative after the experience of organ transplantation. Where humanist traditions focus on the coherence and independence of the 'I' in first-person narratives, I examine how transplant memoirs portray an incoherence of the 'I', what Judith Butler might call an 'undoing of the self' (*Undoing Gender*). This work builds on Leigh Gilmore's analyses of autobiography where she insists that chronic pain narratives expose 'the self-sufficient and masterful 'I' as both deception and error', and that they shift 'the focus from the study of exemplary selves to an engagement with selves in conditions of alteration and relations of interdependence' ('Agency without Mastery'). Transplant memoirs construct a selfhood that is deeply tied to another dead being. This is not the singular, masterful subject, but a more 'vulnerable' (Margrit Shildrick, *Embodying the Monster*) and intersubjective relationality between self and other.

Along with an examination of how narratives of transplantation may portray a sense of self through an interdependence with a dead other, this paper asks a broader question about the relationship between organ donors and the recipients. It particularly addresses whether transplantee memoirs put into question the biomedical model of transplantation where it is impossible for the organ recipient to sense any connection to the donor. The aim of the paper is not to verify the veracity of recipient claims, but to analyse the impact of such embodied ties on narrative structure and thus on the creation of an 'I'.

“A Way of Keeping a Diary”: Exploring the Experimental Narratives of Joanna Field (Cheryl McGeachan)

‘This book is the record of a seven years’ study of living. The aim of the record was to find out what kinds of experience made me happy. The method was: (a) to pick out those moments in my daily life which had been particularly happy and to record them in words. (b) To go over these records in order to see whether I could discover any rules about the conditions in which happiness occurred’ (Field, *A Life of One’s Own*, 1934).

‘When first setting out on this experiment I thought I had better begin with what seemed easiest, so I simply let my mind run back over pleasant memories. As I wanted to see what would come first into my head, I did not attempt any logical order, just started writing and watched what happened ...’ (Field, *An Experiment in Leisure*, 1937).

This paper seeks to explore the small spaces of ‘happiness’ in individual life-worlds through utilising the writings created during the experiments of Joanna Field (pseudonym of prominent British psychoanalyst Marion Milner). By investigating the narratives produced in the loose quartet of Field’s experimental autobiographical texts, *A Life of One’s Own* (1934), *An Experiment in Leisure* (1937), *Eternity’s Sunrise* (1987) and *Bothered by Alligators* (2012), this work seeks to open up passageways of insight into the differing states of mind of individuals as they attempt to make sense of the intimate connections between their inner and outer worlds. Throughout these works Field attempts to tease out the makings of diaries and the analysis of memory images that draw attention to themselves in her thinking. Field’s interest and eventual training in psychoanalysis and work with individuals experiencing severe forms of mental health problems, particularly through the use of drawing and painting in the therapeutic encounter, permeate throughout her autobiographical works and signal an acute attention to document, in different narrative forms, ‘difficult’ or ‘perplexing’ aspects of being and being-in-the-world. By examining Field’s narratives of “mental account keeping” of moments of ‘happiness’ as a creative practice, this papers aims to connect into wider debates in the Medical Humanities about mental (ill)health, happiness and well-being.

5a. Dying While Living: Crafting Narratives of Terminal Illness

Creative Transformation and the Hierarchy of Care and: an exegesis reflection on *Caring/Carrying you*, a literary short story that explores the shifts of power in family roles under the pressure of caring for cancer patients. (Sherezade Garcia Rangel)

The struggle with cancer has been present in my family in three occasions. Aunt Margot died of second-hand smoke lung cancer when I was a child, and it happened around Christmas. My paternal grandfather, Carrero, died after a year's fight against brain cancer which left him sporting a baseball size tumor on his head and some problems of memory, but nothing else until it took him away. The last, and most recent experience, was my Uncle Manuel, a forty year old magna cum laude who fought it for six years, was diagnosed too late and wasted away despite his strength, leaving a young family behind. On the first instance, I was a child who visited and witnessed, a child that wasn't allowed closer. On the second, I was a young carer who took turns in an intricate family rota of private time slots and unprecedented responsibility. On the third time the illness appeared, I wasn't present, I had emigrated and my support was given through the phone gave and a fund raiser for Cancer Research.

These experiences gave me a personal definition of cancer: multifaceted, loud, tinkered and constricted. *Caring/Carrying You* is a short story that explores the three roles of care for family cancer patients as I understand them: witness, participant, and mourner. I will reflect upon cancer in the context of a Venezuelan middle class family and explore the hierarchy of family roles in care. What are the triggers of creative expression in the context of cancer care? What shape do these responses take? What can be extricated from pieces of writing for health and brought into literary fiction? In this exegesis paper, I will analyze how the process of transformation that ignites the initial, confessional and personal approach to writing as part of mourning and evolves to the final fiction piece which aims for abstraction in a difficult balance of maintaining the truth of the experience.

Temporal Sentence – a novel (Alison Summers)

The effect of symptoms on the person with dementia, the carer and their use as plot devices in a novel.

Pick's Disease, a rare, early onset fronto-temporal dementia presents at first more with behavioural problems than memory problems. The frontal and temporal lobes shrink so that the person loses their inhibitions and their strategy skills. Another symptom is confabulation where the person tells stories which are not based in reality but which seem true to the person. I have used lack of inhibition, inability to plan and confabulation to complicate the story of a fashion buyer who develops Pick's Disease shortly after marrying.

My practice based research includes a novel and a critical component. I am interested in the problems of representing early onset dementia in an authentic way. I am also interested in the idea that reading novels can create greater empathic skills in the real world. I see the relationship between author and reader as similar to the relationship between doctor and patient: both collaborate to reveal a story.

My paper will touch briefly on these aspects finishing with an extract from my novel.

Fields of Gold: A co---authored journey of life, love and death (Pam Morrison)

As a counsellor and teacher/supervisor of counselling students, reflective journaling is a key skill within my taught practice, as a tool for fostering awareness of self and other in students' development as emerging practitioners. My abstract however is drawn from my background as a writer (my former profession) and the creative project undertaken by my sister and myself of co-authoring a journal to map our individual and shared journeys over the last year of her life, following her diagnosis of terminal cancer.

We entered into the 'project' with little awareness of where it would take us - only the knowledge that we both loved words and writing (she was a tertiary lecturer of communication), plus the desire to articulate a bewildering new reality side by side. We filled two large journals over the period of exactly one year, with me as pencil scribe recording her stories, interspersed with my own, as we struggled and delighted in the opportunity to capture our lived experiences in writing.

The journal opens with my reaction to the news of her cancer, and closes with her funeral celebration. Within six days Annie's voice is present, and remains a constant until she is no longer able to narrate her story. Almost by chance we had discovered a way to give creative expression to processes and transitions not only within her and myself separately, but also within our shared relationship. We had found a ritualised way to navigate the terrain of love, illness and loss, both in the writing process itself and in the rituals we carry out and describe in the journal entries.

This twin account of two voices of two sisters, both facing unimaginable change and loss through death, will be published as an ebook later this year, fulfilling an expressed wish of my sister's towards the end of her life. The decision to open the story to wider audiences has not been made lightly by me, but I now recognise that our shared journal encapsulates a response to questions that are universal, and carries themes that often remain unaddressed elsewhere in medical and health frameworks.

How does someone with an exuberant love of life find a way to embrace her own dying? Is it possible to continue to live well while your body progressively weakens? In what ways does the relationship itself transform, alongside the altering reality of impending death for the person who is dying? How do you maintain intimacy and authentic relationship, while managing the tensions of singular and differing uncertainties and grief?

I describe the journal in one entry as a faithful pair of hands. Here was a place where even impossible questions could be held, sometimes articulated, sometimes

imbued within the quiet and intentional process of journaling our days. I end with a quote from Annie, 15 weeks before her death.

“As we’re talking now, I realise we’re preserving ... making sacred our shared family story. This journal box is becoming a treasure trove, and the process of recording detail, utterly safe.”

Attendance: Crafting a Story of Living Grief (Elizabeth Reeder)

Supporting someone when they are ill and dying is anything but passive. Watching someone die, and caring for them as they do, does, however, contain long periods of waiting, of attentiveness to their needs and to the specifics of their illness and health, and also includes these short, misleading, periods of recovery or equilibrium. There are, often, sustained periods of 'living grief' and, for some, it is these emotions that define this period of dying. My paper will include a reading from my story 'Attendance' in which the narrator watches someone s/he loves watching as someone they love dies. I will discuss the process of writing this story in terms of how I considered elements of craft (voice, point of view, structure, language and form) and how these impacted how I created the narrative, a story that crosses over between memoir, fiction and poetry.

5b. Representing Madness: Re-evaluation and Response

Dr Wilson’s Folly? Representing “The Famous Insane” (Will Slocombe)

In the late 1940s, Dr Isabel Wilson – an esteemed psychiatrist and later President of the Royal Medico-Psychological Association – designed a set of table mats for the Gaskell Club. The Club was comprised of recipients of the prestigious Gaskell Prize, created in 1886 and named after Dr Samuel Gaskell, the Superintendent of an Asylum, a Lunacy Commissioner, and the brother-in-law of the writer Elizabeth Gaskell. Wilson, although not a recipient of the Prize, was friendly with a number of Award-winners and so invited to their annual meals. In payment, Wilson created the table mats on the theme of “The Famous Insane.”

Looking at Wilson's inspiration for these mats, and her descriptions of why she opted for the selection she finally chose, this presentation (incorporating critical and creative responses to Wilson and the notebook) examines the ways in which particular tropes of representation have endured. Many of the mats, for instance, take their inspiration from nineteenth-century depictions of "madness," whilst others reveal more about Wilson's own views of insanity, and what constitutes fame, than they do about "the famous insane" *per se*. Uniting biography, art history, and literary methodologies, this talk thereby interrogates what led to the creation of the mats, exploring the prevailing discourse of psychiatry within which Wilson worked and situating the mats within her biographical and psychiatric milieu, and also offers some ideas on the various ways in which we might respond to them.

A Re-Evaluation of David Cooper, Anti-Psychiatrist (Adrian Chapman)

David Cooper coined the term 'anti-psychiatry' in his 1967 work *Psychiatry and Anti-Psychiatry*, a text in which he discusses Villa 21, a wing of a mental hospital in Hertfordshire that Cooper and others established as an experimental community. Cooper, too, collaborated with the radical Scottish psychiatrist R.D. Laing in the writing of a book about Sartre (Laing and Cooper 1964); and, with Laing (and others) set up the The Philadelphia Association, under the auspices of which the radical therapeutic community of Kingsley Hall was established. The sixties counter-cultural conference 'The Dialectics of Liberation', held in London, was organised in significant part by Cooper, who edited the book of the event (Cooper 1968); and he wrote an introduction to the English translation of Foucault's *Madness and Civilisation*. Cooper's own books (1967, 1971, 1976, 1978), all sold well in paperback. After leaving England, for Argentina and then France, he lectured in Paris and helped establish the The Collège International de Philosophie.

We have here, then, a significant figure in British anti-psychiatry. Yet there is no biography of Cooper available and extended engagement with his work is highly unusual. Laing found Cooper's books 'a bit embarrassing' (Mullen 195). For Showalter (247), Cooper merely epitomises anti-psychiatry's sexism. For Katowice

(66), distinguishing Laing from Cooper serves to underline Laing's 'mainstream' credentials. Oakley (277-293) is rare in treating Cooper with extended respect. Clarke (128-147) devotes a chapter to Villa 21 but is dismissive of Cooper and his ideas.

In my paper I want to open up a re-engagement with Cooper's work. I consider quite what constitutes his version of anti-psychiatry, focusing on his language of madness, his use of narrative and his attempt to politicise mental liberation. Finally, I discuss the ways in which Cooper might be relevant today to practising psychotherapists, those suffering mental distress, and those writing about it.

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Dave R. Wilson – Proposal for a Paper/Reading

Entitled: 'I see You'

Eye-to-eye contact, as an encounter between two conscious and self-conscious human beings, appears to have a remarkable capacity to both capture or communicate feelings and for the recognition of the essential meaning-content that coalesces into 'interpretation' (e.g. "The soul that can speak through the eyes, can also kiss with a gaze [Becquer]; "People find out I'm an actress and I see that 'whore' look flicker across their eyes." [Rachel Weisz]").

I have always been fascinated by the essential non-verbal communicative content that ebbs-and-flows within the mutuality of the gaze encounter (e.g. in *her* glance over the top of a martini glass; between myself-as-MHO [mental health officer] and the various people brought to me, from the cells beneath a magistrates court, in order to have their mental state assessed).

That 'first impressions' of all kinds are so often consigned to the non-empirical dumping ground of '*mere*' intuition, or are supposedly tipped into the abyss to be

obliterated when confronted by the health and social care professional's Rogerian mantra of 'unconditional positive regard', only made me all the more determined to interrogate what I took to be a significant but much neglected non-verbal phenomena.

My more professional interest wasn't simply driven by some kind of anarchic bloody-mindedness – though the trait is not foreign to me – but by a long-term dissatisfaction with the seeming low status afforded to 'Intuition', both in clinical practice and in the academic world. For intuition, whatever it was (or is), has stood me in good stead across the decades, as well as in some decidedly awkward or even dangerous situations.

It was while working as a Mental Health Officer (MHO) in a magistrates cells that I came into contact with the individuals who were to stimulate a context-specific interest in the gaze encounter (i.e. a cells environment with two actors – myself-as-MHO and an over-nighter thought to be in need of a mental state assessment). In particular, my interest became concentrated on that phenomenological moment (i.e. in 'the phenomenological attitude') when two strangers meet, eye-to-eye, in the great mutual solitude that precedes the handshake or the first spoken word. I have spent more than a decade reflecting-on, researching and analysing the content of some of these cell-based gaze encounters and have written a book that contains four fictional case studies, together with an in-depth analysis of each of the different eye-to-eye encounters.

The four cases are; The Glaswegian Woman; The Homeless Man; The Doctor; and The Blue-eyed Young Man. Given the conference venue, the case of the Glaswegian woman would seem to be self-selecting.

If my proposal is accepted, I intend to;

Scene-set – explain the MHO's role and describe the situation in the magistrates cells environment immediately prior to the MHO and the prospective assessee or 'over-nighter' first seeing one another;

A Reflective-style Reading (based on original free-associations) – read an extract of what I was thinking and feeling during the ‘blink’ of time in which the eye-to-eye encounter took place (with occasional slides);

An Analytical Reading – read an extract from the ‘analysis’ section of the Glaswegian woman’s case study;

Brief discussion/Q&A.

6a. Panel: The Nurse-Writer: Legacy and Provocations

Mary Borden’s Brinkwomanship: Gender, Nursing, and Narrative (Hannah Tweed)

Rita Charon refers to the ‘obligatory’ positioning of carers, nurses and doctors as ‘story-tellers and story-listeners’.³ From pain level charts to case histories, medical practice revolves around a series of narratives. Combined, these narratives remain fragmentary in nature; communicated, recorded and interpreted by a variety of individuals.

My paper offers a comparison between the necessary fragmentation of the medical narratives of a hospital ward and the disconnected nature of First World War nurse Mary Borden’s memoir writing, based on her experiences – and the experiences of her patients – working in la zone interdite. I focus on the earliest of Borden’s nursing narratives, *The Forbidden Zone* (1929), the short stories that Borden referred to as her ‘collection of fragments’, alongside her autobiographical monograph, *Journey Down a Blind Alley* (1946). Borden states that ‘I could not tell a coherent story if I would of my life in the French army during the first world war’, and I begin by situating this deliberate incoherency in the context of the overlapping narratives produced by a team of medical carers, as well as the more

³ Rita Charon, ‘Narrative Medicine: Attention, Representation, Affiliation’, *Narrative*, 13.3 (2005), p. 261 <http://muse.jhu.edu/> [accessed 4 March 2013].

typical theoretical framework of modernist aesthetics.⁴ I analyse the significance of the presentation of these medical narratives: first in terms of Borden's structuring of her nursing experience; secondly in the challenges this style offers to the wider conventions of autobiography and memoir writing; and finally in terms of Borden's interrogation of gender and power structures, especially with regards to female access to World War I – banned from the front lines, but constantly operating within striking distance of combat. As part of this discussion, my paper interrogates Borden's negotiation of gender roles, with particular attention to the relationships between doctors, nurses and wounded (male) soldiers – where medical authority and conventional gender positions are reconstituted through the language and experience of pain, illness and caregiving.

Writing Nurses, Nursing Writers (Nicola White)

Having spent most of 2012 as Leverhulme Writer in Residence at the department of Nursing Studies in Edinburgh University, Nicola White reflects on her experience of writing about nursing and encouraging nurses to express their personal viewpoints through writing.

The first director of Nursing Studies at Edinburgh, Elsie Stevenson, described the role of a nurse as 'a listener, a doer'. Not a writer, a thinker, or a speaker. To write, one has to feel that one has something to say, and a position to say it from. Could it be that the very qualities that are identified with and encouraged as essential to the role of nurse – empathy, caring, being attuned to another's needs and meeting these needs with practical solutions – are antithetical to the distance needed for writing? In other words, is it nurses' pure 'attentiveness' that eclipses the potential for their 'attentive writing'?

Using examples of nurses' writing and responses from her workshops, Nicola will explore these issues. She will also look at the different ways that nursing has been reflected in literature, and the persistence of certain outmoded stereotypes.

⁴ Mary Borden, *Journey Down Blind Alley* (London: Hutchinson & Co., 1946), p. 7.

Meeting the mother man: re-discovering the legacy of Whitman, writer and nurse (Colin Macduff)

Walt Whitman (1819 - 1892) is widely recognised as one of the greatest American writers. His poetry broke free from the conventions of British verse, and in its open descriptions of the senses, celebrated the vitality of the growing democratic American nation. While his poetic legacy is still influential, its value for nursing and healthcare in general is now largely neglected. This paper seeks to address this deficit by drawing on his own writings, biographical material and nursing histories to : (i) outline Whitman's hospital visiting and voluntary nursing work during the last three years of the American Civil War; (ii) exemplify his status as an archetypal attentive writer, gaining and giving insights through healthcare and writing work; and, (iii) re-evaluate his legacy in relation to contemporary healthcare issues.

In explaining Whitman's engagement in looking after soldiers, the paper will seek to illuminate his nursing practice, beliefs and motivation. In this context, Whitman emerges as a singular man with a talent for caring and communicating its value:

"Dotting a word here and there are always cases of poor fellows, long suffering under obstinate wounds, or weak and disheartened by typhoid fever, or the like: marked cases, needing special and sympathetic nourishment. These I sit down and talk to, or silently cheer them up..." ("Summer of 1864"; Specimen Days).

"Each case has its peculiarities, and needs some new adaptation. I have learnt to thus conform – learnt a great deal of hospital wisdom" ("Summer of 1864"; Specimen Days).

The attentive nurse and attentive writer are one and the same in his most famous poem from this period:

"From the stump of the arm, the amputated hand,
I undo the clotted lint, remove the slough, wash off the matter and blood"
(The Wound Dresser, Leaves of Grass)

The mother-man was the epithet that many of his friends used to describe him as he went about his hospital work, and it is clear that his experiences impacted profoundly on him as a person and a writer:

“...these thousands, and tens and twenties of thousands of American young men, badly wounded, all sorts of wounds, dying with fever, pneumonia etc. open a new world somehow to me, giving closer insights, new things, exploring deeper mines than any yet, showing our humanity (I sometimes put myself in fancy in the cot, or under the knife) tried by terrible, fearful tests, probed deepest, the living souls, the body’s tragedies, bursting the petty bonds of art. To these, what are your dramas and poems, even the oldest and tearfulest?” (Letter to Nathaniel Bloom and Fred Gray)

Due to their democratic, inclusive and humane vision, Whitman’s writings on nursing and beyond comprise a substantial legacy for international health humanities. His own learning about hospitals provides a conclusion with much contemporary resonance:

“another thing became clear to me – while cash is not amiss to bring up the rear, tact and magnetic sympathy and unction are, and ever will be sovereign still”
(Gifts-Money-Discrimination, Specimen Days)

6b. Narrative Therapy

HEAL YOURSELVES (Chris Lee and Catherine Hartley)

In a parallel career spanning more than 20 years, I’ve tried to combine the experience of working as a social worker and a mental health team manager, with that of a playwright. Life feeds art but in an oblique rather than a direct way. Trying to preserve some sort of clinical and vocational values in an environment that promotes a target based business model of health care delivery has been challenging. The demands of data collection and inputting on awkwardly designed computer systems, has overshadowed attempts to develop sensitive and

supportive person centred care. The NHS makes bold statements about improvement but is shackled by a primitive belief in command and control progress.

As a dramatic writer I have tried to distil moments of intense emotional and intellectual ferment, to present stories of the pain, beauty and absurdity of public sector endeavours. I used to be concerned with the different and clashing paradigms of psychiatry, social work and nursing. Now I am more struck by multi-disciplinary solidarity in the face of a discredited but still hegemonic neo-liberal dismantling of the NHS, to which I am passionately opposed.

I bring an unabashed politics, a dramatic language of poetry and satire, and a documentary veracity to plays which explore the modern NHS. These plays have found productions as far apart as Sydney and Stockholm, which suggests some international resonance. I feel compelled to tease away at the grandiose stupidity that hampers the delivery of care, treatment and compassion to seriously ill and vulnerable people.

My proposal for a 20 minute presentation is to set out a position that rejects the NHS status quo. Together with my co-presenter I read a scene from my play *The Foundation of Trust*, which satirises the misguided business focus of modern mental health care. I then offer suggestions for survival; a modest set of ideas drawn from my own dramatic experience, interactions with staff and service users, and reflections on a tense world order of social network resistance and reactionary force.

Finally I invite the audience to participate in a performance of a short play for everyone called *Heal Yourselves*, with which all gloom and pessimism is dispelled in the collective laughter of disdain and hope.

Talking Theology and Therapy: A Reader's Theatre Script about the History of Counselling and Psychotherapy in Scotland (Alette Willis)

In this session, we invite you to participate in a shared reading of the history of counselling and psychotherapy in Scotland using the words of those who lived it. We will read aloud a script that builds on an earlier research project entitled, *Theology and Therapy, Understanding the Encounter: Christianity, Psychotherapy and Spirituality in Scotland 1945-2000*. During the first project, we conducted interviews with 18 people who were key to the development of counselling and psychotherapy. Using these oral histories, we developed Readers' Theatre scripts, which we have spent the last year sharing with groups across Scotland. In Readers Theatre, the script as a text is the centre of the artistic practice, there is no staging, it is simply read aloud. In our project, we invited workshop participants to share in reading the scripts as a stimulus for conversations about counselling, psychotherapy, pastoral care, religion and spirituality. The script we will share with you today covers both the personal—the role of religion and spirituality in the stories to live by of some of the key people involved—and the organizational—the role of religious organizations in developing counselling services. The script shows that the relationship between religion, spirituality and psychotherapy has not always been an easy one, but it has occasionally been an enriching one. Link to the project's webpage: <http://www.counsellingandspirituality.co.uk>.

Developing Personal Narratives: auto-ethnography, cognitive therapy and the potential for change (Ian Baguley, Peter Jones, Lee Eyles)

Over the past forty or so years, Beck's work on a new way of conceptualizing depression led to the development of Cognitive Behaviour Therapy which has been shown to be effective in the treatment of a large number of conditions covering psychological and medical disorders (Beck A.T., 1976; Beck, Rush, Shaw and Emery 1979).

Underpinning the CBT approach is the cognitive triad; this describes the way that people view themselves, the world and the future, and is driven by a belief system developed since childhood. Key to the maintenance of such a personal belief

system are the methods we as individuals employ to help us to evaluate the things that happen to us and the meaning we ascribe to them.

Anthropologists may describe this process as auto-ethnographic and, as a methodology for collecting personal histories and data, it is developing a rich and robust history (Heider K.G. 1975). However the use of carefully selected information and data to support our narratives often dictates how we feel and how we respond to a given situation. Cognitive theory holds that this selective abstraction of information to support our stories is largely unconscious.

The importance of viewing our lives as stories, narratives to be written, re-written and finely polished has been eloquently described in a non-academic setting by Clare Allan (Guardian, 2 Oct 2012), and understanding how we can change the stories - effect the narratives - is key to feeling different.

Mental Health services, including education and training programmes, unwittingly play a significant role in helping service users maintain narratives that contribute to maintaining negative stories which in turn prevent people from developing alternative narratives that might help them feel better or more positive.

This paper will briefly describe a cognitive model of therapy, the importance of the development of narratives in helping us to feel different (but not always better) and provide an example of how service user in-put into education, training and service development can be made more helpful.

This paper will be of particular relevance to those people and organisations that provide and seek 'expert patient' advice and input into clinical services in addition to education and training providers.

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