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# Unwanted Advances in Medicine

*An Analysis of the Effects of Invasive Medical Procedures on Patients Through Literary and Nonfiction Works*

*Grace Engelman*

From a young age, medical patients are poked and prodded, examined and inspected. At the least invasive level, doctors take blood pressures, hold stethoscopes to hearts, and gently press throats for evidence of swollen glands. On the most invasive level, doctors rip apart skin, muscles, and tissues to fix the organs and bones hiding beneath. All of these procedures allow doctors the unparalleled opportunity to explore the parts of a patient's body and life that are often kept hidden and can be summarized as a doctor's invasion of a patient's personal space and privacy. This invasion is often unavoidable; a doctor must be able to carry out these procedures in order to treat and heal the patient. However, it is difficult to reconcile the necessity of invasive procedures with the resulting emotional harm. Scenes from pieces of literature, including Margaret Edson's play *Wit* and Pat Barker's novel *Regeneration*, as well as descriptions of invasive procedures in nonfiction pieces such as William Carlos Williams's "The Use of Force," describe the suffering of patients as a result of invasion. These invasions create a power dynamic between the doctor and the patient that

results in the diminishing of the patient's personhood, causing the patient to suffer. In this relationship, the doctor has the responsibility to mitigate the most suffering possible by remaining mindful of the discomfort and pain resulting from invasive procedures. The patient, on the other hand, has the responsibility to accept that some degree of invasion may be necessary in order for healing to occur. Reading literature that portrays medical invasion can help the patient achieve this goal by validating the patient's experience of the medical world.

There are many types of medical invasions. The physical invasion of a person's body may take the form of surgery or injections. The body is invaded in a literal sense; foreign objects and hands push past the skin, a person's physical barrier. The less drastic act of diagnosis forces a doctor to analyze each part of a patient's body, disregarding her privacy. Some invasions have an uncomfortable sexual undertone; patients may feel especially uneasy when procedures require them to remove their clothing or require the doctor to penetrate their orifices with various tools. Other types of invasive medical procedures are not physical at all, but rather mental. A doctor can invade a person's mind through psychiatry and gain access to his most personal thoughts and emotions. Each type of invasion involves a physically or emotionally painful intrusion into a person's body or mind.

The most conspicuous form of medical invasion is a doctor's intrusion into a person's physical space. In Margareta Ekström's short story "Death's Midwives," the protagonist, a mother awaiting her death in a hospital bed, experiences some of these invasive procedures. She describes the nurse who "shaved her pubic hair" and gave her an "enema and blood tests" (Ekström 76). This series of procedures demonstrates various forms of invasion; the shaving of pubic hair requires the nurse to directly interact with the patient's genitals, the enema involves the insertion of a foreign object into the body, and the blood test requires the penetration of her skin. Each procedure is invasive alone, but when executed consecutively they have the effect of perforating almost every section of her body.

In Margaret Edson's play *Wit*, the protagonist, Vivian Bearing, experiences similarly invasive procedures. Bearing, a former professor dying from cancer, states in one of her monologues that, "having a former student give me a pelvic exam was thoroughly degrading" (Edson 28). This statement captures the invasive nature of medical examinations; the doctor must literally insert his hand into this patient's body. Also, the teacher-student

dynamic between Bearing and her doctor exacerbates her discomfort. As a professor, she held a position of power over her students. Now, her former student's examination of one of the most intimate, hidden parts of her body shifts the authority to him, motivating Bearing to refer to the experience as "degrading." This student-teacher dynamic adds an element of unease to the scenario, which draws attention to the discomfort of invasive medical practices.

Another less obvious but equally distressing aspect of the physical invasion of a patient's privacy is diagnosis. A necessary part of medicine, diagnosis allows doctors to discern illnesses. And yet, the act of looking someone up and down—of studying another body with one's eyes—is inherently intrusive and uncomfortable. In choosing theater as the format for *Wit*, Edson captures this idea. While watching the play, the audience is forced to diagnose the protagonist at the same time as her doctors. The scenes are voyeuristic; audience members watch every aspect of Bearing's cancer unfold: the vomiting, the physical weakness, the last moments of her life. Each symptom is displayed on stage for all to see. This mass-diagnosis in each scene by the audience is the ultimate invasion of Bearing's privacy.

Foucault establishes some of the problems with diagnosis in his book *The Birth of the Clinic*. In his analysis of the medical system, he recount's C. L. Dumas's description of the "medical gaze," or a doctor's classification and judgment of a person based solely on physical assessment. This medical gaze relates to invasion of privacy because, as Foucault writes, doctors can "distinguish at first glance" many details of a patient's life, which makes the doctor a "master of [his] patients" (qtd. in Foucault 88). In analyzing each piece of a person's body, the doctor gains a certain level of control and authority over that person. Foucault describes this authority by comparing the doctor to a "kind father who watches over the destiny of his children" (88). In using the word "father," Foucault frames the doctor as a patronizing figure. The description of watching over a patient's destiny holds religious connotations as well; Foucault describes the doctor as an omnipotent god. This comparison provides superficial reassurance; the "kind father" appears to be a positive, unthreatening figure. And yet, the rest of the sentence describes a patronizing doctor with unlimited power over his patients. Diagnosis, and its invasion of a patient's privacy, grants the doctor the authority and dominance that Foucault describes.

Some physically invasive procedures have a sexual undertone that makes them more traumatic for the patient. Specifically, procedures that require a patient to strip or be penetrated by a doctor's tools may be sexual in nature, even if the doctor does not act on a sexual motivation. The acts of stripping and penetration are often reserved for sexual encounters, causing them to seem foreign and distressing in a clinical environment. Penetration is a more drastic and invasive type of procedure, but stripping has a similar disconcerting sexual undertone that can make a patient feel violated.

Many medical procedures involve the use of penetrative tools. In scenes from Pat Barker's novel *Regeneration* and William Carlos Williams's essay "Use of Force," doctors use tools that penetrate the mouths of their patients. In Barker's novel, Dr. Rivers, a psychiatrist working to heal soldiers suffering from the effects of trauma during WWI, dreams that he shoves an electrode into his patient's mouth. He imagines that "he slip[s] the tongue depressor in and trie[s] to apply the electrode," which does not "fit" (Barker 236). Then, Dr. Rivers "trie[s] to force it" even as "the man struggle[s] and buck[s] beneath him" (Barker 236). In this passage, the electrode has to be "forced" in as the patient suffers and tries to resist, suggesting sexual violence in the form of oral rape. Many medical procedures involve placing tools in a patient's mouth, but the abusive nature of this one elevates the act to a type of rape rather than a medical procedure. The doctor, in a position of power, uses his dominance to subdue and then penetrate the patient.

Similarly, in "Use of Force," William Carlos Williams describes an experience with a young patient in which he forces a tool down her throat. The sick girl refuses to open her mouth and allow him to examine her. Eventually, Williams loses patience and, "in a final unreasoning assault," he "force[s] the heavy silver spoon back of her teeth and down her throat till she gag[s]" (Williams 60). This passage resembles Barker's oral rape scene. The patient gags and struggles, and Williams even describes the act as an "unreasoning assault," addressing its violent, belligerent nature, as well as the lack of empathy and consideration that inspired it. This description is more troubling than Barker's scene because it recounts a real event rather than a dream. As nonfiction, it demonstrates the disturbing penetrative feature of this medical procedure in a more realistic, haunting manner.

The act of stripping in a medical context can be similarly uncomfortable and invasive. A medical examination, specifically of reproductive organs, can intrude upon the most intimate and hidden parts of a patient's body. The

connection between stripping in a medical context and invasion of sexual privacy appears in Sophocles' *Oedipus the King*. Oedipus is not a medical doctor, but he adopts the role of healer when the citizens of Thebes suffer from the plague. He feels responsible for the health and wellbeing of his subjects and attempts to find a "cure" (Sophocles 162). Jocasta, Oedipus's wife, hangs herself after realizing that she is also his mother. Upon seeing his dead mother, Oedipus "rips off her brooches" and lifts "her robes," using the pins to stab his eyes (Sophocles 237). This act of ripping out the pins of his mother's clothing has a sexual theme; Oedipus disrobes and strips his mother. Though Oedipus does not expose his mother in a medical context, his role as a healer in this tragedy indirectly connects this representation of sexual violence to medicine.

This scene from *Oedipus the King* can be used to analyze the sexual connotation of another disrobing scene in Richard Selzer's *Letters to a Young Doctor*. In this nonfiction piece, an esteemed surgeon named Dr. Franciscus travels to Honduras to treat underprivileged people. In his description of one of these patients, a girl named Imelda, Selzer writes that "her breasts made only the smallest imprint in the cloth, her hips none at all" (26). By describing Imelda's breasts and hips, Selzer immediately sets up the story's sexual undertone. The narrator also highlights Imelda's prepubescent age, emphasizing her innocence and vulnerability. During the medical procedure, Imelda holds a rag in front of her face so as to hide from Dr. Franciscus. When he operates on Imelda, he pulls the rag away from her face "with a hard jerk" so that she is vulnerable and defenseless (26). Like Oedipus, Dr. Franciscus rips an item of clothing off another person's body. Yet, because Imelda has been framed as an innocent girl and as Dr. Franciscus' patient, the violation is more evident. The act of disrobing and the phrase "hard jerk," have sexual implications; the scene is physical and intimate. In pairing the act of ripping the cloth away with a description of Imelda's breasts and hips, Selzer highlights the sexual undertone of Dr. Franciscus' behavior.

It cannot be ignored that many of these scenes involving sexual invasion sustain clear gender dynamics. Williams, Oedipus, and Dr. Franciscus all invade the personal space of females. Williams and Dr. Franciscus, in particular, violate the boundaries of much younger girls. These scenes exaggerate the stereotypes of the dominating male doctor and the vulnerable female patient, and they further highlight the sexual undertones of these medical practices. The gendered nature of medicine is inseparable from a

discussion of sexual invasion and personal privacy; it adds to the doctor's power and the patient's vulnerability.

In addition to invasions of privacy relating to physicality, which include diagnosis and procedures with sexual undertones, some aspects of medicine, particularly psychiatry, are invasive psychologically. By nature, psychiatry involves sharing and exposing one's personal thoughts and emotions with another person. A psychiatrist invades the depths of patients' minds by learning about their pasts, relationships, fears, and hopes. In his article, "The Nature of Suffering and the Goals of Medicine," Eric Cassel describes the multiple facets of a human's life that disease and treatment can harm or alter. One of these facets is what Cassel refers to as a "secret life," which consists of "fears, desires, love affairs, hopes, and fantasies" (643). With this line, Cassel intended to argue that disease robs a person of her "secret life," but treatment of disease, specifically through psychiatry, can do the same. In other types of medicine, patients may suffer from the physical invasion of their bodies, but they are often able to retain their mental privacy. With psychiatry, however, patients may lose control over the "secret life" that Cassel refers to; psychiatrists have full access to their private thoughts and emotions.

This type of invasion often has positive effects; patients suffering from trauma or other types of mental conditions need the opportunity to share their experiences and feelings with another person in order to heal. For example, in *Regeneration*, Dr. Rivers helps patients suffering from Post Traumatic Stress Disorder to heal by asking them to recount their traumatic experiences. Although this therapy may be effective and ultimately beneficial, it also requires doctors to enter their patients' personal lives, hearing stories that even the patients' family members may not have known. As Dr. Rivers explains, this process frightens many patients, particularly because they feel "they're putting themselves completely in the therapist's power" (Barker 101). In fact, according to Dr. Rivers, sharing personal stories with therapists requires an emotional "breakdown" that leaves the patient vulnerable (Barker 48). As with physical invasions of privacy, patients experiencing this type of invasive therapy may be fearful because the doctor gains power and the patient becomes vulnerable.

This power dynamic between doctor and patient arises with many physically and mentally invasive procedures. In his short story, "The Country Doctor," Franz Kafka emphasizes the unmatched power of the physician in these scenarios by writing that the "doctor is supposed to be omnipotent

with his merciful surgeon's hand" (164). Kafka's statement implies the godly power that a doctor gains when he wields a scalpel or cuts open a body; not only does he control the fate of the patient's health and wellbeing, but, in an almost superhuman act, he peers inside the patient's body and views organs and bones that have never been exposed before. The vulnerable patient is at the doctor's mercy.

Sometimes, an obsession with control motivates a doctor to take a dominating role during invasive procedures. As psychiatrist Christine Montross suggests in her *Literature and Medicine Lecture*, the power gained from invading a body can sometimes be motivated by an "ego thrill," or the enjoyment of controlling a patient. This motivation could be subconscious or purposeful, but its manifestation in medicine is a dangerous power play. For example, Williams writes about becoming carried away with his dominance while interacting with the young girl that refuses to open her mouth. He describes a point at which he "got beyond reason" and "could have torn the child apart in [his] own fury and enjoyed it" (59). He adds, "it was a pleasure to attack her" (59). This doctor clearly displays the "ego thrill" that Montross describes. He takes "pleasure" in his patient's pain and struggle. He also acknowledges that this thrill is "beyond reason," suggesting that he cannot control his need for control. The language in this passage, especially the word "attack," is suggestive of battle and warfare. The patient and doctor are pitted against each other as enemies rather than as collaborators or allies, emphasizing their struggle for power.

Though Williams reaches a point where he cannot control his need to overpower his patient, he also acknowledges that part of his motivation in acting aggressively is a genuine desire to prevent disease. He writes that he "had to have a throat culture for her own protection," and that he had "seen at least two children lying dead in bed of neglect in such cases" (58). Williams does not want to see the child die, and he is concerned with her health and her future. And yet, this compassionate motivation quickly becomes an obsession capable of causing extreme suffering. Williams's story highlights the dangerous and uncontrollable effects of the ego thrill.

As part of this emerging power dynamic, while the doctor gains power, the patient may experience a loss of control and autonomy. Many of the scenes from literary descriptions of invasive procedures depict patients as feeling defeated or controlled. For example, in *Death of Ivan Ilych*, Leo Tolstoy writes that Ilych, a man slowly dying of disease, "submits" to the

doctor and his examinations (138). In surrendering his body to the doctor, Ilych no longer maintains the same degree of ownership over his body. Similarly, in “Use of Force,” Williams commands the father of his struggling patient to restrain her: “Put her in front of you on your lap, I ordered, and hold both her wrists” (58). In this passage, the patient is literally overpowered during an invasive procedure. She has physically lost control of her body. By submitting and being constrained, these two characters experience a complete loss of autonomy.

This submission and loss of control leads to a deeper problem with the invasive nature of medicine. A person’s identity is tethered to her body and mind. After losing autonomy, a patient may no longer feel as though she retains the same identity. Cassel argues that a main aspect of suffering is “feel[ing] out of control” (641). He writes that “suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity” (247). In other words, the loss of control threatens the patient’s integrity, independence, and personhood. Cassel differentiates between “body” and “person” to demonstrate that suffering can alter one’s personhood and personality as well as one’s physical body. The experience of pain during a medical procedure would not be enough to cause this shift in psychology—it is the idea of another person controlling one’s body that can alter one’s identity and wellbeing in such a dramatic way.

Due to this shift in psychology, literature that describes patients in these invasive situations tends to depict them as objects or animals rather than as humans. When they no longer control their bodies, they lose a piece of their identities. For example, Barker describes a patient undergoing invasive and violent forms of therapy as a “creature” that “hardly resembled a man” and “crawled through the door” (223). The words “creature” and “crawling” suggest an animal in place of a person—a patient invaded to the point of losing his identity as a human. Similarly, in *Wit*, Bearing proclaims, “What we have come to think of as me is, in fact, just the specimen jar, just the dust jacket, just the white piece of paper that bears the little black marks” (Edson 43). Bearing feels as though she is a tool for science rather than a human. At the mercy of her doctors, Bearing loses her personhood and transforms into a body for them to study and invade with their tools and treatments. This experience forces her to relinquish control of her body, which causes suffering in the form of this altered identity.

This type of suffering is common for patients, given that a harmful power dynamic between doctors and patients is widespread and common. What would it take to lessen the harmful effects of this power dynamic? Doctors and patients can both contribute to mitigating the resulting harm. To attempt to reverse the patient's loss of personhood, a doctor must remain aware of her own power and alleviate the suffering of the patient as much as possible. The patient, meanwhile, must strive to be cooperative and become comfortable with accepting the practitioner's treatments, a process which may be greatly aided by the support of literature.

Montross explains, a doctor can begin to accomplish this goal simply by acknowledging the discomfort associated with invasive procedures so that the patient is validated in feeling uneasy. Doctors can also mitigate suffering by remaining mindful of their motivations so as to prevent the effects of the ego thrill and to refrain from adopting a dominating role in the doctor-patient relationship. Montross uses surgeons as an example; as surgeons advance in their careers, "surgery becomes less and less of a big deal." Surgeons grow numb to the fact that they invade other people's bodies. The interaction with the blood, guts, and insides of a patient is eventually normalized. To act with more empathy when operating, a surgeon must acknowledge that for the patient, the idea of opening up a body is alarming.

Just as doctors have the responsibility to try to mitigate as much suffering as possible, patients have the responsibility to try to collaborate with the doctor and allow for invasive procedures that can improve health. This is not to say that patients should completely relinquish control of their bodies. However, patients may need to submit to and trust their doctors to the extent that the doctor can heal them. Cassel writes that "the relief of suffering and the cure of disease must be seen as twin obligations of a medical profession" (639). In other words, doctors must try to cure illnesses while also maintaining the personhood and identity of the patient. These dual obligations, however, can be seen as obligations of the patient as well, to a certain degree. The patient can aid in the cure of his disease by consenting to invasions of the body and mind. The patient can also aid in the "relief of suffering," especially psychological suffering, by caring for his own mental health after undergoing these invasive procedures. In order to accomplish this goal, the patient should read.

Literature can provide comfort, recognition, and solace in response to the psychological trauma of invasive procedures. Pieces of literature such

as *Death of Ivan Ilych*, *Regeneration*, and *Wit* validate patients' feelings of discomfort. These works frame invasive medical procedures as difficult and upsetting, even if necessary. Patients can read these pieces and understand that they are not alone in facing their pain. By acknowledging the problems with invasive medicine, literature gives voice to patients feeling vulnerable or violated. In reading, these patients can restore the sense of personhood that they may have lost during an invasive procedure. Literature allows them to carve out a space that is their own—a space that represents their emotions and their humanity and the aspects of themselves, such as their personalities and secret lives, that medicine may have ignored or taken away. In his book, *A Scream Goes Through the House*, Arnold Weinstein concludes by proposing that “literature matters” because “art is that other place that can become ours” (394). Reading about the experiences of Ilych, Dr. River's patients, and *Bearing*, patients can relate to the experiences of characters in literature and carve out a space that validates their emotions.

Reading literature also allows for an unusual shift in power dynamics. As the patient reads, she enters the private world of the characters. She learns about Ilych's darkest regrets and fears as he nears the last moments of his life. She watches a brilliant, domineering professor surrender control of her body to cancer in *Wit*—retching and staggering on stage. She enters the mind of Dr. Rivers, gaining access to his disturbing dream and understanding the workings of his subconscious. While reading, the patient sees these characters at their most vulnerable, and this entrance into their private lives is yet another form of invasion: the patient investigates and encroaches on a character's emotions, dreams, fears, and stream of consciousness. In doing so, a patient who reads gains power. Now she is the one in control—the one wielding the power to invade. In allowing for this role reversal, literature can empower patients to reclaim the control and authority that the invasive medical world may have stolen from them.

We all depend on medical professionals. We need them for life-saving procedures, mental health care, and help caring for our loved ones. This dependency grants doctors great power and privilege. They must deal with the knowledge that their patients' lives depend on them. It is difficult to handle this power with care, and some doctors become carried away with their dominant positions in our lives and in society. The resulting power dynamic is entrenched in our medical system, and it threatens patients' autonomy and wellbeing. Pieces of literature bring to light the ways in

which the medical world leaves patients feeling violated and powerless. This acknowledgement of patients' suffering is a key step in drawing our attention to an aspect of our medical system that must change. Allowing us to understand the perspective of patients, literature can bring awareness, compassion, and solace.

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