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In late June of 1997 the patient experienced a painful ovarian torsion caused by an ovarian mass. She underwent a hysterectomy-oophorectomy that left her weak and bewildered by her new body. I was the patient, and during those weeks of surgical recovery as I exchanged emails with my surgeon, I described to her the book I was then writing, *Liminal Lives*, I hoped, would explore “how the narrative of a human life is being drastically replotted (reshaped, revised) in the twentieth-century, with the help of beings marginal to the human: animals, embryos, fetuses.” Scholar, know thyself. My own life had suddenly been revised, I didn’t feel like its author, and I had no idea how the story would go.

By the third week of July, I joined Kathryn Montgomery, her co-leaders, and nine or so other scholars, health care professionals, lawyers, and artists for a seminar at Northwestern’s medical school on “Case Narrative and the Construction of Objectivity.”<sup>1</sup> Still feeling somewhat physically vulnerable, I was greatly cheered by the email I received from Kathryn: “When will you arrive? Could I meet you? You’re not sposed to haul much, I suspect. Don’t be shy. I WANT YOU HERE!” She did indeed meet me at the airport, taking over my wheelie bag and sheltering my unstable midsection from the strain of pulling a suitcase through the airport. That image sticks in my mind: me, fresh from the disorientation and pain of surgery and the boredom of recuperation, and Kathryn Montgomery, indomitable, encouraging, inspiring, pulling my baggage behind her as she shepherded me into this new and unknown phase of my life.

The conference was a splendid one: we were all asked to contribute works we admired that might illuminate the overall theme—how narrative construction in the rendering of a case history challenges and informs the “construction” of objectivity. We assembled a shared bibliography of essays and books on narrative theory, hermeneutics, case narrative, narrative rationality, representation, the ethics of narrative, case performance, and objectivity: its uses and abuses. Best of all, we read the works of the seminar leaders: Kathryn’s essays “Narrative, Literature, and the Clinical Exercise of Practical Reason” and “Remaking the Case,” and excerpts from her *Doctors’ Stories: The Narrative Structure of Medical Knowledge*; Tod Chambers’ “From the Ethicist’s Point of View: The Literary Nature of Ethical Inquiry” and “Dax Redacted: The Economies of Truth in Bioethics”; Suzanne Poirier *et al’s* “Charting the Chart: An Exercise in Interpretation(s)” and her essay with Lyoness Ayers, “On Endings, Secrets, and Silences: Over-reading in Narrative Inquiry”; and William Donnelly’s “Righting the Medical Record: Transforming Chronicle into Story” and “Taking Suffering Seriously: A New Role for the Medical Case History.”

I recall that seminar as a nearly idyllic blend of intellectual intensity and emotional engagement. As we discussed the difficult issues our readings raised we enjoyed our very different perspectives. Why does medicine convey information in narrative form? At what point does the case become the person? Is that inevitable? Is that bad? How is the legal notion of “making a case” different from the medical act of presenting a case? Can you have knowledge without a context, or a discipline, or a language? What is involved in the refusal to narrate? We discussed the diagnosis of major illness as a speech act that creates a boundary, reflecting every life act afterwards; we read Victor and Edie Turner’s “Performing Ethnography” and



In a Series of Cruxes. Ann Starr, *Where Babies Come From: A Miracle Explained* (1997). ann-starr.com

Dwight Conquergood’s “Health Theatre in a Hmong Refugee Camp”; and we tried out theater as a mode of narrative communication by dramatizing a case history. I remember both quiet moments and noisy ones: a walk and talk with the late Suzanne Fleischman, whose post-conference essay, “I am, I have, I suffer from...,” offers a fierce challenge to labels that reduce the person to the disease, and a wonderfully noisy, crowded, sun-splashed architectural boat tour of Chicago that drew our seminar to a close.

Just as we had all collaborated before the seminar on a joint bibliography and some initial questions, my notes from that week suggest we must also have been asked to contribute some “afterthoughts.” Scrawled on loose-leaf tucked into the seminar binder I find my contributions:

1. Donna Haraway writes of situated objectivity—I want to suggest the key role of situated *subjectivity*: how subjectivity has a role within the frame of the objective to help us see a fuller picture.
2. We were (we now are, I really mean) an interpretive community. (As I remember this point, I was focused here on how the seminar exemplified the collaborative act of interpretation as an improvement on the isolated practice of autonomous analysis.)

That seminar challenged us to question the limits of objectivity and to plumb the relationship between personal narrative, medical experience, and embodied knowledge. It had a lasting impact on my work. Let me give two examples.



When I participated in “Case Narrative and the Construction of Objectivity” I was writing *Liminal Lives*. The book I wrote next was a very different creature: *Poultry Science, Chicken Culture: A Partial Alphabet (PSCC)*. Though in title it seems far from questions of medical humanities and bioethics, in fact as I explained in the preface, this book expanded on several of the themes and interests I had been concerned with during that seminar: “the social and scientific effects of the mining of female life—[albeit] now both human and avian, in the agricultural as well as the medical sciences—for intellectual lore and economic ore” (Squier 2011, 6). As I wrote PSCC I also drew on the wider set of scholarly approaches the seminar introduced through its challenge to objectivity and its broader understanding of narrative. I proposed situated subjectivity as another route to knowledge, reflecting my growing conviction that expert knowledge was but one kind of knowledge and not necessarily the richest kind. To write this book, I took “a vacation from the academic culture of expertise, where the only knowledge possible is the kind you already know,” and embraced instead the position of the amateur (14). I adopted the productive form of ignorance that Shunruyu Suzuki describes as “beginner’s mind.” As he describes its effects, “In the beginner’s mind there are many possibilities, in the expert’s there are few” (1).

My second example of the seminar’s influence may be my interest in graphic medicine—comics that address issues of medicine, illness, and disability—as part of the graduate seminars I have offered for several years now on graphic narratives and comics.<sup>2</sup> These constitute a bit of a departure from standard English doctoral seminars, since until very recently the literary canon has had little room for comics: graduate students must be risk-takers even to begin comics scholarship. Beyond the professional risk it may pose to decide to study comics, students are often anxious about issues of methodology. What critical and analytical tools can they use? One strategy already characteristic of much academic work on comics duplicates the critical and theoretical moves characteristic of mainstream scholarship: arguing for the aesthetic, philosophical, and thematic significance of the comic as a difficult but rewarding literary text. And yet... the lifeblood oozes out of the vibrant form that is graphic medicine if it is pressed into the standard literary critical mold. This more lively and authentic model of comics studies is hard for graduate students to access, however. Their graduate training emphasizes acquiring skills for the professional job market such as linguistic fluency, verbal and theoretical mastery, and critical acumen. Such training can actually work against them as they approach this new medium, inhibiting them just when they need to open up to different modes of perception and expression. They become so focused on critique and mastery that they are unable to become beginners.

They need an alternative perspective, and I have seized on one advocated in an essay published in 2003 by science studies scholar Bruno Latour: “Can we devise another powerful descriptive tool that deals this time with matters of concern and whose import then will no longer be to debunk but to protect and to care, as Donna Haraway would put it? ... Is it really possible to solve the question, to write not matter-of-factly but, how should I say it, in a matter-of-concern way?” (232). Latour’s essay was published during the backwash of the science wars, when the concept of social construction—the backbone of science studies for decades—was newly being deployed by the anti-science reactionary right to challenge scientifically accepted notions such as global climate change. His insight was that the habit of criticism which had given us such powerful analytic and deconstructive techniques had actually worked against the emancipatory hopes of science studies, by teaching the right how to deploy those same tools to challenge important scientific findings, and by alienating the public we had hoped to reach, and muting our message. Latour argued in 2004 that we should move beyond the academic habit of detached critique and instead “associate the word *criticism* with a whole set of new positive metaphors, gestures, attitudes, knee-jerk reactions, habits of thoughts” (247).

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Although Latour's reason for advocating an alternative to critique lay in his dismay at the declining public understanding of science, and mine lies in the wish to increase the public engagement of humanities scholarship, I share his sense that critique has become too easy and perhaps ineffective. The mask of the critic is too brittle to be expressive. What is hard, important, albeit at times embarrassing, is to speak to issues of concern: issues that move us, inspire us, and make us want to take action. To be true to the rawness, marginality, and urgency of the medium, I have come to feel, comics criticism needs to make connections beyond the university. It should admit urgency in tone and content. To do comics studies *on its own terms*, rather than as a pallid version of literary criticism, we need to find a way around all of these stumbling blocks.

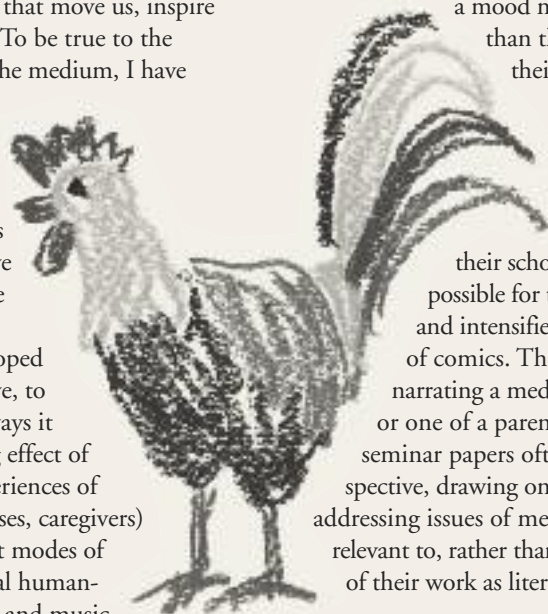
The three responses I have developed to these challenges trace back, I believe, to Kathryn's seminar, especially to the ways it exposed us to the community building effect of starting from our own subjective experiences of medicine (as patients, physicians, nurses, caregivers) and encouraged us to try out different modes of narrative entry to the complex medical humanities questions before us, from theater and music to stunning visual art.

First, I have begun to incorporate into these doctoral seminars an hour of "studio time" (a chance to experience the *process* of making comics) and a focus on graphic medicine. While in the first and third hours of the seminar we proceed as usual, discussing the comic(s) assigned for that class meeting (its plot, graphic form, and narrative strategies) as well as scholarly essays and the students' assigned response papers, in the middle hour of studio time we all—the students as well as the professor—*create comics*. We have a text to guide us; most recently we used Ivan Brunetti's *Cartooning: Philosophy and Practice* and Jessica Abel and Matt Madden's *Drawing Words and Writing Pictures*.<sup>3</sup> Frequently, we have a guest cartoonist who will introduce students to some of the basics of comics creation, both visual and verbal: drawing the face and the body, paneling, building tiers, composing a plot in word and image, and shaping the final product, a four-page comic of the students' own creation. But in the days where no guest cartoonist appears, we all simply draw together.

Second, in addition to building in studio time, I have also introduced a segment focusing on graphic medicine. Although these are graduate students in English, not medical students or medical humanities students, I do this because it makes my text-and-critique-focused English PhD students

acquire a different way of engaging with comics, drawing on situated and embodied subjectivity to enhance their critical assessments. As we work our way through the basics of comics creation—paneling, speech balloons, emenata, gutters, tiers, and splash pages—their engagement with comics as a medium remains a loose one. They generally explore the different comics genres—superheroes, whimsical animals, evil monsters—in a mood more casual, playful, and detached than the one they customarily use in their written work.

Introducing this situated subjectivity, giving them the option of choosing a topic linked to medicine, illness, or disability for their four-page final comics and their scholarly final papers, I seem to make it possible for them to care in a more immediate and intensified way about the *form* and *content* of comics. They very quickly generate comics narrating a medical experience, whether their own or one of a parent, sibling, or friend. Their final seminar papers often take a similarly expansive perspective, drawing on their own subjective experiences, addressing issues of medicine, illness, and disability as relevant to, rather than outside the realm of, the contours of their work as literary scholars.



The seminar on "Case Narrative and the Construction of Objectivity" took place nearly twenty years ago. When I began it, I was a woman whose possibilities had been suddenly, painfully, and irrevocably changed by the surgery from which I was just recovering. As I participated in the seminar I encountered a range of perspectives on that surgical experience. I also acquired a more complex perspective on the post-surgery self I was coming to know. As I now reread one of them, Ann Starr's art book, *Where Babies Come From: A Miracle Explained*,<sup>4</sup> it seems to me a lively example of graphic medicine almost avant la lettre. When the seminar ended, I left with a new and nourishing interpretive community and a renewed appreciation of the way attention to my own experience could loosen and deepen my own scholarly writing. I recall, during those weeks of recuperation before the seminar began, writing my surgeon about my plans to attend. I said I hoped it would help me think about "the ways that the gendered nature of narrative shapes what we hear/see/listen to in the range of narratives at play in the medical setting. (i.e., how does gender constrain & shape our sense of possibilities, realities?)" How objective that sounded; how subjectively I came to know it. So thank you, Kathryn.

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- <sup>1</sup> This conference was sponsored by the Medical Humanities and Bioethics Program (then named then Medical Ethics and Humanities Program) of Northwestern University Feinberg School of Medicine, July 29-August 2, 1997. Tod Chambers was the co-leader of the conference, along with guest leaders William Donnelly and Suzanne Poirier.
- <sup>2</sup> For more on graphic medicine, see <http://www.graphicmedicine.org>. With Ian Williams, I edit the new book series of the same name at Penn State University Press.
- <sup>3</sup> I find Brunetti's inductive method of learning to draw appealing and his essayistic, professorial tone initially engaging, but by the end of the semester his approach to comics feels limited by its modernist, high art commitments. (My modernist literary theory students felt somewhat differently however.) Abel and Madden's textbook is welcoming, very nuts and bolts, and structured like a fifteen-week semester with reading and drawing assignments for each week. The drawback there is size: the very large format (8 1/2 by 14) paperback is clunky to lug to class if you aren't an art student schlepping a portfolio. But Abel and Madden have a terrific website and blog where tips are available for anyone wanting to dip in to comics creation, and they are remarkably receptive to questions and comments from readers. I dream of the day they produce a standard-size version of their textbook for non-art student readers.

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