



ORIGINAL RESEARCH PAPER

English Literature

EXPLORING THE ELEMENTS OF MEDICAL HUMANITIES IN LUCY GREALY'S AUTOBIOGRAPHY OF A FACE

KEY WORDS: Medical Humanities, Self, Illness, Pathography.

Radhika Sharma

Research Scholar, Department Of English And Modern European Languages, Banasthali Vidyapith. Banasthali-304022

Dr. Veerendra Kumar Mishra

Department Of English And Modern European Languages, Banasthali Vidyapith. Banasthali-304022

ABSTRACT

The relationship between Literature and Medicine has evolved significantly in a diachronic manner where one can see a shift from wholistic forms of medicine to more scientific approach of treatment. As the discourses in a post structuralist age negate the linear disposition of truth and meaning formation, one can observe an entanglement of various disciplines like Science, Literature, Economics, Psychology and many more to propagate more multidimensionality in research and enquiry. Medical Humanities being one such field of enquiry interrogates various dimensions of Medicine, healthcare, caregiving and provides a platform for literary scholars and clinicians to form a collaborative and amalgamative approach in healthcare. The research paper tries to explore some visible elements of Medical Humanities in Lucy Grealy's memoir *Autobiography of a Face*, where Lucy's engagement with medicine and medical scenarios is deeply reflected in her identity formation as an adult, her struggles with the idea of beauty and her quest for seeking truth in her growth and development.

INTRODUCTION

The emergence of Medical Humanities as a form of enquiry which addresses certain loopholes in the field of Biomedicine and aims to redefine goals of modern-day medicine, while supporting professional modern day identity formation of the physicians. The research paper aims to explore some of the elements of Medical Humanities in Lucy Grealy's *Autobiography of a Face* (1994) that raises certain ethical and viable question related to the subjugation of human body under the microscopic effect of medical science. Thomas R. Cole et al. in his *Medical Humanities: An Introduction* (2015) outlines a comprehensive history of Medical Humanities and describes the field as an interdisciplinary and multidisciplinary domain that explores "...contexts, experiences, and critical and conceptual issues in medicine and healthcare while supporting professional identity formation" (15). The discipline emerged due to increase in dehumanizing tendencies in medical science and "commercialization of the healthcare system" (1). As the pedagogical training of young physicians shifted from Liberal Arts to German model of scientific experimentation, students were now encouraged to be more scientific rather than empathetic. A focus from Medicine to Biomedicine took a toll on not only the patients but produced a much higher rate of dissatisfaction in the whole treatment process received by the patients. Critics over the years have argued that there is a need for inclusion of Humanities in the field of medical science to combat this ideological and epistemological gap in healthcare scenarios. This dissatisfaction and lack of trust in medicine and medical personnels gave rise to the field of Bioethics which further raised ethical and important questions pertaining to the field of medicine and healthcare. The initial engagement of Medical Humanities addressed the pathological symptoms of Biomedicine itself and dehumanizing tendencies which are prevalent in everyday medical scenarios. Inclusion of Humanities in the field of Medical Science was suggested as an important remedy to redefine and revisit the goals and ideals of medicine. As modern Biomedicine engages itself primarily with the body and focuses on the biology of the human body; the experiential, existential and emotive aspect in any clinical setting gets overlooked. The human body became a site of experimentation, objectification and is constantly and repeatedly subjugated at the hand of hegemonic colonial medicine. Medical Humanities as a discipline invites insights and engagements from various subjects in Humanities and Arts to help sensitize the field of medicine and including the ideals of 'humanitas' in the field of medical science. Inclusion

of Humanities in the knowledge formation of young medical professionals can help educate more humane physicians and help them develop better insights, foster better sensibilities, sound judgements and creative imagination in practice as a modern-day physician.

The first wave of Medical Humanities followed a structuralist approach where the primary focus remained on the mistreatment of patients and training of more humane physicians, from the ones trained in the field of Humanities. Doctors felt a need to humanize medicine, rethink and re-evaluate the aim and goals of modern-day medicine as per the need of the hour. As further insights in the field developed, critics felt a need to re-evaluate the existing goals of Medical Humanities while fostering a critical dialogue which moved "towards a more critical, analytical, and politicized account" (119) of enquiry. It is at this moment when the study and research methods in the discipline become more introspective and aware of the social constructivist paradigm of its existence. The new wave or the "critical" wave of medical humanities seeks to further re-evaluate itself developing in a scholarly fashion where the addition of newer insights brought forth a more collaborative approach including the concept of entanglement and play, where the field can be democratized and globalized apart from its originating countries. Anne Whitehead and Angela Woods in *The Edinburgh Companion to Critical Medical Humanities* (2016) discusses a current need "to open up possibilities... operate in radically...of critical consideration, to address difficult, more theoretically charged questions" (2) which could cater to more radical model of Medical Humanities. Alan Bleakley who is a seminal writer in the field of Health Humanities expounds in *Routledge Handbook of The Medical Humanities* (2020) recent developments and critical insights into this field and explores the need to democratize and aestheticize the field of medicine. In consensus with Bleakley, Rita Charon a seminal figure in the field of Narrative Medicine in her work *Narrative Medicine: Honouring the Stories of Illness* (2006) explains the need to acknowledge narratives of illness and argues that a medicine when practiced "...with narrative competence will more ably recognize patients and diseases...and accompany patients and their families through ordeals of illness... will lead to more humane, more ethical and perhaps more effective care" (vii). Anne Whitehead in her article titled "Medical Humanities: A Literary perspective" in *Medicine Health and Arts: Approaches to Medical Humanities* (2014) recognizes the importance of narrative in medical education and responds to

Medical Humanities from a literary perspective. Rita Charon in *Narrative Medicine: Honouring the Stories of Illness* uses the term narrative medicine in relation to medicine which is practiced with "...narrative skills of recognition, absorbing, interpreting, and being moved by the stories of illness (4). Charon believes that the lack of humility and empathy can be taught through "...intensive narrative training" (vii). This could be achieved through reading of Pathography, a subgenre of autobiography which is pathological in nature. Anne Hunsaker Hawkins in *Reconstructing Illness: Studies in Pathography* (1999) defines Pathography as "...a form of autobiography or biography that describes personal experiences of illness, treatment and sometimes death" (1).

Grealy's Autobiography Of A Face

Lucy Grealy in her gripping memoir *Autobiography of a Face* narrates her struggle with Ewing Sarcoma, a cancer that led to disfigured jaw and facial features and required various reconstructive surgeries to fill the visceral gap in her face. In the novel, a larger part of her selfhood and identity formation revolves around her relationship with her face and how her face is the prime example of the lack of wholeness in her life. As Lucy in her childhood is deprived of love and affection from her family, she seeks desperate ways to fix her face through various reconstructive surgeries which she believes would fix her self-image and identity. Since a Pathography acts as a resistance narrative against the grand narrative of hegemonic medicine, Grealy through her memoir makes us aware of the social and cultural realities that plays a vital role in defining herself and subjectivity, ideals of love and beauty, our inherent unconscious desires. Elements of Medical Humanities that critique various present loopholes of modern biomedicine as well as provide a gruesome picture of hospital scenes, inhuman scenes of medicated patient in vulnerable states, medical gaze, government policies in determining insurance plans for patients and how treatment plans change according to the profitable goals of these companies, experimentation on human body and many more are vividly and graphically depicted in the novel. The lack of attention in case of Dr. Woolf and the hospital staff highlights lack of emotive and empathetic care received on the part of young Lucy. Dr. Woolf being an absent, inattentive and dismissive doctor fails to establish singularity in his diagnosis and intersubjective communication in winning the trust of his patient.

The lines between machine and human body are many a times blurred in illness narratives when patients are at times at the mercy of advanced technological aid to receive life support and assistance. Michael Bise in *The Sleeping Man* (2012) illustrates a very appropriate picture of how excessive technological intervention in life of human beings look like in the novel, Grealy provides a gruesome image of what a patient attached to machine looks like when she describes how she has been eating after her free-flap operation. She often describes herself as a freak as one side of her jaw was most of the times inflated like a balloon.

In one-on-one doctor-patient consultations in a hospital setting, physicians seem incapable to decipher the patient's viewpoint while discussing treatment options for major diseases like cancer. In Lucy's case while the doctor seemed "... very enthusiastic, explaining in far greater detail than Conley had about all the incisions he made..." (Grealy 209), Lucy is repulsed and shocked about the way she was presented with the details of her operation. This treatment plan which should have provided her a sense of hope in fixing her disfigured jaw, sent her in a state of panic and made her believe that her face was so ugly that she was someone whom the "doctors talked about sewing her hand to her face" and she "... started to hyperventilate... what I really was, and I did not want to look...sewing her hand to her face." (Grealy 211). Such behaviour not only highlights narcissistic medical practices but sheds light on the idea of 'medical gaze' where

Lucy's body is a ground for experimentation by her doctors in the field of plastic surgery. Her worst fear about her face being ugly is confirmed after hearing such information.

Medical Humanities as a domain of enquiry is very relevant in the current scenario where medical institutions need various multidisciplinary courses to teach empathy to the young physicians who themselves struggle under the quasi-militaristic ideals of colonial medicine. In the novel Lucy's engagement with medicine influences her identity, ideals, experiences and self and subjectivity while also addressing the role of power, state policies, economy in formulation of various policies and schemes that determine the kind of treatment received by her in various hospitals. At the end of the novel, one can observe Lucy shedding her own idea of wholeness. She finds comfort in accepting her face and her identity as a fractured whole as it defines the uniqueness of her existence leading her to a path of self-discovery and self-acceptance.

REFERENCES:

1. Bise, Michael. *Sleeping man*, 2012, graphite on Paper, 14 1/4 "x 19 1/4 "in, Moody Gallery, Houston, Texas.
2. Bleakley, Alan. *Medical Humanities and Medical Education: How the Medical Humanities can Shape Better Doctors*. Routledge, 2015.
3. _____, Alan, editor. *Routledge Handbook of the Medical Humanities*. Routledge, 2020.
4. Brown, Sylvia A. "Scripting Wholeness in Lucy Grealy's "Autobiography of a Face"." *Criticism*, Vol. 48, No. 3, 2006, pp. 297-322. <https://www.jstor.org/stable/23128789>.
5. Cassell, Eric J. *The Nature of Suffering and Goals of Medicine*. 2nd ed., Oxford, 2004.
6. Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford, 2006.
7. Cole, Thomas, Carlin and Ronald A. Carson, *Medical Humanities: An Introduction*. Cambridge, 2015.
8. Eisenberg, Leon. "Disease and Illness: Distinctions between Professional and Popular Ideas of Sickness". *Culture, Medicine, and Psychiatry* 1. 1977.
9. Frank, Arthur W. *The Wounded Storyteller: Body, Illness and Ethics*. 2nd ed. The University of Chicago Press, 2013.
10. Grealy, Lucy. *Autobiography of a Face*. Oxford University Press, 1994.
11. Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. Purdue University Press, 1999.
12. Whitehead, Anne, et al. editors. *The Edinburgh Companion to the Critical Medical Humanities*. Edinburgh University Press, 2016.
13. Whitehead, Anne. "The medical humanities A literary perspective: Overview." *Medicine, Health and the Arts: Approaches to the medical humanities*. edited by Bates, Victoria, Alan Bleakley and Sam Goodman. Routledge, 2014.