Chapter Three

Medicine’s Rites of Passage:

Narrating Healing and Coming of Age in the Doctor Memoir

Chapter Plan

Section I: The Individual
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This chapter will study the doctor memoir as plotting the emergence of a socialized identity for its narrator, whose “growth” and “development” is negotiated via various institutionally governed roles like the “medical student”, “the practitioner” and “the expert”. These “roles” are examined in the doctor memoir, as key “moments” in the ordering of an experience of learning and eventually treating, ailing bodies and disease. I will argue here that the narrative circumscribing of the period of youth (medical education) and the “performance” of acquiring expertise (medical practice) in the doctor memoir takes the form of a medical Bildungsroman. The doctor memoir is an instance of the Bildungsroman of healing and a variant form of the classical Bildungsroman. The Bildungsroman of healing is concerned with the “growth” and eventual “social integration” of an individual, through the condition of “working” or “training” to apply
universalized medical knowledge in particular instances. This chapter will study the *Bildungsroman* of healing at the level of the Individual, while subsequent chapters will deal with the filial and social.

Section I of this chapter on the Individual, will study how the doctor-narrator performs the embodiment of knowledge and expertise. The doctor-narrator’s accruing of knowledge is constructed in the *Bildungsroman* of healing, as “work” that is carried out not only out of professional necessity and training. Instead, I argue in this section, the *Bildungsroman* of healing presents an active engagement performed by the doctor-narrator, with the cultural and social contexts of ailing subjects and medical education and practice. This section will trace how the doctor-narrator stages a move from a “novice” to an “expert” self in his/her memoir by demonstrating for the reader, the overcoming or circumscribing of youth. “Youth” in the doctor-memoir or the *Bildungsroman* of healing, symbolizes the period of education, personal standards of professionalism (the ambition of becoming a doctor, the individualized methods of learning and practicing medicine’s rituals) and the “work” of learning to embrace a professional identity. I will argue here that such a circumscribing of youth in the *Bildungsroman* of healing is achieved by demonstrating the physical transformations experienced by the doctor-narrator in the journey from “novice” to “expert”. These transformations are symbolically marked on the labouring doctor body, thus presenting a “professionalized” and also “socialized” self who bears the visible marks of having once been inexperienced and “young”. To this end, this first section of the chapter will look closely at two doctor memoirs, Atul Gawande’s *Complications: Notes From the Life of a Young Surgeon* and Abraham Verghese’s *My Own Country*. 
The second section on the “editorial self” and voice and agency in the doctor memoir will examine, in addition to Gawande’s *Complications* and Verghese’s *My Own Country*, Sandeep Jauhar’s *Intern: A Doctor’s Initiation* and Noshir H. Antia’s *A Life of Change: The Autobiography of a Doctor*. This section will argue that the physician writer is able to improvise an “editorial self”, who is able to exert editorial or textual control over the narrating of the bodily symptoms of disease. He/she is able to “improvise” this “editorial self”, by utilizing the epistemological and interpretative authority bestowed by the medical profession and is thus able to establish editorial authority over the patient’s narrative. In addition, this section will examine how the doctor-narrator is able to carve out a space in his/her account of medical education and practise, from where the story of a “heroic” emergence of a “social self” can be plotted. The doctor body is substitutable, this section will demonstrate, with the sign/value of medical education and expertise. He/she is thus able to exert editorial authority over social worlds outside the medical institution that also typically intersect with an individual patient’s case history. The doctor-narrator, I argue here, acquires agency in the voicing of particular narratives of patients.

**Section I: The Individual**

The Doctor-Memoir takes the form of a medical *Bildungsroman* and is an instance of the *Bildungsroman* of Healing. The doctor-memoir or the *Bildungsroman* of healing charts the development and transformation of the “doctor” from novice “trainee” to “professional”. The period of “youth” in the classical *Bildungsroman*, that is finite and must eventually give way to “maturity” and socialization, shifts to fit the doctor-writer’s
chronicles of his/her period of education, learning, errors and experimentation that must also necessarily end to give way to expertise, perfection and professionalism. The doctor’s *Bildungsroman* of healing marks a shift from the individual to the social with the filial/familial intervening. This chapter will study the *Bildungsroman* of healing at the level of the Individual and the following section examines the doctor-narrator’s performance of the embodying or integrating of medical knowledge/training.

(a) The Embodied Physician

The physician-narrator in the medical *Bildungsroman* is embodied and set apart in the performance of a labouring, expert, cosmopolitan self who can, by virtue of this “cultural body work”, identify and be identifiable to others whose embodiment is similarly marked. The physician-narrator’s journey from “trainee/novice” to “professional/expert” is staged as a process of physical transformation through a “marking” (symbolic) of personal and professional experiences on the body. The physician-narrator is shaped by the many bodies he/she encounters (the patient body, the body of the pathogen) and bears the marks of these necessary integrations. Suzanne Poirier has demonstrated that the “role” of the physician’s body and those of his patients are significant for the work of medicine and in “preparing” the physician for positioning himself in the world (525). The ritualized professional practices of the medical history and the physical exam are inseparable from the idiosyncratic cultural and material contexts in which the physician (as reader of the body-as-text) and the patient (as the body presented to medical knowledge) are embedded. The physician-narrator is “marked” by the process of growth from the filial/novice trainee to the expert/professional, manifest as dramatized encounters between the physician’s body and the patient, the pathogen and the institution, and thus embodies the inherent “tension” of
medical practice. In his study of the “culture of dissection” in the Early-Modern period, Jonathan Sawday illustrates how the body during this period is understood as an unexplored territory that demanded the kind of “heroism” and skills from the anatomist-explorer, as those demonstrated by real-life voyagers to various parts of the terrestrial globe at the time. This gives rise to a “new figure” of the “scientist as heroic voyager and intrepid discoverer” (24). The doctor-narrator in the medical Bildungsroman is thus embodied, through an individualized articulation of a process of learning and practicing medicine through varying levels/stages of expertise, like the anatomists who “come of age” during the seventeenth century with a “new” map of the body and a “new” grammar of understanding its inner recesses. At the level of the Individual, the physician-narrator’s novice/trainee self is presented in a state of “becoming”, a “not-yet-integrated” self that performs the “body work” essential for a future identification as “expert/professional”.

The physician-narrator as a novice labours to make his/her body identifiable, in the various official and unofficial contexts in which he/she is simultaneously embedded.

The physician-narrator’s process of self-discovery is rooted in the labour necessary for the accumulation of expertise. The physician’s body labours officially, to detect and cure disease in an individual body by translating universal medical principles into local, particularized knowledge and unofficially, to make his/her “productivity” easily identifiable. In order to maintain the viability of his/her embodied self within the waged labour environment, individuals perform a set of unofficial tasks or “body work” (Shilling 73). Work, as argued earlier, is the primary marker of identity in the medical Bildungsroman. The doctor-narrator circumscribes his/her youth (the period of medical education/learning/training) through performing the physical rigor of professional “work”, embodied as the labouring, cosmopolitan “expert” self. The professional/expert
self via a cosmopolitan attitude, is able to bring a range of professional and cultural experiences, acquired through professionalization and socialization, to bear on the study or interpretation of the individual body and the performance of his individual, particular role. The necessary “body work” performed by the physician-narrator in the medical residency, returns metonymically as the “valuable” and “real” education (as opposed to the theoretical training and learning that takes place in the pre-training period of medical education), that the physician-as-expert embodies. The medical residency is thus a period marked by an anxiety of identification. The physician-narrator during residency is alien to his/her own self on account of the irreconcilability of the individual case with the universalised body of medical theory. He/she is also alien to the patient (while the physician-narrator’s identity as “expert” is premised on his/her identification in such terms by the patient, as a “novice/trainee”, the physician-narrator articulates an anxiety about the inability to “perform” just yet, the “role” of the “expert”). Writing about his first day as a surgical resident, Gawande recalls the “body work” necessary when he meets one of his first patients:

I tried very hard to look like someone who had not just got his medical diploma the week before. Instead, I was determined to be nonchalant, world-weary, the kind of guy who had seen this sort of thing a hundred times before. (8)

Gawande draws attention to the “necessary” posturing carried out by the physician, the “performance” of “expertise” carried out by the novice even before his “training” has begun, in order to be identifiable to a patient whose body and authority are relinquished on the basis of this “performed expertise” by Gawande. We are speaking here, therefore,
of the symbolic, semiotic posturing and marking of/on the physician’s body that helps the patient identify Gawande as a trained, expert physician.

Physician training tales are also characterized by the “body work” necessary during medical residency, on account of the “unintegrated” medical knowledge that “weighs” on the physician-narrator’s sense of self. Consider, for instance, the following passages from Verghese’s *My Own Country* and Gawande’s *Complications* that describe their narrator’s experiences with the intern’s coat – the first, from *Complications* describes Gawande in his fourth week of surgical training:

The pockets of my short white coat bulged with patient printouts, laminated cards with instructions for doing CPR and using the dictation system, two surgical handbooks, a stethoscope, wound-dressing supplies, meal-tickets, a penlight, scissors, and about a buck in loose change. As I headed up the stairs to the patient’s floor, I rattled. (3)

Recalling his and fellow interns’ coats, Verghese writes:

We strutted around with floppy tourniquets threaded through the buttonholes of our coats, our pockets cluttered with penlights, ECG callipers, stethoscopes, plastic shuffle cards with algorithms and recipes on them. (25)

And later:

Carried casually in sterile packaging in our top pockets were seven-gauge, seven-inch needles with twelve-inch trails of tubing. We were always ready—should we be first at a Code Blue—to slide needle under collarbone, into the great subclavian vein, and then to feed the serpent tubing down
the vena cava in a cathartic ritual that established our mastery over the human body. (25)

In the above passages, it is evident that the medical intern literally “carries” or “bears” the weight of his/her yet-to-be-integrated expertise. For the physician-narrator’s sense of self, this is literally “rattling” – as suggested by Gawande’s deliberate pun on “rattled” in the first passage. While the passage from My Own Country describes the accumulated “mastery” of the intern over the human body, it is utilized by the physician-narrator to highlight the impotent nature of this mastery as it fails in the face of the AIDS epidemic. The “cathartic ritual” learned during his internship is reminisced sardonically by Verghese, an AIDS specialist whose experience with treating what is essentially an incurable disease as a professional, is at odds with his pre-AIDS internship. Verghese is retrospectively narrating the “confidence” that he and fellow interns exude during their medical training, believing that were AIDS to arrive (which it hasn’t as yet at the time of internship) then they would certainly be able to offer a cure, or “swallow it and digest it in the great vats of eighties technology” (25). However, as Verghese soon discovers when he chooses to practice at Tennessee, he is not only able to cure those patients who exhibit symptoms of HIV, but is also unable to maintain a professional “distance” from their individual circumstances. As a “master” of his profession, Verghese is still imbued with a sense of loss as he loses more of his patients to the AIDS epidemic. “I was a doctor”, Verghese later writes, “a scientist, trained in professional detachment, but all the usual procedures seemed satirical in the face of AIDS” (229).

The physician-narrator’s identification as “expert” is thus rooted in this metonymic recurrence of the “body work” of internship. The physician-narrator stages his process of growth through this yoking of experience and reflection, where the “body
work” of internship appears as a “valuable” lesson. The physician-narrator as “expert/professional” may have shed the trappings of medical education (the intern’s coat, for instance), but bears the marks of this period of learning nevertheless. Therefore, the “mark” becomes, in one sense, invisible, auratic, even without the visible signage. The signage becomes “invisibilized”, where the value and meaning of the trappings is transferred onto, and translated as, the expert body: the physician, after a point, is the sign.

The physician-as-expert is able, through a metonymic invoking, to frame the internship critically – it is circumscribed both in terms of the nature of “body work” and its degree of viability. The physician-as-expert engages in “cultural body work” – the physician-as-expert is a cosmopolitan, labouring self whose “productivity” is framed as relevant or viable not only for the individual, but for the community. The doctor-narrator’s framing of his individual labouring self as relevant for the community is a point I will return to in chapter five, where I focus on community in the doctor memoir. This section has examined the doctor-narrator’s staging of a process of symbolic physical growth or transformation, where the doctor-body, once transformed as expert, comes to signify the “body work” carried out to attain expertise. The sign/value of the “body work” performed during internship and the physician’s body, therefore become interchangeable as metonyms for each other, as the next section will demonstrate. This second section of the chapter on the doctor memoir, or what I am calling the Bildungsroman of healing, focuses on the construction of an “editorial self” by the doctor-narrator. In addition, this section also studies the carving out of a space in the Bildungsroman of healing, from where the doctor-narrator voices the story of his/her emerging “social self” and acquires agency through the voicing of particular narratives of
patients. Section Two of this chapter will argue, through an analysis of the “Editorial Self” and the “Social Self” constructed in the doctor memoir, that the doctor-narrator is a relational self that comprises a certain degree of fluidity. This fluid, relational self of the doctor-narrator, can insinuate himself/herself into various narrative events and levels in the ordering of an experience of treating/healing illness.

Before moving on to an examination of the various instances where the protean doctor-narrator facilitates the easy transition from professional/institutional contexts to more social and cultural ones, it is important to reflect first on the interchangeable nature of the doctor body and the value/sign of medical training. It is this metonymic substitution between the “body work” that becomes invisibilized and the doctor body that allows for the ease of “improvising” a narrating voice and self at various levels and locations in the Bildungsroman of healing. The value/sign of medical training or the “trappings” of medical education in the doctor memoir, include the memories of its rigor and almost pathological severity, the not-yet-integrated information of medical text books, the intern coat and memories of an imperfect, trainee self that committed near fatal errors. These “trappings” can be productively read as “boundary objects” that retain a recognizable structure across various social worlds. “Boundary objects” are defined by Starr and Greisemer as “objects which are both plastic enough to adapt to local needs and the constraints of the several parties employing them, yet robust enough to maintain a common identity across sites” (393). The “trappings” of medical education or the “body work” performed by the doctor-narrator, functions as a “boundary object” that validates “work” and “expertise” in social worlds outside of his/her immediate corporeal and material contexts. Therefore, as the next section will demonstrate, when the doctor-narrator improvises an “editorial self” that can approximate the experiences of patients
before their entry into the medical institution, the doctor body is here interchangeable with the “body work” already performed during internship. The invisibilized “signage” of medical education validates the accuracy with which patients’ stories, “presented” to the doctor in their own words, becomes translated or integrated into the doctor’s own particularized narrative of treating illness.

The doctor body and his/her narrating of particular instances of the application of universal medical knowledge, incorporates, and is substitutable with, the “body work” of rigor, having learned from prior errors and having integrated medical knowledge. Medical education’s “trappings” as “boundary objects”, are governed by the frames of interpretation provided by the doctor-narrator’s detailing of the process of physical transformation effected from “novice” to “expert”. When he/she is insinuated in other social worlds (medical, social and cultural events experienced by patients outside the doctor body’s narrative reach, before and after their entry in the medical institution), the doctor-body is substitutable with medical trappings as “boundary object” and thus makes this improvised insinuation “recognizable”. The doctor-narrator is thus able to translate universal medical knowledge, to particular, idiosyncratic contexts, through a reliance on the “robust” and “plastic” nature of this knowledge or medical education. In addition, however, medical knowledge or the period of education as “boundary object” invests the doctor-narrator with a certain authority or validates his/her narrativizing of non-medical or social and cultural subjects and contexts as well. “Boundary objects” are also significant in enabling the creation of “scientific authority”, that is invested in the hands of “entrepreneurs” who enlist “participants” or “allies” from a range of locations and “re-interpret” their interests. It is in this manner that the concerns/interests of the non-scientist are translated into those of the scientist, who subsequently establishes
himself/herself as the gatekeeper of the mode of articulating these interests. The doctor-body similarly functions as the “gatekeeper” of knowledge about the patient-body, authorized by the auratic “trappings” of medical education. The patient’s “presentation” of his/her own story of illness to the doctor, is “enlisted” as an “ally” and “re-interpreted” in the doctor’s case history, prepared using the authoritative “trappings” of medical knowledge. The following section will examine in greater detail, the doctor’s acquiring of agency in voicing particular narratives of patients and his/her improvising of an “editorial self”.

Section II: The Editorial Self, Voice and Agency in the Doctor Memoir

The Physician Editorial Self

The physician “self” is in part constituted by the stories that this “self” narrates to the reader, about other individuals’ lives with whom the physician-writer has come into contact professionally. In a manner similar to the recording and interpreting of an individual’s medical case history, the physician writer fashions a medical narrative for each case study that he/she presents to the reader. The individual’s medical history, is a careful process of selection (from assorted symptoms) for the “attentive” physician, whose skill lies in his/her ability to assemble those “codes”, that a patient’s (normally chaotic, non-linear and non-medical) story of illness experience offers, to map an aetiology of disease. The physician writer similarly presents a medical narrative for the individual body, prior to its entry into the hospital/medical science and consequently into his/her narrative reach. This medical narrative attempts to elide the violence inherent in
the transition the medical narrative/history makes, from “symptoms” into “ascertainable presence of disease” and consequently, the transition from normal, healthy individual outside the narrative realm of the physician writer, to patient, in need of diagnosis, treatment and restitution.

The individual’s journey towards the “event” of disease and its diagnosis and treatment in a medical institution, is narrated through a process of editorial (re)construction by the physician writer. This journey undertaken by the individual, though accessible by the physician writer only via the “story”, not always offered willingly, by the individual, is still re-told in the medical narrative to improvise an editorial physician self. The physician writer “invents” a medical narrative for the passage made by the individual body into medical science. I use the term “invent”, to indicate the deployment of representational strategies that “shift” the individual, corporeal body into medical science/laboratory. This serves to improvise an editorial physician self who is so absorbed into the “patient’s” story so as to no longer appear extraneous, but rather, is internalized and then revealed to be indispensable for the narrative constitution of the individual as “patient”. The physician writer is able to insinuate himself/herself into the individual’s story, via an improvised editorial self that is created and made powerful by the invented medical/diagnostic narrative. By “invented” I do not mean “fictional”, but rather, gesture at the editorial or textual control the physician self is able to exert, over assorted symptoms and the body, because s/he is qualified to do so through the medical system and institutions. “Improvisation” thus includes, (i) the utilisation of the epistemological and interpretive authority bestowed by the medical profession and (ii) positioning oneself, armed with this authority, as an editor-self for the patient’s narrative.
The structural constraints imposed on the medical narrative by the editorial physician self in terms of causality, linearity, point of view, “resolution” (or diagnosis), presuppose a physician self, with attendant implications of authority, attentiveness, the ability to “read” the individual body for signs of disease, the ability to “read” the individual as representing a set of codes that make visible the larger structures through which disease permeates the social body. As argued earlier in this section, this physician self or the doctor body is metonymically interchangeable with the value/sign of medical knowledge.

Voice and Agency in the Doctor Memoir

In the medical *Bildungsroman*, the physician narrator emerges as “heroic” through the construction of a space for his/her voice. The narrating “self” created by the medical *Bildungsroman*, I argue, is at once made possible and legitimized by a certain cultural and textual authority that this narrating “self” is invested with. As Ananda Mitra argues, voice is the acquiring of agency through which a speaker can assume the position of the “speaking agent” in order to “produce a specific kind of voice for himself/herself” (493). The doctor-narrator in the medical *Bildungsroman* thus acquires agency in the recounting of his/her experiences of medical education and “speaks” authoritatively about a particular “mode” of transforming into an “expert”. This doctor-narrator is able to carve out a space, from which a story of education accruing independently from the medical institution, through real-life forays into “treating” illness can be voiced. A “social” self for the doctor-narrator thus emerges, by creating a “position” from which a “story” of transcending the immediate professional “role” of the doctor can be voiced. The doctor-narrator’s “social” self engages in a kind of narrative activism and sets him/her apart,
through a call to ethical action or through the articulation of an ethical response to illness and the practice of modern medicine.

At the centre of this “ethical response” is the ability, on the part of the doctor-narrator, to “narrativize” the particulars of the many “stories” of illness/disease that he/she is privy to in everyday life. Voice can be conceived as a “dialogic event” which constitutes emotional and ethical dimensions (Mitra 483). Moreover, voice is “public” in its presumption of an addressee/listener and an examination of voice must necessarily consider the process through which acts of “public discourse” constitute the sustenance and reinvention of communities (Mitra 484). The dialogic event that comprises the doctor-narrator’s voice in the medical Bildungsroman, I argue, is the voicing of particular narratives of patients. As argued earlier in this chapter, the doctor-narrator’s Bildung proceeds from experiences of naiveté and disillusionment during the period of “formal” education (training/internship) to experiences of “real-life” encounters with disease, embodied in patients whose life stories often take the doctor-narrator’s education outside the medical institution (the practice of medicine). Thus, when he/she voices the story of the emergence of a social self, the doctor-narrator utilizes as raw material, the methods of isolating, recognizing and observing the progress of disease in the body (learned during formal education) and the process of applying these methods to the individual, particular body. This body is not only socio-culturally and idiosyncratically embedded, but is also first rendered or “presented” in a language that is not the doctor-narrator’s own (encountered during the practice of medicine). M L Pratt describes the “predicament” of the neocolonial cultural state, as the inability to subscribe to and fulfil the values of the metropole, in order to be modern and at the same time, to be unable to chart a separate course and exit the system. She writes, “norms generated elsewhere cannot be
implemented where one is, but cannot be refused either. One is forced to be a second-
class member of a club in which membership is not optional” (226). The doctor-narrator
as novice “trainee”, upon becoming a “member” of the medical institution when he/she
makes initial forays into the practice of medicine, faces a similar predicament to the
neocolonial cultural subject. As a “new” member of a community that values stability,
self-assuredness and experience, the “novice” doctor-narrator struggles to implement the
“norms” that he/she has assimilated in formal education in the particular, individual case
encountered within the confines of the medical institution that will not allow a bypassing
of these “norms”. The individual “case” however, is first presented to the doctor-narrator
by the patient in his/her language, particulars of which the doctor-narrator translates and
narrativizes and thus voices a particular narrative of an individual/patient/medical “case”.

The doctor-narrator thus, in an incipient agential move, armed with the narrative
“presented” by the patient and the methods of narrativizing learned during formal
education (preparation of the case history, nosology, and aetiology), particularizes a set
of data (recorded by the doctor-narrator in accordance with the “norms” of collecting this
data in the medical institution). The doctor-narrator also particularizes his/her experiences
(narrativized from the experiences “presented” by the patient and populated with the
doctor-narrator’s experience of this encounter) in connection with a particular, individual
patient. The doctor-narrator here voices in a heteroglossia, and seeks to include patient
voices as well, a point I will return to later. The doctor-narrator’s agency, I argue, is
concretized in the voicing of particular narratives of patients.

It is significant to note at this point, that the claim to authority over the knowledge
of another made by the doctor-narrator, moves from material acquired through
affiliation/expertise (during education and through the medical institution) to narrative
particulars that are acquired from patients’ presentations of their ailments. The doctor-narrator records these particulars through acts of recognizing narrativizability in everyday medical encounters. The doctor-narrator functions in a manner akin to the neocolonial traveller, in his/her insistence in recording their travels (through patients’ bodies and lives in the case of the doctor and through Western Europe in the case of the traveller from the neocolony) in “experiences in recognition” rather than “acts of representation” (Pratt 228). These “acts of recognition” or “antecedentes literarios” comprise the neocolonial traveller’s “uneasy insistence” on book knowledge and his recording, only of those sights he “recognizes” from earlier travel accounts. This traveller, thus, only claims authority to “recognize” what he has “learned” or been “taught” to know would be there in the places he visits (Pratt 228). The doctor-narrator similarly, in his “travels” through the landscape of the patient’s experience of illness (comprising vital signs, social/cultural contexts, medical case history), asserts his/her “recognition” of the narrativizable particulars of individual patient “stories” or cases. The doctor-narrator’s literary antecedents comprise his/her medical education and the “known” universal case of the indication of a particular disease in the body. However, this narrator also performs access to patients’ individual, particular representations of their illness experiences. These “representations” to the doctor by the patient, as argued earlier, represent a “cultural predicament” as the doctor in this situation, like the neocolonial autodidact, is a “peripheral intellectual”. The “real” reality and “history” of the disease collated by the doctor, has been lived elsewhere and it is only through his “book knowledge” or medical education, that the doctor can lay claim to what he “sees” in each patient’s case. The doctor-narrator exercises agency in the particularizing and voicing of the narrative of the individual patient. He also exercises agency in recognizing these particulars as originating from the patient’s own narrative,
which is the literary antecedent to his/her own record of the experience of practising/exercising treatment in the individual case. The physician-narrator’s “social” self in the medical Bildungsroman, emphasizes the “ethical” and “moral” and thus creates a space that concretizes agency not only for the speaker, but for the community of addressees presumed by the narrative.

The construction of a particular voice/self in the medical Bildungsroman is achieved through the following processes/stages of self-fashioning effected by the doctor-narrator at the level of the Individual: (a) Effecting a Transformation or Change, (b) Textual authority and Cultural authority and (c) Truth-telling/prophetic role.

(a) Effecting a Transformation or Change

The doctor-narrator in the medical Bildungsroman possesses the ability “transform” or change over the course of the narrative. As argued by Lois McNay, agency can be reconfigured in terms of creativity of action. A creative or imaginative foundation for action, McNay argues, a type of “autonomous” agency, illuminates how action transcends its social, economic, cultural, corporeal and material context (22). Physician-narrators in the medical Bildungsroman perform a “creative” ability to “transform” or “change” over the course of the narrative, thereby transcending their cultural, corporeal and materiel contexts in new and unanticipated ways. Verghese’s “narrator-agent” for instance, is distinguished by his ability to conflate his “foreignness” as an Immigrant Indian physician with the “foreign” status of his patients and the AIDS virus. Verghese’s narrator is able to first adapt to his “foreign” setting, Johnson City, Tennessee, in America and makes it his “home” and even sets himself apart from others in his “foreign” community. When a fellow Indian doctor displays a lack of social
etiquette, Verghese’s narrator in turn cringes when the Americans amongst the hospital staff associate this doctor’s “boorishness to his foreignness” (45). Verghese’s narrator instead, works at “blending-in”, to earn the local title of “good ’ole boy” (the highest compliment a “Johnson Citian” would pay another), by working to expand his “Appalachian folk lexicon” and making it a “challenge” for the locals to find food that he would not eat. Verghese’s narrator then transcends this identity of a “good ole boy” to become the “foreign” physician who attracts AIDS patients with a similarly “foreign” status. After meeting a gay couple infected with AIDS, Verghese’s “narrator-agent” thinks aloud about whether or not his patients feel relieved after narrating the story of their “foreign” illness to him – “I may have been flattering myself with these thoughts, but more than once I had the sense that a patient was opening up to me for this very reason, because of my foreignness” (116-117). Moreover, the physician-narrator in the medical Bildungsroman is able to speak at various instances in the narrative, outside his/her corporeal, material and cultural context. Verghese’s narrator for instance, “speaks” at several points in the narrative, recounting or describing the final moments of patients’ lives, their encounters with family members, based purely on knowledge of their case histories and despite not being present “physically” at the site of narration.

Antia’s narrator, for instance, sets himself apart through his ability to transform attitudes towards the treatment and care of leprosy patients, in general wards of plastic surgery wards in the country. “My success”, he writes:

I believe, lay in the fact that I was able to break the stigma surrounding leprosy that had hitherto prevented the admission of leprosy patients in a general plastic surgery ward of one the oldest and most reputable non-missionary hospitals of our country, the J.J Hospital and Grant Medical
College. This had a country-wide effect. Medical and surgical care of leprosy is now part of the general medical wards of most hospitals in India. (49)

Antia’s narrator also refers to the simple and effective treatment that he was able to pioneer at the Thane civil hospital for the treatment of burns. This “soap-and-water” method of treatment, he observes, proved to have exactly the same mortality rate amongst patients as the more sophisticated and also unaffordable burns unit at the J.J Hospital. Antia’s narrator thus, emphasizes his ability to bring about radical changes in treatment through an emphasis on the social – “All these benefits”, he writes of the Thane civil hospital burn treatments, “came at a tenth of the cost of the far more sophisticated burns unit at the J.J Hospital” (75). Jauhar’s narrator in *Intern* is troubled by the “transformation” that he observes in his attitude towards medicine and other doctors by the end of his internship year. He applies for a fellowship at the Bellevue Hospital at the end of his internship year and is struck by a debate he overhears between a first-year resident and a senior fellow, over performing a surgical procedure for a heroin addict. The senior fellow believes a heroin-addict has poor chances of recovery and is thus not entitled to an expensive valve-replacement surgery. The debate reminds Jauhar’s narrator of a moment during his internship year when he was in the first-year resident’s shoes, fighting for the rights of a patient who his superiors believed was too obese to risk the surgical procedure he required. He finds, however, that he is not sympathetic to the resident’s cause. Instead, he writes:

At one time, I too had felt passion like this resident. I too had felt deeply disturbed by a surgeon’s refusal to operate. Now, listening to this
discussion, I wondered if the resident wasn’t just a bit naïve. It was a transformation that troubled me. (286)

The narrator’s anxiety at his transformation is offset later in the narrative, by his admission that he becomes the kind of doctor that he didn’t expect to become. This kind of doctor that he “transforms” into, however unwittingly or accidentally, is significantly, a socially conscious doctor. Now transformed into the doctor he didn’t think he would be, Jauhar’s narrator identifies with his brother, his wife and his classmates (all of those from whom he felt alienated during the course of his internship), who are all he says, “fundamentally good people trying to do good everyday” (286). He says:

I thought I was going to make big changes, more of an impact, reform the profession somehow, but in the end I adapted to the culture around me. I came to accept the workings of the hospital and of my colleagues. I became less judgemental – of doctors, not patients (there was a time when it had been the other way around) - and more forgiving of, faithful to, my guild. (286)

Jauhar’s transformation is, again, unique in that it happens in reverse. His transformation occurs when, at the end of his residency, he is able to identify the value of his education and the social potential, the ability to “do good”, that medicine facilitates. He transforms from feeling alone to isolating a feeling of “belonging” to a “guild” that he now identifies with.

Gawande’s narrator in Complications traces his transformation through the recounting of a near-fatal error he commits during his surgical residency. Through narrating this story, Gawande’s narrator also signals at the transformative power that medicine offers its practitioners. Later in his residency, when Gawande’s narrator is
performing a fairly routine procedure, (a gall-bladder operation, presented as fairly uncomplicated in comparison to the earlier procedure when Gawande’s narrator admits to failure – the earlier incident involved an “emergency” and was thus already “complex”, given a shorter time period within which an already severely traumatized patient needed to be resuscitated) he manages to avoid yet another fatal complication, this time on account of “a little extra fastidiousness” on his part. Recalling his earlier error in the context of his now miraculous “save”, Gawande’s narrator says, “Yet although the odds were against me” (the previous time), “it wasn’t as if I had no chance of succeeding. Good doctoring is all about making the most of the hand you’re dealt and I failed to do so” (65). And then, speaking of the “routine” gall-bladder operation, where he prevented a potential mistake in time, he says, “Operations like that lap chole have taught me how easily error can occur, but they’ve also showed me something else: effort does matter; diligence and attention to the minutest details can save you” (65). Gawande’s narrator thus calls upon his reader to reflect on the transformative potential that exists within the scope of the medical practitioner. It is not that medicine is without its errors, but the doctor-agent within the institution does possess the ability to transform both his own practice and through it, the institutional practices as well. “No matter what measures are taken”, he writes, “doctors will sometimes falter, and it isn’t reasonable to ask that we achieve perfection. What is reasonable is to ask that we never cease to aim for it” (65-66).

(b) Textual Authority and Cultural Authority

Vergheese’s *My Own Country* (subtitled “A Doctor’s Story”), Jauhar’s *Intern: A Doctor’s Initiation*, Gawande’s *Complications: Notes From the Life of a Young Surgeon* and Antia’s *A Life of Change: The Autobiography of a Doctor*, for instance, are
suggestively titled and expressly proclaim to narrate the “true” story of their respective authors. These texts employ a narrative structure that, firstly, creates a narrating agent as a representation of the author’s “self” and enables this self to create a space from which a specific kind of voice is produced and utilized to various ends. The narrating “self” created by these texts, I argue, is at once made possible and legitimized by a certain cultural and textual authority that this narrating “self” is invested with. Donald Pollock asserts in his study of medical autobiography, that the life story of an individual is only worth recounting if it deviates from the ordinary and commonplace (109). The author’s “life story” thus, should comprise an experience that can be seen as different from the ordinary. The voice of the “narrator-agent” in My Own Country thus takes on particular significance precisely because it recounts an insider’s perspective on a deadly, infectious disease’s spread in America. More significantly, however, the “narrator agent” in the medical Bildungsroman, is invested with a kind of social and textual authority. The “narrator-agent’s” tale in My Own Country for instance, is worth recounting precisely on account of this cultural and textual authority that sets apart his life story from that of other accounts of the AIDS crisis in America in the early 80’s. The “narrator-agent” in this text is invested with cultural authority on account of his particular real-life “professional” role with respect to the AIDS virus (Abraham Verghese as an Infectious Diseases specialist treating AIDS patients). As a member of a community facing the risk of infection by AIDS, his experience is constructed as being different from the “everyday” experience of AIDS and is instead presented as an authoritative “report” of the epidemic. Moreover, My Own Country is also invested with a certain textual agency by virtue of its temporal framework. Narration, as Rimmon-Kenan reminds us, “can entertain various temporal relations with the events of the story” (90). Thus, Verghese’s
“narrator-agent” is invested with textual authority, as he is presented as having recounted experiences that coincide with the beginning of the epidemic. *My Own Country* specifically links the narrator’s arrival in America with that of the virus – the narrator says, “I had arrived in America as a rookie doctor in 1980. At about the same time, HIV, the virus that causes AIDS, landed in the port cities of the United States: New York, San Francisco and Los Angeles” (14).

Similarly, Antia’s “narrator-agent” emphasizes the “new” nature of plastic surgery as a sub-speciality of surgery and is immediately invested with a degree of authority as having pioneered this field in India. Antia’s narrator acknowledges his debt to his teacher, Sir Harold Gillies, to whom, in his words, he owes his “interest and expertise in plastic surgery” (26). But he is also careful to point out to the reader that at the time (1950), plastic surgery was “new in England and unheard of in India” (27), thereby setting himself apart immediately as being one of the first plastic surgeons in India. In addition, Antia’s critique of the state of medical practice today and its corruption by “market forces” draws upon his “authority” as a narrator who witnessed the beginnings of the antibiotics era. Antia’s narrator is able to witness the use of penicillin soon after it was discovered in 1944, as a student at the J.JHospital. A British medical officer brings this antibiotic in its crude form (the penicillin fungus) from England to an ophthalmic operation that Antia’s narrator witnesses with awe, along with his fellow students. Two years after they witness this procedure, penicillin is made available in India in the form of an injection and as students, Antia’s narrator, along with others at the J.J Hospital, marvel at the dramatic effects it has when they treat patients in terminal stages of peritonitis and pneumonia. Antia’s narrator then calls upon his “authority” as witness: “I have been privileged to see the very beginnings of the antibiotics era and the
wonders it could achieve. Unfortunately, market forces have captured the medical profession, leading us to the end of the dramatic antibiotics era” (11). Antia’s narrator thus assumes his speaking power based on a unique advantage of having witnessed the “birth” and “death” of the antibiotics era. Gawande’s “narrator-agent” declares at the start of *Complications* that his authority arose from “what I have encountered and witnessed in the day-to-day caring of people” (xix). Gawande’s narrator is thus invested with textual authority upon having “witnessed” and experiencing real, “day-to-day” “encounters” with disease during his internship. Gawande’s narrator goes on describe his distinctive textual authority – “A resident has a distinctive vantage on medicine. You are an insider, seeing everything and a part of everything; yet at the same time you see it anew” (xix-xx). Gawande’s narrator thus acknowledges his unique position vis-à-vis the practice of medicine – as an intern, (not yet integrated into the profession and yet very much a part of it and with most exposure to “practice” since learning during the internship is through as much practice as is possible, given the ethical constraints of pairing inexperienced doctors-to-be with complex, individual cases) who sees things “anew” and is thus set apart from others encountering disease day-to-day.

Jauhar’s narrator in *Intern* similarly utilizes his distinctive vantage as an intern to critique the “night float” system of resident rotation. The “night float” system, instituted by the Bell work-hours commission in the mid-80’s, was meant to curtail medical errors that may occur in teaching hospitals on account of overworked and fatigued interns. The night-float, however, is not without its problems (interns and other staff at the hospital, for instance, while performing their “night” rotation have no connection with or understanding of patients admitted during the day and thus, though well-rested, may miss essential details of cases the are “signed out” to them by day interns) and Jauhar’s
narrator attains recognition both within his hospital and at a national level for his critique of the “night float” system, which was published in the *New York Times*. Jauhar’s narrator provides the reader with evidence of this “recognition”, by reproducing a letter written by Dr Bertrand Bell (who headed the original work hours commission) to the New York State Department of Health, citing Jauhar’s article in the *Times* and demanding corrective action. Jauhar’s narrator-agent is invested with textual authority, through an indication in the narrative to the social recognition that the “real-life” narrator achieves by critiquing a flawed medical system.

As argued earlier via Wayne Booth (1961) and Jan Marta (2011) in the Introduction, the doctor-narrator in the medical *Bildungsroman*, as “author” of a “story” of practicing medicine, exercises control by creating a world of norms and by relating his/her story to universal truths. To this end in the medical *Bildungsroman*, the narrative function of the patient-character is curtailed, to bring to prominence the physician-narrator’s authority over both the primary narrative as well as the “written medical truth”.

*In the medical Bildungsroman, the doctor-narrator’s textual authority draws upon his cultural/professional authority, to enable him/her to set his/her narrative account apart from other such accounts and by extension, set the narrator-agent apart from other characters in the narrative.*

(c) Truth-Telling/Prophetic Role

The narrator-agent in *My Own Country* is empowered to act and speak on account of specific strategies utilized by the narrator-agent to speak the “truth”. The narrator-agent in the medical *Bildungsroman* of course, possesses the faculty to speak the “truth”, precisely through the cultural and textual authority invested in him, as argued in the
previous section. In addition, these “narrator-agents” construct an “experiential” truth that lends power to their voice. These “narrator-agents” are able to “speak”, even when they are not physically present at the events they recount, on account of their capacity for experiential “truth-telling”. The “narrator-agent” in My Own Country presents the “facts” of a case for the reader, only to unravel a “truth” from these facts, that only the agent is in a position (in this case, by virtue of his authority as a doctor) to speak. Very often, while presenting the case of an AIDS patient at his medical facility, Verghese’s “narrator-agent” is in a position to “see” beyond what the patient is describing as “symptoms” or “risk factors”. While describing his treatment of a particular patient, Verghese’s narrator-agent mediates the patient’s “voice”, through a presentation of what the patient says about his own body and the narrator-agent’s subsequent summing up of the “true facts” of the case. Take for instance the following description of a patient who does not admit to having any HIV “risk factors” (summed up in the narrative as being a homosexual, an intravenous drug user, a haemophiliac, as having had contact with a prostitute, among other common stereotypes about AIDS infection in the early years of the epidemic):

He vigorously denied any risk factors for HIV infection… He admitted only to occasional contact with prostitutes while in the service. He had come in for Pneumocystis carinii pneumonia. An astute medical student spotted a strange skin lesion in his armpit which, when biopsied, turned out to be a Kaposi’s sarcoma lesion. In all my years in AIDS (ten at the time of this writing), I have never seen Kaposi’s except in gay men. (163)

The “narrator-agent” here clearly distances himself from a) the patient’s description of his symptoms, b) the student’s “astute” observation about a nonetheless “strange” lesion. The patient’s “true” identity as a person with definitive “risk factors”, and the “strange”
lesion’s “true” identity as a Kaposi’s sarcoma lesion, is established by the “narrator-agent” precisely through this distancing from the patient and the medical student. The patient’s “true” identity is also established by the doctor-narrator’s ability to interpret the biopsy, and place the Kaposi’s Sarcoma lesion within a larger framework of his “experience” with AIDS.

Antia’s narrator for instance, also roots his capacity for truth-telling in the “experiential”. He writes:

In my travels to countries of the East and the West, I have been exposed to new ideas and approaches to medical, surgical and political problems affecting health care in various parts of the world. This accumulated experience makes me speak with some authority. (188)

Jauhar’s doctor-narrator identifies the fundamental “experiential” realm of all doctors as a kind of origin for all such experiences – “I write only of my own experiences”, he says, “but I am sure that most residents have undergone similar ones. Doctor’s professional lives are built brick by brick, case by case, but the foundation, residency, is much the same” (xv). The narrator-agent’s truth here stands in for a “collective” truth that he is able to isolate, on account of a larger realm of experience with “internship”. Gawande’s narrator similarly recounts the story of a patient who chooses a surgical procedure while already in a near-terminal state, against the advice of his doctors. Like Jauhar’s narrator, Gawande’s doctor-narrator situates the “true facts” of this particular case, against a larger framework of experience of knowing when surgical intervention will be successful and when it can be fatal. Significantly, when Gawande’s doctor-narrator first meets this patient, he believes he is already dead. He recalls:
When people are asleep—or even when they are anaesthetized and not breathing by themselves—it does not occur to you to question whether they are alive. They exude life as if it were heat. It’s visible in the tone of an arm muscle, the supple curve of their lips, the flush of their skin. But as I bent forward to tap Lazaroff on the shoulder I found myself stopping short with that instinctive apprehension of touching the dead. (195)

Gawande’s narrator’s description is significant for how much attention has been paid to detailing the “normal” body, suffused with life. While narrating the story of Lazaroff, Gawande’s narrator-agent relies on his patient chart for the purpose of presenting the “true” story to the reader – reading the chart enables him to read the “story” of the patient against the “story” conveyed by his body’s deathly appearance. The “truth” revealed by the patient’s chart, which contains a biopsy report, is that Lazaroff suffers from an “untreatable cancer” that had spread extensively in his body. Gawande’s narrator goes on to reveal to the reader, that Lazaroff’s operation was unsuccessful and he dies a painful and violent death. Lazaroff’s unfortunate story is related by Gawande’s narrator, to highlight the importance of the doctor’s role in leading patients towards the right decisions, given their “experiential” authority in the workings of medicine and in making difficult decisions. The “true” outcome of Lazaroff’s surgical procedure is something Gawande’s narrator is able to predict, on account of his deliberate distancing from Lazaroff’s own request for the surgery, and reading his “chart” within a larger framework of diagnostic experience with terminal conditions like cancer. Jan Marta has argued that the patient’s “secondary” discourse in the medical narrative is both dangerous and endangered. Endangered because it faces the threat of collapse from the doctor-narrator’s primary narrative and is dangerous because it is in fact a “suppressed metanarrative” (54).
To establish medicine’s objectivity therefore, narrative level and person are introduced, along with an atemporality that helps to establish in the narrative, medicine’s claim to absolute knowledge and universal truth (Marta 57).

The doctor-narrator in the medical *Bildungsroman* is thus able to construct a particular voice/self through the above stages/processes. This *Bildungsroman* “voice” appropriates particular discourses (originary/experiential) and generates some discourses of transformation and improvement, reinventing and sustaining the status/retaining the fixity, of the doctor-narrator’s “self”. Such a *Bildungsroman* narrative constructs a “self”, who will deal with the social by giving voice to a moral discourse in the text and emphasizes the ethical dimension of narrative, by finding a new narrative voice that brings together the personal and professional dimensions of medical practice.

This chapter has examined the “growth” charted by the doctor-narrator, from a “novice” to an “expert” self, through the staging of symbolic physical transformations to the doctor body. The “trappings” of medical education, like knowledge yet to be integrated, the posturing/temperament to be learned so as to be “recognizable” as a professional, the authority signified by the doctor’s “coat”, become a sign/value that is transferrable to and substitutable with the doctor body. This doctor body is therefore able, this chapter has demonstrated, to transcend his/her immediate professional, corporeal and cultural contexts, to extend editorial authority over other social worlds that intersect with the study of an individual’s history of disease. The doctor-narrator thus performs the “labour” of translating universalized medical knowledge/tools to individual/idiosyncratic instances and narrates particular stories of the
ailing bodies he/she encounters. The doctor-narrator in the *Bildungsroman* of healing, is able to construct a particular voice/self that is able to harness particular discourses of patients, and generate transformative, agential discourses of improvement/perfection/critique, that sustain the “fixity” of this doctor-narrator’s “self”.

The first two chapters of this dissertation have explored the narrative ordering of an experience of illness and its treatment at the level of the Individual as seen in memoirs written by patients and doctors respectively. *Both doctor and patient narrators are seen to “perform” for the reader, the individual “work” of “growth” achieved through the negotiation of various “roles” occasioned by illness and its treatment.* In the case of the patient memoir, as seen in chapter two, the patient-narrator’s ill-self is seen to trace “growth” as something the individual labours towards, in performing the institutionally governed roles of “patient”, “convalescent”, “dependent” and “ethical expert”. Moreover, the patient-narrator instantiates a *relational* self, seen as being always already imbued with the potential for both illness and recovery. This *relational* self of the patient-narrator, is therefore not defined by illness alone and can be insinuated in a creative, non-medical reconstruction of the events leading to illness and recovery. The doctor-narrator is similarly seen to perform the “body work” necessary for circumscribing the “novice” self who symbolizes the period of “youth”. The doctor-narrator, in his journey from “novice” to “expert”, also negotiates the institutionally governed roles of “medical intern” and “resident”, before he/she can embrace the role of “expert”. However, as this chapter has demonstrated, the doctor-narrator’s self can also be seen as *relational*, where the doctor body or his/her voice, can be insinuated at various events and levels in the narrative ordering of an experience of treating/healing illness.
The narrating “self” in doctor and patient memoirs however, are also embedded in a filial network, another significant aspect that is seen as necessitating “transformation” or “growth” in the medical Bildungsroman. The next chapter, on Filiation and Affiliation, will deal with the filial networks within which the narrating “self” in doctor and patient memoirs is embedded. These narrators are also seen in these memoirs as being passively embedded within the filial network, with a small or no measure of agency. The patient-narrator for instance, also constructs a “filial self”, who is seen as “owing” the duty of improvement to filial networks of care. The family is seen to enjoy a “social right” over one’s sick body and the patient-narrator “works” to fulfil his/her duty of improvement, owed primarily to the filial network of care. The doctor-narrator similarly traces his/her filial network as one that encompasses not only family, but the medical institution and the period of medical training. The doctor’s “filial” self is seen in his memoir, as being passively embedded within certain inherited or acquired traditions of medical education and practice (a family tradition of medical careers, the ritualized methods of practicing medicine within a particular institution, for instance). These narrators however, as the following chapter on Filiation and Affiliation will demonstrate, experience an anxiety towards the extent and reach of the “filial”. The overcoming of an “inherited” form of the “self”, to present a seamless route from “individual” to “professional” (in the doctor memoir), or “ailment” to “recovery” and “improvement” (in the patient memoir), is a significant aspect, as chapter four demonstrates, of narrating “growth” and “development” in the medical Bildungsroman. Chapter four will also examine the “filial body” in the medical documentary, where the filial networks within which the individual pathological/pathologized body is visualized as being both vulnerable to and a source of contamination.


