“Doctor, can you see me if I’m naked?”: Re-Envisioning Survivorship with a Poetic Gaze

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1. Introduction: The Patient Presents

When Sebastian, a Roman soldier, was apprehended practicing Christianity and working to convert his peers, the emperor ordered the man tied to a pole and shot full of arrows. Archers aimed, arrows arced, and yet, miraculously, Sebastian survived. Survival became a new cross to bear as legends describe the man, who was later sainted, as living with as many arrows in his body as a sea urchin has thorns. When the speaker of contemporary American poet Adrienne Rich’s “Quarto” (2009) asks readers to “Call me Sebastian, arrows sticking all over/ the map of my battlefields” (1. 1-2), the poem immediately evokes a man who faces his future in a body that permanently carries his death sentence. Having returned from the execution alive, the speaker initially conceptualizes this survivorship as coming home from war. Through a later diagnostic scene, she re-describes her position as the survivor of an illness, demanding a response from a doctor.¹ In both cases, she faces a future that she has not yet imagined. Past deployment and return, past diagnosis and treatment, she has undergone fundamental physical and mental changes that prevent her from picking up life where she left off.

The speaker seeks to describe her experience of disease – to re-envision what her new life will look like post-illness. Her need is to feel seen. With the earnest inquiry, “Doctor, can you see me if I’m naked?” (3.2), she questions the efficacy of her doctor’s gaze. “Quarto” addresses the responsibility of doctors to patients whose lives are not immediately at stake but whose senses of self and abilities to adapt to their new futures are uncertain. When she asks again, “Doctor can you see me when I’m naked?” (3.10), the speaker demands a novel type of sight – a new formulation of the way doctors see, looking at and understanding survivors.

As patients conclude their follow-up appointments in hospitals and transition to

¹ In her essay “Re-Vision,” Rich explains her decision to write her poetry intentionally and explicitly from a woman's perspective. Thus, I will refer to “Quarto’s” speaker with female pronouns.
managing their own care, they are often left to determine how to meet their needs alone. Clinical research has yet to offer sufficient answers regarding how to best care for survivors. However, the questions researchers are currently beginning to ask about survivors’ well-being post-treatment already have a strong precedent in the field of medical humanities. “Quarto” depicts a survivor whose needs persist as the speaker appeals to her doctor for support that extends beyond typical medical practice. Living with an illness, there is such a focus on survival that when one makes it through, what comes next may seem up in the air. The speaker insists that being seen is imperative to her health. However, the poem, after identifying the survivor’s needs for care, moves further. “Quarto” not only establishes the necessity of being seen, but also provides a model for re-envisioning the doctor-patient relationship for survivors. When survivors' needs are articulated and privileged, the kind of “sight” the speaker craves becomes possible. Through the speaker’s language and the structure of the poem itself, “Quarto” addresses and enacts a revisionary model for the doctor-patient relationship that prioritizes the survivor’s needs that are at once personal, psychosocial, and medical.

Adrienne Rich dubs the process of “re-vision” an “act of survival” (“Re-vision” 18), and “Quarto” demonstrates a conception of survival as an active process. Beginning with an account of Rich’s theory of re-vision, I will describe how “Quarto” depicts and enacts her revisionary methodology. I then turn to clinical research pursuing questions of survival and literary studies of illness narratives to contextualize the poem in current medical humanities conversations. My reading of “Quarto” proposes a critique of the modern medical model and a re-imagined clinical encounter. Ultimately, I interpret a method of moving from current practices to a revised medico-poetic model that reflects evolved understandings of survivorship and addresses survivors’ changing conceptions of temporality, the future, vocabulary, and senses of self.
2. Re-Vision

Through her essays and her poetry, Adrienne Rich develops and asserts the importance of “re-vision,” describing the practice as re-conceptualizing traditional conventions to reflect modern understandings and changing needs. Born in 1929, Rich was a widely influential feminist essayist, prolific poet, and throughout her body of work, a critical theorist of her own practice. With her first major publication in 1951, Rich wrote extensively until her death in 2012 from rheumatoid arthritis, with which she struggled for decades. Her New York Times obituary proclaims her “a poet of towering reputation and towering rage, whose work – distinguished by an unswerving progressive vision and a dazzling, empathic ferocity – brought the oppression of women and lesbians to the forefront of poetic discourse and kept it there for nearly a half-century” (Fox 2012). While her distinctive poetic vision is especially esteemed, it is to her account of re-vision that I will turn.

In her essay “When We Dead Awaken: Writing as Re-Vision,” Rich acknowledges that literary traditions provide useful foundations for authors and readers as long as scholarly conventions are allowed to evolve. Yet, as Rich demonstrates, many are so wed to tradition that even if certain practices harm themselves and others, they continue to hand those threatening customs down. Naturalized traditions, both literary and medical, are dangerous: when their prescriptive conventions become normalized and invisible, the harm they cause goes unquestioned. Women authors throughout history, Rich demonstrates, have muted their voices to better imitate well-known conventions, styles, and themes centered on the concept of masculinity. Discussing Virginia Woolf’s writing style, Rich comments, “Only at rare moments in that essay do you hear the passion in her voice; she was trying to sound as cool as Jane Austen, as Olympian as Shakespeare, because that is the way the men of the culture thought a

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2 The words tradition and betrayal share a common root: the Latin tradere, “to hand over” (Merriam-Webster).
Women writers face the expectation that they will not be “seen” but rather will adhere to literary norms that suppress their discontent, anger, and dis-ease as they work under and are judged by a constant male gaze. Tradition denies women space to write in a way that expresses dissatisfaction with the status quo and relegates women subjects to archetypes such as the poet's muse that require them to be beautiful and die young. Rich asserts that the roles of women as poets and poetic subjects must be reinvented and re-envisioned in order to break free of harmful poetic traditions that shape women's voices to mimic those in the masculine canon. Literary practices must evolve as society progresses, incorporating and encouraging previously repressed and subdued voices.

A reading of “Quarto” that frames the difficulty of self-expression as a particularly gendered issue increases the visibility of the barriers to the speaker’s communication and further challenges male dominance in literature and medicine. The struggles that all survivors can face are especially aggravated for the speaker as a woman. Pain can arise from the inability to articulate one’s self in a language always already gendered male and creates a dangerous feedback loop: suppressing self expression leads to pain, which becomes more difficult to express given restrictions on women’s voices already in place, especially when it comes to portraying anger or ailment. In her essay comparing Adrienne Rich's and contemporaneous feminist philosopher Mary Daly's tactics for overcoming the "linguistic oppression of women" (40), poetry scholar Jane Hedley astutely analyzes the way in which Rich reclaims the English language through her poetry. Language has challenged feminist poets because even supposedly gender-neutral words carry masculine connotations. Hedley’s work encourages readers to question who they envision when reading words like I, you, me, and doctor.

Rich does not trust these words’ ability to convey her experiences as a woman, and her
skepticism materializes through her speakers, who, throughout many poems, struggle to articulate themselves. Yet, Rich, Hedley claims, is still able to powerfully express her “inner survival-imperative” (53). Focusing on “Quarto’s” speaker’s identity as a woman genders the struggle for articulation that emerges as she works through multiple metaphors. Compounding the difficulty of communicating pain, the speaker has the added issue of finding language that also does not efface her female identity. Yet, like Rich, “Quarto’s” speaker finds a way. Though she initially identifies with Sebastian, perhaps relating to his experience of pain, his masculinity conceals her identity as a woman.3 The speaker finally turns to a mermaid, a distinctly feminine figure, and her folkloric in/expression of pain, acknowledging that women survivors face an intersectional struggle. The idea of surviving without having a definitive medical problem but certainly carrying a sense of dis-ease resonates with the way Adrienne Rich articulates being a woman. Under a placid surface, there is a perpetual, nagging sense of discontentment that leaves her and her poetry uneasy.

After recognizing established ways of thinking, people must formulate an approach to address the exposed cultural customs and highlight those voices that were softened or silenced. Rich stresses, “We need to know the writing of the past, and know it differently than we have ever known it; not to pass on a tradition but to break its hold over us” (“Re-vision” 19). With an understanding of the conditions in which we are working, including history, language, metaphor, and mythology, people can productively reshape inherited conventions to better suit previously unaddressed needs. Rich points to re-vision, re-viewing an old tradition with fresh eyes, as a strategy for creating a future necessarily different from established practices that equally praises women's voices. Reading “Quarto” as a text that embodies Rich’s valuable practice of re-vision is very powerful, as one can see both the necessity of re-vision and the act of re-vision at work.

3 Rich also genders war metaphors in her “21 Love Poems,” writing, “You know, I think men love wars…” (4.18).
As “Quarto’s” four stanzas unfold, the speaker never settles nor allows her readers to settle into a comfortable sense of self, time, or place. Returning to the first lines (“Call me Sebastian…”), the speaker’s unsettledness manifests itself in her noncommittal identity. Her phrase “Call me” is distinct from “I am,” indicating that though she identifies with Saint Sebastian’s story, she is not quite he. The speaker resists relying on a name’s or a word’s significance and builds on tradition to create a palimpsestic, evolving vocabulary, expanding what words can signify. She imagines “arrows sticking all over/ The map of my battlefields” (1.1-2). A reader familiar with the tradition of Saint Sebastian and his iconography might expect the line to continue as “The map of my body,” as Sebastian’s body is indeed physically marked with arrows. However, when the speaker actually follows with “battlefields,” the concepts of body and battlefields merge, producing the speaker’s body as a transhistorical map of violence. Moving through the phrase, the poem prompts readers to mentally complete the expression. However, a different, surprising ending causes two images to exist in the same space.

Sebastian’s body evolves, incorporating future battlefields and complicating the speaker’s self-identification. Eventually, the religious figure fades as the speaker continuously redefines herself. Delving into the physicality of her embattled body, the speaker laments,

[…] Marathon.


Battle of the Overpass.

Victories turned inside out.

But no surrender (1.2-6)

Threading together conflicts from Ancient Greece to twentieth century Michigan, the speaker creates solemn cross-cultural connections. Evoking “Cemeteries of remorse” (1.7), she grounds
the dialectical image of war in the physical world where bodies who lived through different
times are buried side by side. Conceptualizing her own living body as a cemetery is an incredibly
powerful statement: as a survivor, she carries this image of death, but does not rest there.
Without finding any peace, “Quarto” shifts sites to the battlefield.

As the speaker re-conceives her body, she broadens its borders, incorporating more into
what she considers “self.”

4 With the stealthy description,

[... ] if I just lurk

In my tent pretending to

Refeather my arrows (2. 3-5, emphasis added)

the speaker claims her death sentence, appending her frame to include the weapons that protrude
from her skin. Their lasting repercussions, the physical and psychological effects of the threat to
her life, become parts of her body.

The speaker’s re-envisioned clinical encounter points to the root of what it means to be
seen, centering on the poem’s pivotal question, “Doctor, can you see me if I’m naked?” (3.2).
This kind of sight, following a very sensual scene, requires more than the eyes. It is
comprehensive, profound, and deeply personal. Throughout the stanza, the speaker builds toward
a literal re-vision: a new type of sight. Realizing her nakedness is already exposed, the speaker
revisits her question, asking, “Doctor can you see me when I’m naked?” (3.10). The second
question, lacking the comma that makes “Doctor” a formal address and shifting language from if
to when, from a possibility to a certainty, makes her need emergent.

After reaching this desperate peak, the speaker abruptly alters her tone: “I’ll tell you
about the mermaid” (4.1). Her metaphors transform as she begins to tell a fairytale. The dramatic
turn to the mermaid breaks with the military theme that has threaded through the stanzas thus far.

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4 The distinction between “self” and “not-self” appears often in oncology and immunology, among other fields.
Yet, the speaker’s new metaphor still includes weapons: knives and lances point to visceral pain. However, in this example, there are no outside perpetrators of the violence. The weapons come from inside the body. The speaker thus recasts her expression of pain and attack, transforming the experience she previously attempted to describe as war into an internal, un-vocalized struggle that treats her physical health as only one aspect of her well-being.

There is no one identity, time, location, or metaphorical register where “Quarto’s” readers can pause at length. As the speaker closes solemnly,

There is a price
There is a price
For every gift
And all advice (4. 6-9)

In every exchange, material or verbal, there are lasting repercussions that ripple outward like the metamorphosis of metaphors through the poem itself. Signifiers, meaning, and identities within the poem are in constant flux. “Quarto” ensures space for re-vision within its own corpus, and in doing so resists closure, allows for exploration of ambiguity, and prioritizes open questions over immediate answers. The the poem enables readers to imagine alternatives to the predominant medical model, empowering survivors to communicate and doctors to provide relevant care.

3. Sight and The Modern Medical Model

The modern medical model is rooted in the Enlightenment. It prescribes everything from how normative medical timelines are understood, to the sight practitioners use to examine patients and take data, to the structure that determines what information is “relevant” in a conventional diagnostic framework. In his book The Birth of the Clinic, philosopher Michel Foucault traces medicine’s recent history from the nineteenth century, describing how clinics
evolved into sites of objectivity, drastically shifting conversations around illness. Doctors became all-knowing, strictly scientific, authoritarian figures who employed a distinctly diagnostic approach to medicine. Foucault famously defines the term *medical gaze* to characterize a type of scrutiny that doctors adopted: one that focuses on isolating specific body parts responsible for a patient’s disease. The gaze offers doctors a methodical thought process as they observe patients, giving physical exams, taking oral histories, and gathering data to work towards a diagnosis that will contextualize the patient’s symptoms. Through multiple manifestations, it characterizes the medical experience that “Quarto’s” speaker protests.

The medical gaze affects the way that doctors “see” patients, and thus also impacts the extent to which patients feel “seen.” Ironically, this kind of intensely concentrated sight can make patients feel even more invisible. Many working in the field of medical humanities increasingly criticize this type of stare as seeing diseases and not patients, as it isolates parts of the body from a person as a whole.5 Further, they accuse the gaze of overly narrowing what is considered “relevant” to treatment, which can result in doctors’ separating patients from their social and cultural contexts.6 The medical gaze acts similarly to, and sometimes in tandem with, the objectifying, reductive male gaze Rich addresses in “Re-Vision.” Similarly institutionalized, each gaze focuses on a person’s body at the expense of the self. The current medical model does not provide survivors with a medium, a vocabulary, or a precedent for the unique type of expression they need in a clinical setting. Like the women authors Rich names, survivors are expected to conform to medical standards in terms of the types of problems they face whether physical or mental and the language they can use to express those issues.

The arrows piercing Sebastian’s body function as a double image where they represent

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5 See for example Ann Jurecic’s and Sayantani DasGupta’s cited works. They are among many medical humanists commenting on the disconnect doctors can perpetuate between a patient and their disease.

6 See Emilie Townes as cited.
both the weapon and the pointer: the arrow’s direction focuses sight. The medical gaze acts as an arrow, pointing towards one specific part of the body without acknowledging its broader context. The arrow, a weapon that points and penetrates, stands in for the medical gaze and renders the gaze in-carnate. “Quarto’s” speaker thus marks this empirical observation as physically violent to her as a survivor. She does not seek a diagnosis, the gaze’s aim. Though the speaker seems to open the poem by demanding a name, what she chooses is not a diagnostic label but rather a shifting identity that she assumes and sheds herself. Her doctor’s unsatisfying sight takes neither her lack of need for a diagnosis nor her actual needs into account. She further criticizes the use of medical instrumentation that enables doctors to isolate single sounds or bodily functions and lose sight of her as a whole person when she instructs, “Lay down your stethoscope back off on your skills” (3.9). The phrase *lay down* is, in Biblical and later folk-song references, traditionally understood as an action associated with war paraphernalia, most famously a sword and shield (Morgan 2008). She regards the stethoscope, highly associated with clinic visits, as a weapon. “Back off” further characterizes the doctor’s approach as aggressive, contrary to the healing intention for which one would hope. By merging military and medical imagery, the speaker re-visions interactions so ingrained, the harm they can cause patients in the wrong context goes unseen. The speaker calls attention to practices that would otherwise go unquestioned, considered matters of procedure, labeling them as detrimental.

Recent clinical studies have noted that caring for survivors as survivors, “seeing” them and meeting their specific needs, remains an area for future investigation. Maria Hewitt, a prominent researcher in cancer survivorship, and her team conducted a focus-group study to assess cancer survivors’ needs after their treatments, then determine what a "survivorship care plan" could look like in practice. While interviewed patients felt their physical needs (e.g. side
effects from procedures) were met post-treatment, their psychosocial needs persisted. The paper echoes previous reports that survivorship represents a poorly understood time in the “cancer trajectory” (Hewitt 2270). Survivors expressed frustration that unlike during treatment, they lacked a clear plan for the future. They did not know what their next steps were or what they could expect in the time of survivorship. As Hewitt expresses, “Focus group members observed that survivors are often uncertain and anxious about what is going to happen next and who should be seen for various aspects of their care” (2272). Further, respondents reported that their physicians were not sufficiently attentive to their psychosocial needs. By interviewing survivors and the oncologists, primary care physicians, and nurses who treated them, the authors found that both patients and clinicians saw the benefit of creating care plans for survivors’ futures. However, because there was no consensus on actually implementing the imagined plans, the survivors’ needs remained unfulfilled.7

In a later study, Dr. Marta Capelan et al surveyed female breast cancer survivors to assess their unmet physical, emotional, spiritual, familial, and practical needs (Capelan 2017). The study builds on Hewitt’s, adding that the most common type of unmet need after physical was found to be psychological, and especially prevalent was the need to address patients’ fear of recurrence and overall anxiety. The authors recommend assessing all cancer survivors’ needs, including physical, emotional, and social, upon concluding treatment, acknowledging that a majority of survivors will have unmet needs even as their formal time of follow-up ends. These findings, supported by prior studies, have been acknowledged by the American Society of Clinical Oncology, the world’s primary organization of oncology professionals, as an important

7 Medical professionals, while acknowledging the advantages of such plans, did not express intent to implement them. Providers across the board were concerned with feasibility, as under the current medical model, they are already allotted very little time per patient. Realizing the plan would create an extra step that would not replace another aspect of the visit.
aspect of treatment to address.

The speaker is further not immune to the historical mistreatment of women’s bodies in medicine, the impact of which exacerbates the dis-ease she experiences as a survivor. Ethicist and theologian Emilie Townes provides the historical context to demonstrate the power and nuance behind the speaker’s assertion. Her prose-poetry text *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care* (2006), describes how women’s, and especially black women’s bodies, have historically been abused and ignored in the medical realm. The field of “women’s health” in the early twentieth century revolved solely around the reproductive system and fell almost entirely under the purview of obstetrics and gynecology. It later became apparent that women were not only ignored but also actively excluded from clinical trials. Until 1990, in the United States, there was no governmental policy in place ensuring women’s inclusion as subjects in clinical drug trials. Using the example of heart disease, the number one cause of death in postmenopausal women, Townes describes how the famous study that showed taking aspirin every other day can reduce one’s risk of a heart attack included over 22,000 male subjects without a single woman. This is one of many large-scale, well-known studies whose findings are implemented in all patients of all genders, yet that did not include any women as trial subjects. Townes marks this exclusion as violent, because not only does the “white males as ‘generic humans’” model reinforce racial and gendered hierarchies in all sectors of society, but the lack of research into drugs’ effects on women causes physical harm to women’s bodies.

Women’s bodies have been historically discounted in medicine and the pharmaceutical

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8 Foucault’s *The Birth of the Clinic* also focuses solely on male bodies’ experiences in its history of medicine.
9 Even when the first policy was created, it did not require including racial-ethnic women. Famous clinical trials that actually included racial-ethnic women used drugs with highly dangerous side effects.
10 The acceptance of a “standard body” also has implications for disability theory. Those whose bodies do not match the image of a “whole,” “healthy” human are too often seen as “lacking” in comparison.
industry. Their pain is dismissed as hysterical and hormonal. They are excluded from clinical trials as too unpredictable due to hormone fluctuations, reinforcing the idea of the white male as the paradigmatic human being. Yet, at the same time, women face the danger of being medicated in the same way as male bodies whose physiologies respond to drugs differently. Thus, women are too dissimilar to study, but their bodies are generalized to the “androgy nous” textbook image (always already gendered male) when it comes to treatment. “Quarto” has undertaken the “future research” that clinical studies suggest is necessary and privileges a voice and a body so often overlooked in medicine. Interpreting the poem as an answer to these studies demonstrates the advantages, and perhaps the necessity, of bringing a “poetic gaze” to the medical field.

The medical gaze emerges both in cases of (in)visibility and as doctors track their patients through the timeline that the medical model constructs for disease. Medical timelines are often conceptualized as following a trajectory from presentation to resolution: Patients present with a problem, doctors diagnose the disease, patients receive treatment until the doctor deems them restored to health. The subsequent time when patients who have survived an ordeal cope with the aftermath of illness is not always addressed as comprehensively as with prior stages. Traditional diagnostic and treatment methods applied earlier are not necessarily suited to survivors’ care. Doctors’ roles are generally understood as healing bodies and saving lives. However, resolving a disease does not ultimately ensure health – the life “awaiting after” (3.8) presents new, urgent issues to negotiate in a doctor-patient relationship. The disease-and-diagnosis-based medical model does not inherently provide a space for voicing and addressing needs specific to the time of survivorship.

Medically, there is some understanding of “health” and what it means to have resolution after a disease: a broken bone is healed, an infection is cured, a patient is cancer-free. “Quarto’s”
speaker, standing explicitly outside of the standard sequence yet still requiring a doctor’s care, extends the medical timeline to include survivorship. At the poem’s onset, the litany of battles, some well-known and others influential but not famous, articulates events that have been historically viewed as national celebrations, and later, as national shames. The winning side has defined the battles as victories, with the word then shaping how people view the fights. But now, many understand the wars listed as unhealed wounds. Placing victories after battles that are no longer understood as points of pride questions the connotations associated with the word. Though the fights the speaker remembers no longer physically exist, their repercussions impact modern day. Victory typically marks a conclusion, thus turning victory “inside out” suggests that the battle’s close is not really an end. Following the phrase “no surrender” is a line of space before the next block of text rather than a period, further denying the battles definitive closure through the poem’s form. Like the communal experience of war, the personal experience of illness does not have a hard stop. “Quarto” emphasizes that the speaker’s experience of illness does not have a fixed endpoint, and in doing so, unsettles current understandings of the medical timeline and when disease is thought to cease.

As she resists conclusion, the speaker extends the medical timeline indefinitely to include the ongoing time of survivorship. “Quarto’s” speaker attests that the feeling of “health” extends beyond bodily functions to emotional well-being. Often, survivors face a societal imperative to

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11 The poem’s next lines depicting “The beaten champion sobbing” (1.8), and the strangeness of associating beaten and sobbing with champion further questions victory’s and championship’s associations with pride and celebration. One can read the subsequent line, “Ghosts move in to shield his tears” (1.9) as an incorporeal, intangible entity, perhaps tradition or cultural connotations, preventing others from seeing the pain behind the champion’s triumph. The context in which words like victory, champion, and survivor appear can dissociate the pain, sorrow, and bloodshed from the idea of “winning,” making the concept misleadingly one-dimensional.

12 Furthermore, different parties have different opinions on whether or not the conflicts are truly resolved. Though popular history has determined Wounded Knee as over and in the past, Native people still do not have resolution.

13 Victories turned “inside out” can be interpreted as war’s toll on human bodies; insides are made outsides through injury and bloodshed. The celebration associated with victory distances people from the real effects of war and disease on human bodies.
return to their lives as they were before they began to experience illness. Embedded in the thought that returning to life pre-illness is an ideal goal is the assumption that feeling “well” pre-disease is the same as feeling “well” post-treatment. It imagines life as paused by diagnosis and resumed upon cure as opposed to illness constituting a significant part of one’s life. However, in many cases, restoration that simply picks up where one left off is not possible. After facing their ordeal, survivors’ mentalities, visions for their futures, relationships with others, relationships with their bodies, and definitions of self have evolved. Though bodily injuries may heal, allowing survivors to physically function “normally” and turning their experience with illness invisible to outside eyes, lasting effects of disease can continue to affect mentalities and social relationships. The speaker’s addresses to the doctor come even after leaving the battlefield, even after her disease seems resolved, and bracket her realization that the amorphous promise of a future does not end her medical problems. Survivorship is a complex time in which patients’ care looks very different than at any other point in the medical process. While the medical gaze can certainly be a useful starting point for diagnosis and therapy, doctors may continue to apply it to all of their encounters with a patient, even post-treatment, though it is a mismatch for survivors’ needs.

4. The Poetic Model

One can understand the difference between the way the medical model encourages doctors to read survivors and the way “Quarto’s” speaker proposes as an issue of genre. A genre comes with conventions and expectations that shape how readers approach a text before they even open the cover. Current methods of literary criticism, health humanist Ann Jurecic claims, tend to reduce the complex character of medical narratives (Jurecic 2012). Reading these

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14 The doctor physically surrounds the patient’s central anxiety on the page, but has yet to address or allay it.
narratives with an eye for factuality and realism, the way one might read a news report, hinders these texts’ potential for meaningful communication. Different genre expectations might lead readers to approach survivor’s voices with suspicion and doubt, blocking their capacity to embrace subjectivity and build empathy.

Considering the medical model as a genre in which physicians can read patients illuminates the associated expectations that guide doctors when interpreting survivors. Similar issues of miscommunication arise when reading one genre with another genre’s expectations, such as looking at a survivor in the same way a doctor might look at a patient presenting in the initial stages of an illness. When the speaker says to the doctor, “Lay down your stethoscope back off on your skills” (3.9), she demands that the doctor put aside the tools that enable the physician to read her in a way that does not pick up on what she wants to express. “Quarto” contains an expression of pain, but not one that can be easily charted. Its form (or formlessness) avoids assimilating into the medical model. Listening without the model’s expectations can improve communication because patients will not be restricted to voicing only what makes sense in the model’s framework.

A doctor sees a patient once every prescribed period of time, accumulating a medical record of snapshots of the person and their disease. Their experience with the patient is sectioned off by set start and end times. In the medical model, so many aspects of an appointment frame the encounter as a bounded moment in the patient’s life. Measurements such as blood pressure or pulse taken over the course of a minute or less are used to generalize the patient’s state of health. Quantifying health in this way is helpful to doctors when making diagnoses and assessing treatments, but the results can be deceptive. The measurements are static while the patient’s experience is extremely dynamic. The patient’s heart was beating before the arbitrary measure
and continues to beat immeasurably after. It is important to recognize that while the model encourages a bracketed view of disease, reviewing discrete moments reflects neither the reality of the patient’s experience of disease as a continuous part of their life nor the aspects of their experience that do not fit in their medical chart.

Indeed, “Quarto’s” speaker presents an experience of disease that can be read one way as bracketed, sectioned off into stanzas. Like the poem’s stanzas numbered one through four, many diseases are also broken down and understood in as many stages. But taken in a larger context, her story actually resists being bounded off and allows for a continuity of expression. The poem’s title, *Quarto*, enables this elongation as it refers to both “the size of paper obtained by folding a whole sheet twice, so as to form four leaves” and “a book made of paper in this form; a quarto volume” (OED). The four smaller sections are part of one original composition, indicating that the multiple descriptions of illness constitute one equally meaningful larger narrative. Further, referencing the quarto volume, multiple pages folded in quarto sewn together, reminds readers that an illness narrative such as the one presented should always have the ability to be appended. The poem’s title makes room for the survivor’s future experiences, including both the page and the book – moments of the patient’s story in the context of her whole life.

Interestingly, in Hewitt’s aforementioned focus group regarding survivor care plans, the vast majority of respondents felt that receiving a static document containing, for example, the patient’s vitals at each encounter, would not be useful. The authors noted, “Virtually all participants felt that, for the document to be of value, it could not be a static snapshot of the patient’s diagnosis, acute treatment, and the initial plan for follow-up” (Hewitt 2273). Respondents were enthusiastic about a care-management binder to which pages could be added through time. They preferred a living document, possibly online, that could be constantly
updated. This observation, though an aside in the study, elucidates patients’ own perspectives on their continuing care. The study’s patients seem to conceptualize their experiences as ongoing narratives. They do not want their plan to reflect discrete moments in time, summaries of clinical encounters. They want to widen the potential for continuity and incorporate the inevitability of change in the future. The treatment plans they envision allow for open-ended stories.

“Quarto” is a narrative in the sense that the patient narrates, as in, she tells her own story, but not in the sense that the word is interchangeable with plot. The latter understanding implies an order, a sequence of events, and a conclusion that is closer to the way the medical model works and that is unfair to expect of survivors who in telling their stories should not be constricted to keeping to a linear chronology or finding resolution. Instead, as “Quarto” suggests, they should have the opportunity to contend with ambiguity and constantly self-revise. The poem challenges the understanding that linear stories told from a consistent authorial voice is necessarily conducive to the articulation of survival.15 Jurecic’s scholarship, among many others in the medical humanities, is powerful as it encourages people to resist analyzing survivors’ texts with typical narrative expectations so that readers do not miss the aesthetics and intricacy present in such accounts. However, discussions of survivorship should be expanded to include non-narrative texts such as “Quarto” that lie outside of the medical humanities’ “illness narrative” genre and can perhaps be better characterized as medico-poetics. A non-narrative model focused on poetics can allow for complex, nonlinear, atemporal expression. Distinct from many of the publications that have received scholarly attention, “Quarto’s” speaker relays her experience as a survivor while thinking through what it means to talk about illness and survivorship without a plot and without a conclusion. The poem gestures toward both story and analysis without

15 This is not to say that one genre is better than another for a survivor, but that “Quarto” provides an alternate, non-narrative space that merits analysis as such.
applying itself fully to either, providing a specifically poetic, non-narrative model for reading, writing, speaking, and “seeing” survivorship.

Although emphasis is more often placed on patients’ abilities to tell their stories, doctors have an integral role as listeners and interpreters. Literary critic Elaine Scarry attributes a central aspect to pain: the inability to articulate it. Pain has a unique relationship to language and expression. Part of the difficulty of relaying physical suffering stems from pain’s lack of external referent. Unlike hunger, in which one is hungry for a food, or sadness, in which one is sad about a tragedy, pain is internally isolated, disconnected from the world outside the body. Acute physical suffering not only eludes language but “destroys” it, a simple example of which is people’s monosyllabic exclamations when reacting to painful stimuli. Scarry thus theorizes that pain is inexpressible through typical methods of communication as it “undoes” language and “unmakes worlds.” Her constant use of “un” indicates her thinking that pain is a negating force.

Jurecic claims that the existence of the medical narrative genre refutes Scarry’s claim that pain destroys language; Scarry’s arguments do not take into account why there is such a large body of work about illness narratives. In these texts, pain is generative – the source of the author’s expression. While Scarry attributes the difficulty of articulating pain to an inherent “inexpressibility,” Jurecic points out that throughout the medical humanities, authors have used a wide range of language to effectively express their pain. The problem is that the communication is not always well received. Half of the burden of communication is on listeners and readers who must put equal effort into dialoguing with survivors in order to understand them.

Adrienne Rich’s texts are very demanding of readers, and critic Alice Templeton’s description of the reader’s role in Rich’s works is strikingly similar to the way that Jurecic describes the effective communication of pain. Templeton, examining Rich’s feminist poetics,
discusses Rich’s extraordinary ability to provoke dialog in her poetry (Templeton 1994). She describes a poet-reader relationship requiring active participation on both ends as the speaker attempts to profoundly communicate an experience to a person who may not share anything in common with the speaker but the text. Similarly, Jurecic explains that a person feeling pain must exchange with a listener who may not be uncomfortable. Both endeavors are difficult, though not impossible. Listeners are challenged to understand and empathize with the speaker’s expression.

Dialog in a poem, which “Quarto’s” speaker emphatically initiates through her direct address, demands that readers become active participants in the speaker’s story and develops a close reader-speaker relationship. “Quarto” enacts the re-envisioned doctor-patient relationship it proposes through the conversation between the speaking survivor and her readership. When the speaker directly states, “Doctor,” she simultaneously addresses the reader. She thus merges the doctor figure with the poem’s reader, making the reader a doctor and the doctor a reader of poetry. Asking if the doctor can “see” her, the speaker initiates a dialog, perhaps asking the doctor to understand something that she cannot fully articulate. People visit doctors so that doctors can tell us about ourselves, and because of poetry’s dialogic nature, the speaker can make doctor a major player in her story. Thus, as the speaker brings herself and her doctor together, “Quarto” unites the speaker and reader in a working, co-operative partnership essential to creating “inherently social” illness narratives.16

Adrienne Rich’s analysis of women’s restricted expression and stifled communication applies directly to survivors’ struggles created in part by the lack of common background between speaker and listener but are further widened by differences in and a dearth of vocabulary used to communicate the experience of disease. The medical gaze attempts to match patients to previously established, trusted accounts of illness. And, diagnoses come with their

16 This term comes from Dr. Sayantani DasGupta, whom I will address later.
own terminology. *AIC* becomes meaningful to a newly diagnosed diabetic, and cancer patients learn quickly whether *radiosensitive* or *radioresistant* means good news. But when patients are past diagnosis and treatment, past the part of the medical timeline that prescribes them specific terms and wording, they face a lack of medical language to describe and articulate themselves. The problem is not necessarily that pain is inexpressible, but that the medical model does not provide the right medium for survivors’ expression. Because their experiences often elude established vocabulary, making communicating a narrative and even understanding one’s own thoughts very difficult, survivors must create a novel language of experience. “Quarto’s” speaker, searching for a new vocabulary of experience, speaks in a survivor’s new language.

Essayist and activist Susan Sontag demonstrates a strong precedent for using battles and war as symbols for disease and argues that metaphors are a dishonest way to discuss illness. As she tracks the histories and construction of social stigmas surrounding a number of diseases, she explains where military metaphors are particularly common such as with cancer (e.g. “invading” cells) and AIDS (the immune system’s “attacking” or lacking “defenses”). Sontag insists that metaphors feed social stigmas of disease that harm patients and survivors, distancing readers from lived experience and softening the shock the speaker’s experience should provoke. Jurecic explains Sontag’s concerns as "If illness is beyond expression in language, translation of the experience into words misrepresents, even contaminates, the real event" (10). The strong case for distrusting of the experience-of-illness-as-war motif begs the question of whether “Quarto” uses the metaphor to successfully draw a close comparison or instead demonstrates that comparison’s shortcomings, offering an alternative. While Sontag says, “The solution is to…demythicise [disease]” (7), “Quarto’s” speaker disagrees, voicing her final act of expression.

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17 Notably, Sontag herself uses a similar vocabulary to “Quarto” including language of landscape and geography, self and non-self, and even mentioning iconography of Saint Sebastian. Thus, one can do an interesting reading of “Quarto” as a direct response to Sontag’s argument.
in the poem through the myth of the mermaid.

While Sontag’s work is certainly helpful in interpreting why the metaphor of war does not work for the speaker, as demonstrated by her later drastic shift to the fairytale, Sontag’s stance against all metaphor may not account for the kind of productive, personal illness narrative the speaker can create using figurative language. Rich writes in her poem “A Valediction Forbidding Mourning”: “A last attempt: The language is a dialect called metaphor./ These images go unglossed: hair, glacier, flashlight” (12-13). Metaphor has the ability to resist gloss: superficial, simplified meaning attributed to a complex statement. The ability to support an idea in all its complexity, to maintain a multiplicity of meaning, and as such, to remain open to change, is absolutely integral to a survivor whose story cannot and should not be pinned down. Metaphor resists diagnosis. Jurecic, looking at the type of language survivors use, describes Sontag’s position as a constant search for the most “real” way to portray suffering. She suggests that Sontag is overly dismissive of metaphors, especially because they compose so much of colloquial conversation. Jurecic questions whether Sontag’s issues with metaphor are better cast as problems of everyday language. Often, discomfort with language itself is pointedly applied to illness narratives, subsequently discounting them. The challenge of effectively representing reality in words and distrust of language’s ability to truthfully portray referents is a long established discussion in poetics. Still, readers have yet to dismiss the entirety of poetry for being too dishonest. Instead of interrogating the strength or veracity of the link between a particular word or metaphor and reality, it is more productive to ask what that choice of language in the survivor’s context does convey. The language may not be the type that leads to a diagnosis, but it can crucially help survivors express physical and mental dis-ease in an environment where these issues escape their care.
When the vocabulary of the “real” is one that can result in silencing their voices, survivors are forced to find or create a new language of self-expression true to their own experience. Metaphor, with its ability to create original meaning from existing words, can play a large role in forming new vocabularies of expression. Especially in contemporary feminist poetry from Rich and her peers, metaphor represents the potential for a language of expression unburdened by the masculine influence that hinders the ability to speak specifically as women. For survivors, it allows for new wording outside of the diagnostic frame.

5. A Medico-Poetic Reading of “Quarto:” Seeing Survivors with a Poetic Gaze

As survivors form new understandings of their selves and their futures, they prove survivorship is inherently a process of re-vision. “Quarto’s” form and content enable us to reimagine what the most common practices in a clinical encounter could look like for survivors, taking to heart Rich’s insistence that “For a poem to coalesce, for a character or an action to take shape, there has to be an imaginative transformation of reality which is in no way passive” (“Re-Vision” 23). The theme of transformation pervades “Quarto’s” imagery as scenes change from the battlefield to the exam room, culminating in the mermaid’s dramatic transfiguration. The poem’s structure reflects these changes as each section reshapes the others. One can devise an adapted medico-poetic model for survivors as the speaker describes, and as “Quarto” enacts through its structure, revised methods of communication, self-definition, and both patients’ and doctors’ roles in the conversation. “Quarto” functions as a transformative poetic model for the doctor-patient relationship as the poem actually teaches readers how to see another person not with an industrial, medical gaze, but with a poetic gaze.

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18 This quest for the “real” echoes the medical field’s fixation on objectivity (read: masculine) to the reduction of subjective voices (read: feminine). I will discuss this further later.
The poem’s poetic model prioritizes self-definition and self-revision beyond diagnosis. “Quarto’s” speaker is an embodied voice, balancing her orality and physicality. Often, literary traditions privilege the vocal when constructing a narrative, while in a medical setting, a doctor will prioritize the information gleaned from patients’ physical bodies. Yet, only an equilibrium between the two allows readers and doctors to more fully “see” and understand speakers be they poets or patients. When “Quarto’s” speaker presents herself: “Call me Sebastian” (1.1), the word call emphasizes the voice’s role as she informs readers a first person narrative will follow. The opening line then continues, punctuated by a comma. The name that begins to form the speaker’s identity is distinct from and combined with a deeply physical image: “arrows sticking all over” (1.1). The caesura insists that a narrative from either voice or body is only half the story as the speaker relays her experience through both the sonant and the soma. A poetic gaze allows the speaker, in the process of redefining herself, to write and communicate her own story and understanding of her present body through that body itself, writing “lyric on a battlefield” (2.1).

As the speaker shows, there are times for both voice and physicality, content and form, in a narrative. At some points in the medical timeline, it may be important to prioritize one over another. Because survivorship is a distinct time, a reassessment of what practices are most conducive to survivors’ care is required. “Quarto” moves between different types of sight, showing how each has its own place in the process of healing. The speaker states:


Each battle is closed with a period, a stopping point – the only instance this punctuation mark appears in the poem. Each historical moment is delineated and separated from the next. The act
of naming, of diagnosis, has its time; there are points at which it is very important to speak the names of each individual event, rendering them hyper-visible. Yet, even within the same stanza, the poem offers a revised understanding of that history in a different time – the present.

One can bring the poem’s undertaking of interrogating associations built into grammar and language in the medical field as well, as words in clinical encounters have taken on remarkably fixed meanings. Just as people interpret words such as victories within cultural frameworks, doctors are encouraged to interpret patients’ words in the context of finding problems and forming diagnoses, a context that limits what the words can signify. The medical gaze is also a technique for interpretation as doctors decipher exam results by referencing established medical accounts. As Foucault writes, along with the gaze, a system for classifying illness arose: “an objective, real, and at last unquestionable foundation for the description of diseases: ‘A nosography based on the affection of the organs will be invariable’” (129). Doctors learn to interpret patients’ words in a rigid framework where certain terms may correspond to certain conditions or even numbers, such as on a pain scale. As medical humanist Dr. Rita Charon recalls, “[Harvard medical school] had taught me … a reductionist, positivist, disease centered model of listening to what patients said, [sic] which I was to be very suspicious” (Weiler 2017). The model to which Charon refers only deems patients’ experiences and opinions as relevant when they correspond to specific diagnoses. This strict structure affects the language of the exam room, inhibiting doctors’ range of possible interpretations to a limited context and influencing the way patients interpret their own pain as they learn to adopt the sanctioned language (burning, stabbing, throbbing, etc.) offered to them.

19 Nosography is defined as “The systematic description of diseases” (OED).
20 A numeric pain scale is useful for assessing whether a patient’s pain is intensifying or abating. However, it is not necessarily an effective language for communicating felt pain, as it is very difficult to empathize with the word “five.” And, the pain scale is relative, so each number signifies something different for each person.
Current medical practices encourage doctors to interpret their patients’ language by locating the descriptors patients use in an established framework of medical diagnoses, but “Quarto” offers alternatives to the medical model’s regulated communication. While giving words fixed, determined meanings proves useful in the diagnostic process, language must be allowed its multiplicity of meaning for survivors like “Quarto’s” speaker who may not want to name their malaise but to share their experience of it. Charon, who later recognized the gap in her patients’ care, revised her understanding. She saw that “My primary responsibility to my patients [was] to listen to what [patients] said and to take in whatever account they came to the doctor’s office to give” (Weiler 2017). “Quarto” embraces this re-vision, teaching readers how to open up a patient’s word. For those whose problems elude established frameworks of interpretation, who do not have immediate physical concerns or whose pain is somatic, “Quarto” teaches readers how to listen to what patients themselves deem important to their health.21

Poetry is a particularly useful medium for distancing terms from their dictionary definitions as “Quarto’s” form and grammar further complicate specific terminology’s connotations. Contemporary poetry scholar Joanne Diehl notes in another of Rich’s poems: “Rich uses physical space and the absence of punctuation … to loosen the deliberate syntactic connections between words and thus introduce ambiguities that disrupt normative forms” (532). “Quarto’s” punctuation fades in and out, waning especially after the speaker poses her question for the first time. After that stanza’s final question mark, punctuation disappears entirely leaving that last question to color the coming lines. Thus, the poem’s grammar further allows for gaps between words that can generate unique meaning. In poetry, words are understood to represent

21 Somatization is a medical phenomenon in which a patient experiences symptoms with no discernible bodily cause. The word comes from the Latin root *soma*, body. Outside stressors are incorporated into the body, causing pain without an original bodily dysfunction. The concept of a *somatic symptom* itself reflects a positivist view that what cannot be scanned, graphed, or felt by an outside hand does not carry as much gravity as what emerges from a physical exam.
multiple meanings by themselves and in the poem’s unique, constantly-changing context. And, readers are more open to ambiguity, actively imbuing words with their own experience and not pinning down a single meaning, not diagnosing the text.

As the poem’s tone intensifies, though the speaker spends three stanzas working with and building on war metaphors, her descriptions begin to feel less coherent, not more. Although her metaphors of battle are fairly consistent through the first two stanzas, in the third, between her addresses to the doctor, they begin to fail her, and she confuses her experience of illness with the military representation of it. As the speaker says,

Spent longer in this place than in the war
No one comes but rarely and I don’t know what for

Went to that desert as many did before
Farewell and believing and hope not to die (3. 5-7)

Though the “desert” brings to mind modern warfare, what the word *that* refers to is ambiguous, potentially representing “this place” or “in the war.” Grammatically, the line immediately follows a description of “this place,” implying wherever the speaker is as she recalls those lines, possibly a hospital, is what she interprets as a desert. The connection is reinforced as the place is literally deserted – no one comes. While the lines seem to imply that she returned from war and entered the hospital, the speaker seems to confuse originally going to war with going to the hospital. The idea of a hospital as a site of warfare is reiterated when she demands the doctor “Lay down your stethoscope” (3.9). Thus, the speaker confuses her metaphor’s chronology, the details becoming so blurred that they no longer form a linear sequence. The

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22 One can also understand the desert in a Biblical sense; the speaker, having escaped from bondage, enters an uncharted, trying wilderness with hope but no confirmation of a promised land, an end to wandering.
speaker, creating an atemporal story, deeply questions the medical timeline as she redefines what coherency in an expression of survivorship can mean.

Her switch to the fourth stanza is abrupt, relinquishing military metaphors altogether: “I’ll tell you about the mermaid” (4.1). Sounding frustrated in her bluntness, she moves to a fairytale to illustrate her experience of disease. The phrase “Knives straight up her spine” (4.4) is even reminiscent of surgery. As she feels them “Lancing every step” (4.5), we are reminded that the arrows, or more precisely the residue they represent, though they no longer pose a threat to her life, are not benign. The assonance between knives and spine and the consonance between lancing and step sonically link the terms so that even the words of the poem cannot exist free of an association with visceral pain.

Because the mermaid’s story, a young girl who trades her voice to a sea witch in exchange for human legs, is so widespread in American culture, readers can recognize that just parts of a longer story are included. The speaker only recounts the mermaid’s internal pain and her inability to express it. Yet, this abbreviated myth allows her more nuance when telling the story that the mermaid herself cannot voice. When the speaker relays how the mermaid “Sings like the sea with a choked throat” (4.3), she opens the possibility for new forms of communication. “Sings like the sea” describes a type of audible communication outside of typical language and is articulated through the alliteration of the s mimicking the waves’ soft sound. Further, “choked throat” with the repeated o syllable resembles a cough when read aloud, a sound the body makes that conveys illness. Doctors are already in the practice of interpreting nonverbal communications from the patient’s body. They are translators and receivers of embodied language, and have the opportunity to not only diagnose patients from their bodies’ communications, but to help patients better understand how their own bodies speak. Rich’s
speaker works together with the mermaid, creating a study in alternate communication, weaving the mermaid’s “choked” song into her narrative. She definitively ends her own written story with the mermaid whose struggle is left to frame everything that came before.

Moving from the oral to the aural, the speaker engages the doctor’s body along with her own, bringing them into direct contact. She instructs her doctor to “Press your cheek against my medals, listen through them to my heart” (3.1). Asserting her interior through layers that might stifle her sound is a powerful appeal in the face of forces that would otherwise keep her silent. The speaker has the doctor feel with the doctor’s own body the warmth she emanates, the rise and fall of her chest as she breathes, and the sound of her heartbeat circulating blood through her body. Body temperature, respiration rate, blood pressure, and pulse make up the four vital signs that are so crucial, they begin every clinical encounter. In place of employing the typical tools, stethoscopes and pressure cuffs, the doctor uses their own body to read the patient. In this one act of “seeing,” the doctor intimately witnesses all of the speaker’s vital signs not as data readings in isolation, but simultaneously. Thus, the speaker teaches the doctor not to “take her vitals,” but to experience her vitality in an act of self-expression.

Her sense of self cannot be measured. Her systolic over diastolic will not give the speaker a better sense of who she is now. The sight the speaker proposes does not break the person into parts or attempt to assimilate the patient’s body to established medical narratives. Instead, she is reassembled after the medical gaze’s deconstruction. Putting forth her naked body, she communicates the imperative to be seen as not only as a variation on a “generic human” in pain, but an individual woman in pain who faces a medical model with a deeply sexist history and who is already censored by many other sectors of society. When the speaker asks the doctor, “can you see me if I’m naked?” she questions if the doctor understands this very visible, tangible
expression of her identity despite its erasure from the model’s established frameworks from textbooks to trials. One can read her shift from if to when as her acknowledging that she is a hyper-yet-in-visible woman in every context.

In clinical encounters, patients are defined almost entirely by their bodies. This sole focus on the physical is exacerbated for women, who are defined by their bodies in many settings outside the clinical. Clinicians, on the other hand, are defined by their minds. However, physicians’ bodies and personal experiences with illness will always inform how they approach clinical encounters, as much as rationality and positivism would advocate against it. Scarry writes, “To be one’s self in pain is to be more acutely aware of having a body, as so also to see from the outside the wound in another person is to become more intensely aware of human embodiedness” (199). Pain makes both the sufferer and the observers, doctors, more aware of their own physicality.

Professor of narrative medicine Dr. Sayantani DasGupta describes how physician’s bodies remain largely unacknowledged as they are overlooked in favor of the doctors’ intellects (DasGupta 2003). She views doctors and patients as "co-creators" of an illness narrative, insisting that removing the physician’s body from the equation is reductive and even harmful, as it misplaces the full burden of communication on the speaker. DasGupta’s description of doctors' hesitancy to bring their personal narratives to encounters is strikingly similar to Adrienne Rich's perspective on the “universal” versus the “personal” in poetry. In “Re-Vision,” Rich describes her original intent to write in a “universal” poetic voice and her later realization that “universal” is code for “non-female.” To combat the fiction of universality and the fallacy of objectivity,
Rich focuses on specific, personal experience instead of trying to generalize. DasGupta relays how a doctor’s bringing personal experience with illness to their patients can be seen as too subjective and emotional (read: effeminate). This is positioned as antithetical to the logical, objective (read: masculine) thought they should employ. However, these perceptions hide and deny the truth that doctors always bring their own bodies to exam rooms, and to ignore that they are influenced by their subjective narratives is to perpetuate a flawed notion of "objectivity." Rich and DasGupta from their respective perspectives question the poetic and medical traditions that prioritize the impersonal over the personal.

6. Conclusions: Against Medical Advice

Diagnosis is an act of naming, which, since Adam in Genesis, is traditionally understood to be a very masculine enterprise. It is true that renaming for women can be a powerful act of claiming and reclaiming. But reclaiming is not always enough. There is only so much taking back you can do until you have to start making anew. "Quarto’s” final lines,

There is a price
There is a price
For every gift
And all advice (4. 6-9)

lead readers away from the prescriptive and towards a new, embodied method of reading. The mermaid gains a normative body, but one experiencing pain that others have no framework or precedent in current practices for interpreting. In the current medical model, the “price” of a body that moves in expected ways, becoming human in recognizable terms and healing the

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23 Rich fights to bring the personal into her work despite types of literary criticism (such as New Criticism which emphasizes distancing texts from their authors) that separate her individual experience as a woman, a lesbian, and a person living with chronic pain from a young age from her poetry.
visible, graphic wounds that scream “I am in pain,” is having one’s tongue cut out. Yet, “Quarto’s” last lines pulse in iambs; it is the speaker’s heartbeat that is left to conclude the poem. Even without a stethoscope, readers become not only witnesses to the speaker’s body but extensions of it: co-creators of the heartbeat.

“Quarto” asks readers to approach survivorship the way they would approach a poem and models a methodology that produces constructive readers of both. Poetics envisions a production of a truth that is not linked to questions of the in/authenticity of a speaker’s words but the in/authenticity of language itself – poetry can critique the model in which it is working. Medicine can learn from this. When patients present with the signs and symptoms of survivorship, practitioners should not look solely to the survivors’ bodies as the source of their pain and should acknowledge that physical pain is not necessarily the cause of inarticulateness. Both doctors and patients should take a critical eye to the model into which medical practices force survivors, acknowledging its problems not only as shortcomings but as inherently dangerous and violent. Each individual doctor-patient relationship can learn from “Quarto,” following its speaker as she embarks on a continuous, ever-changing quest of re-vision so that both patients and medical practices will not only survive but thrive.
Author’s Note

In order to begin enacting the work I propose, I have foregrounded the scholarship of women authors, doctors, and researchers. I strive to privilege their uniquely positioned perspectives and their pivotal, empowering work.

Works Cited


