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Lie, D

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Literature and the Arts in Medical Education

Johanna Shapiro, PhD
Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

Imagine a Woman by Richard Selzer: Uses in a Doctoring Course

Désirée Lie, MD, MEd

As its title suggests, this thought-provoking short story from Richard Selzer's collection, *The Doctor Stories*,¹ invites the reader to stretch the imagination across place and time, to be present with a narrator who writes, we ultimately discover, from beyond the grave. The piece sets a mood and tone that leaves much room for interpretation, judgement, and most importantly, feeling.

As an instructional tool, it exemplifies the use of literary stories to "teach desire." In the words of Rita Charon, "The desire that swamps medicine is the same desire that swamps literature: the hunger to tell, the yearning to hear, the longing to read to the end, and the drive to search beyond the ending."²

Contemporary narratives about death and dying, and in particular about AIDS, often chronicle the disease by challenging myths surrounding the illness and its sufferer. For example, in *AIDS and Its Metaphors*, Susan Sontag exposes, criti-

cizes, and condemns the metaphors that stereotype and thus exacerbate the pain of the AIDS-afflicted patient. Emmanuel Dreuilhe's *Mortal Embrace* is a rare autobiographical account of AIDS presented as a series of essays without a structured plot or chronology.

Imagine a Woman, by contrast, as a fictional short story, alludes to the physical and emotional stigmata of AIDS without directly attacking the popular culture and background that create these negative attitudes toward sufferers of the disease. The message is subtle and implied. Indeed, the story has been criticized for being too romanticized, too "clean and pristine" in its portrayal of how people really die from AIDS.³

At her prenatal visit, a newly pregnant young woman, Monica, discovers unexpectedly from her obstetrician that she is infected with the AIDS virus. She surmises that her bisexual husband, whom she knows has a lover, has passed this infection on to her. Choosing to escape confrontation, she instead decides to live out her last year in anonymity, with hospitable strangers in

an idyllic French village. As the story progresses, the Monet-like countryside takes on a dreamlike, surreal quality. Characters and scenes are drawn with endearing, exquisite detail, sprinkled with doses of lively humor and skeptical mysticism.

The woman's journal, to be sent to her husband on her death, explores the course of her pregnancy, which ends in stillbirth, her inner life of coming to terms with her undeserved fate, her transition from repressed to resolved anger, and her letting go of her past. We learn little about her family, something about a barren marriage, much about her spiritual transformation, and more about the emotional protection offered by the loving kindness of others. While not spared the full force and wrath of AIDS-related sickness—Kaposi's sarcoma, shingles and wasting, symptoms of pain, nausea, vomiting, fatigue, bleeding, cough, dyspnoea, and eventually clouding consciousness—Monica is somehow rescued by engaging in the simple life around her.

The story can be edited and shortened to present in a small-group

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discussion lasting 30 minutes to 1 hour. It can be woven into the context of discourse about terminal illness, communication, relationships, or psychological responses to death and dying. In the second-year "Patient-Doctor II" course at the University of California, Irvine, we have made the story required reading linked to the obstetrics and gynecology module, using a problem-based learning format. Students have the option of recording their responses in a journal, then sharing this in a small-group setting. Teaching occurs in groups of eight students and two faculty facilitators. Students read the story after interviewing a standardized patient, a woman in her early 20s who presents with an unplanned first pregnancy. After the interview, students are told that she tests positive for the AIDS antibody. In a follow-up encounter 4 weeks later, students have the challenge of giving her this news. She may have contracted the virus from earlier lifestyle practices.

Students are asked to respond to general and specific questions about the story and to relate this discussion to the interviewed patient. We explore a range of questions: Why? How? What? We wonder, "If you were this woman's physician, how might you have acted? How would you tell her she has AIDS?" "How is this AIDS-infected woman trying to save her life?" "What does she feel toward her husband? His lover? Their love?" These questions generate reflection on perspectives: the patient's, the doctor's, the husband's, and the reader's. The questions probe students to examine specific elements of the text, to attend to multiple viewpoints, and to examine their own emotional reactions. For example, in the story, only five lines of text are devoted to the breaking of the diagnosis of AIDS to Monica by her obstetrician. The medical student has to reconstruct the setting, the tone, the content, and the impact of the doctor's words on the patient. In so doing, the student may "forgive" the

doctor by imagining what he/she might have done in that situation.

I am struck by the depth and breadth of medical student reaction to this piece. Some students are appalled at the husband's transmission of the infection through unsafe sexual practice, or the doctor's insensitive communication, or Monica's decision to "escape reality and give up fighting." Others find it hard to imagine being this woman, keeping her secret, and taking it alone to the grave. There is a deep sense of injustice. Yet others criticize her selfishness, her self-absorbed righteousness, and "irresponsible behavior." Many identify with her anger but not necessarily the form of its expression. Sadness, pity, and pathos follow. We catch a glimpse of reluctant admiration for the unusual choice she makes. This leads to yet further questions: Why else? How else? What else? What other choices might have been open to her? Could she have lived longer, better? And if so, by whose account?

There is a conspicuous absence of religious and moral overtones in the story. We ponder whether this omission is intended and, if so, why? When Monica chooses to forsake her past for an uncertain future, what faith or insight propels her? We learn that Monica is technically an atheist; for her, "The conflict between chronological time and lived time is one of the major burdens of suffering." Yet, this woman's fear and suffering are greatly eased by her acceptance of the natural, pagan rhythms of her adopted community. It is the astute reader/clinician who learns to "respect the multivalence of temporality" in following Monica's quest for self-realization and transcendence.²

One student asked, "How do we know that her husband ever received the letter? He may have died before she did." We are left to speculate on Monica's motives for sending this posthumous record—was it revenge, acceptance, or something else? In the end, it seems

to matter little. It occurs to us that Monica herself, as well as we the readers, are her true audience. At this point, students may be referred to works that suggest that reflective and narrative writing is itself a healing act with demonstrable therapeutic value.⁴ Perhaps too, in knowing Monica through her voice and her writing, we may come to know, hear, and regard our own patients in newly informed ways.

This well-crafted tale easily lends itself to multiple educational approaches, poetic imaginings, and rich discussion. Most of all, I have enjoyed every rereading and found a new nuance or evoked feeling each time, a simple testament to an enduring good story. The intensely picturesque surroundings of the dying patient, the blessing of love she receives from her simple neighbors, and her tender, magical transportation by a demi-god to the life beyond makes her passing seem less like a death and more like a return home. Much as a perfectly framed familiar picture conjures up our best memories and desires, Selzer's gentle rendering renews the hope that all our patients, and we ourselves, deserve in life to connect with and grasp essential truths and to find in death respite and surcease from suffering.

Correspondence: Address correspondence to Dr Lie, University of California, Irvine, Department of Family Medicine, 101 City Drive South, Bldg 200, Rte 81, Orange, CA 92868-3298. 714-456-5171. Fax: 714-456-7984. dalie@uci.edu.

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