

Visual Rhetoric and Love Notes from the Radiology Department: The Incredible Lightness of Being X-Rayed

I shall call it the *medico-fictional epistemological model*.

I proclaim it revolutionary.

Medical texts can be decoded with fiction; fiction generates knowledge. [I am an interruption, another voice in the text - the result of an interpretation of Brecht and his alienation techniques in the theater, which include the direct address by actors to the audience. He encourages actors to show their own feelings about the characters they portray, including disdain and mistrust, and he invites the audience to do the same (138-139). By establishing the fiction of the play, Brecht tries to empower the audience and force them to understand that they can change their own realities.]

I have a short, completely true story to tell. [I am a placard, a reminder that you are experiencing a text created by a person with a machine and not the reality of the story that she tells. This text is a product for consumption. I interrupt to remind you not to suspend your disbelief for the sake of the author/narrator who stands before you. Brecht found that the machinery of theater and the press was no longer "a means of furthering output" but rather, "an obstacle to output" and specifically to the individual's own output if it follows a course which the apparatus finds awkward (34). The author of this text is constrained by the limitations of the machinery that produced the text, as well as its presentation forms - in this case, both oral and textual. She revised her ideas to fit the forms.]

If medical intervention feminizes the patient by establishing the physician as a patriarchal figure standing in authority over a passive, dutiful body, then it stands to reason that the relationship between the patient and physician must be one of love; it is the open, sacrificial love of a woman offering herself on faith - in the medical credentialing process - to one who will make her whole.

Some time ago, my daughter went to bed and began coughing. At midnight, I called her pediatrician.

“She can’t seem to breathe,” I said.

My daughter gasped for air; panicking made it worse. On her physician’s instructions, we went to the Emergency Room, where two nice men x-rayed her chest after the ER physician administered medication that stemmed her coughing fits. The x-rays were to determine whether she had bronchitis or some other lung ailment. She didn’t. That night, the hospital experienced a record number of head traumas from motorcycle accidents, moving croup patients down the list of priorities. My daughter and I spent hours in a cold room watching videos of dancing bears on a very small television set. Nevertheless, she left the hospital able to breathe, which fulfilled our goal. [This seems strangely personal, like the narrator wants us to believe the text represents some sort of truth about her life and that it’s somehow relevant to everyone else. But this isn’t real at all. It’s a revision of a fragment of a memory committed to words.]

Later, I read the report interpreting my daughter’s x-rays and realized that the radiologist loved her. [See image 1. It’s rendered diagonally on the page for artistic effect.] Upon scrutiny, however, it seemed clear that he was hiding something, as lovers often do. The text – plainly a love note – that bonded my daughter and him only covertly identified his feelings. I could not decipher his message very easily. [I could.] His love remained hidden in a way that hurt me. The medical record seemed stripped of meaning; it said nothing of my daughter’s beauty, sense of humor, or love of domesticated animals.

My daughter was more than a “seven year old with difficulty breathing.” I found that I could not ask Dr. Klioze what he meant, because he did not exist. [See there. He doesn’t exist, you don’t, I don’t. We’re by-products of Microsoft and Coca-Cola, software and

sugar water, and the capitalistic, maniacal monster that controls the author and her desire for tenure, more money, prestige, and the professional fulfillment that will surely come from presenting this paper.] Neither my daughter nor I ever met Dr. Kloize. He reportedly read the x-rays sometime later that night. The report itself states - as an autobiography of sorts - "This report was verified electronically." What kind of conversation could I have with an electronic verifier? I chose to address this situation with fiction. [That's like throwing money at a bridge to nowhere important.] What better way to understand a love note verified by a fictional entity than to ask a fictional love story? What better love story could I use than Kundera's *The Unbearable Lightness of Being*, where the main characters, Tomas and Tereza, exist in an existential space moving between fiction and a subtext of reality, and where the duality of body and soul is at the heart of the matter? To accomplish my mission, I need to fragment the love note—tear it apart and decode it. [At this point, it should be noted that the author's ideas are being seriously affected by the form of this presentation. She fears whilst writing this that she will suffer the indignity of looking idiotic alternately placing a mask before her eyes to speak and removing it, causing the ideas at the crux of this text to tremble and bend in order to reduce that possibility. Where she wants to sing, she can only whisper.]

The medical imaging artifact serves as a fragment of my daughter that replaces information that, in the past, her physical body would have provided the physician or, perhaps, hidden from him. The scan or record is often alien to the patient. Fragmenting the text-based interpretation of the image creates a new way of understanding the physician and the often cryptic medical report. It offers something like Barthes and the Surrealists' out-of-context analysis of images and written texts as explained by Robert Ray: "Both Barthes's 'third meaning' practice of reading movie stills and the Surrealist strategies of film watching amount

to methods of extraction, fragmentation" (36). In *S/Z*, Barthes provides an exhaustive appraisal of how readers generate that meaning. He isolates detail from the narrative, so that its meaning becomes open for new interpretation. [Finally. We have a citation, though it seems sort of stuffed in to boost the author's credibility.] In this case, we rearrange the fragments of science and fiction to reveal what they can tell us about the physician/patient relationship, my daughter, myself, and more.

The tearing and fragmentation process mimics how the radiologist fragmented my daughter to understand her pathology. He penetrated her with his gaze, though from afar, and exposed her "Frontal and lateral views of the chest," leaving the rest of her untouched by anything but traces of radioactivity. Betty Kevles points out that from the x-ray to the digital images produced by more sophisticated imaging technologies, such as CT, MRI, and PET, visual medical technologies have "increased the sense of fragmentation that comes from seeing parts of our inner selves as transitory patterns on video monitors" and focused on specific organs, similar to the move from general practitioners to specialists focusing on body part" (261-262). Fragmentation. By isolating and dislocating, it is possible to create.

As an aside, I created a collage of texts from fragments of the x-ray, radiological report, a Whitman poem, and my own voice. See image 3, where these fragments pulled from an infinite web of texts come together in a collage to speak to give me a new understanding of my daughter. The image becomes a doorway to a discourse of tangents. [This aside should be a footnote, but the narrator cannot speak in footnotes.]

Marcel O'Gorman justifies the use of language tricks to make "unconventional, yet informative, linkages between concepts" (12). Gorman argues that images and texts may be used "as an inlet onto a network of discourses" (22) and linguistic gyrations such as punning

can be used as a research tool. [The narrator uses O’Gorman because he’s published a work that qualifies as “scholarly” and is, therefore, credible, and she wants her work to have this vicarious credibility, but she relies on the machine of academic publication and really knows nothing of O’Gorman and whether he offers anything of value or is a babbling fool inside the solitude of his own four walls.] As a baby, my daughter’s first words were *no* and *dada*, so it seems to make perfect sense now that Sydney was saying *no* to the *Dada* movement, and instead instructing me to look beyond at an offspring of Dada – surrealism. The Surrealists practiced cut-up and collage wherein text is rearranged to understand each fragment and the reconstituted whole in a different way. I refuse to slip into the unconsciousness of surrealism, however, and will search with intent to find the right fragments, the right language. I want to use the imaging report and love story as a lens for seeing things more clearly or, according to O’Gorman in his explication of picture theory, “as a generator of concepts and linkages unavailable to conventional scholarly practices” (12).

[O’Gorman also approves the narcissistic autobiographical approach to scholarly writing (23) though does so more scrupulously than this author.]

Fragmenting the medical record of the x-ray itself gives me a way of understanding Sydney’s radiologist, the cryptic medical report, my daughter’s own body, and the rest of humankind. It isolates the detail from the narrative so that its meaning becomes open for new interpretation. In this case, I rearrange the fragments with fragments from *The Unbearable Lightness of Being* to produce new information. See image 2. The textual voices are distinguished by different typefaces. [I resemble that remark.]

By searching through the Kundera novel, I filled in the blanks of the radiologist’s love note; I decoded the white space and completed the communication between the electronic verifier and my daughter. This juxtaposition of the love note and love story offers a way of addressing the puzzle of meaning in this ostensibly medical interaction.

What questions does this conversation between medicine/science and literature/fiction answer? It's clear: "Seven year old with difficulty breathing. What fell to her lot was not the burden but the unbearable lightness of being." What fell to my young daughter's lot that night was not the burden of illness, croup, or of lack of breath; it was the agonizing pain of living in a body that requires breath. The love note hints at it. Her lightness – the lightness of childhood, innocence, and maybe my love – became unbearable for her that night. As she coughed spasmodically and screamed that she couldn't stop, she felt the pain of existence and the fear that it would be snatched from her.

We see from the text that God had no idea; the technique was ungodly. "Technique: Frontal and lateral views of the chest at 0219 hours." Two-nineteen refers to the two of us, Sydney and I, waiting as one billing unit (for hospital purposes), at one moment in time when we were not dressed to the nines. This is significant. Our clothing was our own.

God, it may be assumed, took murder into account; He did not take surgery into account. He never suspected that someone would dare to stick his hand into the mechanism He had invented, wrapped carefully in skin, and sealed away from human eyes.

God therefore could not have envisioned the x-rays that penetrated Sydney's skin with a mysterious, invisible ray that produces – like murder – both dangerous and thrilling results: the exposure to radiation and the spectacular artifact created by that radiation.

"Comparison: none. The odd duality of body and soul has become shrouded in scientific terminology." As the new text states, there is no comparison. The duality between body and soul, between my daughter as female, patient, child, and her radiologist as male, physician, adult becomes more apparent. But wait! His love for her is becoming suspect.

“Findings: Frontal and lateral views of the chest demonstrate the heart and mediastinum to be normal,” How could he call her “normal,” especially her heart? While normality is historically the ideal condition of a patient, it’s a sham that keeps us in a constant state of pathology. As a person he loves, what could such a banal description of my daughter mean? You cannot love someone who has a “normal” heart. It’s insulting. Love requires exceptionality. [Love means nothing in words.] But things appear to improve; the explanation follows. We see that “scientific terminology” shrouds the truth. [Nothing appears foggier than a truth shrouded by the limits of language.] Moving along, we learn through an interpretation of the x-ray image that my daughter’s lungs are clear and her bony structures intact, but we are reminded that things were not always as they are:

A long time ago, man would listen in amazement to the sound of regular beats in his chest never suspecting what they were. He was unable to identify himself with so alien and unfamiliar an object as the body.

[I leave the author to her conclusion here but ask that the audience keep me in their minds as I fade to black. I am a placard. You can’t trust the author. The machinery of her production is deficient at best.]

The love story reminds us of a time when we romanced the body and were romanced by its ticks and murmurs, a time when our sounds remained mysterious rhythms that might have emanated from the earth. The body, earth, sun, universe, God, and buttercups were all one conflated juggernaut. My daughter’s love mate seems to have grown impressed by my daughter. “Impression: No acute cardiopulmonary disease.” Thank God. But, reading on, we learn that: “The road there wound through some hills, and their pickup had crashed and hurtled down a steep incline. Their bodies had been crushed to a pulp.” What is this winding road and how can I stop my daughter from getting in the pickup before it’s too late?! The road

cannot be life; that's far too easy a metaphor. Is the road one day – the day of all days – when no matter how “normal” her heart and mediastinum, they will fail her and she will be crushed to a pulp? Her breath extinguished? I need to know who rides with her, whether the radiologist sits there, a new lover, God, or maybe it's me. This says that despite all of her radiologist's efforts at seeing inside of her and no matter how she exposes herself to his gaze in an effort to endure her lightness of being, it is merely a prolongation of an inevitable outcome.

A year later, a physician visits our home and sees my daughter's chest x-ray in a frame. I have shrunk and revised it in Photoshop. She's mine, after all.

“It's backwards,” he says. “The heart should be on the left.”

But how could he know her heart better than I do?

References

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