

## INTRODUCTION – EXPLICATION, JUSTIFICATION, AND ACT OF CONTRITION

I call my theory *rhetorical narrative fragmentation and reassemblage in the service of resolving states of difficulty*, because I must call it something. Its basic assumption is that every text contains all of the information necessary to decipher problems of all sorts. (*Il n'y a pas de hors-texte.*) To apply this theory, I address problems in radiology and the humanities, as well as those that more personally affect human existence, and even more specifically, my existence. Increasingly, the patient experience includes a medical imaging procedure that generates images and a text report dictated by the radiologist, with both artifacts creating a digital multimedia record of the patient. Using these artifacts and narratives about medical experiences, I illuminate how digital technologies change the way we view medicine and our bodies. Radiology sits at the center of attention here because its dominant artifacts consist of magnificent visual rhetoric that drives our vision of what it means to be human, a study of which crosses into the humanities.<sup>1</sup> And, the field of humanities, an obvious place to

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<sup>1</sup> I want to say that the process of writing this dissertation required patience, which drove me to understand that I actually needed patients, leading me to use the medical experience as a way of understanding the methodology used to decipher problems. This is somewhat true but seems less convincing than the argument that I want to “illuminate how digital technologies change the way we view medicine and our bodies” and that “[r]adiology sits at center attention here because its dominant artifacts consist of magnificent visual rhetoric that drives our vision of what it means to be human.”

seek such solutions, is the root where I cultivate the method for deciphering problems and seeking solutions. I have chosen to overtly make myself an object of this study in the tradition and spirit of scientific self-experimentation—I wreak damage upon myself so that others may benefit from dangerous ideas<sup>2</sup>—and for several other reasons, as follows:

- I observed the medical imaging procedures that produce the artifacts at the heart of the analysis and I am inextricably part of the stories that I tell
- During the course of writing this document, I experienced two medical imaging procedures that serve as material for experimentation
- I want to highlight and demonstrate that all texts are of a personal nature, regardless of how far removed the author pretends to be
- The exercise demonstrates that this text has functional, widespread value beyond scholarship, citation, pedagogical uses, and applications in professional fields
- The most pressing, seemingly unsolvable problems – those that cause anguish and are driven by flawed underlying assumptions – are personal
- That which is the most personal and painful is the most compelling story and the effectiveness of the story strengthens the argument

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<sup>2</sup> ... though not so much as the medical pioneers of earlier centuries who injected themselves with syphilis to better understand venereal disease.

- I have serious problems

This text also attempts to highlight the relevance of authorial context in information production, and at the core of its own production is my context, which shapes the ideas that I convey to you on these pages. For example, the first chapter considers how I might alleviate insomnia. Traditional solutions for insomnia are medication, diet changes, lifestyle changes, stress reduction, exercise, and meditation, but I have found no relief, despite an abundance of information about the problem. If the assumptions that underlie the problem are unfounded in this case, I am stuck staying awake. To apply my theory, I assume that these established beliefs about insomnia – that the insomniac suffers from a chemical imbalance affected by stimuli – are invalid in my case, or at the very least, not useful in solving the problem. By using this method of deciphering problems, I strip away the context that hinders the scope of the imagination in a search for resolution and thereby create new information. By analyzing medical imaging artifacts – in the first example, an x-ray image of my teeth – I find information that leads me to a new way of seeing the problem of insomnia (which has nothing to do with the physicality of my teeth) and determine that the origin of my insomnia comes from something entirely out of the ordinary.

The dental x-ray provided new information about my problem that has led me to a resolution. The results are surprisingly useful.

The value of this method arises from its ability to address problems of many sorts. Later, I consider the challenge of reducing perceptual errors in radiology and arrive at a potential starting point for a solution to the problem: audio-images. With no formal training in radiology, I have the advantage of no preconceived limits on how to address issues in the field. In this case, I become a surreptitious photographer who slips into the radiologist's world. I capture images of his texts and technologies, and then take them to a darkroom for development. Bathed in red light, the darkroom is a space where the chemicals of creation live. These chemicals have historically brought to light what we know of our visual history, but with the dawn of digital photography, this space is disappearing. In my metaphor, it represents a transitional space in every sense. I enlighten the medical experience and then use it to shed light on the problem at hand. Of course, while the method I use can propose solutions, it has its limits on these pages. It would be up to radiologists to determine the practical viability of audio-images as a way of reducing perceptual errors. In a subsequent chapter, I will also use my method to attempt to prove its own value.

Understanding this theory calls for a temporary suspension of disbelief in the indispensability of conventional dissertation form, which is valuable and effective for some purposes. This text reflects a constant tension between my need to achieve an academic goal – that of producing a text that meets traditional standards of scholarship – and my desire to communicate ideas that do not readily fit within that framework. Even in writing these words, I dislike the arrogant tone that implies I have an idea worth sharing based on the weight of its scholarly research rather than its ability to successfully produce new information that helps people address their problems. Simultaneously, I value academia and want to add to the body of knowledge. Later in this text, I use a secondary narrator to embody this tension and reflect my own anxieties about the value of the requirements of a dissertation and to underscore that what you are reading is a product of the person and things that produce it. However, regardless of how snarkily condescending the secondary narrator behaves, s/he ultimately loses the argument by the very existence of this text. I value academia enough to devote myself wholeheartedly to this venture and only hope that questioning its significance will increase its value, as well as the value of this endeavor.

I would like to ask that the reader quietly accept that I have taken the ideas from a fount of knowledge hidden in a small crevice in the universe

whence all knowledge comes and a place that I alone can access; however, that being too great a request for this particular audience, I ask that they accept that the value of this text lies in its deviation from traditional dissertation form and its focus on practical application. This text is not didactic; it communicates, primarily through narratives, a way of seeing. That being said, this text does in fact build and rely on traditional scholarship and respectfully cites the work of others in an effort to boost its credibility and pass muster at the highest levels of academia. It uses its sources sincerely and without desire to attack the credibility of individuals who have contributed significantly to their fields of study, though this work admittedly implies a sort of textual democracy: a “serious” scholarly journal article has no more value or credibility, necessarily, than a popular song, for example. This reflects the Surrealist ideological position on the value of art. Moreover, this text does what dissertations do, in that it adds to the body of knowledge in my interdisciplinary field of texts and technology, while it examines a new way of producing information in the increasingly visual field of new media studies.

## CHAPTER 1 – DIFFERENTLY, NOT BETTER THAN

Here's an x-ray image of my teeth. It was taken yesterday (with *yesterday* being the day before I originally wrote these lines and not one of the many yesterdays associated with the days before I revised these lines):



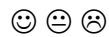
Figure 1 – Narrator's dental x-ray

It tells the dentist whether my jaw is aligned properly (it isn't) and can indicate whether I have periodontal disease (it's possible).<sup>3</sup> To me, it can help answer questions – or at least illuminate and reframe the questions to see them differently than I have in the past – such as, for example, how I might cure my insomnia and determine whether or not evil exists. The process of analysis requires a belief that every linguistic, phonetic, cultural, perceptive, and philosophical connection means *something* and is related to *everything*, no matter

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<sup>3</sup> Except for cropping transparent edges and reducing the size, the image is unedited. It is, of course, a digitized reproduction of a digital image. Digitizing, of course, matters much. It allows the image to be reproduced infinitely. According to Benjamin, "technical reproduction can "put the copy of the original into situations which would be out of reach for the original itself" (220). In this case, it means that I can readily take the image from my orthodontist and use it in this text.

how Byzantine the associations that draw two or a hundred things together. It requires an acknowledgement from the reader – you – that you are reading text and that I do not exist in any other form for you. You will be reminded of this regularly. It requires defiance, and the results aren't always pretty. Rather than explaining my methodology first, I will show you a hint of it and explain later.



The questions at hand are: 1) how might I cure my insomnia, and 2) does evil exist? Note the “L” shape in the lower right corner of my dental x-ray. (See Figure 1.) Without much doubt, the intent of the machine that created the image was not to speak to me through a phonetic or alphabetic sign, but rather to establish a frame of reference for the dentist to examine the x-ray. [There is always doubt. You doubt me, I doubt you. You have no credibility. Who am I? I am an authorial intrusion. I am a placard that says “you are here.” I am text.] However, to me, it is a personal communication. “L” begins my name – my first name that I identify with, not my surname, which confuses me now. My surname was something once and it changed as it sometimes does for women, but now the reason for my surname’s change has changed, and I am left without a connection to it at all. That my children bear that name isn’t enough to justify its attachment to me. When I hear my first name, I turn and look around. That name signifies me. The floating “L” in the x-ray signifies me as

well. It is white and thin, like I am; it is not bold or italicized like some text. The letter floats in the darkest area of the image and signals that I float in darkness but am made of light.

I do not feel light in bed. I feel heavy and constricted and my mind spins, feeling like a fast-flowing river with many tributaries that flood it with fragments of thought and images that make no sense, but will never cease, ever. My weight increases and muscles constrict. I *feel* intensely at night. The x-ray shows smokiness above my slightly open mouth. At night with my fists clenched, I feel that smoke in my head and it drifts above, around, and through the river of thoughts, making sleep impossible. I want the smokiness of dreams, not frenetic thought. [I want out of here. This is too conceptual and contrived to be useful, but I will withhold judgment in the hopes of a substantial payoff.]



**Figure 2 – Dental x-ray fragment**

In a fragment of the original x-ray (see Figure 2), the swirling movement of the white smoke stands out. Smoke can be blown away. When I sit by a campfire, wind blows smoke into my face. I assume it's only smoke in my head

and not fire. I need wind to sleep. The homonym for *wind* means something here as well. I need to *wind* down. I need wind to wind down. If I find the wind, I will sleep. Wind does not exist on the Web; it's perfectly still there and so I search through the window of my computer in the stillness for what else the "L" might mean. According to one wexpert (this is my new word for Web expert and I'd like to copyright it), "L= primal, primitive mammalian love, as one feels as the result of sexual bonding" (Gilbert). I do not sleep well, but I do feel sexual bonding and a very primal, primitive love for a mammalian animal, as you will see when I tell another story, or maybe it's a continuation of this story. I feel too much of everything around me from the dust in the air to the possibility of nuclear annihilation, and it creates problems of the mind that interfere with finding the deep comfort of sleep. My mind moves and I am moved to stay awake.

The "L" in the image seems to be moving away, out of the image, exit stage-right, assuming that it moves from left to right as English text typically does. It has no reason to buck the system. It seems to move toward the darkness that I cannot find. With my eyes open or shut, I always see brightness and colored points of light. The "L" seeks the darkness like I seek empty, black space and bids me to follow it, because I cannot neutralize the light. I find the absence

of light soothing, compelling. Some people are drawn to the light, but darkness calls to me. Darkness does not represent evil, as it often symbolizes. For me, it is the opposite, in a different way that *live* is the opposite, an antigram, of *evil*. I want darkness to *live* well by sleeping well and refuse to find *evil* there. [The narrator mocks language. Is that productive? We see whole words, phrases, sentences, and ideas as we read, not individual letters. Letters are symbols that contain no information in this context on their own. She later relies heavily on Barthes for credibility - I know because these words are being added in a revision (I've seen the future and it ain't pretty.)] If I close my eyes to it, evil won't exist for me. It seems that whether or not evil exists for others, I don't care. Its existence is irrelevant.

The song that plays this precise moment on the radio says exactly this: "Life is beautiful, but it's complicated/ We barely make it. We don't need to understand/ There are miracles, miracles."<sup>4</sup> Benjamin no longer lives or listens to the radio, but he had something to say about the song, this story, and authorial intent: "No poem is intended for the reader, no picture for the beholder, no symphony for the listener" (69). [He says it from the grave, with the literary present tense requirement being what it is.] It is what it is.

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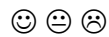
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<sup>4</sup> (Vega4)

The dental x-ray offers me a way to analyze my problem outside of logic and syllogisms. [The x-ray has a voice much like my own. It's hard to hear over the quake of medical revelation - "Oh, my! You've got a cavity" or "Oh, my! You have invasive lobular carcinoma" - but it's there.] The result may not be straightforward or unambiguous, but at the very least it offers a new standpoint from which to search for meaning as well as new meaning in itself. I have had insomnia since I was a child and am always looking for the reason that I cannot sleep. I have deduced many causes for my problem over the years, including food allergies, thyroid problems, and a hormonal imbalance, but they have all proved false as a cause. The doctor feels I cannot sleep because I do not use sleeping pills, so I try the pills. They work but are only palliative and make me feel as if I am pretending to sleep. I want real, organic sleep.

The fragmentation and analysis of the dental x-ray offers me hope that I can find heretofore hidden-information to help me understand my problem in a new light, if not find an answer. Through this analysis, I discover that I do not sleep because I see light all of the time. It is true that I never find darkness and always see a field of colored dots. Everyone does not see these dots as I had once assumed. It seems possible that if I could eliminate or dim the colored light always in my mind, I might find the quiet peace of sleep easier. So, the brief

analysis offers me a starting place – I do not know how to turn off these cerebral lights, but I could apply the same methodology of fragmentation and collage to yet another text (or the same one) and see what happens. In this case, the artifacts contain the intelligence, wisdom, and knowledge; I am translating. And excavating.



This text is all about me (and you). I have problems. These problems vex me, and I want to solve them so that my life will match the vision that I have for it. Sometimes, I cannot identify the problem or the thing that makes me struggle and writhe around, and, at times, I don't think I have problems but rather issues with which I must contend in order to get through the day. (These issues are problematic.) From this landscape rises a phoenix that hatches from eggs laid by Breton, Bruce Springsteen, Barthes, a digital music station, radiology, and weather maps, to name only a few fertile birds. To decipher these problems, I shatter the lenses of my perception, or at least the lenses that I'm accustomed to wearing – those prescribed by convention and experience. Because I'm an optimist, I believe I will not go blind.

In this project, I put myself in a liminal space – between things – medicine, radiology, science, humanities, love, magnetic resonance imaging, gallbladder

surgery, girlfriends, God, and butter. Using an irrational methodology solidly based on existing Important Theories and Big Ideas, going between these things changes me and my perception of those things, as well as the matter of problem-solving itself. I have created a strategy for *seeing* by deciphering problems that seem unsolvable or vexing, at the very least. I allot the intellect to texts and allow them to speak through me.

We all see the world through culturally-derived lenses. Those might be religious, political, environmental, ideological, or gender-based, for example. I am not overtly ignoring these lenses but am not using them either. Instead, a methodology for seeing rises through them. The process makes meaning not by adding knowledge to these areas or understanding the specific lenses of culturally-derived perception, but rather by pulling them apart and connecting them to me. I use terms and ideas from within my objects of study and, in that manner, make a series of signifying connections rather than relying entirely on set signs (lenses/theories) to view my subjects. It's all about me (and you). [Note that *you* is merely a parenthetical reference; it's really all about the narrator and how *she feels*. This is an extremely narcissistic text. Granted, that could be said of the Bible, which sold well, and perhaps every other text in the universe as well. It seems that this one may

require a great deal of patience and extrapolation by the reader.] The meaning is unbound by other people's meaning-making strategies.

People use hierarchal, causal, logical, and rational strategies to make sense of things. That's good and effective but not the only way. Images as well as texts can be used to *see* extraordinary, absurd things of great value. The image becomes a vehicle for the truth as I see it. Using the concept of image, "we reach a point where image teaches us about analysis, teaches us about that activity that we used to conceive of as mastery of images" (Bal 93). In this case, there cannot be mastery of images and we cannot expect to affix a permanent meaning to them or to make sense of them in a fixed way as the visual artifacts are fluid objects that transform, shift, and change as unceasingly as the reader's train of thought. The images teach us genuine analysis – in this case, the breaking down of information to create more information – unhindered by the limitations of the object being analyzed as a static thing.

I need a basis upon which to test my information-making-meaning-producing strategy – a place to apply the theory – and I have chosen the field of radiology, which seemingly renders the body transparent. The concept of transparency figures heavily into the methodology applied here. Ostensibly, one topical focus of this text is how the artifacts produced by medical imaging tools

have created a digital patient that is replacing the corporal patient and how this affects our beliefs about illness and the human, with a focus shifting from the exterior to the interior body and from the whole persona to organ systems, anatomy, and physiology. In this context, digitization represents the culmination of objectivation: the physical body falls under the observation of the medical imaging technologies, while the digital body ultimately serves as an object of observation by the physician. [This is starting to sound credible, to develop an erudite tone. Where's the value in something that six people in the world will ever read? Despite a long tradition, evidence of the value and impact of traditional scholarship is uncertain at best. Write a commercially-viable text. That's the only way to find an audience and make any sort of difference at all. Forget about "adding to the body of knowledge." That premise serves the institution but no one in it.] I also address love, passion, and those things that drive us to seek life over death.

I analyze images produced by medical imaging technologies, along with their accompanying text records, and evaluate that content outside of literal meanings in terms of medical usage in a manner that proposes a new way of examining practical and notional problems. I use a rhetorical approach to examine the artifacts produced by medical technologies and the processes by which they come into existence. Here, the artifacts are not considered static

objects, but rather part of a complex system of communication between physician and patient that creates new meaning in different contexts, both in whole and in part. This experiment feeds on uncomfortable questions asked by a malcontent.

McLuhan called for the “amateur” to undermine existing rules and develop an awareness because the “amateur can afford to lose” (93). I am the amateur – an outsider to the medical field. I lack medical training and any reasonable credibility, and cannot identify a clotted vein on an arteriogram or a cancerous breast tumor on a mammogram. To consider questions in medicine, the outsider can utilize experimental tools without fear of repercussions. I have nothing at stake in the medical field. In this way, the discussion of how digital medical data affects the physician and patient, with a focus on the artifacts that the technology produces and the processes used to produce them, is well suited for the field of humanities, a place ripe with scholars of the human condition, along with fiction writers who know no limitations to what a character may do. In a *New Yorker* article, John Updike describes his writing professor, John Hawkes – a novelist who defies conventional narrative structure – announce to the class, “When I want a character to fly, I just write, ‘He flew.’” Updike describes the “dizzying freedom” of fiction, which “holds an opportunity to

dramatize certain existential questions that mark the beginnings of philosophy in a child” (90). This type of dizzying freedom allows humanists (as amateurs to medicine) to address problems in the medical field in a valuable way.

As a result of this experiment, I have changed the way I see myself and the world around me; the world and I have changed as well. Why am I relevant? This text does not disguise that it is not an entity unto itself; I am tied inextricably to it, and my perceptions, ideas, preconceptions, biases, and personal needs are just as inexorable. Through these words, I am offering a way to shatter the lens through which we see ourselves, which is the same lens through which we attempt to solve problems and consider our physical and emotional environment. [Consider that the only environment of truth herein would be the printed page. Everything else is only conjecture. To project beyond the page is a futile, egotistical attempt at immortality. The word lives on but you will not.] It offers a way of unearthing new information and making meaning out of images and, occasionally, context and white noise: the things that float around and into us. At the heart of this experiment are actual medical images and records – texts – that provide a basis for understanding how the imaging equipment – technologies – communicate to physicians and patients and provide concrete objects that I use for addressing

issues both inside and outside the scope of medicine. [This experiment has no heart.]

The methodology for this analysis of medical images and texts combines narrative, fragmentation, juxtaposition, and collage, based on a variety of theories and practices, including those employed by Surrealists, semiologists, and visual artists. Using the idea of a meme, the basic unit of cultural information, we do a sort of memetic shuffling through this reconstructing of information, analogous to how subcultures adapt a meme like the handshake; they may reconstruct it as a fist touch, high-five, knuckle rub, or other variation on the clasping of hands to signify a greeting. Each variation carries with it different cultural information. A high-five has a different connotation than a handshake, yet both actions come from the same meme. In the case of this text, it is common practice to play with reconstruction of words and language through scrambled word games, crosswords, and word-find puzzles. Here, anagramming is an example of fragmentation used to break down the word to its lowest possible unit, separate the parts from the whole, and juxtapose the reassembled letters with their original meaning in context. Rather than simply creating a new word or words through anagramming, we create new meaning. Playing with the meme of reconstruction, we take that scrambled-ness and put it back in some

other way. This memetic practice helps us understand the production of knowledge through repurposing the meme. In this vein, I dissect the artifacts of medical imaging – much like the technologies visually dissect the body – and reconstitute [regurgitate?] them in a way that produces new meaning and helps re-define ways of addressing questions in the medical field, as well as questions of a more existential nature.<sup>5</sup>

Surrealist techniques allow the introduction of art and literature into scientific inquiry [our early 20<sup>th</sup> century Surrealist friends liked sexy things, erotic things, which should help the level of engagement readers will experience here], which helps identify new, sometimes subversive meanings from the medical artifacts and bridge the gap between science and the humanities. This text eradicates the notion of an irreconcilable difference between the disciplines. The fields are connected and this text walks on the middle ground. I infiltrate that space by taking things apart, putting them back together, and interpreting them in a way that produces new information and a different way of seeing, giving weight to the humanities in a culture where, according to Bal, “the sciences are taken more seriously than the

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<sup>5</sup> Ultimately, the methodology outlined here offers a way of deciphering questions, but the practice could also be used as a pedagogical tool to help students make disparate connections between literature and ideas, a rhetorical strategy for making political statements about the texts or artifacts being dissected, or a fun game.

humanities” (29). Bal describes the issue of concordance between the disciplines as one of sequence and reasoning, finding that the mainstream humanities endorses this normativity, in spite of itself:

A humanities’ light shed on this normativity is in order, for this normativity has a problem of temporal logic. The legalistic normativity proclaims beforehand what is in need of explanation and analysis. In this sense, it embodies the rhetorical figure of *proteron hysteron*: it is literally pre-posterous, putting first what in fact comes later, in terms of both temporality and causality. (30)

In this human[ities] experiment, temporality is shed to some extent and causality is placed in serious question. I decipher the “problems” as narratological and engage in a non-logical, disruptive interaction with the text created as a result. In this case, using Bal’s language if not her context: “As a consequence, causality is rendered opaque, if not suspended” (30).



“Words, groups of words *which follow one another*, manifest among themselves the greatest solidarity” (Breton 33). [Breton was speaking of unrestricted language. This is an identifiable but weak segue to the subject of collage.] Here, words, sentences, whole narratives, and images

*which follow one another* manifest themselves the greatest solidarity. They create a patchwork of meaning that I endeavor to understand.



Collage is a critical component – a methodological tool – in the interpretation of the electronically-produced artifacts at the crux of this text. The medical records and images become data as well as art. Lanham’s *The Electronic Word* surveys how electronic media affects rhetorical expression in the arts, education, and popular culture. Lanham sees collage as providing the “central technique of twentieth-century visual art” (40). [Richard Lanham’s name contains the perfect anagram – or collage of letters – *carnal harm hid*. It looks more like a collage if it’s in the form of a ransom note. See Figure 3?



Figure 3 - Textual collage

Straight text and a conspicuously transparent narrator don’t have the same effect.] It seems, however, that everything in arts and letters is and always has been collage, though electronic media has made self-consciousness in collage fashionable. [If everything is collage, nothing is collage. See Page 110, where you use the same logic to make a big deal about, literally, *nothing*. “If everything is bold, nothing is bold.”] In this

text, collage is imperative. [It is more imperative to realize this is a text but not necessarily a valid one.]

The Surrealists appropriated collage as a way of visual and textual artistic expression. A collage is an assembly of diverse fragments that sometimes come together to produce meaning. Here is a collage that I created from arteriogram images and the song lyrics cited in this text. (See Figure 4.)

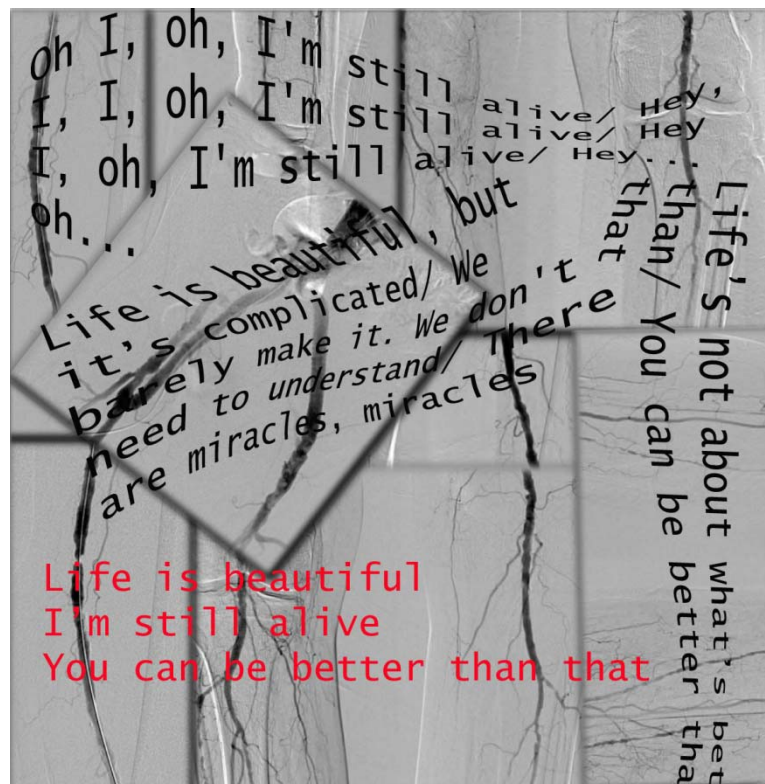


Figure 4 – Medico-lyrical collage

Creating a visual-textual patchwork from existing material removes control from the original authors and puts it into the hands of the revisionist (me) and ultimately the reader or audience of the collage. The elimination of the

initial context strips meaning and requires that readers draw on their own experience to make connections and produce new information, likely to be far from the author's intention. [Doesn't the reader just have to suffer through another insufferable author?] The more diverse and seemingly disconnected the fragments are, as well as their sources, the more chaotic and unpredictable is the result. Combining medical images and records with fiction, for example, offers opportunity for chaos and nonsense but also the chance to mine for meaning in untouched territory. [Or we could see what floats to the top.]

Diverse means "unlike"; unlike things differ. Since alphabetic letters differ from each other, their compilation into a word might be a collage. Each word differs from another, making a sentence a collage of words. Sentences differ even more from each other, making a paragraph or essay a collage of sentences, words, and letters (and maybe even pixels or atoms). [That seems to stretch any kind of credible definition of *collage* to set up some theory in this text. Very self-serving. *Self-serving*, by the way, is a perfect anagram for *fling verses*, which seems apropos here given what the narrator does later with song lyrics, self-servingly.] Some words differ more than other words. For example, *rhetoric* differs greatly from *flatulence*, but not so much from *rhetorical*. The word *collage* differs from *color* in meaning, but only slightly in composition; however, *collage* and *patchwork* differ significantly in

their etymology and construction, while only somewhat in meaning, depending on context. All of these words come from a chapter in Lanham's book,<sup>6</sup> which is a collage of letters, words, sentences, paragraphs, ideas, and images. Writers and artists have always been masters of collage. Some writers, such as James Joyce with his *A Portrait of the Artist as a Young Man*, create textual collages that are rich, complex, and extraordinary. [Other writers, such as the author here, pull together simple ideas in simple ways, creating a collage that is perhaps not particularly noteworthy, but yet captivating like a train wreck.] We all create collages. Through reading this line, you form a mental collage of things that you associate with "Through reading this line, you form a mental collage ...".

Lanham outlines Eric Havelock's argument that an alphabet for a high literate culture had to be simple enough for internalization. "Thoroughly internalized at that time, it would become a transparent window into conceptual thought" (3-4). Reading should not be a self-conscious act: "The best style is the style not noticed; the best manners, the most unobtrusive; convincing behavior, spontaneous and unselfconscious" (4). The scribe should remain anonymous; her voice or text should stand alone. The glory is in the act, not the actor. But, where the pen might hide the ego, the computer electrifies it. Electronic media has

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<sup>6</sup> "Digital Rhetoric and the Digital Arts" (29)

unveiled our conscious – the computer has made the text, the art, the work itself less transparent while it's simultaneously made the writer, the artist, the creator exceptionally transparent (in more ways than one). Typeface, word art, and color make the writer's page a canvas. "The textual surface is now a malleable and self-conscious one," Lanham says (5). He believes that the collage results from the computer desktop, and the scribe's ability to flourish, embellish, and essentially fill white space. The scribe fills the space with his ego; through arrangement, scale, and other design choices, he controls the reader's field of vision in ways beyond historical precedent. These new understandings of old literary tools, such as collage, can inform the medical field and increase our understanding of what the patient expects from medicine and physicians. The introduction of these artistic methods to medicine offers a useful way of exploring issues about the validity of certain medical processes, roles, and beliefs about medical care.

Breton finds the most value in the arbitrary virtue of Surrealist tools and sees them as a way of freeing the imagination (38). He proposes using these tools to make new meaning from existing texts and images. Less well known than Breton, his "muse and impossible mad love" Lisa Deharme used textual and pictorial collage to both "add a creative, poetic dimension to the page" as well as

address serious political issues such as the rise of Fascism in Germany in her 1933 Surrealist review, *Phare de Neuilly* (Barnet 324). Marie-Claire Barnet describes the contributions to the review as a “carefully planned collage,” with prose and poetry receiving equal importance (326). The result was a superimposition of times and places “to upset everyday conventions in order to reach the Bretonian meeting point of opposites” at the “heart of Surrealist theory and practice” (330). Here, the practice of collage upsets disciplinary conventions in order to find the surprising, with the element of surprise being at the very heart of the original Surrealists. Unconventional methods of evaluating problems lead to unconventional answers. [You have to be prepared for that.]

By contrast to Breton, Brecht wants to remind us of reality and that the nature of reality is economic. He used techniques in the theater to remind the audience that they were watching a play, rather than observing another representation of reality. He found that the machinery of theater, opera, and the press is no longer “a means of furthering output but has become an obstacle to output, and specifically to their [intellectuals’] own output as soon as it follows a new and original course which the apparatus finds awkward or opposed to its new aims” (34). In the case of medical imaging technologies, I consider the perspective that the apparatus that produces the texts creates them for their own

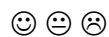
purposes – the machines justify their existence. The nature of this reality is economic. Brecht believes that the apparatus produces merchandise, “ruled by the normal laws of mercantile trade” and that is not a good thing (35). Medical imaging technologies clearly provide a vast and complicated economic foundation for many industries, from those that produce the machines, supplies, and training to the medical practitioners who use them. Ultimately, the machines are nothing until they produce an image; yet the image seems to the patient to offer such a simple truth (normal or not) that it transcends being defined as a product for consumption.

The medical encounter can involve a substantial economic transaction with the patient at its crux; he is a player in the operating or exam theater. Brecht’s techniques in the dramatic theater include the direct address by actors to the audience, transposition of text to third-person or past tense, and stage directions read aloud. 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. This text utilizes techniques adapted from Brecht that highlight the patient’s agency and control over how medical technologies are

implemented by underscoring certain realities through narrative that detaches the patient from the medical encounter, and, even more importantly, these techniques illustrate the reader's agency and control over this text itself. [Hi. The preceding paragraph is about me and my method.]

Control is something patients (and readers) may feel little of. Once a medical artifact exists, the patient can become less central to the physician and her own medical care. [It makes me uncomfortable knowing that this text exists anywhere other than the narrator's hard drive.] The artifact serves as a fragment of her that replaces some information that, in the past, her body would have provided the physician or, perhaps, hidden from him. Yet, 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 itself. It offers something like Barthes's "third meaning," as described by Ray. Barthes fragments both movie stills and written texts and interprets them out of context. Ray explains: "Both Barthes's 'third meaning' practice of reading movie stills and the Surrealist strategies of film watching amount to methods of extraction, fragmentation" (36). It isolates the detail from the narrative, so that its meaning becomes open for new interpretation. In this case, we can rearrange the fragments to reveal a different meaning of the medical

text. I analyze the medical record itself, in terms of its semiotics and semantics and what it means outside of the patient/physician encounter. In *S/Z*, Barthes provides an exhaustive appraisal of how the readers generate that meaning. This combination of approaches to analyzing the medical artifacts and processes is experimental and unusual and can produce new, valuable knowledge.



Medical imaging technologies as a subject for the humanities has been addressed by scholars, including José van Dijck, who challenges “the simplified notion that new imaging technologies lead to more knowledge and thus lift the veil from the interior body” (16). [Maybe what she’s really saying is that the new imaging technologies “lift the **evil** from the interior body,” with *evil* being a perfect anagram of *veil*. Sometimes the letters get mixed up in the brain-to-text translation.] Van Dijck specifically cites the approach taken by Lisa Cartwright as a guidepost: an image is a representational tool producing meanings at a specific moment in time. Cartwright asserts that the medical image is full of cultural meanings but admits that she has “not always been specific about the nature of those meanings in terms of subjects and their cultural identities” (142). She primarily addresses the medical image in terms of popular culture, as does van Dijck. Likewise, Joseph Dumit describes how positron emission tomography (PET) scans have transformed cultural views

about the mind. Unlike this text, Dumit specifically focuses on images used in research rather than diagnosis or intervention and shows how these images are disseminated and interpreted in popular culture. He argues that these scans shape opinions in a variety of contexts, including social views of mental illness and finds that scans made public serve many agendas. "While representing a single slice of a particular person's brain blood flow over a short period of time, one scan can also represent the blood flow of a *type of human*, be used to demonstrate the *viability of PET* as a neuroscience technique, and demonstrate the *general significance of basic neuroscience research*" (4).

Bettyann Kevles points out that the technologies have had an enormous impact on art and culture in that "we no longer see surfaces as barriers" but places into which we have access (261). [But, if we just drop a few words from the text inside the quotation marks, we're left with "we see barriers." This text is a barrier to the truth, because it pretends to be something it's not. Through medical imaging artifacts, you want readers to look not in the mirror but at the mirror. The problem is that this text is glass without any reflective coating. It's ironic, really.]

Unlike other scholars in the field of medical humanities, I rely heavily on the scrutiny and analysis of real medical records and images, observations from the field, and analysis of the research with the methods derived from a range of

mostly literary sources. The existing literature discusses medical images seen through the very large window of culture, whereas this project focuses on personal encounters and experiential narratives.

Extensive narrative, in addition to the methods described above, may violate conventional form and content and seem unreliable as a hermeneutic tool, but it is not. Ray outlines the traditional allocations “assigning narration to the novel, exposition to the essay, and poetics to the poem” but points out that the avant-garde allows the author creating the text to adjust the balance of these to his own needs. Ray says the urgent question is how to “establish links that will produce *information*, redefined as a function of surprise” (200). A story offers the reader the experience of reading and the vicarious experience of living, and above all, the narrative account offers “something useful,”<sup>7</sup> according to Benjamin (86), who believed that usefulness could be of a higher order: “Counsel woven into the fabric of real life is wisdom” (86-87). The real story creates wisdom.

Ray points out that “the appropriation of avant-garde experimentation for the purposes of humanities research” is controversial (199). The avant-garde here refers to methods of fragmentation, juxtaposition, repurposing, and the Surrealist

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<sup>7</sup> Benjamin believed the practical interest or usefulness in a story may consist of a moral, practical advice, or a proverb or maxim (86).

tradition. He justifies its usage as an ideal way for film studies to be understood in an “electronic world” (199). It is also an ideal way to excavate and interpret new information. We can generate a new understanding of medical imaging technologies and their effect on the way we view our bodies and ourselves in an electronic world; the methods outlined here, developed outside of medicine, offer a powerful way of considering our electronic selves in an electronic world, as well as seeing ourselves in a different light. There is even a direct connection between Surrealism and imaging technologies; the latter had a significant influence on the Surrealists themselves, whose paintings and literary works advocate the notion that more exists than we see, and that art must show what lies beneath the surface. Kevles describes the influence of x-rays and the idea of transparency on artists, particularly cubists, such as Picasso and Braque (124). The x-ray became a metaphor and instrument for transparency. Frida Kahlo studied anatomy as a premedical student and painted images that mimic qualities of the x-ray in terms of revealing the internal body and isolating parts, “singling out the reproductive organs, in a series of surrealist, autobiographical canvases,” according to Kevles (134). Artists throughout the 20<sup>th</sup> century have appropriated x-rays themselves to represent meaning outside of their original purpose.

Ray points out the benefits of using Surrealist tools, specifically:

... the emphasis on method, the tolerance of chance, the practical goals. Above all, Surrealism and its descendents took seriously photography's break with alphabetic culture, its introduction of new ways of meaning unanticipated by the camera's first users. As it *developed*, photographic practice confirmed Mallarmé's confidence in the benefits to be had from "yielding the initiative" to signifiers—a poem's words, an image's details, an argument's arrangement on the page. (199)

While this text does consider how people are affected by various medical technologies – and how the information produced can lead us to a more comprehensive understanding of ourselves – it is not about how to build a better fluoroscope, necessarily. This is a liberal, liberating application of theories to facts – information that we understand to be true about a medical setting – and experimentation with voice and narrative expands the ways in which we can examine case studies and other qualitative data to investigate the character of patient and physician roles in light of medical imaging technologies. There are examples of addressing technological issues in the humanities through an innovative combination of narrative and conventional scholarship.

Allucquere Stone (whose name contains the anagram *a queer soul*, probably by no accident) successfully combines narrative and high theory in a way that is “a kind of adventure narrative interspersed with forays into theory” (21). She blends fiction and fact openly. [Note to reader: this text is entirely fictional. There is no truth herein. The medical records, stories, and narrative detail are products of the author’s imagination. Whatever she has accumulated in an effort to “decipher problems” has been changed by her own experience beyond recognition. The main point of this text seems to be that we can solve problems in unconventional ways, yet the very idea that these problems need to be solved is solidly conventional. An unconventional, not-already-done approach would require that we shove the problems aside altogether and light the universe on fire.] Stone admits that her method is experimental and “subject to recall,” yet that it ultimately succeeds in drawing together knowledge from many directions into a coherent exploration of the shifting boundaries between humans and technology. She feels that this offers the only way that she “can properly grapple with the formidable challenge of finding viable pathways into academic discourse in the time of cultural studies” (21). Stone considers herself a novelist and does not apologize for allowing that to influence her approach to scholarship. She “grapples” for different ways to tell the story (20). In addition, Ray’s approach to film studies tells a number of stories, resulting from his

unconventional methodology. Ray employs extensive fragmentation and collage, influenced by Barthes and the Surrealist techniques, which results in a form that defies convention and provides extraordinary insight into film analysis, as well as the process itself.

I use this rhetorical evaluation of the artifacts produced by medical imaging technologies to better understand the fragmentation and digitization of the patient, along with our expectations related to illness and the human body. The existing cultural studies research about medical imaging often shows how images are portrayed in literature and art; this project turns the artifacts into literature and art and, in doing so, creates a platform for discovering what the products of medical imaging represent in a larger way, both in the context of the human body as well as the things in themselves. Bill Brown outlines a theory about why we complicate *things* with theory. He describes an artistic sculpture of a typewriter eraser as a “thing” (the typewriter eraser, not the sculpture) that has been “[r]eleased from the bond of being equipment, sustained outside the irreversibility of technological history, the object becomes something else” (15). The thing turns into an object or an extension of an idea that has a historical and social context. Brown demonstrates how we look through objects, because this makes our lives meaningful; however, we “only catch a glimpse of things” until

they break and when their flow within the circuits of production and distribution, consumption and exhibition, has been arrested, however momentarily" (4). Here, we want to traverse the area between the object and thing in order to interpret how medical technologies fit into digital media studies and how that informs cultural perceptions about ourselves as patients in the medical experience. The radio calls to me again as I write these words and I hear: "Life's not about what's better than/ You can be better than that"<sup>8</sup>. We do these things to see ourselves *differently*, though not necessarily *better than*.

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<sup>8</sup> (John Butler Trio)