

**FINDING MEANING PLACES FOR HEALING:
TOWARD A VIGILANT SUBJECTIVITY IN THE PRACTICE
OF A NURSE EDUCATOR**

by

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**A thesis submitted in conformity with the requirements
for the degree of Doctor of Philosophy
Department of Curriculum, Teaching, and Learning
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University of Toronto**

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ABSTRACT

In order to reflect theoretically upon my practice, it is not required that I change physical contexts. It is required that my curiosity become epistemological.

(Freire, 1997b, p. 96)

Nursing originated within the realm of healing and care. During the early 1900s, the practice of nursing was highly influenced by the medical model and driven by traditional empirical research. The care of the individual was, and still remains, directed by the diagnostic representation of illness. Yet many of the seekers of health care claim to be unheard when attempting to describe their own personal experience with illness and to express their wishes or opinions regarding treatment and healing.

This research study explores published and/or public artistic, poetic, and narrative representations of those who have been touched by health or healing challenges with the intent to review literature and examine issues surrounding illness/healing representation in health care. The research then focuses upon the autobiographical data, which consists of my own poetic representations, and questions the work of representation as an agent of subjectivity for the practitioner/healer in the development of the healing relationship with the seeker of care.

The overall purpose of this research is to uncover the possibilities for understanding healing and the healing relationship through the development of a vigilant subjectivity that embraces an ethic of care that listens to and receives the subjectivity of Other. The central questions of my research are: 1. What might the exploration of aesthetic narratives of the self of the practitioner, and of the seekers of care as interpreted by the self of the practitioner, bring to light about the ethics of care and the healing relationship?, and more specifically, 2. What is the work of aesthetic representation, as an agent of subjectivity, in the fostering of an understanding of healing for the practitioner/healer and for the seeker of care?

The methodology works with critical autobiographical narrative approached through a phenomenological attitude, one which raises questions about the nature of human experiences in an effort to uncover deeper meaning structures within them. The autobiography will encompass multiple voices in dialogue, including the voice of my poetic representations written in a time period from 1994 to present; the voice of journalistic notes written immediately after certain poems; and my current voice as researcher. As well, this dialogue calls upon the “voices” of Other which emerge from the published/public textual representations previously examined by the researcher.

Thus, although the data is autobiographical, it invites other text into dialogue. This research keeps in mind Freire’s (1997b) recognition of the primacy of dialogue, specifically that dialogic experience implies a critical posture and is fundamental for building epistemological curiosity.

DEDICATION

This work is dedicated to the life and memory of my dear grandparents.

Antonio and Clara (Carmella) DeLuca

and

Ralph and Clara DiPrete

I could never thank you enough for the Saturday morning kisses and tweeked cheeks, the Sunday afternoon opera on the six inch transistor radio, pepperoni that you could chew for an hour, bead-stringing afternoons on the upper porch over the hardware store, inzuppare il pane (bread dunked in spaghetti sauce) handed out to the eagerly awaiting line-up of grandchildren, the Sunday weeny sip of homemade choke-cherry brandy, sweet Genovese basilico (basil) leaves picked for me to smell in the back seat of the car for the trip home, and *most of all* for the unconditional love, never-ending hugs, always welcoming smiles, and of course, for the dandelions.

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Those who advised...

Joel Weiss offered his continued interest, his well-developed midwifery skills, and his political eye to ensure that my research made sense to the educational community.

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Carol McWilliam donated a rigorous nursing eye that scanned and edited the textual structure and ensured the accuracy of the nursing related claims.

And those who coached...

Nancy, my old friend, offered support and clarity of purpose.

Sylvia offered patience and reality checks on the place of academia in life in general.

Gary listened with care over eggs and bacon and sausages.

Jason donated the gesso to the feminist ideas.

Sharon originally lit the narrative spark and continues to maintain the flame.

Dad and Ma faithfully encouraged over the telephone, engaging in conversations that always reminded me of who I am.

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CHAPTER 1

SEEING DIFFERENTLY: AN INTRODUCTION

Our experience of the aesthetic too is a mode of self-understanding. Self-understanding always occurs through understanding something other than the self, and includes the unity and integrity of the other .

(Gadamer, 1994, p. 97)

...How could cold, unfeeling, detached, dogmatic words and tone possibly reveal the Truth or depth of meaning of a human phenomena associated with transpersonal caring or convey the sorrow, great beauty, passion, and joy that are present. We cannot convey the complexity of the need for compassion or the cultivation of feeling and sensibility in words that are bereft of warmth, kindness, and empathy. Within this paradigm is poetic ambiguity; we must learn to accept that. (Watson, 1994, p. 15)

Because the body [of a patient] is so thoroughly reduced to object status that there is little evidence of subjectivity, onlookers, seeing only a thing, attribute thingness to the person as a whole, finding a “thing with a thing.”

(Gadow, 1990, p. 37)

The Research Issues

A “thing with a thing”... the center of a person’s experience with health care.

Gadow (1990) reflects upon the words of Oliver Sacks who speaks of his experience with a leg that would not move and a surgeon who considered himself a carpenter: “I regarded my leg as a thing, and he regarded me as a thing. Thus I was doubly thinged: a thing with a thing” (Sacks, quoted in Gadow, 1990, p. 37). From the perspective of nurse researchers, the objectification process in health care is well documented (Benner, 1984, 1994; Benner & Wrubel, 1989; Benner, Tanner, & Chesla, 1996; Bevis & Watson, 1989; Gadow, 1990; Leininger, 1978; Paterson & Zderad, 1976). Gadow (1990) points out that

the objective realm is hard to avoid as it dominates health care in many ways: “diagnostic categories, patient classifications, institutional regulations, clocks, numbers, dollars, and x-rays,” and not least of all as evidenced in the fate of the ill body, no longer that “taken-for-granted vehicle of freedom” (p. 37). The ill mind, I suggest, shares the destiny of the body as it is so often bombarded with drugs when unable to maintain “normal” function.

As a nurse educator who has practiced for 29 years, I have witnessed the experience of “thingness,” or *detached-otherness*, in the lives of many of the seekers of health care with whom I or my students have worked. This is not a *new* issue, yet I continue to be nagged by a disillusionment with the politics and “ethics” of many who practice within a biomedical culture that embraces distance and objectivity, and where the self of the practitioner remains an illusive and sometimes fleeting “presence.” The biomedical culture (not all inclusive) to which I refer is that well organized group of individuals in health care who practice a kind of science that has been designed by positivist principles and supported by well-funded empirical study. They are the individuals who construct the treatment of those who are ill (or perhaps not ill) into a neat and tidy business of labels and treatment regimes. They do not understand science as I do - as a theoretical representation informed by and entwined with the theories of art, poetry, music or any form of aesthetic representation.

The scientism of this biomedical culture breeds what Chargaff (1980) refers to as the “clatter of experts” (p. 41). One can recognize them by the direction of their thinking - in a straight line, leading in a singular direction to the creation, care and nourishment of the Diagnosis. They are not hard to find, as the keepers of this kind of knowledge thrive on public performance, and engage in “a crude reductionism on what cannot be reduced”

(Chargaff, 1980, p. 41). Nursing, medicine, and other health sciences continue, in varying degrees, to uphold their cause. The diagnosis, then, as determinant of *The Problem*, becomes the predominant representation, the canon, of the Other. Yet there are noticeable seeds of change. Systems of healing other than allopathic (disease-centered) medicine continue to gain recognition both in the public and professional domains (Achterberg, Dossey, & Kolkmeier, 1994). I am interested in those “seeds.”

I continue to wonder about the complex ethics of care and healing, as it perhaps is the simpler task to point out the problem of objectified representation, but a far more challenging task to come to new understandings of what makes the issue problematic to the individuals in our care. Do I even have the questions “right?” Am I representing the issues as they are understood by the seeker of health care?

As mentioned, the issues in question relate to representation of the other, the seeker of care. Gaining entry into the experiences that individuals are having with health, illness, and healing remains, in many situations, an illusive and somewhat contingent act. I suggest that one cannot claim to even begin to understand the nuances of another’s experience without first conferring with the other in regard to their own perception of what might be wrong (or right). Simple thought. Not a simple act. Not under the rule of the diagnosis. I argue that Diagnosis is a complex mechanism used by biomedical culture for the purpose of extracting illness from its context, essentializing it, naming it, and then giving it back to its keeper. The keeper essentially *becomes* the representation. This representation is thus determined, through reduction and compartmentalization, by the Diagnosis, which is not unlike what certain feminists refer to as the male gaze. The patient, then, is responsible for housing and animating what is “known” about them. The

patient or other, I suggest, is re-constructed by this representation, and expected to comply with its regulations on how to think, act, and feel.

Phelan (1993) claims: "He is the norm and therefore unremarkable; as the Other, it is she whom he marks" (p. 5). In the context of Phelan's work, I argue that the patient is "marked" by the biomedical gaze, for s/he is the aspect of this cultural and knowledge binary not marked with value. According to some within the dominant biomedical culture, the patient lives *outside* medical knowledge and understanding, *outside* biomedical culture. The patient's knowledge, therefore, lacks "measured value and meaning" (Phelan, 1993, p. 5). Thus a boundary between patient and practitioner, human and biomedical culture, is established - a boundary that I perceive as falsely and arbitrarily constructed.

In this context, I am interested in the issue of what would constitute an ethical representation of other, the seeker of care. Narratives of illness or healing, used not only as an adjunct, but as a principal and collaborative form of representation, may blur the boundaries and cross the lines of traditional biomedical representation. They may afford one the opportunity to enter a space not yet explored by many of those involved in administering "care."

Furthermore, I question whether one can enter into a healing relationship with simply good intentions to care. In what ways might an ethic of respect for the subjectivity of the other remain contingent upon the knowledge and understanding of the practitioner's own subjectivity? Gadow (1990) points out that illness radically alters the person's relation to self and to the world, and recommends that intervention be offered only in the context of advocacy. She describes advocacy as "caring which addresses the subjectivity of the patient through the subjectivity of the nurse" (Gadow, 1990, p. 40).

The issues of subjectivity and representation are ones which touch the lives of both the healer and the seeker of care. They are issues that confront the objective known - the givens of diagnosis and treatment. They are messy and thus suspect in a health care arena that prides itself on quantified and “correct” intervention. Yet there are an increasing number of nurse researchers calling for what Watson (1994) refers to as the construction of a “newfound subjectivist-intersubjectivist truth via expanding our horizons of meaning and insights...” (p. 15). She explains:

With respect to the Truth of poeticizing human experiences, once we acknowledge the authenticity and transcendental nature of its expression, it is necessary to acknowledge that the way in which the experience is expressed is at least as important as the content, the facts, and the pure description of the experience. (Watson, 1994, p. 14, 15)

Watson’s (1994) comments reflect an appreciation of knowledges inherent in the aesthetic representational form. They indicate an understanding of theory and knowledge as I do - that is, as issuing from ordinary (and extraordinary) human experiences. Perhaps I allude to a scientism, or a theory of science that warrants further clarification.

A Feminist Science

The language of science cannot be freed from ambiguity, any more than poetry can. In spite of its tidy look, the structure of science is no more exact, in any ultimate and final sense, than that of poetry. (J. Bronowski, quoted in Watson, 1985, p. 1)

My sense of science is very much aligned with the sense of this statement, and interestingly, Bronowski is both scientist and male. I am not certain that what I construct as a feminism of science is solely and originally a feminism, or is, instead, a way of understanding embraced by certain feminists. I tend towards the latter. Feminists such as

Haraway (1991) speak of a feminist writing of the body that metaphorically emphasizes vision, because “we need to reclaim that sense to find our way through all the visualizing tricks and powers of modern sciences and technologies that have transformed the objectivity debates” (p. 181). She claims the following:

Feminist objectivity is about limited location and situated knowledge, not about transcendence and splitting of subject and object. In this way we might become answerable for what we learn to see. (p. 190)

Haraway (1991) advocates seeing from below, and placing oneself in a subjugated position, preferable because it promises “more adequate, sustained, ...transforming accounts of the world” (p. 191). It is not difficult to visualize a feminist theory of representation from this perspective in that it assumes a destabilizing position. Instead of a tidy, nonproblematic, and impositional gaze at the body/mind with disease, Haraway’s (1991) view is from the perspective of “interpretation, translation, stuttering, and the partly understood...,” from the science of “multiple subject with (at least) double vision” (p. 195).

To meet the patient on this level would constitute a relationship to which diagnosis alone cannot subscribe. The gaze of the diagnosis requires a position and attitude of authority, one of power over the Other. It is understood by Other as a “cognitive authority” on the felt experience (Addelson, cited in Wendell, 1997, p. 274). As Wendell (1997) proclaims, “medical professionals have been given the power to describe and validate everyone’s experience of the body” (p. 274). The Diagnosis imposes its knowledge claims *upon* the individual and substantiates the claims against rigid and supposedly rigorous empirical studies. The seeker of care perceives their own opinion and

experiences as invalid. When the reality of the individual's own life is discounted, that person, in some way, is silenced. It is difficult for those entrenched in this way of understanding science and knowledge to find their way out, as those of the reductionist ilk engage in mutual reification, feasting on thought-food prepared by one another for one another. I see those of purely empirical-diagnostic mentality as subscribing to the fear that Harding (1991) articulates.

Some fear that to give up the possibility of one universally and externally valid standard of judgment is perhaps even to be left with no way to argue rationally against the possibility that *each person's* judgment about the regularities of nature and their underlying causal tendencies must be regarded as equally valid. (p. 139)

One cannot see from below while standing above. Yet how are those who embrace that gaze to find the stairway down? How will the health care worker who advocates a feminist understanding of science be able to subvert the hegemony of tradition? Is it possible to be a science-maker who, as Watson (1994) alludes, has the mind of a poet? And how will a seeker of care caught up in traditional biomedical culture earn the *privilege* to be seen or heard, or to gain access to the staircase? Should this access not be a *right*, rather than a privilege?

Perhaps answers lie in the looking. Perhaps there is knowledge to be uncovered in the way in which those experiencing illness and healing represent themselves. I see these representations as powerful heuristics for blurring the boundaries of diagnostic criteria, destabilizing the diagnosis, and teaching the uninformed.

Destabilizing the Given: Representations of Illness/Healing

While exploring representational forms, I am reminded of a poem that I recently wrote that works with the power and fear that seems to accompany the acts of sorting through self and the acts of making public that which has been uncovered. It is entitled "Excavation." I include it here because it recognizes the struggle that those working through experiences of illness and healing express. In my research on the forms of representation, I am struck by the personal anguish experienced by many of those who are endeavoring to achieve a greater self-awareness and understanding of their illness/healing experience, while striving to be acknowledged by others. Although this poem talks of poetry, I see any form of self-representation as interchangeable with the word poetry.

Excavation

Poetry excavates
 like archaeology,
 exposing caverns of the spirit
 and caves of the soul.

Archaeology chips at encasements,
 laying bare the pieces
 and parts that have
 withstood ages of wind.

Unearthed. There.
 No, the structure is not tired.
 Worn maybe - shape altered,
 the edges comfortable
 with their space
 Touching air gently,
 yet firmly.

Is it like this with self?
 Do we expect
 that excavation
 will uncover a
 tired spirit, a
 tired soul?

Or do we fear that
 the capacity for
 enduring exposure
 will have expended
 its energy?
 Are we afraid that
 our seams and
 boundaries, although
 ridden with imperfection,
 will no longer withstand the
 storm?

I think not.
 I see this act of
 poetic understanding
 not unlike
 an archaeological moment.

What is there
 was always there.
 It has withstood
 layers upon layers
 of the weight of the
 elements of a life.
 Although not seen,
 it never ceases to
 hold fast to
 spaces inside.
 Uncovering only gives back
 vision otherwise
 lost.
 Lost - but not missing.

(DeLuca, 1996)

This poem alludes to the representational capacity of witness, and it is in this capacity that I see the healing possibilities arise. Witness of self, I suggest, allows access to witness of the Other. Thus witness holds the power to destabilize. Johnson (cited in Walker, 1995) speaks to my point.

As we write ourselves into existence, the class, race and sexual political structures of society inevitably change. The notions of

who has rights, whose voice can be heard, whose individuality
is worthy, comes under revision. (p. 121)

Witness, a concept that I further develop in Chapter 3, is not a difficult notion to actualize in this discussion of representations when one aligns with the idea of the multiple self. Representations fulfill more than the singular purpose of offering knowledge of self to other, for, I argue, they first offer self to self. Walker (1995) points out that “the concept of writing oneself into existence suggests an emergence from a private into a public self” (p. 121). Yet the discovery of the public self is initially a private act that when given language or form becomes available to others.

Spence (1992), who suffered from breast cancer, calls the process of her own work one of “demystification - both of the self and of the medical and family discourses which have defined [her] for much of [her] life” (p. 130). She notes:

I needed to find out who I had been told I was before I could
contradict it. (p. 130)

Spence’s observation captures the multifold processes involved in the representational act. The complexity of representational acts became evident in my exploration of her work, as well as the work of others. Along with the knowledges that may be uncovered in the act of looking at representations of others, I suggest that questions will emerge. I am interested in what ways these representations of Other may shift the healing relationship. Must the practitioner begin at home, through one’s own *subjectivity*? When one shifts the positioning of looking, is it possible or even wise, to attempt to make uninformed claims as to what one might find?

The Research Questions and Context

There are many encircling questions for study, yet I see the central questions of my research as follows: 1.) What might the exploration of aesthetic narratives of the self of the practitioner, and of the seekers of care as interpreted by the self of the practitioner, bring to light about the ethics of care and the healing relationship? 2.) What is the work of aesthetic representation, as an agent of subjectivity, in the fostering of an understanding of healing for the practitioner/healer and for seeker of care? Although there has been research in nursing related to the aesthetic realm, there is little that I have been able to uncover specifically examining the issues of representation, subjectivity and healing from the perspective of my interests. In this section, I will highlight the historical context from which my work derives.

For many years, the practice of nursing has been closely related to medicine in their common focus on “the cure of human beings,” and has assumed “a medical model grounded in the natural sciences” (Parse, 1981) and driven by empirical research. Recently nursing has been in the process of reclaiming its historical origins, which focused to a greater extent on care and healing (Parse, 1981). It is interesting to note that Nightingale struggled with similar concerns in her *Notes on Nursing*, first published in 1859. In contemplating her perspectives on “sound observations,” and the purpose behind such activities, she cautioned:

It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort. The caution may seem useless, but it is quite surprising how many men (and some women too), practically behave as if the

scientific end were the only one in view, or as if the sick body were but a reservoir for stowing medicines into, and the surgical disease only a curious case the sufferer has made for the attendant's special information. This is really no exaggeration. (Nightingale, 1980, p. 103)

It seems that the nursing profession lost sight of Nightingale's insightful counsel - for a while. More recently, new curricula in nursing education have emerged from the renewed recognition of the fundamental differences between nursing and medicine, and from the act of returning to its earlier roots in the healing arts (Achterberg, 1990).

Bevis and Watson (1989), who have had significant influence in the field of phenomenological curriculum development in nursing, argue that nursing and other human sciences education have been indoctrinated by a behaviourist curriculum paradigm for the last 35 years, and as a result have been "handicapped by an oppressive model in both worlds of learning and practice" (Watson, 1989, p. 38). Connectedness and relatedness, unable to be objectified and tested, were relegated to the sidelines. Nurse researchers, such as Bevis (1989b), began to look more critically at the kind of nurse who would be prepared to work in the current complex health care environment, and described that person as "one who can act and reflect and who has the nature of compassionate scholar with a mind that never ceases to inquire, quest, and expand" (p. 68).

Nurse educators found support for the constitution of a new curricular perspective that endorsed practiced-based care in the work of the phenomenologists, the humanists, as well as the critical and feminist theorists. They looked to Heidegger to provide a foundation for thinking about the place of *care* in nursing practice and education. Heidegger (cited in Guigon, 1993) "introduced the unifying term 'care' to designate the

basic feature in us that constitutes all our involvements in the world” (p. 63). He understood *care* as a holistic concept that enables us “to take account of the overall *sense* we give to our existence as being-in-the-world” (p. 63).

The appropriation of the words *care* and *phenomenology* by nursing education and practice may affect a presupposition that we know what they mean. Yet all words are abstract, and these words are particularly so. Nursing does not claim exclusive rights to these words, and continues to work with the way in which care and phenomenology is understood by both practice and education. My study also addresses this challenge.

The phenomenological perspective of caring is beset by many vantage points that deny a universal notion. Yet, I argue that there are some educators and nurse researchers whose notions of care are perhaps more closely aligned with the phenomenological tenet of caring, that is as the centrality of being. Noddings (1984) in her philosophy of care, Benner and Wrubel (1989) in their primacy of care perspective, and Watson (cited in Swanson, 1991, p. 161) who views caring as a “moral ideal,” represent some of those who perceive *care* as central to practice. Their perspectives, I suggest, lend support to van Manen’s (1992) notion that a pedagogy (and, I would add, a professional practice) of thoughtfulness and caring attunement requires phenomenological sensitivity to the lived experience.

The phenomenological tenet of caring and connectedness in nursing serves to contradict the traditional objectivist stance, superimposed upon nursing by medicine, that has seemingly engendered the duality of mind/body and thought/feeling. Current perspectives on nursing impel nurse educators to examine curricular and practice landscapes, and to query the behaviourist affinity, in nursing, for the imparting of

“knowledge” as “neutral, unproblematic, and consensual” (Diekelmann, 1993, p. 248).

Such queries inspire one to contemplate the meaningfulness of knowledges of curriculum, self, or others, or of any given text of knowledge, experience, or understanding. Although educators in fields such as languages and reading recognize that text is always interpreted, this has not necessarily been the case in health science curricula or in professional practice where fact and testable realities are revered.

In order to provide theoretical grounding for this interpretive perspective, nurse educators and researchers draw upon hermeneutic (or interpretive) rather than purely descriptive phenomenology. Heidegger’s hermeneutic ontology recognizes the significance of the “finitude, worldliness, and historicity of our human predicament” (Guigon, 1993, p. 141). He positions the individual as a historical being who is molded and shaped by her/his own culture. This interpretive posture encourages the nurse educator or practitioner to make sense of the historical oppressiveness that has infiltrated the worlds of practice and education. It disrupts the objectivist posture that, according to Merleau-Ponty (1981), makes one unaware of the subject of perception “because [objectivity] presents itself to the world ready made” (p. 207).

The “reform of understanding” that Burch (1989, p. 204) claims is the chief practical benefit of phenomenology, and the increasingly critical perspective of the nurse educator call upon a change in nursing curricular work that urges the educator to confront the entrenched hegemony of both behaviourist and biomedical rule. The act of calling upon feminist/critical understanding has engendered a political consciousness that is critical in nature and perhaps counters what might be interpreted as complacency inherent in purely phenomenological work.

Feminist researcher/theorists, such as Grumet (1988) and Belenky, Clinchy, Goldberger, and Tarule (1986) offer support to the philosophical position of the phenomenological curriculum and the interpretive study of nursing practice, both of which embrace diversity, and power-with rather than power-over relations. Grumet (1988) explains that “phenomenology is, quite simply, a philosophy of consciousness,” one which in its analysis of knowing and learning, “helps us to recover and name the conditions of our own thought” (p. 14). Feminist theory has contributed the view that knowledge comes to form in human relationships (Grumet, 1988), and that the person is the political. These notions, I argue, create space for the philosophies of phenomenology and humanism, critical theory, and feminist theory, to dialogue within a humanist curriculum and practice in which caring is a central core.

Previously, I spoke of seeds of change and alluded to the fact that there has been an increasing body of work, within the aesthetic realm, generated by nurse researchers in education and practice. Specifically within this realm, the most recent work of Achterberg, Dossey, and Kolkmeier (1994), Benner, Tanner, and Chesla (1996), Chinn and Kramer (1999), and Chinn and Watson (1994) offer support to my research. Achterberg et al. (1994) explore rituals of healing and the use of imagery for health and wellness. Benner et al. (1996) work with stories of lived experience as providers of new insights for clinicians. As well, they suggest to nursing students and clinicians that “learning to enter the world of others through literature (poetry, biographies, drama, ethnographies, and novels) can increase the power of understanding and the capacity to articulate that understanding to others” (p. 316). In this context, they write about the insights into care that are gained from the interpretation of illness narratives and narrative accounts of clinical practice.

Watson & Chinn (Chinn & Watson, 1994) claim that the art of nursing is “the capacity of a human being to receive another human being’s expression of feelings and to experience those feelings for oneself” (p. xvi). They examine ways in which art and humanities might be integrated into nursing education. As well, they explore the writings and experiences of researchers in nursing education and practice, and look into the ways in which their research works with art as a form of asking, knowing, learning, practice, and reflective experience (Chinn & Watson, 1994). Chinn and Kramer (1999), drawing on Carper’s patterns of knowing in nursing (empiric, ethical, aesthetic, and personal) further develop nursing knowledge within the four patterns, and devote a chapter to the work of aesthetic knowing in nursing practice, research, and education.

It is within this body of work that I locate the professional context of my research. The focus of my project, as indicated in my research questions, is to explore the work of aesthetic representation, as an agent of *subjectivity*, in the fostering of an understanding of healing for the practitioner/healer and for the seeker of care. In a sense, I am altering the starting place of understanding of others and the healing relationship from Other, as in a number of the previous works noted, to Self. In the next section I will further discuss the methodology of my research.

The Methodology

My personal interest in the subject of representation has evolved from a desire to extend the possibilities of aesthetic work within the health care arena and within the art and science of nursing theory. As preliminary work, I will examine poetic, artistic, and narrative representations, published or made public in text, of certain people who have been touched by experiences of illness or healing. I ask the question of what

understandings of healing and subjectivity of other might this examination bring to light? What issues find relevance for the practitioner seeking to create a healing environment? Although I will begin by critically examining various representations of others, I see this process also as one that works to clarify the questions of research and to review the literature that houses the voices of those who hope for more than the experience of “thingness” in their health care.

As mentioned, the texts that I will examine are previously published works, and/or works that are within the public arena. What is brought to light will be considered beginning thoughts and initial exploration that will provide a context for the autobiographical work that follows. It is expected that perhaps the preliminary work will serve to keep the critical autobiographical analysis grounded within the healing realm.

I will then more extensively work with my own narrative representations, storying and examining my relatively recent experience with poetic form. Taking self as my subject, I will relate, in critical autobiographical format, my own story of involvement with poetic representation, beginning with my personal recognition of several serendipitous moments that sparked a latent desire to work critically with representational forms in professional practice. Some of these writings were originally accompanied by journal entries or “reactions of the moment.” I will then add a third voice which will take as its project the questions of research. Thus, the autobiographical dialogue will work with multiple voice and multiple text. Although the autobiographical work will be the *heart* of the dissertation, there will be no boundaries to hinder the possibilities for bringing the autobiography into conversation with the published and/or public textual representations that are being considered in this research.

I began work with multiple voice in my master's thesis (DeLuca, 1996) where the voices in dialogue were the two respondents, Cathy and Judy, who had read, and in some cases responded to in margin notes, my interpreted autobiographical narrative which explored my experiences of control, and of suppression of passions and emotion, within education in general as well as in the role of nurse educator. In essence the respondents first dialogued with the autobiographical text, then with myself, as researcher, and with each other. In fact, the voice of my autobiography became a trigger for discussion as well as the voice of a third respondent.

The difference in dialogue and analysis in this research study is that the multiple voices emerge from within my autobiographical narrative. They include my voice at the time of writing the poetry, my subsequent journal reactions to the poetry, and my current voice as researcher. The dialogue in this thesis (chapter 4) invites also the textual "voices" that were "heard" in the previous chapter (3).

Critical autobiography, I suggest, assists the researcher to defamiliarize understanding, and, as Pinar (1988) notes, requires one to adopt "a critical posture towards one's free-associative account, looking for the functions of one's explanations of oneself" (p. 141). The manner in which I will work, that is, with multiple texts and interpretations, as Grumet (1991) points out, "bring[s] the presentation of personal knowledge out of the whispered confidences of the analytic dyad, complicit couple, sadomasochistic duo, and into a community of people who share a world"(p. 76). Thus, the perspective of critical posture towards self, and the primacy of multiple text and interpretation are foundational to this research process. Although the voices in dialogue in my study are autobiographical and textual, future studies with "breathing" respondents may extend the questions even further.

Toward a Vigilant Subjectivity

As noted previously, in the exploration of issues related to *subjectivity* I employ critical autobiographical narrative as a primary mode of inquiry. Yet, given the broad range of interpretations and philosophies that underpin this method of inquiry, it is prudent to further clarify the understandings that are implicit in my research approach.

Heshusius (1994) points out the following regarding subjective method.

I have come to see the call for “procedural subjectivity” and its attendant concerns (how to be in charge of one’s subjectivity, how to handle it, restrain it, account for it) as identical to “procedural objectivity” (Eisner, 1992) in that both view the self as the fundamental unit for methodological concern and both maintain the belief in the possibility of a regulated distance between self and other. This common ground anchors both approaches in an alienated mode of consciousness which see the knower as separate from the known. (p. 15)

Heshusius’ (1994) work is directed towards developing an understanding of subjectivity as an ability of one to temporarily let go of preoccupation with self (an objectified act in itself) and instead move into a state of complete attention, or what is described as a “participatory mode of consciousness.” I will refer to this state of participatory attention as a *vigilant subjectivity*.

Barfield (quoted in Heshusius, 1994) brings up the notion that we are not studying some “so-called ‘inner’ world, divided off, by a skin or a skull, from a so-called ‘outer’ world; we are trying to study the world itself from its inner aspect” (p. 18). This is

precisely the way in which I understand the possibilities inherent in autobiography, in the way in which it provides the researcher with the opportunity to study the connections between subjectivity and healing from the inside out. Autobiography, in my research, is surrounded by a hermeneutic phenomenological understanding of the world that takes the lived experience, in its context and historicity, as its subject. As Grumet (1992) explains:

The principles and processes of phenomenology that are most pertinent to [the] consideration of autobiographical method are its emphasis on the reciprocity of subjectivity and objectivity in the constitution of meaning.... (p. 42)

A hermeneutic, phenomenological attitude toward autobiographical research ensures that interpretation is grounded in human experience, “as it helps us see the ordinary as strange and in need of some explanation” (Roche, quoted in Grumet, 1992, p. 50). And, as Grumet (1992) points out, the scrutiny of what is ordinary “requires a critical approach to the social and political environment, for the ‘ordinary’ is a social concept” and an unquestioned assumption (p. 50). This thesis intends to subject its narratives to scrutiny, interpretation, and perhaps, as did Kierkegaard (cited in Grumet, 1992) and Bakhtin (1984), to a scathing humor. Thus, from the perspective of my research, critical autobiography spurs and fosters a *vigilance* towards the other, rather than self-absorption or isolationism, in the examination of the *subjectivity* of self.

The Structure

Structurally, this study includes the following chapters which succeed this introductory one: Chapter 2. Methodosophological Underpaintings; Chapter 3. Blurring the Boundaries: Examining Representations of Illness/Healing; Chapter 4. Poetic and Mythical Musings in First Person Plural; Chapter 5. Meaning Places.

Following the discussion in Chapter 1 of the origins and context of the research questions, Chapter 2 will develop the methodology, looking at the necessity, in my research, to work within a critical narrative mode of inquiry. Chapter 3 will serve, in a sense, as a literature review through an examination of representations of some of those who have been touched by the experience of “thingness,” as imposed by others within or outside of the health care arena, or perhaps imposed by the experience of illness or healing itself. Chapter 4 will develop and interpret my own experience with aesthetic representations, and will work with the research questions. Chapter 5 will serve as a contemplative as well as critical site for reflections on representational work. Also considered are examples of ways in which aesthetic representation as an agent of the *vigilant* self, may alter one’s understanding of healing and the healing relationship in practice, and the possibilities for knowledge development that this project may offer to nursing practice, education, and future research. Because of the emergent nature of my research project, I highlight the “findings” that have evolved from the research at the beginning of Chapter 5, and then further develop the research insights throughout the chapter.

Applicability in a Broader Context

As nursing practice and education are currently striving to reclaim and animate nursing’s theory base in the arts and humanities (Benner, Tanner, & Chesla, 1996; Chinn & Watson, 1994; Valiga & Bruderle, 1997), the practicing registered nurse, nurse educator, and nurse researcher are being legislated through the College of Nurses of Ontario, the licensing body for all nurses practicing in Ontario, to provide quality assurance of one’s practice through a Professional Practice Portfolio (originating from

CNO's Quality Assurance Program, 1996). The portfolio, *A Professional Profile: A Reflective Portfolio for Continuous Learning*, requires evidences of reflective practice and life-long learning within a nursing science theory base that draws from both the arts and science. Reflective practice assumes a willingness to look back and look inward in order to look forward. It recognizes the relationship between self understanding and the understanding of others. In this broader context of professional practice, my research will work toward extending the possibilities of a reflective nursing practice. Pinar (1988) summarizes what I perceive as the potential of autobiographical research within the realm of professional practice.

It is against the taken-for-granted routine and ritual we work, for it is the regularized and the habitual which arrest movement....

Arrested, we cannot see movement in others nor contribute to it.

In a sense we seek a dialectical self-self relation, which then permits a dialectical relation between self and work, self and others. (p. 149)

In summary, I suggest that there is unexplored potential inherent in the consideration of aesthetic representation as a heuristic for connection to the illness and healing experiences of others. Perhaps it is in this entry into an absence, into a space as yet not acknowledged, that I see the possibilities for an ethic of representation. To what extent, then, will a nurse educator's exploration of her/his own aesthetic representations assist one to gain access or entry into the unexplored space of self-other. In arguing that one cannot capture the illness/healing experience of many, even to the point that certain existing forms of representation in health care, such as the Diagnosis, at times become deterrents to healing, or contradictions to the way in which a person may define their situation, it then becomes necessary to wonder if aesthetic representational work has a

better chance to celebrate meaning without *capturing* subjectivity. This research takes “wonder” as its project, and in the process of wondering, looks for meaning places for healing.

In the next chapter, I develop the philosophical and methodological foundations of this research project. I examine the contributions that critical social theory and critical feminist theory offer to a critical narrative study, and as well I develop the hermeneutic phenomenological philosophy that keeps the project grounded in the lived human experience.

CHAPTER 2

METHODOSOPHOLOGICAL UNDERPAINTINGS

I tire of linguistic structures easily. I must confess that fact. As I extricate the supporting methodological and philosophical perspectives that support and affect the way in which this research was conceived, developed, and processed, I find myself searching for words that reflect an emerging conviction that one cannot possibly deal with issues of methodology without clearly articulating the philosophical positions held by the researcher. Positions of philosophy, I suggest, may in fact be far more revealing about, or perhaps acknowledging of, the researcher's affect upon both the telling and the analysis of the data than methodology alone. Thus the title - a study of method and wisdoms. Unable to find a word that captures the entwining nature of philosophy and methodology, I construct a title that in my view is more reflective of the ensuing discussion.

The intention of this chapter is twofold. It presents my particular methodological perspectives and the ways in which I understand the relationship of methodological and philosophical knowledges that are not necessarily traditionally enacted in concert with each other. Secondly, in this chapter, I construct a dialogue that draws upon the voices of others who may speak to the function of various methodologies in ways which perhaps differ from my own perspective as researcher. Therefore this chapter is not to be understood as a defensive posturing on methodology, but rather as multi-vocal dialogue between myself as researcher and others from the various methodological and philosophical knowledge fields. This chapter works with the possibilities of dialogism that finds a place not only as a heuristic for analysis, but as a possible site for the construction of knowledge, in this instance methodosophological knowledge.

The title of this chapter admits a research perspective that does not separate the philosophy of the researcher from the methodology employed by the research. In Chapter 1, I described the methodology as critical autobiographical research approached through a hermeneutic, phenomenological attitude. A phenomenological attitude mingles with and even drives the way in which autobiographical method is understood. I will take time in this chapter to articulate the coexistence of both methodology and philosophy, as well as to explicate the layers of personal philosophies that complete the “underpainting” (Mayer, 1981) of this research. I suggest that the final product of a research study, just as Mayer (1981) points out regarding the dried films of oil painting on canvas, tends to become more transparent with age, “sufficiently transparent to allow the underpainting or drawing to show through” (p. 111). Unless the research affords the reader access to the underpainting of the research, the research may suffer from what appears to be an attempt by the researcher to “paint over” or obscure the personal motives and professional intention of the research. Ghosts of the researcher, as ghosts of the underpainting, will become visible. Mayer’s (1981) suggestions to painters make sense to this research project. Listen.

The practical lesson that oil...painters of the present day have learned from this is that the ground and underpainting always have some affect on the final painting, even when it is not apparent, and that pictures must be built up carefully with this point in mind. (p. 111)

With this point in mind...I will next explicate the pervasiveness of hermeneutic phenomenological philosophy amidst critical autobiographical methodology. As well, I will clarify the existential, the critical, and the feminist attitude that play out in both methodological and philosophical concerns.

Critical Narrative Research: The Tarp

A form of mediation, the story and its telling are always adaptive. A narration is never a passive reflection of a reality. At the same time, it must always be truthful if it is to unwind beautifully. Truth, however, is not attained here through logocentric certainties (deriving from the tendency to identify human telos with rationality). The functions of the tale and the mediator-storyteller are thus introduced at the outset. ...The mediator-storyteller, through whom truth is summoned to unwind itself to the audience, is at once a creator, a delighter, and a teacher. ...The boundaries of lie and truth are thus multiplied, reversed, and displaced without rendering meaningless either the notion of lie or that of truth. Directly questioned, the story is also indirectly unquestionable in its truthfulness. *Unwind it then for us....* (Minh-ha, 1991, p. 13,14)

I locate this project within the scope or tarp of critical narrative research, which I will address in this section. From there I will backtrack in order to explicate the methodosophic concepts picnicing under the tarp.

The critic of a narrative research project such as this may make the claim that, first of all, critical theory and phenomenology cannot coexist in a singular methodology. From a purist perspective this may be so, although arguable. The critic may in turn make the argument that the claims in this project appear to mix methodologies and incorporate too many philosophical perspectives (I will address these possible critical claims later). Yet I argue that there is a sky of difference between multiplism and conceptual confusion. Methodologic boundaries are constructions - necessary for clarity and rigour, but indeed not petrified. I acknowledge the influence of critical theory, feminism, existentialism, and hermeneutic phenomenology in the critical narrative methodology embraced by this research, and suggest that it is perhaps the acknowledgment of such philosophies that effect the rigour of this narrative research project.

Narrative research is versatile and multidimensional, and entertains many approaches (Josselson, 1993). Similarly, narrative analysis, as noted by Manning and

Cullum-Swan (1994), “takes a number of analytic forms...,” and “...make[s] quite different assumptions about the organization of cognitive meaning” (p. 464). Yet one might argue that, if, in fact, there were a singular thread uniting most forms of narrative research, perhaps it is the belief that meaning is constructed through the telling and retelling of one’s story, and is generated through an intentional reflective and recursive interpretive posture regarding one’s account. The interpretive thrust of narrative research is what Reissman (1993) claims distinguishes it from certain textual approaches, discourse analysis, and some forms of social constructionism, even though it has gained insights from these genres.

Rosenwald (1996) speaks of the narratologist’s quest for interpretive understanding of what human experience is like within a specific context in the following manner.

...The narratologist, concerned with individuals and groups groping for clarity about themselves within their world rather than with a domain to be brought under theoretical control, makes no claims to external verities but gestures toward a few fugitive but luminous exemplars, as though to say, This, too, is what being human is like. (p. 272)

Narrative research makes no claims to generalize the knowledge constructed nor to proclaim universal truths. As Rosenwald (1996) says, it is “precisely because narratives inherently refer to specific contextual configurations - moments, eras, places, fellow human beings - we must renounce any universalizing ambitions” (p. 272). Yet are there any “truths” to be found within narrative research?

Grumet (1991) complicates (provokes?) the issue of truths through her proclamation that “every telling is a partial prevarication” (p. 69). She posits that our stories are “masks through which we can be seen, and with every telling we stop the flood and swirl of thought so someone can get a glimpse of us, and maybe catch us if they can” (p. 69). If our narratives are semi-truths and our Selves lie hidden beneath the words of our stories, then why narrative research? Why narrative research, particularly in a human science field that historically looks for ways to combat disease and to assist those who struggle to recapture health and wellbeing?

Perhaps it is precisely because the challenge of narrative research lies close to the challenge of the life of any individual. Grumet (1991) notes that the politics of narrative is both a social struggle and an ontological one, as we are “partially constituted by the stories we tell to others and to ourselves about experience” (p. 69). I suggest that narrative research is about those struggles. It is about human experiences. Truth is then reconstituted to mean the *truth of human experience*. The Personal Narratives Group (1989) speak to my point.

When talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they *are* revealing truths. These truths don't reveal the past “as it actually was,” aspiring to a standard of objectivity. They instead give the truths of our experiences.... We come to understand them only through interpretation, paying careful attention to the contexts that shape their creation and to the world views that inform them.

(p. 261)

The *truth* of human experience, I suggest, is the business of nursing. Narrative research and analysis allows for the systematic study of human experience and personal meaning, and the ways in which events have been constructed by the subject (Reissman, 1993). Making sense becomes the starting point for meaning-loaded action - action motivated by the self, rather than dissociated from the self. Widdershoven's (1993) words further explain my point.

By telling a story about our life, we change our life. As we do so, the story itself becomes richer, as it is filled with life experience. Thus experience and story are said to *communicate* with each other. (p. 13)

Thus the participant may use the storying experience to examine, understand, frame, and perhaps redirect their life (Miller, 1996).

From the standpoint of inquiry, narrative research destabilizes the notion of power inherent in the language of research. As Helle (1991) points out, "theoretical discourse has typically been the language held by those in power...often structur[ing] our reality..." (p. 63). The narrative research voice acknowledges its origins and celebrates the unpretentiousness of its roots. It joyfully mixes languages of inquiry, heeding Helle's (1991) claims that there is greater risk to subjectivity "...by *not* mixing the languages of our inquiry" (p. 63). Narrative study and description call upon language at will, honouring the diverse nature of subjectivity. To reemphasize, I again note that it is for these qualities - multiplistic perspective and the view that knowledge is constructed - that this research project takes critical narrative as methodology.

In the next sections, I will address the specific form and method of narrative research used in this research, that is critical autobiography, and will further develop the

philosophical perspectives that strongly influence the methodology. I will begin with a discussion of the function of critical autobiography within this research.

Critical Autobiography

To many, the word “autobiography” implies nothing but conceit and egotism. But these are not necessarily its characteristics. If an apple blossom or ripe apple could tell its own story, it would be, still more than its own, the story of the sunshine that smiled upon it, of the winds that whispered to it, of the birds that sang around it, of the storms that visited it, and of the motherly tree that held it and fed it until its petals were unfolded and its form developed. (Larcom, 1986 [first published 1889], p. 5)

The deconstructive mode of autobiographical writing attempts to produce a new form of autobiography where past selves are critiqued and identity can be seen as fluid and fragmented. Jackson (1990) refers to this as ‘critical autobiography’, claiming that it is part of subjectivity. (Kehily, 1995, p. 30)

I sit on the floor of the attic, home of the madwoman (as friends began to address me during my master’s work in 1993). And I wonder. Who is writing this? Like Albee (1995), “I look at [her] in the mirror and see [she] is not looking back at me. [She] is looking at [her]self. [She] is seeing through me to [her]self. I vanish once again” (p. 11). I write words on a page, my words, or are they? Words of the personal self and the authorial self, words that emerge from the gaze of the researcher-self; words that encapsulate the a priori moment and the a posteriori moment; today’s reflections on yesterday and yesterday’s reflections on yesterday. All are facets (faces?) of the autobiographical project. Davenport (1995) explains that writing is “our finest implement of inquiry, and the inquirer inquiring into [her]self is a mirror held up to a mirror” (p. 55). If one thinks of a mirror as a palimpsest - as an image over an effaced image - then Davenport’s proclamations speak to the challenge of this multifaceted project of critical autobiographical research. I suppose autobiographical work may seem schismatic to some,

yet standing outside of oneself looking in, and inside of oneself looking out, implies a destabilized perspective which invites, rather than dismisses, possibility.

With the intention of giving context to this work, words are then accompanied by speculative meanderings through fields of “ologies,” primed to reflect a tidy understanding of the location of this scholarly research. Yet autobiographical work is not tidy. Pinar (1981) claims that autobiography is capable of understanding the “underlife” of the self “only if the autobiographer work[s] persistently not to report his (sic) day as a newspaper journalist would, only if he free-associatively crept underneath his habitual explanations of his actions, outside his regularized statements of his objectives” (p. 177). He sees this work as exegetical, as excavating “layers of intention and experience which antedate and live below the text which is daily life, of which language and events are deposits” (p. 177). The criticalness of this work lies in that excavation. Meaning is pried, dug out, and hauled from the words that find their way onto the page.

As I am writing, I sometimes ponder my motives. I might have selected a variety of ways to work with the research questions - all requiring respondents. Instead, am I fulfilling a covert desire to give voice to personal concerns that have spent many seasons entangled within “good girl” baggage that is now ripped at the seams, lusting to escape? Perhaps...yet I think not. This project involves a conscious choice to engage in the excavation process to which Pinar (1981) alludes. In this context, the lure of autobiographical work lies in the challenges that it presents to the researcher, in particular the challenge inherent within the research questions themselves - that is, “What is the work of aesthetic representation, as an agent of subjectivity, in the fostering of an understanding of healing for the practitioner/healer and for the seeker of care?”

Exploration of subjectivity is inside-out work, an excavation project, work for the self of the researcher, critical self-work. It is work that requires shovels, picks, and axes as well as a couch, warm comforter, and tea (or wine, depending upon one's gustatory leanings). It begs for conscious intention, as well as wakeful dreaming.

In a narrative course in which I once took part I wrote a journal that described the place where one goes during journal or narrative writing processes. It was entitled *Journalizing as wakeful dreaming: The knowing of internal tides*. I will excerpt a portion of this piece to exemplify what I see as a foundational process of autobiographical work.

In the course of writing journals, I have become increasingly aware of the journal's capacity as an embodied spirit unto itself. It is awesome in its potential, nurturing in its embrace, sneaky in its unfolding, foreign and familiar in the paradox of its existence, and transformative in its potential. It has assumed a life of its own and I sometimes question just how much control I have of its power. I have repeatedly wondered from where a thought or idea or feeling has erupted; or from what hidden closet in my cerebrum a distant memory has reentered consciousness. Who found the key and forgot to tell me? Or instead, are there underground caves where History and Memory hibernate, waiting for a warm and nurturing moment to emerge from their slumber? I have noticed moments when, immersed in the construction of a journal, [or any narrative process, for that matter], I feel suspended in some sort of dream-like state: not entirely awake, but not really asleep. This state might be more aptly described as wakeful dreaming: those times when words are floating forth from who-knows-where, and suddenly appear

side by side on the line of the page and read as a complete thought.

Shhhhh....don't tell medical science. Because of its reverence for "bodyhood," or the assigning of the human body a position of singular prominence as if it were a material object (Boss, 1979, p. 100), this happening could only be defined as an *out-of-bodyhood* experience, and who knows what *that* knowledge about myself might do to my career! (DeLuca, 1994)

Because writing necessitates some semblance of wakefulness (or does it?), and the wafting bubbles of thought, which become animated during the writing process, *feel* like dreaming, it seems reasonable to call this state wakeful dreaming. Perhaps wakeful dreaming in narrative work represents the dialectic between inner and outer selves; between various "poles of knowing" (Gass, 1994, p. 44); and perhaps between reason and emotion.

In this project, I wish to return to that place; to question and further extend the possibilities of autobiographical narrative work. There is much to do. Journals and autobiographical work in general, house, I suggest, "little factories of understanding" (Hughes, cited in Jalongo, 1992, p. 68) which demand re-visitation and re-entry.

In the next section I will examine the influences of critical theory and hermeneutic phenomenology, as well as feminist theory, on this critical autobiographical project. I will then return to the discussion of critical autobiography.

The Underpaintings

I acknowledged previously that this research takes the position that the philosophy of the researcher is inseparable from the methodology of the research project. Thus when I speak of the influences of phenomenology, critical and feminist theory, I speak of them as

both the methods and wisdoms of this research, or as the philosophical and methodological perspectives, positions, and attitudes. I will take time to reveal their influences and the ways in which I understand their contribution to this research project.

Phenomenology and Marxism?

Perhaps “Neo-Marxism” is a better descriptor. Perhaps Marxism, Neo-Marxism, and critical theory, for that matter, are not to be even understood as singular entities that describe any one self-contained school of thought. But I do not intend to enter into a well-informed argument on the subject of “schools of thought” in critical theory because first of all I make no claims in this research to being a full-fledged critical theorist. Yet I do acknowledge that I am greatly influenced in my professional and educational work by a number of the assumptions from which many critical theorists work, and by the overall stated intentions of many critical workers. Writings by Altheide and Johnson (1994), and by Kincheloe and McLaren (1994) are helpful to me in the process of clarifying my perspective.

Kincheloe and McLaren (1994) make the point that “critical theory should not be treated as a universal grammar of revolutionary thought objectified and reduced to discrete formulaic pronouncements or strategies” (p. 139). Instead of attempting, in a sense, to nail or essentialize a singular perspective on which to ‘hang’ the cloak of critical work, Kincheloe & McLaren (1994) instead choose to define the critical tradition more broadly and heuristically, an activity which they acknowledge may trouble some researchers who identify themselves as criticalists. They search for underlying commonalities, yet are implicitly aware that this is always a risky act, as it may be understood as a suggestion of “false unity or consensus where none exists” (Kincheloe &

McLaren, 1994, p. 139). I find that in reading many of the varying thoughts presented by researchers who work within the critical tradition, I am on many occasions somewhat befuddled by seemingly contradictory perspectives on the manner within which one is to work and understand the critical theorist tradition. I have always reckoned with my befuddlement by acknowledging the fact that perhaps my reading and research have been too limited in this area. Yet, does one not encounter many varied understandings of and within most research traditions? Again, I return to the point that unless one must draw categorical lines between research traditions, there are as many “takes” on each research methodology as there are researchers who claim to exist within that tradition.

Therefore I am more academically “comfortable” with the way in which researchers such as Kincheloe and McLaren (1994) broach the subject of defining any tradition - through the gleaning or extracting of “common thought” or “common assumption” across the tradition in question, risks acknowledged. From there, I suggest it is the responsibility of the researcher to be “up front” about their particular take on the research tradition, as well as the influence of their own wisdoms or philosophies.

Kincheloe and McLaren (1994) define the criticalist as:

... a researcher or theorist who attempts to use her or his work as a form of social or cultural criticism and who accepts certain basic assumptions: that all thought is fundamentally mediated by power relations that are social and historically constituted; that facts can never be isolated from the domain of values or removed from some form of ideological inscription; that the relationship between concept and object and between signifier and signified is never stable or fixed and is often mediated by the social relations of capitalist

production and consumption; that language is central to the formation of subjectivity (conscious and unconscious awareness); that certain groups in any society are privileged over others and, although reasons for this privileging may vary widely, the oppression that characterizes contemporary societies is most forcefully reproduced when subordinates accept their social status as natural, necessary, or inevitable; that oppression has many faces and that focusing on only one at the expense of the others...often elides the interconnections among them; and, finally, that mainstream research practices are generally, although most often unwittingly, implicated in the reproduction of systems of class, race, and gender oppression.

(pp. 139, 140)

The work of critical theory, as explicated by Kincheloe and McLaren (1994), I suggest, offers an *edge* to *critical* narrative research. Rather than leaving the story-as-told by researcher and/or participant in the form of personal narrative account or as personal practical knowledge (Connelly & Clandinin, 1988), *critical* narrative work grabs hold of that account along with the personal knowledge extracted from within, and turns it in recursive loops and knots, back toward itself, its rhetoric, its past history, its current societal and political context in order to offer it back to the self, and thus to the world, for another look-see and perhaps another telling. With each telling, the critical narrative researcher, with wonder and awe in hand, dialogues with the value-soaked, culturally weighted, and ideologically inscribed text. There is no tidy end to the story in critical work, but the possibilities are endless.

Altheide and Johnson (1994), in their discussion of ethnographic research, refer to the concept of “*validity-as-reflexive-accounting*” which “places the researcher, the topic, and the sense-making process in interaction” (p. 489). I suggest that considering the “common assumptions” (Kincheloe & McLaren, 1994) that underpin critical research in the context of the narrative work enlivens the interactions or dialogue among the researcher, topic, and sense-making process, as well as attends to validity or verisimilitude. Altheide and Johnson (1994) extend their “reformulation” of interpretive validity to other forms of qualitative work, that is, in addition to ethnographic research. Acknowledging the wide range of influences, such as personal, political, economic, rhetorical etc., on problems, research and products, Altheide and Johnson (1994) make the point that “individuals draw different conclusions from all of this, and make different commitments as a result” (p. 497). Thus, “doing” narrative research that draws its critical edge from the concerns of critical theory may alter the look and feel of the work if compared to, for example, descriptive narrative research.

Polkinghorne (1988) explains “descriptive” narrative research as that which “does not construct a new narrative; it merely reports already existing ones” (p. 162). The story is told, although in this telling one must ask: “Who’s story is it?” Polkinghorne (1988) also elucidates the nature of *explanatory* narrative work, from which *critical* narrative research also differs, in that explanatory narrative research seeks to answer the question “Why?” It possesses, according to Polkinghorne (1988), the characteristics of retrospection, or the engaging in the act of sorting out and drawing together events, and retrodiction rather than prediction, or the retrospective “gathering of events into an account that makes the ending reasonable and believable” (p. 171). As is the case with critical research, depending

upon philosophical influences and personal interest and perspective, many assumptions underlying narrative research (i.e., that knowledge and events are constructed, that we are constituted by the stories we tell, etc.) are common, yet the way in which one takes up those assumptions may differ greatly.

Returning to the discussion of critical work as understood by this research, I find evidence in nursing literature that deals with the work of critical theory within professional research. Wells (1995) alludes to the importance of a critical orientation in nursing research in providing for new and broader research questions and offering the potential to extend the knowledge base of nursing (p. 45). She acknowledges a number of researchers in the profession whose work combines critical approaches with other forms of research. For example, Wells (1995) quotes Meleis (1992), whose perspective is phenomenological and critical, as arguing that understanding “how individuals experience and respond to health and illness...includes making connections and achieving syntheses that go beyond the perception and knowledge of the client and the provider” (p. 46). Wells (1995) describes the task of critical theory as follows.

It is the explicit task of critical theory to unveil the conditions that limit the full and conscious participation of individuals in society.

For nursing, critical theory thus offers a research perspective that may help to uncover the nature of enabling and/or restrictive practices, and thereby create a space for potential change and, ultimately, a better quality of care for patients. (p. 52)

In the context of this research project, the act of uncovering is foundational to the process. Critical theory lends support and perspective to the unearthing of meaning and, as Allen

(1990) points out, to the creation of situations in which “autonomous and responsible communication can occur” (p. 81). Allen (1990) speaks of critical theory more as a philosophy than as a method, and as a theory about *which* principles underlie our collective decision-making. In a health care field in which much is “done to” others, it becomes obvious that the perspectives and philosophy that drive critical work will enhance the transgressive potential of narrative research within the scope of nursing practice and education.

Still, the question remains as to whether one can marry the philosophies of critical theory and phenomenology, another influence cited in this project. Here in the attic, I have no difficulties imagining the two being able to share the same couch. Perhaps the challenge lies in the way one engages in a relationship, or a marriage. Are there two individuals *lost* in *wed-lock*, or are there two individuals who are passionate about the electricity created by the proximity of their bodies and minds? I like the latter. It is not willing to give *up*, but rather it gives *to*. It is a view of proximity that invites and embraces the tension of the closeness, offering respect to alterity. This is how I understand and work with philosophies that emerge from what appears to be differing epistemological camps. Camping mentality breeds the fear that to wed, risks *losing* the sense and rigour of the methodological claims. It fosters the thinking that to draw from varying research methodologies creates a kind of conceptual confusion that is suspect in the academy. I must argue against this, and instead take the perspective articulated by Howe (1998, 1985) who claims that in both the quantitative/qualitative debate and the new debate involving the “interpretive turn” (which Howe [1998] says is between postmodernists - who proffer that the emancipatory project of modernity is fatally flawed, and the

transformationists who wish to modify this project and see it through), researchers would do well not to overblow their differences. He warns against engendering a new generation of “paradigm cliques” (Howe, 1998, p. 20). Cliques engage in colonizing activity, an action that stands in direct contradiction to the projects of the critical theorist and narrative researcher.

Returning to the question of hermeneutic phenomenology and critical work, I note also the many ways in which those who identify themselves as phenomenologists actually engage in phenomenological research, or explicate a phenomenological philosophic perspective. I would suggest that it is not unlike the point that Campbell and Bunting (1991) make regarding feminist and critical theory, that phenomenology, as well as the previous two theories, are “families of theory”, and that members of family “often disagree on philosophy and strategy” (p. 2). And more than that, just uttering the word “phenomenology” on many occasions evokes what Grumet (1988) refers to as the “wince.” Why? Grumet (1988) purports that perhaps the afflicted do not know what it means, or that it is easily confused with phrenology, or “the laying on of hands,” or even that bemusedly they may raise their eyebrows to what they perceive as an “amusing, if oddly irrelevant, distraction” (p. 61). Yet Grumet (1988), and I strongly concur, claims that phenomenology “displaces the very world that social science addresses” (p. 61).

And in the same manner, so too does it displace the lifeworld of nursing practice. Dahlberg and Drew (1997) allude to this point in explaining that lifeworld, or phenomenological, research, in aiming to discover and articulate meaning that is implicit in experience, seeks to explicate how patients and nurses might experience, for example, caring, illness, loss, and suffering. A phenomenological perspective regarding the

lifeworld, one might argue, provokes curiosity about the human condition. Oiler Boyd (1989) claims that phenomenology refuses to accede to a world already given to objectivity and acknowledges the possibilities that phenomenology invokes.

It is restless, desirous, expectant, rebellious, and interrogative in its recognition of the gaps between what is given and what is to be through human perspective and choice. (p. 72)

I suggest that perhaps a phenomenological philosophy incites the passion of one's research attitude. It urges one to *look* and to look carefully at what may appear to one's vision as given to be seen. Having "matured" (or some facsimile thereof) in an educational system laden with rules, objective truths, and distanced practice theories, I was not necessarily expected to look underneath, behind, and beside what was "apparent." Yet, as Grumet (1988) acknowledges about her own leaning, I am drawn to phenomenology's "texture and presence" (p. 63), and to the richness of its vision.

Considering the vigilant as well as subjective nature of this research project, I suggest that a phenomenological attunement to both self and other assures that the true nature and intention of the research not become buried beneath a discussion of paradigm cliques, methodological boundaries, or even a turn towards self that glorifies the subjective at the expense of the Other. As Grumet (1988) points out, the phenomenologist "is committed to showing how subjectivity and objectivity are reciprocal, constituting both person and the world" (p. 64). She continues:

Phenomenology's search for the ground of knowledge and meaning always leads to reflection on the relation of the knowing subject to the object of consciousness. (Grumet, 1988, p. 64)

In the process of examining both the published/public illness/healing representations of other (as interpreted by the researcher), and of self, I hold the ultimate purpose of the research project within my vision. The research is looking for meaning places for healing and questions the work of representation as an agent of subjectivity for the practitioner/healer in the development of the healing relationship with the seeker of care. Phenomenology encourages and, in fact, passionately urges the researcher to find the relationships between the subject and the object, the signifier and signified, or even the healer and the person who is experiencing the phenomena of illness and/or healing.

So, I must ask, why not phenomenology and Marxism? or an interpretive (hermeneutic) phenomenology with a critical eye? or even critical storytelling? Barone (cited in Pinar, Reynolds, Slattery, & Taubman, 1996) looked for alternative ways for curriculum scholars to speak, read, and write, which he termed “critical storytelling,” and claimed that in order for educational reform to occur, “curriculum specialists [must begin by] deconstructing their own texts” (p. 574). He calls for the embracing of critical storytelling by educators and students in order to move curriculum work to a “strong, discursive community where curriculum will be ‘disturbing’ and ‘transformative,’” but warns against theories, critical and others, that isolate rather than empower (Barone, cited in Pinar, et al., 1996, p. 574). What matters in this discussion of the philosophy of my research project is the posture of deconstructive, antinarcissistic, *vigilant* work. The linguistic exercise of granting namehood or nailing singular labels gives over to the construction of a clarified philosophical perspective.

There are available entire texts devoted to “correctly” naming the work of certain scholars. This is useful only when read with a contextual understanding of the author of

the particular text, thereby accounting for the purpose behind the venture, as well as the ways in which the author accounts for her/his take on the categories, methodologies, research traditions, etc. in question. For example, Bernard-Donals (1994) grapples with this issue of naming or locating while discussing what he terms “the ambivalence about the way the human subject is constructed” (p. xi) in the works of Bakhtin in Bernard-Donal’s book entitled “Mikhail Bakhtin: Between phenomenology and Marxism.” He examines Bakhtin’s phenomenology in his earlier work as well as Bakhtin’s Marxist texts that appear later, “accounting for incongruencies between...’individual’ and ‘social’ analyses” (Bernard-Donals, 1994, p. xii). What appears to interest Bernard-Donals (1994) are the previous attempts to discuss Bakhtin’s work or language theory in terms of a single unified theory rather than work that has been influenced by many *seemingly* contradictory theories or interests. The queries surround speculation as to whether Bakhtin’s works are aesthetic constructs or cultural constructs, and whether there is a need for a “science of the underpinning of texts when those texts are assumed to have value by definition” (p. xiii). I wonder about the questions because do they in fact require one to reconcile one’s work within the popularly understood language of research, rather than encouraging one to extend the possibilities of one’s theorizing? Bernard-Donals (1994) does acknowledge that Bakhtin works in the margins between individual and societal subject formation, and reconciles the seeming contradictions in his work by proposing a “Bakhtin materialist rhetoric” (p. 177). This is a rhetoric that allows one “access to the material world through the force of language” and claims that “both the rhetorical and the ‘historical’ ... are comprised by language, and that this language...is as much a material fact as rocks or trees” (p. 177). From my perspective Bernard-Donals’ (1994) discussion

of, but not necessarily his reconciliation of, Bakhtin's work brings up a point essential to the understanding of the methodology and philosophy of this research project. Beans and Beaujolais.

I borrow that representation from Joe Kincheloe's (1997) preface to "Mentoring the mentor: A critical dialogue with Paulo Freire". Kincheloe was struck by the juxtaposition between the brown beans that Freire ate with a passion at a lunch which Freire and Kincheloe shared, and the Beaujolais that Freire poured into their glasses. The contradiction between the beans and wine reflected both of their lives. The contradiction between beans and Beaujolais, their roots and their accomplishments, the common and the fine, the ordinary and the sophisticated, as well as the refusal of both men to give up the beans after having "earned" access to the wine, I suggest, speaks also to a research perspective. One can fall into a mire of mendacious thought surrounding the research process while attempting to articulate one's methodological leanings. Mendacious thought is nourished by dichotomous gestures, camping mentality, shackled creativity, and the assumed necessity to "design" research around the academically acceptable and well-tested research methods of one's profession. The health professions have been implicated in making gestures toward what is considered "acceptable" and publishable research styles, perhaps limiting a researcher to in fact *design* her/his research around funding agencies and espousals of validity, rather than by the questions inherent in the research itself (see Sherwin, 1992, for an in depth discussion on this topic). Back to the beans and Beaujolais.

Rather than giving up the beans of the research (recognizing, of course, that one's view of the attributes of beans or Beaujolais depends upon one's context and taste) in

exchange for the Beaujolais, or said in another way, rather than giving up one research tradition for another (I resist naming which might be the beans), I choose to work in the margins of a number of the ones that lend imagination to the particularity of critical narrative work. Again the question becomes "In what ways can the particularity of one research tradition give to the particularities of another?" Kincheloe (1997) images a bean and wine "transubstantiation ritual" (p. ix). An interesting mental structuring process - changing one substance into another, converting, changing back, reformulating. Sounds to me like a description of the heart of a critical narrative project. Greene (1995), in a discussion regarding the possibilities of viewing philosophy as a mode of social critique, makes the following point regarding the expansion of particularities of various perspectives.

To move, then, from the particularities to wider and wider graspings is, in part, a matter of looking through more and more particularities, to discover in others' questions and visions more and more ways of transcending one-dimensional grasping. As the dialogue expands, it allows, on the one hand, for the gradual constitution of an in-between; on the other hand, it allows the gradual coming into being of a norm-governed common world. And perhaps, if that world is lived by those who experience friendship with one another, whose mode of relationship is out in the open and grounded in mutual regard, more and more people will find pleasure in looking differently at the shared world, varying perspectives while feeling their own ultimate understanding enlarged. (p. 69)

While Greene (1995) speaks about the issue and challenge of defining democratic spaces in society, I suggest that the challenges that she illuminates in the striving for wider and

wider graspings are similar to the challenges inherent in expanding the possibilities of research methodologies, or methodosophologies. Wider graspings, I argue, would not extract agency from the particularities of any school of thought, but rather would, I suggest, create possibilities not yet thought of or perhaps representations not yet imagined. Thus the process of extending one's reach might be understood as striving for wider graspings, as a transubstantiation process, as working in the margins, or as a marriage that passionately ignites the electricity of proximity. What, I suggest, is most essential is that there be room for transgression and, as Morson (1986) points out about the quality inherent in the seemingly contradicting theories and concepts of Bakhtin, for "surprisingness" (p. ix). I like that word.

To add to the spaces and possibilities of dialogue, I will next explicate the relationship of existentialism and feminist thought to the underpainting.

Phenomenology and Existentialism

M. Morris (1998) claims that existentialists "take up the life world in all its suffering, absurdity" (p. 126). She points out that the themes of freedom, action, rebellion, and pain run throughout existential literature, and acknowledges Kierkegaard's place in the "fathering" of existentialism while recognizing his "turn toward the subject" (p. 126). M. Morris (1998) quotes Kierkegaard in noting that "truth is subjectivity" (p. 126). What interests me in her discussion is the way in which she describes the combined concerns of the existentialist who calls oneself a phenomenologist, and the way in which she describes Greene's philosophy, as well as the philosophies of Schutz, Merleau-Ponty, and Sartre, as ones that are influenced by existential phenomenology. M. Morris (1998) claims the following about existential phenomenologists.

Generally speaking, existential phenomenologists: 1) tend to agree with Husserl that consciousness is intentional and focus on consciousness and its intended objects; 2) tend to agree with Husserl concerning phenomena and focus on phenomena as they are experienced...; 3) flesh out Husserl's ideas concerning the lifeworld and focus on lived experience in its concrete, suffering, absurd manifestations. (p. 126)

As a starting point this description is useful, but as always the ways in which the generalities are apprehended differ. M. Morris (1998) sees ontological linkages between Greene and Merleau-Ponty in that they both stress that perception is embodied and situated, and claims that "living in the flux of lived experience is not completely chaotic" for perception situates one historically, socially, and psychologically (p. 131). M. Morris (1998) cites Greene who proffers that "only if educators remain in touch with their own histories, can they emerge with others, who are making...efforts to transcend" (p. 131).

The critical autobiographical work of my research project takes a similar perspective to Greene. My research understands Greene's work on transcendence as offering what M. Morris (1998) refers to as a "phenomenology of imagination" (p. 132). M. Morris (1998) claims the following about the way in which Greene works with acts of transcendence.

Transcendence for Greene means overcoming passivity and indifference.

Transcendence, then, is a horizontal move, not a vertical one. Transcendence allows one to step more firmly in the world; it allows one to move beyond static/everyday things, to deeper levels of everyday. Transcendence, for Greene, is thus grounded, or immanent. This grounded transcendence

enables [her] to interrupt static structures to “reach beyond what is immediate, make horizons explicit, and transcend what is first a field of presences toward other future fields” (Greene, 1978, p. 103). Transcendence does not yield indubitable truths; it opens passageways and multiple ways of seeing. (p. 132)

Greene’s description of transcendence reflects, I suggest, a hermeneutic orientation, or one which takes into account historical conditions of the self (one’s grounding). Gadamer (cited in Pinar, et al., 1996) refers to this grounding of the self as the “preunderstandings which underpin interpretation,” or the “interpreter’s horizons” (p. 641). Pinar et al. (1996) make the following claim regarding Gadamer’s notion of horizons.

Through th[e] fusion of horizons the interpreter enters the tradition of the text, and shares in the text’s particular representation of the truth. (p. 641)

In considering Greene’s notion of transcendence, then, one might say that she is unwilling to claim that transcendence means to transcend one’s self. Rather, one remains rooted and reaches, so to speak. And the field toward which one reaches is also rooted, inhabited by its own “truths,” which may deepen one’s own understandings when one digs and disrupts what was already established. Thus transcendence, I suggest, does not necessarily cast off layers of meaning, but perhaps instead disrupts the ways in which one thinks about what is already there, adding more voices (or more roots from another field) to the dialogue.

Thus, an existential influence on critical autobiographical work pushes one further towards multiple interpretations of a polyvocal self, not for the purposes of the self, but rather towards the activity of what I previously referred to as meaning-loaded action. One does not reach for transcendence through the clouds that hover over one’s life, but rather

through the dirt that keeps our collective feet situated. Wide-awakeness is consciousness, or the act of making the familiar strange (Greene, cited in M. Morris, 1998). Possibilities, then, issue from the ordinary, from the very ground into which one digs one's toes.

Greene's (cited in M. Morris, 1998) perception of the phenomenological notion of bracketing is that by bracketing assumptions, one may then become "critically attentive" (p. 132). My research project refers to the critically attentive intention as vigilant subjectivity. I suggest that a vigilant subjectivity is that conscious intention to remain attentive to the other, with respect towards alterity and with passion towards the possibilities lying in wait within the subjective self, the ordinary (and extraordinary) self.

Feminist Gesso

When I employ the perspectives of a feminism, I refer to feminist thoughts that embrace plurality, multiplicity, and difference. Tong (1998) claims that postmodern feminists reject traditional assumptions about truth and reality, and because of their refusal to construct one explanatory theory for oppression of women, they in a sense fuel the fires of plurality and multiplicity (p. 193). But to one degree or another, this is true of many feminisms. Although there are particularities within the many identifiable "schools" of feminist thought, there are, as with other traditions, also "samenesses." Campbell and Bunting (1991) point out that a feminist world view "tends to reject dichotomies and exclusive categories (p. 6). Thus, as Campbell and Bunting (1991) mention, the epistemological issues that a researcher might derive from a feminist world view or philosophy may include the legitimacy of women's experiences, the perspective that subjective "data" are valid, that informants are experts on their own lives, that knowledge is relational and contextual, and that definitive boundaries between personal and public or

personal and political spheres are artificial, as are sharp distinctions between theory and practice, or I might add, between theory and theory, and philosophy and philosophy (p. 7). As noted in my discussion of schools of critical theorists, I am perhaps philosophically influenced by the commonalities, and draw upon the particularities when they offer me assistance in understanding the Self or the Other.

Perhaps one might say that my “root” feminism is postmodern, but I suggest that psychoanalytic feminism, more specifically Meyers’ (1994) interpretation or reading of psychoanalytic feminism, offers support to the way in which I work with narratives, stories, and representations within this study, and, I might suggest, in the way that I engage in hermeneutic interpretation. Meyers (1994) resists temptations to read psychoanalytic feminism “as a social scientific explanation of the genesis of gender and instead read[s] it as an oppositional rhetorical strategy” (p. 13). In the interpretation of text, psychoanalytic feminism, according to Meyers (1994), “furnishes many and sundry examples of dissident speech without establishing a canonical counterconfiguration of gender” (p. 13). I suggest that canonical counterconfigurations silence voices and reify narcissistic subjective notions of what matters. Knowledges are then confined to a select group, vigilance wanes, and emancipatory notions of the possible implode. Thus the wisdom of hermeneutic interpretation, grounded in historicity and in the lived experiences of the subject, has no room for canons or grand narratives. Actually the postmodern feminist notion to rid the world of “isms” and labels speaks to the challenge that this project takes up, that is to work in opposition to what Moi (quoted in Tong, 1998) refers to as the “phallogocentric drive to stabilize, organize, and rationalize our conceptual universe” (p. 199). If the “conceptual universe” in question is the world of illness, what

my feminist vision urges is action to *destabilize* a *singular* representation (such as diagnosis alone invokes) of this experience.

This resistance to confining the universe has also been the subject of critiques of postmodern feminist thought. I find even the critiques exciting. For example, Tong (1998) points out that some critics dismiss postmodern feminists as “contemporary Epicureans who withdraw from revolutionary struggle...into a garden of intellectual delights...rarely...[leaving] their blissful surroundings” (p. 207). But in this garden, under the soil, between one’s toes, oozes the possibilities for change. Not a *grand* revolutionary change requiring an army of collective others to march in one direction, but instead a personal emancipatory change that issues from the ordinary and stretches towards whatever direction makes sense to those toes. Whoever would like to come along, welcome.

This feminist view houses the heart and the wonder of this critical narrative project. It is the gesso, or glue, that supports the way in which I *envision* the contributions of varying methodologies and philosophies. The feminist perspective of this project is the vision that *destabilizes* and that urges me to *see differently*. Tong (1998) clarifies that although postmodern feminists have different agendas, they do share certain tendencies such as “an appreciation for the possibilities latent in nothingness, absence, the marginal, the peripheral, the repressed” (p. 211). Perhaps the postmoderns lolly about in the garden, thinking “non-binary and nonoppositional thoughts” (Tong, 1998), but they have much work to do while they work with their “appreciations,” and as long as they do not confine their work within a glass house, or a brick building, the access to the wonder is there for the taking. Whether one thunders or thinks with the wonders one may share, I suggest, becomes the call or choice of the self who visits.

Denaturalizing Autobiography

Again I borrowed, this time from J. Miller's (1998b) work on "queer theory," or more specifically from her perspective on autobiography as queer curriculum practice. What I find interesting in this piece is the take that Miller has on the notion of "queer" as it applies to autobiographical work. J. Miller (1998b) describes this notion as follows.

To queer the use of autobiography as a curriculum practice is to produce a story of self and other with which one cannot identify. It is to recognize that there are times and places in constructing versions of teaching, *research*, [italics added] and curriculum when making a difference requires making one's autobiography unnatural. (p. 373)

Thus, I suggest, autobiographical research approached through the perspective of "queering" destabilizes the view. When one conceives of autobiographical work in this manner, one does not look into the mirror of self-reflection to see a reinscription of her "already familiar, identifiable self," but instead finds herself "not mirrored - but in difference" (J. Miller, 1998b, p. 373). In other words, in the space one explores between self and other, according to J. Miller (1998b), "nothing looks familiar, everything looks a little unnatural" (p. 373). One works to produce a story of self or other with which one may not identify (J. Miller, 1998b). It is a manner of the *look*. It is a *look* that destabilizes.

This intended process is not unlike the work of others such as Salvio (1997), who I suggest engages in the "queering" of autobiographical work. Salvio (1997) combines, within the context of teacher education, autobiography and theatrical improvisation, which enable teachers to inquire into the significance of their emotional lives and "to gain insights into political and pedagogical implications of shared emotional constitutions" (p. 253).

Teachers are first asked to write three distinct autobiographical narratives that depict an experience they considered educational (Salvio, 1997). Then Salvio employs Brechtian rehearsal methods which function to “undermine the illusion of a seamless and coherent representation” of self. Salvio claims that the rehearsal methods of Brecht engage the “gestural life of the body, with its capacity to express what often defies discursive language,... extend[ing] the standard limits of expression, thereby amplifying the possible questions teachers can explore in the field of educational inquiry” (p. 253). I offer this as an example of a destabilizing *look* which extends autobiographical work beyond the mirror.

In Summary...

My research project positions autobiographical work as a critical narrative project that denaturalizes one’s look at the representations of Self, through the questions imbedded in the texts of Other who have struggled with illness and healing. I argue that the methodosophological underpaintings of this work offer a certain construction or positioning of the researcher’s look. The act of writing a story of self isolated from the Other, is not the intention of this research. To describe is not enough. In order for this project to destabilize the *looking*, I search the “sites” of others as they exist within their representations of illness and/or healing, interpreting always through my own perspective, the voice, the gaze, and perhaps the questions and the issues of the other. In the hermeneutic interpretation of my own work with poetic representation, I take into dialogue some of these voices, with the hope of finding possibilities for healing in the acts of what Greene (1978) refers to as transcendence - transcendence that is provoked through a critical posture, a vigilance, and a respect for the alterity of Other.

In this chapter, I have examined philosophical perspectives that effect the *look* adapted by this project - a critical narrative look that is informed by certain understandings of feminist thought, existential hermeneutic phenomenology, and critical theory. In the next chapter, I will examine and interpret certain selected illness/healing representations of Others in order to consider and reconsider the questions of this research project, keeping in mind the context of the Other as a grounding or perhaps site of vigilance for the subsequent autobiographical work.

CHAPTER 3

BLURRING THE BOUNDARIES: EXAMINING REPRESENTATIONS OF ILLNESS/HEALING

This is a critical narrative project that sets out to blur boundaries and disrupt lines. Perhaps Jo Spence (1995) would see this act as “sniper.” In her book entitled *Cultural Sniping: The Art of Transgression*. Spence (1995) imaged herself as a cultural sniper who was “capable of appearing anywhere, in any guise” (p. 162). I find the transgressive nature of the sniper effect a useful way to think about the potential of the illness/healing narrative in its capacity to subvert the holy hegemony of certain forms of biomedical representation, particularly the Diagnosis.

The sanctity of the diagnostic criterion carries with it an aura of the untouchable; its machinery is intricate. Kleinman (1988) describes the process of diagnosis.

The healer - whether a neurosurgeon or a family doctor, a chiropractor...
or psychotherapist - interprets the health problem within a particular
nomenclature and taxonomy, a disease nosology, that creates a new
diagnostic entity, an “it” - the disease. (p. 5)

In Chapter 1, I argued that Diagnosis is a complex mechanism used by biomedical culture for the purpose of extracting illness from its context, granting it name and representational characteristics, and presenting back to the now “keeper” of this representation, the patient. In fact, the keeper, I suggest, becomes the representation. This representation, or “the clinical gaze,” thus reduces and compartmentalizes the illness/healing experience, and “re-constructs” the patient.

The illness/healing narrative, used not only as an adjunct, but as a principal and collaborative form of representation in the health care arena, may enter a space not yet explored by many of those who are involved in administering “care.” As the sniper, the aesthetic self-representation that evolves or appears may not be expected. The illness/healing representation may blur the boundaries and cross the lines of traditional biomedical representation, yet, I argue, its presence is essential to a feminist scientism that respects holism and subjectivity, and rejects dichotomizing of the subject/object and the mind/body.

In this chapter, I intend to work with the notion of a feminist science, described in Chapter 1, as it explores the sniper or transgressive effects of various representations of the illness/healing narrative. I keep in mind the questions of this research study as I *look* at the feelings/emotion and passions of others - passions that have perhaps been disrupted or even fuelled by the experiences surrounding illness/healing. The research questions ask: 1. What might the exploration of aesthetic narratives of the self of the practitioner, and of the seekers of care as interpreted by the self of the practitioner, bring to light about the ethics of care and the healing relationship?, and 2. What is the work of aesthetic representation, as an agent of subjectivity, in the fostering of an understanding of healing for the practitioner/healer and for the seeker of care?

Thus, I will begin a process that I see as circuitous. In other words, the examination of representation does not begin here and end there. I suggest that it has already begun in the previous chapters of this project, in that the mere layout and organization of this text is a representation of self. As a researcher, I have begun meandering through, or perhaps encircling, thoughts on the subject of representation,

which continue throughout this chapter. I examine and think about the effect that the aesthetic representations of others have on my self as researcher and as educator/practitioner interested in the healing relationship, and I consider the ways in which my exploration of aesthetic representation may alter my understanding of the ethics of care. Eventually, the voices of other that are heard in this chapter, will join the ensuing autobiographical voice in the next chapter.

In this current chapter, I will examine, analytically, three *forms* of illness/healing representations that are recently appearing, albeit mainly at the margins, amidst those who are either seeking established, but more holistic, medical care, or some form of healing still recognized as “alternative” or perhaps not “recognized” at all. I also include representations that have been recognized in the past as narrative and/or artistic forms that tell a story about illness/healing experience. All representations that I examine are in the form of public and/or published text. I will conclude with a discussion of the dialogical potential of representational forms for the health care worker.

There are many ways in which to examine the forms of representation. The way in which I will work with the illness/healing narratives is indicative of the ways in which I understand their function. I will explain specifically in each section how I am working with those understandings, and why I see all of the forms of representation as having the capacity to blur not only the boundaries of diagnosis, but also to blur those arbitrary lines that separate visual from narrative art forms. Yet in spite of one’s perspective on narrative forms, I suggest that they share the possibility and capacity for witness.

The Destabilizing Nature of Witness: The Work of the Vigilant Self

I spoke in Chapter 1 of the power of witness, or the notion that witness has the

potential to destabilize. Perhaps one might even speculate that this chapter is about the construction of a certain understanding of the possibilities that witness offers as a heuristic for the *vigilant subjective self*. I will return to this point later. The notion of witness has been used in ways that are more or less reflective of the legal version of “the witness,” - that is, the one who views the crime or the event. For example, Atkinson (1991) describes a function of an anthropologist as “construct[ing] himself [sic] as a credible *witness*, using graphic description to convey credibility and authenticity of his account (p. 27). In Atkinson’s terms, to witness is to *see* and to *describe*. This and other descriptions of witness are perhaps more unidimensional than the way in which I see its potential. They account for the “T” (and the eye) viewing the “You” (the Other) from a lateral or perhaps even an “above” position.

Kahn and Steeves (1994) have worked with the notion of witness as an agent of the moral and ethical dimensions of nursing. While they perceive witness as a moral agent which has an obligation to speak out, Kahn and Steeves (1994) point out that, instead, nurses speak very little about the suffering that they witness in their clinical work. Kahn and Steeves’ (1994) work attempts to delineate four specific roles of witness - that of first-hand observation, ceremonial roles, expert witness roles, and bearing witness. First-hand observation could be likened to Atkinson’s (1991) description of the function of the anthropologist, as mentioned in previous paragraph. Kahn and Steeves (1994) describe the ceremonial role of a hospice nurse, for example, as one of witnessing the transitional struggle against symptoms of illness as one “declines” (an arguable direction) towards death. The expert witness “speaks in public forums about the special knowledge their expertise brings to a public issue” (p. 263). And finally, the fourth sense of witness is seen

as that of a “visionary,” that is to “testify one’s faith in a collective vision of the future,” a role seen by Kahn and Steeves (1994) as “particularly important to the extent that the social, cultural, and political structures contribute to suffering” (p. 264).

While the Kahn and Steeves’ (1994) delineation of various “roles” of witness may serve to elucidate an understanding of the complexity of the notion of witness, as well as the moral and ethical nature of the acts of witness in nursing practice, I suggest that the attributes of witness cannot be arbitrarily disjoined into distinctive roles without risking the perception that to witness then becomes a procedural activity devoid of the subjectivity and agency of the nurse/healer. In other words, Kahn and Steeves’ (1994) work may suggest (perhaps not intentionally) that to witness is “to do” something only. I proffer that to bear witness is, in addition and perhaps more so, to *be*, to offer, to risk, to *alter*, to receive, to participate, to *enter*.

Giroux (1996) extends the reach of witness further than Atkinson (1991) and Kahn and Steeves (1994). He suggests that bearing witness “always implicates one in the past and gives rise to conditions that govern how [one] act[s] and [is] acted upon within a myriad of public sites, cultures and institutions” (p. 9). In his discussion he refers to ways in which youth (his own included), or the formation of one’s sense of self, might be invoked as a form of bearing witness. Giroux (1996) asks the question of how the testimony he might give would help him to understand his own shifting position as a critical educator. His testimony of witness looks back as it looks forward, unlike Atkinson’s position of witness which is here, now. Giroux’s witness implicates self as connected to one’s testimony, as compared to that of Atkinson, who perhaps disengages self in exchange for more distanced, crystallized description of an event, detached from the “baggage” of self.

Does Giroux imply that when one bears witness to the other, one also bears witness to the self? This question has implications for the kind of witness employed in the “looking” in this chapter, as well as for the health professional who bears witness to the other in one’s professional work. Drawing on the work of Shoshana Felman and Dori Laub (1992), Giroux (1996) makes the point that witness and testimony mean listening to the stories of others as a “part of a broader responsibility to engage the present as an ethical response to the narratives of the past” (p. 9). To listen to the stories of the seeker of health care thus implicates the health professional’s responsibility to perhaps respond in the present, through a quest to understand what has been and what needs to be.

To Witness. To Embody....

Frank (1995) offers some insights crucial to this discussion. He makes the point that “witnessing always implies a relationship” (Frank, 1995, p. 143). One cannot testify to oneself alone, and although one always tells oneself stories, according to Frank (1995), that which turns stories into testimony is the “call made upon another person to receive the testimony” (p. 143). Frank (1995) explains further.

Testimony calls on its witnesses to become what none of us are yet, communicative bodies. ...In its testimony the communicative body calls others into a dyadic relationship.

The content of illness stories, the events, actions, and responses they tell, are openings to their fundamental testimony, which is the *presence* of the embodied teller. Illness stories require an interplay of mutual presences: the listener must be present as a potentially suffering body to receive the testimony that is the suffering body of the teller. (pp. 143, 144)

One is then implicated by what one witnesses; one assumes the responsibility to embody, an activity that has been suspect in the minds of proponents of objectified practice relationships. One might also propose that one's self-baggage may be called into service, not in solipsistic terms, but instead as an agent of insight into the shared vulnerability of what it means to be human.

In telling the story of Gail, who suffers from chronic pain, Frank (1995) makes the point that Gail cannot be asked what her testimony is, but instead that one must *receive* her. Frank claims that Gail wants the “normals and whitecoats to *look* at her...[as] the witness of suffering must be *seen* as a whole body, her testimony is her body”(p. 142). Thus the “witness makes a witness of others,” suggesting a movement of outward concentric circles (Frank, 1995, p. 142). The notion of the circularity of witnessing also suggests a position of instability (or motion), and perhaps destabilizes the “clinical gaze.” If one receives the other as one looks, one becomes unsure of the route to healing. One does not attempt to *heal* another; instead one joins and thus alters the course for both members of the dyad as they learn from the pedagogy of suffering. Frank (1995) uses the concept of “the pedagogy of suffering” to describe what the ill have to teach society. He explains in the following.

By conceiving suffering as a pedagogy, agency is restored to ill people; testimony is given equal place alongside professional expertise. The pedagogy of suffering does not replace modernist medicine and supporting theories...; rather what is opened is the possibility for shifting between frameworks as required by *responding* to the ill. (p. 145)

Although Frank speaks of a shift between frameworks, I suggest that there is also a reconstruction of the knowledges of both the sufferer and the professional.

The Hermeneutics of Seeing

To further extend the imbrications of witness, I find Davey's (1999) discussion on the hermeneutics of seeing helpful. Davey (1999), although focusing on the hermeneutic vision of art, offers insights into the examination, I suggest, of any form of aesthetic representation. Davey (1999) makes the point that "hermeneutical aesthetics offers an extended philosophical meditation upon what *happens* to us in our experience of art" (p. 22, 23). Through the process of seeing, what is unfolded is a "powerful vision of the transformative power of aesthetic understanding," one that relies on linguisticity as a means to exploring our experience of the aesthetic representational form (Davey, 1999, p. 23). Davey is proffering the idea that *seeing* involves *dialogue*. He continues as follows:

The analogy with conversation reveals how the experience is not an isolated monologue but an elaborate dialogical achievement involving a fusion of the respective horizons of artist, subject-matter and viewer. (p. 23)

I concur with Davey's use of the word "achievement" to encapsulate the intensive *work* that is involved in the act of witnessing the testimony of the sufferings of others. As witness, the healer is implicated to receive, to look at all horizons and contexts (past and present) of testimony, to gaze inward while remaining vigilant to the other, and to place into dialogue that which is seen by the healer with that which is given by the other to be seen, with respect for the agency of self and other. In my reading of Davey's (1999) work, I envision multiple voices and multiple insights in dialogue, co-constructing what it means to be ill, to be healthy, and to heal.

As well, Davey's (1999) deliberations on the hermeneutics of seeing support Frank's claims (1995) that to witness is to receive. Citing Gadamer's (1989) work, Davey (1999) makes the subsequent point essential to my own claims regarding the potential of witness in looking for meaning places for healing.

The significance of aesthetic experience lies not in its miraculous momentariness and singularity but in the ever-altering continuities of meaning which over time it collectively reveals. The inevitable finitude of human existence means that experience is always partial and incomplete. Yet without that limitation there would be nothing more to learn. Finitude and the partiality of vision are, in other words, the condition of being able to *see* more.

Each aesthetic revelation not only extends the map of our seeing but also, in so doing, alters and extends our sense of self and how we understand our existential concerns and predicaments. (p. 25)

The circuitous, intricate, and even thorny nature of aesthetic work becomes more luminous when one embraces the responsibility to witness the testimony of the seekers of care, and when one understands the complexities and the phenomenal potential inherent in the acts of witness. In other words, aesthetic work urges one to come to understand that *witness* is the work of the *vigilant self*.

For the remainder of this chapter, I will examine recent and historical published/public texts and representations of selected individuals who have made public their experiences with illness and healing, or whose images speak to subject of illness and healing within their own times and context. As previously stated, I have organized the

examination of representations around the way in which I understand their function, keeping in mind Chinn and Kramer's (nurse educators, researchers, and prolific writers) (1999) claim regarding aesthetic knowledge.

The processes for developing aesthetic knowledge are envisioning possibilities, rehearsing, and forming the elements of the art into perceivable reality by creating representations of the possibilities.

(Chinn & Kramer, 1999, p. 191)

As I look at the possibilities for understanding while I witness the aesthetic representations of others, so do I rehearse and construct a representation of the possibilities for a healing relationship that is as indicative of my own agency as I reach towards what might be.

The Body as Visual Narrative

Outside of the hospital I had a complex identity which took forty-eight years to form. I had a profession, a set of life skills, a network of relationships.... Inside the hospital I was reduced to my disease, to the part of the body where it was apparently located.... (Spence, 1995, p. 139)

Of the representations that use the body to tell the story of one's experience with illness and healing, I find the work of Jo Spence both complex and powerful, as well as a challenge when one attempts to sort through the ways in which it works. I see her photographs as a visual as well as textual experience, carefully constructed to shock, horrify, and grab attention, as well as to tell of something personally and publicly noteworthy about her experience with cancer. The emotion in her images takes form not unlike the rape images that Lippard (1995) describes.

Sometimes the emotion simmers beneath a pragmatic realism...

or within near-abstraction...[or even] sickening brutality.... (p. 145)

Spence's representations as well as others bring up Bakhtin's notion of carnival or the carnivalesque spirit. In fact, Bakhtin's writings on the carnivalesque and medieval laughter provide an interesting way to think about certain aesthetic forms and bodily representations. According to Holquist (1984) in his prologue, Bakhtin (1984), in *Rabelais and His World*, talks about the subversive openness of the Rabelaisian novel, and of grotesque realism as an inversion of categories used in the thirties to define Socialist Realism. Holquist (1984) points out that Bakhtin was

...proposing his vision of the novel genre as a celebration of linguistic and stylistic variety as a counter to tight canonical formulas for the novel (and for other genres and even media...) proposed by official spokesmen for the Soviet government. (p. xvii)

There is a noteworthy parallel between the oppositional nature of Spence's (and various others') representations and the counter-canonical nature of the carnivalesque. Jung (1998) puts forth the notion that the "carnavalesque is the most radical aspect of the dialogics of difference because it serves as a *non-violent technique of social transformation* by the maximal display of the body" (p. 104). This certainly can be said of Spence's photographic imagery as it rages "in the face" of the health professional, and yet intends no violence to the other. In fact it appears to liberate both herself and the community of others who struggle to come to terms with cancer and other dis-abling illnesses.

Jung (1998) speaks of the carnivalesque as a "celebration of dialogue and community" that has the potential to bring people together (p. 105). Spence's imagery, as well as her photographic workshops, certainly invoke dialogue as they call upon a community of understanding. She says the following about her imagery in an interview with David Hevey related to disability imagery currency.

...The only way I could become acceptable was to turn my illness into a piece of work at one level. ...So that it could be handled by abstract people. When work goes to places where people have cancer, there's no taboo at all, they just fall about you with open arms and say, 'How marvellous to be able to talk about it. That we could talk about having a breast removed or being badly damaged by surgery or our hair dropping out or whatever.' So, it's different between audiences: if you put it in one context it's bad art, you put it in another context, it's brilliant information. (Spence, quoted in Hevey, 1992, p. 123)

Spence's observations allude to the work of the carnivalesque within aesthetic representational forms. Bakhtin (1984) himself says that the awareness of victory over fear is an essential element in medieval laughter, where people "play with terror and laugh at it; the awesome becomes a 'comic monster'" (p. 91). Spence (quoted in Hevey, 1992) reflects Bakhtin's point in her comment that her work deals with many forms, including "...populism and our own catharsis with vulgarity and getting rid of shame...not just getting rid of it, [but] enjoying it and sharing it" (p. 127).

Perhaps Spence's cultural sniper is the comic monster of medieval times. I suggest that the comic monster takes various forms in aesthetic representations of illness and healing, yet interestingly the notion of carnival has only recently begun to surface in writings related to the human science field (see Bell & Gardiner [Eds.], 1998, *Bakhtin and the Human Sciences* for extensive discussion on this). I will continue to examine the carnivalesque for a while because of a growing awareness of the insights that it offers to my analysis of representational forms.

The Carnavalesque: Debunking Order

As mentioned previously, it is not the carnival of recent times to which Bakhtin alludes, but instead of the medieval period. Bakhtin (1994) speaks of carnival in the following manner.

As opposed to the official feast, one might say that carnival celebrated temporary liberation from the prevailing truth and from the established order; it marked the suspension of all hierarchal rank, privileges, norms, and prohibitions. Carnival was a true feast of time, the feast of becoming, change, and renewal. It was hostile to all that was immortalized and completed. (p. 199)

In this description of carnival, the potential for transgression becomes evident. Tucker (1994) describes the capacity of carnival to cause “symbolic inversion of everything in sight” (p. 28). Yet, Bakhtin (1984) warns that the understanding of the play and parody of carnival must not take the players out of the context of their world to be used in a manner not intended by their actions. He explains:

...The use of the system of popular-festive images must not be understood as an exterior, mechanical method of defence against censorship.... Freedom was not so much an exterior right as it was the inner content of these images. It was the thousand-year-old language of fearlessness, a language with no reservations and omissions, about the world and about power. (p. 269)

In reaching for an understanding of the bodily representations of Spence, her own context is as crucial as the context of the “folks” of the medieval carnival.

Spence (1995) plays with transgressive imagery, displaying her breast, marked with an X, awaiting amputation (as she terms it). She paints her body with war paint outwardly showing scars of her lumpectomy (her “Cultural Sniper” image). This visual narrative also tells a story of what is not seen. One does not see a mastectomy or hair loss from chemotherapy, because Spence (1995) refused the treatment suggested for the status of her tumour. She speaks of these representations as narratives of dis-ease, and as the beginnings of a “subject language...that challenges the ‘ugliness’ of being seen as Other” (Spence, 1995, p. 134).

I think of the grotesque image of the body in carnival when I look at certain photographic self-images of Spence. Her bodily representations sometimes emphasize parts, rather than wholes, or at least one’s eye is drawn to certain places or parts of her body. Bakhtin (1984) sees the function of the grotesque in a manner that seems to be reflected in Spence’s work. He explains in the following manner.

Actually, if we consider the grotesque image in its extreme aspect, it never presents an individual body; the image consists of orifices and convexities that present another, newly conceived body. It is a point of transition in a life eternally renewed, the inexhaustible vessel of death and conception. (p. 318)

Spence certainly works with orifices and bulges and prominences (see Hevey, 1992; Spence, 1995), and uses her body as an agent for mockery. In fact, so do others who have “gone public” with their illness/healing representations, such as Gran Fury.

Meyer (1995) quotes a Gran Fury fact sheet that describes this group as a “band of individuals dedicated to exploiting the power of art to end the AIDS crisis” (p. 51).

Although representations such as *Kissing Doesn't Kill* (see Meyer, 1995, pp. 52, 53 for illustration) were meant to “mimic the codes of capitalist pleasure,” Gran Fury found it equally important to affirm “the power of queer desire” (Meyer, 1995, p. 52). And in the representation of this desire, Gran Fury seems to approach the edge of the carnivalesque in their use of lips, genitals, and orifices. Although certainly not to the extent of Spence, nevertheless some of Gran Fury’s work, such as *The Pope and the Penis* (see Meyer, 1995, p. 75 for illustration), maintain an aura of the carnivalesque spirit. *The Pope and the Penis* juxtaposes two multi-color billboards,” the first with a text on sexism and an erect penis, and the second an image of the pope with a quote which speaks to the Church’s position on Aids (Meyer, 1995, p. 74).

The Ocean of the Grotesque

Bakhtin (1984) points out that there is a “boundless ocean of grotesque bodily imagery within time and space [that] extends to all languages, literatures, and the entire system of gesticulation” (p. 319). One wonders if the urge to wade in this ocean arises from the sometimes sudden and sometimes frightening invasion of body and mind by disease. Disease may call to attention parts of the body and mind that up until this invasion remained complacent, almost absent from consciousness. The sheer unembellished crudeness of grotesque imagery carries with it an almost exaggerated obsession with the raw matter of existence and the part that this plays in the existence of self. It is as if disease has shaken the core of existence, and the grotesque is the reclaiming of the transcendent power within. As Bakhtin (1984) explains, “in the endless chain of bodily life [grotesque imagery] retains the parts in which one link joins the other, in which the life of one body is born from the death of the preceding, older one,” and in this way the

grotesque “ignores the impenetrable surface that closes and limits the body as a separate and completed phenomenon” (p. 318). Bakhtin (1984) refers to this phenomena as the “double body” or a “body in becoming,” one that is never finished or completed, instead constantly being created, transgressing its original nature.

Perhaps in concert with the double body effect of the grotesque, so too does the imagery resist the “order” of biomedical representation. Waldby (1996), in her work entitled *Aids and the Body Politic*, makes the following comment on biomedical “order.”

‘Order’ is understood in biomedical discourse to mean a hierarchical, steady-state, closed system, a system whose self-preservation depends on its hermetic separation from the outside. ...Biomedicine...deploys this model in relation to both social order and anatomical order, enabling each to be readily figured in terms of the other, and both to be figured in relation to implicit concepts of sexual difference. (p. 142)

Waldby’s (1996) point is that biomedicine’s concepts of what is normal and what is pathological in AIDS discourse have been mapped onto normative categories of sexual identity, and it is through these *categorical* bodies that the disease is governed. In other words the lived and actual day to day experiences of what it means and feels like to have AIDS is essentially cordoned off from the “healing” and “care” dialogue which determines “treatment.” The sexual body falls victim to a reorganization of the binaries of sexual differences, “those of masculine/feminine and straight/gay, to bring them in line with [biomedical] understanding of AIDS pathology” (Waldby, 1996, p. 6). As well the sexual body politic has been reinscribed and reconfigured to fit into what is “known” of their contribution to the AIDS crisis. Waldby (1996) makes the argument that even the

morphologies of sexual difference, “the ways that differences are lived and represented, are constituted in part by biomedical practice knowledge and practice” (p. 6). Waldby (1996) argues that biomedical descriptions are also *prescriptions* that use the now prescribed categories (to which Waldby refers as institutional manipulation) of sexual identity to govern the epidemic.

I suggest that it is possible that Waldby (1996) and Gran Fury (cited in Meyer, 1995) take positions of resistance, whether that be text that reconstructs the representation of body imagery or art forms that serve to resist and re-write, against biomedical discourse that appropriates the heterosexual male body as the normative ideal, thus constructing others by default as pathological. Waldby (1996) claims that the declared war on AIDS is in reality “a war on People Living With AIDS...and on those identity categories which feature in AIDS discourse” (p. 4). She describes this action as a violence in its own right. Transgressive imagery disorders the normative order - perhaps herein lies its allure.

Mud and Stars: The Unification of Obscenity and Beauty

The transgressive nature of the grotesque or obscene is taken up also by D. Morris (1998) in his discussion of the biocultural nature of illness in the postmodern age. In his writing he refers to a work of Henry Miller entitled “Tropic of Cancer” (1934/1961), in itself considered at the time an obscene text. D. Morris (1998) claims that Miller views the obscene as “an instrument with almost religious power to transform human consciousness” (p. 177). Miller (quoted in D. Morris, 1998) says that the purpose of the obscene is to “awaken, to usher in a sense of reality” (p. 177). According to D. Morris (1998), Miller did not seek to domesticate the obscene text, but instead relied upon its shock value and

unsettling power to enlighten us, insisting that the obscene and the divine were a unified one. Mud and stars, Morris says - not irreconcilable difference. Interesting parallel to beans and Beaujolais. In other words, within us is the ordinary, perhaps animal nature of the embodied, or bodied self, the real, that which we share with all human community. The raw. D. Morris (1998) points out Miller's claim that the "deep fear aroused by obscenity [and the grotesque] is a fear of the half-formed and repressed life moving blindly within us" (p. 178). Miller did not advocate divorcing oneself from the "life within," yet we, particularly in Western health care arenas, have been enculturated to view the self as disembodied and devoid of the grotesque and obscene.

Disabled individuals whose disability/illness takes them and their bodies on a course outside of the popular cultural normative of *person* to whom Wendell (1996) refers as the "paradigm citizen" (p. 41), must learn that upon "coming into the public world with illness, pain, or devalued body [they will] encounter resistance to mixing the two worlds." As a result, they go underground. *Or*, as Nancy Mairs, a prize-winning poet who has multiple sclerosis, has done, some arise from the underground and reclaim the language of the obscene or images of the grotesque to rage or to alter. Mairs (quoted in Zola, 1993), in her essay , "On Being a Cripple", states:

First, the matter of semantics. I am a cripple. I choose this word to name me. I choose from among several possibilities, the most common of which are handicapped and disabled. ...Even now, I'm not sure what my motives are, but I recognize that they are complex and not entirely flattering. People - crippled or not - wince at the word cripple, as they do not at handicapped or disabled. Perhaps I want them

to wince. I want them to see me as a tough customer, one to whom the fates/gods/viruses have not been kind, but who can face the brutal truth of her existence squarely. As a cripple, I swagger. (p. 18)

Mairs, perhaps, chose to represent her challenges with language (a representation) that conjures an image of the crippled or lame jester using her physical disability as was common in the feudal courts and among the general populace where the obvious display of physical disabilities, according to Hahn (1993) “appeared to be related to revelry, debauchery, and laughter rather than to inferiority, ugliness, and tragedy” (p. 220).

Wade (quoted in Thomson, 1997) characterizes herself as “a sock in the eye with gnarled fist,” and like Jo Spence, images her disabled body as a “visual assault, ... a shocking spectacle to the normative eye” reminding us that the “disabled body is the object not of the appropriating gaze but of the stare, ... framing her body as an icon of deviance” (p. 285). Wade’s (quoted in Thomson, 1997) poetry of self-definition claims “I’m the Gimp/I’m the Cripple/I’m the Crazy Lady.” Thomson (1997) makes the point that as Wade affirms that her body is at once sexual and different, she asserts, “I’m the French kiss with cleft tongue” (p. 285). As Wade and others rewrite their bodily script, so too do they reconstruct what it means to suffer and to heal. As well, as Wade’s representations resist narrowed and linear constructions implied by diagnostic-like criteria for disability, handicap, and impairment, so too do her representations extend and deepen the discussion of what it might mean to experience a disability in the context of Western society. As Wendell (1996) points out, even the UN definition of disability seems to imply that there is some universally describable standard for human ability.

The Obscene Theatre of Reclamation: An Agent of Embodiment

Perhaps Wade, Spence, Mairs, and others who rage with their body as visual narrative invoke the obscene/grotesque as an agent of *embodiment* in a social and biomedical culture of divisiveness. Sartwell (1996) makes the claim that all obscenity is “related to the salient signs of embodiment” and that “embodiment is transgressive” (p. 158). He quite passionately asserts:

The acts themselves of fucking, jerking off, eating, pissing, shitting, and so forth are hedged around ritual prohibitions. They are performed in special chambers in an elaborately mannered fashion. And they are, rather obscurely, associated with one another.... As salient symptoms of animal embodiment, they are pushed beneath the surface of social life, so that you could almost go through your day thinking that you were the only one who did such things. Not only the acts, but even the signs for the acts, the words that pick out the acts, become transgressive. (p. 159, 160)

Thus to embody is to transgress, and likewise to transgress is to embody. The body as visual narrative, I suggest, takes back its agency - the agency that illness, disability, and culturally-entrenched notions of the normative body and biomedical dualism pilfer and rob. And an interesting result of such action is joy, or at least peace, in reclamation.

Sartwell (1996) offers some insight into the process of reclamation. He claims that every act of embodiment is “at once a transgression, a seduction into sin, and a pure joy” (p. 160). Again his animated explanations are helpful.

Taking a dump is, in this sense, a more authentic act than writing a book. To be lost in sex is to be lost in embodiment, woven into the world's web, situated. For that reason sex is real and sex is joyful. Everything that is truly beautiful in this world is a reminder of embodiment and a symptom of joy taken in actuality. Hence, all real beauty is transgressive, is obscene. The attempts to purge beauty of obscenity...are always blank, empty. (p. 161)

Mud and stars; beans and Beaujolais, obscenity and beauty. The real. It seems that there is power in the comic monster, a *power* and *agency* found and reclaimed during the experience of illness and within the resultant acts of will to represent that experience in whatever manner makes sense to one's suffering.

Or perhaps the will is to *not represent*, as I suggest that representations leave out as much as they include. The grotesque ignores as much as it includes in representations of illness and healing. It rejects the power of Other over the body - be that disease or the official canon of the "treatment" regime. It rejects the container-view of the body, as a mere receptacle for one's vital organs. It explodes the mind/body dichotomy, and discards the notion that "damaged parts" should hide their "ugliness." "Ugliness" is not Other in the representations of Spence. Spence (1995) claims that her narratives, although not a painless process, allow her to cease being victim and become an active participant in life.

In cracking the mirror for myself, I am automatically challenging your view too. ...If I don't find a language to express and share my subjectivity, I am in danger of forgetting what I already know. ...These kind of projects confront the neurotically induced notion of an idealized self, seeking to

represent the multiplicity of split-off fragments which go to make up an apparently coherent identity. (p. 135)

There are others who share Spence's desire to displace the notion of the idealized self.

Lessons of Asymmetry: The Pedagogy of the Grotesque

MacPhee (1994), in the writing of her own breast cancer story, images herself post-mastectomy as "Picasso's Woman." As a paramedic, university student, wife, and mother, MacPhee wrestled with the diagnosis of breast cancer as it took over and perhaps captured, her life. In her subsequent struggle with coming to terms with her experience, she remembered a class where a professor was explaining a work by Picasso. MacPhee (1994) recalled his words as follows:

This is not deformity, but an affair of shapes, the loveliness of possibility, where we can compare our symmetry with that portrayed by the artist. (p. 15)

The Picasso image as well as the words of French novelist Marguerite Duras (quoted in MacPhee, 1994) - that "the art of seeing must be learned" - replayed frequently in MacPhee's mind. Asymmetry took on new meaning. Interestingly, before she was informed of MacPhee's diagnosis, a friend pointed out in a postcard (sent to MacPhee while vacationing) which displayed the image of Picasso's *Woman Asleep in a Red Armchair* on the front, that Picasso had a penchant for women with an irregular number. Nancy Fried's (who is also a mastectomy patient) sculpture of a one-breasted headless torso made a significant statement to MacPhee, as did the work of Deena Metzger. Metzger was described as a writer, lecturer and activist in an article that was given to MacPhee (1994) by her friend Deirdre. The photo in the article was of Metzger, a nude woman with one breast.

The woman's face was tilted upwards towards the light and her arms were outstretched towards the sky as though to hold the sun.

The scar where her breast had been was tattooed with the image of a tree branch. There was a bird in the branch. (MacPhee, 1994, p. 244)

MacPhee's friend Deidre exclaimed "She has a gorgeous body, don't you think?" "Yes," MacPhee agreed, "It's full of ...possibilities." What became apparent to MacPhee at this point was the "sexual power" inherent in the photograph, and again that the art of seeing "must be learned."

Although one might have to stretch one's vision to see evidence of the grotesque, I suggest that in the eyes of some, the slicing off and subsequent visual display of the absence of a breast might well represent grotesque-like imagery. It is not uncommon to hear the expression of "How gross!" when one encounters a body dissection in direct view of the unprepared (and *intellectually* prepared as well). What is noteworthy in this discussion of the self-imagery and representations of Rosalind MacPhee is the unintentional transformation of vision from revulsion resulting from the captivity of self by the initial medical diagnosis, to the reclaiming of imagery that transformed her perspective of previously held notions of the beautiful, or the possible. The image of Picasso's women becomes MacPhee's breast cancer story as *Picasso's Woman*, with recognition of the "grotesque" as beautiful, full of possibility. I like to refer to this as the pedagogy of asymmetry, or better still, the pedagogy of the grotesque. As the grotesque destabilizes, it teaches.

This project of destabilizing the "picture" of self is also evident in the art of those suffering from emotional illness. Yet there is a complex history behind the use of imagery to depict the insane.

“Lunacy” and the Grotesque

If one looks at certain artistic renderings of the insane as created by others, one might wonder whether the representations are an exaggeration by others of what was thought to be the “grotesque” bodily evidence of mental illness. In turn, this causes one to wonder if these images of the 19th century raving lunatic contribute to current day reactions toward representations, such as Spence’s and others, which question the sanity of the imaged. Perhaps this rendering by Other of the mentally ill says more about the “renderer” and the way in which they grapple with the unknown or feared. Bevis (1989a, p. 290) defines a rendering as a “way of describing the ineffable; ...a rendering has *virtual* rather than actual meaning and depends on symbolic language.” In many cases, what is chosen in these images of mental illness to be represented is the crudeness of bodily display, the protrusions, bulges, defecation, drooling, and all functions in which a body and mind unable to adhere to the social and cultural canon might engage (see illustrations throughout Gilman, 1982).

Or, perhaps the grotesque renderings of the mentally ill that were used to symbolize mental illness were accurate portrayals. It could be argued that these artistic images, if realistically rendered, were not so much the outward display (or symptom) of the illness, but were instead a way in which those who were ill were able to transcend the confinement of the asylum and the imposed diagnostic assumptions about their illness. Although, certain feminist author/academics, such as Caminero-Santangelo (1998) resist such an interpretation of these depictions of the mad *woman* in particular. Caminero-Santangelo (1998) sees the invocation of the madwoman image in the writings of woman, both historically and currently, as one that does not recognize the virtual powerlessness inherent in such imagery. She claims that

perhaps the reason why the madwoman continues to be such an enticing figure is that she offers the illusion of power, although she in fact provides a symbolic resolution whose only outcome must be greater powerlessness. (p. 3)

Caminero-Santangelo (1998) theorizes that the search for subversive madwoman imagery involves violent repression of its own as well as being misguided, thus trapping the woman ultimately in silence. The madwoman as voracious sexual monster, or female monster, was a common, not subversive, image propagated by influential male doctors according to Caminero-Santangelo (1998, p. 5). She proffers then that one must seek explanations to why these archetypes for madness became and then remained ... a compelling image for woman writers post-World War II (Caminero-Santangelo, 1998). Why, she asks, has madness become a metaphor for resistance? Caminero-Santangelo (1998) partially answers her question in the following manner.

...The texts [of women writers who invoke madness as a form of self-representation] for the most part seem to share an interpretation of madness as an illusory self-representation of power that offers an *imaginary* solution to the impasse. As an illusion of power that masks powerlessness, madness is thus the final removal of the madwoman from any field of agency. (p. 12)

Perhaps this is so, or perhaps this reflects one interpretation and more so the contextualized interpretation of the author.

I suggest that just as Mairs (cited in Thomson, 1997) reclaimed the image and label of Cripple for her own appropriation, so too might certain women (or men), mad or

otherwise, embellish imagery that they intentionally interpret as or transform into metaphors/representations of resistance. Madness then may be invoked as comic monster, or as an agent to make obvious that which may be blurred by the labels of others, or as an agent that calls to the self of another to mark that which has been invisible or misinterpreted. Lorde (cited in Quinn, 1995) says that masking mastectomy through the use of prostheses prevents women from recognizing others who have had breast cancer. Might it not be an intention by some who suffer from mental illness, through the invocation of images of madness, to raise consciousness as well as to call to others who know? A community of people who are now marked may form collectives of resistance where there was only silence or misappropriation of *their* madness.

The comic monster, the grotesque, the obscene, are called into service at will, inhabiting visual/bodily/textual representation alike, perhaps even able to transcend the human/non-human distinctions. Artistic representations, such as “The Scream” by Edvard Munch (1863-1944), (see Warick & Warick, 1995, pp. 180, 181) are self-renderings which incorporate the grotesque or comic monster to a certain degree. Munch, according to Warick and Warick (1995, p. 181) “suffered from chronic depression and many phobias.” His illness/healing representations crossed the barriers of human/bird/nature/vampire and speak to the transcendent quality of the carnivalesque. Munch (quoted in Warick & Warick, 1995) says of his art:

My afflictions belong to me and my art - they have become one with me. Without illness and anxiety, I would have become a rudderless ship. (p. 177)

Who am I as interpreter to evoke one interpretation only, or to reject, for that matter?

And if it is a certain interpretation that makes sense to the subject in dialogue with the representation, one must acknowledge that it is as much a construction of the interpreter's self as it is a self-construction of the other, given over to a community space in trust. Interpretation is fluid and dialogic, and may alter at any point and for any person involved in the dialogue.

Dialogue with the Carnavalesque: Finding Agency and Community

Bakhtin (1984) stresses that the grotesque body is cosmic and universal and can merge with natural phenomena. Because of its capacity to "fill the entire universe," (as Bakhtin claims), perhaps it may carry with it a sense of everlasting connectedness that subverts the finality of serious illness and impending death. Yet, as Salvio (1997) cautions, "bodies are not abstract 'texts'; they are bone, blood, breath...and home, a dwelling place," and for others a site of homelessness (p. 249). Although the comic monster gesticulates, so does it feel pain. Listen to Salvio's (1997) concerns.

I am disturbed when we too easily cast the body as "text," for this move can reify the body, to cast it as an abstraction to be gazed at, read, interrogated, deconstructed. As persons, we struggle to attain and sustain agency, will, and desire in the face of normalizing practices that are played out, resisted, and transformed.... (p. 249)

The representational function of the carnivalesque body narrative may blur both the linear boundaries of diagnosis and treatment, and also the boundaries between visual and textual representation, but one must acknowledge, as Salvio (1997) reminds us, that bodies blush, and literary texts do not.

In any case, both must be located within a cultural context, with the responses of

various lookers/readers taken into account. What one takes from, or understands about, the representation is evolved from within the dialogue that one has with the image (textual or body). Bordo (cited in Salvio, 1997) points out that subversion of the cultural assumptions that one brings to the “reading” of the imagery is not something that happens *in* a text or *to* a text, but instead is an event that takes place (or not) in the reading of the text. The event then acquires a life of its own, characterized by the agency of the subjects in dialogue.

Perhaps it is not unlike Steele’s (1997) work which proposes that constructed and constructing subjects come together in the inescapable interpretive agency through which individuals understand their pasts and their futures, thus linking language with human agency in order to develop an alternative textual theory of the subject. Discourse may take the form of subject to text (or any form of representation), subject to subject with text, or even subject with text to subject with text. In other words, I propose that there are understandings to be gained through intrasubjective dialogue of myself with my interpretation of the illness/healing representation of another, or through intersubjective dialogue between myself as practitioner and seeker of care who has represented their experiences of illness/healing through body narratives, poetry, photography, text etc., or even through intersubjective dialogue between myself with my own aesthetic representations in hand and the seeker of care also with representations in hand. I am reminded of a Bizarro cartoon by Piraro, published recently in the London Free Press, that depicts 2 men, the artist (reminiscent of Munch) completing his picture (reminiscent of “The Scream”) and friend perhaps, in dialogue. The artist asks “Which title do you like better: “The Scream” or “I Forgot to Turn Off the Iron?” Naming and interpreting, one

could say, is all a matter of one's perspective; one's own subjectivity, sometimes in conference with another, and in dialogue with the image, co-construct the meaning.

For Spence, Mairs, Wade, Gran Fury, Munch and others, it seems that their body imagery is their language of subjectivity, as well as their theatre for reclamation. Is that not the same for the healer/practitioner? Vaughan (1993) explains that "essentially, artistic practice is dialogue with the Unconscious - the area of the psyche kept off limits by the wound - with imagery as the vocabulary" (p. 18). Perhaps the image is the place where healing occurs.

In the next two sections, I will work with poetic and textual forms, and the way in which these forms of representation become narratives of illness/healing as well as disrupt the lines between the visual and the textual art form.

The Poetic Form: Home of the Trickster

I will carry Bakhtin's thoughts into my discussion of the poetic form as a representation of the illness/healing experience because of his work with ancient images in literature. In both this section and the next, which examines countermythic healing, I argue that the written word evolves into more than letters on paper. It displays, as well as conjures, imagery. It animates a presence that cannot be confined to the text. In examining the poetic form, the representation of the image is not only found within the words as written; it is developed by the spaces between the word and the placement of the words and sentences on the page. One can "read" the representation in a variety of ways - just as one can "read" canonized and sanctioned forms of visual art from many perspectives.

As well, there are subversive things going on. Quite often, roaming around in those words and spaces are the rogue, the clown and the fool, playing with parody and turning what seems obvious, upside down.

The rogue's gay deception parodies high languages, the clown's malicious distortion of them, his turning them inside out and finally the fool's naive incomprehension of them...these three dialogic categories emerge in modern times. The rogue, the clown, and the fool are the heroes of a series of episodes and adventures that is never resolved, and of dialogic oppositions that are unresolved as well. (Bakhtin, 1996, p. 405)

Because of the open-ended nature of the poem (or better, because of what the poem may *stir up*), it seems a likely location for such subversive-minded imagery. The three characters serve as destabilizing figures whose words cause one to read the spaces between the lines. Of course the way in which I see these images working is not as they did in ancient writing where their presence was necessarily actualized; instead I see the subversive nature of their "tricks" coming into play particularly in poetry of oppression, anger, disempowerment, depression, and any form of "illness" where one is in opposition to the hierarchy or canon or oppressor.

The parodic nature of this discourse functions in a manner similar to carnival. Hutcheon (1985) explains this textual parallel.

The parodic text is granted a special license to transgress the limits of convention, but, as in carnival, it can do so only temporarily and only within the controlled confines authorized by the text parodied - that is, quite simply, within the confines dictated by recognizability. (p. 75)

This is the "gay deception" about which Bakhtin (1996) speaks - that effect of making strange any pretensions to lofty reality that a discourse of pathos may have, that turning upside down of pretentiousness by oneself as narrator or by introducing a character to

accomplish this feat through a seeming naiveté or *lack* of understanding. Yet for it to work, like the transgressive manner in which carnival operates, the “recognition of the inverted world still requires a knowledge of the order of the world which it inverts and, in a sense, incorporates” (Hutcheon, 1985, p. 74). Listen to and watch Barreto-Rivera work with order and disorder in his imagery.

from Shredded What: A Whitman Serial (6)

Wordgasms & thoughtgasms
vagina pectoris
angina dentata

(not to dwell on
the subject of
vagina envy)

Give us, oh Lord
instead of capitalism
carnivalism,
or something like it:
a language based upon
essential proteins
propleptic fictionary
edging toward some kind of
redemptive password
(*in hoc signo* vindicated)
breathe-write

fullscale dis-erasure/integration

Go back to first elastic zygote
tool around
and change
the look of everything.

(Raphael Barreto-Rivera, 1996, p. 66)

I read this poem as a healing narrative where the trickster has been let loose. It subverts the more obvious canon-like call for redemption which may be emitted from “high-language,” and flips the oppressive and confining nature of the world over on its nose. Its disorder perhaps parodies order - must one know order for this parody to work?

I do not know the background of Barreto-Rivera, but I do know that he participated in Toronto’s *Scream in High Park*, which is the site of celebration of poetry and storytelling, and is regarded as a “sound poet” (McPhee, 1996). Barreto-Rivera’s poem carries with it, besides textual imagery in the understanding of the words, both visual imagery in the way it is placed on the page, and auditory imagery in the way that one hears the words. It is thus multi-imagined, with no clear line drawn between visual and narrative form.

Multi-imagery and Thorny Dialogics

Multi-imagery carries with it many thorny layers of meaning and a powerful potential for inter- and intra-dialogics, between self and others and among inner selves. I see this multi-imagery in my own clinical practice as nurse educator in the illness/healing narratives of those experiencing mental illness, victims of violence, and those with invasive disease, such as breast cancer (see examples throughout this chapter), where the poetry unleashes the trickster as well as the multiple selves to engage in dialogue within the words and the spaces of the poems.

Mirikitani’s poetics of violence works with this multi-layered genre, adding what I read as the textual face (or rendition) of the grotesque. I include the poem “It Isn’t Easy” (Mirikitani, cited in Lashgari, 1995a) as an example of my claim.

It Isn't Easy

my poems
strung like bloody beads across my throat,
my disembowelment, my seppuku-
scarlet entrails
twisting from the open wound....

my unbeautiful hunger,
this selfish desire to be loud, bigger
than light, this longing
for movement, my own.

(p. 291)

The textual face of the grotesque carries with it the same power to subvert and transcend that which has kept others from understanding what is difficult to comprehend, while affording the wounded the space and opportunity to reclaim the self. Lashgari (1995a) speaks of this potential for reclamation within Mirikitani's poetry in the following manner:

She reclaims her vision and her voice, and helps us reclaim ours,
by creating an aesthetic counterviolence, violating boundaries, violating
patriarchal assumptions, violating the reader's own resistances and
silences. By peeling the ceremonial covering off the face of violence,
she disrupts the deadly sameness, the status quo imposed by social
constructs or literary genre. (p. 291)

Yet, one must ask, as does Raven (1988) of Poe's and Coe's works about rape, if such naked artistic and poetic representations serve to empower the onlooker as they do the creator; is there a form of catharsis or do the works themselves "rape"? Is this "safe" counterviolence, or simply (and not so simply) the comic monster? Perhaps this is unanswerable in any generalized manner and requires further study outside the bounds of this research. Or perhaps the answers can be found in the dialogue spurred by the

textual/visual images which reflect the parodic paradox of “legalized [yet] unofficial subversion” (Hutcheon, 1985, p 74).

I wonder about the comic monster - grotesque, yet non-violent? I take Bakhtin’s (cited in Jung, 1998) words as a starting point of thought. Bakhtin insists that the distinguishing mark of violence is that “it knows no laughter”- that is, no “Gogolian laugh” that is joyful and festive but not frivolous, satirical, cynical, and negative (p. 106). Jung (1998) concludes from this that in both intention and result, “subversion by violence brings death to dialogue whose epiphany is the singular Other” (p. 106). An interesting insight to consider while examining aesthetic representational form.

Visible Wounds, Invisible Risks

Raven (1988) points out that “mortal wounds so severe and grotesque as to have been inadmissible are now shown everywhere; vibrating waves of lifelong terror now shatter all order” (p. 186). Raven points to a risk to self and other that may result from the “giving over” of one’s images of self and of one’s wounds to the public. I take this point seriously. Besides the visual effect of the wound, there looms over these forms of representation other kinds of risks. There are still those who feel compelled to critique such representational works against the holy canon of whatever form within which the aesthetic representation falls, in essence pulling the carnivalesque out of its context and into the context of the high priests of art, literature, and science. For example, Kinzie (1993) is a critic of poets such as Anne Sexton (cited in Kinzie, 1993) who writes of themes of the dark earth, and of the unconscious and painful experiences with oppression and victimization. Kinzie (1993, p. 54) speaks critically of Sexton’s “enormous reputation as a victim-seer,” and asks what it suggests about the spirit of the age “that she remains

admired [as a poet] despite the patently therapeutic impulse, the ill-absorbed mental suffering that grimaces from the interior, and, above all, the wasteful dishonesty of the machinery she sets in motion.”

The compulsion to judge and validate aesthetic work against preestablished canonical norms of “excellence” is worrisome. Parker and Pollock (1981) alluded to this concern as it relates currently and historically to women’s crafts such as embroidery, where one may see evidence of the dark and tragic muse within. There were and are, according to Parker and Pollock (1981), those priests and priestesses who place this work low in the hierarchy of the arts. The needlework crafts of women in the 18th and 19th centuries, which were sanctioned as the embodiment of the feminine, even then contained protests against the confinement of women. Subversive gestures were employed to use these samplers, that were the embodiment of the feminine virtues of obedience, submissiveness and service (Parker & Pollock, 1981), for tragic poetic musings. One might argue that the embroidery served as the expressive genre of the “caged bird,” a genre that allowed the oppressed to “speak silence” (Cixous, cited in Hoogestraat, 1995, p. 27). Parker and Pollock (1981) point out that even today these samplers are not yet generally seen as expressive art form.

This seeming lack of vision lays bare the work that as yet needs attention, if one is to bring a feminist representational ethic to meet a feminist scientism, in order for others, including health care workers and bearers of the canons of the arts, to see the potency and potential for understanding the sufferings of others within these works of poetry. I see one of the visual problems of critics of these forms of representation as an inability, by those critics, to “read the text of the landscape, [a landscape that needs to be] revised [and

understood] through personal memory and history” (Rich, cited in Hoogestraat, 1995, p. 31), and I would add, not imposed upon by the censure of the others. Rich (cited in Hoogestraat, 1995) understands this act as another way to recover the past and to note historical silences. She writes:

Many guns
turned on brains already splitting
in silence. Where are those versions?
Written-across like nineteenth century letters
or secrets penned in vinegar, invisible
till the page is held over flame. (p. 31)

Hoogestraat (1995) explains that Rich calls for an empathetic reading of these texts that are encoded and cryptic, and urges one to read with as much attention to what they do not say as to what they do say. I argue that this manner of reading is foundational to the act of developing and maturing a feminist scientism of representational understanding, a scientism with a poetic mind.

In this same genre and thus sharing the need for recognition, I place the poetic and narrative renderings of the countermyth, which I will discuss next.

The Countermythic Healer: Rewriting the Real Demons

Lauter (1984) says that “myth is a collective agreement about some aspect of the unknown” (p. 6). From that point on, in the minds of the collective and in the records of historical “truths,” myth becomes just that - Truth. Because the canonical interpretation of myth is historically patriarchal, it has become a project for many feminist writers to engage in the rewriting of myths. Feminist archetypal theory (mythical knowing) has contributed to a revisionary understanding of mythic representations.

Lauter and Rupprecht (1985) claim that feminist archetypal theory is an “interdisciplinary re-visioning of the theories of the Swiss psychologist Carl Gustav

Jung..." (p. 3). Because Jung fell short on the gender equality issue by setting arbitrary limits on the development of both sexes, he reinforced the stereotypes of man as thinker and woman as nurturer (Lauter & Rupprecht, 1985). He was known as a great inductive thinker, but the archetypal images that he had described were understood as absolutes, instead of being "explanations of reality experienced by females...[thus] the archetypes of the feminine had become categories to contain women" (Lauter & Rupprecht, 1985, p. 7).

One could argue that archetypal representations became myth, and mythical representations became archetype. The patriarchal mythical interpretations were both the result of archetype and the cause of future myth - the development of a mythical canon. This is a source of the reification of gender-wounding, and a challenge to the feminist poetic/narrative and visual forms of representation to destabilize and rupture what has, for many years, been a given.

The Myth of the Female Malady

There are multitudes of sources of myths. In my own work in clinical psychiatry, I frequently read of the myth of the female malady - madness. In fact, there are accounts of many women in the late 1800s who were incarcerated in asylums for articulately and passionately speaking their minds in an historical time period when a woman's place was to be compliant and silent (see Geller & Harris, 1994, for first-hand accounts). Scribbled on the walls of the women's cells were poems and narrative representations of their own experiences of illness (not necessarily the diagnostically inscribed one) and/or healing. These represented their own notions of confinement, mistreatment, and in some cases the journey into insanity caused by the incarceration itself. From Geller and Harris' (1994) work, I offer the following as an example. The first is an excerpt from an 1842 *Asylum Journal*, page 1 of the first volume (as it appears in Geller & Harris, 1994).

Scene in a Private Madhouse

Stay, jailor, stay, and hear my woe!
 She is not made who kneels to thee,
 For what I am now, too well I know,
 And what I was, and what should be.
 I'll rave no more in proud despair,
 My language shall be mild, though sad;
 But yet I'll truly swear,
 I am not mad, I am not mad.

My tyrant husband forged the tale
 Which chains me to this dismal cell;
 My fate unknown my friends bewail-
 Oh, jailer, haste that fate to tell!

'Tis sure some dream-some vision vain!
 What! I, the child of rank and wealth!
 Am I the wretch who clanks this chain?
 Bereft of freedom, friends and health!
 Ah! While I dwell on blessings fled,
 That never more my heart must glad,
 How aches my heart, how burns my head-
 But 'tis not mad! no, 'tis not mad!

Yes, soon-for lo, now-while I speak,
 Mark how yon demon's eyeballs glare!
 He sees me-now with dreadful shriek,
 He whirls a serpent high in air!
 Horror-the reptile strikes his tooth
 Deep in my heart, so crushed and sad!
 Aye, laugh, ye fiends-I feel the truth-
 Your task is done-I'm mad, I'm mad! (pp. 1-3)

Noncompliance defined (diagnosed) as insanity. Does this form of mis-representation continue to exist? One could certainly construct evidence that points to this unfortunate happening, the reactions to which fuel the fury of many illness self-representations.

Another example. Elizabeth Stone (1994) writes of her own experiences in an asylum in Massachusetts from 1840-1842. She recounts:

My brother Stephen hired Dr. Wheelock Graves, of Lowell, a perfect stranger, to give a line about me; for I was not sick, nor I never was. Neither does he dare to say there was any disease, only my religion was different from my family, and for that he was hired to give a line to deprive me of my liberty, and to be experimented upon in a prison.

Dear Christian reader, I have put forth this appeal to let the christian world know that this knowledge is known upon the earth, and it is in the hands of the wicked. Why is the public so silent upon the sufferings of a poor girl?

May God awaken the mind of the public to the sufferings of the helpless.

(pp. 35, 39-41)

Difference defined as insanity. And on it goes. Resistance to the imposition of politically and socially constructed labels. Representations of resistance and reconstruction.

Countermythic Representation: Reconstructing the Mythic Story

I argue that what was represented in these narrative accounts was a countermythic knowing - the re-construction of the mythic story - which served as a place for any healing that was to occur. Susan B. Anthony and Elizabeth Cady Stanton (quoted in Geller & Harris, 1994) wrote:

Could the dark secrets of those insane asylums be brought to light...we would be shocked to know the countless number of rebellious wives, sisters and daughters that are thus annually sacrificed to false customs and conventionalisms, and barbarous laws made by men for women. (p. xvii)

How much of this understanding, buried in mythic knowing, has changed? These basic tenets of myth of the feminine remain the fuel for much of the countermythical representations. And within the countermythical or counterarchetypal representations are housed not only gestures of resistance, but a seeming call to the collective or community of souls who have shared in similar experiences.

Reis (1995) claims that “thinking archetypally about the female body allows us to see that we participate through our individual body experiences in the larger female body - the historical, cultural, and spiritual, as well as the biological female body...a felt participation in raising the collective consciousness to a more complete depth of understanding” (p. 24). Audre Lorde (discussed earlier) reached the larger female body through their own counter-imagery (an imagery of absence, perhaps). Lorde (cited in Quinn, 1995) used her non-white, nonheterosexual, non-bi-breasted body as a text readable to others (p. 276). Quinn (1995) says:

Her refusal to adorn herself with a pale pink breast-shaped pad meant to appeal to white men is a political stance by which she affirms her control over the scripting of her own body. (p. 276)

So too is her refusal a representation of “absence” which not only counters the prescribed treatment, but also counters mythical notions of prescribed beauty and health. In both her photographic and poetic representations, this body-text resists the normative standard that claims one must hide or mask the effects of breast cancer in the same manner that the countermyth resists or uncovers the mythic-mask. This act, like the acts of other poetic and bodily narratives of illness/healing, again serves to flip over the “given-to-be-seen” (Silverman’s word, 1996), plays tricks of “gay deception” with words, employs parodic license, and gesticulates with carnivalesque spirit.

The Dialogical Potential of Representation: The Work of the Sniper

Stein (cited in Dickie, 1995, p. 223) might agree that the illness/healing representations discussed in this chapter constitute a “maternal gaze.”

...It is a channel through which energies pulse. Unlike the proprietary male gaze, the maternal gaze is both protective and celebratory, acknowledging at once the vulnerability and the power of other, the other’s familiarity and its difference from the self. (p. 223, 224)

Or perhaps it is the gaze of witness - or the receiving of Other through their representational imagery - that elicits the power to alter, a power that hooks (1995) claims may constitute an experience that can “convert and serve as a catalyst for transformation” (p. 6). In any case, I understand the source of the healing power of these forms of representation as originating within the dialogical encounters that arise from the narrative experience, and within the relationship that Bakhtin (cited in Henderson, 1993) describes between consciousness and inner speech, or inner dialogue (p. 121). Henderson (1993) posits:

Thus, consciousness becomes a kind of “inner speech” reflecting the “outer word” in a process that links the psyche, language, and social interaction. (p. 121)

I argue that the sniper effect arises from the subversive and destabilizing characteristics of the carnivalesque spirit and forms inherent in the representations. They trick and provoke, “appearing anywhere in, any guise” (Spence, 1995) and cross the canonized lines of what may have become mythic understanding of self as woman, self as ill, self as healing. They reject the reductionist view of the healing process that Warren (1994)

claims “has become so entrenched that it is difficult for many people to conceive of healing in any other way” (p. 652).

Provocation and dialogue, according to Clark (1995) are “strategies of communication that feminist playwrights and critics might employ within conservative academic environments...” (p. 250). I see the provocation and dialogue of the illness/healing narrative as not only a self-employed act of the wounded, but also as a potent teaching/connection heuristic for working with the experience of the other in healing. In my experience with engaging in poetic and countermythic writing with both self and others, I find that “woundings” in the healer are drawn empathetically to wounds of the other, not through a falsely constructed sense of sameness, but instead through a more intense appreciation of the mechanisms of difference. It is more likened to the seeing-from-below scientism of Haraway (1991), causing an emesis of false assumption. It openly acknowledges the elephant in the room.

The breast cancer discussion group on the Internet houses a virtual forum for the sharing of not only factual information, but the poetic, narrative and visual renderings of individual’s experiences with breast cancer. *The Elephant in the Room* caught my attention for its passionate explication of the unfortunate silence that many times occurs between individuals who can find no form or language to represent their experience with illness. In summary, I include it as a representation of silence - that tragic consequence of entering the void which may exist between the healthy and the ill, or the afflicted and the unafflicted. This poem in itself acted as sniper to the group as they were grappling with finding words to represent the loss of two members of their net support group. In this poem, silence made its appearance in the guise of the elephant which, in turn, destabilized

the unsaid, and transformed it into a touchable entity within the grasp and reach of the wounded.

The Elephant in the Room

There's an elephant in the room.
 It is large and squatting, so it is hard to get around it.
 Yet we squeeze by with "How are you?" and "I'm fine" ...
 And a thousand other forms of trivial chatter.
 We talk about the weather.
 We talk about work.
 We talk about everything else-
 Except the elephant in the room.
 There's an elephant in the room.
 We all know it is there.
 We are thinking about the elephant as we talk together.
 It is constantly on our minds.
 For, you see, it is a very big elephant.
 It has hurt us all.
 But we do not talk about the elephant in the room.
 Oh, please, say her name.
 Oh, please, say "Barbara" again.
 Oh, please, let's talk about the elephant in the room.
 For if we talk about her death.
 Perhaps we can talk about her life.
 Can I say "Barbara" to you and not have you look away?
 For if I cannot, then you are leaving me
 Alone...In a room...

With an elephant.

(Personal communication, Terry Kettering,
 Breast Cancer Discussion Group, 1996)

In addition to acknowledging the Elephant, writing and representation rejoin obscure parts of self, allowing one to be many things at once, not only sad, not only ill, not only oppressed, not only white, not only black. Anzaldua (cited in Reuman, 1995), who is a Mexican American black lesbian feminist, speaks of the multi-variant nature of self, experiencing herself as a spider woman, with many feet in many soils, hanging by one thin strand. She is not ambivalent or confused; only the labels imposed by the Other split her.

Anzaldua, as pointed out by Reuman (1995), has been termed, and in effect resists, the label of “cultural schizophrenic,” and works towards “taking back [her] collective shadow” in order to heal the wounds of her intracultural split (p. 316).

I perceive the resistance, such as that which inhabits Anzaldua’s writing and poetry, to labels that split, deform, and misinform the self as the fire that flames the sniper effect of the illness/healing narrative. The rogue, the fool, the clown, the grotesque and the carnivalesque, the trickster and the countermythic image, all are masks or guises of the sniper. As well, each aesthetic representation is an agent of subjectivity that tells a *particular* story of each person’s experience with illness and healing. The rogue and fool, the grotesque and the carnivalesque, the clown and the trickster, are all part of Self, awaiting the opportunity to be acknowledged, to be looked at - from below - and to use their potential to take back what is rightfully theirs.

In the next chapter I take myself as subject. Having begun the process of listening to what aesthetic representations might offer to the healing process of others, such as the reclaiming of agency, as researcher I wonder about the possibilities of making connections between myself as practitioner/educator and those who seek care and healing. I wonder whether the meaning of healing and the healing relationship will alter if I do my part in finding places within myself that offer insights into the Other and into what it means to be healer and to teach about care and healing. I have felt, as long as I can remember in my career, that it was very much the responsibility of the healer to find meaning places for healing, and that those places must exist within what it means to be human and part of a community of like souls working towards inspiring health in self and other. Therefore if one would just *look*, there must be fertile locations in one’s subjectivity where one might find those human to human connections of the heart.

And so I will look. And what I take as my data is my own process of engagement with poetic form that began before I recognized it as poetic form, or poetic representation, or even simply poetry. And as I look, I will consider carefully Bakhtin's (1995) insights into aesthetic work.

Aesthetic activity proper actually begins at the point when we *return* into ourselves, when we *return* to our own place outside the suffering person, and start to form and consummate the material we derived from projecting ourselves into the other and experiencing him [sic] from within himself [sic].

(p. 26)

Witnessing the sufferings of others offered within their representational imagery and listening to their testimony of pain returns me to my own subjectivity to look with vigilance for meaning places where healing may take place.

CHAPTER 4

POETIC AND MYTHICAL MUSINGS IN FIRST PERSON PLURAL

Origins

Blending In (excerpts)

Wild-eyed Italians
Wild-haired Italians
loud speaking
loud laughing
women and men
fascinate me

I find them hiding
behind Anglo names
like Kennedy, Litz
and Scott
wanting to be discovered
dreading the exposure

I home-in on them
as if genetic
devices
clue me

Watch the eye color
the humour
skin tone
the length of the nose
that little
diction give-away

How they say "sang-wich"
"spaagh-hetti"
"It-ly"

I meet them cowering
in the olive oil aisle
of our city's only
imported grocery store.

At marriage I accepted
inched away from Italy

toward an almost
 Greek-sounding Russian
 surname
 moved up in the alphabet
 moved away from Italia
 toward mainstream

Now I claim
 like so many others
 both names
 the name of my adulthood
 the name of my children
 along with the name
 of my childhood
 my catholic-school name
 my budding-artist name
 my father's name
 my mother's name

They discover me eating
 dried Italian black olives
 and provolone cheese
 at lunch at my computer
 longing for *vino*
 knowing its against policy
 longing for a nap
 knowing that this country
 thinks unwell of sleepers
 longing to shout

I am Italian
 don't you understand?
 It's all right
 I can handle it

(Mary Russo Demetrick, 1998a, p. 193-196)

Dandelion (excerpts)

Embarrassed?
 Sure!
 I saw my relatives
 in the thruway median
 small paring
 knives in hand
 cutting

first tender
shoots

What if
someone
from my school
found out
we wash dandelions
cook them
in olive oil
and garlic
eat them
with thick crusty bread

Instead
my friends collected
yellow dandelion
flowers
wove them
into summer crowns

Now, vitamins
in these greens
just what I need
to return
to become well
to replenish
what was lost...

Embarrassed?
No!

(Mary Russo Demetrick, 1998b, p. 189-190)

I wish I had written those poems! They call me to their place. I see the facial expressions that accompany them; I hear the melody as the words sing inside my head; I watch the gesticulations accompany the vocal frolics. I imagine the dress that the dandelion pickers are wearing, and even on what median they stoop. And I remember.... As a child I thought that everyone's Grandmother was called Clara; my two were. "Ann? She can't be your Gramma," I exclaimed to my friend; "Gramma's are named Clara!" I was six years old.

Why are the poems and this memory relevant to this chapter? They are my story. At least they comprise an important context for the autobiographical work that follows. Demetrick's poems and my snippet of memory speak of a strong Central/Northern Italian heritage, so large that I honestly believed that the rest of the world shared the love, affection, humour, food, music, art, security (and dandelions) on which I was raised.

This was good and this was risky. Good because I do not think that I could have been blessed with a more solid foundation of humanity and community. Risky because it was difficult to question, or even to recognize as a nondominant subculture of sorts, that which brought so much love into one's life (and besides, it was a sin to question one's elders!). Until I left it. What I have come to realize is that what I gave back to my community of origin was my "good girl." And good girls don't.... So I stored or set aside much of what enraged me, as I looked for the "good" in everything.

Well, that is fine - but unpleasant and unwarranted *things* do happen. Injustices, inequities, and "evil and ethical terror" (Noddings' term, 1989) abound. Noddings (1989) defines evil as "that which harms or threatens harm" (p. 91). Pain, separation, helplessness in natural, cultural, and moral forms are part of living in any society. Noddings (1989) gives examples of the pain of illness and death as natural evils; poverty, racism, war, and sexism as cultural evils; and the deliberate infliction of physical or psychic pain as moral evils (p. 120, 121). One need only be a breathing member of the human race to be susceptible to the evils that Noddings describes. One not only experiences "evil" in day to day life, but having worked in nursing practice/education for 29 years, I have observed "evil" practised on others by both the people and the system of health care. Albeit, "evil" may never have been the intention. Nor was it perhaps the intention of the nuns in Catholic

School to create a classroom of obedient, but vocally-challenged students, some of whom feared asking to go to the lavatory (as we called it then) to relieve themselves other than the 10:15am designated excretory time.

Having left my home and all that was familiar in New England in 1969, I began to notice what was, what was not, what is and what is not. I locate much of my writing as emerging from the spaces that were not explored and questioned (not vocally anyway), and the absences not defined or recognized by the presences. In the sharing of my aesthetic representations, I wish to clearly acknowledge that I see my past, my early context, as a gift. And perhaps it is my security in the acknowledgment of the gift, that lets me share the silences. I believe that it is a testament that to be human means to be susceptible to woundings and evil. Thus the events of wounding and evil are not experienced solely by the less fortunate than myself. Therefore I view this autobiographical work as arising from the ordinariness and extraordinariness of human existence; touchable by most but never generalizable. As we share passions, sufferings, evils, and joys, we experience them uniquely. Still somewhere there are places where we meet (as I meet Demetrick in the dandelions), and at that place perhaps we heal. As Atwood (1996) acknowledges through the voice of Grace Marks, an accused murderess of the 1800s:

When you are in the middle of a story it isn't a story at all, but only a confusion; a dark roaring, a blindness, a wreckage of shattered glass and splintered wood; like a house in a whirlwind, or else a boat crushed by the icebergs or swept over the rapids, all aboard powerless to stop it. It's only afterwards that it becomes anything like a story at all. When you are telling it, to yourself or to someone else. (p. 298)

One's story, once told, gives itself up to what seems like a collective consciousness of stories, amazingly familiar, yet strangely unfamiliar. Contained in the telling of one's stories (or in the offering of one's aesthetic representations) is a collection of myths, thought of or acted upon as truths, now available to consciousness for contemplation, malleable to different ways of understanding, or marked as refuse. So for now, this is my story.

Preambling

During a course at OISE on Poetry, Adult Education, and Social Movements, I found myself searching for a container of sorts for my musings, and soon remembered a cloth-bound journal given as a gift by a dear friend the year before. The inside inscription from that friend reads: "Write your good thoughts just for you to keep and reflect on...." This seemed most appropriate, and at that time I assumed my thoughts would be just that - thoughts to reflect upon by myself. Although that was certainly the case to begin with ("I am not a poet!" said I and many others), as the course went on I found an unexpected world of kinship in the sharing of my own poetry and the listening to the thoughts and poetry of others.

This was a new experience for me - not the listening to and reading of poetry as it was always very much connected to the inner spaces of my life - but the writing and sharing of my own poetry that had only just begun to take form. Although I was always told that my writing was poetic, I understood poetry as I was taught - "real" poems took a certain form and metre.

What follows is a collection of my poetry as it relates to various spheres of my life, along with my musings/thoughts/analysis or whatever else happened in my mind and was

noted in the cloth-bound journal at the time of the writing. As well this chapter includes a hermeneutic analysis of themes that emerge from this, the most current look. Thus this chapter will be multivocal, including the poetic voice, the musings voice, and the voice of the researcher who is examining her aesthetic representations in light of the research questions, as well as the insights gained through the examination of the illness/healing representations of others in the previous chapter. And who knows who else's voice may join the dialogue? To reiterate, the research questions are 1) What might the exploration of aesthetic narratives of the self of the practitioner, and of the seekers of care as interpreted by the self of the practitioner, bring to light about the ethics of care and the healing relationship?, and more specifically, 2) What is the work of aesthetic representation, as an agent of subjectivity, in the fostering of an understanding of healing for the practitioner/healer and for the seeker of care?

Other than two of the poems, all were written during or after the course. The two poems that were written previously were not considered by myself, at that time, to be poetry until an explosion of new insights on this subject was ignited during the poetry course. I came to understand from the experience of creating poetry that poetry has many capabilities, one in particular being its ability to capture the interrelatedness of thought. Poetic, scientific, analytical, pensive and mythic modes of thinking find no division in poetic work. Therefore, those poems, not originally thought to have the proper (scientific?) structure to be called *poetry* now take their poetic place alongside the others, in the cloth-bound journal.

I have organized the poems into three collectives, *Poems of Defiance*, *Poems of Urgency*, and *Poems of Lore*, each of which point to a *healing* function and do *healing*

work. I begin with *Poems of Defiance: Reclaiming and Redeeming Narratives*, which I now see as a collection of aesthetic narratives that retrieve that which has been, or at least is *perceived* by me to have been, taken away. Also imbedded in the ensuing hermeneutic analysis are various insights, uncovered during my research, into what healing might mean to self and other, as well as ways in which the insights may affect or inform the healing relationship.

Poems of Defiance: Reclaiming and Redeeming Narratives

Vertical Narrative: A Starting Place

On the first page of the cloth-bound journal, I mused:

I wrote this a year ago - a story Barb said?? That's no story!

That was Fall '94.

This is Summer '96. Now I ask... Could this be a POEM?!

I had taken an MEd. course in narrative inquiry during which we engaged in the writing of narratives as well as reading and responding to the writings of others. During this particular class we were supposed to write a story and engage in reader response. Naturally my tale did not take "normal" form, or at least in the mind of Barb. I now consider this "story" to constitute my first poem.

Pause Poem

I thought I had it,
 but it snuck out.
 It certainly is hard to
 get a good grasp;
 it's so slippery, so amoebic.
 At one time you could see
 its face so clearly,
 the image of it,
 the feel of it,
 the smell of it -

lucid,
plain,
obvious.

Where did it go?

It looks so organized,
yet it's scattered with the wind.
Oh, it used to be quite predictable,
when it arose to meet the day.
It knew where it was going,
put on appropriate clothes,
its face matched its feeling;
its words matched its walk.

When did emotion change its face?
And where did it learn that walk;
what accounts for its motion?
Why is it so slippery, and
what in the world do you name it?

Happy,
sad,
silly,
sullen?

One moment it's there,
and the next it is hiding.

I thought it was peaceful,
but it's worried.
How could it be content,
when it's grumbling?
But it enjoys a grumble here and there.

Oh me, Oh life, (thanks Walt)
...Oh menopause.

(DeLuca, 1994; reconstructed, July, 1996)

One of the understandings that I have always had about poetry is its multivessel capacity to act as transporter of complex and diverse mind-matter. This story, rebirthed as poem, simply fell and formed on a page on the night that I was considering just what I would write in preparation for that narrative class. It represents an array of mind-matter. I spoke in the poetry class presentation of the varied functions of poetry that I am only

beginning to uncover - reclamation/redemption, expression/connection, mything/
countermything, all denotive of the healing potential of illness representations and other
forms of aesthetic representation.

The *Pause Poem* ministers a need in myself not only to reclaim the menopausal
traverse in the way that I, and not necessarily the textbook, was experiencing it, but also
to express to and connect with others. And yet it brings up an even larger question: What
do we in health care take away from others through our acts of diagnosis, labels, standard
care plans, and treatment regimes? Just through the act of administering hormones during
“The Change,” as my mother referred to it, we assume a deficit rather than appreciating a
passage. As I have previously claimed, acts of science risk diminution, and even
misrepresentation, in the acknowledging, understanding, and recording of the experiences
of the recipients of their care. Although not necessarily intentional, it is certainly what is
reputedly felt by others.

Kate Millett (1990), in writing about her experiences with being diagnosed with
bipolar disorder, describes a similar reaction to scientific reductionism.

Diagnosis is based upon impressionistic evidence: conduct, deportment,
and social manner. Such evidence is frequently imputed. Furthermore,
it may not even be experienced by the inflicted party, but instead may
be observed by others who declare such a one inflicted. (p. 311)

The diagnostic declaration by science, or biomedical culture, could be understood as a
form of oppression, or imprisonment. Recently, I find myself increasingly aware of the
poems and narratives of those living this subjugative experience within the health care
culture, poems that find themselves spoken or handed out in the hallways of the

institutions (such as Bill's poetry, which I include and work with in Chapter 5), or expressed in the (originally) faceless world of cyberspace (such as those shared by a breast cancer discussion group on the Internet, an example of which, *The Elephant in the Room*, I included at the end of the previous chapter).

Having experienced the power behind self-expression, I continue to work with the idea of how poems and narratives of reclaiming/redeeming such as *Pause Poem*, expression/connection, and mything/countermything work with personal experiences of illness, transitions, and healing. I am also consumed with the way in which each form of expression can become a narrative of healing as well as a form of not only self-dialogue, but a dialogue between the health care provider and the person seeking care.

At the time of the poetry course, I started reading some of the writings of Bakhtin, as suggested by Chris, a storyteller who visited one of our classes. Chris suggested that Bakhtin's work has relevance to understanding certain of the functions of, or possibilities within, poetic and story form. Bakhtin defines a relationship between consciousness and inner speech, where "consciousness becomes a kind of 'inner speech' reflecting the 'outer word' in a process that links the psyche, language, and social interaction" (Henderson, 1993, p. 121).

[N]o living word relates to its object in a *singular* way: between the word and its object, between the word and the speaking subject, there exists an elastic environment of other.... (Bakhtin, 1996, p. 276)

Thus how could diagnostic representation even begin to capture nuance of experience when, as Bakhtin (1996) claims, "any concrete discourse (utterance) finds the object at which it was directed already as it were overlain with qualifications, open to dispute,

charged with value, already enveloped in an obscuring mist” (p. 276). How could diagnosis claim to provide adequate representation of self/other alone and by itself? I see poetry as capable of entering the absence created by the *lack* in biomedical representation, at least as evidenced by the selected works included in Chapter 3.

Poetry as Internal Dialogue

I had fun with the Bakhtin notion of internal dialogue. *Solo Conversation* was born on the train, where many hours of silence breeds lively conversation with inner voices of self. I wrote this in the cloth-bound journal:

Riding home, once again, on the 5:15 - supposed to
be reading the “required articles.” But...having great
difficulty doing what is “REQUIRED” this afternoon....
So...arose...

The Solo Conversation

Chug Chug Chug Chug
Read the article.
OK. No.
Thoughts. Talk.
Inside Inner In-head
Thoughts.....Shut off!

Chug Chug Chug Chug
Read the article.
Why? Whose theory?
What matter?
You must... Serious doctoral work,
you know.
Thoughts.....Shut off!

Chug Chug Chug Chug
Read the article.
Hell.... Listen
There is talk.
Talk of what?

Wyoming, Petrolia, Web sites.
 Rring..... A phone?
 On a train?
 Thoughts.....Shut off!

Chug Chug Chug Chug
 Read the article.

“I’m having trouble seeing, dear.”
 “...Oh, that’s too bad. Would
 you like coffee,
 coke,
 peanuts?”

“No one will listen to me.”

“...Did you see your doctor?”

“He won’t see me till August...I’m afraid.”

“...Will I put your purse on
 your seat, so
 no one
 will trip?”

Thoughts.....Shut off!
 Can’t!

Chug Chug Chug Chug
 Read the article.
 No.

Listen.

Feel.

Is there time? Take it.

And write. Write?

Write. OK.

Thoughts. Hello.

(DeLuca, July, 1996)

Rereading this once again, I am aware of a more subtle inner debate on the human value of academe, when it prevents one from engaging in a moment in someone’s life where fear and loneliness invade what, for many of us, was simply a train ride. It begs the question of what theory and study are for if not for the benefit of others beyond ourselves and the insulated world of academia. A redeeming narrative? Perhaps, at least in the reclaiming of a position on the responsibility one has in higher education to do meaningful (a novel thought) work.

Then there were those times when it seemed as though I was engaging in what seemed like mind-frolics - those moments when internal dialogue danced with itself and with others. That describes for me the experience of writing *Dooney's Cafe* with Carol and Betty Ann. Mind-frolics at Dooney's...

Dooney's Cafe

I want a bagel and cream cheese,
 nothing plain;
 From desks and chalkboards,
 I will abstain.
 I want a Dooney's Cafe T-shirt,
 extra large,
 A second cup of coffee,
 no charge.
 I want to play chess with the man
 with the jacket;
 To talk and play and forget all
 the racket.
 I want to know if this kind
 of class,
 Will get me my letters,
 no pain in the ass.

(Sandy, Carol & Betty Ann, July, 1996)

Mind-frolics perhaps, but imbedded in our collective poem is a redeeming narrative of sorts - one which recovers (and works to *heal*) a sense of control that has been jarred and tugged upon by academia. It sends the message: "I will do this poetry work as long as you grant me the academic credits."

Next, Scott and Linda challenged us to write about the work experience of another. This activity brought up the issue of how to empathize without doing injustice, such as reducing, minimizing, or making less of work that is unassimilable to us. The experience of "placing one's self in the shoes of another" is not as it seems. It is neither easy, nor realistic. The concept of poetry as "mind-frolic" ended there. Poetic work was

developing a more serious appearance. The experience of reaching for empathy became more clearly and obviously problematic, and that this *reach* took us out of the sort of sleepwalking approach that is so easy to assume in one's interactions with others.

Vetlesen (1994) refers to this sleepwalking condition as “selective” or “organized numbness,” an affliction, I argue, experienced by many overworked and voiceless health care workers, particularly those who, like nurses, are still very much regulated in hospital practice by the hegemony of biomedicine. Vetlesen (1994) makes the point that organized numbness is not original in the subject, but is instead “brought about in him or her by the impact of exterior forces such as ideology, bureaucracy, and technology” (p. 211). A fitting description of an insidious process in health care that is not necessarily a conscious and intentional personal choice, but instead is brought about by a strong corporate and biomedical hegemony, drastic cuts in nursing staff, and struggles with voice that originated in a history of professional and gender-specific oppression. One learns not to feel too deeply if one wants to survive. Vetlesen contrasts organized numbness to what others may experience as “coldness,” which he describes as an “indiscriminate or all-around indifference toward human beings” (p. 211). This is exactly the problem with numbness - it then becomes a responsibility of the *seeker* of care to sort through the reason why they have not felt empathy or compassion from the professional with whom they are working, a burden that I would name as unethical. Back to the poetry.

Scott and Linda's challenge to us had an effect on me which, in essence, pushed my thinking further than before. This experience with poetry falls into the realm that Rich (1994) speaks about, for it causes an imbalance or shift in previously entrenched understanding.

I knew...that for me poetry wasn't enough as something to be appreciated, finely fingered: it could be a fierce, destabilizing force, a wave pulling you further out than you thought you wanted to be. (p. 191)

Writing *A Job?* brought Rich's insights home.

A Job?

Does fly fishing constitute
a job?
A job, for me, is wall,
is cement, is smell-less.

Order, efficiency, white,
gray, and chairs!

Many chairs, broken chairs,
chairs that screech
when moved.

Classrooms,
either cold...with
snow waiting to pile in the corners,
or hot...so hot that
clothes stick to your bum.

Ahhh, fly fishing
no walls, no cement,
and SMELL...lots of smell.
no chairs, no screech

But is fly fishing a job?

Get up early, oh it's pouring...
Got to disentangle line, pack
flies, pack waders.
Get out before the place is packed
with people.
No fish - No Money - No eat
It's cold out!
There's muck, mud, and
it's wet!

This is work!

Fly fishing is work!
 I don't want this job!
 Give me the walls!

(DeLuca, July, 1996)

Poetry as Witness of Self

I wrote the following in the journal while remembering how I felt when composing
A Job?

What amazes me is the urgency
 of the act of the pen.

As we continued to talk in class about the function of poetry, I thought about this urgency that occurs in some poetic writing. Rather than having to consciously reach for the words, instead, at times when one is able to unleash that place in the soul that spends much of its time locked, thoughts, feelings, and passion take over. It seems that it is here, in the passionate core of self, that the power lies. Most of the poetry that I have written emerged from that soul-place, or passionate core. I take Richardson's words as reflective of my point. Richardson (1992) claims that "writing poetry is emotionally preoccupying [as] it opens up the unexpected, shadow places in [one's] self" (p. 131). Poetry, for me, cradles and then transports my passion. It is as if it allows for witness of self.

The following poem was written during that time when we were examining the power of poetry and the way in which it brings one closer to that "home" within the self (as Linda termed it). It was written with much urgency, as if it needed to be said. I included it in Chapter 1, and do so again to reiterate a point.

Excavation

Poetry excavates
 like archaeology,
 exposing the caverns of the spirit
 and the caves of the soul.

Archaeology chips at encasements,
 laying bare the pieces
 and parts that have
 withstood ages of wind.

Unearthed. There.
 No, the structure is not tired.
 Worn maybe - shape altered,
 the edges comfortable
 with their space
 Touching air gently,
 yet firmly.

Is it like this with self?

Do we expect
 that excavation
 will uncover a
 tired spirit, a
 tired soul?

Or do we fear that
 the capacity for
 enduring exposure
 will have expended
 its energy?

Are we afraid that
 our seams and
 boundaries, although
 ridden with imperfection,
 will no longer withstand the
 storm?

I think not.

I see this act of
 poetic understanding
 not unlike
 an archaeological moment.

What is there
 was always there.

It has withstood
 layers upon layers
 of the weight of the
 elements of a life.

Although not seen,
 it never ceases to
 hold fast to
 spaces inside.

Uncovering only gives back
vision otherwise

lost.

Lost - but not missing.

(DeLuca, August, 1996)

Excavation is a redeeming poem. It takes back on many levels that which is lost through ideological interpretations of what constitutes “good” science. The ideology of objectified practice as a rigorous scientific practice I suggest provoked in part the “turn” away from self that occurred in nursing during the early 1900s. Thus, nursing changed course to embrace a biomedical interpretation of science as an indicator of “good” nursing practices. The “turn,” I argue, also turned away from the art of nursing, or the healing aspects of nursing theory which previously were of substantial significance. *Excavation* is a redeeming or reclaiming narrative of the origin of the healer-self. It attempts to bring back the language of the *science* of art, a language that was lost to technological rhetoric, and subsumed by it.

Munhall (1997), in her resistance to a request by a nurse-editor that she write a short essay “dealing with specific terminology various nurse scholars use for nursing knowledge...identify[ing] the terms [she] use[s] for nursing theory and metatheory” (p. 79), asserts the following:

Time to become unstuck, and understand that uncertainty and ambiguity are part of the mystery that will continue to defy a holding down and a wrestling to squeeze out a static structural model [of nursing theory]. (p. 80)

I like her science. It is dynamic and creative, and resists the “buy-in” mentality to a singular theory or paradigm as being more (or less) “scientific.” Munhall’s (1997) science is filled with meaning, as her search for meaning becomes “pivotal” (p. 85). She writes:

wax apples
 analogue models, systems, stages, symmetry
 tasteless, dry, but perfect in stability
 and lifelessness
 definitions, like wax apples
 limit possibilities. (Munhall, 1986, p. 2)

Excavation has become a redeeming narrative for the place of self in the work of the healer, and like Munhall's claim about wax apples, it resists that which limits possibilities. *Excavation* makes the claim that in the looking and witnessing of the self, one finds not only stability but a space to reclaim wisdom and possibility that risked being lost in the rhetoric of a distanced and objectified science. A meaning place for *healing*?

Perhaps MacPhee (1994, *Picasso's Woman*) might agree. She sought a healing place in the asymmetrical images of Picasso's women, reclaiming her one-breasted self as her own, and as having beauty. The imagery afforded her the opportunity to *see herself differently*, to witness what her body now offered. I wonder what possibilities for healing might arise if I had the opportunity to share similar insights of redemption with MacPhee. Would the examination, with vigilance, of my own subjectivity afford a means for connection between dissimilar, yet familiar, experiences of MacPhee and myself?

Winterson (1995) claims that the "healing power of art is not a rhetorical fantasy" (p. 156).

Fighting to keep language, language became my sanity and my strength.
 ...For some, music, for some, pictures, for me, primarily, poetry, whether found in poems or in prose, cuts through noise and hurt, opens the wound to clean it, and then gradually teaches it to heal itself. Wounds need to be taught to heal themselves. (p. 156, 157)

Is it crucial that healer and care-seeker have experienced similar "woundings" in order to

create an empathetic union? Or is it more so that each need be willing to enter the worlds of each other?

Poetry as Heuristic for Embodied Practice

An increasing number of nurse educators/researchers call for a more “embodied” practice in nursing. Benner (1996) uses the term “ethical comportment” to refer to “the embodied, skilled know-how of relating to others in ways that are respectful, responsive, and supportive of their concerns” (p. 233). She claims:

Abstract reasoning or generalizable, decontextualized principles cannot influence practice if situations relevant to these principles go unnoticed, or if the practitioner does not have the skill to act ethically.

Embodiment provides a common human circumstance that allows for understanding, compassion, and the protection of vulnerability that objective rational calculation cannot provide. (pp. 234, 235)

Embodiment, I argue, then must encompass intentional acts whereby the nurse/healer finds ways in which to *take in* and *assimilate* the experiences of other. I doubt that embodiment is merely a random act enacted only when one can *find time* in an otherwise busy schedule. I view aesthetic representational work and dialogue as a heuristic for the embodied practice of a *vigilant* nurse/healer. I will continue with an exploration of my aesthetic representations with this in mind.

Perhaps the urgency of some poetic writing is indicative of the willingness of the self to take part in the healing process. Unfortunately we are immersed in a society that fears spontaneity and raw emotion. As previously mentioned, we couch our concerns in

the rhetoric of a scientism that does not necessarily let emotion take part. And yet does not science require a creativity of spirit and a passion of soul in order to invent, and an imagination in order to envision “treatments” not yet discovered? I fear we have molded science to fit a chilly rhetoric, not unlike the way in which we have molded the social self to participate in a culture mired in misplaced rules.

The next section works with poems that originate from my social self that was perhaps displeased with cultural mores of the past and present in both personal and professional life. Some not only express, they rage.

Poems of Urgency: Expressing and Connecting Narratives

Rage-agents and Body Talk: Finding the Mud and Stars

Certain of my poems rage. It is as if the “good girl” was put to sleep while another *self* finds the need to work with, shall I call it, the obscene? *Dear Agnes* (name has been changed to protect the guilty) and *Sloe Fizz* swiftly appeared on paper, with clamorous voice, begging to be heard.

Dear Agnes...

You've made a career of listening to yourself.
 A disclaimer of others - that's who you are.
 A disclaimer of those of us who speak
 of feeling
 with feeling...
 Those of us who speak
 in image
 and reflection...
 Those of us who live inside our words...
 Those of us whose hearts share the couch
 with our mouths.

If the words are not crisp and objectified,
 - you grimace.

If the words are not about the
 professional coda
 - you laugh.

If the words are of concern for others,
- you shove them aside.

“Stick to your knitting”
- you condescend.

“Don’t bother me with feeling, passion,
and poetry”
- you spit.

Well this one’s for you:

Your politics stink!
Your rhetoric sucks!
And most of all,
You are one great big fuck!

Sincerely, Sandy

(DeLuca, July, 1996)

After writing this poem, I made this note in the cloth-bound journal:

Wow! How cleansing! Poetry excavates, clarifies,
contemplates, ruminates, and SPITS! (or Horks, if you wish)

And here we go again with anger at the required objectification of self and practice. A narrative of expression/connection perhaps. When I read this one at our poetry performance at the Green Room, it met with an uproarious reception. Why? Perhaps because I tramped in the *mud* - the *obscene* (bad girl!). Could Jo Spence and I have shared some mutual feelings if I had read this to her after she showed me her *Cultural Sniper* image? Would she know that I understand what it feels like to rage at a perceived injustice? Would we then have been better able to share her experiences with frustration and anger at the biomedical system during her struggle with reclaiming her identity post breast cancer diagnosis? Could we have found the *stars* together?

The theme of injustice ran through many of the representations that I examined in the previous chapter. Mairs (in Zola, 1993) and Wade (in Thomson, 1997) alike reclaimed descriptive words that I suggest raged at the injustice of others who use language such as

“disabled” and “handicapped” to soften the affliction of “crippling” by objectifying it.

Mairs (quoted in Zola, 1993) said that she wanted people to wince at the word cripple - a word that perhaps conjures the image of the grotesque or obscene. Notice, listen, see!

Might this rage be the fallout of politically correct language that has become too sterile for some, imposed on their condition as *the* name for their experience. Instead, many such as Mairs and Wade tie the politics in knots, and shove it in the face of the injustice-makers.

Sloe Fizz has a similar ring to it.

Sloe Fizz

You couldn't reach me with your
 shoulds
 don'ts
 musts.

You couldn't touch me with your
 pures
 perfects
 obediencies.

How could imagination
 be a sin?
 How could turning your head in church
 require penance?
 How could any child
 with breath
 contain the gifts of humanness
 to be served on a platter
 to your hungry appetite for
 cramping the souls
 of nature?

You stole the moments
 of curiosity.
 You chained the ankles
 of frolic.
 You corked the fizz
 of the spirit.

HOW DARE YOU?

**For your penance:
 You will say
 2 our fathers and
 3 hail mary's.**

(DeLuca, July, 1996)

Following the writing of this poem, this is what appeared in the journal:

**In response to a Native poem which rebuked the sanctity
 of strictly organized religion, this piece puked out.**

I continued, at the time and still, to be captivated by the passion within each of us who participated in the poetic experience. The kind of *healing* that these poems of urgency seem to reflect is an opening up and regurgitating of anger that frequently is lost, but not missing. It is raw and ready to be consciously worked with in the manner with which one currently is able. Quinn (1989) makes the claim that "the locus of healing is within the person who is healing," and that "no matter what the intervention, [healing] is not something that can be given or provided or owned by the practitioner or therapist" (p. 554). But would the members of Gran Fury, the AIDS activists, know that I was listening if I shared a rage experience with them?

It is interesting to me to note the now obvious similarity between the rage-instigators of the past and the present. Catholic school experiences from the 1950s are erupting in much of my writing during this decade - 40 years later! Anzaldua (1989) supports my experience with this issue, and thus I find validation within her words (interesting that these memories still need to be validated, as if I will wake up and realize that I dreamed all of this).

**The Catholic and Protestant religions encourage fear and distrust
 of life and of the body; they encourage a split between the body
 and the spirit and totally ignore the soul; they encourage us to kill
 off parts of ourselves. (p. 85)**

Well, maybe it was not quite *that* bad, but nevertheless remembered images of seemingly unwarranted strictness abound. And still I cannot capitalize the words of the prayers of penance, making them too real to be used in such a raving manner. Maybe I'll get to that, but for now it seems that lower case fictionalizes the real, allowing it to be more safely worked with. In the meantime, perhaps Mairs or Wade would sense that I *know*, on some level, injustice.

The next poem is one that I was only now able to write about a dear friend lost 12 years ago to breast cancer. I wanted to read it at the Green Room Cafe, but at the time it remained too raw for public reading. Perhaps next time. This poem makes possible a healing process that is a personal example of that to which I believe Quinn (1989) was alluding.

As I Knew You...

I will let this roam
 where it may.
 For as I knew you,
 it was this way.
 It was as if you left
 as you entered.
 Never quite in place.
 Quiet,
 yet not quiet at all.
 A spirit
 filled with fight and fizz,
 gentle as collected raindrops,
 spilling fire on dew.

“I have wonderful friends,”
 I heard you chant so many times.
 To you that was life,
 or so it seemed.
 Life -
 Your feet seemed to feed on the sand
 of many lands;
 your soul took nourishment from

the spirit of others,
 yet
 not one drop less than it
 offered in return.

Whenever,
 wherever,
 whatever -
 these held no impossibility for
 those of your affection.

You were close to who we were,
 yet at the same moment
 not willing to toss seeds
 from your core only
 to land on false firmament.

Contradiction in clothes.
 Familiar as mudpuddles;
 unrecognizable as the back side of
 a mirror.

Laughing your way
 through pain,
 crying in
 your cereal.

Hugs of warm toast.
 Beans and jelly mixed
 with a spoon.

Pieces of Lunenberg running
 Down Under.

Where are you now?
 Under that beer-soaked
 Sauble pine?
 More likely nowhere much different than
 you were when you
 were here.

Everywhere, yet
 not
 necessarily
 in sight.

(DeLuca, July, 1996)

Not really a rage agent (or is it?), but certainly another narrative of
 expression/connection. What if in a dialogue with a person who is coming to terms with
 their own impending death, that person expressed the wish to be remembered by friends

and family as a vibrant, living presence? Might it be an opportune time to share a way in which I remember one who meant and still means much to me? Will I move closer to that person's experience and wishes? Will my sharing of this poem provide a *meaning place* for *healing* for both of us? I suggest that the sharing of representations will indeed deepen the dialogue of *seeing*, alluding to the achievement that Davey (1999) claims happens when the horizons of artist, viewer, and subject matter come together.

Unleashing the Passions and Wisdoms of the Art-Act

Rage poems and other poems of expression/connection such as *As I Knew You*, I suggest are poems of embodiment or body-talk. How is one to rage and express without allowing passions to seep through? Rage poems engage one's body in talk. I wonder if a nurse/healer's work with rage or other passionate forms of representation would be like the work that Salvio (1997) does in her rehearsal studio with teachers? Her work stems from the forms of resistance that she experiences in schools. She says:

...Resistance to regulatory control and culture's continual attempts to grip the body is, in reality (and particularly in schools), wrought with forms of resistance that are marked by painful struggles, misunderstandings, confusions, and feelings of betrayal. (p. 248)

Salvio's (1997) work with subjectivity, I suggest, finds parallels with the work that I am suggesting for nurse/healers who desire a connected and embodied practice. Salvio (1997) uses Brecht's theory of *gestic* acting, which "engages the writer/performer in a project of inquiry in which she or he uses her body as a medium to simultaneously question and perform the world she or he represents" in the autobiographical narratives that they have previously developed. I see similarities between the engagement of one's passionately

constructed aesthetic representations in dialogue with other and the engagement of one's body in the enactment of one's autobiography or history. Perhaps the passion unleashed from one's engagement with aesthetic representation will urge the healer and seeker of care to question and co-construct what healing might mean in *this* particular context, within *this* particular relationship, as they "perform" and share their *own* particular understanding of healing, or illness, or even rage. A theatre of inquiry as Salvio (1997) terms it, as well as a contribution to aesthetic knowledge development in nursing and other health care professions.

To assist in aesthetic knowledge development in nursing, Chinn & Kramer (1999) describe envisioning and rehearsing as "two interrelated processes from which creative possibilities emerge and within which aesthetic knowing is grounded" (p. 192). They present the processes of:

- (1) Creating and recreating story lines
- (2) Creating and developing embodied synchronous movement abilities
- (3) Rehearsing a situation and engaging a critic (p. 193)

I highlight these processes here to indicate the most current work being done in the development of aesthetic knowledge, and to think about the relationship between the work that I am suggesting and the current research efforts in nursing. I will take up what I see as a relationship to my work in more detail in Chapter 5. At this point I find their use of the term "art-acts" and their recognition of the transformative potential of the art-act to "usher the experience of those involved from one moment to the next [while] expanding the realm of possibilities into the future" (p. 192) indicative of the potential awaiting discovery in the art-act of representing one's illness or healing experiences and enacting that experience in dialogue with self and other.

I mentioned earlier the notion of safety in the writing of poetry (such as the use of lower case letters). In the next section, I will contemplate the use of myth and countermyth in my poetry and in poetry in general. Myth may also serve the purposes of safety, in essence allowing one to deal with issues of the self, albeit one step removed from the passionate rant, but nevertheless just as personal and powerful. I also claim that mything, itself an act of envisioning, employs the spirit of carnival, as it works with gorgons and tricksters, as well as goddesses, mystics, fairy tales, and witches.

Poems of Lore: Mything and Countermything Narratives

Gorgons, Tricksters, and Me

I have spent much time with Medusa. She has become, for me, an alter-ego, a way of seeing, and a way of understanding both self and experiences with control, oppression, and silence. She appeared as an archetype used for analysis in my master's thesis and has found her way into my dissertation. It at one time seemed strange that I might find insight and an understanding of self in the myths of the gorgon, or goddess as Medusa is at times known.

Medusa is one of three gorgon sisters, and the only mortal one, "who had snakes for hair, and whose gaze, on meeting another, turned the beholder to stone" (Brown, 1993, p. 1120). There are a variety of interpretations of the myth of Medusa, which, as Bulfinch (1947) maintains, claim that Medusa was once endowed with beauty. Although Medusa's story appears simplistic in nature, "the Medusan archetype has become imbued with complexities which are very much contingent upon one's perspective" (DeLuca, 1996, p. 92). This paradox of perception became recognizable first in my master's thesis as it related to the way in which nurse educators came to believe that rigour depended

upon objective, non-emotional practice. I explained in the thesis how, as in the myth of Medusa, the participants and I came to believe that passion was “ugly,” and yet in examining many writings about science, I found that many science theorists call for passionate, emotional, and creative acts of science. Much of our understanding as nurse educators about rigour in science work was influenced by the beliefs, transformed into “truths,” of the biomedical community. These myths became the “facts” that guided nursing as well as medical practice.

Later, particularly in my poetry, I recognized that the Medusan myth was actually one of my own unconscious, yet guiding (controlling better describes it) myths. It was during the poetry course as OISE that I found a playground for Medusa as well as other mythical beings previously housed among the paraphernalia in my mind. At that time I recognized Medusa as part of me.

Connecting Medusa to early educational experiences has allowed me to work through that which has been mucked up and hidden from view in many scenarios in life - Catholic school, good girl scenarios that tended to repeat themselves in experiences within professional and scientific realms. Writing through myth allows room for creativity, and for the space necessary to reorder and reconstruct. It provides a means of looking through both the eyes of self and the eyes of another. It allows one to confront and then counter that which has become an entrenched way of understanding. Lauter (1984) says that “myth is a collective agreement about some aspect of the unknown” (p. 6). That is just the problem - it becomes the known, and when this occurs, one loses the sense of other interpretation, and the sense that the thinking in itself may even be challenged. It breeds that “it’s just the way it is” manner of thinking.

Writing and rewriting the myth affords one the pleasure of exploding the hegemony. It also releases the trickster or rogue, or the fool, as Bakhtin (1996) explains,

...[who appears as] an actual simpleton or the image of the mask of a rogue. The naïveté of a simpleton who does not understand pathos (or who understands it in a distorted way, wrong side out), is counterposed to a false pathos, which together with gay deception has the effect of “making strange” any pretensions to lofty reality a discourse of pathos might have.

It is the potential to turn inside out that which appears as Truth and as Given that poems written of, about, and as myth/countermyth offer to the healing process of self. *Medusa's White Paste and Ditto Ink Story*, as well as the three poems that follow are ones that work with the possibilities of mythic healing.

Medusa's White Paste and Ditto Ink Story

She had neatly placed, tidy
 brown hair.
 She was seven, and she was good.
 But Medusa loved smells.
 The smell of wet cement in the rain.
 The smell of fall, the smell of
 old buildings.
 But Medusa especially loved
 the smell of the old school
 and
 white paste
 and ditto ink.

Whenever the time came for
 Art class,
 Medusa could hardly wait to
 engage her nose in close
 proximity to the white paste
 that she was supposed to use
 to hold together
 her creation.

After writing this poem in the cloth-bound journal, I made the following contemplative note:

I suppose this might constitute the retelling or recreating of a myth - now a countermyth. This story must be important in my life for it is rearing its gorgon head in many settings. Interesting that it was forgotten for many years - first it arises as a story written during the narrative course with Sharon and Annabelle; is rewritten in the thesis on Passion; and is retold again in Budd's poetry class.

There is an obvious power in the rewriting of this story. On the one hand it was an autobiographical musing on the moment when my understanding of the research process was molded into the hegemony of the times. On the next occasion, it served as one of the original cages, or formative ground, for the "Caged Bird".

It seems that, in this poetic context, it functions more so as a countermyth, a healing narrative of resistance and anger that has taken forty-plus years to image and animate.

What I did not recognize at the time was that many of the original interpretations of this myth, that is that Medusa was a monster to be feared, constituted a guiding myth that directed my passions, connectedness, and creativity to the sidelines of professional, and sometimes personal, life. Many of the "shoulds" under which I lived - whether they be gender or professional role stereotypes - were fuelled by an unconscious and perhaps patriarchal interpretation of the Medusan myth. But who is to say what is "true" of Medusa?

Some feminist archetypal critics seek to elucidate “feminine counterstructures to show how gender norms affect tone, attitude, imagery, characterization, and plotting...” within the feminine archetypes, such as the myth of Medusa, found in literature (Pratt, 1985, p. 96). Pratt (1994) even suggests that many of the explanatory narratives about Medusa arise from “gynophobic, Persean perspective” (p. 19). Yet rather than create a warring army of countermyths that reproduce the dichotomous thinking that I wish to avoid or discard, I instead prefer to work with myth in a manner more authentic to a self open to deep and holistic understandings of connectedness and ethical relationship.

And to attest to the power of this myth/countermyth, I find myself continuing in the gorgon tradition, once again feeling compelled to employ Medusa in yet another situation where I may voyeuristically observe, listen to, and wonder about the ways in which she works in the manner that she does. ...*Fondly, Medusa* seeped out of a reflection on the power of myth in one’s healing repertoire, as well as on the versatility and malleability of the countermythic experience. I also wondered about what might happen when one myth engages in conversation with another.

As an introduction to the next mythic participant, Sisyphus, I offer Bulfinch’s (1979) description which notes that Sisyphus was a “legendary king of Corinth, condemned in Tartarus to perpetually roll up a hill a big rock which, when the top was reached, rolled down again” (p. 947). Sisyphus has also been referred to as the “familiar trickster of popular tales” (Hammond & Scullard, 1970, p. 994). At the time of writing the following poem, I was not aware that the myth of Sisyphus was most likely representative of the trickster that was housed silently (except in play) inside of myself. I suggest that I wished that she (although Sisyphus was male, I believe that all myths have bi-gender

interpretations) could join Medusa in day to day life as well as in professional practice.

Perhaps I was taught, or else I simply assumed, that *cunning* was a male virtue and a female plague. If I was taught that, interestingly I do not remember when, and yet is that not the way with myths until they are unearthed?

...Fondly, Medusa

Dear Sisyphus,

I understand that you are
 having a hell of a time,
 in Hades.

Well, my life ain't so hot right now,
 but,
 we do share a common
 challenge.

Rocks.

Whereas your experience with
 rocks
 consists of a constant, uphill
 battle, mine is not
 so obvious.

That is, unless you sit in front
 of me
 in school. Like Perseus.

Ever since that day when I
 encountered the Master-ess,
 Athena is her name - I think.
 You know - that grumpy Zeus'
 daughter...

Anyway, I've been having such
 trouble with my hair, but more
 than that, my stare.

It seems that one look, and bang!
 Boy turns to Rock.

Now, you see Sisyphus, I feel
 this is no fault of my own.

I never intended that
 my innocent, curious
 questions would elicit
 the wrath
 of the gods

Is it this way with you,

Sisyphus?

I don't know why you were
damned,
but my hunch is it had
something to do with
Zeus, and the fact that
you squealed on his daughter,
Aegina.

And I'll bet your intentions
were not as they
seemed. No.

More likely their problems
with you
had more to do with
the way in which
you see
the world.

More likely it had more
to do with a
penoptigonal vision
which they did
not share.

Facets, layers, multiplicities,
refractories, olfactories.

Well, Sisyphus, here is where
we meet.

I smell the earth, I celebrate
incongruencies.
I live in multiplicity.
I eat chaos for breakfast.

You became a trickster, a crafty
man.

I became feared.

Why don't we trade for a while.
I'll give you my agate eyes.
You give me your cunning.

And I'll fool them.

Just when they think
it is stone they will turn,
I'll hug them.

I'll sing them poems.
 Just when they think
 they can cut off my head
 for what they see as
 a threat,
 I'll take their hand, and
 bring them with me
 through my world of wonder.

That way we'll share the joke
 together. The way it should be.

Thanks, Sisyphus. By the way,
 why don't you just stop rolling
 rocks, and use your
 agate eyes to play marbles,
 and if I can keep
 my head on straight,
 I'll convince Perseus to
 play with you.

Fondly, Medusa

(DeLuca, August, 1996)

I recognize this as a first attempt to play with mythic knowing, and to counter the sacred narratives of both Medusa and Sisyphus. From within the dialogic encounter between the mythic figures arises a deeper understanding of self. Feinstein, Krippner, and Granger (1988) point out that the “dialectal process is intrinsic to mythology,” unearthing the inner shaman, or the “personification of one’s inner wisdom, able to mediate between the prevailing myth and the countermyth” (p. 35, 36). It seems that Medusa has been leading the way. She has become facilitator, mediator, and friend, assisting me to look and to penetrate more deeply into mythic knowledge that I, until recently, only semi-consciously possessed. It seems that facing the nightmare sweetens the dream.

And in terms of the poetic writing experience, I put forth that poetry affords the opportunity to step on a carousel, and while travelling at a dizzy pace in a circular manner,

if one reaches carefully and intentionally as far as one can lean, a gold ring presents itself in the offering. Would that ring be my muse? *The Cello and the Paintbrush* was actually written a few months after the poetry class, and was accompanied by the sketch that is alongside the poem on the following page. As I read it now, I sense that it represents a *healing insight*, or gold ring, that may come to fruition in poetic and aesthetic writing. *The Cello and the Paintbrush* brings together creative and mythical natures of self, my passions, to rejoin the everyday self in life and practice. The drawing conjoins my paintbrush and love of chamber music with Medusa's snakelike tangles - only I suggest that the tangles add beauty, not rocks.

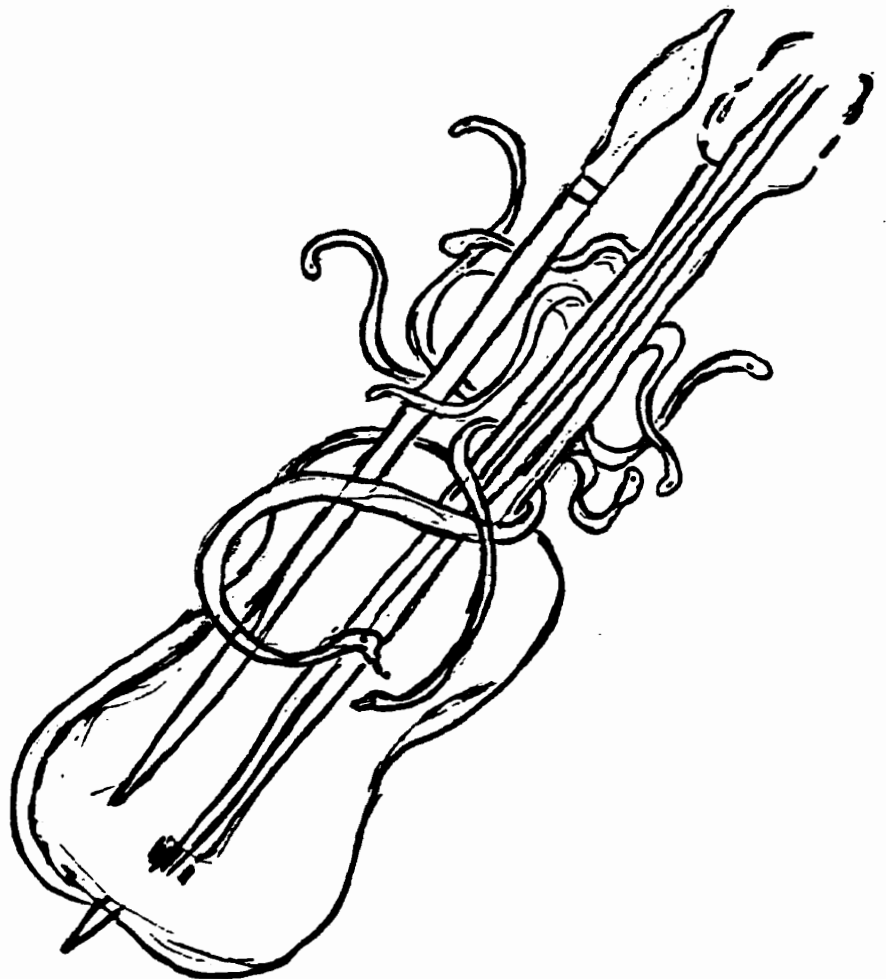
The Cello and the Paintbrush

The muse's playground
 Who is muse?
 Is she Medusan monster
 conjured to frighten
 you, to turn you
 to stone?
 Is she sitting in waiting
 to capture your
 life. To suck, to
 engulf, to change you
 into what you fear?

Or is she
 your fear?

What is this fear?
 Who is this fear?
 She is not to be
 fed your control or
 she will sting.
 She is not to be
 wiped from your
 consciousness or
 she will lurk.

Look at her. Those eyes
 are only yours, beckoning



you to come
 Those snakelike tangles
 are only arms, waiting
 for embrace.
 Know her. She is your
 passion. She walks
 with brush and sound.
 She sings of you.
 She is muse.
 She is you.

(DeLuca, Fall, 1996)

While rereading my last three poems, I see words that have uncovered inner thoughts or at least have donned them in unusual (mythic) clothes. This experience is like a gift of self to self, an offering of insight, a reclamation of an understanding whose origin as yet may be unknown. Perhaps finding the place of origin does not matter, as it does in psychotherapy, as much as the knowledge that it is a valuable part of the self that has come forth to join forces with inner stores of wealth - a kind of spiritual knowing.

Medusa wears clothes that do not outwardly resemble my own, and yet if I look carefully into my self-wardrobe, I can eye her garb, hidden behind the everyday clothes, pushed into the corner. And if I continue to search, I find other garments - some recognizable, some not so. I have found other goddess myths within. I am beginning to see their names. Athena is there.

Athena

Medusa has met Athena before, yet she may not remember. Athena is also a complex goddess, the archetype of a "masculine woman who finds success in what is essentially a man's world by denying her own femininity and sexuality" (Pomeroy, 1995, p. 4). Besides being associated with the "handicrafts of women and the fertility of the olive [I like that!]," she is the "patroness of wisdom, considered a man's quality by the Greeks" (Pomeroy, 1995, p. 4). Perhaps she represents the back side of Medusa's image. She is

representative of the dichotomy imposed upon women, particularly by traditional New England schooling.

“These are your choices:” I was told, “teacher, secretary, nurse - good jobs for women.” Yet I wanted to practice criminal law. It seemed that the two could not exist together - the “wise and masculine” careers of law and medicine along with the “feminine” virtues of emotionality and connectedness. The Athena myth: the embodiment of the androgynous, barren female as the only one, according to Pomeroy (1995), to survive in a male world as “judge, warrior, and giver of wisdom” (p. 8). The imposition of “you cannot have it both ways” type of thinking. Familiar words.

I have spent many words sorting through reasons or justifications for resisting Athena’s plight. Medusa has taught me to let go of the imposed need to justify. And so has Thenotte. The next poem, *Thenotte*, represents another act of discovery, clothed in countermyth, which when tried on, fit.

At Nancy in Lorraine, France, around 1580, “according to witch hunter Nicholas Remy, ‘a witch named Thenotte’ was in much demand as a healer” (Barstow, 1995, p. 110). Thenotte and many other women of her time functioned as healers, yet as Achterberg (1990) points out, since women were not officially allowed to study medicine, it was believed that their information must then have come from the devil, and therefore “all women healers...were suspect” (p. 81, 82). Not much has changed, as those of a certain biomedical mentality continue to relegate the healing arts to an alternate or secondary position.

My lack of clear vision of the power of the healer/witch *myth* has caused me to speak softly about that which I know from experience to be true, but am unable to

empirically “validate.” I wrote *Thenotte* as a poem that seeks to look this myth in the eye
and to rewrite its (and my) fate.

Thenotte

A witch?

I am a healer.

My name is Thenotte.

I use silence,
measurement,
fire, and
excrement.

I am blood-letter
bone-setter
midwife
diagnostician
herbalist
diviner
prophet
woman.

I sing, pray, touch, dance.

I am one with earth, fire, water.

You changed my
name to
witch.

You stole my
trade,
polished my
instruments,
named them
your own.

You stole my
intention, and
divided my
work, while
reducing those
to whom I
minister to
commodity.

My name is
healer.

You stole my
name,

and transformed it
to many
divided and divisive
words.

Obstetrician
Surgeon
Physician
Pharmacist
Capital Letters

My power was not in Capital. It was
with those for whom I
cared.

You feared my power.

You claimed it
stole it
Took it for your own.

You changed that power.
used it
wielded it like
lightening.

Too swift for many to
see your sword.

Your sword became your
tool.
You slice and slash,
opening more wounds than
you sew.

But you can not see.
I am not surprised.
You may know, but
you are not wise.
Your sword maintains a distance -
who would dare go near.
You are afraid.

Thenotte is not devil.
Thenotte is not witch.
Thenotte is behind you, beside you,
in you.
Thenotte is your potential.
You will never find her

with your eyes open.
 Your vision is too crowded
 with construction of
 false gods.

Close your eyes...listen.
 I am not witch.
 I am healer.

(DeLuca
 August, 1996)
 *Inspired by:
 Barstow's (1995) *Witchcraze*

My journal note included this comment:

It seems that I am not comfortable with creating a countermyth which actualizes the same. Working through this poetry is not easy - deconstructing is much easier, but I am tired of the existential depression to which it leads.

A professional *healing* narrative? The song of the wounded healer? Whatever title, the process is cleansing and reflects my own work-history in the arena of false professionalism. Another "ism" given up to the poetic word in an attempt to "rescue language from the deadening political 'isms' that have enveloped it" (Algarin, 1994, p. 9).

The language referred to in the experience of this poem, the language that threatens replication, is the language of dichotomy - language that desires mutual exclusivity, polarity, mind/body split, and camping behaviour. The language of Cartesian dualism.

Yet, it is not healing to deal with subjugation through ricochet subjugation. This action merely reifies that which has already set up camp within the biomedical mind set. In order for poetry to be cleansing it must eradicate the pathogens, and "create new metaphors that yield new patterns of trust..." (Algarin, 1994, p. 9). And then it will move beyond deconstruction to, as Algarin (1994) envisions, rekindle the word and the meaning of words. Words become an act of transgression.

It seems the poem *Thenotte*, as countermyth, offers more than one insight to my sense of mythic knowing. It is a recognition of Sjo and Mor's (1991) claim that "the modern male medical professions rose on the ashes of the burnt witches" (p. 204). Yet, more than that, it is a way for me to resist, without reproducing discourse that reifies the same, or that which assumed power-over positions. I am working at finding what makes sense to me - that is, that the healer/witch lies at the heart of all truly healing acts as the part of self that knows no self, power, or gender divisions. Perhaps this renewed understanding of the healer/witch is also a means of combining the masculine and feminine hues, as Estes (1993) refers to them, rooted in both woman and man.

Continuing my walk with the legends of myth, another countermyth configured its image on the page. This dialogue between self and mythic presence represents another way of making meaning of the stories surrounding the life of a 12th century abbess and mystic, Hildegard von Bingen, and certain feminist interpretations of her life. It seems that in the process of making meaning, one becomes able to clarify and come to terms with the mythic introjections that nourish the infestations and indoctrinations that have invaded one's mind set.

Hildegard of Bingen (1098-1179) lived in the Rhineland as a monastic in a cloister that was obedient to the Benedictine Rule for 73 of her 81 years (Lachman, 1993). Lachman (1993) notes that Hildegard "received visions that illuminated the deepest meaning of religious texts and events, produced poetry and music...and the first morality play, a compendium of the healing arts as she practised them" (p. ix). Acting upon a vision, she decided in 1150 to set up a new convent, much to the dismay of Abbot Kuno (Furlong, 1996). Despite records of her enormous accomplishments, her work was

ignored by generations of scholars, while duplicate efforts by medieval fathers of science - Bacon, Aquinas, and Magnus - were heralded (Achterberg, 1990).

Achterberg (1990) claims that the dogmas of these fathers of science “fuelled the hue and cry against woman - the ultimate practitioner of the magical realms of healing,” leaving Hildegard to live in a “precarious interface between medical heresy and divinity” (p. 57, 58). Renewing my understanding of the way in which the continued myth of suspicion that surrounds the healing realm has contributed to the silencing of my intuitive sense within professional practice, I wrote the next poem that I suspect Medusa would be proud of.

Hildegard, Abbess and Muse

They say your brand of
feminism
would not cut the cake
these days.

You believed in the weaker sex,
and devoted your sexuality
to Christ.
And, of all things, you ran a
tight ship
at Rupertsberg
in monastic seclusion
with twenty nuns
and one man,
the priest,
necessary for
the conduction of
mass.

Did you recreate the
woman-version of
the patriarchy?
I think not.
Are you to be sanctified, then,
as radical feminist,
creating the ultimate
oppositional gaze?
Not necessarily.

Maybe you were more like a muse.
 Muse. Why not?
 Face painted this way. Clothes donned like this.
 Springing into action
 when least expected.
 Those stunts
 you pulled.
 What really was
 your vision
 hiding under the folds
 of your robe?

Dear Archbishop Henry,
 Myself and twenty of my woman friends
 would like to blow this dinky joint. Too
 many horny monks. And Abbot Kuno
 gets on my nerves with his pious
 verbal silence and frequent farting.
 How contradictory. I don't like these
 rules. Please help.
 Hilda

Dear Hildegard,
 No.
 Archbishop Henry

Dear Archbishop Henry,
 I am quite disturbed. Just recently, Hildegard
 seems unable to move her legs, and her arms
 are very weak. And, this mysterious affliction
 is contagious! Twelve of the twenty nuns are in
 one stage or another of paralysis. The monastery
 is a filthy mess.
 Abbot Kuno

Dear Hildegard,
 Yes.
 Archbishop Henry

Dear Archbishop,
 You have performed a miracle. All is well with
 Hilda and Co. But strangely enough, they spent
 all last night packing. Do you know what is going on?
 Abbot Kuno

It seems we feel compelled to impose

what is us, on you
 what is now, on then
 what is here, on there.
 I imagine there is more to
 learn
 in the questions.
 The answers
 we make up.
 They are not a luxury
 afforded us.
 They are not candy
 waiting to be savoured.
 They are not within our reach.
 They are not our right.
 Answers are gifts which belong
 only to their rightful owners.
 But sharing the questions might
 bring us closer
 together.

(DeLuca, August, 1996)

Along with resisting canonizing Hildegard as an early radical feminist, or contrastly resisting scolding her as having fallen short of “true” feminism, both comments of which I have heard bantered about by various feminists with whom I have worked, I tried instead to work with other ways of making sense of what might have happened. Yet I realize that as I move closer to the mythtellers or the keepers of the story, as Kane (1994) warns, the further they recede from me. Kane (1994) suggests that we are then “in the position of defining myth by the shape of its absence” (p. 186). Or perhaps in the shape of my presence. So why not take what one is able to relate to, acknowledge that it has now become more reflective of your person than the name on the myth, and resist the false impression that the myth has provided the universal answers to any truth questions. Hildegard has offered me a way of thinking about independence, intuition, assertiveness, and devotion to others. She becomes part of my myth map or mythic knowing. She has offered wisdom and, in essence, a *healing place*. And so has Snow White.

Snow White

Estes (1993) claims that “whenever a fairy tale is told, it becomes night.” She continues:

Sometimes, by the end of the tale, the chamber is filled with daybreak, other times a star shard is left behind, sometimes a ragged thread of storm sky. Whatever is left behind is our bounty to work with, to use toward soul-making. (p. 78)

Is Estes claiming that we enter fairy tales without vision, and if we listen carefully we may be left with light, or a remnant of wisdom? What draws me back to the Snow White fairy tale that I long ago asserted described the plight of the “good girl?” Perhaps it is what Bettelheim (1993) suggests about wisdom, that “only in adulthood can an intelligent understanding of the meaning of one’s existence in this world be gained from one’s experiences in it” (p. 306). Perhaps the good-girl myth was my bounty with which to work.

During my childhood (and well afterwards, for that matter) Snow White was spoken of and represented as the penultimate good girl, selfless and humble in her care and nurturing of the people of the land who spent their lives making lovely things for the Queen of the Mountain. As a child of the 1950s, raised in a traditional New England family of Italian heritage, having attended Catholic school, and having watched the original Disney adaptation of this fairy tale, the snowy white nice girl myth was well entrenched.

Neither I, nor my friends at that time, would ever have thought to question the validity of such thinking. Although, I can remember quiet times of wondering why it was

so different for boys - why being good was not nearly the expectation that it was for girls. It has taken many years of living out this “good” myth in relationships and in professional practice to be comfortable enough to look at the ways in which this story has been constantly played out in my life.

The months passed by. Still Snow White remained alone
in the tower and did not ask for her reward. Quiet and pale,
she sat at her work, thinking and waiting.

(The Merseyside Fairy Story Collective, 1996, p. 215)

Snow White’s patience is certainly symbolic of the humility and selflessness that I was taught in many arenas of my life. But how real was it? And how much did my Snow White-knowing actually affect the emergence of Medusa? When one falters, what myth, then, would compensate for or redirect the thinking?

This is a fascinating concept to consider - one guiding myth birthing another. One could construct one’s entire personality structure around mythic births. Perhaps a mythic genealogical chart would be highly enlightening to one’s self-knowledge. Or better still, genealogical concentric circles wherein one discovers one myth embedded in the enactment of another (thanks, Carol). This brings up all sorts of useful ideas for a non-Freudian, more feminist-oriented Jungian approach toward therapy, or simply insight-work.

Finding Embodiment through Mything

I see possibilities for the nurse/healer in developing a more holistic, connected, and embodied practice to work with mything/countermything self-work, which I will address in greater depth in Chapter 5. Perhaps the healer must be required to enter her or his

subjectivity and search for sites of self-healing, or at least clarify what wounds are one's own, prior to even considering developing an ethical healing relationship. I suggest that the risk of *not* doing this sort of work is a muddied understanding of what embodiment actually means. The taking on and receiving of another, and resultant altering of one's self that occurs when one truly bears witness must be done with vigilance of the other as well as with care for the self. Receiving the other does not mean burdening the self to the point of exhaustion; nor does it mean paternalistically assuming that one knows what is best for the other because one has "been through" similar experiences. More so, embodiment means finding the place within one's self to understand and thus share the healing journey. I suggest that the clearer one is about one's own sufferings and joys, the freer one is to "receive" another in a relationship of community and sharing. I see the healing experience as mutually undertaken, and mutually liberating rather than burdensome and dark.

Returning to Snow and the Healing Potential of Mythical Knowing

Back to Snow White. What is notable in this fairy tale is the fact that when one reads an earlier, more "original" text, it becomes evident that Snow White had more guts than in the Disney version. When a soldier called out to Snow, who managed an escape from the castle, to come back at once, she replied:

No, ...I will not go back to the castle and we will send no more diamonds to the Queen. Everyone will keep the things they make and send nothing to the Queen of the Mountains.

(The Merseyside Fairy Story Collective, 1996, p. 217)

Such assertiveness! Why do I not recall this aspect of Snow from previous tellings? I argue that it is indicative of the power of mythic interpretation that has been inculcated unknowingly over time, and understood as Truth.

Hallett and Karasek (1996) note that with the telling of folk and fairy tales, “what we find there is - in part- a fragment of psychic history” (p. 13). Although many folk tales differ from fairy tales in that one might be able to identify the author of the fairy tale more readily, I suggest that most tales are originally products of oral tellings and contain within them a wealth of knowledge about the history and context of each subsequent era and of the cultural origin of each retelling.

Thus the Snow White narrative is representative of my own psychic history, and I recognize that I have barely made a dent in what I see as a fascinating and ongoing process relevant to my self knowledge and to my understanding of others. Poetic and textual narrative work have provided a means to animate my own mythical knowing, free from judgment. Jung (1978) points out that “a dream never says ‘you ought’ or ‘this is the truth;’ it presents an image much the same as nature allows a plant to grow, and it is up to us to draw conclusions” (p. 104). As I move away from self in the writing of myth, paradoxically I move closer to an authentic self. Perhaps it is not unlike what Minh-ha (1989) says of women of colour who look to the wisdom of the African storytellers, working to un-learn the “dominant language of ‘civilized’ missionaries...[in order to] learn how to un-write and write anew” (p. 148). One learns to let go of certain restrictive ways of thinking about self and the world.

Final (for now) Thoughts

Post-scripting

It is obvious that my encounter with the poetic form has catalysed explosions of thought. I entered the poetry course as an observer of poetry and left carrying a banner of celebration to the puissance of poetry while walking with fellow poets. I was, as Grumet (1988) points out, victimized by my own mind set.

Decentered, lost in thought, locked into courtesies and protocols of our very formal operations, we forget that the symbolic systems of language, number, art, and culture are part of our lived worlds. Merleau-Ponty [quoted in Grumet, 1988] maintains that “words, vowels, and phonemes are so many ways of ‘singing’ the world...” (p. 131)

As I sang of my world, my final journal note for the poetry course observed the following:

I now take my place next to the converted. Having only begun to work with poetic possibilities in the arena of self and practice, I am convinced of its potential. The way in which the poetic encounter, as one of several forms of representation, may serve to destabilize the complacency of diagnostic criteria and treatment regimes, begs further attention. Personally, I see much work being done at the margins of mainstream nursing and medicine to escort and support the poetic voice to stand beside the biomedical roar, and to shout, as my grandfather use to say, “to beat the band.”

I join the noise.

And as a post-script to the collection of poetry and journal notes that I developed throughout the course, I wrote the following poem. It was constructed on the way home from our last class during which I received not only a gift of a rose, but the gift of a memory.

Budd’s (with two d’s) Poetry Class

I walked into a cold room
 and felt a warm hand.
 I met Te.

We listened to a life,
 a life that filled
 the room with sound and smell
 and sense of a land.
 Unfamiliar and familiar.

I walked into a cold room
 and felt a warm glance.
 I met Budd.
 Budd with two d's.
 Budd, who lives inside his
 course outline,
 whose course outline
 lives inside him.
 Budd, who takes to the
 street,
 who takes the street
 with him.
 Budd, the man who wonders
 what it is to be man.
 Budd, the teacher who is person,
 the person who is teacher.

Through Te, Budd, Poetry,
 and Dooney's
 I met friends.
 Carol, Scott, Linda, Sharon
 Marnie, Moira, Betty Ann,
 Chris, the storyteller.

We travelled from New Zealand to
 the Caribbean.
 The rhythm, the sound, the beat,
 the heart of a people.
 Unfamiliar and familiar.

We drove the highways with
 grandmothers and spiderwomen.
 Guts, brash, fortitude.
 We encountered mythical beings and
 spirits,
 with lust, eros, passion
 with words once censored
 out of grasp.

We entered spaces of
 private war, pain,
 fear, love;
 communities of other
 closer now.

That which was unfamiliar,
 now familiar.

That which was familiar,
 now unfamiliar.

Students of academe, we look.
 Butterfly dreamers, we are.
 Performing our souls
 in the Green Room Cafe.

Drinking spirits, spirited,
 being spirit.

Spirits of who we are
 who we are not
 who we were
 who we might be.

Unfamiliar and familiar.

Must the sense of free
 sense of power
 sense of helpless
 sense of hopeful
 sense of wonder
 end?

No.

We create the boundaries and limits,
 beginnings and endings
 of an arbitrary existence.

Mythical beings,
 souls and spirits have
 no time piece
 no entry
 no exit
 no clear outline of self
 confining their presence,
 containing the possible.

We remain touched
 by the sense of
 the same, the sense of
 the difference.

We remain connected
 to a vision
 and to each other
 in spirit and soul.
 Unfamiliar and familiar.

Thank you Budd
 for the gift,
 Budd with two d's,
 Unfamiliar and familiar.

(DeLuca, August, 1996)

I include the *Budd* poem as a summary of this chapter for a number of reasons. It captures and consolidates that which I suggest the autobiographical efforts have illuminated in regard to the subjectivity work of the vigilant healer. I entered an unfamiliar world of writing poetry, as I also entered the worlds, still unfamiliar, of the people within the poetry class. Together we walked into unknown spaces. Those spaces were not only within our *selves*, but within a community of selves that grew among us. We became unfamiliar together. And through our respective strolls through unfamiliar lands, lands where the carnivalesque laughed, where myths enacted their tales, and tricksters fooled, where gorgons raged with obscene beauty, we found ourselves and each other. Familiar and unfamiliar, we connected. The work of the healer.

The Work of the Vigilant Healer

I wonder what would happen if I intentionally reenacted such an experience? Not necessarily in the original setting, but instead in places where healers go. In other words, if I take with me the understandings from my analysis of the illness/healing representations of others in Chapter 3, work from the *vigilant subjective space* that I claim I was approaching in the autobiographical work of Chapter 4, then dialogue with the representations of another from this space, in what ways will these actions assist me to

continue my search for *meaning places for healing* within an ethical and embodied relationship?

As I look at my own aesthetic representations, I think about ways in which others might respond. I think about the value that my subjective work might have in the process of caring for others, or in the teaching of prospective nurse/healers. And how will the seeker of care benefit from a practitioner who looks at them through her/his own humanness?

Keeping the previous two questions in mind, I construct what I mean by *vigilant subjectivity*. I see a vigilance subjective act as an alert and attentive examination of self-representations (however they may be constructed), as one thinks about self in a certain way - that is as a part of a community of others. What I see of my own humanness is reflected *in* others, and gathers its reflection *from* others. I look at humanness as not *mine*, but *ours*. I look at healing as not *mine*, but *ours*. I receive your testimony as indicative of my responsibility to you. I engage in dialogue with you as my moral responsibility, not as a choice.

In the next chapter I take up what I have come to realize as the direction toward which my work is pointing, that is, toward a narrative bioethic of relationship constituted as a *healing site*, dialogic heteroglossia as a *healing means*, and countermythic poetics and other response narratives as *healing heuristics* for the vigilant healer. As well in Chapter 5, I take the previous questions posed in this section (*The Work of the Vigilant Healer*) and my emerging insights into the research questions in hand, and return this work to the current context of nursing practice and education. And I will continue to wonder....

CHAPTER 5

MEANING PLACES

Bigger questions, questions with more than one answer, questions without an answer are harder to cope with in silence. Once asked they do not evaporate and leave the mind to its serener musings. Once asked they gain dimension and texture, trip you on the stairs, wake you at night-time. A black hole sucks up its surroundings and even light never escapes. Better then to ask no questions? Better then to be a contented pig than an unhappy Socrates? Since factory farming is tougher on pigs than it is on philosophers I'll take the chance.

(Winterson, 1992, p. 13)

I take the opportunity in this chapter to explore the question of relevance. One might query of what practical use a research study such as this might be. Several things happened in this research journey, some expected and some unexpected. My research further strengthened my awe surrounding the potential of critical autobiographical and narrative research, as evidenced by the understandings gained through hermeneutic interpretation of aesthetic representations discussed in Chapters 3 and 4. This project has prompted me to rethink and further extend certain of my initial claims, and as well, to continue to ask questions. I begin with the new meanings that this project has offered to my earlier views surrounding a *feminist science*, and journey through issues that are central to this project - the notion of *entrapment of representation* in health care; the recognition that I construct a *narrative bioethic of care*; and the insight that *autobiographical work* with aesthetic representations is not only a method of research, but also an *action* available to vigilant healers who may wish to work towards a practice that *transgresses* objectified relationships and who wish to look for *meaning places for healing*. I conclude by projecting my research insights into a theatre endeavor, an

educational site where a healer might learn embodiment while working with the mud and the stars. I see this as a location where *wonder* is welcome, and *passion* is not suspect. Thus I return, in this chapter, to where I started, and then work through a re-construction of knowledges informed by the insights gained through my research.

In Chapter 1, I quoted Gadamer's (1994) perspective on the aesthetic mode of self-understanding, that is that "self-understanding always occurs through understanding something other than self, and includes the unity and integrity of the other" (p. 97). My research has been concerned with the interplay of Gadamer's words. It extends Gadamer's words, and then turns them back upon themselves. In other words, this study has looked at what happens beyond understanding self through other in that it questions what one may then discover about *other* and about healing relationships through the process of *self-understanding*. I have taken as my project the challenge to discover the intricacies, the warp and the woof (as Jung, 1978, calls it), and the weal and woe (Vetlesen's words, 1994) of aesthetic knowledge development, and to address the subjectivity of the Other through (as Gadaw, 1990, calls for) the subjectivity of my *self*. hooks (1992) says that aesthetics is more than a philosophy or theory of art and beauty, but instead is "...a way of inhabiting space, a particular location, a way of looking and becoming" (p. 104). I agree with hooks. "Back-of-the-book" work, I will call it.

Back-of-the-Book-Work: Further Thoughts on a Feminist Science

a way of seeing (excerpts)

i don't want perfection
 or a state of continual bliss
 i've heard they begin to smell
 the moment they arrive
 it's depth i want
 to see the back of things without

losing sight of their fronts
 that gap between intention and effect
 that space
 the reason we go on trying
 the reason we don't

(julie berry, 1995, p. 69)

I have, for many years, found it noteworthy that when one begins to read the many books written by nurse researchers on nursing knowledge development, one must first flip through many pages of empirics only to find the aesthetic, as well as personal and ethical, realms addressed in the far reaches of the book. The content tends to be sparse and the writing is sometimes almost apologetic. Albeit, there are a growing (few) number of books devoted to the art, aesthetics, and ethics of nursing (see Benner, Tanner, & Chesla, 1996; Chinn & Watson, 1994, for examples), one would think that in a profession that claims that its theory base is derived equally from the arts and science, one might find more frequently bold and “front-of-the-book” discussions on the “other” (other than empirics) patterns of knowing in nursing.

Carper's (cited in Chinn & Kramer, 1999) classic work on the patterns of knowing that underpin nursing theory development diagrams, in intertwining circles of equal diameter, the four patterns of knowing - empiric, ethical, personal, and aesthetic. Chinn and Kramer (1999) define the dimensions associated with each of the patterns of knowing as follows:

Empirics, the science of nursing, poses the critical questions, “What is this?” and “How does it work?” Personal knowing poses the critical questions “Do I know what I do?” and “Do I do what I know?” Ethics poses the critical questions “Is this right?” and “Is this responsible?” Aesthetics poses the critical questions “What does this mean?” and “How is this significant?” (p. 9)

Look at the order of the definitions. What comes first and what appears last? This is not unlike the position of Munhall's (1997) work, in a monograph on nursing theory that I mentioned in a previous chapter, in which she resisted the invitation by the nurse editors to operationalize the definitions she employs to describe nursing knowledge. Her chapter held up the position of the caboose. To the credit of Chinn & Kramer (1999), I note they have devoted much time and effort in their latest book to disentangle empirics from traditional scientific theory. Kramer (1997) describes empirics as the "doctrine or belief that knowledge derives from experience" (p. 63). But what remains troublesome for me is that in this disentangling work, Kramer (1997) says that she would "characterize theory developed out of interview data [from naturalistic methods of inquiry] as empirical theory, but would not term it scientific" (p. 63). Perhaps I do not see rigid distinctions within the four patterns of knowing as science vs non-science work. I believe that just as there is an art to creative science, so too is there a science to the art of nursing. I spoke of a feminist scientism in earlier chapters as being the gesso of this research and find Harding's (1991) work helpful in this discussion.

Harding (1991) speaks of the problematics of the objective stance of traditional science. She makes the following claim.

Insistence on this division of epistemological stances between those that firmly support value-free objectivity and those that support judgmental relativism [denial of singular standard] - a dichotomy that unfortunately has gained the consent of many critics of objectivism as well as its defenders - has succeeded in making value-free objectivity look much more attractive to natural and social scientists than it should. (p. 139)

Harding (1991) moves away from what she terms as the depressing and fruitless choice between value-neutral objectivity and judgmental relativism, and instead calls for:

...the acknowledgment that all human beliefs - including our best scientific beliefs - are socially situated, but they also require a critical evaluation to determine which social situations tend to generate the most objective knowledge. (p. 142)

Harding (1991) refers to this position as “strong objectivity.” She makes the point that the notion of strong objectivity conceptualizes the “value of putting the subject or agent of knowledge in the same critical, causal plane as the object of her or his inquiry” in the attempt to achieve “... a reciprocal relationship between the agent and object of knowledge” (p. 161). From my perspective, I see Harding’s work as resisting dichotomizing “subjects” and “objects” of research, resisting the opposing view that all in life is relative, and as well, resisting the act of naming as scientific only that which is able to be replicated, quantified, and defined by objectified truth values. This perspective differs from Kramer (1997) in that Kramer stresses that naturalistic inquiry produces a less scientific form of empirical theory, but that nevertheless is equally as valuable. I argue that if one takes Harding’s (1991) claims of strong objectivity as an underpinning of scientific work, one can apply this notion to argue for a science of aesthetics as well as for a science of empirics - all equally sciences, and all equally valuable.

Fedigan (1997) sees six features that are common to most models of feminist science. Reflexivity acknowledges the contextual values that influence everyone including scientists; understanding the world from a woman’s point of view empowers women; nature is conceived of as being active, complex, and holistic, not passive and subject to

human control; lessening boundaries between science and knower moves science away from dualisms and reduction; scientific knowledge is seen and used as a liberatory tool rather than one of domination and nationalism; and the scientific community is seen as less elitist and more accessible, egalitarian, diverse, and humble in the face of the complexity of life (Fedigan, 1997, pp. 61, 62). I argue that science can be all that Fedigan and others claim, and as well may be used to describe even the kind of *empirics* that Chinn and Kramer (1999) have disentangled from traditional scientific empirics. Perhaps empirics, as defined by Chinn and Kramer (1999) as the “fundamental pattern of knowing in nursing focused on the use of sensory experience for the creation of mediated knowledge expressions, ...and expressed as knowledge by theories and models and integrated in practice as scientific competence,” is not at all a “lesser” (as claimed by Kramer, 1997) scientific form. As well, I argue, aesthetic knowledge development incorporates not only empirics, but also science, *front-of-the-book* work. Silva (1997) sees philosophy-theory-research as “the poetry of science” (p. 58). I like that expression as it brings up the question that I posed in Chapter 1, “Why cannot the scientist have the mind of the poet?” Is not science-work as much poetic as poetic work is or incorporates a science?

Haraway (1991) dismisses the feminist constructivist vs feminist critical empiricist debates and instead hopes for a scientism of vision and situated knowledges, which she sees as encompassing the issues that are central to both. Rather than positioning my research in any particular category of feminist science, I choose to view my research as reflective of the feminist science that Haraway (1991) describes.

Science becomes the myth of not what escapes human agency and responsibility in a realm above the fray, but rather of accountability

and responsibility for translations and solidarities linking cacophonous visions and visionary voices that characterize the knowledges of the subjugated. A splitting of senses, a confusion of voice and sight, rather than clear and distinct ideas, becomes the metaphor for the ground of the rational.

The science question in feminism is about objectivity as positioned rationality. Its images are not the products of escape and transcendence of limits, i.e., the view from above, but the joining of partial views and halting voices into a collective subject position that promises a vision of the means of ongoing finite embodiment, of living within limits and contradictions, i.e., of views from somewhere. (p. 196)

The science of my research on aesthetic knowledge drawn from a vigilant subjective space is a science of partial vision, that reflects upon itself from a collective subject position. The multivoiced nature of the research looked for connections and unexpected openings that situated knowledges, as Haraway (1991) claims, make possible. Haraway (1991) says that the only way to find larger vision is to be somewhere in particular. I was present in the dialogue, wondering what I would discover not only about myself but about others and about what it means to be healer.

Sartwell (1996) makes the point that representation (as both science and aesthetics *are*) as conceived in Western science, detaches the person who experiences it from the thing that is represented, and that in a sense “to ‘study’ something is to lose it” (p. 102). This is what Oliver Sacks, to whom I referred in Chapter 1, felt when he described his experience with his leg that would not move as “a thing,” and the non-relationship with his surgeon as causing him to also *feel* like a “thing.” Thus he described himself as a “thing

with a thing.” The science of my research worked hard not to lose or disembodiment the subject of the research - myself in dialogue with others. As Sartwell (1996) says, one is always implicated in the world, and thus “studying the world entangles one in it more and more” (p. 103). The science of my research is a science of tangles. When one asks questions in aesthetic work such as “What does this mean?” one can not help but become entangled in the question. The acknowledgment of this, I argue, constitutes an important component of the rigour of this kind of science work.

Thus I continue to be disturbed by the deference afforded empiric (traditionally and non-traditionally understood) knowledge development. It seems, both by the current definitions of what scientific empirical work is claimed to be, and by the positioning of other knowledges in many of the even current works by nurse theorists, that one must “pay one’s dues” to “science,” and once that is done, one can then tackle the “other” stuff. And so to continue to explore what my “back-of-the-book” research might have to offer or to contribute to aesthetic knowledge development, I will take the insights gleaned from the aesthetic work of Chapters 3 and 4 and now consider the ways in which the insights and new knowledges point to a narrative bioethic of health care. I will then address ways in which the aesthetic work of my research may be used in nursing practice and education, how this work alters one’s understanding of healing and embodiment as well as the healing relationship.

Captured: The Entrapment of Representation

Despair should not be the response to the argument that one can make no foundational assertions about human experience. Relieved of the task of finding these universals and of the mandate to make predictions and prescribe interventions, the hermeneutic scientist is left with the rich texture of everyday life in all its complexity as the subject of inquiry.

(Steeves & Kahn, 1995, pp. 182, 183)

I claimed earlier that diagnostic representation is based upon a universal set of characteristics that designate of a particular condition, and once imposed, then predict and prescribe. Although meant to be a useful guide in the understanding and treatment of illness, it has become for many a trap. Some fear it, some wish for one when none is to be found, some disagree with the one imposed and wish for a different one, and some are relieved by one. No matter what one's perspective on diagnostic representation, it is afforded or granted to one by another. Lilith was uncomfortable with hers.

Lilith and the Doctor (excerpts)

He shuffled my file,
 my life. I had lost the language of
 trees in the wind,
 the river talking to stones.
 "You're not constipated?" he asked.
 "Do you have trouble getting to sleep?"
 "No," I said, "I want to sleep all the time."
 "Well, you don't have the clinical signs of depression," he said,
 clicking his pen.

I left then, for good,
 and as I walked
 the song broke through,
 the loud green sound
 of this garden between my thighs...

I sat and sang by the water's edge
 where I knew he would not go.

(Norris, 1991, p. 30, 31)

Lilith has been incarcerated or entrapped by the language and act of diagnosis imposed upon her by a biomedical ethic of care. One might say that she is experiencing the dominant fiction of the biomedical culture. Silverman (1996) says that the dominant fiction is that which "passes for reality in a given society," and which "can sustain itself only so long as the larger society affirms it" (p. 178). Perhaps it is that way with a biomedical ethic

that constructs a patient into what Silverman (1996) calls the “given-to-be-seen” (p. 179). Lilith returned to the garden and in essence destabilized the picture.

I have been interested in the issue of capture and entrapment for a while. It is an issue that comes up for me in the process of painting a picture. I have, for many years, taken and gathered photographs that might at some time be useful as a creative starting point for imagining a painting. I consider myself to be an impressionistic amateur artist who greatly enjoys mucking about in oil, watercolour, and pastel mediums. Yet my practice of taking pictures became questionable to me during a course, at OISE, in which we were challenged to look critically at the issue of ethical responsibility and representation. While working through an assignment on reflections on seeing, I chose to reconsider the moment when I photographed a Mennonite boy who literally ran into the view of my camera, hurrying from the shed to the barn, splashing through muck and mud, holding onto his hat while bracing against a furious wind. From the moment I snapped that shutter, I recalled feeling intensely guilty for invading that space and time in his life.

This recollection brought up a question, central to the issue with which I would now like to deal: Is it that way (an unethical invasion) with all representations of Other that have been secured without, or with uninformed, permission? I wonder now how my research reflects a certain ethic of representation as contrasted to a well entrenched biomedical ethic of care.

The experience with the photograph of *Boy and Wind* (I shall call it) has continued to haunt me from the time of capture, to the subsequent painting of the picture, to the sale of the picture, and once again in the revisiting, in that class, of the photograph. The relationship between capture and guilt brings up the significance of the work of Levinas

(cited in Handelman, 1991) and Meyers (1994) to my project. I have wondered, in my reflections on seeing, if the relationship between the “capturer” and the subject/object should, in fact, be bound by the ethics of any human relationship. Levinas (cited in Handelman, 1991) claims that “the face is a trace of itself, given over to my responsibility, but to which I am wanting and faulty,” and that “...it is as though I were responsible for his [sic] mortality and guilty for his survival” (p. 213). In understanding one’s ethical responsibility to the other in this way, the “face” is certainly not available to one to *capture* at will. Yet was my capture of Boy at that moment an unethical act?

Levinas (cited in Chanter, 1995) says, “My task does not consist in constructing ethics; I only try to find its meaning” (p. 182). Perhaps that is what contributes to the difficulty in sorting through the root of the evil of unethical representation. There are no specific constructions provided by Levinas, for example, that represent what then might be ethical. In fact when he did present one example of what he would deem an ethical act, it seemed not at all complex. In response to Kearney’s (Levinas & Kearney, 1986) suggestion that the ethical relation may, in fact, be utopian, Levinas made the following comment.

I reply that its being utopian does not prevent it from investing our everyday actions of generosity and goodwill towards the other: even the smallest and most commonplace gestures, such as saying “after you” as we sit at the dinner table or walk through the door, bear witness to the ethical. (p. 32)

Perhaps truths are more simplistic in nature than one realizes. And the complexity is the process of the truth-finding venture. In venturing to understand the unethical within the

act of *capture*, I was left with the query of how the ethical stance toward Boy could have been reenacted. Other than not engaging in clandestine acts of picture-taking, what act would have constituted one of empathy toward the subject, and would bear witness to the ethical relation? An asymmetrical position of self that is essential, according to Levinas and Kearney (1986), to the basis of ethics, indicates that “not only am I more responsible than the other but I am even responsible for everyone else’s responsibility” (p. 30).

I have some difficulty with this position of Levinas and Kearney (1986). Can one ever effect action that does not constitute an infringement on the other? How then does one engage in representation of other in any form without defying such an ethical relationship? My concern is addressed in the Cornell (1992) account of Derrida’s suspicion of the ethical.

In Levinas, we must constantly remind ourselves of our inevitable failure to fulfill our responsibility. We must constantly seek to do more for the Other. We can never do enough. We do not have much fun in “the ethical relation.” (p. 88)

Perhaps in the *awareness* of the Other, an awareness that is called upon as a primary responsibility of being, one begins to realize the work of the ethical engagement in everyday life and practice. In directing one’s attention, in keeping vigil, the possibilities for a Levinasian relation is perhaps enacted.

Had I asked Boy if he would mind if I took his picture, would I have moved closer to the ethical relation, or would I have moved further away? In verbally expressing a desire to *take* a picture, does this act now constitute an asymmetry that leans further toward my favour? Can the act of *desiring*, or any essentially human act of want, ever find

a place in the Levinasian ethic? If a relationship to the subject was established prior to the *capture*, would the ethics of the relation alter? Perhaps the issue of empathy enters the discussion here.

Ethics and Empathy in Relation: Toward a Participatory Ethic

Returning the discussion to the arena of practice, I wonder if in those relationships where empathy has been engendered, I am less likely, in my acts of representation, to *capture* my subjects. Meyers (1994) speaks of two kinds of empathy. An incident-specific empathy is when one “imaginatively experienc[es] another person’s state of mind within a fairly well demarcated time frame and in relative isolation from other aspects of the individual’s psychology” (p. 34). One asks such questions as “What are you going through now?” The context of the individual may be unknown, therefore as practitioner one may be less affected morally, or perhaps less embodied throughout the experience. In contrast, Meyers’ (1994) describes broad-empathy as engaging one to a greater degree intellectually and affectively. Broad-empathy asks “What is it like to be you?” and causes one to “undertake to empathize with another person’s subjectivity as a whole” (Meyers, 1994, p. 35). Am I then less likely to *capture* those with whom I have established a relationship which is sustained through broad-empathy?

The *desiring* on my part to represent aesthetically and to work with, and even *suggest* that the healer pay more attention to, aesthetic representation of other and self, has no intention to compromise the ethical relation. I understand *desire* as a component of humanness. The *desire* to understand, the *desire* to aesthetically represent, the *desire* to act ethically, the *desire* to embody in an empathetic relation. Suppressing *desire*, I suggest, leads only to subtle narcissism that may in fact place the other at a greater risk

than might have been incurred by the open enactment of that desire. Must there be erotic poverty in the ethical relation? Must *need* always presuppose *desire*? Lorde (1984) comments that “to share the power of each other’s feelings is different from using another’s feeling as we would use a kleenex,” and thus “when we look the other way from our experience, erotic or otherwise, we *use* rather than *share* the feelings of others [my emphases]...” (p. 58). Lorde’s (1984) sense of the erotic, I suggest, does not see *need*, and therefore an asymmetrical tipping *toward* self and *away* from the Levinasian ethic, as either a precursor to desire or a result of desire. When one enacts a *desire*, one is not necessarily responding to a *need* as such, or enacting a fulfilment of a narcissistic self-want.

Cornell (1992), in her reading of Adorno, refers to Adorno’s ethical vision as resting on expansiveness rather than constriction, and speaks of his thoughts on morality.

The focus is less on doing what is right in accordance with one’s duty than on the development of an attitude of tenderness toward otherness and gentleness toward oneself as a sensual creature. (p. 37)

Cornell (1992) points out that Adorno’s perspective “allows us to overcome the rich divide between the serious business of ethics and the playfulness of the aesthetic realm” (p. 37). For myself, the rich divide is a source of discomfort. The seriousness of Levinas’ ethic of relation uncovers what has the appearance of mutual exclusivity between the art (in the erotic sense) of representation and the duty of representation.

Perhaps in considering the ethic of Levinas while engaging in the representational act, one could at the very least *do it better*. Perhaps the capacity for broad empathy will assist what I image as an entry into an ethical frame of mind. Yet there is danger lurking in

frames (art frames and mind frames alike). Frames may highlight that which is imaged in a work, or highlight that which is not intended. They may lend a *finished* effect to a work, allowing it to stand alone, or they may in essence box the work in or close it off, or even create organization when in fact chaos is what exists. It seems that my reading of Levinas' ethical relation points to a similar act of *closing off*. Cornell (1992) highlights Derrida's argument that the Levinasian ethic of "relegation of the Other to pure externality is itself a form of self-containment," and therefore to be "self-enclosed, to deny the 'trace' of the other in oneself, is to be impenetrable..." (p. 54). I concur with Derrida's position on Levinas' ethic, and believe that one cannot (if one was so inclined) avoid smudges of other on each of us. Some smudges are washable, others indelible.

I return to my question: Must there be erotic poverty in ethical representations? And if so, how does one create any form of representation that is truly ethical? Is not a relation to another, such as one that Heshusius (1994) refers to as a "participatory mode of consciousness," to which I referred in Chapter 1, an ethical one?" Instead of poverty or entrapment of emotion, one may feel a "deep passion and identification that *does not want* anything, but that, in the total turning of the attention while releasing all egocentric thought, opens up access" (Heshusius, 1994, p. 17). This represents a manner of relating that does not invest itself in the management of subjectivity, or in the symmetry or asymmetry of relation. It does not stand in opposition to the concepts of objectivity/subjectivity, it simply effaces them (Heshusius, 1994). Perhaps Heshusius' ethic does not act in opposition to Levinas, but instead may lend a *gentleness* towards the desiring and emotional self (the sensual self to which Adorno refers) and to the understanding of the ethical relationship. This does not entirely answer the question of

whether the *capture* of Boy was more or less an unethical act. It does, however, clarify the root of discomfort that I have experienced with the Levinas' more self-enclosed manner of *looking* at the ethics of representational forms. The discussion also points to an ethical location for my research, one which views the healer as ethically responsible to *be* there emotionally, without apology for the passions of self, but rather to embrace, with gentleness, that which makes each in the relationship, *human*. In other words, it has become clearer to me, during the process of my research project, that my interpretive understandings and ethical position on relationship point more so to a narrative bioethic, rather than medical bioethic of representation and care.

Constructing a Narrative Bioethic of Care

I continue to wonder about the act of my *capture* of Boy, and the ways in which the *capture* reflects the issue of diagnostic (biomedical) as compared to aesthetic (narrative) representation. I have argued in my research that diagnosis inscribes a kind of "frame" onto the Other, a frame that is constructed and reconstituted as a *real*. This is not unlike the work of the camera which, according to Crary (cited in Silverman, 1996), defines the contemporary gaze in certain ways.

When we feel the social gaze focused on us, we feel photographically "framed." However, the converse is also true; when a real camera is trained upon us, we feel ourselves subjectively constituted, as if the resulting photograph could somehow determine "who" we are. (p. 135)

If one understands biomedical representation, or the diagnosis, as a kind of Gaze, then what does this say of the relationship of the Gaze to the subject, and what does this evoke in the subject's sense of self?

I have proffered that the process of diagnosis is one of collection. One collects what is in the vision of the Gaze; one then constructs a picture of the Other, frames it and titles it. Yet how closely has one looked? In my reflections on seeing where I worked with the ethics of representing Boy, I was caught up in the notion of imaging. Whose image was I seeing, and what image did I paint? Does it make sense that the further I move away from detail, the closer I move to a representation of my self? Or does detail, or the detail that I notice, simply fill in that which completes my own representation? Does detail service clarity for alterity's sake, or do I choose what detail I will recognize in order to simply complete the picture that was my recognition/representation in the first place? Do details construct or deconstruct? At some level in this discussion of ethical relation I accept a responsibility towards the consideration of these questions, for I believe, as Claxton (1986) does, that "I am not so much the receiver of my perception as its creator" (p. 323). Details, in fact, alter. I am ethically implicated by the ways in which I choose to represent, as I am in the ways in which I work with the representations of self and other. As I assess, chart, report, construct plans of care, I am implicated to keep in conscious mind that the language and images I choose to describe and communicate the experience of another is first and primarily *mine*. I must choose with care.

The Risk of Mortification

I do not see the act of diagnosing as necessarily, and always, an unethical act. Yet I do see the potential risk that any act of composing and interpreting representation of another (diagnostic or aesthetic) may in fact thrust upon the Other. A consequence of the diagnostic/biomedical/camera gaze that may place the subject at ethical risk is the "memorializing/mortifying" (Farocki, cited in Silverman, 1996, p. 137), or

“preservation/destruction” (Metz, cited in Silverman, 1996, p. 149) effects. While beginning to think about these effects, I recall in my reflections on Boy that I commented that the act of reflection upon the photograph brought forth images that were dialogical and dynamic, rather than ones that were fixed in a single representation. My act of *reflection* on Boy’s photograph increased my attentiveness toward him. Did the resultant wakefulness move me closer to a more ethical relationship with Boy, as I wrestled with the representational issues in the painting? Did the attentiveness transform what might have remained an unethical *capture* or reduction, into a more ethical posture?

In the process of painting the image of Boy, other than laying down the exact detail of what I saw (which I would argue is an impossibility), the question became what would I re-present, and whose image would it become. It seemed to me at the time to be the same issue as choosing one word in a conversation that would claim to represent that which had transpired. The act of artistic representation created a discomfort. I wondered why.

This query calls up what Silverman (1996), in her reading of Metz, describes as the paradox of preservation and destruction. She notes that “the preservation photography affords is thus simultaneously a destruction” (p. 149). As photography preserves an image for posterity, so has it already removed it from its context (as a word removed from a conversation) and thus altered its original nature. The act of artistic representation pointed to the potential for mortification and destruction which I suggest is inherent in the camera, as well as clinical, gaze. This sense of reduction is so often voiced by those who suffer from illness, and is indicated in the published/public text examined in Chapter 3, particularly those kinds of illnesses that in themselves have been marginalized and

colonized by society (i.e., many forms of mental illness have been inscribed with such attributes).

Thus one must ask, what forms of representation of illness/healing would presuppose an ethical relation with the person who is experiencing the illness? Must diagnosis be abolished, or must broad empathy be added? Must the patient's own representation of their illness be included in the written text of notes and charts? And ultimately should treatment thus be generated from the patient's own representations, rather than arising from the diagnosis alone? Perhaps the ethical relation may stimulate a dialogue of reflections on treatment possibilities. Perhaps aesthetic representations of healer and seeker of care, in collaboration and dialogue with each other and with "scientific" representations, will constitute an empathetic and ethical kinship that moves closer to the responsibility that one has for another. I will work with the possibilities of aesthetic representation in practice in the next section. But first I must return to the discussion of a narrative bioethic of care.

Emotion, Empathy, and Narrative

D. Morris (1998) claims that empathy is an overworked, undervalued, and poorly understood notion that does not exhaust the advantages of emotion in bioethics. D. Morris (1998) finds the following possibilities in a narrative bioethic of care.

A narrative bioethics offers the chance to explore a variety of contexts in which feeling can play a valuable, even crucial, role in moral thought and action, supplementing and perhaps even modifying the power of reason. (p. 259)

D. Morris (1998) asserts that dialogue, like emotion, is an everyday affair that narrative

bioethics places in a new light (p. 262), and sees a role of narrative bioethics as helping one to learn how to live with illness.

Inseparable from its trials and its sometimes permanent losses, illness fills our lives with everyday routines and experiences - a kind of altered but inescapable dailiness - that narrative bioethics invites us to rethink. In threatening to undo or unfix the self, in showing us a picture of ourselves that we desperately do not wish to see, illness also holds the potential to reveal the everyday world in a new light, to show us beauty or truth or mystery inscribed in ordinary events whose everydayness we dismiss in the quest for something far better. (p. 272)

In my examination of my poetic representations, as well as my look at the representations of other, I found everydayness entangled in the art-acts. The mud and the stars - or what Morris calls the *radiance* within the everyday. These are the resources that I suggest are largely untapped within the hegemony of hospital care in the quest for understanding of healing and of what might constitute an ethical, embodied, and healing relationship. In fact, I better understand what Lorde (1984) meant when she proffered that poetry is not a luxury, and that it is through poetry that “we give name to those ideas which are - until the poem - nameless and formless, about to be birthed, but already felt” (p. 36).

Lorde (1984) speaks eloquently of the power within the poetic word. Although she begins with “For each of us women...” I suggest there is a place in men, not dissimilar.

...There is a dark place within, where hidden and growing our true spirit rises, beautiful/and tough as chestnut/stanchions against (y)our nightmare of weakness/ and of impotence. These places of possibility

within ourselves are dark because they are ancient and hidden; they have survived and grown strong through that darkness. Within these deep places, each one of us holds an incredible reserve of creativity and power, of unexamined and unrecorded emotion and feeling. The woman's place of power within each of us is neither white nor surface; it is dark, it is ancient, and it is deep. (pp. 36, 37)

It is a *meaning place* for *healing*. It is a place where a narrative biocultural ethic of care and relation might find welcome and possibility. It is a place where, in my research, I found contradiction, paradox, carnival, grotesque imagery, and as well, I found poetry, embodiment, and a *vigilant* subjectivity. Listen to Morris.

X rays and CT scans, it is well worth remembering, are not self-explanatory, not facts, but visual representations of the body, images that are often deeply ambiguous and that demand interpretation, creating occasions for complex and not wholly scientific narratives. It matters greatly what details such mini-narratives include and what details they omit or deliberately exclude. The biomedical model, like an X ray, is ultimately a representation, one so powerful and persuasive that we often mistake it for fact. No matter how factual we consider it, the biomedical model also generates a flow of related narrative images - the body as machine, for example, and disease as a mechanical defect - that profoundly influences how we think about our illnesses. (D. Morris, 1998, pp. 273, 274)

Hmm. Not unlike the risk that my snapshot and subsequent artistic rendering may have afforded Boy - the risk of mortification or reduction or misinterpretation, the risk of

representing the richness of conversation by describing it with one word. The difference is that where I may have done harm ethically to the image of Boy, the harm may be further removed than the risk of representing illness and healing through an imposed and canonical form of representation alone. I do not advocate, as I mentioned previously, ridding the world of biomedicine or biomedical representation. Just that they leave corresponding room on the couch for other equally important acts of representation, as well as leave time and conscious intention to engage in a dialogue of understandings. Dialogue and emotion are everyday affairs that narrative bioethics places in new light, D. Morris (1998) suggests. Narrative will never replace lasers, says Morris, but it can offer a means of healing where cure may be impossible.

A narrative bioethic of care counters what Thomasma (1994) describes as a rationalistic ethic, reminiscent of the ethic that underpins biomedicine. Thomasma (1994) explains:

Essentially, rationalistic ethics is geared toward analysing means and end. If the ends are consonant with medicine itself (e.g., the restoration to health of a person, or giving comfort to a dying person), and these ends are considered goods, then the means supplying the ends are subject to criticism. This tradition of analysis has dominated medical ethics until the present time. (p. 91)

Thus using a rationalistic ethic in the case of deciding the treatment of one who may be experiencing mental distress, for example, one would apply normative standards of mental "health," no matter what the context of the person may be, to making an assessment in order to arrive at the diagnosis. One listens for what one needs to hear in order to

construct the representation. Yet as D. Morris (1998) warns, “what the physician does not hear (or what the patient is unable to communicate) simply evaporates from the diagnostic scene” (p. 264).

I find D. Morris’ (1998) account of what a narrative bioethic contributes to care helpful in uncovering the usefulness of my research project. A narrative bioethics would insist on effective listening as an indispensable part of dialogue. Morris claims that an engagement with dialogue offers a means to develop listening skills. As well, he proffers that narrative bioethics shifts focus from abstract principles and “away from mega-watt, life and death, technology-driven emergencies onto the ordinary and everyday” (p. 265). The healer listens, and *receives*, the everydayness - the ordinary and the extraordinary - of the other.

Thinking with stories, according to Frank (1995), is the basis of narrative ethics, and thinking with stories means joining with them. This is the ethical *location* of my project. Narrative ethics is an ethic of commitment to shaping oneself as a human being (Frank, 1995). If one thinks of autobiographical work as the location of the ethical subjective work of humanness, and poetry, myth and countermyth as a site of listening and dialogue, then, I argue, one is clearly entrenched in the construction and development of a narrative bioethic of care.

Where Evil Lurks

I will make one last comment on the ethics of biomedicine before moving on to project the practical use of research understandings such as those elicited from this study in the practice of a nurse/healer. I am struck by the effect that Nodding’s notion of *evil* continues to have on me as she describes the opportunities one might take to uncover *evil*

in acts of intended *care*. Noddings (1989) claims that suffering can - like any other affective event - act as an impetus in the search for meaning...

...but that meaning must go beyond the suffering itself, for everything we find there is evil. It is in our response to evil that we find an opportunity to enhance meaning in our lives. Suffering is not *required* to bring out the best in us or to teach us the meaning of its opposite. ...We do not need suffering to build our souls; we need only opportunities to care and to empower, together with a well developed sense of obligation and the skill to do what is needed. (p. 130)

Perhaps what Noddings is pointing to is what I refer to as vigilance in the act of learning what one's subjectivity has to offer. Besides the evil of pain and suffering, does Noddings allude to the *evil* involved in acts of solipsism where "care" becomes an undertaking of paternalistic self-service in the creation of what one deems as "professional behaviour," or to the *evil* of the soporific care provided by those who suffer from organized numbness? Or perhaps Noddings calls up those acts that *create* suffering where politics and social enterprise, not illness, are at the root of the pain.

I take Noddings' claims as added perils for the seekers of care. Perhaps the medicalization of illness harbours more *evils* than are obvious in the experiences represented and examined in this project. Riessman (1998), citing Conrad and Schneider's (1980) work, uses the term *medicalization* to describe two phenomena.

The term *medicalization* refers to two interrelated processes. First, certain behaviors or conditions are given medical meaning - that is, defined in terms of health and illness. Second, medical practice becomes a vehicle

for eliminating or controlling problematic experiences that are defined as deviant, for the purposes of securing adherence to social norms. Medicalization can occur on various levels: conceptually, when a medical vocabulary is used to define a problem; institutionally, when physicians legitimate a problem; or on the level of doctor-patient interaction, when actual diagnosis and treatment of a problem occurs. (p.47, 48)

Therefore medicalization is a critical concept, according to Riessman (1998), because it emphasizes the fact that medicine is a social and political enterprise, not merely a scientific one. I think about Noddings' point regarding the literacy on evil, and the fact that the inclusion of works that are chosen to represent our culture, works that are filled with arrogance, cruelty, gross injustice, etc., continue to find their place in curricula. They are included, supposedly, in order to critique and understand them, and to witness their intellectual grandeur. But Noddings (1989) argues that the mere inclusion of these works honours them. Noddings feels that at least the critical perspective of those injured should be included.

Is there not a parallel argument here with the *evils* of medicalization, and the lack of inclusion of those injured voices not only in charts and other documents of health care, but also in the curricula of those who are in the process of becoming "educated" within their profession? Does one hear or see bad science? Is a student of health care allowed reflective opportunity to question what perhaps has taken the form of, to use Maxine Greene's expression, a cloud of givenness? Are the texts of the injured or dissident voices a required component of the studies of the health professional? To what extent, I must ask, do the educational practices of health professionals encourage its learners to question

the canons of each professional practice? “Infrequently,” I argue as a response to each question. To turn the questions into critical discussion would, perhaps, expose the political nature of health care, and the resultant potential for “evil.”

At this point I will summarize this section by suggesting that a narrative ethic of care may offer solace to some of the evils lurking about. At least in its resistance to ethical apathy (Mihailovic’s term, 1997), a narrative bioethic of care may call one to attention to proceed with vigilance to listen to, dialogue with, and care for others.

It is an untold, unnoticed story in which the cultural fantasy of living forever - or at least pushing back death through an unending series of medical purchases - creates sickly lives obsessed with heartburn, bowels, megavitamins, and miracle cures. (D. Morris, 1998, p. 278)

Perhaps a narrative ethic of care may give back to health care workers “the gift with which many...began: a recognition of the immense power and reward contained in the most ordinary acts that involve the care of patients” (D. Morris, 1998, p. 269). The gifts of the *vigilant healer*.

Transgression by Acts of Immersion : Autobiography as Action

One does not achieve liberation by transcending the normal range of human desires (that is, by ascetic discipline) but by immersion in one’s humanity.

(Sartwell, 1996, p. 143)

Sartwell (1996) claims that one finds enlightenment where one already is, in what one already does. *Meaning places* are within the home of one’s self, but the work of finding them, I suggest, must be a conscious and intentional act. The autobiographical musings that are the “subject” of my research were a facilitative activity that coaxed me closer to home. Autobiography has also served as a site, as Miller (1998a) discovered in

her own work on educational inquiry, where social, cultural, and political projects may simmer. It is a place where one may *do* philosophy, *construct* possibilities, *live* theory, *find* passion, and *embody* what it means to be human. I now chuckle at those who perceive autobiographical work as fluff or navel-gazing inactivity. They cannot know it.

Autobiography is a welcoming place for incompleteness. Greene (1995) suggests that it is “incompleteness - the open question, perhaps - that summons us to the tasks of knowledge and action” (p. 74). What better place to envision, re-vision, and act? I find that the subsequent release of the imaginative spirit affords one perhaps unexpected choices. In fact, one does not need to toil in order to place this work in a practical context, because autobiographical work is just that - practical. This may seem a paradox and yet it is as the title of this section suggests, an immersion into self that affords one a transgression to places beyond the original location and closer to a community of others.

Perhaps it is what autobiographical work unleashes that becomes its pedagogy of transgression. Jung (1978) refers to a visionary mode of artistic creation. I saw *visions* everywhere in the construction of poetry, and as my accompanying journal notes indicated, much of what happened was quite serendipitous. I never expected the mythic characters to play on my page - serious play, at that. Are we socially constructed as adults to ensure that we learn proper manners and adult defences to keep order in a society that might benefit from play and from what the teachings of carnival have uncovered? Are these “proper” defences the root of the demise of our creative and imaginative selves, that part of self called upon when the everydayness of life is challenged by illness, fear, or even new knowledges?

The visionary mode to which Jung (1978) refers is described as follows.

It is something strange that derives itself from the hinterland of man's [sic] mind, as it had immersed from the abyss of prehuman ages, or from a superhuman world of contrasting light and darkness. ...The very enormity of the experience gives it its value and its shattering impact. (p. 90)

But the part I love best is the description of what I understand as the heart of the creative experience, and the place from where those words, that I describe in Chapter 4 as "puking" onto the page, emerge, stretch, shake off the dust from the cave, and howl.

Sublime, pregnant with meaning, yet chilling the blood with its strangeness, it arises from the timeless depths: glamorous, daemonic, and grotesque, it bursts asunder our human standards of value and aesthetic form, a terrifying tangle of eternal chaos.... On the other hand it can be a revelation whose heights and depths are beyond fathoming, or a vision of beauty which we can never put into words. (p. 90)

Jung's (1978) description of the visionary mode calls forth the mud as well as the stars. In this creative home is found not only our own subjectivity, but also our timeless connections to others. Jung (1978) makes this point when he claims that the demands on the artist do not exceed the bounds of our human capacities.

Aesthetic autobiographical work urges one on even as one attempts to call a halt. Is this because the wild being of subjectivity slips into the text? Denzin (1992) in his work on the many faces of emotionality, claims that while he seeks the wild being who exists outside textual representations and comes into containment only under duress, he understands that "no one exists outside a text and that texts produce subjects" (p. 27). He

warns, however, that texts ought not be constructed under the hegemonic system of naturalism, for life is not lived realistically, in a linear manner.

It is lived through the subject's eye, and that eye...is always reflexive, nonlinear, subjective, filled with flashbacks, after-images, dream-sequences, faces merging into one another, masks dropping, and new masks being put on. (Denzin, 1992, p. 27)

So if one was afforded the freedom to construct one's texts from the heart/soul/spirit, or visionary mode of being, why would not the *wild being* slip in?

Keeping the preceding discussion in mind and adding a bit of dialogic heteroglossia, I wonder where this work will take one in the world of health care practice, particularly if one constructs one's practice as nurse/healer from a particular holistic perspective.

The *Pinata* Perspective on Holistic Practice

Rudhyar (1983) claims that "in order to 'walk on,' the 'I' must be ready to experience the fall into zero and then pass on" (p. 254). In other words, one loses the sense of the *separate self*. Thich Nhat Hanh (1988) says that all of us who would like to arrive at "...emancipation will have to look deeply in order to penetrate the true nature of emptiness" (p. 13). The emptiness to which Hanh (1988) refers is an emptiness of a *separate self*. From my perspective, the *emptying of the separate self* is fundamental to a practice based upon principles of holism and *vigilance*. Yet the emptying process is just that - a process, and one that requires examination of one's perhaps inculcated desires, particularly in health care, to *control*. If one is to engage the visionary mode of creativity, perhaps the initial step is to *let go*. Not an easy task for those educated within the canons

of objectified practice. I did not have an easy time, at first, in the Poetry course finding that place in my mind that held onto the keys to the Control Room. What is the fear?

Well if one adapts the *pinata perspective* on humanness and on the human mind, it becomes easier to think about looking for the keys.

See, the human mind is kind of like...a *pinata*. When it breaks open, there's a lot of surprises inside. Once you get the *pinata perspective*, you see that losing your mind can be a peak experience.

(Wagner, quoted in Leonard, 1994, p. 166)

Wagner is speaking of the fears, lurking beneath the surface of the carefully groomed, professional woman, that some day she might "lose it," whether *it* be emotionally, physically, or materially (Leonard, 1994). It seems that many of us, particularly women, wander through life wearing one mask or another to ensure our "stability" is intact to society's critical eye. What is the fear? Is it the fear of madness, or what has been referred to in Victorian times as the "female malady" (Showalter, 1987)? I suggest that this fear of "madness" remains quite alive.

The experience of women and emotion is complex. Even Nightingale, Showalter (1987) notes, felt that she was a "monster" because, as a child she did not think that she was like other people. Nightingale (quoted in Showalter, 1987), in comparing the confinement of women in the family to the circumstances of the "lunatic" in the asylum, writes:

...It is not only against those esteemed physically insane that commissions of lunacy are taken out. Others have been kept unjustly in confinement by their well intentioned relations, as unfit to be trusted with liberty. In

fact, in almost every family, one sees a keeper, or two or three keepers,
and a lunatic. (p. 62)

And, I argue, we continue to *impose* “rational” standards of judgment on the expression of feeling and emotion. Claxton (1986) suggests that “by alienating our own energy, making it ‘other’ and then judging it negatively, we may come to believe that emotions are demonic, that we have ‘monsters’ inside us” (p. 314). It seems that we are expected by some mysterious hegemonic force to present an orderly and organized personification of self. Stepping outside of this landscape, that has become known as “normalcy,” puts oneself at risk. Thoughts and expressions dancing on the ledge of the mundane makes one a target for the diagnostic act. Uh-oh!

Hazo (1996) postulates that our society may still suffer from a fear of feeling. Perhaps this is an important part of the problem. Hazo (1996) claims that one of the “diseases of public discourse today is that it has become so much disembodied prattle” (p. 27). Hazo (1996) continues to speak of the diction of the disembodied mind.

Words tend to become disassociated from their meanings or are so
sanitized into the diction of neuter non-speech...that they end by
meaning nothing at all. (p. 27)

Neuter non-speech, I suggest, is the language of sterile, professional discourse, and the hazard that threatens the uniqueness of self when biomedical language serves as the sole descriptor of human experience with illness and healing. This discourse fears the untidy, and spends much of its energy attempting to tidy up. This is fine if dealing with dirty dishes, but becomes detrimental when it is the language of health “care.”

Of course, putting language to emotion and experience is not a simple task. Hazo (1996), using T. S. Eliot's phrase, acknowledges that anyone attempting to translate feelings into words realizes that "too many 'undisciplined squads of emotion' keep getting in the way." Our society, perhaps, teaches us to wait until our emotions ebb in order to speak *of* them, rather than *through* them (Hazo, 1996). In health care, where emotion is at the core of experience, neuter non-speech, whether it be the diagnostic act or the very rhetoric of the professional "therapeutic" relationship, cannot alone tell the story. In my research, I have worked with what *can* tell. I have looked for where the healer might find the salt and pepper of language or any representational act, and thus of healing.

I looked to the mythtellers and to the poetry, art, and the writings of others. Watson (1994), a nurse educator/researcher, sees the potential for connecting with the experience of others in poetry.

In this world that we can know from the inside, though language and poetry, there can be no falseness; there is no external standard against which Truth can be measured and to which Truth might correspond. Yet this world is far from arbitrary. It represents a unique kind of risk.... (p. 9)

And in the world of biomedical culture, risk creates fear; it must be stomped out, or at least, controlled for. Yet, I argue, there is more than simply physical risk for which to account. For example, might it not be more emotionally risky to incarcerate someone "just in case" there may be harm done to self or others, leaving them now confined in a sort of prison of isolation. Is this not a false sense of security? Is this not exemplary of the *lunatic* rather than the *pinata* perspective of the mind?

Millett (1990), who suffers from bipolar (manic-depressive) illness, speaks of the harm, and the subsequent hiding from treatment, that the *lunatic* perspective creates.

Millett (1990) asks the following question.

If we go mad - so what? We would come back again if not chased away, exiled, isolated, confined. ...Bring down the madhouse, build theaters with its bricks, or playgrounds. (p. 314, 315)

I suggest that Millett's call for understanding might be interpreted as a call for Wagner's *pinata* perspective of the mind, one that comprehends the mind's complexity as well as its potential. How can one work with that which is feared, rather than respected? It is no wonder that we are so obsessed with "correct" definition of normalcy. Without such clarity to keep us safe, we may touch the ground of the "other" side. What will happen then? Perhaps the ground will be strong enough to support us...surprise!

So the challenge lies in finding meaning in the experiences of others in order to find a way to support the uniqueness of what it means to the individual to be ill, and to heal. I have suggested that in order to connect with the Other, one must walk through one's self in the attempt to locate those woundings that belong to the collective and transpersonal consciousness of human experience. What human being is unscathed? Yet what do we do with all the skeletons that remain hiding in the closet? Must the truly empathetic healer be willing to look? I think so.

In the next section, I will work with the relationship that I see between dialogics, healing narratives, and holistic care. I argue that dialogical expression of illness/healing narratives of other and self encourages healing connections and acknowledges the diversity of experiences of those involved in the therapeutic relationship.

Dialogic Heteroglossia: Adding the Salt and Pepper

...No living word relates to its object in a *singular* way: between the word and its object, between the word and the speaking subject, there exists an elastic environment of other, alien words about the the same object, the same theme, and this is an environment that it is often difficult to penetrate. It is precisely in the process of living interaction with this specific environment that the word may be individualized and given stylistic shape. (Bakhtin, 1996, p. 276)

This is exactly my point. When reflecting upon the relationship between what Bakhtin (1996) points out about the living word, and the singular way in which illness is represented in hospital charts, physicians' and nurses' notes, for example, one begins to worry about the potential injustice that may be served to one who is looking for some form of treatment. Where, in the process of seeking help with one's difficulties, is a person afforded the space and time to be heard? Real time. Not the "I hear you, but this pill is what is best for you" time. And where, in hospital records, might one see one's story of illness or healing recorded in the way in which one chooses to have it seen or read? I suggest it would be a stretch to locate such respect for the lived experience of others in the health care arenas of Western medicine.

Lashgari (1995b) refers to the work of Bakhtin in examining the potential for dialogics and heteroglossia to assist in freeing monologue from its constricting knots. She suggests that when a "multiplicity of voices enters the discourse, when the margins talk back to the imperial...center, the binary structure unravels" (Lashgari, 1995b, p. 3). In other words when one's story is told by self, then retold by other, other truths emerge and the shape of the story may alter or shift. This is the potential of heteroglossia, or multiple voices of the masses. Dentith (1995) notes that Bakhtin coined this word to allude to the "multiplicity of actual 'languages' which are spoken by the speakers of any 'language,'"

such as the languages of social groups, professional groups, and of generations (p. 35). Heteroglossia recognizes the multiple speech patterns within and among people. Every utterance, in Bakhtin's account, is intersected by historical forces that are external to language (Dentith, 1995). One recognizes then the respect for the historicity of the person and, I argue, the necessity for the person to be an active participant in life choices. Dialogics, the "constructive discourse of conflict, becomes possible when polyvocal discourse interrupts the dominant monologue" (Lashgari, 1995b, p. 3). Bakhtin (1996) explains dialogism further.

The dialogic orientation of a word among other words (of all kinds and degrees of otherness) creates new and significant artistic potential in discourse, [and] creates the potential for a distinctive art of prose....

(p. 275)

Dialogized heteroglossia, I suggest, allows movement of words and thought across the bridges of self and other. The language of this dialogic process works within a tension of difference, a tension that affords the conversation some spice, some salt and pepper. It allows for movement toward understanding, or, in Bakhtin's words, *travessia*, or crossing, which is the other side of transgression (Lashgari, 1995b).

Whatever the ground one stands on, whether center or margin, one faces in each moment an/Other ground which is the threatening, not-known. Only by... risking conflict, can one reach toward connection
The word...calls for response. Conflict becomes music, dance, exhilarating as well as dangerous. (Lashgari, 1995b, p. 4)

Entering one's illness or healing representations into dialogue with another, such as a healer/nurse might with a seeker of care, brings with it, I argue, the same potential movement towards understanding that Bakhtin (1996) recognizes in dialogic heteroglossia. In the process of narrating the self, one opens up the possibilities of misinterpretation or recasted interpretation by the other. But the engagement in the multivocal dialogue that interrupts the professional canon as it is played out on level ground is mutually inclusive. If one understands that as one responds to the other, whether it be in countermythic dialogue, or poetic response, one is also touching and exposing that wounded part of self that brings up the universal dimension of experience.

The potential for multifaceted, multivocal dialogics between self and other and among the selves within becomes increasingly evident if one thinks about the self as Gardner (1993) suggests. He claims that a person is "better thought of as a collection of relatively diverse masks, none of which takes precedence over the others, and each of which is simply called into service when needed..." (Gardner, 1993, p. 252). Myths contribute to our wardrobe of masks; myths become masks; myths and masks become our self-repertoire. Dialogue could become quite lively.

Downing (1989), in reflecting upon her own experience with myth, speaks to the point that I am working with.

I have learned that recognition of the archetypal and universal dimensions of one's experiences can help free one from a purely personal relation to them. I also believe that one can celebrate the mythic patternings without losing an appreciation of the concrete and unique moments that constitute one's existence. (p. 119)

Both the healer and the wounded, in working with any form of representation, work with the possibilities of inter- and intra-personal connections, as well as the discovery of connections to the greater whole, or the collective consciousness of human nature.

Risk, I acknowledge, is inherent in any authentic expression of emotion. Yet working with and through aesthetic representations allows risk to be cradled in dance, music, myth, poetry, or any form of narration. Conflict is understood as construction, worked upon by many voices of self and selves - dialogized heteroglossia - healing, salted and peppered.

And so, I wonder...how would mythic and countermythic dialogism work? I asked Jane (although this is public text, I decided to use a pseudonym because of the sensitive issues that are disclosed in the text) if I might borrow her piece entitled *Woman and Emotion* (see next page), which was in fact a public text that accompanied an exhibition of her painting. I consider this piece to be a healing narrative of sorts, as it was written by Jane to accompany a painting that she created about the bond between her and her mother as they, to use Jane's words, "share in the pain of having lost someone we cared deeply for." The next section, which follows Jane's piece, includes a mythic response that wrote itself on paper as I worked with my own thoughts about and reaction to Jane's narrative.

Woman & Emotion

My own piece for this drawing assignment is quite personal. As of a few weeks ago, what I believed to be a "solid family foundation" fell apart in a day. I believed I had the perfect... well, generally perfect family. My parents were wonderful role models and I myself, was always striving to be my best for them. However on November 11, my family and I were hit by a bombshell that literally and figuratively tore my family apart. My father had been "seeing" another woman for a couple of months and was now willing to desert twenty-three years with his wife and twenty-one years with our family for this person. Everything that I had ever believed in was tossed out the window, as my mom, my younger brother and my little sister tried desperately to make some morsel of sense of the situation we had been unknowingly forced into. It has been a difficult month as we have tried to gradually piece ourselves back together again. It hasn't been easy, but we are a family of survivors and eventually we will come out of this "whole" so to speak. Throughout this ordeal, I have come to a greater understanding of myself and the people who surround me. I may not regain the undying trust I once had in people but I have found a greater understanding of who I am. I no longer need to rely so much on the opinions of others. I take more faith in my own intuition. Of course, this is gradual, but I feel it growing within myself. I also have a stronger bond now with my mother. Because of what has happened we see each other not simply as mother or daughter, but as human beings with real feelings. Sometimes one tends to forget this about their parents or their children. Since this unforeseen incident, the bond between us has grown stronger as we share in the pain of having lost someone we cared deeply for. My work is about this bond.

My piece is a very physical piece. It is the same size of my mother and I (roughly 5'4) and therefore in order to paint it I had to get right into the work. I splattered much of the paint on and spread it out with a hard-bristled broom. I also smeared a lot of the paint with my bare hands and fingers. I did not plan on how I wanted the picture to look, but rather let my own emotions guide me. I found that it was when I tried to plan things out, that was where I would run into difficulty.

The second thing I did was have my own body traced upon the canvas, somewhat like an outline you would do of someone who died. In a way part of me has died. A significant part of my life has left and, despite my anger, I cannot deny the hurt and rejection this has caused me. I have also drilled in only fragments of my outline. This is because when you lose someone you often feel like parts of you are missing. You are not the whole you felt you once were. The scratch marks inside the body are made from a knife. This demonstrates the pain and suffering my family has felt. It also is like a knife "being stabbed in the back". My father betrayed us in his actions. He betrayed the people who trusted him most of all which, I feel, is the ultimate betrayal.

The plaster in the piece also has double significance. Literally, it was the left over plaster that was used to seal in the hole that I made in my wall with a bottle after a confrontation I had with my father. Figuratively, plaster is used to bind things together. It is an additive process that my family must use to try and keep things together. It is an interesting contrast with the drill marks that takes things away. Finally is the script on top of the picture. The script also has double significance. I have been known for the

art in my family and my mom is the writer in our home. I have combined these two art forms together to show this bond can be made. The words in this picture are actually fragments of sentences from two letters. Both are letters to my father. The first sentence and every other line is from a letter my mom wrote my dad two weeks after the bombshell hit. The second sentence and every other line, is a letter I wrote my dad a week after the incident. Ironically when reading the two letters together there was some interesting parallels between the two scripts. A viewer might recognize this when reading the work.

I know a viewer who tries to read the work will have difficulty making sense of exactly what is happening because, nowhere (except here and to my group) do I say what was done. This is fine by me because I don't want to spell everything out to the viewer. By reading the fragmented work, I feel people should get the gist of what is going on, and by leaving the work fragmented I feel I make the work more universal. It no longer just addresses the personal loss my mother and I share, but it addresses other people and the losses they have felt in their own lives.

Lately I have found myself working in this style which is quite contrary to that I had last year. For me, this work and others are very rejuvenating. It allows me to be honest with my self and my emotions. When I plan my works, I begin to hide things by polishing or perfecting them. Some other time this process may work again, but right now I need the honesty.

Mythical Dialogics with *Woman and Emotion*: Adding Salt and Pepper

Eye to Eye

Medea's Child,
 Are you witch
 or goddess?
 Whitch is it?
 Some even say you are
 daughter of sorceress, or
 dragon lady.

 Oh my.

This is a familiar story.
 Let me explain, Medea's child,
 the way I understand it.

Mother Medea meets Jason.
 Jason betrays Medea,
 who has sacrificed
 everything
 to make him happy,
 by asking King Creon
 for his daughter's hand
 in marriage.
 "What more did he want?"
 Medea asks.
 Slaying dragons, doing magic
 even stealing the damn golden fleece.
 Still not enough.

Sound familiar?
 Jason tries to justify
 his betrayal by
 telling Medea
 he wants to protect
 their bastard children,
 who have no civil rights.

There's more.
 Medea needs time to execute
 revenge.
 Perhaps she'll send her
 own children
 with gifts
 for the new bride,
 a robe and
 a gold headpiece,
 infused with poison.

Medea's child is worried.

No, she is
 down
 right
 mad.

She knows Mother Medea
 is agonizing over
 her plan.

She knows Father Jason
 is asking the gods
 to punish
 Medea.

Medea's child knows that she may
 end up as a dead body
 in that chariot,
 pulled through the air
 by winged dragons.

She knows Medea is shouting
 madly about
 his lust,
 his new marriage,
 his betrayal,
 his blame for your murder.

But wait.

Medea's child is hurt.

Medea's child is angry.

Medea's child does not want
 to be sacrificed
 for love madness.

She has been eaten
 by her own
 rage.

Medea's child,
 you feel your
 mother's wrath.
 You feel cold
 mercury slime in your veins.

Witch is
 their word.

I say
 goddess.

I know.

When I am irked

a strange thing...
 hair knots and
 agate eyes...
 happens.
 When I gaze at that
 object of
 outrage,
 Rocks form.

They say I am ugly,
 but I am mirror.
 They are eyes.
 They speak
 for themselves.

Perhaps it is like that
 for you
 Medea's child.
 Speaking eye to eye
 with you
 I see beauty
 in your rage.
 You take ire
 in your hands.
 You work with
 images of passion
 to cut deeply
 into
 stone.

Drilling,
 Scratching,
 Blood red rage
 thick
 with black
 chaos.
 Line by line
 of hurt.
 Carved deep
 in your soul
 and in the soul of
 Medea.

Souls worn
 by abandonment.

Souls
 tired.
 Souls
 human.
 Touching
 each other.
 Touching
 others.
 Touching
 me.
 Eye to eye.
 Always, Medusa

(DeLuca, January, 1997)
 *based upon various myths of Medea
 in Bulfinch (1979), Hammond &
 Scullard (1970), and Leonard (1994)

Would mythic dialogism add salt and pepper to the therapeutic relationship? Jane never asked for such a thing, yet, in borrowing her work to engage it in a process of countermythic writing, I found that it brought up certain recognitions for me that may be helpful in thinking about benefit of this work in professional practice, and in thinking about further research in this area of interest. The act of responding to the healing narrative of another certainly releases the glue to connect to the other, and sprinkles the spice of dialogic heteroglossia that causes one to energize, and to animate that sense of imaginative intuition that one tends to sit on when engaging in a “professional” therapeutic conversation - that sharing of dead talk, textbook language, no salt, no pepper. Instead of neuter non-speech, one might enter into a lively dialogue of mythmaking, or poetic response, peeling away the personal knowledges contained within the representations and responses.

To speculate upon the possibilities of working with someone who, like Jane, chose, or perhaps was invited, to represent their own experience with emotional or

physical pain, I am bombarded with thoughts. There are numerous myths, fairy tales, and mystical tales of witches and gorgons available for consideration. Writing healing through story, one's own or a re-creation of another's, creates a library of knowledge of self and others. When I reread Jane's narrative, I see "The Conscious Revolutionary," or is that the "Terrorist" lurking inside the drill marks that rip through the paint and the board. Or can Jane's experience with healing be likened to Mays' (1996) experience with the anger of depression where he notes that:

instead of killing myself, I killed the room, breaking every piece of furniture, tearing apart every book, smashing mirrors and lights until darkness and exhaustion stopped me. (p. 96)

Which is closer to the kind of "death" that Jane lived through? Did the canvas become the substitute for the person who instilled the wounds? Or is Jane just living out the "female malady" of Victorian times, "madness." One must recall that madness was seen during those times as "the essential feminine nature unveiling itself before scientific male rationality" (Showalter, 1987), where women who were simply too emotional or headstrong were thought of as "mad" (p. 3). Would Jane see "madness" played out in her work?

Leonard (1994) says that in the ancient story of the "Rejected Lover," Maria Callas, who lived the latter part of her life in anguish, played out her own myth of Medea in "turning her confusion and rage into art [so that] she could dramatize her own torment and fury..." (p. 153). Is it Callas' Medean myth that has been reenacted in Jane's art and narrative? Or is it not at all as I am suggesting? What *might* arise in conversation between Jane and me if we were to share narratives?

I argue that it is in the opening up of the *questions* that the possibilities for the healing questions arise. Yet one must be constantly wary of imposition of “I” into “We.” It is here that the healer must find the way to their own wounds in order that the experience of healing be shared in dialogue, not consumed for the nourishment of the healer’s self. Perhaps a prerequisite for dialogic healing and holistic care is a conscious engagement in one’s own healing history.

Rich (1994) points out the following.

Most often someone writing a poem believes in, depends on, a delicate, vibrating range of difference, that an “I” can become a “we” without extinguishing others, that a partly common language exists to which strangers can bring their own heartbeat, memories, images. (p. 85)

Although Rich speaks of poetry, I see this as the potential of all self representations of illness/healing, including one’s own. I argue that one’s personal engagement in aesthetic representation provides one with the means and the safety gauges for the prevention of the narcissistic consumption of others, as well as for the maintenance of a *common* ground for dialogue. My own mythic response to Jane’s narrative affords Jane a *tangible* view of my own thoughts about her experience, as well as affords her entry into my own healing myths. In a sense, my countermythic work lays my own vulnerabilities on the carpet, yet neither of us need talk in self-terms as long as there is a mythic goddess or witch to do the talking. We know this is the storying of ourselves, yet in a sense, it gives permission to remain emotionally safe if need be.

An important acknowledgment in this work of dialogic mythmaking is that Jane has triggered the finding of the Medea child within myself. What I write about emerges from within my own mythic makeup. Perhaps Jane has touched what is universal in all humans - the possible plight of the rejected self - which has origins in all ancient as well as current relationships. As I place her (the rejected self) in reach for myself, perhaps I invite another to touch her...or not. Mine is one possible story. Jane may have another.

And the stories go on as we reach for authenticity, harmony, and the peace in healing. Bolen (1996) comments on how one might know when that happens.

Harmony happens when behavior and belief come together, when inner archetypal life and outer life are expressions of each other, and we are being true to who we are. (p. 78)

Is the authentic self, then, the healed self, and perhaps even the healer self? Authenticity, I argue, is the act of making visible one's inner self, and of carrying that self into the healing relationship. Authenticity, in my view, is the heart of the healer.

Next, I will bring the discussion toward another possibility. In what way might dialogic work benefit a person who is actually seeking care, and in this case, has actually publicly provided his own aesthetic representation of his feelings on the subject of what it might mean to be *Nuts*?

Nuts: Dialoguing with an Illness/Healing Poem

Here I include Bill's poem, *Nuts*, (see next page) as well as my response to Bill. Again, this response was developed in a course at OISE as a venture in the process of retelling the thoughts or experiences of others. It speaks to the poetic nature of my

interactions and connections to others, as well as to what I see as an untapped site for the work of the healer.

In my journal I wrote:

I know Bill from the hallway.

Proud of his poetry, he is.

When asked in Roger's course

to retell, I thought of Bill.

Bill hands out his poetry in the hallway of a hospital, very adamant that it be available to whoever is interested. I found Bill's poem entitled *Nuts* to be very moving, humorous, sad, and powerful all at once. I felt compelled to try to understand what he was saying, almost as though I was drawn to his words and to him, even though our relationship was professional and fleeting. I suggest that not only is Bill's poem a representation of illness/healing, but also a means to reach for greater connection with others. Thus his poetry affords him an oppositional gaze to those gazing *down* at him. I include my response to Bill's poem, which I constructed in the previously mentioned course, here because during my research project I have come to see this work as an example of the potential of aesthetic work and aesthetic knowledge development in professional practice.

NUTS

What is nuts?

Am I nuts?

If I, a nuts-are you nuts?

Is everybody nuts?

If you work ,are you nuts?

If you do work and go nuts,do you make sure everyone else is nuts t
too?

If you didn,t work would you be nuts ,or,nuts in a different way?

In which way would you rather be nuts?

I think everyone is nuts.

Kids seem nuts,but,they don,t know their nuts.

And all they do is drive everybody else nuts.

And we eventually start driving each other nuts.

Until were satisfied that everybody is nuts.

If you work for nothing -deese this mean your nuts?

If you work to live -deese this mean your nuts and
cannot do anything about it?

Some men say women are nuts

And drive everybody else nuts

But the women say ,the men drive them nuts first

With or without the kids.

And are responsible for everyone going nuts.

If not,where deese it come from-I don,t know.

All I know is that you are either nuts or going nuts.

Some people say that women are born nuts.

But what is nuts?

Doing things you don,t want to do ?

Young people growing up seem nuts.

But they are just having fun.

Then as you grow older you seem to be slowly driven nuts.

Some people say you have to be half-nuts to survive
successfully.

So maybe this is why everybodys nuts.

I don,t think we will ever know what nuts really is.

Except some people are nuts and don,t know it.

And unknowingly drive other people nuts.

And eventually are knowingly nuts themselves.

Am I nuts?-Yes.

What is nuts? I don,t know.

I guess life is just nuts!

What I Hear You Say, Bill.. (a Response to "Nuts")

You say I'm crazy,
 but I wonder if you have ever thought
 about what that means?
 It's a word - a word you use
 to distance me from you.
 But have you ever looked around you?

There is craziness everywhere.

If you don't do what others demand of you,
 they call you crazy.
 Yet if you do what you're supposed to do,
 and do it well,
 then you are "crazy" to others
 who don't understand your perfection.
 Is this the same kind of "crazy" as me?

To me there is more craziness in this life
 than you are willing to acknowledge.
 Why do you make "crazy," different,
 or less "crazy",
 for you, than you do,
 for me?

I suspect it depends on
 your perspective - what is "crazy" to some,
 is "normal,"
 "fun,"
 "oh, just a kid,"
 or some so-called rational explanation
 for others.

Why?
 Is it because you are afraid?

Do you fear what you don't understand?
 Is that why, even if you acknowledge
 that you might get a little "crazy"
 in your life -
 like when you get older -
 that it must be the fault of others?

But look,
 I think crazy is a part of life -
 a sandwich that we all have

taken a bite of;
 a mosquito bite that we all have
 tried to scratch;
 perhaps dirt that we all have
 tried to wash off.

But just as food becomes part of
 our constitution, an itch
 grabs our focus, dirt
 leaves pieces embedded in our skin.
 so does craziness
 have a place in our minds.
 a room where the door
 remains ajar, even slightly
 so that there might be an exit,
 when needed, to serve a function -
 to be called upon to respond to life.

All of us, not only me,
 respond to life
 as we know it.

Yes, perhaps this may
 look crazy - but
 your recognition of the craziness
 in me
 calls upon your own craziness
 in order to
 recognize itself
 in you.

(DeLuca, Winter, 1996)

Many questions remain. Does this poem bring me closer to understanding Bill's experience with mental illness, or does this impose my own understanding of mental illness upon his words? Perhaps it is better likened to a dialogue that needs to be continued between us. A meeting of the inner speech of both of us, of the plural selves within and between us. Henderson (1993) speaks of black women's writings as "a dialogue with the aspects of 'otherness' within the self" (p. 121). I see this opening up of dialogic possibilities as one of the potentials of the poetic encounter within the therapeutic relationship. As Barfield (quoted in Falck, 1994) so aptly notes: "The poet makes the

terms themselves. He (sic) does not make judgments, therefore; he only makes them possible - and only he makes them possible” (p. 55). Perhaps Bill and I together and through our poetry would enact a healing relationship where *we*, in *dialogue*, set the terms.

I understand my response to Bill also as a defiance to what I see as a “protective” distancing, practised and meticulously performed by certain members of biomedical culture. Foucault (cited in Smart, 1992) spoke of this in his doctoral thesis.

[M]adness was present everywhere and mingled with every experience by its images or its dangers. During the classical period, madness was shown, but on the other side of bars; if present it was at a distance, under the eyes of a reason that no longer felt any relation to it and that would not compromise itself by close a resemblance. (p. 21)

As a matter of fact, poetry accomplishes defiance well, whether that be towards sterile relationships in practice or whatever sparks one’s ire, cutting through the preliminaries, introductions, and explanations. I read defiance in Bill’s poem; was it there? What might Bill say?

Perhaps for Bill, poetry was his peanut butter. Keen (1993) says that for him, peanut butter is a philosophical principle having to do with storytelling. Let me explain.

Keen (1993) makes the point that in the modern world everything is discontinuous as we have given up the quest for deep, internal continuity and our belief in small communities with shared principles. So Keen holds on to his peanut butter principle.

Peanut butter is, for me, a philosophical principle having to do with storytelling. We all ate peanut butter early in our lives, but

some people have abandoned that, thinking that once they grew up, they didn't need peanut butter and I always will. Peanut butter, like stories of my life, represents continuity. (p. 28)

Keen (1993) goes on to say that “we lose the continuity of our experiences; we become people who are written on from the outside” (p. 28). Might this be what Bill feels? Has Bill's experience with the health care system provoked him to exercise the peanut butter principle in order to write his own life in his own stories of what it feels like to experience *Nuts. His way*. My response to Bill urges me to dialogue with Bill about the notion of continuity and his *own* story, not the story of “nuts” that was imposed upon him from the outside.

Would I have recognized the nuances in Bill's words had I not decided to respond to his poem? Am I better able to embody his suffering as well as his humour? I believe so. Because of a longstanding interest in the educative and practice potential of aesthetic work, I asked a group of nursing students, with whom I was working in a mental health clinical rotation, if they would be interested in taking one of Bill's many poems and responding to it in whatever aesthetic form they were comfortable with.

I remember thinking at the time that it is from within our own perceptions that our professional interventions emerge. I questioned: “If a drawing (or any aesthetic response) brings us closer to the way in which we understand someone else's experience with their illness, then do you think that it might also help us find the words to talk about, and be sensitive to, the feelings and thoughts of our patients?” Some students wrote letters to Bill, some drew pictures, others responded with poetry. I then asked them to write a reflective journal that dealt with ways in which their understanding of Bill, mental illness,

or their questions about Bill and mental illness, were altered (or not) by their experience. I recently found the following journal note written, at the time when I was teaching this particular group, to a student who I will call Ann. It read as follows.

Ann - Have you thought about any ways that you might use your artistic representations within the actual therapeutic conversations with your patients? Would it be appropriate or helpful at any particular point in the healing process? Would any foundational work be essential before you would share your own work? Do you think it requires a certain level of insight or understanding from your patients before you share your work? I'd be interested in hearing your thoughts. Sandy

Well, I now see these questions as the fruit for a subsequent research study to follow this project. What my research here has done has returned these journal note questions to the self of the practitioner to answer first. In other words, when I began this project I felt that there was a missing element if setting up a research project with students and patients. I wondered if the question of insight must begin with oneself and one's own representations, and then proceed from there.

It was fascinating to read about the ways in which the students in this group, in their initial reflections on their aesthetic representation, discovered passion and emotion within themselves with which they were not familiar. The representations extended their questions about self and practice. And in their subsequent journals, they wrote of how they could see this work as one which generates more questions about care, illness, and connection to others. In other words, they walked in unfamiliar lands.

I would like to continue to work with dialogic possibilities between healer/nurses and those who are seeking care. As I noted in previous chapters, there are researcher/educators in nursing who have begun work in this area. Chinn (1994) calls for the convergence of “hermeneutics (defined as the science of interpretation in philosophy) and criticism (defined as the science of resymbolizing in the arts)...to form a possible new method that can be developed to create new understandings of the art of nursing” (p. 26). I view dialogic narrative representation, whether it be mythmaking or poetic response, or any visual, textual, or musical art form engaged in dialogue, as drawing upon the theories of hermeneutics and criticism, and in particular upon Bakhtinian thought.

Although, as Achterberg (1985) points out, imagery in one form or another has found a warm reception among nurses, the language of sensory information remains suspect in biomedical culture. Yet those who find themselves in need of health care are primarily concerned with what their own personal experiences are likely to be (Achterberg, 1985). Holistic and aesthetic care work, such as dialogic work with narratives of illness/healing, that opens up and encourages a shared discourse of personal experience, offers the space and choice for the person to engage in constructive conflict and lively dialogue with the care-giver. The salt and pepper of healing.

I agree with Bear (1993), who suggests that “healing is facilitated through an inner conviction of the power of self” (p. 22). Work with dialogic myth, and with other healing representations, calls upon the power of self to find its way, with the help of the imagination, through its own personal experiences. In thinking about the place of the healing narrative within the practice of health care, I am cognizant that the imagination has not found its way entirely into mainstream. And I take heed of Achterberg’s (1985)

caution that “those who heal in the imaginary realms must also understand and speak the language of the scientist in order to establish credibility” (p. 75). Taking the best from the shaman and from the scientist makes sense to me.

In the next section, I will continue to think about practice and educational relevance of my work, as I develop further the place of embodiment in healing.

The Mud and the Stars: Learning Embodiment

Once one starts to love one’s body in the world and hence to love the world - that is, once one comes to love some particular situation in which one finds oneself... - one can be drawn into a love of things in general. ...If we simply allow ourselves as bodies to experience what we are, as bodies, experiencing, we will be taken fully into situation and joy in situation.

(Sartwell, 1996, p. 166, 167)

Where are the sites of carnival in nursing education? If, as I claim in this project, the carnivalesque has the capacity to offer one a theatre for the enactment of one’s embodied self, or at least for the rehearsal of such an enactment, why does one not find such a space in the curricula of nursing education? The nearest concept that I find in nursing literature is Chinn and Kramer’s (1999) vision of a rehearsal studio for the purposes of creating and recreating story lines, creating embodied synchronous movements, and engaging a connoisseur-critic.

Chinn and Kramer (1999) proffer that creating and recreating story lines “provide aesthetic narrative skills that the nurse uses as a participant in the emerging real-life stories of those cared for” (p. 197). They highlight the parallel between various features associated with *creating stories* such as the suggestion that change is central to a story line; conflict, struggle, and tension are ever present; the story-line compels movement toward an ending, although endings remain uncertain; and interactions between characters

and their motives provide key structuring devices in the story that unfolds in real life for the person experiencing the illness (Chinn & Kramer, 1999, p. 196). The *movements* that Chinn and Kramer (1999) suggest are inherent to the practice of nursing are also claimed to be taken for granted. They point out that the ways in which a “nurse moves in and around a situation sets a rhythm, a style, a dynamic, a pace, and an attitude that invites engagement and entrainment” (p. 198). In relation to the *connoisseur-critic*, Chinn and Kramer (1999) view the function as “provid[ing] guidance that moves the art form to a new level of development” (p. 202).

Whereas I see a relationship between Chinn and Kramer’s (1999) proposed rehearsal studio and what I envision as a result of my research and am continuing to address in this final chapter, I suggest that my *theatre* has a different purpose. Or perhaps more accurately we do *not* differ in overall *purpose*, as both are clearly located in aesthetic knowledge development, but instead I take a *divergent route*. My *theatre of carnival* is decorated with myths, witches, mystics, fairy tales, gorgons, and of course, the grotesque.

Theatres of Carnival in Nursing and Health Care Education:

A Classroom for the Vigilant Healer

I wish for aesthetic workshops of carnival, for nursing students and the students of other health disciplines as well as for the faculties of each, where one dialogues with one’s *subjectivity*. I see this workshop as reminiscent of the atmosphere and work of the Poetry course, now the subject of the autobiographical work of Chapter 1. Lensmire (1994) stresses that the carnivals and popular festivals of the Middle Ages and Renaissance could teach us “how to bust open and transform traditional, closed discourses” (p. 371). Counter-prattle work, I might call it; work that resists neuter non-speech. And I thought

this was originally my idea - until I found Lensmire's (1994) article entitled *Writing Workshop as Carnival*.

Lensmire's (1994) work is useful in that it clarifies four specific functions of carnival work. Carnival work obliterates the canons of discourse as it frees behaviour, gesture, and discourse from its shackles. It becomes the site for free and familiar contact among people, while it is playful and familiar in its relation to the world. As well there are strong antiofficial currents in the carnival sea (Lensmire, 1994, p. 374, 375). In essence, carnival "abuse," as Bakhtin calls it, kills the old so that the new can be born (Lensmire, 1994). I understand the word *abuse* in this context to hold the same meaning as the *comic monster* that I discussed in Chapter 3. The *abuse* is toward a system, or canon, or officialdom; it is in no way a personal invective. As Lensmire (1994) aptly notes, in carnival, things change. And this is the point - to *see* in new ways.

In this atmosphere, participants would construct and work with their own aesthetic representations, looking with *vigilance* for understandings of self and what relationship this work may have for an embodied healer in their quest for meaning places for healing. This would be a site for dialogic heteroglossia - where the multiplicity of self-voices may enter into dialogue and may be joined by others who in turn are exploring their own. Perhaps this will become a *classroom* for the *vigilant subjective self*.

Next, I envision *mything* and *countermything* workshops for nursing and other health disciplines students. In these projected sites, dialogism continues to flourish, and so, therefore, does an embodied connectiveness, the glue of the healing relationship. Danow (1991), in his comments on Bakhtin's dialogics, claims that dialogism implies a "potential shift from linguistic possibility to the possibility of not only recognizing the other but also

recognizing his [sic] otherness” (p. 126). This must certainly be a useful activity for a healer who recognizes the significance of empathy in the healing relationship, in that, as Meyers (1994) proffers, “empathy is a subjectivity-preserving form of intersubjectivity, [and thus] ...requires one to reconstruct the other’s experience in imagination...to understand it, but...necessitates neither joining in nor endorsing the other’s experience” (p. 125, 126). A countermythic theatre of imagination and reconstruction might offer students and educators a place, a mythic safe-home of sorts, to explore the *underside* of empathy - to *see* it differently.

Greene (cited in M. Morris, 1998) says that “the extent to which we grasp another’s world depends on our existing ability to make poetic use of our imaginations,” and that imagination opens possibilities “for seeing things otherwise” (p.134). Was this not the outcome of my own work with myth? And the more myths I discovered, the more expansive became my self-vocabulary. Not only did my language of *self* flourish, but so did my language of *community*. My vision of interconnectedness and of the continuity of the internal and external experiences of human nature over time became the language of my story inscribed from the inside out. I developed Keen’s (1994) *peanut butter* philosophy.

Mything and countermything workshops would give participants the opportunity to don a mask of choice and to dialogue with the text of the myth. In this work, not only does one move closer to one’s own philosophy, but, I suggest, one also becomes enlightened about the notion of incompleteness. Freire (1997a) says that the “key is to use the text as a vehicle through which one can potentially dialogue with the author and with the potential incompleteness of ideas” (p. 319). When this recognition unfolds, one then

becomes cognizant of the potential for “continued reinvention of the text in his or her own historical and cultural context” (Freire, 1997a, p. 319). I suggest that the recognition of the incompleteness of ideas then urges one on to further dialogue, not only in one’s mything work, but also in one’s interactions with others in professional practice, and perhaps with the official canons of feifdom (in the way that all carnival work, that is worth its *salt and pepper*, will).

Thus the participants in mything/countermything work move through the masks that we all inhabit in order to find their authentic self. As well they have the opportunity to enter into dialogic heteroglossia with the many mythic voices in the text, and to call upon their own mythic constructions in order to find their way to meaning places for healing.

A third *theatre* that I construct is a workshop, again for both students and faculty, that, subsequent to the participation in the previous two, takes public aesthetic representations that seekers of care have been willing to offer and enters the participants into the kind of response work that I have previously suggested for the group of students in my clinical practice group. I see this work as a continuation of the search for the vigilant subjective self in the healing relationship. I envision this work as an activity that counters the “distanced practitioner” mode-of-being with another, and instead views vulnerability as Daniel (1998) does - that is as a “way of celebrating humanness...” (p.191). Daniel (1998) understands vulnerability as a “vehicle for practising authentic nursing” and one that embraces a power-with position of relationship (p. 191). One becomes vulnerable when one engages with and embodies another. This is not to say that one loses one’s ability to think and risks losing *control*. This is the fear I spoke of earlier. I see the embrace of the vulnerable position as an embrace of one’s humanness and of humanity. The *pinata* perspective *sees* differently. Daniel (1998) points out the following.

Paradoxically, it is the abandonment of participating in vulnerability that makes us susceptible [to practising dehumanizing acts], for when we seek to protect our own vulnerability by numbing ourselves to another's, we are susceptible. (p. 191)

The *pinata* perspective finds light in what one may assume is *dark*.

In summary, I suggest that the inclusion, in educational settings, of a *Theatre of Carnival*, with various workshops tending to the cultivation of embodiment and the nurturing of a *vigilant subjectivity*, may offer the healer an opportunity to envision, revision, and enact *meaning places* for healing in their practices. According to Sewell (1960) in her classic work *The Orphic Voice*, “poetry, metaphor, [and] mythology are highly realistic and down to earth” (p. 39). I see aesthetic representations as sites where the invisible, such as the “insidious nature of ideology [in] its ability to make itself invisible” (Macedo, 1998, p. xiv) and the imprisoned, such as “bodies [that] are imprisoned within their cultural circumstances [and] at the same time [are]...participat[ing] in producing those circumstances” (Epstein, 1995, p. 3) can come out and play, or be serious. Realistic work. Down to earth work. *Healing* work.

In order to bring this research project to a close - or better still, to an opening - I return to Medusa.

The Pedagogy of Medusa

The Crone's title was related to the word *crown*, and she represented the power of the ancient tribal matriarch who made the moral and legal decisions for her subjects and descendants. As the embodiment of wisdom, she was supposed to have written the first tablets of the law and punished the first sinners. She also established the cyclic system of perpetual becoming, whereby every temporary living form in the universe blends eventually into every other form, nothing is unrelated, there can be no hierarchy of better or worse, We and They.

(Walker, 1985, p. 14)

Medusa is my Crone, my teacher. I found her somewhere in the dark caverns of my nature. Through her I have met other beings of wisdom, all within reach, some lost, but never missing. It is that way for the community of selves to which we belong. Healers live there, if we look, if we penetrate the layers of cobwebs and rocks. Hanh (1988) uses the word *penetration* to mean *to enter something*, not just to stand outside of it. He advises:

When we want to understand something, we cannot just stand outside and observe it. We have to enter deeply into it and be one with it in order to really understand. ...To comprehend something means to pick it up and be one with it. There is no other way to understand something. (Hanh, 1988, p. 11)

The work of my research project was about penetration and understanding, about seeing differently, about being there. The *there* of this project was self/other. Just as when one gazes into one's self wardrobe one finds many familiar and unfamiliar clothes, so is it for another. The diversity of self and community is what we all share. Perhaps it is cluttered, but to not be cluttered might be fatal to our humanity. Olesen and Clarke (1999) in their work entitled *Revisioning Women, Health, and Healing*, point out that the mission of their book was to avoid *fatal unclutteredness* in theorizing and conceptualizing and in acting for and on women, health and healing. Instead of reaching for order, they reach for multiple complexities as they emphasize *temporary* new knowledges. Olesen and Clarke's (1999) approach towards their work resists closure.

I understand my project in this way, as working toward the development of *temporary* new knowledge. I too resist closure and fatal unclutteredness, as I wish to hold

onto what Greene (cited in Ayers, 1998) refers to as the *shock* of new awareness into what we take for granted and often do not see. Finding meaning places for healing through a vigilant subjectivity is not mindless activity. It is a fleeting moment, given to frequent spells of slipperiness. One cannot *capture* it, nor store it safely in one's pocket. It lives instead in one's attitude toward other and toward self. Perhaps it is the attitude of *Coatlicue*.

We need *Coatlicue* to slow us up so that the psyche can assimilate previous experiences and process the changes. If we don't take the time, she'll lay us low with illness, forcing us to "rest." Come, little green snake. Let the wound caused by the serpent be cured by the serpent. The soul uses everything to further its own making. Those activities or *Coatlicue* states which disrupt the smooth flow (complacency) of life are exactly what propel the soul to do its work: make soul, increase consciousness of itself. Our greatest disappointments and painful experiences - if we can make meaning out of them - can lead us toward becoming more of who we are. Or they can remain meaningless. The *Coatlicue* state can be a way station or it can be a way of life. (Anzaldua, 1987, p. 46)

Coatlicue is an image or archetype, as Anzaldua (1987) (who locates her own identity as Chicana grounded in the Indian woman's history of existence) points out, that depicts the contradictory. She is goddess of both birth and death, heaven and the underworld, eagle and serpent. What is noteworthy, I suggest, is not only the paradoxical characteristic of human nature that she represents, but also the relationship that she has to Medusa.

Interestingly Medusa and Coatlicue were born at different times and on different lands, but they both clearly hold contradiction in their hands.

Coatlicue teaches one to *slow* through the infliction of illness or perhaps *evil*, yet when one heeds her teachings, one finds beauty in the place where one has transgressed. Like the grotesque. And so it is with Medusa. The teachings of the gorgon place one's fears in reach, and in *seeing* them differently, one transgresses. No rocks and no lasting serpent bites.

It is this way with healing. When one dares to penetrate one's subjectivity, one engages in what Bakhtin describes as *travessia*, or a crossing. One might ask, as Anzaldua (1987) does, "Why do I have to go and try to make sense of it all?" "Why must I cross over?" Medusa and her friend Coatlicue can answer that one.

Every time [you] make "sense" of something, [you] have to "cross over," kicking a hole out of the old boundaries of self and slipping under and over, dragging the old skin along, stumbling over it. ...It is a dry birth, a breech birth, a screaming birth, one that fights [you] every inch of the way. It is only when [you] are on the other side and the shell cracks open and the lid from [your] eyes lifts that [you] see things in a different perspective. It is only then that [you] make the connections, formulate the insights. Suddenly the repressed energy rises, makes decisions, connects with conscious energy and new life begins.

Keep listening....the gorgons have more to say....

It is [your] reluctance to cross over, to make a hole in the fence and walk across, ...to take that flying leap into the dark, that drives

[you] to escape, that forces [you] into the fecund cave of [your] imagination where you are cradled in the arms of *Coatlicue* [Medusa is there too], who will never let go. If [you don't] change your ways, you will remain a stone forever. (Anzaldua, 1987, p. 49)

Now that is not a pleasant thought. Leave it to the gorgons to lay their serpents on the table.

There is choice here, personal choice. We all *listen* differently; we *see* differently; that is the point. An educational site, such as the *Theatre of Carnival*, constructed for the purpose of examining the teachings of one's subjectivity in order to *care* better at the very least constitutes political and personal action that may crossover *somewhere*. This is the work, I suggest, of the healer as well as the health care intellectual who understands their work as Said (1996) suggests.

...The intellectual is an individual with a specific public role in society that cannot be reduced simply to being a faceless professional.... The intellectual is an individual endowed with a faculty for representing, embodying, articulating a message, a view, an attitude, philosophy or opinion to, as well as for, a public. (Said, 1996, p. 11)

Said (1996) goes on to speak of the *edge* to the role of intellectual, in that what accompanies the role is a responsibility to raise embarrassing questions, to confront orthodoxy and dogma, and to avoid being co-opted by governments and corporations. Said's (1996) work on *Representations of the Intellectual* offers a vision, to the healer, of the political as well as personal nature of the work of healing. And as the practice of the healer is also a political act, so too is the education of the healer.

An education that I envision for the healer parallels what I see as the *work* of the healer. It will only make sense, I argue, that as the work of the healer is liberatory work, so too must the education of the healer be devoted to a similar philosophy. hooks (1994) views liberatory education as one that “connects the will to know with the will to become” (p. 18, 19). A liberatory ethic of education, I suggest, approaches and forms community with the ethic of care and alterity, described by Noddings (1998).

In both the ethic of alterity and the ethic of care, we seek to enhance the other’s growth, but we do not threaten the other’s Otherness, and we do not define for another exactly what he or she must do or be. (p. 196)

Nor do we define for another exactly what s/he must *learn* or what *knowledges* must be sought. Unclutteredness would be fatal to such a project, as a liberatory view of care and education is as thorny and tangled as it is hopeful.

A *Theatre of Carnival* invites the healer/student and healer/teacher to construct together what it means to heal as we find our *own* meaning places for healing. In a *Theatre of Carnival*, one is urged to find one’s *subjectivity*. The carnivalesque becomes also, a place to be in-relation, to teach and to learn, to heal self and to be healer, to make strange and to find the familiar. As we *look* for meaning, so too do we invoke meaning. Questions *about* meaning are reconstructed into questions of *whose* meaning.

Freire (1998) says that when we live our lives “with the authenticity demanded by the practice of teaching that is also learning and learning that is also teaching, we are participating in a total experience that is...

...simultaneously directive, political, ideological, gnostic, pedagogical, aesthetic, and ethical. In this experience the beautiful, the decent, and the serious form a circle with hands joined. (p. 31, 32)

The work of aesthetic representation is the work of carnival as much as it is a heuristic for the acknowledgment and understanding of the experience of self and other. As well, the layers imbedded within carnival work, I argue, are reminiscent of the “total experience” that Freire describes. As an agent of subjectivity and as an educator of insight and of *vigilance*, the aesthetic representation is at once a creative form, an ethical position, a teacher, a wisdom, a curiosity, and a belief. Like Medusa, the aesthetic form pokes and prods one to see differently with each glance. The aesthetic workplace is a place where wealth is inexpensive, and where *meaning* lives...temporarily...only to be set free.

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