

Doctor-patient interactions in Alasdair Gray's *Poor Things* and Janice Galloway's *The Trick is to Keep Breathing*

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*The aim of this paper is to examine Alasdair Gray's *Poor Things* and Janice Galloway's *The Trick is to Keep Breathing*, two well-known examples from contemporary Scottish fiction, to see how these novels portray and employ doctor-patient interaction in their respective narratives. Despite their various technical and thematic differences, both novels have female patients encountering male doctors. The paper argues that even in the fictional realm the doctor-patient interaction is almost always a gendered and asymmetrical one.*

Keywords: doctor-patient interaction, discourse, gender, contemporary Scottish fiction, Alasdair Gray, Janice Galloway

A child and his father have a car accident. The father dies immediately on the scene, and the child is rushed to a hospital. In the trauma room, the doctor sees the child and exclaims: "I cannot operate on him, he is my son!" How is this possible?

1. Introduction

Doctor-patient relationship is a fundamental part of the medical practice because it is "structured around one of the most basic values in any society, that of health and illness, i.e. life and death" (MacArthur 2008, 14). This relationship, however, is not based on equal footing; rather, it has been traditionally regarded as one in which "doctors exercise power over patients" (Pilnick and Dingwall 2010, 1374). Indeed, doctor-patient is one of the many pairings in which the relationship is hierarchical and asymmetrical. This asymmetry stems from the authority position people have come to attribute to the doctor. This attribution has its roots in the Enlightenment

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idea that prioritizes the rational mind over body.² Moreover, as the one curing illness – evidently a “bad” thing – and ensuring health – evidently a good thing – the doctor is someone who is perceived as an ideal figure; one that has the power of getting rid of the bad and one that relies on rational thinking. In other words, this asymmetry is also a gendered one because, again, traditionally power, authority, and rationality have always been associated with men. Similarly, the rational mind is equated to the man and the body is to the woman. Gender is always already a hierarchical binary; and adding another layer of hierarchical positioning as is observed in the doctor-patient interaction further deepens it.

Literary works can be seen as sites in which stereotypical roles of men and women are reinforced, reiterated, and reflected. Likewise, literary works can contest these stereotypes and become sites of resistance to such stereotypical configurations in their fictional constructions. There are many examples where a doctor plays a significant role in a work of fiction; Dr. Pangloss in Voltaire’s *Candide*, Dr. Abraham van Helsing in Bram Stoker’s *Dracula*, Dr. Jekyll in Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde*, Dr. Faustus in Christopher Marlowe’s *The Tragic History of Dr. Faustus*, Dr. Andrei Regin in Anton Chekhov’s “Ward Number Six,” and Dr. Sigmund Freud in D. M. Thomas’ *The White Hotel*, just to name a few. All of these doctors are male, and in most cases their patients are female³. Therefore, the hierarchy of the binary is doubly present.

² For a more detailed discussion, see Bristow, William, “Enlightenment”, *The Stanford Encyclopedia of Philosophy* (Fall 2017 Edition), Edward N. Zalta (ed.), <https://plato.stanford.edu/archives/fall2017/entries/enlightenment/>.

³ It should be noted that even when the patient is male the doctor holds a masculine position regardless of the patient’s sex as can be seen in Tolstoy’s *The Death of Ivan Ilych*:

Everything took place as he had expected and as it always does. There was the usual waiting and the important air assumed by the doctor, with which he was so familiar (resembling that which he himself assumed in court), and the sounding and the listening, and the questions which called for answers that were foregone conclusions and were evidently unnecessary, and the look of importance which implied that ‘it only you put yourself in our hands we will arrange everything – we know indubitably how it has to be done, always in the same way for everybody alike.’ It was all just as it was in the law courts. The doctor put on just the same air toward him as he himself put on towards an accused person. (www.ccel.org/tolstoy/ivan/v/html)

Ivan Ilych, himself the holder of an authority position as a judge, is emasculated in his encounter with the doctor, and is thus reduced to a secondary position in the binary.

There are few examples where the doctor is female; Ariana Franklin’s *Mistress of the Art of Death* is one such example in which a Dr. Aguilar, an accomplished female coroner, fights for recognition and equality in the field of medicine (Surawicz and Jacobson PP??). John Fowles’ *Mantissa* provides unique example of a female doctor; however, not only is she the figment of the protagonist’s imagination, but she is also presented not as a conventional doctor figure but as a sex object; in this sense, she is deprived of the authorial position attributed to the male doctors, and she is reduced to a textualized and sexualized being.

With this in mind, this paper looks into two novels by two different contemporary Scottish authors: *Poor Things* by Alasdair Gray (1992) and *The Trick is to Keep Breathing* by Janice Galloway (1989). At first glance, these texts do not seem to offer any commonality apart from the nationality of their authors and the relatively close publication dates. The former is written by a man in his 50s, and is a parodic rewriting of Mary Shelley's *Frankenstein* that nods to various other 19th-century texts and narrative styles. The latter is written by a woman in her 30s, and is a modern-day first-person trauma narrative of a woman after losing her lover. In this sense, the tone and the focus of these texts are ostensibly different. However, they overlap in their portrayal of the doctor-patient encounters in that both of them present female patient/male doctor pairings, and the relationship between them is a hierarchical one. As such, this paper argues that in their distinct narratives, Alasdair Gray's *Poor Things* and Janice Galloway's *The Trick is to Keep Breathing* offer a critical portrayal of the doctor/patient relationship that draws attention to its gendered and hierarchical nature.

2. Doctors in texts, doctored texts: Alasdair Gray's *Poor Things*

Alasdair Gray's *Poor Things: Episodes from the Early Life of Archibald McCandless M.D. Scottish Public Health Officer* is a three-layered narrative in which an editor claims to have found an autobiography of a medical doctor as well as a letter written by the wife of the said doctor. The first layer consists of the editor's introduction to the autobiography and his obvious support to its claims along with section called "Notes Critical and Historical" which reiterates the truth-claims. The second layer is the autobiography itself in which Archibald McCandless talks about in great detail how he has met his wife, Victoria Bella Baxter, her creation story, and her experiences in a 19th-century context. Finally, the third layer is a letter written to posterity which tries to refute the narrative presented by her husband's text. The multi-layered narrative structure is a technical similarity between *Poor Things* and *Frankenstein*; and the grotesque creation story thematically binds these two texts together.

Bella Baxter, the "monster" in *Poor Things*, is created by male doctors, both literally and discursively. She has three male creators: the first one is Dr. Godwin Baxter who rescues her body from the River Clyde after she commits suicide while being nine-months pregnant. Baxter operates on her, switching her brain with that of the infant so that she can live. The result is a fully-grown woman with the mental capacity of a newborn baby. He continuously expresses that Bella owes her life "to these fingers of mine" (27), and acts both as a parent and a peculiar sort of lover for her. He openly admits that he has created Bella because he "needed a woman

who needed and admired [him]" (39). In other words, he does not look for an equal but a subservient and obedient creature who would shower him with affection because she would think of him as her superior. It should be noted that his relationship with and his creation of Bella is never directly presented to the reader but they are either given in McCandless' autobiography or Bella's subsequent letter to prosperity.

Secondly, she is created discursively by Archibald McCandless who falls in love with her the moment he sets eyes on her. He is Godwin's friend from medical school, and it is from his autobiographical narrative that the reader learns about the curious life story of Bella, although, ironically, it should be about his life instead. He dedicates all of his verbal authority to convince the reader of the way Bella has come into existence. Bella speaks in his autobiography through the letters she sends to him and Baxter; however, these letters are heavily interpreted and never taken at their own.

Indeed, each and every male character in the text verbally constructs her to some extent. Then finally, she is created by Alasdair Gray the editor who openly takes sides with Archibald's version of Bella's creation. The opening of the novel immediately situates the story within a medical narrative as it boldly states that "The doctor who wrote this account of his early experiences died in 1911, and readers who know nothing of the daringly experimental history of Scottish medicine will perhaps mistake it for a grotesque fiction" (vii). As such, the editorial opening prepares the grounds for McCandless' claims and provides a so-called scientific framework to the whole implausible creation story. The editor obviously does not have a face-to-face interaction with Bella as her doctor husband and doctor "creator" has; however, he is no less vigorous in his disidentification of who she is. His introductory notes also provide various authentic looking data pertaining to her identity: "2 SEPTEMBER 1886: The woman who married Archibald McCandless M.D. under the name Bella Baxter, enrolls in the Sophia Jex-Blake School of Medicine for women under the name *Victoria* McCandless" (xiii). Her being a doctor is immediately dismissed as Gray does not bestow her the same authority he does to either Baxter or McCandless.

Alasdair Gray further reinforces his position as editor, and hence as authority, in the section titled "Notes Critical and Historical" by adding comments and so-called proof to the claims of McCandless' narrative. One such incidence is where he mentions a book called *The Royal Doctors* – which is a fictive text – through which McCandless' report on Godwin Baxter as "the only son of Colin Baxter, the first medical man to be knighted by Queen Victoria" (279) is supposedly proven to be factual. Indeed, mentioning Baxter's pedigree becomes a means of strengthening Gray's position of authority as it gives an air of authenticity to the whole fabrication.

Whatever the reader learns about Bella Baxter's life apart from her husband's autobiography comes from the seemingly factual but definitely fictive commentary by Alasdair Gray the editor. He openly undermines Bella's medical proficiency in his notes as follows:

Bella Baxter's later life was passed under the name Victoria, for in 1886 she used that name to enroll in the Jex-Blake women's medical school in Edinburgh, and was made a Doctor of Medicine under that name by Glasgow University in 1890. In 1890 she also opened the Godwin Baxter Natal Clinic in Dobbie's Loan near the Cowcaddens. It was a purely charitable foundation, and she ran it with a small staff of local women trained by herself. These were continually leaving and being replaced, for she employed nobody more than a year she had trained them. To a devoted employee who did not want to leave she said, "You are a great help to me but there is nothing more I can teach you. I enjoy teaching my helpers. Go away and teach your neighbors, or work for a doctor who can teach you something new. Several of her helpers enrolled as nurses in the city hospitals, but not many did well because (as one ward sister said) "They ask too many questions". (302-303)

Her doctoring philosophy is so thoroughly different from her contemporaries that she receives harsh and sarcastic criticism from her colleagues as well as journalists. Indeed, Alasdair Gray the editor provides several extracts from various journals which openly condemn her opinions as a doctor and shut her out:

It would seem that Dr. Victoria McCandless proposes to turn every British school – yes, even the infant schools! – into training grounds for revolutionary socialists.

(The Times)

We hear that Dr. Victoria McCandless is a married woman with three sons. This is astonishing news – we can hardly believe it! From her writing alone we would have deduced that she was one of those stick-like, unwomanly women who would benefit from a course of "horizontalism"! Under the circumstances we can only offer her husband our hearty sympathies.

(The Daily Telegraph)

We do not doubt the adequacy of Victoria McCandless M.D.'s training, nor do we doubt the kindness of her heart. Her clinic is in a very poor part of Glasgow, and probably does more good than harm to the unfortunates who attend it. But that clinic is her hobby – she does not live by what it

pays. We who earn our livings by the stethoscope and scalpel should smile tolerantly on her Utopian schemes, and return to our mundane task of healing the sick.

(The Lancet)

Dr. McCandless wants the world to stop being a battlefield and become a sanitarium where everybody takes a turn of being doctor and patient, as in children's game. It is surely obvious that in such a world the only thing to flourish would be – disease!

(The Scots Observer) (305)

Interestingly, the editor's critical and historical notes establish Bella as a medical doctor by drawing example after example situated within a historical context that sheds light to early 20th-century Scotland. However, it is not Dr. Victoria McCandless' voice that we hear, but the rather loud and presumptuous sound of the editor. Indeed, at the closing of the novel he even has the last words and puts a "scientific" end to the debate about Bella's origins:

Dr. Victoria McCandless was found dead of a cerebral stroke on 3rd December, 1946. Reckoning from the birth of her brain in the Humane Society mortuary on Glasgow Green, 18th February 1880, she was exactly sixty-six years, forty weeks and four days old. Reckoning from the birth of her body in a Manchester slum in 1854, she was ninety-two. (317)

Bella Baxter exclaims in her letter that her husband is an incorrigible dreamer who has read one too many gothic novels and that he is jealous of her achievements as well as her love for Baxter. She maintains that McCandless's so-called autobiography is the result of his jealousy. Yet, her voice is subsequently silenced by Alasdair Gray the editor both through his introduction and through the notes he adds at the end of the novel.

Talking about the evolution of the relationship between the doctor and the patient, Rita Charon draws attention to the different ways of seeing the illness which has changed the dynamics between the doctor and the patient. As Rita Charon argues, "The patient-as-text formulation, though interesting and more to the point of empathic care than is the illness-as-text notion, consigns the patient to the relatively passive role of serving up the story. The physician is in the active role, and the outcome of the reading seems to rely altogether on the powers of interpretation of the doctor" (138). *Poor Things* can be seen as the ultimate example of patient as a text and the author – or whoever has the authorial voice – as a doctor. In this respect, both Archibald's narrative and the editor introductory

and so-called critical-historical comments reduce Bella to a text, thereby casting her in a rather passive role in which she cannot be in control of a narrative about herself. Even when she speaks up through her letter, her voice is shut down, her credibility as a doctor is undermined, and her story is being reduced to being the mumblings of “a disturbed woman” (xi). In this sense, *Poor Things* becomes a narrative of the collective efforts of three men – Godwin Baxter, Archibald McCandless, and Alasdair Gray the editor – to mold a woman of their liking disregarding what that particular woman is or wants to be known for. In other words, she is not only the subject to male gaze but is also subject to male construction and discursive privilege.

3. Text as illness, textualized depression: Janice Galloway’s *The Trick is to Keep Breathing*

Janice Galloway’s *The Trick is to Keep Breathing* is the diegetic narrative of a trauma patient called Joy who has lost her lover during their trip to Spain. In the novel, Joy Stone who loses her boyfriend after he drowns in a swimming pool while they were on vacation in Spain experiences a severe trauma and depression, and the whole text becomes a testimony of how she can and cannot cope with this loss. Unlike Bella in *Poor Things*, she is the sole voice of the narrative. In other words, instead of the indirect report we get from Godwin Baxter and Archibald McCandless about Bella, Joy speaks for herself and by herself. However, she cannot said to be in complete control of her life. Indeed, the whole text turns into a testimony of her struggle to keep up with life as well as a recount of her encounters with several doctors all of whom fail in providing what she needs as a person dealing with loss and depression. Mimicking her fractured psyche, the text is a fragmented collage where Joy’s mental state drives the narrative.

In this fragmented narrative, Joy tries to come to terms with her loss both psychologically and physically. At a moment where she feels she has zero control in her life, Joy tries to reinsert her authority by writing her “self;” however, this writing also includes the effacing dismissal she receives from various sources, most particularly her doctors. Moreover, because she writes her trauma, the audience (i.e. we the readers) becomes another doctor for her.

The text’s first mention of a doctor is a health visitor sent by Dr. Stead, who sees Joy regularly. She accounts these visits as being “god” for her, and tries to convince herself (and also the reader) of the necessity of these visits. However, the tone of the narrative actually suggests that instead of doing good, these visits create awkward and painful moments for Joy even before they begin: “We sit

opposite each other because that's the way the chairs are. The chairs cough dust from under their sheets as she crosses her legs, thinking her way into the part. By the time she's ready to start I'm grinding my teeth back into the gum" (21). Instead of maintaining Joy's diegetic narrative, the exchange between the health visitor and Joy is given in the form of a dramatic dialogue. Significantly, Joy refers to herself as "The Patient" thereby creating a distancing alienation:

HEALTH VISITOR: So, how are you/ how's life/ what's been happening/
anything interesting to tell me/ what's new?

PATIENT: Oh, fine/ nothing to speak of.

I stir the tea repeatedly. She picks a piece of fluff off her skirt.

HEALTH VISITOR: Work. How are things at work? Coping?

PATIENT: Fine. [Pause] I have trouble getting in on time, but getting better.

I throw her a little difficulty every so often, so she feels I'm telling her the truth. I figure this will get rid of her quicker.

HEALTH VISITOR: [Intensifying] But what about the day-to-day? How are you coping?

PATIENT: OK. [Brave smile] I manage. (21)

The health visitor gives sweet nothings to the patient, which indicates that she is not really interested in the answer. Rather, this is like a by-rote dialogue where the speaker merely fulfills his or her role without really delving into the emotional side of it. Likewise, the patient is not interested in providing honest answers, either. This stilted dialogue displays her emotional unease in front of the medical personage; moreover, it also shows how the health visitor does not manage to tap into Joy's real problem. The whole encounter is similar to a dramatic play where everyone enacts their designated roles: Joy plays that of a patient's and the health visitor plays that of a health visitor's. Additionally, the health visitor may be a woman, but her gender does not matter in this encounter, her profession does. It is her profession as a health officer that marks her as masculine in this exchange between her and Joy.

A similar emotionally stilted dialogue takes place between Joy and Dr. Stead. Her emotional state is already precarious, but she repeatedly mentions how she does not really like "wasting [Dr. Stead's] time" (50). In other words, Joy situates herself in a secondary position compared to the doctor implying that she is not "worthy" of the time allotted to her. Dr. Stead, in return, asks her rather generic questions without really giving her an actual chance to talk about how she copes with her situation. Instead, he pumps more chemicals into her body:

PATIENT: I'm not sleeping. I'm still not sleeping.

DOCTOR: Try taking the yellow things an hour earlier in the evening. And the red things later. There's nothing left to do to the green things on this theme. Keep them as they were [already writing prescription] Do you need more?

PATIENT: Thank you. I feel terrible.

DOCTOR: Well, let's leave it for a while, and see how you are next week. One thing at a time, eh? (50-51)

Using the dramatic dialogue enhances the constructed (and hence not authentic) interaction occurring between the doctor and the patient. This becomes even more pronounced when she is committed to a psychiatric clinic on the referral of Dr. Stead. She does refer to the doctors not by their names, but by numbers. Moreover, she keeps calling herself "The Patient" instead of using the first person pronoun. She calls the first doctor "Doctor 1," denying him a proper identity apart from his profession, because for her he does not really exist outside of his profession. By the same token, her reference to herself as "The Patient" also indicates that she does not seem to have any other identity marker but being the patient. In a way, she erases all other layers of her identity, and reduces herself to being sick.

She complains to her ex-student/sex partner David how the doctors in the psychiatric ward are not open in their communications and how she feels she does not understand what they try to do: "It's impossible to see the shrinks. They are shut off all day in boxes and don't come out. I could wait all day and not see one. Then, when I do I don't know what they're talking about" (136). As she talks about her inability to understand her doctors, David asks a crucial question: "Do *they* know what you're talking about" (136) (emphasis mine), thereby drawing attention to the obvious lack of communication between the doctor and the patient. Another instance of such communication problem is evident in Joy's letter to her best friend, Marianne, which reveals her frustration with the numerous doctors that talk to her without success:

I have seen three doctors in the past fortnight, none twice. Dr. Four says I need ECT, Doctor Two thinks I need a good holiday and a career move, Dr Three thinks I take too much caffeine – a bit less and I'd be fine. Also a Dr Five turned up and suggested maybe we could have a chat. A CHAT. They increased everything sedative. This means my hands and legs take me by surprise occasionally. I have to remind myself they are attached. Yesterday Dr Four bumped into me in the corridor and didn't know who I was. I struck me after as pretty profound. (TKB 176)

4. Conclusion

Literature has many examples where the plot rests on the encounters between patients and doctors; Charlotte Lennox' *The Female Quixote*, D.M. Thomas' *The White Hotel*, and Janny Fagan's *Panopticon*, just to name a few. Just like in those texts, the way doctors and patients communicate is revealed to be problematic and asymmetrical in *Poor Things* and *The Trick is to Keep Breathing*. In the first one, the woman in the text is subject to various forms of creation in the hands of men, and her voice is silenced by them. In the second text, the woman is the voice in the text; however, it is a stilted and fractured voice which suffers from depression and trauma. Both women – Bella and Joy – try to make their voices heard, the interaction between these women and their doctors is a problematic one. Communication is supposedly between individuals, one being the addressee and the other the addresser; and they assume these positions in alternates in an open dialogue. However, the doctor-patient relationship confounds such seemingly unproblematic interaction. Indeed, it is often a miscommunication, filled with silence, wrong interpretations, incomplete information and biased assumptions. In fact, it can even construct identities on both parts, though these identities are mere constructs, not necessarily attesting to the true nature of the said persons. Because men are assumed to have rationality, it is them who are also regarded as doctors and authorities. Literature as the realm of the imagined corresponds to the actual experience. Indeed, it can be argued that literary works perpetuate the lived reality, and both *Poor Things* and *The Trick is to Keep Breathing* attest to this. Going back to the puzzle I have mentioned at the opening of this article, the tendency to associate medical profession with men and being a patient with women – not only as genders but also as gender attributes – is strongly visible in *Poor Things* and *The Trick is to Keep Breathing*.

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