RE-DEFINING MEDICAL EMPATHY: DU BOISIAN DOUBLE CONSCIOUSNESS IN MEMOIRS WRITTEN BY DOCTORS OF COLOR

A Thesis

by

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This thesis meets the standards for scope and quality of
Texas A&M University-Corpus Christi and is hereby approved.

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ABSTRACT

Through ongoing technological and scientific advancements, the science of American medicine progresses every day. Comparatively, however, the culture and cultural approaches of the field fall short with the problem of medical othering. Medical scholars discuss the problem of othering as one between patient and doctor. To avoid othering, medical instruction prioritizes the psychological concept of empathy. Thus, empathy and othering are considered conceptual inverses of one another. To exemplify and indoctrinate this construction of empathy, medical training often turns to the othering present in the literary text of Frankenstein.

Moreover, medical scholars emphasize the potential of literacy—that is, reading and writing literature—to counter cultural disparities, including medical othering. A particular literary genre of interest is medical narratives, included in which is the medical memoir. The literacy of medical narratives, scholars posit, allows for the mitigation between the objective self and subjective other(s) in medicine.

This project therefore focuses on the convergences of considerations of medical othering and empathy with a re-reading of the empathy-othering binary in Frankenstein, and tracing that reading through memoirs written by doctors of color. Using W. E. B Du Bois's theory of double consciousness and Kimberle Crenshaw's theory of intersectionality, I analyze the double consciousness expressed in memoirs written by doctors of color to offer a more complex, critical framework of empathy. Shifting previous conversations regarding the medical empathy-othering binary as a patient problem, I examine doctor-doctor interactions in which medical authority and power should ostensibly be balanced. Revealing the limitations of Victor Frankenstein's similarity-based empathy, I describe how empathy is constructed normatively and non-normatively in non-others and others, respectively. I argue that empathy, more than anti-

othering, is an involved process that requires reciprocity to shift from its potential to actualized form.

DEDICATION

I dedicate this project to my mother, father, and brother—Maria, Javier, and Frank Fonseca. If not for your love and moral support, I would not have been able to complete this project.

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CHAPTER 1

Introduction

American medicine is considered by many to be an esteemed field in which its practitioners undergo years of training to provide the best care possible to patients. With ongoing innovative technological and scientific advancements, Western medicine presents itself as one of the most advanced fields in contemporary society. As advanced as the science of medicine is, the culture of medicine falls short. In recent years, scholarship has indeed paid closer attention to the disparities in medical culture. For example, a 2016 study found that medical students "hold and may use false beliefs about biological differences between blacks and whites to inform medical judgments" (Hoffman 4296). Namely, this study determined medical students rated "the black patient's pain as lower," which resulted in the medical students "ma[king] less accurate treatment recommendations" (Hoffman 4296). This disparity thus poses the question: How can a field so technologically advanced fall so short in its understanding of cultural differences? I argue that part of the answer to this question lies in the construction of empathy as anti-othering, which creates opportunities for the failure of empathy. This limitation of empathy, or empathetic potential, especially when directed toward medical practitioners of color, invokes the experience of double consciousness and reinforces systemic difference. Through analyses of memoirs written by practitioners of color, I complicate the empathy-othering binary by demonstrating that empathy is more than anti-othering. Rather than relating based on similarity, empathy is recognizing, accepting, and embracing difference. I offer this reconceptualization of empathy as a counterhegemonic approach to the systemic racial and gender disparities in the culture of contemporary American medicine.

Empathy (Re)Defined

A cornerstone in medical instruction and training, empathy is considered a prioritized ability for physicians-to-be (Shapiro). The Oxford English Dictionary defines empathy as a psychological term: "the ability to understand and appreciate another person's feelings, experience, etc." Medically speaking, to empathize is to be able to put oneself in the shoes of others, to identify with their plight, to understand their suffering. On the other hand, to "other" is to view oneself as the representation and authority of ideals, and all "others" as inferior to those ideals. Johanna Shapiro writes about the medical self-other dichotomy and explains that when empathy fails, othering occurs.[1] If empathy is indeed one's ability to imagine the feelings of an-other, then we must consider both individual and collective constructions of it.

Given its prioritization in American medicine, the collective construction of empathy is of particular importance to the field. Currently, American medical training constructs empathy against its inverse of othering (Shapiro). Such a construction, however, sets a low empathetic standard and fails to create a true empathetic culture. Expanding current definitions and understandings of empathy, my project offers a much broader, more nuanced framework for this medico-social construct. Beyond the act of understanding the feelings of others, my project elucidates that empathy is considering others' internal feelings and altering one's external behavior. Building off Shapiro's and the medical field-at large's conceptualization of empathy as putting oneself in the shoes of an "other," I argue empathy is treating an "other" with the behavior that one would want or expect if they were indeed in the shoes of the "other."

Even during my own experience applying for medical school, my advisors encouraged and trained my peers and me to include the word "empathy" as much as possible in our application essays and during interviews. After a particular instance of racial othering that I

faced, however, I realized that my pre-medical peers did not quite grasp the term "empathy" as they so claimed in their medical school applications. While waiting for results during a biochemistry lab, I attempted to engage in a discussion of racial disparities in American culture. My pre-medical peers refused to recognize my voice and ideas, violently dismissing my comments about the existence of institutional racism, particularly in contemporary medicine, by speaking over me with hostile tones and racial slurs. After being completely silenced in this discussion, I reflected upon the experience and realized that these students represented many of the hegemonic, normative ideals that continue to permeate American medicine. Similarly, Drs. Ben Carson, Damon Tweedy, and Alfredo Quiñones-Hinojosa, as well as Drs. Vanessa Grubbs, Yvonne Thornton, and Sayantani DasGupta all experienced othering in various forms, reflecting upon such experiences in their medical memoirs.

While there is plenty of work that remains to resolve the othering within patient-oriented cultural approaches in medicine, this project shifts the conversation to consider the empathy-othering binary among physicians. Indeed, between patient and physician, there is a difference in power relations in which the physician clearly wields the power of medical authority. In *The Birth of the Clinic*, Foucault theorizes that medical clinicians use a medical gaze to separate patient body from patient identity. Through this Foucauldian medical gaze, practitioners systematically observe external signs and symptoms to glean a latent truth about their patient. However, between two physicians, the power dynamic and level of medical authority should ostensibly be balanced. In this project, I therefore focus my analysis on memoirs written by medical practitioners of color to explore their experiences of othering, a phenomenon that has been relatively understudied.[2]

Theoretical Framework and Methodology

Othering in medical contexts has historically been chiefly focused on patient, rather than on the physician. The theoretical underpinnings of a project that explores medical othering, especially that of a practitioner, are thus somewhat limited. Because of these limitations, and in an effort to expand our understandings of medical othering, this project employs a theoretical framework that combines elements from W.E.B. Du Bois's theory of double consciousness, and Kimberle Crenshaw's theory of intersectionality.[3]

Like the counterhegemonic approaches proffered by disabilities scholar Tom Shakespeare's social model of disability, [4] I argue othered people are not individually others, but rather, society others them and invokes their experience of double consciousness. Du Bois's theory of double consciousness explains that African Americans are "born with a veil, and gifted with second-sight in this American world, — a world which yields no true self-consciousness, but only lets him see himself through the revelation of the other world" (2). According to Du Bois, this veil prevents African Americans from being able to see and shape their own identities; rather, African Americans' identity is shaped by "always looking at ones self through the eyes of others" (2). Du Boisian double consciousness centers on the tension that African Americans feel as a result of their "two-ness": "two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder" (2). These unreconciled Du Boisian "strivings" refer to the aim and will of African Americans to exist as "both a Negro and an American...without having the doors of Opportunity closed roughly in his face" (3). Although Du Bois specifically focuses on African American experience, I expand this theory to that of all minority medical practitioners included in this project as they all express this double consciousness in their memoirs.

This double consciousness becomes even more complicated, however, for women of color whose intersectional identities leave room for additional othering beyond that of men of color. Therefore, to account for the experiences of women medical practitioners of color, I add Kimberle Crenshaw's theory of intersectionality to Du Boisian double consciousness. In her scholarly article entitled "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," Crenshaw points out that "the intersection of racism and sexism factors into [the lives of women of color] in ways that cannot be captured wholly by looking at the race or gender dimensions of those experiences separately" (1244). In short, the socially-constructed identities of women of color must be examined from an intersectional perspective that considers *both* the gender and racial/ethnic attachments of identity, and further, how power relations have served to disenfranchise those at the intersection of these attachments.

My intersectional, Du Boisian approach allows for considerations of the othering-empathy binary that have previously been overlooked. I argue that while Du Boisian double consciousness enables higher empathetic capacity because of the 'second sight,' or the ability to see oneself from the additional perspective of normative individuals, limitations of this empathetic capacity in the form of othering causes failures of empathy and reinforces systemic difference rather than inclusivity. Thus, through an analysis of memoirs written by doctors of color, I examine how othering culture is produced by invoking but not allowing the reconciliation of a Du Boisian double consciousness.[5] Such an examination sheds light on a possible resolution to the empathy-othering binary.

The Genre of Medical Narratives

The medical memoirs explored in this project fall under the broader category of medical narratives, a literature genre and writing practice that requires metacognition by medical

professionals. Kathryn Montgomery Hunter explains that medical practitioners use narrative to "qualify" the empiricism of medicine, allowing "engage[ment] in the retrospective construction of a situated, subjective account of events" (303). In other words, medical narratives provide practitioners with the opportunity to understand the roles of subjectivity and objectivity in medical science, particularly regarding morality. Kathryn Montgomery Hunter explains that "[n]arrative truths are provisional, uncertain, derived from narrators whose standpoints are always situated, particular, and uncertain, but open to comparison and reinterpretation" (303). Rita Charon explains the acts of writing and reading of narrative medicine allows medical professionals "to acknowledge, absorb, interpret, and act on the stories and plights of others" (1897). Charon discusses that such an ability centers on the four central situations of medical narratives: "physician and patient, physician and self, physician and colleagues, and physicians and society" (1897). As a means of introspection, self-reflection, and metacognition, narrative medicine, particularly medical memoirs, is thus an especially compelling space for close reading and analysis to elucidate deeper understandings of medical narrativizations that are explored in such texts. However, the medical narratives I analyze, and their exploration of race and gender in medicine, actually challenge Charon's disparate categories. As my project demonstrates, these physicians of color actually engage in all four narrative situations at once. Thus, in the style of Hunter, I "reinterpret" the othering that the memoirists experience as failures of empathy (303). In recasting instances of othering as opportunities for, but failures of, empathy, I expand previous understandings of othering and begin to, as Charon posits, read these medical narratives in an effort to "bridg[e] the divides that separate physicians from patients, themselves, colleagues, and society" (1897).

Project Overview

The trajectory of this project begins with the canonical Mary Shelley's *Frankenstein*. This 19th century novel is traditionally used by medical professors to teach bioethics and anti-othering to pre-medical professionals. Shelley's novel thus functions as a primer for medical professionals on issues related to race and difference. To parallel medical education's didactical readings of Shelley's novel, I similarly use this text to prime my readers for my considerations of the empathy-othering binary. As opposed to the conventional reading of patient-othering in this novel, I utilize Du Boisian double consciousness to contrast Victor's normative[6] construction of empathy with that of the Creature. By contrasting these non-/normative constructions of empathy, I reveal how the normative construction of empathy, which is contingent upon similarity, is closer to anti-othering rather than true empathy. On the other hand, the Creature's construction of non-normative empathy, in which he recognizes and overlooks his difference in attempts to relate to his normative counterparts, reveals a construction closer to true empathy, which should be modeled by future medical professionals.

I then trace my reconceptualization of the Creature's othering as instances of failed normative empathy to contemporary memoirs written by physicians of color. Such resonances confirm the limited understanding of othering, indicating that even practitioners who are armed with knowledge of the empathy-othering binary continue to other. The subsequent two chapters of my project center on my analysis of the Du Boisian double consciousness within the memoirs themselves—the first of which analyzes texts written by male medical practitioners of color, while the second incorporates an intersectional lens to analyze the multi-othered identities of female medical practitioners of color.[7]

Through my analysis of the Du Boisian double consciousness in non-normative medical memoirs, I find that these memoirists' construction of empathy is closer to true empathy as a

two-way channel. At times, when these non-normative memoirists afford empathy to their normative counterparts by using their double consciousness, the empathetic channel is dammed by a lack of normative empathy. This disruption limits empathy to its potential form, renders these authors unable to reconcile their Du Boisian strivings, and reinforces systemic difference. However, when afforded reciprocal empathy from their normative counterparts, the memoirists are able to reconcile their Du Boisian strivings. Such an empathetic exchange is what I argue should be considered actualized or true empathy.

Although resolving the cultural disparities of American medicine is beyond the scope of this project, I hope to shed light on this issue and bring awareness to them. In the same way that these medical professionals of color hope to spread awareness regarding the othering they face, as they describe in their memoirs, I hope my analysis of such experiences from the theoretical framework I use will expand our understandings of this issue. After all, the issue of medical othering, especially that experienced by patients, cannot be resolved until we resolve the issue of othering of minority medical professionals, until medical professionals empathize and respect one another's authority across gender and racial lines.

CHAPTER 2

Medical Empathy in the Normative Consciousness:

Othering in Mary Shelley's *Frankenstein*

Mary Shelley's *Frankenstein* tells the story of Victor Frankenstein, a European male medical student, who creates an unnamed Creature who gradually comes to consciousness throughout the middle section of the novel. Throughout the Creature's coming-to-consciousness, he begins to have profound realizations about his own identity, origin, and after interacting with humans, he realizes how he is seen by them. These realizations influence how the Creature sees and thinks of himself, impacting his self-perceived identity as a human.

This chapter explores how this novel, traditionally taught to pre-medical and medical students, acts as a primer for medical professionals on issues related to race and physical difference, and the formation of empathy. Literature and literary classics like Shelley's text are used in both undergraduate and medical curricula to "encourag[e] the development of the otherwise hard-to-teach human competencies of effective medical practice" (Hunter 791). In particular, *Frankenstein* is used to explore the poignant themes of bioethics and medical responsibility to future physicians before they enter training or practice, typically framed by the overarching theme of social othering (Halpern et al., Davies, Zuba). Paradoxically, othering's inverse, empathy, is a cornerstone of contemporary medical practice (Shapiro). In the form of a close reading analysis of the alienation of Frankenstein's Creature, I examine the construction of medical empathy in this primer text, as it relates to contemporary memoirs written by physicians of color, which will be discussed in Chapters 3 and 4. Through my analysis of the construct of normative medical empathy in Shelley's characterization of Victor, I offer a possible explanation

for medical othering's endurance over time, in spite of what I argue are Shelley's efforts to emphasize the violence resulting from failed medical empathy.

Frankenstein as a Literary Text

The scholarship written on Shelley's text has focused on difference as being the cause of the Creature's othering, subsequently limiting the exploration of Victor and the Creature's relationship to one of inherently different power between the two characters. Zoe Beenstock argues that Shelley's text represents an allegory of Rousseau's social contract theory, exploring the tension between individualism and sociability and ultimately creating a society that "protects individuals from each other instead of bringing them together" (406). While I agree that the "society" presented in Shelley's text focuses on individualism (Beenstock 406), what Beenstock neglects to account for is the reason for Victor's sense of individualism, a sense I argue stems from a lack of empathy for a fellow human.[8] John Bugg and Allan Lloyd Smith each examine the racialized imperialistic relationship between the Creature and Victor. Although there is scholarly merit in exploring the Creature's ostensibly racialized relationship with Victor, reading the Creature as a slave and Victor as the master limits the understanding of othering in this text. Rather, I argue that the relationship between the two characters begins with a much more equal power dynamic than that of slave and master, especially because the Creature was never created with the intention of being Victor's slave. Similarly, Elizabeth A. Bohls argues that handsome European characters, such as Henry Clerval, embody European aestheticism, while the Creature represents a "mirror" for imperialist disgust with colonized peoples (34). Indeed, Shelley employs language of "disgust" to describe the Creature (34), but it is important to remember this language originates from the normative idealistic character, Victor, while the Creature does not feel disgust toward himself until his interactions with the cottagers. As Anne K. Mellor argues,

the Creature is "not innately evil but is rather the product of textual readings imposed upon him by the paranoid imaginations of his fellow creatures" (25)—Shelley's characters, as well as her readers over the years. Also exploring the racial implications of *Frankenstein*, H. L. Malchow argues that the illustrated construction of the Creature represents the construction of race and racial prejudice, as this novel "entered popular culture at a time of shifting racial and ethnocentric attitudes, and in this context inevitably lent its weight to the construction of sensational (and more firmly pejorative) aspects of 'race' in the popular nineteenth-century mind" (127). I similarly explore how racialized othering and prejudice function in both normative and non-normative characters; my reading, however, focuses more on such prejudice stemming from a lack of empathy between normative and non-normative individuals.

Frankenstein as a Didactic Text

The pedagogical merit of Shelley's *Frankenstein* as a text that explores othering has also been discussed in scholarship, but like literary scholarship on this text, most scholars emphasize difference between the Creature and Victor, rather than similarity. Hugh Davies, for example, argues that the ethical implications of *Frankenstein* have withstood the test of time, warranting "careful analysis by those involved in medical research and its ethical review" (32). I agree that the resonances of this text and its implications in medicine have lasted from its composition to now; however, I would also like to add that not only does this text possess ethical value for medical researchers, but for the culture of medicine at large, as it explores the prominent medical dilemma of empathy versus othering, rather than othering alone. Megan K. Halpern et al. also consider the morality of *Frankenstein*, describing it as a text of interdisciplinary pedagogical value that allows readers to understand "what it means to care for, or fail to care for, one's creation" (49). While the interdisciplinary pedagogical value of *Frankenstein* cannot be

overstated, I argue we should read beyond the lens of this text as one that explores "car[ing] for…one's creation," but rather *empathizing* with a fellow human, and the consequences of a lack of such empathy.

Considering both the similarity *and* difference explored in Shelley's text, for literary and medical scholars alike, opens up the conversation to resolving this lack of empathy. In his article on incorporating *Frankenstein* in the contemporary college classroom, Clayton Zuba invites his students to "see race from a new perspective" through the approach of defamiliarization, that is, "'making the familiar seem strange'" (357-9). Zuba thus subverts his students preconceptions of familiarity and strangeness, and vice versa, allowing these "[f]irst-year students, especially those from white, middle-class backgrounds" to develop more nuanced understandings of race and racial constructs (356). This approach, Zuba concludes, enables students to "arrive at their own understanding of race and racism" (357). I similarly expand the readings of *Frankenstein* to consider both similarity *and* difference, particularly between the normative characters of Victor and the cottagers, and the non-normative Creature, in a first step toward resolving the empathy-othering binary.

Empathy and Double Consciousness in *Frankenstein*

The Creature, who is created by Victor Frankenstein under the pretense of superhuman creation, but is abandoned due to his alarming stature, comes to life with two separate but related identities: that of a scientific marvel and man. At the start of his life and consciousness, the Creature's identity as a scientific marvel is assigned to him and influenced by his creator, Victor; while the Creature's identity as a man is ostensibly his alone. However, the Creature's othering by Victor and other normative characters influence how the Creature sees himself and shapes his own identity, ultimately into that of a monster. As discussed in Chapter 1, the process of dual

identity formation in those who are othered is theorized as double consciousness by W. E. B. Du Bois in *The Souls of Black Folk*. Du Bois elucidates that African American men, specifically, are "born with a veil" that only "lets [them] see [themselves] through the revelation of the other world" (2). On the other hand, analysis of the process of Victor's othering reveals how medical empathy is constructed in normative individuals; and consideration of the effects this othering has on the Creature's dual, "warring," identity as both a marvel and man reveals the harm of this constrained normative construction of medical empathy (Du Bois 2). As the Creature interacts with normative individuals, such as Victor and the cottagers, he indeed realizes his physical-appearance-based othering, which subsequently shapes how he sees himself.

In analyzing the Creature's—albeit mediated—narrative, we begin to trace the trope of medical othering narratives, which persists in contemporary memoirs written by doctors of color. Shelley's text thus allows us to understand the construction of medical empathy in Victor's normative consciousness, and the harmful effects of this problematic yet enduring tradition of similarity-dependent empathetic construction, or anti-othering. Thus, my recasting of the Creature's othering as opportunities for, but failures of, medical empathy opens a scholarly space for expanding our literary and pedagogical understandings of the empathy-othering binary, the first step in a reconciliation of double consciousness.

The Limitations of Victor's Normative Empathy

Although the Creature's creation is unusual,[9] his normative creator, Victor, initially feels a sense of relation and empathy with the Creature, albeit to a limited extent. Victor narrates that at first he wondered if "the being [should be] like myself or one of simpler organization," showcasing Victor's belief that being "like" him forms the foundation of his empathy toward the Creature (35). Shelley suggests that Victor does, at least at one point, empathize with the

Creature, believing him to possess the "complex and wonderful" qualities of a "human being" (35). This empathy, however, is limited by Victor's perception of humankind as those "like" him (35).

Shelley calls our attention to the implications of the Creature's animation with a shift in Victor's language. When Victor finally assembles and animates the Creature, he asks Watson: "How can I describe my emotions at this catastrophe, or how delineate the wretch whom with such infinite pains and care I had endeavored to form? (39)" When the Creature's humanness remained in the abstract and under the purview of Victor, Victor used language of positivity, hope, and empathy, [10] but once the Creature becomes animated, Victor contradicts his previous hope, calling his discovery a "catastrophe," in which a "wretch" for whom Victor took "such infinite pains and care ...to form" has come to life (39). Victor goes on to lament that he "had selected [the Creature's] features as beautiful. Beautiful!—Great God!" (39). Shelley's use of a dash is significant here because it marks a break that occurs during the Creature's animation. Once the Creature is no longer in the abstract and under Victor's control, Victor must face the meaning and consequences of his scientific creation; but perhaps more importantly, once the Creature is animated, his identity as a marvel begins to "war" with his "striving" as a human (Du Bois 2). Shelley's dash thus textually represents the split between the Creature's assigned identity as a marvel and his innate identity as a human—in short, his double consciousness.

It is common to read Victor's disgust with the Creature's animation as being due to the Creature's unusual physical features, and scholars have indeed noticed the contrast that Shelley sets up between the Creature's desirable and grotesque features.[10] I argue that this contrast also reveals the limitations of Victor's construct of empathy by emphasizing its contingency upon Victor's perception of the Creature's designed "beauty," that is, his similarity to Victor and other

normative Europeans (39). Victor describes the Creature as having "lustrous black, and flowing" hair and "teeth of a pearly whiteness"—both of which are normative humanly physical features (39). However, these features, Victor explains, "horrid[ly] contrast with his watery eyes" and his "yellow skin [that] scarcely covered the work of muscles and arteries beneath" (39). Victor perceives the Creature's "horrid[ness]" because of his embodiment of both the desirable and undesirable, causing him to cease his former empathy toward the Creature by "rush[ing] out of the room" (39). Victor's refusal to identify and empathize with the Creature, and his subsequent abandonment of the Creature, stems from his normative views of difference as greater than similarity. Shelley's depiction of this empathetic disruption thus reveals the shortcomings of a normative construction of medical empathy.

Still, even after the disruption of Victor's empathy toward the Creature based on physical difference, the Creature attempts to connect with his creator and normative ideal. Again, Victor describes this scene as one of "horror," calling the Creature a "wretch" and notably, a "miserable monster" (39). The Creature attempts to "grin," a humanly act of submission if not compassion or kindness, but Victor continues to *de*humanize the Creature by questioning if he "may call" his eyes "eyes" (39). Victor even admits the Creature "might have spoken," and "stretched out" his hand to quite literally reach out to Victor, but Victor "escape[s] the room" before any connection can occur between the two (39-40). Victor's silencing and second abandonment of the Creature not only others the Creature but effectively eliminates his human agency. Through Victor's act of looking at the Creature's attempt to empathize, but again disrupting this empathetic connection, Shelley reveals the harm of Victor's constrained, normative construction of empathy based on observation of physical appearance.

Victor's normative construction of empathy impedes the Creature from embodying his own human identity. The Creature is considered *monstrous* simply because of Victor's refusal to empathize with and recognize the Creature as a human. The Creature's identity is therefore constructed based on Victor's perceptions of him as a scientific marvel and a not-quite-human, "two warring ideals in one dark body" (Du Bois 2). These dual, "warring ideals," in turn, prevent the Creature from being seen and seeing himself as the human he is (Du Bois 2).

The Creature's Coming-Into-Double-Consciousness

Let us recall that the othering of the Creature continues even after his initial lack of empathy from Victor, as he interacts with normative characters such as the cottagers, causing the Creature to realize his othering. Shelley's employment of this theme is no accident, according to scholarship.[12] If we examine the precise forms of the Creature's othering, *and* their consequences on the Creature's consciousness, we see what I argue are Shelley's efforts to emphasize the violence resulting from failed medical empathy.

The Creature is granted a narrative voice in middle section of the novel, but notably, this narrative voice is mediated by our established normative and constrained narrator Victor, who is retelling the story to another normative character, Watson. Although mediated, the Creature's narration still provides insight into the relationship between othering and double-concioussness. The Creature explains to Victor how he came to learn of his different physical appearance, as compared to the cottagers: "'I had admired the perfect forms of my cottagers—their grace, beauty, and delicate complexions: but how was I terrified when I viewed myself in a transparent pool!…Alas! I did not yet entirely know the fatal effects of this miserable deformity'" (90). The Creature's angelic description of the cottagers' "grace, beauty, and delicate complexions" sharply contrasts with his monstrous self-description of "the fatal effects of [his] miserable

deformity" (90). With the Creature's comparison of himself to the cottagers, and the "miserable" conclusion it leads him to, we see the violence that arises when an othered person directly compares himself to an unattainable normative ideal (90).

The Creature's increasing awareness of physical difference mirrors Du Bois's experience with realizing the relationship between his physical difference and experience in his world. Du Bois writes that during a school gift-card exchange, a classmate refuses his card: "Then it dawned upon me with a certain suddenness that I was different from the others; or like, mayhap, in heart and life and longing, but shut out from their world by a vast veil" (2). Like Du Bois, the Creature pinpoints a particular moment in which he realizes the implications of his physical difference from the normative individuals surrounding him. Both the Creature and Du Bois are forced to "measur[e]" their "soul[s] by the tape of a world" that does not fit them. In other words, these othered narrators must define their own human "souls" against the normative ideal, which, of course, they could never meet (Du Bois 2). Thus, in examining Victor's failure to empathize with the Creature succeeding his animation, and the effect this failure has on the Creature's consciousness, we see the danger in the normative tendency to "measure" or value humanness through a rubric of physically normative ideals (Du Bois 2).

Even after realizing his physical difference, the Creature persists in his endeavors to experience empathy by attempting to connect with the normative cottagers. Du Bois writes that after realizing the presence of the "veil" that "shut[s] [him] out" from the normative "world," he "had…no desire to tear down that veil" (2). The Creature, on the other hand, still possesses such a desire and attempts to form a connection with the normative cottagers. The Creature explains that although he felt anxious due to his inability to communicate with the cottagers, he hoped to "master…their language," to allow "them overlook the deformity of [his] figure" (90).[13] The

Creature's persists in his quest for empathy as he burdens himself with learning to communicate with the cottagers to establish a discursive connection. More importantly, the Creature indicates his hope that this education will allow the cottagers to "overlook" his difference (Shelley 90). This "overlooking" of difference is one that the Creature, as a non-normative individual, always has to do. The Creature—and the non-normative individuals he represents, who are forced to "measure" themselves against normativity (Du Bois 2)—are also always "overlooking" their difference to find common ground with their normative counterparts (Shelley 90).

As with any minority, the burdens of isolation weigh heavily on the Creature. He explains to Victor that he asked himself, "'And what was I? Of my creation and creator I was absolutely ignorant; but I knew that I possessed no money, no friends, no kind of property" (96). [14] The Creature's "ignoran[ce]" his "origin" and lack of the "money," "friends," and "property" that most normative individuals have cause the Creature to question his identity (90). The Creature concludes his sentiments with the statement that "[w]hen [he] looked around, [he] saw and heard of none like [him]," and asks Victor, "Was I then a monster, a blot upon the earth, from which all men fled, and whom all men disowned?" (96). Indeed, Du Bois explains the value of community in times of isolation. Du Bois writes that the "isolation" of his "tiny community [made] a world," in which there existed a "common consciousness...from a common hardship" (41). Due to his unique creation by Victor, however, the Creature is denied any sense of "community" and "common consciousness…from a common hardship" (Du Bois 41). Still, as isolated as the Creature is, it is his isolation that motivates him to attempt to make yet another empathetic connection with a human.

Empathetic Potential in *Frankenstein*

Once the Creature gains the knowledge to communicate, he attempts to form a community by reaching out to the elder member of the cottager family, De Lacy. De Lacy is blind, which the Creature believes can be used to his advantage, as he will not judge him based on his physical appearance. The Creature explains his predicament to De Lacy, describing the cottagers whom he wants to befriend: "They are kind…but, unfortunately,….a fatal prejudice clouds their eyes, and where they ought to see a feeling and kind friend, they behold only a detestable monster" (109). Shelley calls our attention to the paradox that the cottagers are "kind," yet "prejudic[ial]" (109). Of course, the "prejudice cloud[ing]" the cottagers' eyes is their inability to see beyond physical difference (Shelley 109), not unlike a Du Boisian "veil" that prevents African Americans from being perceived beyond the "color-line" (Du Bois 2, 9). Even with such impeding "prejudice," the Creature continues in his Du Boisian "striving" for a friend (Shelley 109; Du Bois 2).

Shelley continues to subvert our preconceived, normative notions—this time regarding the physiological sense of sight—with De Lacy's response. De Lacy responds to the Creature's plea that because he is blind, he "cannot judge of [his] countenance" (109). Here, we see that what we would normally consider De Lacy's disability is actually an ability to see beyond the Creature's physical difference, without being "cloud[ed]" by "prejudice" (109). De Lacy's reconfigured ability allows him to be become convinced to extend empathy to a fellow human: "there is something in your words which persuades me that you are sincere...it will afford me true pleasure to be in any way serviceable to a *human* creature" (emphasis added, 109). We finally get a glimpse of empathy toward the Creature from a character who is not impeded by the Du Boisian "veil," as he is unable to physiologically *see* the Creature and subsequently judge him based on appearance (Du Bois 2). Rather De Lacy is able to relate to the Creature as a

"human" (Shelley 109). De Lacy's acceptance of the Creature as "human" (109), however, is quickly disrupted by the other normative cottagers—a representation of the opportunity for but failure of empathy, or what I call empathetic potential.

The cottagers disrupt De Lacy's empathy toward the Creature because of their severe lack of it. The Creature's describes the "horror and consternation" that the family has upon "beholding" him (110). After only seeing the Creature, the cottagers inflict extreme violence upon the Creature: "dart[ing] forward," tearing the Creature from De Lacy, "dash[ing] [him] to the ground, and [striking] [him] violently with a stick" (110). The cottagers' attack demonstrates the violent consequences of lack of empathy and prejudice against the Creature, simply from observing an unsightly and thus unwelcome guest. Rather than retaliating and tearing his attacker "limb from limb," as he "could have," the Creature "quitted the cottage" (110). The Creature's pacifist response then represents a divergence from his normatively-constructed monstrous identity. This scene indicates to readers that the Creature empathizes with the cottagers by fleeing rather than retaliating, although the cottagers clearly do not empathize with him, as read by their violent attack. Rather than even defending himself, however, Shelley subverts our expectations as readers with the Creature's actions contradicting the monstrous identity that others have assigned to him based on his outward appearance, demonstrating that he is both capable and worthy of empathy. On the other hand, the violence inflicted upon the Creature during this passage shows the dangerous consequences of disrupting empathetic potential based on such prejudicial beliefs.

The Creature's isolation continues to motivate him to seek solidarity in another being created under the same circumstances and from the same materials as him, a being with whom he can relate. We recall that Du Bois finds solace in his "community" that together shares a

"common consciousness...from a common hardship…from the sight of the Veil that hung between us and Opportunity" (41). Like Du Bois, the Creature hopes to find such a community then asks Victor to create a companion for him. Regarding this request, Victor initially feels "compassion," yet another opportunity for empathy (121). However, Victor quickly eliminates this empathetic potential, after he "look[s] upon" the Creature and sees "a filthy mass that moved and talked," instead of the human he is (121). Again, Shelley reminds us of the harm of making assumptions based on observation of physical difference.

Soon thereafter, Victor continues with his lack of empathy, in the form of overt sexism. Victor voices a concern that the Creature would "conceive a greater abhorrence" for his "deformity…in the female form" (138). In other words, Victor's lack of empathy stems from his sexist assumption that the Creature's "deformity" would be even worse in the "female form" (138). Victor goes on to merge his racialized and sexist doubts, which mirrored British anxieties about imperialism:[15]

> "Even if they were to leave Europe, and inhabit the deserts of the new world, yet one of the first results of those sympathies for which the daemon thirsted would be children, and a race of devils would be propagated upon the earth, who might make the very existence of the species of man a condition precarious and full of terror." (138)

Victor's racialized description of "daemon…children," a "race of devils [being] propagated upon the earth," "inhabit[ing] the deserts of the new world" indeed invokes fears of miscegenation (138). Notably, this unfounded fear only arises after the Creature asks for a female counterpart. Victor then expresses racialized sexism by assuming that the "first result" of such a counterpart "would be children," rather than the Du Boisian "common" companionship that the Creature seeks (Shelley 138, Du Bois 41). Shelley's employment of Victor's racialized and sexist

language to invoke such fears in her readers thus links the Creature's othering experience to that of people of color, both past and present.

Like its inverse of othering, disruption of empathetic potential introduces a possibility for violent consequences. With Du Bois's theory, we see the value of a shared community of hardship, one that is defined against the external forces of normative individuals; but the Creature is denied this community at the hands of the normative character of Victor. This denial has tragic consequences including the Creature's ensuing violence, Victor's death, and the Creature's permanent isolation. Du Bois alludes to such tragic consequences when he informs us that after he learned about the veil during the gift-card exchange, he "had thereafter no desire to tear down that veil, to creep through; [he] held all beyond it in common contempt" (2). We can only conclude that the Creature, too, feels such "contempt" toward his normative creator, which explains his eventual Du Boisian decision to longer try to "creep through" the veil to empathize with Victor or other normative characters (2).

Conclusion

This bioethically-instructional novel primes medical professionals on issues related to race and difference. Our established, normative readings of Shelley, however, do not fully explore what it means to other, or especially, to empathize with the other. In our current didactic reading of *Frankenstein*, we understand that so long as one does not abandon or treat physically-different others with overt racism or sexism, one is not othering. This anti-othering conceptualization of empathy is fallible, as medical narratives of othering have endured over time.

Moreover, the novel's theme of social othering is typically only viewed by medical instructors and professionals vis-à-vis the patient. In complicating previous conceptions of the

medical other, I reframe the pedagogical value of Shelley's text for American medical educators and scholars. Specifically, my recasting the Creature's othering in this text as opportunities for but failures of medical empathy provides a new perspective of medical othering that may serve to expand our understandings of othering and possibly begin to resolve the empathy-othering binary in contemporary American medicine.

In addition to being one of the first medical and bioethical texts that practitioners-to-be encounter, this text is also a historically early representative text of double consciousness with its authorship by a non-normative individual, that is, Mary Shelley.[16] Shelley presents us with a proto-medical othering narrative, allowing us to trace its resonances contemporary medical narratives. Transitioning from mediated to unmediated narratives of medical othering, in the form of contemporary memoirs written by male doctors of color, reveals there is a difference between having and using double consciousness. The double consciousness of non-normative individuals such as the Creature or the memoirists in the following chapters is invoked when the empathy is limited to its potential form by normative individuals, reinforcing the othering that is American medicine fervently tries to avoid. However, when non-normative, double consciousness-possessing individuals are able to reconcile their Du Boisian strivings via reciprocated empathy from normative individuals, empathy is actualized.

CHAPTER 3

Medical Empathy in the Non-normative Consciousness:

Du Boisian Double Consciousness in Doctor Memoirs written by Men of Color

Shelley's *Frankenstein* depicts an unnamed Creature who faces othering and failed empathy, which evokes his double-consciousness as he realizes how his othering shapes his identity. This chapter traces a similar projection throughout three memoirs written by male physicians of color, including: *Black Man in a White Coat* (2015) by Damon Tweedy; *Gifted Hands: The Ben Carson Story* (1990) by Ben Carson; and *Becoming Dr. Q: My Journey from Migrant Farm Worker to Brain Surgeon* (2012) by Alfredo Quinoñes-Hinojosa. Unlike memoirs written by white male doctors whose narratives focus on the grueling coursework, sleepless nights, and unavoidable burdens that come with the role of medical professional, [17] the narratives of Tweedy, Carson, and Quinoñes-Hinojosa center on such themes—*in addition to* overcoming socioracial barriers—to become medical professionals.[18] Thus, with an analysis of Tweedy's, Carson's, and Quinoñes-Hinojosa's respective medical narratives of double consciousness, I explore how a non-normative construction of empathy differs from that of normative individuals such as Shelley's Victor, in which difference is prioritized over similarity as the basis of an empathetic connection.

Medical Narratives and Medical Othering

Because empathy is such a fundamental cornerstone of medical education and practice, its inverse of othering is indeed discussed in current scholarship. To date, the chief concern of medical othering scholarship, however, is the othering of patients in medical settings, which I argue limits the broader implications of medical othering. Scholars of medical othering find that one of its main causes is detachment and indeed call for a shift to consider the more nuanced

perspectives in medical settings beyond simply patient and physician.[19] Denise Wear and Julie M. Aultman suggest "a more critical approach to narrative inquiry in medical settings that may deepen students' willingness to imagine what it is like to be someone who is suffering, and to work against oppressive social structures that sustain such suffering" (1056). Such a "critical approach," Wear and Aultman argue, would allow perspective beyond "the self and the patient in that individualised, circumscribed relationship[,] and into a collective process involving the social, political, cultural and economic conditions that affect health and well-being" (1056). Similarly, Johanna Shapiro calls for "an epistemological paradigm that helps trainees develop a tolerance for imperfection in self and others; and acceptance of shared emotional vulnerability and suffering while simultaneously honoring the existence of difference." Rebecca Garden recognizes the value of "honoring difference" and reading medical narratives by people with disabilities, as it allows medical practitioners to "provide better care for patients with disabilities and work as allies towards more equitable relations in the clinic" (70).

Building off of Wear and Aultman's conception of "a collective process" (1056), and Shapiro's notion of "shared emotional vulnerability," I argue that scholarship of medical narratives and othering should also consider physician-physician othering, as this relationship is one in which the power dynamic and level of medical authority should ostensibly be balanced. However, as read in these memoirs, the failures of empathy and subsequent othering that occur to the practitioners of color indicate that this presumption is false. Like Garden, I add to the above scholarship by examining literature written by non-normative individuals, exploring how race influences medical othering among medical professionals and broadening the patient-centered view by analyzing physician-physician dynamics, specifically how memoirs written by physicians of color speak to the exigencies of race within medicine. I hope to contribute to

efforts to resolve the medical empathy-othering binary by expanding the conversation to consider not only physician-patient othering but also physician-physician othering. I argue that such consideration is necessary because until medical professionals empathize and respect one another's authority across racial lines, we cannot expect them to empathize with those who do not hold such authority, that is, their patients.

Double Consciousness and the Empathy-Othering Binary

As read in current scholarship, one problem of medical empathy is that it is taught to medical professionals specifically toward patients, and at times, it fails in that context. While Johanna Shapiro aims to complicate the empathy-othering binary, she posits that when empathy fails, othering inevitably occurs.[20] I argue that Shapiro's model is closer to anti-othering, not actualized empathy. Rather, actualized empathy requires one to actively look beyond dis-/similarities to find relation. Furthermore, I shift the focus of this binary to the context of physician-physician relationships, to examine a more balanced power dynamic.

Utilizing the Du Boisian theoretical framework of double consciousness from the previous chapter, I analyze three memoirs written by male physicians of color, which all have a common narrative link of encountering failures of empathy and subsequent othering. I trace these narrative links as examples of resonances of the failed empathy that the unnamed creature in Mary Shelley's *Frankenstein* undergoes, as his realizations regarding his othering impact how he sees and thinks of himself, impacting his identity as a sentient being. I argue that like the Creature in *Frankenstein*, Du Boisian double consciousness as a result of not being empathized with due to racial othering can be read in these memoirs written by male physicians of color. These resonances of the medical othering thus indicate that current readings of Shelley's didactic text fail to instill the empathy that it is posited to do.

Moreover, my analysis of unmediated accounts of double consciousness reveals there is a difference between having and using Du Boisian double consciousness. These authors' Du Boisian "second-sight" (2)—that is, their increased awareness of external perceptions—at times continues to other them as it constrains empathy to its potential form: opportunities for but failure of medical empathy. However, when these doctors are afforded reciprocal empathy to *use* their Du Boisian double consciousness and employ their second-sight, these authors reconcile their previously disconnected strivings, and empathy is actualized. My readings of such instances of actualized empathy, in which difference is not simply overlooked but embraced, thus represent interactions that are closer to true empathy than our current understanding.

Normative Othering and Non-Normative Double Consciousness

Not unlike the Creature whose entire identity is shaped by a primary interaction between an authority figure and himself, Damon Tweedy experiences racial othering as a result of being different from the norm, on his first day as a medical student, as described in his memoir *Black Man in a White Coat*. On Tweedy's first day, the belonging of Tweedy in a prestigious medical school classroom is questioned because of the physical difference of his skin color. On this first day of class, Tweedy's first-year medical professor Dr. Gale asks him on his first day if he is there to "'fix the lights'" (12). Tweedy explains that this question confused him, and he even visually "check[s]" himself to see if he "seemed out of place" (13). Tweedy himself does not feel that he looks out of place, describing his "[c]lean-shaven" appearance and outfit comprised of "a polo shirt and khaki slacks" (13). Although Tweedy affords the normative Dr. Gale empathy by calling upon his own double consciousness to anticipate the expectations of an ideal first-year medical student's attire, "looking the part of the preppy first-year medical student" in Dr. Gale's classroom (14), Dr. Gale does not afford Tweedy the same empathy in return. Tweedy continues

to extend empathy to Dr. Gale, justifying Dr. Gale's "cast[ing] [of] [him] in such a limiting way" and reflecting that Dr. Gale "saw many more black maintenance workers than black men in his class" (14). Tweedy's double consciousness allows him to see beyond his own physical difference and continue to empathize with Dr. Gale. However, in observing Tweedy's different skin color and immediately making the assumption that Tweedy is a maintenance person who "'fix[es] the lights,'" Dr. Gale limits this opportunity for empathy to its potential form (12).

This particular moment in Tweedy's narrative also emphasizes the disconnect between Tweedy's Du Boisian strivings. Dr. Gale's comment "play[s] over in [Tweedy's] head" and "shatter[s] [his] brittle confidence and [his] tenuous feeling of belonging at Duke" (14). Dr. Gale's failure to empathize with Tweedy impacts Tweedy much more than it does Dr. Gale. The impact it has on Tweedy's consciousness is so profound, in fact, that he poses the question to his readers: "As a black man from working-class roots and a state university, I worried about my future at Duke. Was I destined to become another academic casualty?" (24). Tweedy does not want to be "destined" for failure because of his non-normative background (24)—that is, compared to his peers at Duke—and at the same time, his background is what limits his ability to advance because he does not meet the normative ideals for American medical students. As such, Tweedy demonstrates his double consciousness but does not use it, and is unable to reconcile his strivings.

Empathetic Potential: Having Du Boisian Double Consciousness

Alfredo Quiñones-Hinojosa also faces a similar experience of othering as a result of being different from the normative ideals of an American doctor, and recalls the Creature's othering in *Frankenstein*. Hinojosa's sense of othering regarding his non-normative upbringing, echoes the Creature's othering: Hinojosa writes that his peers had all "been born in the United

States, and most were from the East Coast and from old wealth. Emphasis on *old* and on *wealth*" (135, emphasis in original). Hinojosa's attention to such matters is significant as he was born under the exact opposite circumstances—in Mexico, and in poverty. This sentiment is eerily similar to the Creature's lamentations that "[o]f [his] creation and creator [he] was absolutely ignorant; but [he] knew that [he] possessed no money, no friends, no kind of property" (Shelley 96). This resonance of the Creature's sense of othering suggests that current didactic readings of Shelley's text have indeed failed to instill the empathy medical professionals prioritize. The resonances of the Creature's othering continue in Hinojosa's "hop[e] that people would get past the accent and get to know [him] and the value [he] could add to the conversation" (135). This quote recalls Creature's belief that "master[ing]...[the cottagers'] language" would allow them to "overlook" his physical differences (Shelley 90), another resonance further confirming that current readings of Shelley's text have failed to teach true empathy.

This passage also suggests Hinojosa's inability to reconcile his disconnected Du Boisian strivings. Hinojosa's "hope" that his peers would "get to know [him] and the value of what [he] could add to the conversation" indicates he indeed possesses but is not using his double consciousness (135). Hinojosa's aim is for his peers to "get past" *his* accent, to "get to know" *him* and what *he* "could add" to his peers' normative "conversation" (135, emphasis added). Hinojosa focuses on his peers at Harvard accepting him *in spite of*, rather than *because of*, his non-normativity. Hinojosa's attention to his own non-normativity and not that of his Du Boisian "community…of common hardship" (2), reveal that he is unable to reconcile his strivings as a Latino and an American doctor. Thus, while Hinojosa's double consciousness regarding his background and accent opens an opportunity for empathy, his normative peers who induce anxiety about his differences, cause this opportunity to fail.

Ben Carson's memoir also contains an example of empathetic potential in which Carson has but does not use his double consciousness or second-sight to reconcile his disconnected strivings, due to institutional constraints. While holding a position at a medical facility in post-apartheid Australia, [21] Carson has a conversation with a supervisor who doubts his alternative approach to a medical procedure, reflecting: "While the [supervisor's] words were polite enough, the real flavor of his feeling came through. I knew he was saying, 'You young whippersnapper, just try, and then see yourself fail'" (129). Carson's double consciousness enables Carson to understand the latent meaning beyond the "politeness" of his normative supervisor's words (129). While the supervisor has an opportunity to extend empathy toward Carson and his alternative approach, the supervisor refuses to do so, which limits this exchange to empathetic potential. Carson goes on to write that his alternative approach was a success, with the patient soon thereafter giving birth, and "in gratitude…nam[ing] the child after [the supervisor]" (129). Carson notes that "things are done that way" in post-apartheid Australia, as he was "work[ing] under the auspices of the consultant," who "gets the credit for successful surgery, no matter who actually performs it" (129-30). This example thus represents an example of individual empathetic potential that is also reinforced at the institutional level. Carson's supervisor has an opportunity for but fails to afford empathy or respect toward Carson as a medical authority, and Carson must accept his patient's misattribution due to institutional forces.

Another of Carson's experiences in Australia represents near-actualized empathetic potential, an opportunity for and limited affordance of empathy from normative individuals. Carson writes that "[o]ther people couldn't believe" that he held the esteemed medical position of "*chief pediatric neurosurgeon at Johns Hopkins at 33*" (133, emphasis in original). By emphasizing his medical title with italicized lettering (133), and contrasting this title against his

patients' disbelief, Carson textually expresses his double consciousness. Carson acknowledges that although "other people" do not recognize his position and authority, presumably because of his physical difference, he recognizes his own authority (133). Carson speculates that his incredulous "White patients," in whom he "could detect bigotry" still "reason, *This guy must be incredibly good to be in this position*" of chief pediatric neurosurgeon (134, emphasis in original). Carson extends empathy to his "White" and "bigoted" patients by writing that he understands their perception that he "*must be incredibly good to be in this position*" (133). On the other hand, Carson's patients do not reciprocate the empathy, preventing the empathetic potential from being actualized. While Carson's patients, "reason" that he is "must be incredibly good" as a medical doctor, Carson implicitly reminds us that their belief of his "good"-ness as a medical authority is *in spite of* his racial identity and age (133). Like Hinojosa's "hope" that his peers will "get past" his accent (Hinojosa 135), Carson is unable to reconcile his strivings as a doctor and a man of color. Although these patients afford Carson the limited empathy of recognizing his "good" expertise (133), this example is still only near-actualized empathetic potential because Carson is unable to reconcile his own Du Boisian strivings as a doctor and person of color.[22]

Empathy Actualized: Using Du Boisian Double Consciousness

While having double consciousness does not always lead to the actualization of empathetic potential, using double consciousness and reconciling Du Boisian strivings as men of color and American doctors does. For example, Alfredo Quiñones-Hinojosa writes about an event in which a former means of othering, his first language of Spanish, allows him to successfully communicate with a patient during a difficult medical procedure. Hinojosa writes that his colleague "wanted [him] to participate so that I could be a liaison with [the patient's]

family members, who spoke only Spanish" (214). Hinojosa's ability to speak Spanish here is an asset, contrasting his former sentiments that it was something he "hope[d]" people would "get past" to recognize his merit (135). Using both his non-normative, first language and normative, second language—and thus employing his double consciousness—Hinojosa serves as a "liaison" for his Spanish-speaking patient (214). Hinojosa's peer communicates with the patient while Hinojosa "help[s] translate," allowing the operating staff to avoid the "control centers" of the brain (214-5). In this narrative moment, Hinojosa's peer is indeed able to "get past" his non-normative accent (135), recognizing Hinojosa's difference and seeing beyond it, transforming it into an asset. Moreover, Hinojosa is able to reconcile his Du Boisian strivings as a Latino and a doctor by communicating with his "community" of Spanish speakers (Du Bois 2). Here, we see empathy actualized in its reciprocation between both Hinojosa's normative, English-speaking peer and Hinojosa himself, which unsurprisingly results in a successful procedure.

Tweedy also reconciles his Du Boisian strivings when he is finally able to present his non-normative identity and still be recognized as a doctor in the normative consciousness. In his aptly titled chapter, "Beyond Race," Tweedy reflects on the racial diversity he sees at a "reunion celebration that honored the medical school's black alumni" (224). This chapter's title invokes not only Tweedy's double-consciousness, but all non-normative individuals whose identities are "measur[ed]…by the tape of a [normative] world" (Du Bois 2). Tweedy, and other non-normative individuals, must see their non-normativity while simultaneously looking "beyond" it to function in a normative world (224). Tweedy expresses relief regarding the "transformation" of diversity and inclusion at the school, explaining: "among Duke's black medical elite, [he] was just another face in the crowd. And that suited [him] just fine. It meant that [he] was not alone" (224-6). Rather than feeling "alone" (Tweedy 226), out of place, and othered, Tweedy finally

feels that he belongs, surrounded by a Du Boisian "community…of common hardship" formed against racial, intellectual, and institutional opposition and oppression (Du Bois 2). Moreover, as in the instance of Hinojosa's peer requesting he speak Spanish to the brain tumor patient, empathy is actualized in this case. Duke extends institutional empathy toward black alumni, in the form of a reunion celebration; and the alumni reciprocate this empathy with their attendance. This actualized empathy then allows these alumni to feel they belong, rather than feeling othered.

Conclusion

My Du Boisian readings of the othering that Tweedy, Carson, and Quinoñes-Hinojosa reflect upon in their memoirs indicates that there is a culture of othering both at the institutional and individual level of contemporary American medicine. The memoirsts' double-consciousness, however, also allows them to look beyond their own difference to see innate humanness in normative individuals who sometimes fail to empathize with them. Additionally, as Tweedy remarks, people of color in the medical field serve as "racial pioneers" to "enable 'people like us' to flourish" (226). Thus, we see how the "transformation" of inclusivity and diversity, how considering additional perspectives of established norms, such as othering itself, offers a possible resolution to empathy-othering binary (Tweedy 224).

These memoirists' non-normative construction of empathy is closer to true empathy, as they see beyond difference rather than search for similarity, as a foundation upon which to base their empathetic affordance. When this empathy is reciprocated by normative individuals, these authors are able to reconcile their Du Boisian strivings, the channel of empathy is opened, and empathy is actualized. This multidirectional flow of the empathetic channel becomes much more difficult when the non-normativity—and the disconnect among Du Boisian strivings—of an individual increases.

CHAPTER 4

Medical Empathy in the Non-normative Consciousness:

Intersectional Double Consciousness in Doctor Memoirs written by Women of Color

As seen in Shelley's *Frankenstein*, the unnamed Creature encounters instances of failed empathy, and consequently has realizations that shape how the Creature sees and thinks of himself, impacting his identity as a sentient being. This chapter traces a similar projection throughout three memoirs written by female physicians of color, including: *Her Own Medicine* (1999) by Sayantani DasGupta; *Something to Prove* (2010) by Yvonne S. Thornton; and *Hundreds of Interlaced Fingers: A Kidney Doctor's Search for the Perfect Match* (2017) by Vanessa Grubbs. Both DasGupta and Thornton narrativize their journeys of overcoming socio-racial barriers to become medical professionals (similar to the memoirs written by Tweedy, Carson, and Hinojosa) while Grubbs frames her text based on her struggles with her husband's kidney illnesses. However, all three of these texts are narratively linked by reflections regarding the authors' encounters with racial and gendered othering. Thus, with an analysis of DasGupta's, Thornton's, and Grubbs' respective medical narratives of double consciousness, I explore how an intersectionally non-normative construction of empathy differs from that of normative individuals.

Intersectional Double Consciousness

In addition to the Du Boisian theoretical grounding of the previous chapters, in which I have argued that the racialized failures of medical empathy affect practitioners of color by invoking but not allowing a reconciliation of their double consciousness, I add Kimberle Crenshaw's theory of intersectionality to explore this consciousness in women practitioners of color. In contrast to the failed empathy that is written about by the male memoirists, women

medical practioners of color experience further degrees of othering due to their intersectional, non-normative identities as non-white and non-male. Crenshaw asserts that "women of color experience racism in ways not always the same as those experienced by men of color and sexism in ways not always parallel to experiences of white women," which limits feminist and antiracist discourses to exclude considerations women of color (1252). Such exclusion effectively strengthens the power relations that each discourse attempts to challenge, as women of color "are silenced…by being relegated to the margin of experience" and discourse (1261). To account for the intersectionally-othered experience of women practitioners of color, I therefore add Crenshaw's theory of intersectionality to my Du Boisian framework throughout this chapter.

Indeed, scholars have found Du Bois's patriarchal view to limit intersectional explorations of double consciousness in women of color, especially cross-culturally. For example, sociologist Theresa A. Martinez, who researches intersections of race, gender, and class, finds that one way to expand Du Boisian double consciousness is to explore its "common threads of racial/ethnic and class oppression" which also bind Gloria Anzaldúa's *mestiza* consciousness (158). Combining these frameworks of consciousness, Martinez argues, opens up a "discussion of issues related to gender and sexuality, lacking for the most part in Du Bois' work, [yet] are developed more thoroughly by Anzaldúa" (158). Similarly, transnational sociologist Sylvanna M. Falcón merges a Du Boisian double consciousness and Anzaldúan mestiza consciousness to "holistically understand how gendered racism shapes [the] lives" of her project's interviewees (660). By "gendering double consciousness," Falcón provides a "more comprehensive approach than either framework alone" to understanding the lives of intersectionally-othered women, finding that they "analyze racism using a double consciousness lens, and they react to racism because of their mestiza consciousness" (677).

I similarly complicate Du Boisian double consciousness with Crenshaw's intersectional lens to explore how these three women practitioners of color write about their experiences with intersectional othering in medical settings. I explore how failed empathy and resultant racialized and gendered othering among medical practitioners invokes the intersectional, double consciousness of these women physicians of color, reinforcing a system of difference. In analyzing instances in which empathy is reciprocated and these women are able to reconcile and use their Du Boisian strivings, I further elucidate the process of actualizing empathy as a reciprocal channel in which relation is based not on a search for similarity but a welcoming of difference.

Isolating Effects of Intersectional Othering

The disconnect between the Du Boisian strivings of doctor and non-normative individual becomes even greater for these women memoirists. African American nephrologist Vanessa Grubbs writes that after beginning her career as a primary care physician, she returns to medical school to pursue a career in nephrology. This career specialization isolates her, writing: "I was the only Black person in the entire division of nephrology across the program's three hospitals" (126). As in the previous chapter, we see resonances of Shelley's Creature's othering in *Frankenstein.* Grubbs' isolation and subsequent reflection on it recalls the Creature's comment to Victor that "[w]hen [he] looked around, [he] saw and heard of none like [him]," and questions, "Was I then a monster, a blot upon the earth, from which all men fled, and whom all men disowned?" (Shelley 96). Like the Creature's somber question, Grubbs writes: "When a person sees no one who looks like them, they question if they belong" (126). Grubbs's "question" regarding her "belong[ing]" reveals the residual traces of the Creature's othering in these practioners' memoirs, confirming that current didactic readings of Shelley's text have fallen

short of teaching true or actualized empathy to medical pre-/professionals (126). Furthermore, this resonance suggests Grubbs indeed possesses double consciousness, as she is aware of her irreconcilable strivings as a black woman and a doctor because she is the only person in her program who falls into *both* categories. Notably, when reflecting on the isolation from a Du Boisian "community…of common hardship" (2), Grubbs writes that anticipation of such isolation is "the reason becoming a doctor hadn't crossed [her] mind until [her] brother suggested it" (126). Not until Grubbs receives a push from a patriarchal figure in her life does she even decide to form an identity as a nephrologist. Thus, due to both racial and patriarchal pressures, Grubbs is unable to reconcile her strivings as a black woman and as a doctor, nor her intersectional identity as a woman and a black person.

Yvonne Thornton, an African American obstetrician-gynecologist, also expresses an inability to reconcile her intersectional, Du Boisian strivings. Thornton writes that on her first day at Cornell, an esteemed medical institution, she "introduce[s]" herself to the receptionist as "the new staff doctor in maternal-fetal medicine" (12). Thornton notes that she "could see [the secretary] do a double-take," an external expression of surprise or confusion (12). Additional expressions of surprise come from those surrounding Thornton and the secretary: "[c]onversations around [Thornton and the receptionist] stopped," with "[s]everal other people walking by perk[ing] up as [Thornton] announced [herself]," as if to be "caught…by surprise" (12). On the other hand, due to her double consciousness, Thornton herself is not surprised by their surprise: "I was the only black person in sight. This was 1982, when a woman obstetrician was still a rarity; a black woman obstetrician was even more unusual. A black woman with a subspecialty in maternal-fetal medicine was unique indeed" (12). Thornton's isolation, being "the only black person in sight" (12), again recalls the moment when *Frankenstein*'s Creature

reflects on his own isolation (Shelley 96). Unlike the Creature's somber and disturbing question, however—and in the spirit of Damon Tweedy after his interaction with Dr. Gale—Thornton extends empathy to these "surprise[d] people" and attempts to justify her feelings of "not belonging" because it was a time when her intersectionally non-normative identity is a "rarity" (12). Rather than opposing her surprised "audience," Thornton uses her double consciousness and "put[s] on a happy face for the audience no matter what [she] was feeling inside" (12). However, the absence of a Du Boisian "community" (2), and the lack of reciprocated empathy from this "audience" (Thornton 12), prevents Thornton from reconciling her intersectional double consciousness as a black, woman, doctor.

Empathetic Potential: Having Intersectional Double Consciousness

In addition to isolation, Grubbs's supervisors prevent her from reconciling her Du Boisian double consciousness and constrain an opportunity for empathy to its potential form. Vanessa Grubbs affords her research mentor empathy when she attempts to propose a study to investigate the possibility of racial disparities of the transplant system, as she values her mentor's authority as a research guide. Grubbs also reveals her Du Boisian striving for her community when she writes that her motivations for this project are to find if the "system marginalized a specific group of people in a way that was detrimental to their health and well-being" (212). Ostensibly, Grubb's mentor—as a guide for Grubbs's emerging medical professionalism—would recognize the merit of such an investigative study. Grubbs' mentor, however, fails to empathize with Grubbs as a medical scholar and refuses to recognize her investigation as valuable, "jokingly" asking her, "'Oh, so you really did interview those people for your project?'" (213). Grubbs reflects on this interaction in her memoir, calling upon her double-consciousness as she sees beyond her mentor's "jokingly asked question" to find the "implication…that her research

integrity was being questioned" (213). With an earnest research proposition and request for guidance, Grubbs affords empathy to her mentor who does not reciprocate this empathy and limits the empathy to its potential form when he "jokingly" responds (213). Moreover, by "question[ing]" her "research integrity" over a presumably worthwhile academic pursuit that could potentially allow Grubbs to reconcile her Du Boisian strivings as a medical scholar and person of color, Grubb's mentor prevents this reconciliation and perpetuates racial and gendered disparities to both Grubbs herself and the population affected by the study she proposed.

Lack of empathy from her normative peers prevents Yvonne Thornton from reconciling her Du Boisian double consciousness and constrains another empathetic opportunity to its potential form. After receiving a brochure in the mail about a conference in her field, Thornton notices: "[t]he brochure listed a veritable who's who of Cornell's maternal-fetal medicine specialists with one glaring exception: nowhere was there any mention of my name. But then, nobody...had even told me there *was* a conference" (158, emphasis in original).[23] As discussed in other passages of her memoir,[24] Thornton's accomplishments and credentials should ostensibly warrant her inclusion in a "who's who of Cornell's maternal-fetal medicine" (158). However, with "nobody…even [telling] [her] there *was* a conference" (158), Thornton is excluded and othered due to this intentional, peer-based lack of empathy regarding her professionalism, in the form of exclusion. Thornton reveals her double consciousness when she reflects on this exclusion, claiming that "could have...complained about being left out," but she "knew whatever protests [she] made would only be ignored," indicating further silencing of her voice as a medical professional by her peers (158). However, Thornton uses her double consciousness and affords empathy to her exclusionary peers, explaining: "I'd grown accustomed to being marginalized and excluded. I couldn't even claim to be surprised that they'd kept me in the dark"

about the conference (158). Like Shelley's Creature's pacifist response when being attacked, Thornton affords her peers empathy by understanding and accommodating their contemptuous "marginalization" and "exclusion" (158). Thus, this example presents another resonance of Frankensteinian failed empathy, in which Thornton's peers lack empathy by excluding her from the Du Boisian "community" of Cornell's maternal-fetal medicine, and silence Thornton's medical voice from their scholarly conversation (Du Bois 2).

The lack of intersectionality at the medical training institution, Johns Hopkins, prevents Indian American pediatrician Sayantani DasGupta from reconciling her Du Boisian strivings, limiting her double consciousness to its possession rather than its use. DasGupta attempts to join a women's group of medical professionals at Johns Hopkins, but she writes that at the first meeting, she finds: "I was the only woman of color in the room" (199). While DasGupta finds the absence of a Du Boisian "community…of common hardship" "strange," Crenshaw reminds us that this is actually not so "strange" within the majority of American institutions (Du Bois 2; DasGupta 199). In fact, Crenshaw asserts "women of color are situated within at least two subordinated groups that frequently pursue conflicting political agendas…split[ting] [their] political energies between two sometimes opposing groups" (1252). Indeed, due to her intersectional identity, DasGupta is aware of this institutional shortcoming as she writes that "many women of color, they were forced...to prioritize their oppressions; and as usual, race was ranked higher than gender" (200). This institutional lack of intersectionality forces DasGupta to choose between her Du Boisian strivings as a woman and a person of color. Furthermore, in an attempt to "diversify [this] feminist group" and potentially reconcile her intersectional-Du Boisian strivings as a woman of color and a doctor, DasGupta affords empathy to her peers in the women's group and remains involved (200). DasGupta's peers, however, do not reciprocate her

empathy and instead treat her with a "tokenistic attitude" (200), further preventing her from reconciling her intersectional-Du Boisian strivings, and limiting this encounter to its potential form.

Empathy Actualized: Using Intersectional Double Consciousness

Recalling Du Bois's prioritization of community, Sayantani DasGupta's reconciles her strivings and uses her double consciousness to see beyond physical difference and feel solace in finding a woman with whom she could share her othering. DasGupta explains she was "desperately in need of a familiar, brown face," and finds this "familiarity" in a female Indian American peer, writing: "We looked at each other and smiled with familiarity. Ah, our faces seemed to say, here's an anchor, here's a piece of home" (36). This "familiarity" is not to say that DasGupta and her peer had much in common, however, as DasGupta notes that the two women were not "that similar," with her peer "[m]uch taller than" DasGupta, as well as "lithe, and lean, and muscular" (36). DasGupta uses her double consciousness to see beyond these physical differences, though, and in turn, reconciles her strivings as a woman of color and a doctor by building a Du Boisian community. DasGupta and her community member's feeling of "familiarity," of belonging, and of "home," cause each of these women to "smile" when they finally find one another (36). Thus—as DasGupta and her peer both seem to realize—although these women may differ on an individualistic level, they are able to use their respective, reconciled, intersectional-double consciousnesses to see beyond their physical differences and empathize with each other amidst intersectional othering.

Also able to reconcile her intersectional-Du Boisian strivings and use her double consciousness, Grubbs looks beyond the physical and forms a cross-cultural Du Boisian community with a Latina peer on their first day of medical fellowship. Grubbs writes that on this

day, her former sense of isolation dissipates when a "brown face looked up" at her, "belong[ing] to a plump Latina," who "*beamed*" with her "eyes stretched wide and her mouth even wider to show upper *and* lower teeth" (126, emphasis in original). Grubbs uses her double consciousness, writing that she "underst[ands]" her Latina colleague's "joy in seeing a brown face more like hers," placing textual emphasis on her Latina peer's positive physical expressions (126-7). Grubbs' understanding and narrative reflection on the Latina woman's physical expression of "joy" starkly contrasts against the "feeling of oddness, of aloneness," that is now "dulled" with the formation of a Du Boisian community alongside another intersectionally non-normative peer (127). While the two women have external, racial differences, they both use their respective double consciousnesses regarding their intersectionally non-normative identities to look beyond physical differences and empathize with one another, forming a cross-cultural, intersectional Du Boisian community.

Conclusion

The limited understandings of empathy as anti-othering have stigmatized our understandings of difference. Medical professionals who are taught medical othering through texts like *Frankenstein* fail to empathize with medical practitioners of color, and only recently has medical culture begun efforts toward intersectionality (Eckstrand et al.). Still, these efforts are a step in the right direction, as Crenshaw notes that "an awareness of intersectionality" allows us to "better acknowledge and ground the differences among us and negotiate the means by which these differences will find expression" (1299).

To further destigmatize difference, I provide a counterhegemonic view of empathy as a channel through which difference is not only overlooked but also embraced. Indeed, Crenshaw informs us that resolving the lack of intersectionality "does not merely entail arguing for the

multiplicity of identities or challenging essentialism generally [but rather] to state what difference [one's] difference ma[kes]" (1298-9). As read in these medical memoirs, difference(s) matter. Yvonne Thornton writes: "[b]eing a woman gave me a different perspective than the male physicians had, and it showed...Because I could empathize with my patients" (25). Similarly, in the previous chapter, Alfredo Quinoñes-Hinojosa's ability to Spanish allows him and another surgeon to perform a brain tumor removal without interfering with the patient's speech areas of the brain. Thus, when afforded reciprocal empathy during invocations of double consciousness, these memoirists are able to reconcile their Du Boisian strivings and offer new perspectives, new abilities, and new possibilities as women, people of color, *and* medical practitioners.

CHAPTER 5

Conclusions

In this project, I have contrasted the normative and non-normative constructions of empathy through readings of Mary Shelley's *Frankenstein*, and explored their resonances in contemporary medical memoirs written by practitioners of color. With this contrast, I reveal how normative empathy's contingency upon similarity makes it closer to anti-othering rather than true empathy, in which opportunities for empathy are not actualized and remain in potential form. For true empathy to be actualized, normative medical practitioners must not only see beyond difference but also embrace it. This extra step is continually achieved by non-normative medical practitioners whose non-normative construction of empathy is indeed based on difference rather than similarity. Only when this empathy is reciprocated from these non-normative practitioners' normative counterparts, the non-normative memoirists are able to reconcile their Du Boisian strivings, and empathy is actualized.

Implications in Literary Studies and Beyond

Like many literary projects, the implications of this thesis are both disciplinary and social. This project incorporates a multi-faceted theoretical framework, with elements from varying disciplines within literary studies, such as medical humanities, race, disability, and gender theories. This theoretical framework and the primary texts themselves join to form an interdisciplinary project that speaks to broader conversations regarding race and gender in medicine, and medicine in literature. Socially, this project speaks to an even broader exigency. As a society, we are all subject to the authority of medical practitioners, yet the ubiquitous and permeating field of contemporary American medicine is not infallible. I hope this project, by adding to current conversations of racial and gendered inequities in medicine, expands our

thinking as medical patients, and the thinking of those who serve as medical or other institutional authorities.

In today's political climate, one in which discourses of xenophobia and fear of difference prevail, [25] the need for diversity and diverse perspectives cannot be underestimated. Toni Morrison's *Origin of Others* reminds us of the importance of examining new perspectives through literature, specifically perspectives of 'others.' In her elucidation of the relationship between literature and our construction of 'others,' Morrison informs us that literature can influence our understandings of race, gender, and difference both positively and negatively. Indeed, *Frankenstein* scholars emphasize the significance of this text as one that forces the reader to grapple with non-normative perspectives (Davies, Zuba, Halpern et al.). The Creature is created and thrust upon a society that shows almost nothing but disdain toward him, resulting in an othered being whose self-perception has been so altered and distorted that he becomes violent. This text is thus often used in curricula, especially that of premedical students, to enhance student understanding of racialization and difference; and while its instruction does often lead to deeper understandings, the problem of othering remains in medicine.

Further revealing the limitations of the stigmatization of difference, the genre examined in this project—that is, medical memoirs—is predominantly defined by normative medical doctors who are white, able-bodied, and male. However, I shift disciplinary attention to the non-normative writers in this genre. Not unlike the Creature in Shelley's *Frankenstein*, each of the medical practitioners included in this project narrativize their experiences of similar processes of othering. Although the dearth of medical memoirs written by professionals of color limited my textual choices for this thesis project—which again speaks to the lack of authorial and

authoritative representation of medical practitioners of color—the common narrative thread of expressions of double-consciousness was the reason for my choosing of these primary texts.

The Formation of Doctor Identity and The Value of Community

To revisit an initial question posed in the introduction: how can the field medicine appear so advanced yet fall so short in its cultural approaches? I have found that part of the answer to this question lies in the institutional misunderstanding of medical empathy as anti-othering, which limits medical practitioners of color by calling upon but not allowing the reconciliation and use of their Du Boisian double consciousness. Notably, most of my textual examples of failed empathy occur in the space of medical training institutions, a space in which the medical doctor identity is formed. Cultural theorist Stuart Hall explains that the historical contexts during his birth formed the "conditions of [his] existence" (10). With this logic, the American institution of medical school marks the start of the formation of a medical doctor's identity. As a beginning circumstance against which this identity forms, the medical training facility is the start and possible end to the othering culture of medicine. Hall remarks, "the transformations of self-identity are not just a personal matter. Historical shifts *out there* provide the social conditions of existence of personal and psychic change *in here*" (16, emphasis in original). Therefore, revised and expanded understandings of the empathy-othering binary should ostensibly be of the highest priority for medical educators.

One obstacle to prioritizing the resolution of this binary, however, is that its problems do not always affect those of privilege. Not unlike other institutions of higher education, [26] medical school is a space in which white privilege shapes the identity and power of students and instructors alike.[27] However, as critic Leslie Margolin advocates, changing a culture of privileged norms requires more than simply acknowledging its existence. As discussed in

previous chapters, one pedagogical approach to expanding privileged norms in medicine is the literacy act of medical narratives. Joshua M. Liao and Brian J. Secemsky explain that unfortunately, some factors, such as workload, funding, and the higher esteem of other non-clinical activities "limit opportunities to engage in narrative medical writing compared to other non-clinical activities" (1707). I argue, though, that this de-prioritization of medical narrative literacy reinforces the precise othering culture that American medicine attempts to avoid.

The memoirists analyzed in this project, however, did prioritize such metacognitive medical narrative practices. In doing so, these authors offer textual testaments that medical professionals of color can overcome the institutional or individualized oppression explored in this project. As I have argued, each of the authors, like Frankenstein's Creature, are othered, racially and by gender, expressing Du Boisian double consciousness in their memoirs. These memoirists face various forms of oppression that present hardships in their journey to medical professionalism; but we must also recall that all of these authors ultimately become successful practitioners with textual narratives to present to readers. One component common to each medical professional's success is a support system, or a Du Boisian "community…of common hardship" (2). During the emotionally and intellectually difficult time of medical training, each of these medical professionals turn to support in many forms, from spouses to inclusive student organizations. These Du Boisian coalitions provide each of these medical professionals the support they need to form more inclusive identities medical doctors.

The Future of Diversity in American Medical Culture

This project is therefore not to say that diversity in medicine is nonexistent. On the contrary, Tweedy, DasGupta, Thornton, and Grubbs reflect upon instances in which they were not othered but rather felt like they belonged among faces that were non-normative like theirs.

Moreover, activists, legislators, and healthcare professionals actively work to further advance diversity in this field. For example, Atul Gawande, an Indian American surgeon is both a successful practitioner and author. Thus, Gawande, with three published medical monographs and high readership, ostensibly possesses valued medical authority; and as a practitioner of color, implicitly increases diversity in medicine. Also working to address disparities in medicine, albeit explicitly, sociologist Dorothy Roberts has dedicated years of scholarship to "expose the myths of race-based medicine" (Roberts). However, even with successful, valued medical authorities of color, and broader sociological scholarship on the issue of race in medicine, racial disparities in medicine remain. From Hoffman's 2016 study on medical students' perception of race influencing their judgment of pain; [28] to Johnson et al.'s study on essentialist, culturalist, and racialized medical explanations to patients; [29] to Elizabeth Chuck's *NBC News* article on the near-death experiences of Black mothers in labor; [30] implicit bias and other medical disparities present real and oftentimes dangerous consequences for men and women of color.

Resolving the disparities in health care at the national and international levels is needless to say beyond the scope of this Master's project. However, as attention to such disparities is rising in current curricula and scholarship, I hope to shed further light on this national and global issue by bringing awareness to it while grounding it in interdisciplinary, scholarly work. Just as Tweedy, Carson, Quiñones-Hinojosa, DasGupta, Thornton, and Grubbs all aim to spread awareness regarding their experiences with racial and gender inequities through documenting them in their memoirs, I hope my analysis of such experiences from the theoretical framework I use will expand our understandings of this issue. It is thus the hope of this Master's student that this project will add to current efforts to resolve medical othering, as the patient-centered view of the issue cannot be entirely resolved until a doctor-centered view is also addressed. Until medical

professionals empathize and respect one another's authority across gender and racial lines, we cannot expect medical professionals to empathize with those who do not hold such authority. Further research is therefore needed from all disciplines is needed to continue to grapple with this complex issue. Not only are race and gender explicitly and implicitly discriminated against in the medical field, but additional nuances of these means and practices of othering, such as accessibility, class, and physical and mental impairments, can benefit from methodologies such as those of this project.

Endnotes

1. In her open access *Philosophy, Ethics, and Humanities* in Medicine article, "Walking a mile in their patients' shoes: empathy and othering in medical students' education," Johanna Shapiro writes: "Once the patient becomes the other, empathy is no longer necessary."
2. The majority of medical othering scholarship focuses on the othering that patients experience, rather than the othering that practitioners inflict upon one another. For more on medical othering, see Johanna Shapiro's "Walking a mile in their patients' shoes: empathy and othering in medical students' education."
3. Only recently has medical culture begun efforts toward intersectionality. See Eckstrand et al.
4. Shakespeare explains that the social model of disability emerged as a counter to the medical model of disability. The medical model of disability reduces the term "disability" to an individualistic level, while the social model of disability redefines disability as a "social creation," that is, "a relationship between people with impairment and a disabling society" (198-9).
5. Dickson D. Bruce Jr. writes that with his theory of double consciousness, "Du Bois was attempting a rhetorical synthesis…between two key senses of double consciousness—the one created by racism; the other, by conflicting perspectives on life—never really distinguishing between them himself" (306). Similarly, I acknowledge that the memoirists analyzed in this project cannot and do not combat racism at-large; rather, I argue the increased self-awareness granted by their experiences of double consciousness can be read as a framework for empathy, particularly for its potential form. As discussed

throughout this project, empathy is actualized when the memoirists are able to resolve their "conflicting perspectives on life" by using their experiences of double consciousness (Bruce 306). In creating opportunities for the actualization of empathy, those who experience double consciousness can, at least momentarily, balance the external oppressions and oppositions with their internal Du Boisian strivings.

6. By normative, I refer to the privilege afforded to the medico-social norm of white, able-bodied, men. Such privilege reinforces idealist embodiment of identity, including that of medical practitioners. My conceptualization of normativity stems from Lauren Berlant and Michael Warner's concept of heteronormativity: "the institutions, structures of understanding practical orientations that make heterosexuality seem not only coherent—that is, organized as a sexuality—but also privileged. Its coherence is always provisional, and its privilege can take several (sometimes contradictory) forms...It consists [of] a sense of rightness produced in contradictory manifestations" (548).
7. This project grapples with the problems of binary oppositions, and I am well aware of the problems of the gender binary. However, I am analyzing memoirs of authors who identify and externally present themselves as man or woman, regardless of their biologically-assigned or genetically-determined sex.
8. Shelley confirms to her readers that the unnamed Creature is indeed human with her employment of Victor's humanly language during the Creature's creation.
9. Victor creates the Creature using stolen body parts of buried corpses.
10. By language of empathy, I refer to the terms of hopefulness and self-relation that Victor uses to describe the Creature prior to his coming-to-consciousness. For example, Victor describes his discovery to Watson: "I beheld the corruption of death succeed to the

blooming cheek of life" (34). Victor goes on to describe his discovery as "a light so brilliant and wondrous, yet so simple, that while [he] became dizzy with the immensity of the prospect which it illustrated, [he] was surprised that among so many men of genius…that [he] alone should be reserved to discover so astonishing a secret" (34). Victor is glad that he was fortunate enough to be the one who finally had the breakthrough in finding the secret to life, but wrongfully imagines and assumes that he "alone should" control its "prospect" (34). He repeats this sentiment shortly after, telling Watson, "What had been the study and desire of the wisest men since the creation of the world, was now within my grasp" (34). Victor's sense of accomplishment showcases the pride he had in being the sole controller of the Creature's physical creation and the "prospect" of the Creature's internal identity (34).

11. Elizabeth A. Bohls and Denise Gigante each assert that the Creature is aesthetically displeasing based on Burkean logic. Zoe Beenstock argues that the "effect of horror is produced by the contrast among the [C]reature's diverse parts" (414). Malchow explains that Shelley effectively creates a "bogyman…constructed out of a cultural tradition of the threatening 'Other'…from the dark inner recesses of xenophobic fear and loathing" (103). Anne K. Mellor also writes about the racialization of the Creature's "yellow" features in "*Frankenstein*, Racial Science, and the Yellow Peril."
12. Malchow, for instance, argues that the construction of the Creature parallels the construction of racial beliefs of Shelley's time. Malchow also explains that Shelley's incorporation of an Other was an homage to Gothic generic conventions: "The 'Other', the outsider, the racially foreign, is probably buried within the genre of Gothic horror" (127).

13. The Creature's anxieties stem from his feeling that he is at a disadvantage because he does not have the same "knowledge"—namely of language—as the cottagers (90). This disparity is explored by John Bugg, who argues that it has "implications for race and empire," because the Creature's "realization of alterity" leads him to a "contemplation of race and power" (657). Bugg's argument thus confirms that the Creature's othering, which stems from a differing outward appearance and knowledge base, demonstrates the unfavorable consequences of prejudice and knowledge disparities.
14. The Creature laments his lack of origin and possessions, both of which go hand-in-hand in 19th century England. Furthermore, the Creature's "ignorance" of his "creation and creator" echoes that of colonized peoples, who lost their origins at the hands of British imperialists (96). As Allan Lloyd Smith points out, "The 'Other' is connected to the self...not as part of the self but in a symbiosis of power relations bearing with it responsibility" (220). It was thus Victor's responsibility to inform the Creature of his origins and entitlements, a duty that Victor neglected with dire consequences.
15. H. L. Malchow contextualizes this passage in the time of its composition, explaining that Anglo-Caribbean "mulattos" posed a "threat" to "white planter society, and in particular to its women," an anxiety of which Shelley would be well-aware (113). Anne K. Mellor posits that Shelley may have tapped such a powerful British fear intentionally to demonstrate that "racial difference and interracial mating are social evils *only* when we see them and write them as evil" (23, emphasis in original).
16. As a female science fiction author, Shelley was indeed an underrepresented minority. Shelley's awareness of how her contemporaries and audience perceived her influenced

how she saw herself and her own authorial identity, as she first published *Frankenstein* anonymously (Butler xxx-xxxii).

17. Examples of such memoirs include: Michael J. Collins's *Hot Lights, Cold Steel: Life, Death and Sleepless Nights in a Surgeon's First Years* (2006) and his later work, *Blue Collar, Blue Scrubs: The Making of a Surgeon* (2010), and Paul A. Ruggieri's *Confessions of a Surgeon: The Good, the Bad, and the Complicated...Life Behind the O.R. Doors* (2012).
18. Although Hinojosa is Latinx, while Tweedy and Carson are Black, the narratives constructed by these three authors center around similar instances of othering, and thus their texts can be narratively and thematically linked in an archive of memoirs of medical othering.
19. Shapiro explains that teaching and promoting empathy in medical trainees, such as medical students and residents, is difficult because trainees "have complex and mostly unresolved emotional response to the universal human vulnerabilit[ies]." As such, Shapiro explains, medical trainees "resort to coping mechanisms that result in distance and detachment." Wear and Julie M. Aultman similarly explore detachment in their article on student resistance to issues of inequality and oppression in literature. Wear and Aultman write that their students resisted engaging in these issues by defaulting to the misconception that all Americans have equal access, or by what Wear and Aultman call "blaming behaviours," in which students attribute the characteristics seen in one specific population who visits a hospital serving underprivileged communities, to all members of that demographic (1059).

20. See Johanna Shapiro's "Walking a mile in their patients' shoes: empathy and othering in medical students' education."
21. Du Bois begins his criticisms of the relegation of Black people to service positions in *The Souls of Black Folks*: "And the Nation echoed and enforced this self-criticism, saying: Be content to be servants, and nothing more" (6). For more on the harm of such assumptions, see Du Bois's *Darkwater: Voices from Within the Veil*.
22. Carson writes that he was invited by a colleague to train and practice in Australia, but felt reluctant because "people had been telling [him] for years that Australia was worse with apartheid than South Africa" (124). Carson's reluctance is soon revealed to be misplaced, as Australia had abolished the policy in the late 1960's, but Carson's inclusion of this sentiment in his memoir demonstrates the residual effects of difference-based systems.
23. Carson's acknowledges a refusal to reconcile his Du Boisian strivings when he tells his supervisors that he wants to "help people of all races—just people" (132). Therefore, in pursuit of his striving as a medical doctor, Carson abandons his striving for his "community…of common hardship" (2).
24. This exclusionary experience also echoes one of Du Bois who writes that after he is invited to a dinner at a "commissioner's house," but "then fell the awful shadow of the Veil, for they ate first, then [he]—alone" (39).
25. Thornton's writes that her credentials include being a "double Board-certified maternal-fetal medicine specialist with three years teaching experience" before even beginning her teaching career at Cornell (132). Thornton further explains that at this point she had "been at Cornell for seven years and had yet to be promoted" (131).

26. Political affiliations aside, social psychologists Crandall et al. found that the 2016 U.S. presidential election "seems to have ushered in a normative climate that favored expression of several prejudices," which "may have played a role in the substantial increase in bias-related incidents that follow closely upon the election" (186).
27. For a discussion of white privilege in education, see Peggy McIntosh's "Extending the Knapsack: Using the White Privilege Analysis to Examine Conferred Advantage and Disadvantage" and "Reflections and Future Directions for Privilege Studies."
28. For more on white privilege in medical education, see Romano's "White Privilege in a White Coat: How Racism Shaped my Medical Education."
29. See Hoffman, et al. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites"
30. See Johnson, et al. "Othering and Being Othered in the Context of Health Care Services."
31. See Chuck, Elizabeth. "How Training Doctors in Implicit Bias Could Save the Lives of Black Mothers."

Works Cited

Beenstock, Zoe. "Lyrical Sociability: The Social Contract and Mary Shelley's *Frankenstein*." *Philosophy and Literature*, vol. 39 no. 2, 2015, pp. 406-421, https://doi.org/10.1353/phl.2015.0052.

Berlant, Lauren, and Michael Warner. "Sex in Public." *Critical Inquiry*, vo. 24, no. 2, 1998, pp. 547-566, https://www.jstor.org/stable/1344178. Accessed 19 Sept. 2018.

Bohls, Elizabeth A. "Standards of Taste, Discourses of 'Race,' and the Aesthetic Education of a Monster: Critique of Empire in *Frankenstein*." *Eighteenth Century Life*, vol. 18, no. 3, 1994, pp. 23-36, http://knarf.english.upenn.edu/Articles/bohls.html. Accessed 13 Feb. 2018.

Bruce, Dickson D., Jr. "W. E. B. Du Bois and the Idea of Double Consciousness." *American Literature*, vol. 64, no. 2, 1992, pp. 299-209, https://www.jstor.org/stable/2927837. Accessed 24 Oct. 2018.

Bugg, John. "'Master of their language': Education and Exile in Mary Shelley's *Frankenstein*." *The Huntington Library Quarterly*, vol. 68, no. 4, 2005, pp. 655-666, https://www.jstor.org/stable/10.1525/hlq.2005.68.4.655. Accessed 13 Feb. 2018.

Butler, Marilyn. Introduction. *Frankenstein*, by Butler, Yale UP, 1993, pp. 1-13.

Carson, Ben. *Gifted Hands: The Ben Carson Story*. Zondervan, 1990.

Charon, Rita. "Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust." *Journal of the American Medical Association*, vol. 285, no. 15, 2001, pp. 1897-1902, https://jamanetwork.com/journals/jama/fullarticle/194300. Accessed 10 Nov. 2017.

Chuck, Elizabeth. "How Training Doctors in Implicit Bias Could Save the Lives of Black Mothers." *NBC News*, 11 May 2018, https://www.nbcnews.com/news/us-news/how-

training-doctors-implicit-bias-could-save-lives-black-mothers-n873036. Accessed 10 May 2018.

Collins, Michael J. *Blue Collar, Blue Scrubs: The Making of a Surgeon*. St. Martin's Griffin, 2010.

Collins, Michael J. *Hot Lights, Cold Steel: Life, Death and Sleepless Nights in a Surgeon's First Years*. St. Martin's Griffin, 2006.

Crandall, Christian S., et al. "Changing Norms Following the 2016 U.S. Presidential Election: The Trump Effect on Prejudice." *Social Psychological and Personality Science*, vol. 9, no. 2, pp. 186-192, doi: 10.1177/1948550617750735.

Crenshaw, Kimberle. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review*, vol. 43, no. 6, 1991, pp. 1241-1299, http://www.jstor.org/stable/1229039. Accessed 2 Dec. 2018.

Davies, Hugh. "Can Mary Shelley's Frankenstein be read as an early research ethics text?" *Medical Humanities*, vol. 30, no. 1, 2004, pp. 32-35, DOI:10.1136/jmh.2003.000153.

Du Bois, W. E. B. *Darkwater: Voices from Within the Veil*. Dover Publications, 1999.

---. *The Souls of Black Folk*. Dover Publications, 1994.

DasGupta, Sayantani. *Her Own Medicine: A Woman's Journey from Student to Doctor*. Fawcett Gold Medal, 1999.

Eckstrand, Kristen L., et al. "The Priority of Intersectionality in Academic Medicine." *Academic Medicine*, vol. 91, no. 7, 2016, pp. 904-907, doi: 10.1097/ACM.0000000000001231.

"Empathy, n." *OED Online*, Oxford University Press, July 2018, www.oed.com/view/Entry/61284. Accessed 19 Sept. 2018.

Falcón, Sylvanna M. “Mestiza Double Consciousness: The Voices of Afro-Peruvian Women on Gendered Racism.” *Gender and Society*, vol. 22, no. 5, 2008, pp. 660-680, https://www.jstor.org/stable/27821682. Accessed 16 Sept. 2018.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. Vintage, 1994.

Garden, Rebecca. “Disability and narrative: new directions for medicine and the medical humanities.” *Medical Humanities*, vol. 36, 2010, pp. 70-74, doi: 10.1136/jmh.2010.004143.

Gigante, Denise. “Facing the Ugly: The Case of *Frankenstein*.” *ELH*, vol. 67, no. 2, 2000, pp. 565-587, doi: https://doi.org/10.1353/elh.2000.0015

Grubbs, Vanessa. *Hundreds of Interlaced Fingers: A Kidney Doctor’s Search for the Perfect Match*. HarperCollins, 2017.

Hall, Stuart. *Familiar Stranger: A Life Between Two Islands*. Edited by Bill Schwarz, Duke UP, 2017.

Hunter, Kathryn Montgomery, et al. “The Study of Literature in Medical Education.” *Academic Medicine*, vol. 70, no. 9, 1995, pp. 787-794.

Halpern, Megan K., et al. “Stitching Together Creativity and Responsibility: Interpretating *Frankenstein* Across Disciplines.” *Bulletin of Science, Technology & Society*, vol. 36, no. 1, 2016, pp. 49-57, https://doi.org/10.1177/0270467616646637.

Hoffman, Kelly, et al. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs About Biological Differences Between Blacks and Whites." *Proceedings of the National Acadamy of Sciences*, vol. 113, no. 16, 2016, pp. 4296-4301, http://m.pnas.org/content/113/16/4296.full.pdf. Accessed 15 Oct. 2016.

Hunter, Kathryn Montgomery. "Narrative, Literature, and the Clinical Exercise of Practical Reason." *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, vol. 21, no. 3, 1996, pp. 303-320, https://doi.org/10.1093/jmp/21.3.303.

Johnson, Joy L., et al. "Othering and Being Othered in the Context of Health Care Services." *Health Communication*, vol. 16, no. 2, 2004, pp. 253-271, https://www.ncbi.nlm.nih.gov/pubmed/15090288. Accessed 20 Nov. 2017.

Liao, Joshua M., and Brian J. Secemsky. "The Value of Narrative Medical Writing in Internal Medicine Residency." *Journal of General Internal Medicine*, vol. 30, no. 11, 2015, pp. 1707-1710, DOI: 10.1007/s11606-015-3460-x.

Malchow, H. L. "*Frankenstein*'s Monster and Images of Race in Nineteenth-Century Britain." *Past & Present*, no. 139, 1993, pp. 90-130, http://www.jstor.org/stable/651092. Accessed 12 Feb. 2018.

Margolin, Leslie. "Unpacking the invisible knapsack: The invention of white privilege pedagogy." *Cogent Social Sciences*, vol. 1, 2015, pp. 1-9. *Taylor & Francis Online*, https://doi.org/10.1080/23311886.2015.1053183.

Martinez, Theresa A. "The Double-Consciousness of Du Bois & The 'Mestiza Consciousness' of Anzaldúa." *Race, Gender, & Class*, vol. 9, no. 4, 2002, pp. 158-176, https://www.jstor.org/stable/41675281. Accessed 16 Sept. 2018.

McIntosh, Peggy. "Extending Extending the Knapsack: Using the White Privilege Analysis to Examine Conferred Advantage and Disadvantage." *Women & Therapy*, vol. 38, pp. 232-245, doi: 10.1080/02703149.2015.1059195.

McIntosh, Peggy. "Reflections and Future Directions for Privilege Studies." *Journal of Social Issues*, vol. 68, no. 1, pp. 194-206, https://doi.org/10.1111/j.1540-4560.2011.01744.x.

Mellor, Anne K. "*Frankenstein*, Racial Science, and the Yellow Peril." *Nineteenth-Century Contexts*, vol. 23, no. 1, 2001, pp. 1-28, https://doi.org/10.1080/08905490108583531.

Morrison, Toni. *The Origin of Others*. Harvard UP, 2017.

Quiñones-Hinojosa, Alfredo. *Becoming Dr. Q: My Journey from Migrant Farm Worker to Brain Surgeon*. University of California Press, 2012.

Roberts, Dorothy. "The Problem with Race-based Medicine." TED, Feb. 2015, https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine.

Romano, Max J. "White Privilege in a White Coat: How Racism Shaped my Medical Education." *Annals of Family Medicine*, vol. 16, no. 3, pp. 261-263, https://doi.org/10.1370/afm.2231.

Ruggieri, Paul. *Confessions of a Surgeon: The Good, the Bad, and the Complicated...Life Behind the O.R. Doors*. Berkley, 2012.

Shelley, Mary. *Frankenstein or The Modern Prometheus: The 1818 Text*. Edited by Marilyn Butler, Oxford UP, 2008.

Shakespeare, Tom. "The Social Model of Disability." *The Disabilities Studies Reader*. 4th ed., edited by Lennard J. Davis, Routledge, 2013, 197-204.

Shapiro, Johanna. "Walking a Mile in Their Patients' Shoes: Empathy and Othering in Medical Students' Education." *Philosophy, Ethics, and Humanities in Medicine*, vol. 3, no. 10, 2008, pp. 1-11. *BioMed Central*, doi: 10.1186/1747-5341-3-10

Smith, Allan Lloyd. "'This Thing of Darkness': Racial Discourse in Mary Shelley's *Frankenstein*." *Gothic Studies*, vol. 6, no. 2, 2004, pp. 208-222. ProQuest,

https://manowar.tamucc.edu/login?url=https://search.proquest.com/docview/216264518?accountid=7084. Accessed 12 Feb. 2018.

Tweedy, Damon. *Black Man in a White Coat: A Doctor's Reflections on Race and Medicine*. Picador, 2016.

Thornton, Yvonne S. *Something to Prove: A Daughter's Journey to Fulfill a Father's Legacy*. Kaplan Publishing, 2010.

Wear, Delese and Julie M. Aultman. "The Limits of Narrative: Medical Student Resistance to Confronting Inequality and Oppression in Literature and Beyond." *Medical Education*, vol. 39, 2005, pp. 1056-1065, doi:10.1111/j.1365-2929.2005.02270.x.

Zuba, Clayton. "Monstrosity and the Majority: Defamiliarizing Race in the University Classroom." *Pedagogy*, vol. 16, no. 2, 2016, pp. 356-367, https://muse.jhu.edu/article/613705. Accessed 13 Feb. 2018.