

“If Only They Had Said it Differently” My Biomedical Experience

My story¹ begins 10 May 2009. I have a sudden acute episode of vomiting, diarrhea, and severe abdominal pains. The attack lasts for days, and gradually subsides. A few days later, still feeling generally unwell, I ask my GP for help.

Blood tests are ordered. Most results are “normal”, but kidney function is “abnormal”. The biomedical “gaze” has spoken. My GP dutifully follows the standard biomedical formula, and narrows his own vision down to the same narrow view as the test result’s “gaze”. He also sets the dominant discourse to be only about my kidneys, and when I object to this, asking about my acute attack, he ignores my attempt to take back the discourse. My suffering, from the intense pain of the acute attack, and also from my fear of what might be causing it, has no reality for him, as his gaze cannot see it. “The relief of suffering ... is (not) considered one of the primary ends of medicine.” (Cassell, 1982: 2).

The biomedical gaze has swept over my body, coming to rest on my kidneys. When it learns that I am suffering from urinary retention, it broadens slightly, to also encompass my prostate gland, but it refuses to include anything else. All attempts at resistance are rebuffed. The Oracle (the sacred ritual of the blood test) has spoken, and that is the end of the matter. Acute episodes of abdominal pain, vomiting, diarrhea, adrenal exhaustion, heavy metal toxicity: all of these cease to exist, or are irrelevant. My body has been objectified down to three components: two kidneys and a prostate gland. Nothing else is of any importance, and all resistance is swept aside. “The doctor sees, the doctor knows, therefore the doctor has the authority to decree the fate of my body.” (Trawick, 2013a: 6). The bone has been pointed, and my fate is sealed².

I attempt to resist several times. During a consultation with a urologist, at Dunedin Hospital, I attempt to widen the discourse. My attempt is met with incredulity and disdain. When I dare to persist, the urologist yells at me, loudly denying that my concerns have any validity. When I yell back at him, his anger and resentment are palpable. He loudly insists that all I need is surgery for my enlarged prostate gland. “Knowing is not dialogue, knowing is possession.” (Trawick, 2013a: 7). I terminate the consultation by storming out of the clinic, and I never go back.

A few weeks earlier, a similar encounter takes place at Oamaru Hospital. After an ultrasound scan of my bladder, the ultrasound operator says “The doctor wants to see you”. She hustles me into the Emergency Department, with zero explanation, sits me down, and a doctor proceeds to prepare to insert a catheter to drain my bladder. He does not even introduce himself, nor explain what he is intending to do. The biomedical gaze has swept over my body, zeroing in on my “abnormal” prostate gland, and immediate action is required! A nurse says “He is

going to insert a catheter”. I say “Oh no, he is not!” I say to him “Who are you? I do not know who you are? What is going on here?” He then does introduce himself, and continues with his preparations to work on the slab of meat that, to him, is my objectified body. “... our bodies have been defined as commodities.” (Trawick, 2013a: 5).

We argue. I refuse permission for him to do anything to **my** body. Eventually, we compromise. He draws blood, for a test, and we agree that if the test is no more “abnormal” than my last test, I can go home without my manhood being violated by his plastic tube. I win. The test shows a slight improvement. The biomedical gaze has spoken again, but this time the Oracle is on my side. I walk away with my manhood unviolated, but it was a near thing.

I get on with life, I never go back to the GP, nor to either hospital. I never hear from any of them again. Maybe they have written me off as being extremely “non compliant”, and washed their hands of me. Or, I have fallen through the cracks of their system. Either way, I do not care. It never occurs to me to lay a complaint about their brutish behaviour. I just want to forget them.

I intensify my own self-healing work. Often working for hours at a time, slowing clearing out the “inner demons” from my deep subconscious. I am working with a method similar to that of Carl Jung, as recorded in his personal therapy diary, his “Red Book” (Jung, 2009), that involves deep exploration of my subconscious mind. In my work as a natural health researcher, I am working with the theory that all physical dysfunctions originate in the mind, not in the body, and I am using my own body as a test subject for this.

But, on 16 October, another acute episode. Severe abdominal pain, vomiting and diarrhea. And again 12 January, and again 6 May. Each time, I just stay in bed for a few days, and it passes. I survive. I learn later that these attacks were peritonitis.

In the meantime, a move. From Otago to the Coromandel. I attempt a new beginning with biomedicine, with a new GP. I attempt to get him to help with my ongoing severe attacks. He orders blood tests. The results come back. The Oracle has spoken, again. The sacred ritual “gaze” has once again narrowed down to kidneys and prostate. My other concerns do not exist. Heavy metals, adrenal exhaustion, insomnia, acute episodes: of no concern. My objectified body has again been reduced down to the same two organs and one gland. The peritonitis is again undiagnosed. The dominant discourse again prevails. “All Glory to the Most high Oracle!”

*The Oracle speaks, he intones his magic ritual.
Another “patient” is assigned his fate.
His “abnormality” branded, seared into his soul.
Diabetic, carcinoma, angina, CKD, or BRCA.*

*“Unclean, unclean!” The Oracle does not care.
He just sees and speaks; he never listens.
He gazes, narrows his line of sight, and “Zap!”
He speaks his brand, his label.
And, that is that.*

Time goes by. Another acute episode. I tell the doctor. The gaze refuses to budge. I now avoid the doctor, never go back.

More time passes. I continue my radical “alternative” self-healing work: often several hours per day. Some improvements, but always the core symptoms refuse to budge. Urinary retention, quite bad now. Fluid retention in legs. Skin itch. It is a race for time. Can I heal myself? Or, will my symptoms overwhelm my body?

September 2011. Almost through a long, hard winter. But, crisis. Chronic symptoms overwhelm me. Urinary retention extreme. Legs like elephant legs. Extreme shortness of breath. I am beaten; I go to the hospital, resign myself to my fate.

Ten days in the renal ward. A plastic tube inserted in my manhood: but, at last, relief from the relentless symptoms. Dialysis, two transfusions, epo injection, and the ever-present tube, draining my bladder 24/7.

Funny thing is, it’s not all that bad. Almost like a holiday. Nothing to do, nothing to worry about. Just me, in my bed, relaxing, allowing my new friend, the plastic tube, to do its work.

The ever-present Oracle is constantly with me. Ultrasounds, x-rays, blood drawn every day, blood pressure and temperature three times daily. His gaze is relentless. I ignore him, quietly comply. He’s just a big pussycat, nothing to fear. It’s a paradox, but by surrendering to my fate, I have escaped my fate. I have reclaimed my body: the Oracle really is powerless, my body is mine.

“If only they had told me, it really is quite easy. If only they had said it differently.”

Part Two

Because of biomedicine's mind-body dichotomy (Cassell, 1982: 2), a patient's fears, grief, or sense of traumatic loss, related to the effects of their biomedical treatment, is rarely addressed as an integral part of biomedical treatment process. A patient's "personal meaning" of such is "determined to a great degree by cultural priorities" (Cassell, 1982: 4), and biomedicine pays scant regard to these. Just as the woman sculptor in Cassell's case study was suffering from the results of her treatment, so too, in the confronting of my "abnormality", was I suffering. In my case, it was the direct threat to my manhood, the core of my maleness, that was under potential assault. All of the doctors were forcefully telling me that I "must" have prostate surgery. No discussion was offered to allay my instinctual fears of the procedure. Very little actual details regarding the procedure were offered. Nobody noticed that I was suffering. To them, this was just another day at the office, and I was the archetypal disruptive patient: "non-compliant", an inconvenient fool.

In the end, when forced into a corner, with no other way out: facing death or biomedical treatment, I chose life and potential loss of manhood over death. In doing so, I overcame my suffering by "enlarging my self" (Cassell, 1982: 6). By "enlarging" part of my *self*, the part that biomedicine **cannot touch or influence**, I transcended the suffering. I had to do this by myself, with no help, but in the process I gained a great deal. I kept my self-respect, and I experienced a lesson in humility and surrender to life's inevitable processes.

At the heart of my unease with the doctors was the root metaphor that my body was a broken-down machine. (ibid: 7). To someone like me, who attempts to live an intensely holistic, highly-integrated and spiritual life, their attitude to my body was highly offensive, and it was intensely frustrating that it was impossible to discuss these issues with them: so I withdrew from them, until circumstances forced me back, but when I returned a different group of doctors had a different attitude, and the biomedical lion morphed into a pussycat.

I was also uneasy about being dependent on the biomedical system. "... once they have begun treatment, they cannot exercise unfettered choice of sellers which characterizes free markets" (Starr, 1982: 29). I could not go to a different group of urologists, following my disastrous confrontation at Dunedin Hospital. Even if I could, the new urologist would be of a similar mindset to the Dunedin one.

Although doctors no longer write their prescriptions in Latin, Foucault points out (Foucault, 1973: 141), that “does not mean placing the hidden or the invisible within reach”, and “a speech that can be understood by those initiated into true speech” (medical training). This was certainly my experience with my doctors. They never spoke **to** me. They spoke **around** me, to their colleagues, or **at** me, but not **to** me. How could they? Those two organs and one gland in my objectified body were their only concern. To them, I was “the prostate and kidneys in room 105”, much like “the gallbladder in 112” (Gaines and Davis-Floyd, 2003: 4). Also, their grip on their structural power (Wolf, 1999: 5) was absolute. The clinic is biomedicine’s world, and its servants, the doctors, wield absolute structural, and tactical, power.

Concerning my personal self-healing therapy work, which has been ongoing for over twenty years; I do not have space in this essay to discuss this in any detail, except to say that it is a form of neo-shamanism that is similar to the work of Carl Jung. (Jung, 2009).

Regarding my ongoing progress since the events in my story, these words of Wessels, discussing Foucault, sum it up: “However, institutionalizing illness has the effect of perpetuating, not eradicating it.” (Wessels, 2006: 2). My Renal Physician is certain that I will be dependent on biomedicine for my survival for the rest of my life, and that my kidneys are on an inevitable downward path, which will ultimately end in death. The evidence is presently the opposite of this, but he ignores this evidence, as it does not support the dominant discourse that he has internalized. I have been unilaterally reducing the amount of dialysis that I undergo, despite his objections, and every time, when my latest test results come in, he grudgingly admits that I am correct, my kidneys are in fact improving.

In the end, I came to see that my fears were mainly based on my own lack of appropriate information, and that my perception of the biomedical “Oracle” as being my enemy was unfounded. When backed into a corner and forced to submit, my fears evaporated. *“If only they had said it differently.”*

Notes:

- 1 I have attempted to write this essay in a different style to the usual “academic” essay style. Rather than writing in the usual “objective” third person, interspersed with occasional first person reflexive comments, I have attempted to write Part One of my story in an “Experimental New Ethnography” style, in the first person, because my main “informant” is my self. The biomedical practitioners are actually bit players in the drama, this story is *my* story, not theirs, and the writing of the story is a vital component in my journey of healing, to complete the process of taking back control from them of my own body. The biomedical practitioners were acting out predictable, robotic-like scenarios, everything they do is tightly choreographed and proscribed, and their personal choices are limited, by the indoctrination that they have undergone in their training, and also by biomedicine’s system of peer oversight by the Medical Council and other peer organizations.

In Part Two, I have reverted back to the “usual” academic essay style.

- 2 The biomedical sorcerer (“doctor”) does not need to perform a secret ritual, hidden deep in the forest, with his henchman, to magically energize his sharp bone (Malinowski, 1932: 75). His magic Oracle is his henchman, and its gaze is his “bone”. It matters not which version of the Oracle is used. Blood test, scan, x-ray, whatever. They all have the same power, and power defines “knowledge” (Foucault, 1973). The bone is pointed, and the “patient” trembles in his fate.

References

Cassell, E. (1982). "The Nature of Suffering and the Goals of Medicine." In: *New England Journal of Medicine*, 306 (11): 639-645.

Foucault, M. (1973, Trans. Sheridan, A.M.). *The Birth of the Clinic: An archeology of medical perception*. Travistock, London.

Gaines, A and Davis-Floyd, R. (2003). "On Biomedicine". In: *Encyclopedia of Medical Anthropology*. Eds. Ember, C and Ember, M. Yale: Human Relations Area Files.

Jung, C. (2009). *The Red book: Liber Novus*.
http://en.wikipedia.org/wiki/Red_Book_%28Jung%29
Retrieved 18 May 2013.

Malinowski, B. (1932). *Argonauts of the Western Pacific: An Account of Native Enterprise and Adventure in the Archipelagoes of Melanesian New Guinea*. London: Routledge and Sons.
Pdf file copy, downloaded from the "Universal Library", Ref. "OU1 1604658"
<http://archive.org/details/argonautsofthewe032976mbp> Accessed August 2012.

Starr, P. (1982). "The Social Origins of Professional Sovereignty", In: *The Social Transformation of American Medicine*. New York: Basic Books. Pages 3-29, 420-449).

Trawick, M. (2013a), *Medical Systems of India, China and the West*.
Massey University Stream
http://stream.massey.ac.nz/pluginfile.php/87309/mod_resource/content/0/Part_Two_Chapter_1/146.311_SG2_CH_1and_CH_2_2011.pdf
Retrieved 15 May 2013

Trawick, M. (2013b), *Medical Systems of India, China and the West*.
Massey University Stream
http://stream.massey.ac.nz/pluginfile.php/87313/mod_resource/content/0/Part_Two_Chapter_3/311-SG2-chapter_2_2011.pdf
Retrieved 15 May 2013

Wessels, E. (2006). "Resources on Michel Foucault: The Birth of the Clinic".
University of Minnesota, Department of Communication Studies.
<http://www.comm.umn.edu/Foucault/birthoftheclinic.html>
Retrieved 28 May 2013.

Wolf, E. (1999) *Envisioning Power: Ideologies of Dominance and Crisis*.
Berkeley: University of California Press.