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Editorial

Scars in Time—Healing, Memory, Medicine

We are able to find everything in our memory,
which is like a dispensary or chemical laboratory
in which chance steers our hand sometimes
to a soothing drug and sometimes to a
dangerous poison.

— Marcel Proust (2003)

Proust, the author of perhaps the most in-depth literary exploration of memory, was the son of a physician. Yet it is being a patient, not a physician, that becomes a conduit to his memory. Throughout *In Search of Lost Time*, Proust's semi-autobiographical work, Marcel is portrayed as more incapacitated and unwell than the author; it is this very sickness that provides the occasion to write. And writing provides a vantage for activating memory, twining sickness and memory, where memory is a laboratory that can soothe or sicken.

Many of the selections for this issue of *Ars Medica* touch the nerves of memory, and the pieces themselves become a kind of scar tissue that binds wounds caused by sickness and loss. The image of a scar recurred to me throughout my reading of these works. The fibrous tissue that replaces normal tissue after a wound is a site of both injury and healing, a physical site that can be returned to, worried beneath your fingers, marking the time of healing and regeneration. You can run your finger over the ridge of a scar, and be reminded of pain even while sensation is numbed by this nubby rind.

Several of the poets in this volume address memory, as they visit loss at the site of their poems. Dan Champion, in a series of poems, “Eidos,” “Progress Report,” and “Sinister, writes of the flare of painful remembering. In “Eidos,” memory sears: “Half a century on, this night scene burns, / sparked merely by a bike glimpsed as it turns.” While in “Progress Report,” writing and re-reading, in the form of letters, sustain the joy and comfort of memory against this harsh traumatic memory:

I’m grateful for these letters. Words don’t stay
with me. I need some medium to stay
them for me.

* * *

These letters stay your spirit from the blight.

Christine Kannapel, in her poem “Teacup of Roses,” links the narrator’s mother’s lost memory and dementia with the gardens and nature of the narrator’s childhood. The poem brings the sensory quality of these recollections—the “sap and watery notes/ of a forest in the neighborhood park” of the narrator’s childhood—to the reader, like the teacup to the mother, an invitation, a wish, a plea to partake, “to see the flowers and recall/ how she saw me once.”

In “Friday Thirteenth,” pediatrician Nick Fordham uses the poem not only as an occasion for memory, but as an injunction to remember: “I resolve never to forget.” Medicine can allow you to see into bodies and know the future before a patient: “I saw your blood before you arrived; / nasty cells, divulging / your Diagnosis.” In contrast to this almost omniscience, the poem is frag-

mented, with partial sentences, and haltingly placed capital letters. The writer addresses the deceased directly through the poem: “I will miss / your patient / nature” as if she were still alive, not only a patient, but patiently returning in “defiance” through the poem.

Ashley J. Choo, a Critical Care Fellow, also uses poetry to metabolize her experience with a failed attempt to resuscitate a patient, navigating the terrain between the anonymity of the patient and the leeching out of her own identity, “bleed[ing] my own name in debt onto each / death certificate ... until I have given my whole self away.” Within the poem, at least, she is able to “whisper anonymous death by / measures ...”.

The delightful translation of “Against a Wen,” an Anglo-Saxon charm, by Maryann Corbett, reminds us of this longstanding use of words to ward off ill and danger. Seeing and reading the original with the translation, the sing-song alliteration is retained, urging the reader to speed onward through the poem, to seek fortification and safety:

Original text

Ʒenne, Ʒenne, Ʒenchichenne,
her ne scealt þu timbrien, ne nenne tun habben,
ac þu scealt norþ eonene to þan nihgan berhge,
þer þu hauest, ermig, enne broþer.

Translation

Wen, wen, squat as a hen
here I forbid you to build or bide.
North must you go to a town that’s near
Where you’ve a brother, wretch that you are.

The measure of memory and pain in many of these poems had me thinking of writing within and from healthcare as a kind of collective memory of sickness and loss. But I was also stopped short by the poem “¡Fanon!” by physician-writer C.A. Rivera, playing with “old” and “new” to remind us that “Infectious colonialism persists, / genetically modified / and given the name / The New Colonialism.” And I was confronted with the limitations of Maurice Halbwach’s collective memory, which belies the fact of memory’s inconstancy, unevenness, and mess.

Many of the pieces within this volume of *Ars Medica* also complicate the idea of our ability to empathically witness the experience or memory of another. Maryam Golafshani, in her reflexive essay “Pumpkin, Penguin, and Pepper: Encounters Between a Mentally Ill Medical Student, a Psychiatry Patient, and a Psychiatrist,” recounts her experience as an outsider witness, “a third party who listens, acknowledges, and reflects upon stories the patient shares in therapy.” She experiences the complexity of this witnessing and, after Sara Ahmed, the stickiness of emotion, and the barriers to empathy. Golafshani redefines empathy “as generosity in allowing oneself to be surprised by all one does not understand about a patient’s experience.” In “Til Death Do Us Part — The Long Goodbye,” which details the difficult choices faced by a caregiver whose husband is losing his memory to dementia, physician writer Paul Rousseau is also confronted by the desire and persistence of his own interpretations. By the end of the story, he

must accept his patient's autonomy and recognize that "letting go is hard" for him as a physician.

Better than the term collective memory is what James E. Young calls "collected memory," which retains the fragmentation, and individuality of memory, and which allows for inclusive, diverse, and contradictory memories to exist alongside each other. It also allows us to see gaps in our collected memory where some experiences and memories were silenced or overwritten. My reading has left me with lingering questions that I will continue to address to the work. Are all of these contributions to *Ars Medica* a kind of collected memory where we can visit the sites of our hurt and of our healing? Can we create space for intersections where we can also engage in social memory within healthcare, to counter our social forgetting? Consider this issue of *Ars Medica* an invitation to visit the memories of others, and also an injunction to the act of remembrance.

Reference

Proust, Marcel. 2003. "The Captive." In C.K. Scott Moncrieff & Terence Kilmartin (Trans.), *In Search of Lost Time, Vol 5*. New York, NY: The Modern Library. (Originally published 1922)

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