

**A Psychoanalytic Reading of Jill Bolte Taylor's Poem**

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**Abstract**

*The advent of literature and medicine, as a multi-disciplinary study, has witnessed the production of critical writings on points of intersection between these two fields. Illness narratives happen to be one of the many areas of literature and medicine that has attracted critical attention. However, as much as people have paid attention to this genre, referred to as the 'orphan genre' by Frank Arthur, not much has been done on illness narratives written by physician-patients. This study focuses on the place of empathy in the diagnosis, care and treatment of patients.*

*The study adopted psychoanalysis as its theoretical framework. This theory, which accounts for the psychic patterns, ruptures and clinical treatment of patients, was propounded by Sigmund Freud and Jacques Lacan. Two texts: Jill Bolte Taylor's *My Stroke of Insight: A Brain Scientist's Personal Journey* is used as primary data. They are purposively selected for their shared background as works of physicians narrating their experiences as patients. They are subjected to literary and critical analyses.*

*The text exhibit profound awareness of the diseases their subjects suffered and how they should be tackled. Both physician-patients, in the works, convert their experiences into springboards for further research into the illnesses they have suffered. Furthermore, their pathographies identify empathy as a critical process in the treatment of patients. Also, both texts exhibit autobiographical features that distinguish them from case histories or medical charts written by physicians. The author not only documents the experiential dimensions to their diseases and recuperation, but also places themselves at the centre of the narratives. Similarly, both authors reproduce identical responses to acts of de-humanization by detached physicians who took care of them. However, hope, confidence and friendship are their attitudes towards physicians who treat them with kindness and love. However, while Jill Taylor does not explicitly promise to listen to her patients in the future, Oliver Sacks states*

*clearly that paying rapt attention to his patients will be the pivot to his future medical practice.*

**Keywords:** Pathographies, Psychoanalysis, Illness Narratives, Physician-Patient, empathy  
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***My Stroke of Insight: A Brain Scientist's Personal Journey***

This book is an autobiographical account of an illness suffered by the author. Therefore, it falls under pathography. *My Stroke of Insight* details the conscious and subconscious journey that a brain scientist embarks on before, during and after a stroke. Jill Bolte Taylor, the author of this pathography, is a trained and well published neuroanatomist. She grew up in Terre Haute, Indiana. However, her motivation for studying neuroanatomy lies at the heart of the nervous problem her brother battled with as a child. She explains:

One of my older brothers, who is only 18 months older than I, is diagnosed with the brain disorder, schizophrenia. He was officially diagnosed at the age of 31, but showed obvious signs of psychosis for many years prior to that. During our childhood, he was very different from me in the way he experienced reality and chose to behave. As a result, I became fascinated with the human brain at an early age. I wondered how it could be possible that my brother and I could share the same experience but walk away from the situation with completely different interpretations about what had just happened. This difference in perception, information processing, and output, motivated me to become a brain scientist. (5).

Subjecting Taylor's reason for studying Neuroanatomy to a psychoanalytic reading, one can say that she chose the field of study due to repressed fears in her unconscious. These fears emanate from seeing her older brother almost raving bonkers, while she attempts to keep her mind above water. According to Ann B. Dobie (2002:52), "because the conscious mind is not aware of its submerged counterpart, it may mistake the real causes of behavior. An individual may be unable to tell the difference between what is happening and what she thinks is

happening. In short, our actions are the result of forces we do not recognize and therefore cannot control". Therefore, seeing her older brother suffer from psychosis, a serious mental illness that can change a person's character and make them unable to behave in a normal way. Taylor develops a mixture of fear and anger towards an ailment that has distorted her brother's personality. By what other way could she overcome this condition but to discover the cause and management of it through studying Neuroanatomy – the science about the working of the brain?

Taylor had her undergraduate study at Indiana University in Bloomington, Indiana in the late 1970s. Owing to her knowledge of her brother's schizophrenic condition, she was deeply interested in unraveling what the world "normal" meant at the neurological level. (5).

In 1988, during her stint at the Terre Haute Center for Medical Education (THCME) her brother was officially diagnosed with schizophrenia. She explains:

Biologically, he is the closest thing to me that exists in the universe. I wanted to understand why I could take my dreams and connect them to reality and make my dreams come true. What was different about my brother's brain such that he could not connect his dreams to a common reality and they instead become delusions? I was eager to pursue research in schizophrenia (6).

Ultimately, therefore, understanding her brother's condition and the unconscious fear of losing her sanity are responsible for her foray into Neuroanatomy. These reasons endear her to people who are 'stricken with same brain disorder' as her brother (7). Her passion for issues related to brain disorder soon drove her to become the spokesperson for the National Alliance on Mental Illness (NAMI). In 1993, she attended the annual conference of NAMI. For her, this conference was life changing as she was able to meet with other people who had siblings with similar issues like her brother. Taylor narrates her experience:

Until I met other siblings of individuals with mental illness, I had not realized what a profound impact my brother's illness had on my life. In the course of those few days, I found a family of people who understood the anguish I felt at the loss of my brother to his schizophrenia (8).

On the morning of December 10, 1996, Taylor woke up with a stroke. This was a severe hemorrhage in the left hemisphere of her brain due to an undiagnosed arteriovenous

malformation (AVM). This condition rendered her so completely disabled that she described herself as “an infant in a woman’s body” at that moment. According to her, “stroke is the number one disabler in our society and the number three killer” (2006:22). This medical condition makes her, within four brief hours, to totally deteriorate in her ability to process stimulation coming in through her senses. “This rare form of hemorrhage rendered me completely disabled whereby I could not walk, talk, read, write or recall any aspects of my life” (11).

Taylor loses the above abilities because of the part of the brain affected by the stroke. The stroke affects her left hemisphere, which is responsible for thinking, and controlling many other cognitive abilities. She throws more light about the left hemisphere below:

People who have damage to their left hemisphere often cannot create or understand speech because the cells in their language centers have been injured (34).

Taylor, as a result of her training as a neuroanatomist, quickly grasps the fact that she is having a stroke on that morning. She managed to make a frantic call for help to her office and another call to her doctor, after a lot of difficulties making sense of the phone numbers which appear like squiggles to her. In short, Taylor was cut off from the common reality she is familiar with:

Feeling out of synchrony with the life I had known, I was concurrently disturbed and fascinated by what I was witnessing as the systematic breakdown of my cognitive mind. Time stood still because that clock that would sit and tick in the back of my left brain, that clock that helped me establish linearity between my thoughts was now silent. Without the internal concept of relativity or the complementary brain activity that helped me navigate myself linearly, I found myself flouting from isolated moment to isolated moment. “A” no longer had any relationship to “B” and “one” was no longer relative to “two” (50).

The above circumstance, that flux of mind when the past is merged with the present and nothing makes sense, can be explained with Lacanian psychoanalysis. Lacan asserts that the unconscious is structured like a language (Dobie, 2002:64). He expands such ideas by turning to Saussure, although with some minute modifications. Saussure maintains that the

relationship between a word and a physical object is arbitrary, not inherent, and that relationship is maintained by convention. We know one signifier from another not because of meanings they naturally carry, but because of the differences signifiers have from one another (Dobie, 2002:64). Taylor's reality had been tampered with as a result of the stroke that simple associations between minutiae realities like "A" and "B" could make no sense to her.

However, this Lacanian explanation comes in handy when we observe that despite Taylor's mental impairment, owing to the stroke, the first phone number that comes to her mind is her mother's:

In the hope that I might consciously evoke another wave of clarity, I placed the phone on the desk in front of me and stared at its keypad. Searching for some recollection of a number to dial, my wandering brain felt empty and sore as I forced it to concentrate and pay attention. Pulsing, pulsing, pulsing. Gosh my brain hurt. In an instant a number flashed through my mind's eye. It was my mother's number. How thrilling that I would remember! How wonderful that I could not only recall a number but that I knew whose number it was. And how remarkable, though unfortunate, that even in this precarious condition, I realized that my mother lived over a thousand miles away and how inappropriate it would be to call her now (51).

Since her left hemisphere language centre is under attack, one would think that all her cognitive abilities would be rendered redundant as she evinces earlier. But Taylor is still able to think up her mother's phone number as well as decide that it would not be prudent to give her a call at that moment. Lacan explains this to be "conceptualized reality". The unconscious is a constantly moving chain of signifier with nothing to stop their shifting and sliding the signified that seem to be: 'the real thing' is actually beyond our grasp because, according to Lacan, all we can have is a conceptualized reality (Dobie, 2002: 64).

After much trials and errors, Taylor succeeds in putting a call through to both Steve, a colleague at the lab, and her private physician who directs her to find a way of getting to the hospital (Mount Auburn Hospital). Steve goes to her home to get her to this hospital. When they arrive, Taylor is delirious.

By the time we arrived, I was still conscious but obviously delirious. They placed me in a wheelchair and led us into the

waiting room. Steve was clearly distressed with their indifference to the severity of my conditions, but he obediently filled out my paperwork and helped me sign my name (62).

This anxiety expressed by Steve serves to foreshadow Taylor's treatment as a text. The concept of patient as text is an idea held by many physicians that the patient is nothing but a text to be read and interpreted by the physician. The physician does this without any regard to the feelings of the patient. This process of dehumanization in medicine has been explored by Rita Charon. In her essay, 'To Render the Lives of Patients' (1986:58-74), Charon avers that this process of dehumanization takes different directions. She explains:

On the simplest level, people become their bodies. This is the most innocent level of the transformation and applies to healthy people as well as to patients. Should a medical trainee go to a party, he or she will be shown rashes, lumps, and places that hurt. When a medical student is in a crowd, he or she cannot help but scan bared arms. 'Good vein, I could get a 14 intracath into that one,' thinks the student who spends hours of each day fighting against veins that seem always too small or unruly to accept the catheters for intravenous fluids. At this stage in the transformation, the student or the physician becomes the technician and the asexual viewer of bodies. *As the process deepens, the patients are transformed into their organs or diseases. Some medical trainees use this extreme objectification to protect themselves from the need to confront the human tragedy of illness* (61). (Emphasis mine)

Charon believes that this way of confronting the human tragedy of illness helps medical trainees to cast an easier glance at a malignant hepatoma than a twenty-six-year-old man who will die soon from a rare and fatal liver problem. The student or physician at this stage becomes 'an anatomist or a curator of specimens' (61). In viewing patients as texts, not only do patients become diseases, but some diseases become more equal than the others. Taylor is also guilty of viewing patients as texts, whenever she sings her (jingle) song about patients donating their brains to the brain bank. The jingle goes this way:

Oh, I am a brain banker,  
Banking brains is what I do  
I am a brain banker,

Asking for a deposit from you!  
(178)

Many patients, as Taylor confesses, are brutally shocked by the lyrics of this jingle. This is because they felt the singer is not looking at their plight from the point of view of a patient, but rather from the position of a neuroanatomist.

In the Neurological Intensive Care Unit, Taylor was treated like a specimen, a thing. Within the first 48 hours of her admission, medical students, nurses and doctors buzzed about her without showing any sign of sympathy for her condition. Taylor laments:

I experienced people as concentrated packages of energy. Doctors and nurses were massive conglomerations of powerful beams of energy that came and went. I felt rushed by an outer world that did not understand how to communicate with me. Because I could not speak or understand language, I sat silently on the sideline of life.... Folks buzzed in, probed, prodded, and repeatedly sought neurological information. My energy was drained by these ongoing activities. I would have appreciated it if they would have consolidated their efforts and shared the information (74).

Her experience in the Neurological Intensive Care Unit purchases her a new epiphany about how patients are treated by medical personnel's. Taylor becomes sensitive to the attitudes of caregivers towards her. This negates her apparently chilling jingle about patients with brain disorder donating their brains to a brain bank when they die. The new Taylor is now very curious of the way a particular nurse relates with her:

With this shift into my right hemispheres, I became empathic to what others felt ....One nurse was very attentive to my needs: Was I warm enough. Did I need water? Was I in pain? Naturally, I felt safe in her care. She made eye contact and was clearly providing me with a healing space. A different nurse, who never made eye contact, shuffled her feet as though she were in pain. This woman brought me a tray with milk and jello, but neglected to realise that my hands and fingers could not open the container. I desperately wanted to consume



something, but she was oblivious to my needs. She raised her voice when she spoke to me, not realizing that I wasn't deaf. Under the circumstances, her lack of willingness to connect with me scared me. I did not feel safe in her care (74-75).

The title of this pathography - *My stroke of Insight* – is probably a corruption of the idiom “a stroke of luck/fortune”. A stroke of luck is something someone stumbles upon unexpectedly that is beneficial to the person. Her stroke of insight should therefore be what she manages to gain from her brackish experiences combating stroke. One of her strokes of insight is the realization that stroke patients are not properly cared for by physicians and other caregivers. She frowns at the idea of treating patients as text when she laments her plight below:

I was saddened by this inability of the medical community to know how to communicate with someone in my condition. Stroke is the number one disabler in our society and four times more strokes occur in the left hemisphere impairing language.... I wanted my doctors to focus on how my brain was working rather than on whether it worked according to their criteria or timetable (78).

The medical field is seen by many as a field of human endeavour in desperate need of empathy. This is as a result of their stunning detachment about the prevailing condition of their patients. Most times, this detachment can pass as a norm rather than the exception in profession that is charged with the responsibility to restore not only health, but to remake and restore life. In a particular instance, the tyranny of caregivers makes Taylor to meditate thus, “I wanted to communicate: Yelling louder does not help me understand you any better... Bring your gentle spirit. Speak more slowly. Enunciate more clearly... Respect me” (72).

However, if Taylor had thought that her silent meditation would earn her any respect from her caregivers, she is definitely in for a huge shock the following morning. She wakes up the next morning to face a medical student who comes rushing in to take a medical history. This student throws a barrage of questions at her and ends up draining her energy. Taylor puts the encounter this way:

I awoke early the next morning to a medical student who came rushing in to take a medical history. I thought it curious that she had not been informed that I was a stroke survivor who could not speak or understand language. I realized that morning that a



hospital's number one responsibility should be protecting its patient's energy levels. (81).

Sometimes, Taylor erects a barrier to communication whenever the caregiver proves unsympathetic to her plight. This is not only her subtle way of protesting her position as a text in the eyes of doctors, but serves as a recommendation as to how patients are to be cared for. She acquaints us with her rebellion as follows:

The biggest lesson I learned that morning was that when it came to my rehabilitation, I was untimely the one in control of the success or failures of those caring for me. It was my decision to show up or not. I chose to show up for those professionals who brought me energy by connecting with me, touching me gently and appropriately, making direct eye contact with me, and speaking to me calmly. I responded positively to positive treatment. The professionals who did not connect with me sapped my energy, so I protected myself by ignoring their requests (81-82).

According to Dobie (2002:52), "the id can be a socially destructive force. Unrestrained, it will aggressively seek to gratify its desires without any concern for law, customs, or values. It can even be self-destructive in its drive to have what it wants". In resisting the treatment her caregivers afford her, we can see Taylor's id trying to "gratify its desires" without any concern for the implications. Taylor wants empathy from her caregivers, and her id will protest any attention that falls short of her desires. For instance, Taylor is fully cooperative with another medical student, that same day, who comes to give her another neurological examination. She is weak and incapable of sitting up, but because of the young man's gentle yet firm touch, Taylor is able to connect with him "He was respectful of me as a person – even in this condition" (83).

After preliminary care had been administered to her by the medical team, Steve comes to pay her a visit on day 2 of her admission, bearing news that her mother, G. G. would be arriving in Boston early the next morning. Due to Taylor's condition, the memory of her mother becomes hazy as she had "lost the concept of what a mother was" (85). She spent the rest of the day trying to figure out who her mother is to her. She repeats her mother's name in order to register it in her head. However, she is able to register who a mother is and what G.G.

stands for. This brings excitement to her. The excitement at seeing her mother knows no bounds as narrated in the passage below:

I remember clearly the moment G.G. came around the corner into my room. She looked me straight in the eye and came right to my bedside. She was gracious and calm, said her hellos to those in the room, and then lifted my sheet and proceeded to crawl into bed with me. She immediately wrapped me up in her arms and I melted into the familiarity of her snuggle. It was an amazing moment in my life. Somehow she understood that I was no longer her Harvard doctor daughter, but instead I was now her infant again. She says she did what any mother would have done. But I'm not so sure. Having been born to my mother was truly my first and greatest blessing. Being born to her a second time has been my greatest fortune (86-89).

G. G. is given the task of preparing and convincing Taylor on the surgery that is to follow. The surgery, called craniotomy, is to remove the remnants of the AVM and a clot the size of a golf ball. Taylor is unsettled about the idea of a craniotomy. She is aghast when she learns that they were going to cut her head open. She feels that no self-respecting neuroanatomist would ever allow anyone to cut their head open. Instead Taylor is concerned that the craniotomy may lead her to a permanent loss of cognitive ability (88).

G. G. takes Taylor home and embarks on an aggressive crusade of restoring some of her cognitive abilities. She takes a deliberate interest in helping Taylor recover her memory. Part of helping her recover her memory is to ask her open-ended questions instead of a "Yes or No" question. In the end, Taylor is put in the right frame of mind for the surgery. She attributes her quick healing and recovery to the meticulous care provided by her mother during the stroke. G.G. continues to stay with her until Taylor shows remarkable and convincing signs of recovery.

However, Lacan has an explanation for the exceptional bonding between Taylor and her mother. In Lacan's Imaginary Order, an infant exists in a state of nature, a psychological place characterized by wholeness and fullness. Unaware of its separateness from the mother or any other object that serves its needs, the infant does not recognize a distinction between itself and anything else (Dobie, 2002:55). During the illness, Taylor describes herself at various times as an infant. Excerpts below:

I was the youngest of three and my mother had been a very busy woman during my toddler years. It was really sweet for me to get the chance to be mothered by her again at this level of dependence (94).

With my mind stripped of its ability to recall the memories and details of my previous life, it was clear to me that I was now like an infant- born into an adult's women body. And oh yes, the brain wasn't working! (65).

Lacan believes that there is a point when the infant suffers a separation from its mother. This separation is to enable the individual move from nature to culture. However, he opines that infants loathe this separation. Therefore, they always desire a return to the earlier period of oneness with the mother, specifically demanding for love and attention, but such a reunion is impossible (Dobie, 2002:67). This eagerness for a reunion is demonstrated when G. G. arrives the Neurological Intensive Unit.

I remember clearly the moment G.G. came around the corner into my room. She looked me straight in the eye and came right to my bedside. She was gracious and calm, said her hellos to those in the room and then lifted my sheet and proceeded to crawl into bed with me. She immediately wrapped me up in her arms and I melted into the familiarity of her snuggle. It was an amazing moment in my life somehow, she understood that I was no longer her Harvard doctor daughter, but instead I was now her infant again.... Having been born to my mother was truly my first and greatest blessing, being born to her a second time has been my greatest fortune (87).

Taylor's admission of her desire to be with her mother a second time like an infant is a classic example of a Freudian slip that confirms Lacan's theory of a baby's desire for a 'reunion' with its mother. G.G.'s presence in the world of Taylor, during her period of stroke, is a defining example of the much needed therapy every stroke patient requires. However, G. G.'s efforts can be interpreted as a ventilation of her pent up and repressed sorrow and anger at her inability to help secure the mind of her son who suffered many years of psychosis and, later, schizophrenia. As Taylor tells us:

It was clear to Francine that I would probably need surgery. She hoped G.G. would be able to come and give me long term care in Boston area. G.G. never hesitated. She spent ten years of her life trying to help my brother heal his mind, to no avail. However, she felt that she could help this child recover from her neurological trauma. G.G. turned all those years of frustration for not being able to heal my brother's schizophrenia into a plan for helping me recover my mind. (80).

Finally, Taylor's pathography is a book that documents her experiences as a stroke patient. *My Stroke of Insights* details her epiphanies of the working of her brain and the inhumane ways stroke patients are treated by medical caregivers. It is her belief, according to this book, that her recorded experiences could lead to a better understanding of how doctors should care for stroke patients. Taylor, in her own authorial position, has prescribed compassion and empathy as indispensable therapies for patients with whatever ailment.

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