It's about Empathy and So Much More: Fellow Feeling as Sensibility Capital in Graphic Narratives about Healthcare Workers

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Abstract

This article examines graphic novels whose stories revolve around the experiences of healthcare professionals. Paying attention to their themes, plot trajectories and visual elements, it discusses and reflects on the discourses surrounding the concept of *empathy* through a Marxian lens. My reading accentuates the view that empathy should be regarded as a resource that can be exhausted, involves cognitive/affective costs and thereby requires structural support so that the empathy-driven approach of caregiving can be sustainably maintained.

Keyword: empathy, graphic medicine, graphic novels

Why do you study literature? In our time, it is not unusual for a literature student to get asked this question. A swift, succinct and substantive response that can validate the discipline in a functionalistic fashion is also normally expected. Such an expectation is arguably symptomatic of our age, which sees the neoliberalization of higher education and the concomitant marketization of academic knowledge. As a consequence, students as well as academics working in the literary disciplines must learn to acclimatize themselves to an elevator-pitch scenario wherein they have to "sell" their area of interest to a skeptical entrepreneurial audience. With this trend, the concept of *empathy* is oftentimes idealized in popular and academic discourses which revolve around the values of literary studies. As the cliché goes, fiction can enact vicarious experiences through which one can learn about someone else's subjective reality, allowing them to develop a habit of empathizing with others. It can be said that empathy has become a convenient concept one can resort to when they have to explain the utilitarian necessity of the field. For instance, often referred to in discussions about the relationship between empathy and fiction is the assertion made by Martha Nussbaum in *Not for Profit: Why Democracy Needs the Humanities* (2010). In this book, Nussbaum opines that the humanistic cultivation of

"narrative imagination" or "the ability to think what it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person's story, and to understand the emotions and wishes and desires that someone so placed might have" is necessary for democratic society (Nussbaum, 2010, pp. 95-96). The study of fiction thus can serve as a vehicle whereby this kind of empathy can be instilled and nurtured.

Discourses that place an emphasis on empathy and the pragmatic merits of fiction have gained traction among those whose works engage with medical humanities. One notable example is Rita Charon's *Narrative Medicine: Honoring the Stories Of Illness* (2006), in which the author addresses the power of narratives along with the empathetic feelings they can engender. In this book, Charon introduces to her readers the idea of *narrative medicine*, which is defined as "medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness" (Charon, 2006, p.4). Charon further adds that one of the goals that medical educators try to accomplish is to "enable physicians to practice with empathy, trustworthiness, and sensitivity toward individual patients" (Charon, 2006, pp. 7-8), and this is where literary studies and its specialization in narrative knowledge comes into play. In Charon's own words,

> Even if medical educators cannot require a student to respond to a patient's suffering with compassion, they might be able to equip students with compassion's prerequisites: the ability to perceive the suffering, to bring interpretive rigor to what they perceive, to handle the inevitable oscillations between identification and detachment, to see events of illness from multiple points of view, to envision the ramifications of illness, and to be moved by it to action. (Charon, 2006, p. 8)

Standing in someone else's shoes or inhabiting the "lived reality" of others turns into a skill to be acquired, improved and mastered for the sake of better healthcare provision. Doctors, apart from being well-versed in medicinal knowledge, must also attend to the affective dimension of patients' suffering so as to administer effective treatment.

Still, the question worth asking is what empathy can entail. This article reflects on this question through the readings of three graphic novels written by healthcare professionals. While I do not seek to negate the necessity of empathy, this article invites readers to further consider the material reality of empathetic relations. Discussing their textual elements along with constellations of theoretical texts in comic studies and medical humanities scholarship, my reading suggests that these visual texts, while espousing the importance of empathetic relations between patients and healthcare professionals, also illustrate the writers'

awareness that empathy is anything but an inexhaustible resource and that the complexity with regard to clinical encounters between doctors and patients is irreducible to the solutionistic discourse that considers empathy an always already available panacea. To expand the problematization of empathy further, my discussion at the end also addresses the depictions of mental illness in *Sabrina*, a 2018 graphic novel by Nick Drnaso, so as to point out how its narrative intentionally goes against our assumptions about the power of narrative arts.

My reading is Marxian by nature in the sense that its discussion of literary texts is materially-oriented. What I wish to accomplish in this reading, to borrow Barbara Foley's words in *Marxist Literary Criticism Today* (2019), is to offer textual analyses that "recognize the limits of texts that express the desire for a better world in idealist terms, while understanding that this idealism is itself grounded in historical circumstances that are comprehensible in a materialist framework" (Foley, 2019, p. 4). In reading the stories discussed in this article, readers may encounter various scenarios in which empathy is problematized and such problematization is tied to, if not entangled with, the material circumstance facing healthcare workers. My reading, therefore, suggests that the thematic problematization of empathy in the selected works implies that simply instructing healthcare workers to extend empathy to patients may not suffice to improve the quality of caregiving. Instead, material and infrastructural support must be sufficiently provided so that the empathy-driven approach of healthcare provision can be sustainably maintained.

Literature review

To the best of my knowledge, the academic works that put forth an interdisciplinary dialogue between medical humanities and the scholarship of visual narratives are still quite sparse. Furthermore, the discussions offered in those works mainly center around a functionalist characterization of visual texts as the medium of instruction in relation to professional provision of medical care. For instance, the contributions that the medium of comics can make to the medical discipline are recurrent themes in the *Graphic Medicine Manifesto* (2015), a collection of essays written by scholars, comic artists and healthcare professionals who seek to implement comic art into the study and the pedagogy of medicinal sciences. Their essays address the intersection of art and medicine, communicating the potential of visual narratives for the training of healthcare professionals. In his essay entitled "Graphic Storytelling and Medical Narrative: The Use of Comics in Medical Education," for example, Michael J. Green has observed that reading comics can help enhance medical students' diagnostic reasoning, not to mention the subject matters of the stories themselves, which the medium can help complement to a great extent. As Green explains,

> Reading comics involves a similar set of cognitive activities. By necessity, creators of comics make economical use of space and time, providing incomplete visual and written accounts. The reader must stitch together pictorial and textual clues, filling in the blank spaces between panels to determine what happened, when it occurred, and over what duration. As comics leap between time, space, and point of view, the reader must apply experience, skill, and knowledge to both complete the story and convert it into a coherent narrative. The act of reading comics critically can make explicit the processes by which the reader is an active participant in the story; this also helps students understand diagnostic reasoning, an activity that likewise involves attention to words (the patient's version of the medical history) and visuals (the physical findings, nonverbal cues, etc.). (Green, 2015, p. 73)

Green's remark about readers' cognitive operation here reiterates a point made by Scott McCloud in his seminal work, *Understanding Comics: The Invisible Art* (1993). McCloud explains that, when one reads sequential images in comic books, they are required to exercise their imagination and thereby become participatory, to a certain extent, in the process of storytelling. As the space between two panels in comic books usually requires readers to fill in the gap, the readers assume the role of "silent accomplices" and "equal partners in crime" in relation to that of the comic artists (McCloud, 1993, p. 68). In this respect, as Green points out, the skills to decipher discrete information when one reads comics or visual texts can be transferred and applied to some other domains of everyday life where comprehensive analytical competence proves considerably critical. Moreover, the emergence of graphic narratives as a field of study is also predicated upon scholars' intention to shift the power imbalance between doctors and patients because normally it is only the former who exert the authority to describe and even visualize the representation of illness (Czerwiec et al., 2015, p. 20). When patients decide to write their own stories through a visual medium, they give themselves an opportunity to verbalize and visualize to others the subjective reality they live with on a daily basis.[1]

Apart from the *Graphic Medicine Manifesto*, Ian Williams's essay published in *Medicine, Health and the Arts* (2014b) articulates the same utilitarian stance discussed earlier as Williams states that graphic memoirs about illness can "constitute a significant source of alternative knowledge about the body, health, and disease that can be mined by scholars and used to promote debate and reflection in healthcare education" (Williams, 2014b, p. 81). Worth mentioning also is Sweetha Saji and Sathyaraj Venkatesan's *Metaphors of Mental Illness in*

[1]For a more comprehensive overview of graphic medicine as a field, see Venkatesan & Peter (2019).

Graphic Medicine (2022), in which the two scholars discuss the politics of representation vis-à-vis mental illness and how graphic memoirs about people's experience of mental illnesses help "construct a counter-discourse by challenging and subverting stereotypical representations of mental illness" (Saji & Venkatesan, 2022, p. 69). Saji and Venkatesan's book here exemplifies another academic work that addresses the instructive potentials of graphic narratives, focusing on the mediation of intersubjective reality that the form can uniquely afford.

It should be noted, however, that attention to individual experience, which characterizes the scholarly works mentioned above, seems to be underpinned by the utilitarian positioning of arts, a view that is not universally welcome by humanities scholars. Alan Bleakley, to name one, cannot help but notice the "utilitarian bias" and the conservative leaning in the development of medical humanities (Bleakley, 2014, p. 23). The marriage of convenience between the two fields, according to Bleakley (2014), has merely "nuanced medical practice" but failed to make any significant intervention (p. 23). As a result, Bleakley (2014) deems it necessary to argue for a more critical and resistant approach to the intersection between the two disciplines. Such a view also accounts for the emergence of the critical medical humanities, which represents the second wave of the field. According to Anne Whitehead, this second wave is mainly concerned with scholars moving away from "a focus on questions of practitioner pedagogy and training" and their attempt to "situate themselves instead in a more critical and analytical relation to medicine" (Whitehead, 2014, p. 124). Whitehead's critical stance is best articulated in *Medicine and Empathy in Contemporary British Fiction* (2017), where she calls for a more dynamic and more revolutionizing approach to medical sciences to be adopted by scholars in the humanities:

> While the privileging of the patient voice represents an important critical intervention into contemporary biomedicine, it does not, I argue, go far enough. The medical humanities, I propose, needs a more contextualised, and a more politicised, sense of the patient–practitioner relation, and it could also usefully extend out beyond the clinical to address other medical settings, sites, and domains. More than this, the positioning of the humanities as a 'softening' of biomedicine's 'hard' edges through the production of empathetic feeling not only assumes a subservient role for the arts and humanities, but also limits the more critical, and potentially constitutive, role that these disciplines could play in relation to medical knowledges and practices. (Whitehead, 2017, p. 187)

Simply put, the way in which the humanities is positioned in medical humanities discourses tends to be politically effete. With subservient and deferential roles often ascribed to the humanities in the medical humanities discipline, the scholarship may fail to challenge the status quo whereby unequal relations which prove deleterious to the parties involved are maintained. The caution against the prioritization of instrumental values, which are contingent upon other academic fields, is also addressed by Judith Butler in their 2022 article entitled "The Public Futures of the Humanities." In this article, Butler argues against those who validate the values of the humanities by fashioning it as a mere handmaiden of other disciplines as they remind their readers that, in a cultural atmosphere where the neoliberal metrics dominate higher education, the acceptance of a secondary and concomitantly subsidiary role of the humanities can cause more harm than good in the long run. In Butler's own words, "it is important that the humanities not be fully justified within the terms of the market, for the marketization of the university is precisely what has diminished and sidelined humanities" (Butler, 2022, p. 45). The discourses on the instrumental role that the humanities can play, however, have been endlessly reproduced and reiterated in the medical humanities discipline as hinted at in Charon's *Narrative Medicine*. It is therefore necessary to be wary and critical of such discourses, especially when such instrumentality can only instigate infinitesimal transformation.

As for the concept of empathy itself, the secondary literature that shapes my readings of the selected graphic novels comprises scholarly discussions which critique the idealization of empathy or at least acknowledge its limitations. This includes Whitehead's stance in *Medicine and Empathy in Contemporary British Fiction*, where the author seeks to move beyond the view that sees empathy as "a goal or an end point in and of itself" (Whitehead, 2017, p. 7). In a related vein, Meghan Marie Hammond and Sue J. Kim have pointed out in the introductory chapter to *Rethinking Empathy through Literature* (2014) that literary empathy is an ethically ambiguous emotion that can both "help and harm" (Hammond & Kim, 2014, p. 11). While readers can be encouraged to empathize with characters who represent the vulnerable, an effective storytelling may enable them to feel empathy with morally questionable characters too, creating an ethical gridlock where nothing of consequence can be achieved. One can even argue that empathy is an easily manipulable emotion (Prinz, 2011, p. 227) and that it can often effect partiality (Bloom, 2017, p. 25). This is perhaps why Laurent Berlant asserts in *Cruel Optimism* (2011) that overemphasizing empathy can prove distractionary in the case where it cannot translate into transformative political movements. As Berlant puts it,

> Self-transforming compassionate recognition and its cognate forms of solidarity are necessary for making political movements thrive contentiously against all sorts of privilege, but they have also

> provided a means for making minor structural adjustments seem like major events, because the theater of compassion is emotionally intense. Recognition all too often becomes an experiential end in itself, an emotional event that protects what is unconscious, impersonal, and unrelated to anyone's intentions about maintaining political privilege. (Berlant, 2011, p. 182)

In light of such a remark, my discussion corroborates the aforementioned view that the arts can provide more than "soft" knowledge. Rather, given the neoliberal culture we are so enmeshed in, the arts should also provide a site whereby one can initiate a call for material intervention, an improvement that is not limited to individualized regulation of affects. While empathy is undeniably indispensable, I argue that the graphic novels to be discussed in this paper also highlight how empathy, despite its immaterial nature, is far from an unlimited resource that can freely drop as a gentle rain from heaven. That is to say, these novels eventually invite us to entertain the question of how one can create an infrastructure that is conducive to this kind of fellow feeling, which may incur different types of cost, be they physical, mental, or emotional.

Discussion

Ian Williams is a UK-based comic artist and doctor who spearheaded the graphic medicine movement. He also founded the graphicmedicine.org website, a site which explores the intersection between comics and healthcare. His debut graphic novel, *The Bad Doctor* (Williams, 2014a), tells the story of Dr. Iwan James, a GP (general practitioner) in a small rural town in the United Kingdom. The narrative mainly focuses upon the daily life of the protagonist and his mental struggle as a doctor working in a small town. This theme also recurs in his 2019 graphic novel, *The Lady Doctor*, whose story explores both the professional and private life of Doctor Lois Pritchard, Iwan James's colleague. According to Sathyaraj Venkatesan and Livine Ancy A., Williams's two graphic novels offer a refreshing perspective on the characterization of doctors as they go against the stereotyped depictions of their profession in the popular media, which tend to present them as heroic paragons of infallible perfection. Instead, Williams's representations of healthcare professionals humanize, deglamorize and demystify them, portraying them as victims of the highly bureaucratic and profit-oriented modern healthcare system who are forced by circumstance to "capitulate to the dispiriting demands of the role and function with limited means" (Venkatesan & Ancy A., 2021, p. 9). In their reading of both novels, the two scholars also observe the emotional responsibilities that doctors have to bear on a regular basis:

> These incidents indicate health care's increasing inclination toward adapting the tenets of narrative medicine and the increasing need for mental and emotional health, which in turn puts performance pressure on doctors. Predicated on close reading and the usefulness of humanistic education in the medical curriculum, narrative medicine, founded by Rita Charon, argues for narrative humility, empathetic witnessing, and listening to patients. While depicting physicians' unsuccessful intersubjective approach toward patients, these narratives also dismantle positivistic, romantic, and idealized conceptions of medicine and of health care. (Venkatesan & Ancy A., 2021, p. 5).

My reading is built upon the two scholars' insights but I expand their point further by paying particular attention to the material issue surrounding affects and intersubjective empathetic relations. Noteworthy here is Bleakley's introductory chapter to the *Routledge Handbook of the Medical Humanities*, where Bleakley considers sensibility a kind of capital that is not evenly distributed in medical pedagogies. He explains that sensibility capital is "what is considered worth noticing, and who is privileged to notice and appreciate" (Bleakley, 2020, p. 20). While Bleakley's observation is primarily meant to draw our attention to the inegalitarian nature of medical pedagogies, I deem his argument helpful also in the way he characterizes sensibility as a form of capital. In other words, his remark both recognizes and registers sensibility as a type of resource, one that can be eventually depleted, albeit intangible and hard to quantify. As suggested by C. Daryl Cameron et al. (2019), empathy can entail material, emotional and cognitive costs, and sometimes the cognitive cost that people have to shoulder may make them avoid empathizing with others altogether (Cameron et al, 2019, p. 962). It can thus be argued that empathy is a resource that must be managed with care.

The two graphic novels by Williams present readers with a case in point where empathy should be considered an emotional labor, hence the need to acknowledge it as such. Both *The Bad Doctor* and *The Lady Doctor* then can serve as literary works that allow us to reflect on the non-physical labor which healthcare professionals have to perform and how demanding such affective responsibility can be. In *Bad Doctor*, for instance, readers witness Iwan's mental struggle as he tries to fulfill his responsibilities while coping with his suicidal thoughts and his obsessive compulsive disorder. The images of his chaotic internal state of mind are occasionally inserted in juxtaposition with the humdrum quotidian setting of Iwan's town, suggesting Iwan's constant unhappiness. In spite of his nonchalant comportment, the protagonist always tries his best to care for his patients. Even when he goes cycling with his friend, he still cannot stop thinking about his patients and the information they share with him. Moreover, Iwan also

feels inadequate when it comes to his job. Towards the end of the graphic novel where he learns that one of his patients who was always uncooperative, aggressive and rude to him commits suicide, Iwan's first reaction is that he blames himself for not having been attentive enough to the deceased patient. Based on his interpretation of what transpires, the doctor thinks to himself that, in hindsight, he could have done more to help this patient. The following is the conversation the protagonist has with his colleague about the patient's death:

> Iwan: I just wish there had been some way of reaching out to him.
> Lois: He didn't really make that very possible.
> Iwan: But he'd been stigmatised since childhood. I wonder how much of his behaviour was conditioned. I was as prejudiced as anyone…I just wanted him out of the consultation room. He gave me creeps. Maybe I could have done more. I might have saved him. (Williams, 2014a, p. 199)

In this situation, empathy arguably becomes a double-edged sword for Iwan. While it may effect compassion, it can be counterproductive and mentally taxing to those experiencing it. As implied in the text, Iwan's thinking and his attempt at over-empathizing becomes mentally detrimental to himself. Lois, his colleague, on the other hand, is the one who represents the voice of reason in this scene, reminding the protagonist and us readers that Iwan's regret is understandable, but at one point one must admit that there are also limitations that one doctor alone cannot overcome. Later in the novel, the narrative shifts to an omniscient point of view showing many of Iwan's patients getting on with their lives. This portion can suggest that Iwan has managed to care for many of his patients and that he is too hard on himself. The last chapter then returns to the protagonist going out cycling with his friend and, on the last page of the graphic novel, Iwan tells his friend that he is seeing a clinical psychologist, a decision that he admits he should have made years before (Williams, 2014a, p. 220). This ending puts forth the idea that in the end healthcare professionals are fallible individuals and, just as Iwan needs structured support, so too do others in a similar line of work.

The theme of empathetic relations between physicians and patients is explored further in the sequel to *Bad Doctor*: *The Lady Doctor*, with a more emphasis on structural problems in conjunction with the privatization of healthcare in the UK. In this novel, the author addresses issues of budget cuts and bureaucracy that doctors have to deal with on a daily basis. This is apparent in a conversation between Lois and Iwan where the two overworked doctors discuss the concept of empathy:

> Lois: But empathy is good, right?
> Iwan: Well…It's debatable whether empathy is either achievable or useful…or just misplaced sentimentality. I listen and I try to understand…but I don't think I achieve empathy.
> Lois: At least you listen! There are some patients that make me want to cover my ears and scream. (Williams, 2019, p. 38)

This exchange, however, is followed by the two doctors' comments regarding their work environment: "We start off with hope and are then ground down by reality. Constrained by the system. Working with limited means" (Williams, 2019, p. 39). Such comments imply the extent to which material and infrastructural factors can have an influence on healthcare workers' performance as well as their ability to connect with their patients emotionally. In a small scene where Lois looks at her childhood photos, readers can see that her father joined the miners' strike in 1984, another minor detail that reminds the readers of issues with regard to people's resistance to the government's neoliberal policy as well as their unfortunate defeat. According to Williams himself, *The Lady Doctor* is meant to be more political than *Bad Doctor*. When he gave an interview with *Broken Frontier*, Williams stated, "It is a much more political book with themes of class and cultural struggle (getting in some stuff about the miners' strike of 1984), generational and sexual divides and the unconscious hypocrisy at work in many aspects of healthcare today. Even in our beloved NHS…" (Oliver, 2017). In another interview with *The Herald*, the author also criticized politicians' neoliberal policy to privatize the UK's healthcare system. Asked if he thought people in the UK should be worried about the future of the NHS (The National Health Service), Williams replied,

> [T]he Tories are in charge. They pay lip service to the NHS, but it doesn't really fit with their "survival of the richest" ethos, so they underfund it and privatise it by stealth while their champions in the media try to persuade us that the problem is, actually, immigrants and fat people. Brexit is a big threat. If we end up with a trade deal with the US which gives American insurance companies access to the UK it might sink the ship. A few of your readers might welcome this scenario, saying that the NHS is "broken" and an insurance-based system would be more "efficient". I would invite them to contemplate what it might be like to battle with your sick spouse's insurance company over what kind of cancer treatment they are entitled to, or how it might feel to have to sell your home to pay for your diabetic daughter's insulin. (Jamieson, 2019)

The Lady Doctor covertly touches upon this issue of privatization with regard to the UK's healthcare system and its consequences. As shown in the case of Lois, the protagonist suffers from burn-out, though she continues to work efficiently. The amount of money earned never seems to be commensurate with the amount of responsibility she is supposed to take on. When she is offered an opportunity to join a practice as a full partner, the protagonist feels reluctant, saying that "It's a massive commitment, financially and emotionally" (Williams, 2019, p. 22). Discussing the prospect with her friend, Lois also adds, "Well, they are desperate for me to join as a partner… for them, it would spread the financial burden and the clinical responsibility. For me, it would mean a bit more money and a lot more stress" (Williams, 2019, p. 23). Lois's statement does not only emphasize her own emotional wellbeing as a price she has to pay for her career path but it also reveals a tragic truth about a medical system that forces doctors to adopt an entrepreneurial logic. The idea of treating and helping those in need becomes undermined by fear of both financial and non-pecuniary losses.

As for daily interaction with patients, Lois has to deal with different types of people, some of whom can be unappreciative, vulgar and cantankerous. According to Lois, this situation makes it difficult for her to connect with them. This idea of alienation is also suggested by the palettes used in the graphic novel. In both *Bad Doctor* and *The Lady Doctor*, the colors used in the narrative can be described as monochromatic, reinforcing the humdrum and emotionally stunted life of the two protagonists. The only instance where readers get to see colorful images is when Lois decides to use drugs to make her feel better. Moreover, the narrative occasionally presents readers with random sequential images of the patients' faces with no verbal narration. This technique of visual cataloging is meant to emphasize the countless daily interactions between the protagonist and those she treats, conveying a sense of cognitive overload experienced by the lady doctor herself. In addition to challenges at work, Lois also has a drama of her own to deal with. Her marriage ends with a divorce and her mother, who once abandoned her to pursue a libertarian lifestyle for many years, returns to ask for her liver, having caught hepatitis C. The focus on the personal life of the character underscores the idea that doctors too are emotional beings susceptible to the social environment and the material condition in which they work.

Lois's frustration with her work is best illustrated by her interactions with Mark Leah, one of her patients. At the beginning of the story, readers see Lois arguing with Leah, who aggressively demands that Lois give him the prescription he wants. At the surgery, Leah is known as "the prescription drug abuser" (Williams, 2019, p. 14). When Lois refuses his demand on the ground that the patient's request exceeds the amount she can normally prescribe, Leah becomes irate and accuses Lois of wanting to have him die (Williams, 2019, p. 8). This is the kind of interaction that Lois must deal with too often. Toward the end of the novel, however, Leah visits Lois again in the surgery, telling her that he realizes

he has been addicted to the drug he uses and he wants to stop. The following is the exchange between Lois and Leah, in which the latter expresses his appreciation for Lois's adamant response to all of his unreasonable requests:

> Leah: I'm wearing myself off diazepam.
> Lois: Really?
> Leah: Yes, really! I've realised I'm an addict, and I want to stop. And I wanted to thank you. For not giving in to my demands. I know I gave you shit, demanding diazepam all the time… But it wasn't me who was doing the asking.
> Lois: Who was it then?
> Leah: It was the DRUG! I always WANTED you to say 'no'!
> Lois: Why didn't you just tell me that? This is crazy…All those arguments! I could have helped so much earlier.
> Leah: Yeah, sorry 'bout that. I blame my old GP…I'm suing him. He just kept giving me higher and higher doses.
> Lois: But I bet you HOUNDED him for it!
> Leah: Well, yes… But it was his job to say 'no'! He should have been STRONG like YOU! (Williams, 2019, pp. 233-235)

This intimate exchange sheds light on many problematic issues regarding the expectations that patients have toward their doctors, to say nothing of the blame directed at the latter when patients are not satisfied with treatment. This heart-to-heart moment though initially serves as a validating moment for Lois, a sign that she has done something right despite all the excruciating frustration she has experienced in dealing with difficult patients. Nonetheless, to our surprise, Williams gives his readers another bathetic twist when Leah revisits Lois again at the end of the novel. He reverts to his irascible self, demanding more drugs from the medical staff at the surgery. The graphic novel then ends with Lois telling one of her colleagues who often assigns difficult patients to her that she is through with everything and that it is his job now to take care of Leah. Comedic, anticlimactic and indeterminate, such an ending goes against the sentimentalized trope of mutual understanding between two parties, but it realistically depicts the continuous nature of medical treatment. The fact that the protagonist decides to give up on Leah shows that sheer willpower, resilience or rewarding feeling after successful treatment will probably never suffice. Lois's burnout, after all, is attributable to bureaucracy and budgetary cuts, which force doctors to endure demoralizing working conditions and spread themselves thin. What *The Lady Doctor* shows us, I contend, is that it is highly unlikely that simply asking doctors to empathize without taking into consideration the material reality they are enmeshed in will lead us to a sustainable model of care that scholars in the medical humanities discipline seek to accomplish.

In addition to the two novels by Williams, the idea that healthcare provision requires a great deal of emotional labor is a central theme in *Taking Turns: Stories from HIV/AIDS Care Unit 371*, a 2017 graphic memoir by MK Czerwiec. As the subtitle suggests, the story revolves around the experience of the author herself while she was working as a nurse for the first time at the Illinois Masonic Medical Center in Chicago during the height of the AIDS epidemic in 1994. The memoir explores the relationship between AIDS patients and healthcare professionals while also espousing the therapeutic power of art. As revealed in the narrative, the AIDS epidemic created a gray area for healthcare workers because they were trying to care for patients who are not merely immuno-compromised but also socially stigmatized. As a result, nurses and doctors in Unit 371 at the Illinois Masonic Medical Center, which specializes in patients with HIV, learn to cast aside professional distance and try to be casual with their patients as much as possible. According to Karen Coleman, a staff member who introduces Czerwiec to the unit, this gesture can be extremely meaningful for AIDS patients:

> Karen: Patients respect the staff's ability. The staff respect the patients. There is a kind of camaraderie. They enjoy one another's company. This is important: We sit on the bed. You may have been taught in nursing school not to. But touching, hugging, sitting on the bed, it means so much to our patients who at one time were treated like pariahs. We go in the other direction. (Czerwiec, 2017, p. 22)

The concept of camaraderie itself may rarely come up in professional dialogue about patient care. What this instruction reveals is a paradigmatic shift with regard to professionalism. In a similar vein, one of Czerwiec's colleagues whose statement she puts at the end of the memoir emphasizes the humbling consequence of the AIDS epidemic. The medical community is reminded that the empathetic connection healthcare workers establish with their patients is of importance:

> Up until the AIDS epidemic, we were told there was going to be a shot or a surgical treatment for just about everything. AIDS caught the medical community with its pants down.
> Luckily, there were people who were forward thinking enough to say "We can't do this ourselves. My reflex mallet, my blood pressure cuff, my thermometer aren't going to do jack shit here."
> For me, the ultimate message, meaning gift, whatever, of this epidemic is that there are many different ways to heal. And if you can't heal or cure, then comfort. Truly care for people. (Czerwiec, 2017, p. 184)

At a time when the cure had not been invented yet, the best doctors and nurses could do was to provide palliative care and attend to the emotional well-being of their patients. This situation encouraged medical staff to adopt a more empathetic attitude towards those they were looking after. Even the title of the graphic memoir itself accentuates this idea. The phrase "taking turns" here refers to a remark made by one of the founding doctors of Unit 371, who states, "On Unit 371, it seems to me that the spirit is 'this could be me.' Not just for the gay guys. People somehow get the empathy thing that we are all just people taking turns being sick. I may be the nurse or doctor today but I could be the patient tomorrow" (Czerwiec, 2017, p. 30). Based on all the aforementioned remarks, it can be implied that Czerwiec feels appreciative toward the empathetic attitudes adopted by her colleagues. The memoir eventually acknowledges the holistic nature of medical practices, which extend beyond curing diseases.

Nevertheless, there are also some instances in which Czerwiec's narrative problematizes empathy. For example, Czerwiec finds herself in a difficult situation when she is assigned to take care of a patient named Tim. The two develop a close friendship as both share similar interests. Later, when Czerwiec is informed by the doctor in charge of Tim that the patient's condition has worsened, Czerwiec asks if Tim is going to get better, a question to which the doctor does not reply. At that point, Czerwiec thinks to herself that she should stop being Tim's nurse, implying that she has grown too attached to the patient. Tim, on the other hand, asks Czerwiec to be with him in his last moments. When the novel reaches the episode where Tim is about to pass away, the narrative at first shows us an image of Czerwiec sitting beside Tim's bed along with Tim's mother. Czerwiec is shown to be ensuring Tim, who lies peacefully on his bed, that he is surrounded by people who love him (Czerwiec, 2017, p. 127). However, the narrative then immediately takes a surprising turn. With only texts but no images, the narrator informs readers that the scene depicted earlier actually did not happen: "That last page is a lie. It's not what happened. It's what I wish had happened" (Czerwiec, 2017, p. 128). In reality, Tim had a panic attack and became incoherent and unconscious for ten days. On the day he passed, Czerwiec was not on duty and only learned of his passing through a phone call from her colleague. The insertion of an imaginary scene and the visual erasure of what actually happened can be interpreted in multiple ways. One is that the author still feels compassion toward her patient until the end, wishing that at least in her art his last moments had been less agonizing than it really was. At the same time, the abrupt confession that follows the imaginary end of Tim's life also accentuates how the loss of this patient still affects the author herself and that she is still unable to cope with the painful memory of how her patient and friend passed. In this respect, the episode about Tim demonstrates that healthcare workers themselves also face considerable emotional challenges when treating patients. Even though Czerwiec is fully aware that Tim's death is inevitable, the awareness

does not protect her from grief. Czerwiec's narrative, therefore, serves as a reminder to us that fellow feelings can sometimes come with pain. This interpretation by no means suggests that empathy should be abandoned altogether to preserve the mental well-being of healthcare workers. Rather, my reading merely wishes to point out that perhaps empathy should be viewed in a less romanticized light and that we have to recognize its negative properties to a certain extent.

This can be the reason why Czerwiec includes a scene where she consults Walter Miller, a psychiatric liaison working in Unit 371, about her grief. This scene spells out advice which emphasizes the importance of self-care for those in the same profession as the author, who has to witness deaths daily:

> Miller: We have to take care of ourselves as people and as caregivers, so we can continue to be available to those who need us.
> Czerwiec: I've never entirely understood what that means, "take care of yourself."
> Miller: Recognize the loss in your own unique way. Prioritize good health decisions like eating, exercise, medical care. Explore all you are going through with a caregiver who genuinely cares for you, who can help you make meaning from your life. But there's another level. We need to deal with what the losses we experience stir up in us about our own history, to ensure our losses don't impinge on our patients. It's not easy to do because we are complex psychological beings ourselves. Most everybody has some degree of psychological discomfort with illness and death. We are working in this intense environment and all of our own stuff gets stirred up. [...]
> Czerwiec: Why didn't they teach us any of this in nursing school?
> Miller: It's tough stuff to teach. Everyone's needs are so different. You have to learn how to live into self-care and other-care.
> (Czerwiec, 2017, pp. 142-144)

Taking care of oneself, according to Miller, involves a number of practices. His advice focuses on both abstract feelings and tangible activities in everyday life, highlighting that the two facets of medical workers' professional life are essential in equal measure. It also humanely acknowledges the imperfect humanity of healthcare workers and the difficulties in balancing the demands of their professional practices in connection with their mental wellbeing. Failure to attend to these contradictory forces may result in an ending like one in *The Lady Doctor*, where the character simply gives up. Having read Czerwiec's graphic memoir and Williams's two graphic novels, one may notice how the working conditions for healthcare workers in the two contexts differ greatly. Despite the demanding work and the crisis during the AIDS epidemic, Czerwiec's workplace seems to be better

subsidized and boasts different types of resources that are absent in Williams's two novels, both of which deal with a more recent setting. One notable example is that, in Unit 371, an art room is provided for patients who wish to express themselves through art. According to the staff member in charge of the art room, the fact that the hospital administration devotes one room, which can be used to generate money, for an art program affirms their commitment to the treatment of the patients (Czerwiec, 2017, p. 49). This working environment, marked by less rigid fiscal regulation, is different from those facing Williams' protagonists, where healthcare practitioners have to shoulder a lot of budgetary burdens by themselves. Deprived of necessary support, the two doctors have learned to economize even their own emotion, which is the only type of resource over which they can exercise their agency.

Apart from illustrating the double-edged nature of empathy, the visual components in *Taking Turns* also invite readers to rethink the epistemological assumption behind the idea of empathy itself. In discussing this issue, it is worth revisiting an observation made by McCloud in *Understanding Comics*, in which the comic artist has theorized that the comic book itself is an art form where emotion can be expressed in a highly accentuated manner. Those who read comic books are familiar with how the speech balloon, the background, the letter fonts and other formal features can be deployed to complement the mood and the tone of the stories. This kind of artistic technique, however, is deliberately absent in *Taking Turns*. In fact, the drawing in this graphic novel is highly minimalistic, with characters being illustrated in a rather elementary fashion. Panel divisions are also straightforward, and the lettering used in each speech balloon and narration remains unchanged throughout the memoir. At first glance, it may seem that this artistic choice fails to take advantage of the comic medium and its aesthetic potential. Still, one can also contend that this feature in *Taking Turns* helps produce an understating effect. The memoir eschews unnecessary dramatization on purpose, denying readers' complete insights into the characters' internal state of mind. Given that the narrative, which visually appears simple and unexciting, in fact, encapsulates a story about heartbreak and considerable emotional turmoil, Czerwiec's memoir presents us with a case in point where empathetic insight may not always be available even when it should be. This also raises an important question as to whether or not absolute empathy is possible. Czerwiec's minimalistic narrative epitomizes a realistic cognitive situation in which we can only construe others' feelings based on what is visible to us.

To end this article, my discussion now turns to another graphic novel entitled *Sabrina* (2018) by Nick Drnaso. The story focuses on the aftermath of a senseless murder in which a woman named Sabrina is killed, and her murder is posted online. The novel itself addresses the problems with social media, depression and life in our post-truth era. Teddy, Sabrina's boyfriend and one of the protagonists, is mentally affected by the murder. To look after Teddy, Calvin,

Teddy's childhood friend, welcomes him into his home. In spite of his good intentions, Calvin himself also has his own family issue himself, having been divorced from his wife and living separately from his daughter. As it turns out, he is not equipped with the knowledge of how to take care of someone in Teddy's situation. For instance, in his attempt to comfort Teddy, Calvin shows him a gun he owns while assuring Teddy that no one can harm or hurt him. This gesture, nonetheless, does not seem to put Teddy's mind at ease in the least. Calvin's action eventually suggests that goodwill alone can only go so far. Rather than a caring person, Teddy may need someone who can offer professional help so that he can process grief and live with the loss he experiences.

Also noteworthy about Drnaso's artistic style is its minimalistic character and its understating effect, a feature similarly found in the visual aesthetics of Czerwiec's graphic memoir. Over the entire course of the narrative, readers can just witness what the characters say to one another. Access to the characters' states of mind is completely denied as we are not made privy to the internal thoughts of the characters at all. When the narrative is supposed to convey the characters' emotions, readers only get close-up images of characters' visage. The facial expressions though are also drawn in a plainly unadorned and undramatized fashion, usually with only a couple more lines added to connote frustration, misery or anger. One way to interpret this visual taciturnity is that it is meant to alienate and distance readers. Strange though it may sound, it complements the subject matter of the novel, which explores paranoia and the hermeneutic model adopted by conspiracy theorists. This aesthetic feature is insightfully discussed by Jena Habegger-Conti (2020), who describes the aesthetics in *Sabrina* as "the aesthetics of the nondescript" (p. 51), when she argues that the visual styles employed by Drnaso creates multiple visual indeterminacies and at the same time refrains from giving readers some narrative clues, which can cause frustration for paranoid readers who are so intent on decoding hidden meanings in the text.[2] This indeterminacy allows readers to reflect on how they read and whether or not their method of reading has something in common with how conspiracy theorists perceive or "read" reality. In Habegger-Conti's own words,

> *Sabrina* makes our search for answers futile, and indicates that information is never knowledge, despite the fact that the text offers an abundance of news and documentation in every form. [...] One of Drnaso's themes might consequently be formulated thus: in the information age readers have become too adept at reading signs and are too quick to connote what the message is. Without a practice of slow critical reading—not *close* reading, but reading that is critically aware of the practice of making meaning—we fall prey to culturally

[2] For more information about paranoid reading, see Eve Kosofsky Sedgwick (2003).

> agreed-upon norms of communication and lose our ability to imagine the world, or a character, another way. Gathering information has become our predominant method of navigating the digital world, but *Sabrina* demonstrates that information is what prevents us from truly seeing each other. (Habegger-Conti, 2020, pp. 58-59)

Towards the end of her essay, Habegger-Conti also asserts that the novel's ending underscores "the inability to connect with each other despite all of the ways we claim to know each other" (Drnaso, 2018, p. 60). While Habegger-Conti offers such an interpretation in relation to the problem of contemporary post-truth politics, I wish to contend here that this problem of epistemic limitation is also relevant to our conversation vis-à-vis empathetic relations enacted through fiction. What *Sabrina* reveals is how the connection readers establish with texts can be illusory, aleatory and highly manipulable. With its insistence on realistic portrayals of humans' daily interactions, Drnaso's graphic novel suggests that it is perhaps impossible to claim that you can fully understand someone, and underlying our romanticized faith in empathetic proximity enacted via a hermeneutic enterprise is the presumptuousness that there is nothing our epistemological grasp cannot conquer. Even if one may disagree with Drnaso's problematization of our ability to empathize with others in the novel, it is perhaps never a bad idea to be critical of discourses that overly idealize the power of fiction without taking into consideration material reality surrounding its practical contexts. This does not mean that we should give up on being empathetic altogether. Rather, the awareness of its cognitive and affective cost should lead us to be more appreciative of those who choose to empathize with others, give them credit where it is due and devise a means by which empathetic relations can be maintained.

Conclusion

To recapitulate my argument, I am of the opinion that the views which simplistically emphasize empathy while disregarding how empathetic emotion can be formed and nurtured stand in need of revision. Empathy should be deemed a form of labor, one that incurs cognitive and emotional costs. As revealed in the visual texts discussed here, empathy is not always easily achievable; nor is it invariably available in a number of practical contexts. Inasmuch as empathy is of necessity in the provision of healthcare, one must also pay attention to the material infrastructure whereby empathy-driven models of care can be sustainably developed. A well-rounded understanding of how empathy can be cultivated should lead us to more humane approaches to medical care where the needs of both healthcare professionals and those they treat are equally attended to.

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