STARING AND THE CLINICAL GAZE

Slide 1 – Our mothers taught us staring is rude. But let's explore staring just a bit. I'm going to ask you to stare at each other. This exercise may make some of you feel uncomfortable, so this is a trigger warning. If you do not want to participate, please feel free to abstain. Maybe then you can stare at us staring at each other. However, I also want to suggest that it is sometimes in states of discomfort that we learn the most.

Please choose a partner. I will give you three instructions, and I'd like you to follow them as best as you can. First, stare at your partner with judgment. Maybe you think their hair is too blond or their eyes are too small. Try to make a judgment in your mind and let that filter into your stare. Now stare at your partner with indifference. Pretend your partner is a stick or a stone. Finally, stare at your ~~love~~ with friendliness, warmth, ~~what has been called "fellow feeling~~."

Would anyone like to share what this experience was like? Could you alter the nature of your own staring? Could you feel any difference in your partner's staring?

Slide 2 – Roots of Staring.

At it most neutral, staring is simply a way of trying to make the unknown known, of understanding something that, at first glance, doesn't quite compute.

Staring often occurs when we ~~are confronted~~ with disability, conditions that society has defined as deviating from the norm. This staring evokes what has been termed "ontological contingency," which means we realize our comfortable, taken-for-granted, nondisabled bodies are vulnerable to disease, pain, suffering and death. This knowledge may make us uncomfortable, and we may seek to push away from it. In this case, staring becomes an attempt to distance from discomfort, to stare in a way which says "I am not he" or "I am not she" – that unfortunate person is not me.

Slide 3 – Protect Yourself from This

1. **Describe what happens in this poem**
2. **What does this line mean: "She is not what you feel yourself to be/but what you see you are"**
3. **What is the author suggesting the reader/ listener protect themselves *from?***
4. **Why does the poem end by saying that the reader/listener can never leave this woman now?**

Slide 4 – Potentiality in Staring

~~But~~ staring is not simply a one-sided act of power over; it is not simply about a perpetrator and a victim

Staring establishes a relationship, however fleeting, and the type of the relationship established will have consequences. If it is a relationship of judgment and disparagement, the stare will feel demeaned; if it is a relationship of benign curiosity, both starer and stare may learn something from each other

Bad and good staring – you can stare to make yourself feel better, to further differentiate between yourself and the Other; but you can stare at another in such a way as to "never leave them now"; you recognize their difficulties, and perhaps are led to action to do something about it

This gaze as I'm going to describe it is an extreme, formulated so we can clearly identify its problematic aspects. There are forces in medicine that encourage this gaze, but plenty of doctors use other more humane gazes

Slide 5 – The Clinical Gaze in Medicine

The clinical gaze in medicine – seems pretty simple: how the doctor looks at his/her patient

Physicians use their gaze to inspect, analyze, diagnose, assess, as well as to convey emotional attitudes

Patient-physician therapeutic contract – patients expect the physician's gaze directed at their inner and outer bodies in exchange for knowledge and healing

Slide 6 – What Are the Origins of the Cilnical Gaze?

The French philosopher Michel Foucault was the first to identify what he called "le regard" – the detached, objectifying, reductive scientific gaze that is still often represented as the ideal

This gaze was highly impersonal and asymmetrical – patients ~~couldn't~~ can't return it in kind because they lack~~ed~~ scientific knowledge, they ~~were~~ are not experts, they ~~did~~ do not have equal standing in the face of physician authority

A cat may look at a king, but a patient may not look at a doctor in the same way that the doctor looks at a patient

Slide 7 –Origins of the Gaze

According to Foucault, this gaze resulted from the emerging science of pathological anatomy in the 19th c.; it was a powerful step to be able to look inside the human body, in contrast to being restricted to the outer surface of the body

Foucault recognized that the gaze itself contained significant power that could make others (patients) comply with the counsel of the gazer

Slide 8 – Gaze as Power

Gaze became the ~~determiner~~ arbiter of truth; whatever can be confirmed by the gaze is true; this results in the diminishment of the patient's subjective experience – if the patient feels sick, but the gaze can discover nothing, the patient is wrong, and the gaze is right

the gaze ~~was~~ is used to establish and enforce hierarchies of power and regulate access to resources (you need an MRI, you don't need an MRI)

It has even been argued that the gaze is a colonizing look – a way of taking over and subjugating the patient especially in the totalizing environment of the hospital

Slide 9 – (Let's compare the) Ordinary Stare vs. Expert Gaze

The person on the street who stares often indulges in a kind of voyeurism

Makes it all about difference

"unworthy desire" (philosopher Susan Sontag) – desire to show why Other is not self

~~**A defense against ontologic contingency**~~

The doctor who gazes also identifies differences, but with the interventional desire to re-establish normalcy

Ordinary staring separates but has no power to change

The expert clinical gaze is proactive – restoration of normalcy

Of course, often this is a meaningful concept (when you break a leg), but not always; and the invoking of "normality" should be approached with humility rather than arrogance and certainty

intersex children

Deaf culture; dying person – life is normal, death is not: leads to sense of isolation, failure

Slide 10: Read excerpt from Elephant Man

Slide 11: Reflection Questions

1) What is the difference between Joseph Merrick in a freak show and Joseph Merrick in the hospital?
2) How does the gaze of both doctors and high society patrons serve to pressure Merrick towards normalcy/conformity?

3) Why does Dr. Treves begin to have doubts about the wisdom of his approach? (Merrick is rewarded the more he mimics normality; gives Dr. Treves and society what it wants, even though his life is anything but normal) be what the expert expects

Slide 12 – Effects of Clinical Gaze on Patient

It dissects and disassembles the human being, breaking her down into component parts

It delegitimizes subjective experience

Forces patient to be what the doctor wants/believes is right

It focuses on restoration of normalcy as the only worthwhile goal (losing weight vs. health lifestyle)

Slide 12 –Effects of the Gaze on Patient

Because of the power differential, the patient's experience is one of embarrassment, shame, inadequacy, anger, withdrawal

Slide 13 – Transformational Gazes

But there are more hopeful possibilities as well

The physician can adopt a witnessing gaze – a gaze that acknowledges and provides testimonial to the suffering and dignity of the patient

The physician can gaze with recognition –this gaze does not emphasize difference, but rather recognizes that patient and doctor are connected in many ways and share a common humanity

Slide 18 – Transformational Gazes

Rehumanizing gaze - seeks connection and reciprocity; its intention is a meeting rather than a dismissal

In the words of the philosopher Martin Buber, it is an I-Thou exchange, rather than an I-It exchange;

Such a gaze can result in mutual interest and respect in both patient and physician; it can acknowledge equality and inclusiveness rather than hierarchy and exclusiveness; enhances humanity of both dr and patient

REFLECTION QUESTION: Did your ideas about staring and/or the way doctors should look at patients change at all as a result of the readings/lecture? If so, how?