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My mother tells me that in a New York hospital in 1994, there were two distinct sections in the maternity ward. One section consisted of "white ladies" having *normal* babies, and the other side, unofficially labeled the "reject section," consisted of mostly black women from the nearby prison having *not normal* babies. My mother, Pauline Mosley, was supposedly in this section because she was having a complicated pregnancy.

> *On the maternity ward white ladies have the babies…. and the people with all the issues were on another side, and they termed the side I was on with all these issues as rejects. We were rejects…. One of the people said, "Well you know, your baby… you're a reject. You're not normal. You know, you have these problems and that's why you have this premature baby because you're on drugs or, you know, you're from the prison," because they had a lot of ladies. There were some ladies there because they're right near [the] Sing Sing prison…. There were some ladies that had to be handcuffed to the bed…. Some had a prison guard outside their door. So they were like I was in this ward…. So I was kinda lumped into this group (Mosley).*

We can see from this recollection how my mother's blackness was equated with criminality under a white medical gaze. Because she was a black woman, she was "lumped into this group" of prison women. The only "logical" assumption was that my mother was an inmate. Her individual being was called into question, and her freedom of consciousness, to have a voice, was curtailed.

> *And the care I got was really bad because I was in the Trendelenburg position…. I was embarrassed…. Here I am, a twenty-something and I'm on a bed pan. You know. I can't move. I can't shower… I can't do anything…. There was one time where there was three bed pans filled with urine and they wouldn't take the bed pans out. And I was getting really depressed because the care was so bad. And I was like, "I don't think I can really do this. I don't think I can really do this." And…Peter came and I said, "I don't really want anyone to see me…. They come in here and see all my urine. You know, what am I going to do? They don't even empty it." And so that's when he said, "Well, you know we have to sit down and talk to the head nurse. You know, because this is not right." So he came and told the head nurse [that I was married and educated]…. My finger was swollen so I didn't have my wedding band on; they just assumed the worst of me, and so when he told them this, I started getting a lot better care (Mosley).*

As my mother recounts this story to me, a practitioner of narrative medicine, it occurs to me that her experience poses a problem for the discipline. One of its philosophical underpinnings is to recognize the "singularity," or the commonness of the human experience rooted in the fact that we all get sick and we all die. As Rita Charon et al. write in *The Principles of Narrative Medicine*:

> *It is this capacity of literature to embody the reality of being-in-the-world that gives narrative practices in healthcare their powers. A practice of ethics within narrative medicine is creative, shot through with imagination, innovation, and singularity. It is reflexive, where both parties see the self more clearly by virtue of their contact. And it is reciprocal, leaving behind no debt, no lien, no diminishment but instead mutual growth, even at the ends of life. It is a powerful and respectful way for humans to meet—two subjects—to contemplate mystery, to tolerate doubt and fear, to accept help, to recognize love. It is, in the end as in the beginning, the word (130).*

Narrative medicine advocates for a practice of ethics between "two subjects" that is singular, reflexive, reciprocal, and tolerates fear. But my mother's narrative led me to question: is it really possible for two differently racialized "subjects" — black and white — to engage in the dehierarchized ethical practice Charon et al. describe?

As a patient, my mother was extremely vulnerable. She could not control her bodily functions. She was embarrassed, and the nurses did not show her empathy. My mother recounts how she suffered from depression because the doctors rendered her invisible:

> *But I was at a point where I was very depressed because I've been there and they treated me so badly. When the doctors would come, they would pull the curtains back and would just talk over me and say, "Well this is a patient…. This patient is 29 years of age, and she's Trendelenburg." They would say all this stuff, "And most likely she is going to lose the baby but this is an experiment"—they were trying to see how long they could hold it, and they would say all these things over me while I'm there. And then the students would ask questions. "What do you think caused it?" And they say, "Well one possible cause could be, you know, insufficient vitamins to the baby, it could be possible drug use." And I'm lying in the bed. They're saying this over me….They would just come in. They wouldn't knock. They would just come in like they deserved to be there. They didn't ask anything. They deserved to be there. Because I guess they figured if you're from the prison, you don't have any more rights (Mosley).*

The use of the pronoun "it"—"they were trying to see how long they could hold it"—is striking. To the physicians, her baby was just an "it," a pronoun that carries associations of the inhuman and inanimate. Meanwhile, the word "experiment" evokes the sordid legacy of enslaved black women being using as objects for experimentation and education. Her reference to the doctors talking "over me" several times underscores the hierarchy of their positions.

In *Black Bodies White Gazes*, George Yancy argues that the black body is "concretized" as an "ontological problem." From the perspective of whiteness, Yancy argues, an essence or "being" precedes the black person's existence. This essence is blackness. Yancy cites Frantz Fanon's observation that the black man is black in relation to the white man—an asymmetrical relation. Building on the philosophy of Jean-Paul Sartre, who defines an object as what one's consciousness is not, Yancy equates blackness to being an object of a white gaze that pronounces, "Blackness is what my consciousness is not" (Yancy 150). This is in stark contrast to the phenomenological philosopher Maurice Merleau-Ponty's influential argument that there is a symmetrical or reciprocal relationship between bodies encountering one another. Merleau-Ponty's *Phenomneology of Perception* is considered a foundational work in the field of narrative medicine because it decentered Cartesian understandings of a dualistic body/mind and instead focused on relationships, intersubjectivity and embodiment. This theory might be seen as a precursor to the principle of singularity in narrative medicine, in its insistence on a universal human experience:

> *Now, it is precisely my body which perceives the body of another, and discovers in that other body a miraculous prolongation of my own intentions, a familiar way of dealing with the world. Henceforth, as the parts of my body together compromise a system, so my body and the other's are one whole, two sides of one and the same phenomenon, and the anonymous existence, of which my body is the ever-renewed trace, henceforth inhabits both bodies simultaneously (Merleau-Ponty 370).*

In other words, Merleau-Ponty is saying that it is possible to perceive another body because the other body is similar to one's own, the "same phenomenon." He gives the example of a young infant copying the biting behavior of an adult: because the infant is too young to think, he cannot copy this behavior based upon analogy or reasoning; he perceives his mouth and the adult's mouth for the same purpose of biting. Komarine Romdenh-Romluc has modernized Merleau-Ponty's argument by citing monkey experiments that show there are mirror neurons in the motor cortex that fire whether an animal is performing a specific action or watching another animal perform that action. Although mirror neurons are not found in humans, a mirror-neuron system is, and similarly, this system fires whether a human is doing or watching another human doing an action. However, even more recent research shows that the firing of the mirror-neuron system is sensitive to race and ethnicity. For example, in a Canadian study, the degree of mirroring reflected the Canadian perspective in which South-Asians are viewed as having a lower status than blacks. Scientists observed that a decrease in motor cortex firing was magnified by dislike for outgroups: first South-Asians, then blacks (Gutsell and Inzlicht). This newer research weakens Merleau-Ponty's "transcendental" claim of a symmetrical relationship when encountering an Other.

For Merleau-Ponty, being-for-itself and being-for-others is a dyadic, reciprocal and symmetrical relationship. "Merleau-Ponty insists that I exist for the other and the other also exists for me concurrently without either experience being privileged" (Diprose 135). This is not the case for blacks, according to Yancy, because in being-for-itself under the white gaze, blacks are "deemed not to possess a dynamic form of consciousness, one capable of projecting toward the future and always ahead of itself" (150-151). Under the gaze, blacks who are objectified have limited

autonomy. Yancy, for example, recalls a moment in an elevator with a white woman: "I now begin to calculate, paying almost neurotic attention to my body movements, making sure this 'Black object,' what now feels like an appendage, a weight, is not too close, not too tall, not too threatening" (32). This calculated, conscious thought about one's body movements (sometimes not even under the white gaze) is a common experience for African-Americans. This form of double-consciousness is a result of slave owners manipulating blacks to internalize their oppressive gaze. "In this way," Yancy writes, "the enslaved Black body would behave in subservient ways in the absence of actual surveillance by the white oppressor" (Yancy 155). Merleau-Ponty's view does not provide room for the everyday lived realities of blacks having to be conscious about their body movements in white spaces.

This calculation of behavior around racial asymmetry is evident at the moment in my mother's story when Peter Flemister, a black physician and a member of the family, becomes an advocate for her, helping her to subvert the white gaze. My mother says, "he told the head nurse who I was." In other words, he rendered her visible by telling the medical staff that my mother was an educated woman and was married. Albeit playing the "politics of respectability," this is the first point of resistance for my mother. Yancy warns his readers that in resisting, one should be careful not to affirm values that "mimic white neoliberalism" or "reinscribe white colonial values" (109). As my mother put it in another conversation about my birth, "What if I was an unwed mother on cocaine from the nearby prison? That person is still a human being."

The second point of resistance did not play into the politics of respectability, however; my mother was able to advocate for herself. She says:

> *So finally… Peter told me to "Get a pad, and when they come in you ask for names," and he brought me a recorder to record things. That changed everything around. They came in. And I said, "What's your name? Who are you? Doctor so-and-so, OK." The tables turned. Before I sat there because I didn't know and I was [scared], and they would say all this stuff above me. They would literally pull the sheets back and there was a curtain they would pull it back and talk over me. Now… with this information and strategy… I was ready for them. I was like, "What's your name? Who are you? What year are you in? I have a tape recorder here and you can say whatever you want to say, but I am going to be taping what you are saying." So then the doctor would just say "OK, let's step outside." That's how things turned around. They stopped saying that stuff over me (Mosley).*

The moment my mother asks "Who are you?" is a moment of black resistance, "a profoundly embodied *human* act of epistemological re-cognition, an affirmation that carries with it an ontological repositioning to the being of Black embodiment as a significant site of discursive (and material) self-possession" (Yancy 109). This moment of resistance changes the way in which my mother is viewed under the white gaze; it is an axiological repositioning. By asking "Who are you?" she reclaimed power in the asymmetrical doctor-patient relationship. My mother forced the doctors to really see her by forcing them to give an account of themselves, as Judith Butler has famously theorized: "The question most central to recognition is a direct one, and it is addressed to

the other: 'Who are you?'" (31). My mother's address leads to the doctors refusing her act of identification; they don't answer and begin to talk outside my mother's room. However, in this refusal, my mother is rendered a seeable subject and is now afforded privacy and a respite from their white gaze.

This narrative illustrates the asymmetrical relationship that exists between racialized subjects in medical encounters. In my mother's narrative, there are two moments of resistance that, in Sartrian terms, allowed her to "transcend the Other." The first is my uncle acting as a patient-advocate within the system and appealing to hegemonic norms. Similarly, hospitals that understand the asymmetry in the patient-doctor relationship provide patient-advocates to disrupt the (white) doctor's gaze. The second moment of resistance comes from my mom questioning, or perhaps "accusing," the doctors. Though this approach does not make sense in Merleau-Ponty's framework of total reciprocity, it is not ruled out in Charon et al.'s similarly optimistic model of human encounter. Unlike Merleau-Ponty's universalizing view, "narrative ethics focuses on how [a] person came to be here" (Charon et al. 119). In other words, narrative ethics *is* concerned with Yancy's "ontological problem." Narrative ethics argues for truly seeing others "in all their particularity, ambiguity, and contradiction while being forced to question one's own convictions" (Charon 121). The clinical environment is not a neutral space of encounter among equals. But by focusing on the "singularity" of human selfhood, as my mother did when she forced the doctors to account for themselves, in addition to the historical legacies, such as racism, that shape the personhood of doctor and patient, it is still possible to disrupt the asymmetries in that relationship.

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