

Foreword

The Very Heart of the Phenomena

I have attempted to bring the reader to the very heart of the phenomena being interpreted.

—*Marianne Paget*

This rare and remarkable book is one of the best works by a non-physician about the actual practice of medicine.

Paget's approach, empathy, and voice are distinctive. Rather than viewing medicine as a "profession" lodged within a particular social structure, with claims and counter-claims of integrity and authority to be examined, critiqued, and refuted, Paget explores *process*, the trial and error practices of doctoring. This is a view from within: she is interested in the immediacy of physicians' experiences, using interviews to explore their emotions, reactions, recollections, and regrets.

She is a superbly receptive and intuitive researcher with a near-uncanny ability to enter the life-worlds of others and draw the reader in with her. Her empathy is grounded in a fastidious sensibility, exquisitely responsive to conscious and unconscious emotional cues from those she interviews. Words are her medium: words elicited, words reflected upon, words shaped to evoke the phenomena studied. Paget is intensely sensitive to silence as well, to *words unsaid*.

Her voice is unique: poetic, immediate, intense. The text is condensed. Every word has been weighed. Her writing is composed with an intellectual and linguistic rigor, a search for the precise term that will most clearly express her meaning. (One recalls Keats' advice to his fellow poet, Shelley: "Curb your magnanimity and load every rift with ore.") Compared with the "flat, neutral, and sludgy"¹ exposition of so many social scientists, the effect is compelling, breathing "lived experience"² into her analyses. Although described as "a phenomenological interpretation of medical work," the book does not force the reader to beat his or her way through thickets of impenetrable prose. It is neither cluttered with dense Latinisms, nor does it sound as though it were translated word for word from the German.³

Instead, the writing is simple, haunting, and expressive. It is, however, anything but simple-minded. Paget's ideas are expressed with a simplicity that involves more effort, creativity, and intelligence than does complexity. She is an extremely *conscious* artist: she knows exactly what she is up to. And what she is up to is, in its own way, revolutionary. She is going against the prevailing sociological grain. As she herself stated:

. . . many sociologists do not live in the world they investigate. They position themselves outside the life-world. . . . The subject and subject matter become objects of observation, things, or categories to be manipulated . . . The desire to do a particular kind of "science" produces this effect. Desiring a disinterested and unbiased analysis apparently means distancing and denying the self of the sociologist.

The sociologist as an experiencing person is thus ignored. His method takes priority over his life and his social and historical situation. He reports his subject matter through his method and procedures split off from his life. The tendency to produce abstractions removed from everyday life, through a technical language, heightens the self-alienation of many sociologists. Research is reported in the third person or, even more startling, concepts and technologies report the research—as if they really could. . . . The denial of the importance of language in the production of understanding is very crucial in reproducing a technical and inhuman world.⁴

She notes that the process of writing can, in contrast, “preserve the poetic and expressive features of life as lived,” features that are “central to the life-world.”⁵ It is the immediacy of this life-world that Paget seeks to communicate.

Although a conscious writer, Paget does not appear particularly self-conscious. She focuses entirely upon the phenomena studied, not upon herself studying. She is an original, there are none like her, yet her writing lacks the self-congratulatory trumpet fanfares—“ta da, watch me being original”—of some social science colleagues. (Dare I venture that more men than women present themselves with such rhetorical flourishes?). She is not part of a posse of “original” rebels, marching in lockstep as they proclaim their reaction to the status quo. Paget is very much her own woman. So much so that she never held a full-time faculty position; instead, she had a number of post-doctorate fellowships, working as a legal “temp” to support her writing.⁶

This book explores medical errors. Other sociologists have focused on this subject⁷ citing Everett Hughes⁸ on the study of occupations and mistakes at work. Paget’s approach and tone, however, differs markedly from that of her colleagues. Not only in its immediacy, its “experience-nearness”⁹ (her subject and subject-matter are never “categories, or things to be manipulated”), but also in her openness. Paget is not out to convict doctors but to

comprehend them, to grasp and convey what it is like to “do medicine.”

Sociological studies of doctors have been particularly subject to “the rhetoric of blame” (pp. 15–17, 59–63).¹⁰ Anthropological writings on medicine are somewhat less moralistic—perhaps because anthropologists began studying Western doctors at a later date, and many of the early investigations were carried out by students of Arthur Kleinman, himself a physician as well as anthropologist. Privately, in the 1970s in particular—when radical students distrusted anyone over thirty, detested police and referred to them as “pigs,” and equated professional and political power with corruption—many anthropologists as well as sociologists automatically categorized physicians as immoral. This attitude persisted: I still remember a professional meeting in the 1980s where, when I told a colleague that I was studying surgeons, she cut me off, saying with finality: “I don’t like surgeons.” Too late, I realized I should have responded that I was not particularly fond of Southern sorority girls, whom she was studying at the time, but that my distaste did not discredit her work in my eyes.

This automatic assumption of moral superiority characterizes the work of many social scientists when they “study up.”¹¹ Their unthinking equation of power with corruption, with a correlate assumption that they, in the same situation, would behave differently, recalls the old story about two impoverished Russian students one of whom opines: “If I were the tzar, I’d be richer than the tzar.” “How can that be?” inquires the second, and his friend responds: “If I were the tzar, I’d give piano lessons on the side.”

One of the most interesting and original aspects of Paget’s approach is her recognition that medical work, and thus error, occurs through time. She notes that clinical medicine is an “unfolding activity” (p. 78). A mistake is a temporal process: “The *now* of mistakes collides with the *then* of acting with uncertain knowledge. *Now* represents the more exact science of hindsight, *then* the unknown future coming into being.” Or as one doctor observes ruefully, “the errors are errors now, but they weren’t errors then” (p. 48).

Delving into the connotative and denotative meanings of words, she notes that:

A mistake is a complex relation between a person, a physician, who is mistaken, and something mistaken, a patient's illness. Its complexity arises because of the many dualities of the relation: 'Mis' meaning miss, 'mis' meaning wrong, 'mis' meaning take wrongly. It is also a complex relation because of the many dualities in its construction, the movements and transitions in the misfortune of illness and the misfortune of mistaking human illness in time (p. 121).

She speaks of the "complex sorrow of clinical work," observing that "The sorrow of mistakes has been expressed as the too-lateness of human understanding as it lies along the continuum of time, and as a wish that it might have been different both then and now" (p. 149). Noting that practicing medicine involves "work with a person in a context of limited contact, enacting knowledge rather than applying knowledge, looking after life processes that are moving errantly" (p. 130), she concludes that clinical medicine is an "error-ridden activity" and that *mistakes are an intrinsic feature of medical work that cannot be avoided*. She continues: "I do not mean that physicians are at fault in making mistakes, though they, sometimes, are at fault; I mean that their work is intrinsically experimental, uncertain, and prone to error" (p. 3).

I know of no other analysis of clinical medicine, by physician or social scientist, that presents these crucial, and shattering, insights.

The book stays with one. After reading it, I wanted to know more about its author. Who was this woman with such astonishing insight, and such an intense poetic way of conveying her interpretations? Readers who are equally curious should turn to Paget's tragic posthumous book: *A Complex Sorrow: Reflections on Cancer and an Abbreviated Life* (1993). Paget died as a consequence of her study: medical error. "*I am the subject of error: I embody it. Even my body has erred,*" she declared, adding:

Strangely, my knowledge of error has helped me deal with the errors in my care. Had I not known about the prevalence of error in medicine I would not have been able to process what has happened to me without bitterness. But I had thought these matters through already, and more than once. I now live out the complex sorrow I have before described (1993:20).

I suspect that after reading *The Unity of Mistakes*, many will recommend this extraordinary work to their friends. It is or should be a classic. Intense, original, poetic, insightful, its pages have much to teach us all: social scientists, doctors, and patients.

—Joan Cassell
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Notes

1. Stoller 1989: 137.
2. Paget 1983: 67.
3. To give an example, from a social scientist who shall remain nameless: “The understandings constitutive of medical discourse are thus instantiated bodily; a bodylore sports the lineaments of a metaphysics.”
4. Paget 1993: 7–8.
5. *Ibid.*
6. De Vault 1999: 15 (and personal communication, July 2003).
7. Freidson 1975, 1979; Millman 1976; Bosk 1979.
8. 1958, 1971.
9. The phrase is used by Arthur and Joan Kleinman (1995), where they charge that ethnographers are often guilty of the same theoretical dehumanization of the suffering patients we study as are the biomedical practitioners, to whom we feel morally superior. They call for an “experience-near” and

“experience-rich” ethnography. I was unable to find the exact derivation of the term “experience-near.” It was employed a number of times by anthropologist and psychoanalyst, George Devereaux, in a course he taught at the Menninger Institute in the 1950s, according to Roy Mendelsohn, M.D., who thinks the phrase may have come from Kierkegaard (personal communication, Roy Mendelsohn).

10. *E.g.*, Freidson 1975, 1979, and Millman 1976.
11. Nader 1969. Interestingly, professors are a protected category whose power is never examined or critiqued and, in fact, when speaking at a symposium on Elitism and Discrimination Within Anthropology in 1995, Nader advised the other participants to stop their “grumbling” and pull their socks up.

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