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Leslie Jamison's "The Empathy Exams": Breaking the Silence Towards Suffering

In her collection of essays *The Empathy Exams*, Leslie Jamison shows a morbid curiosity about others' suffering, pain, and ailments. She walks into the prison cells of ultramarathoners, writes treatises on what Carrie's blood-drenched horror story really means, and sweeps into conventions for sufferers of a sinister and mysterious itching disease to find out what these people felt and then write about it with unflinching honesty. The title essay, which is the story of her role as a patient actor as well as her experience with doctors' empathy towards her real life suffering, initially seems like solely a reflection on what empathy really means. However, when taken together with two other essays in the collection, "Devil's Bait" and "Grand Unified Theory of Female Pain,"¹ the title essay of *The Empathy Exams* is actually more than that.

"Devil's Bait" is the story of Jamison's attendance at a conference in Austin, TX for sufferers of Morgellons disease, which causes the feeling of foreign objects under the skin. Patients often go to disturbing lengths to rid themselves of these fibers or small objects, resulting in both physical and mental trauma. The FDA categorizes this disease as an, "unexplained dermatopathy" possibly representing a, "delusional infestation," which is extremely invalidating and frustrating for many sufferers of the disease (Jamison 29). "Grand Unified Theory of Female Pain" is an exploration of society's view (as well as women's own view) of female pain. Jamison analyzes appearances of female pain in literature, and pleads with her reader to both

¹ Reference for clarity on in-text citations: "The Empathy Exams" is Jamison 1-26, "Devil's Bait" is 27-56, and "Grand Unified Theory of Female Pain" is 185-218.

individualize and unify the female experience with pain, ultimately turning around how society currently views it: a dramatic and dramatized martyrdom. Rereading the title essay of *The Empathy Exams* with these two essays in mind prompts a deeper conversation around empathy than simply a neat definition: the essay ultimately explores the difference between empathy towards real and imagined pain, while revealing Jamison's aversion to the chronic dismissal and generalization of female suffering.

In all three of her essays, Jamison examines whether the boundary between “real and imagined” pain is significant. She starts in her title essay “The Empathy Exams” with her role as a patient actor. This role means that her pain is not real; the medical students are aware that it is an act, an attempt to elicit empathy through a story². Accordingly, the future doctors respond with vague, cookie-cutter words of sympathy as is their duty. Voiced acknowledgment is required of the students, even simply a, “that must really be hard” (Jamison 5). However, when she recounts her experience later in the essay as a real patient struggling with the fallout from her abortion and following heart surgery, the response is not much different. Her doctors react as if her suffering is imagined, purely psychological and therefore somehow unimportant, with the same passing comments they afforded her past characters.³ They see the patient actor, with her contrived stories of pain and anxiety, not much differently than they see their patients. And while that can be beneficial as they learn to automatically respond with a certain measure of empathy in medical school, patients (real, emotional people) need more than this. When medical students learn to respond automatically to someone's individual pain, they can develop a rote sense of

² Interestingly, Vulture analyzes a double layer to her acting: “The Standardized Patient in a crinkly blue gown was actually a Pacific Palisades–raised, Harvard- and Yale-educated whiz kid on a glittery comet trail of achievement. Jamison wasn't just impersonating a sick person but impersonating the sort of person who gets *paid* to impersonate a sick person” (Barrett). This could affect the doctors' response even more.

³ As a patient actor, Jamison heard variations of, “that must really be hard.” Her real cardiologist, Dr. M, spoke in such a curt voice that it, “meant nothing.” When she says in a cold voice, “and what do you want to know from me?” it is almost worse than “that must really be hard” (Jamison 14).

removal from the patients' suffering: everything has been seen before... everything falls into the same category of requiring a simple voiced acknowledgement of empathy. However, patients need assurance that what they are going through is real and therefore deserving of attention, and a commitment on the part of the medical professional to discover the source of pain and try to fix it.

In the wake of her abortion, Jamison needs external acknowledgment that her suffering is as traumatic and unbearable as she feels it is. She struggles with the seeming invalidity of her pain, as her doctors expect her to accept as ordinary something that changes her life and leads to the depression she experiences after her procedure. Hundreds of women before her have endured the same thing... she is simply one of many. But how does that reduce the pain Jamison experiences? Looking back, she wants to tell herself in that Planned Parenthood counseling room that "commonality doesn't inoculate against hurt" (Jamison 11). She wishes someone had acknowledged the gravity of her experience, as "it's news whenever a girl has an abortion because her abortion has never been had before and won't ever be had again. [She says] this as someone who's had an abortion but hasn't had anyone else's" (Jamison 217). Jamison's abortion had a huge impact on her life. Everything felt like it should be affected by what she experienced, but when she asks what the effects will be, her doctor makes her feel like she is making "a big deal out of nothing" (Jamison 15). In that interaction, her trauma has been reduced to imagined: nothing.

Jamison rejects this treatment when she writes that there is no benefit to "draw[ing] a boundary between authentic and fabricated pain, as if we weren't all some complicated mix of wounds we can't let go of and wounds we can't help" (Jamison 191). As Louise Aronson writes in her article relating her own experience with patient actors to *The Empathy Exams*, Jamison

illustrates empathy as “reaching across coexisting layers of truth and pain” (Aronson). Jamison insists that her suffering was as real as her experience of it, and the response of her doctors should have been accordingly compassionate.

Jamison expands on that treatment in “Devil’s Bait,” the story of her experience attending a conference for sufferers of Morgellons disease. These people share with Jamison a desperation for people to listen and validate their pain, as many people have dismissed their experience with the feeling of fibers or other alien objects lodged in and escaping their skin as merely psychosomatic. They want to replace the assumption that they are simply anxious, or even hysteric, with the acknowledgement that physical evidence or not, they are suffering. They want their doctors’ genuine attention as they describe their symptoms instead of “smirks and muttered remarks, hastily scribbled notes, cutting gazes seeing a category, an absurdity, where a person had once been” (Jamison 39). They want a promise to find a solution, whether the doctors personally believe in the reality of the disease or not. This attention, this non-circumstantial voiced acknowledgment that Jamison and the Morgellons patients want from their personal and medical circles, is the display of empathy that she argues is effective compassion.

Jamison initially attends the Morgellons conference to finally decide whether the disease is a true phenomenon, and report it to the world in her essay. However, after talking with the victims of the probably largely psychological disease, she realizes that whether the pain is medically evidenced does not matter. The agony these people go through, the sores and scabs and shiny scar tissue, is real... no matter whether they share a virus or a colony of bacteria or nothing at all. They want to be shown the empathy and validation they deserve as people suffering.

In their desperation to be acknowledged as people suffering from a disease, they reveal that, “physical symptoms can offer their own form of relief — they make suffering visible” (Jamison)⁴. This counterintuitive relief that visible lesions, scarring, or rashes can offer forces one to realize the negative psychological effects of the dismissal and condescending treatment Morgellons patients receive. These people, like Jamison herself, “crave a pain so visible—so irrefutable and physically inescapable—that everyone would have to notice” (Jamison 12). But shouldn’t their doctors have prevented that desperation, that point in their suffering where Jamison and Morgellons patients hope for any proof of what they are going through? Shouldn’t they have acknowledged Jamison’s anxiety surrounding her abortion, the severity and reach of her trauma, the way it will affect her life even if it doesn’t manifest itself physically in her next operation? What matters is not whether her pain is real or “imagined.” What matters, in this case and millions of others, is that caretakers must respond with empathy and compassion not to the pain that they see, but to the pain their patients see and feel.

As she unravels the complexity of physical and psychological suffering, Jamison also shows how female pain is viewed by her medical and personal circles.⁵ She plays the role of a woman suffering from seizures caused by extreme sadness, refusing to acknowledge her depression and its effects on her health. As Stephanie Phillips, she “keeps her sadness so subterranean she can’t even see it herself” (Jamison 6). Even in her later personal experience with her abortion, Jamison feels like she has to act like everything she is enduring is fine. She has to, “keep [her] voice steady and articulate” when discussing losing a piece of herself, something that filled her with a small burst of joy when she found out about her pregnancy, to a

⁴ This quote was taken from the essay “The Devil’s Bait” originally published in Harper’s Magazine, before the edited version was published in her book.

⁵ Physical suffering in this case means evidenced by an accepted pathology, caused by a concrete issue, and appearing in visible symptoms. Psychological suffering or imagined suffering is caused or exacerbated by a mental issue, not necessarily visible, and mostly resulting in mental or emotional trauma.

cold, brutally commonplace vacuum procedure (Jamison 24). She does this because, as she explains in her essay “Grand Unified Theory...,” “the post-wounded woman conducts herself as if preempting certain accusations: Don’t cry too loud; don’t play victim” (Jamison 198). She must protect herself from the cliché image of the “hurting woman,” the woman in constant pain, the “wound-dweller” as an ex-boyfriend once called her (Jamison 186). In her essays, Jamison rejects the paradox that women cannot reveal the suffering that merits the empathy they are desperate for.

In addition, Jamison pushes against the way our culture dismisses female pain as exaggeration, and rejects the idea that women should feel like they have to hide their pain and act like what they are going through is simply an expected product of being female. Jamison analyzes the story of Stephen King’s *Carrie* as an echo of her own experience in “Grand Unified Theory.” She writes that Carrie, laughed at and dismissed for being upset about her period, is told to, “‘Grow up... stand up.’ The implicit imperative: Own this bleeding as inevitable blood. A real woman takes it for granted” (Jamison 196). This interpretation of a classic story of female suffering sheds new light on the way Jamison is forced to own her trauma as inevitable, and take it for granted as a consequence of her own decisions.

As I read Jamison’s title essay, “The Empathy Exams” for the first time, it seemed like a collection of experiences that work towards defining what empathy is. She even goes so far as to bring in the etymology of the word, combining the roots to represent empathy as “a penetration, a kind of travel” (Jamison 6). But Jamison ultimately decides that empathy cannot be forced into a short phrase or a simple definition after analyzing the effectiveness of empathy from different people in her life. It is more complex than that: empathy can be a verbal acknowledgement of pain, a commitment to listen and pay attention, the decision to turn away to give a woman the

space to grieve, or the simple desire to see suffering lifted from the sufferer. As she acknowledges in her essay about her struggle to properly empathize with Morgellons patients, empathy is hard. Sometimes you cannot imagine the full breadth of someone's suffering, and sometimes your doubts get in the way. Jamison believes that the patients are suffering, but she says at the end of the essay that although she tried, she may not be that different from the doctors who dismiss their pain as imaginary. She still doubts the science behind their disease, despite her good intentions.

However, Jamison ultimately decides that whether she personally understands what they are going through or not doesn't matter. She writes in her title essay that empathy is, "a choice we make: to pay attention, to extend ourselves. It's made of exertion" (Jamison 23). Jamison certainly made the effort. Her empathy for the Morgellons patients went beyond a stagnant definition and erased the boundary between real and imagined pain; she felt their suffering, and saw centuries of struggling women in their desperation to be heard and validated. As an article in "The Guardian" summarizes, Jamison's three essays confront our complacency towards "the historical but newly fraught problem of disbelief in and distrust and dismissal of women's cultural expressions regarding their ailing bodies, or minds" (Dillon). Jamison attempts to destroy the problematic silence surrounding female suffering in her three essays, and in doing so, shows true empathy towards herself and millions of other women.

Works Cited:

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FWIS 151 Academic Essay #2

For your second academic essay, you'll choose one of the personal narratives we've read recently in class, and write an academic paper that helps your audience read the essay in a new or deeper way. (Remember your choices: the essays by Orwell, Tan, Baldwin, Kincaid, Rodriguez, Dillard, and Jamison.) You'll write the essay in the "They say/I say" style, and you can use one of these bullet points to guide you:

- What stood out to you when you initially read this essay? Why? What stands out to you now, after you've reread the essay and done research on both the essay and the author? Why? What insight about writing or life can we get from what stands out to you now?
- What *seems* to be the main insight this essay offers readers? Why? What is the main insight that you *actually* think this essay offers readers?
- What did you think about this essay before you did research on the essay and/or the author? How did your research add to your understanding of the essay? What insight about writing or life can we get from your new understanding of the essay?
- What problem or disagreement did you have with this essay when you first encountered it? Why? And why have you changed your mind about the essay now?
- Why is this an essay that people still read and/or praise today? And why do you think the essay doesn't deserve the acclaim or attention it has received?
- How do scholars or critics tend to read this essay? And why do you read it differently?
- What assumption about "good writing" does this essay challenge? And what insight can we get about writing from the way this essay challenges that assumption?
- What assumption about life does this essay challenge? And what insight can we get about life from the way this essay challenges that assumption?

Your essay should be 4-6 pages long, and it should include several (i.e. at least 3) quotes from outside sources, including at least one quote from a scholarly source. (You can also quote interviews with the author or articles from newspapers and magazines.) Your intro will set up the purpose and point of your paper (i.e. your thesis), and your body paragraphs will develop that point with evidence and analysis (i.e. quotes from the essay and your sources, and explanation of how those quotes relate to your thesis). You can also include a paragraph acknowledging and responding to possible objections to your argument. And then you'll end with a conclusion that sums up your overall point and why it matters. The point is to discover new insights about the essay through your rereading, your research, and your writing, and to share those new insights with us. Ideally, though, your paper won't just help us understand the essay in a new way; it will also offer us a new insight or important reminder about writing or life in general.

Your paper should be in MLA format (or another common format). You'll include a Works Cited page at the end of your paper and paste our course objectives on the page after that.

See the syllabus for due dates!

