

ing a lie to keep things wrong, to continue to live a false life without inconvenience. The behavior of the Patient's lover was most truthful of all—absolutely and resolutely true to his sentiments—but probably least defensible.

Men and women may tend to read Professor Cornell's scene differently. Men might argue that the Mentor has a certain logic on his side. He wants to spare his wife pain in a relationship he will not terminate. Love is complicated. Feelings do change. If he talked about "one true dream of love," he has to be allowed poetic license, doesn't he? The Doctor is too literal. The Mentor does love her, but he can do no more than he is doing. For her part, the Doctor made a choice, is even now making a choice, to continue an imperfect relationship while unrealistically expecting to make it perfect or "true." The world doesn't work that way. The Mentor recognizes the need for compromise, but the Doctor seems to need absolutes.

Telling the story this way—from the Mentor's (the man's?) point of view—attempts to validate an arrangement in which the Mentor has all the benefits and the Doctor gets just enough pleasure to keep her from walking away but not enough to make her happy. In other words, the compromises all seem to be on the Doctor's side and the advantages all seem to run to the Mentor. Why is the Doctor trapped by the one true dream of love? Why indeed.

A SCENE OF PROFESSIONAL DECEIT

JUDITH KOFFLER*

Elaine Scarry writes in her brilliant work, *The Body in Pain*:

When one hears about another person's physical pain, the events happening within the interior of that person's body may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth.¹

Scarry explores how professional discourse in law and medicine as much as literary discourse in poetry and narratives records the passage of pain into speech, thus bringing it to the "visible surface of the earth." Her book investigates the ways in which the sufferings of other people become visible to us, or cease to be visible to us. Scarry also explores how insensitivity to others is itself a moral

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¹ ELAINE SCARRY, *THE BODY IN PAIN: THE MAKING AND UNMAKING OF THE WORLD* (Oxford Univ. Press 1985).

failing—indeed, a moral and political disease, that may be cured through language.

Similarly, Dr. Elizabeth Kübler-Ross, in her book *On Death and Dying*, explores the unexpressed or unrecognized pain and needs of terminally ill patients. She describes how the heretofore unfeeling medical profession has begun to respond to such suffering. Kübler-Ross's work gives us valid dialogues between doctor and patient and between patient and Kübler-Ross herself, not unlike the dialogue in Scene Four of Drucilla Cornell's play, *The Dream Cure*.

In Scene Four, two professionals, both women, respond to the pain of a terminally ill patient: One is the character of the Doctor, the other is the author Cornell herself. The Doctor responds in ways that transgress traditional boundaries between "the professional" and "the personal." Because of her intimate connection with the Patient, the Doctor commits her own resources—writing letters and sending flowers as if from the Patient's absent lover—in an effort to relieve terminal despair. Whether "misguided" or "unprofessional," her efforts appear to work. To that extent, they may resemble a dangerously addictive anodyne. But *in extremis*, the dangers of addiction may be irrelevant, if not ironic.

It is worth noting that suppression of sentience and the equation of insentience with professionalism is a hallmark of traditionally male-dominated fields.

In her scene, Cornell seems to explore further Scarry's suggestion that there is a dark connection between debased forms of power and an inability or refusal to express pain. Cornell's dramatic form serves to point up how traditionally prescribed, sterile academic discourse tends to promote nonsentience: Individual voices may be lost in the footnotes and often-convoluted jargon. But she also calls to mind those distinctive voices that have managed to shine through the nonsentient morass, such as Derrick Bell, Marie Ashe, Catherine MacKinnon and Patricia Williams.

Although seemingly simple on the surface, Cornell's scene suggests complicated themes of ethics, desire and deception. Several characters seem to be candidates for the role of a *pharmakos*, the sacrificial victim in Greek tragedy: The Patient dying of despair and leukemia, the Doctor whose redefining of the therapeutic relationship seems to risk her esteem in the eyes of her authority figure and lover, the Mentor, or the absentee wife, who has been duped by her husband's infidelity.

If these characters are being sacrificed, it is through the mechanism of deception. The victims do not think they are being sacrificed. Quite the contrary: They think they are being saved.

Therapy, in short, consists in deception, or rather in small, seemingly forgivable fictions prescribed with the aim of "doing no harm." In Cornell's scene, this deceptive tactic becomes only a temporary balm rather than a long term panacea. As the cliché goes, the truth will out and the pain of that truth ultimately negates the solace of the lies, no matter how well meaning. Won't the Patient feel even more alone when she realizes the flowers were not actually from her lover? Hasn't the Doctor made the Patient more dependent rather than empowered and able to be enough for herself? And isn't the Doctor also deceiving herself?

The Mentor calls the Doctor on the pitfalls of such a charitable approach. He says the Doctor's efforts infantilize the Patient, unconscionably delude her and undermine the Patient's sense of reality—all of which amounts to a betrayal of a professional duty.

But this criticism belies the Mentor's own hypocrisy. The roses in his hands, supposed symbols of true love, are intended for the wife he has deceived—obstensibly to spare her pain, but in fact to "keep up appearances," and spare himself detection.

The Mentor fails to convince us that his deception is any less objectionable, by his *own* standards, than the beneficent fabrications of the Doctor.

The central image of flowers in Cornell's scene reinforces the paradoxical relationship between deception and desire. The order that the flowers are intended to impose, whether upon the Patient or upon the absentee wife or indeed upon the two who turn the rosy deceptions, is in fact a hidden "ordure."² For both the Mentor and the Doctor, that ordure is their own self-deception, even more than their deception of wife or patient.

Perhaps this scene yields a more general message as well, namely how difficult it is to recognize another's pain unobscured by professional discourse; or rather, how easy it is to enjoy what Scarry calls the privilege of being irresponsible to other sentient beings. For despite the influence of creative legal thinkers like Cornell, we tend to veil quotidian falsehoods with numbing professional pieties, using language to anesthetize ourselves. In short, how very like the Mentor and the Doctor we all are, and how easily we deceive ourselves with false justifications for our own actions, while judging the actions of others with supercilious pride. How often we professionals cover our own misdeeds with a rhetoric of kindness, and degrade

² See Jacques Derrida, *Plato's Pharmacy*, in *DISSEMINATION* (B. Johnson trans., Univ. Of Chicago Press 1981).

the kind deeds of others by calling that sensitivity “unprofessional”—as if to be “professional” is to be frozen and unfeeling.

THOUGHTS ON DRUCILLA CORNELL'S
THE DREAM CURE

RICHARD WEISBERG*

Our Doctor-protagonist will bring greater solace to her profession, over time, than to herself. In the apparently hard, logical world of the physician—or the attorney for that matter—a woman's insistence on what I like to call “romantic realism” will some day make a difference. If she can survive the acculturated myopia of the American professional world, epitomized in this little scenario by her Mentor, her understanding that the heart is *always* part of the solution will progress from her individual practice to the textbooks as well.

What the Mentor calls her “one serious weakness as a doctor” is, of course, her unique strength. Considered romantic, her attention to the holistic reality of her patient surpasses the tiny range of mainstream medicine's self-flattering perspective. Eventually—in the cyclical patterns that define our sense of professionalism—the Doctor's idiosyncratic weakness will reemerge as the core of cure.

Meanwhile, though, how has such a person managed to graduate from medical school? How has she attained her present reputation, which—but for her empathy—is solid? The scene offers us counterfactuals to the Doctor's success. An affair with a mentor; *he* calls it off. *She* persists. These fits of passion are not strange to a Wordsworth; to an upwardly mobile health care professional, if not to the playwright who has created her, they are *anathema*.

Living her fantasies, with all the courage and no small part of the foolishness of an Emma Bovary, she unsurprisingly contributes to the fantasies of her dying Patient. Playing Cyrano to the absent lover-Christian, the Doctor conjures for her Roxanne a male lover who will be kinder and gentler. So as the central symbol in this scene, flowers are being sent everywhere—to a wife who is not loved, and to a woman who has no lover—but the Doctor receives none. Cast (literally) in the role of spurned woman, she re-casts herself as the perfect lover *she* desires. In so doing, she (like the playwright?) creates through art a world in

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