Sonny Disgust and Anna Fear: An Ethic of Obligation

R. Dawn Hood-Patterson

ABSTRACT

Sometimes fear and disgust can create conditions that make approaching a patient difficult, especially when a patient is very sick, injured, or has a contagious infection like COVID-19. This personal reflection summarizes the theory of abjection, a theory that may help healthcare workers better understand the context or experiences of fear and disgust. This reflection also identifies compassion and obligation as motivators to mitigate fear and disgust. Compassion and obligation seem to launch healthcare workers past their fear or disgust to assume a helping position.

A PERSONAL REFLECTION

He asked me to call him Sonny. It was getting late in the afternoon, and he was the last patient I needed to see that day. I had put off this visit for as long as I could. When I neared the threshold of his room, I walked a little slower and with a little dread. I was sometimes overcome by the sights, sounds, and smells from his room—sights, sounds, and smells not uncommon for an adolescent who was struggling through the side-effects of the chemotherapy treatments. I was greeted at the door by the repugnant aroma of stale vomit. Sonny was lying in bed with a gray beanie pulled low over the spot where his brows used to be. I paused, knowing we were reaching the limits of our capacity to keep Sonny alive with treatments and interventions.

I braced myself and asked, "How are you?" What a ridiculous question. I could no longer resist my urge to come back when "he was feeling better." We both knew that I was really waiting for me to feel better. Such had been the case all day. "Sonny's not feeling very sunny today," he replied. I strained against the odor, plowed past my urge to make an excuse, and found the chair next to his bed. It was a safe distance away from Sonny. My body wouldn't touch his until it had to. Plus, at this distance and angle I could maintain an obstructed view of that pink hospital pail next to his bed. Cancer is not contagious, but I sometimes forget that detail.

I remember visiting my first COVID-19-positive patient, midsummer of 2020. Anna was a six-year-old girl who came to the hospital with trouble breathing. She did not need intensive care therapies, but it was early enough in the pandemic that we weren't sure that she would be okay. I had spent years growing more accustomed to the pauses I took at the doorways of patients. Entering this room, however, reignited my sense of foreboding. I remember the nurse

R. Dawn Hood-Patterson, PhD, MDiv, HEC-C, is a Clinical Ethicist at Children's Health in Dallas, Texas. dawn.hoodpatterson@childrens.com

watching, guiding, instructing me as I donned the new elements of personal protective equipment (PPE). I could feel my insides quake a bit as I was plunged right back into my fear—this time it was a fear of contagion, a fear of this child and what her body might do to me.

The feeling of disease droplets clung to my body for the rest of the day. I felt my skin in new ways; ever before, it was a protective barrier to the elements of this world, but now it took on the sensation of something I wanted to shed. I showered immediately at the end of my shift. I felt settled only after a few days had passed and I retained my sense of smell and ease of breathing. Contagion had thrust me back into a sense of fear and disgust.

There are still moments when my hand lingers on the door after I have donned the yellow isolation gown, N-95, and protective eyewear. I pause when entering the trauma room strewn with bloodied linens. I bristle at the sight and smell of vomit. Working in a healthcare setting, I dance with fear and disgust and must find ways to make them more amenable partners. In time, these moments of pause have been instructive. I have made peace with my doorway dread by recognizing an obligation I have to step across the threshold, even when gripped by a sense of apprehension.

How do healthcare workers manage to pause at the door, gather themselves against the sights, smells, and known infections, and then enter? What enables them to take the step through the door when they know that stiff scents or contagious coughs waited on the other side? How can they gather the soiled linens and mop up the bloody footsteps when the patient has been wheeled from the emergency department to the intensive care unit? Fred Rogers said, "When I was a boy and I would see scary things in the news, my mother would say to me, 'Look for the helpers. You will always find people who are helping.' "[1] Healthcare is full of helpers, people who overcome their sense of disgust or fear and run to the bedside when called.

Julia Kristeva, philosopher and literary theorist, developed the theory of abjection in her book *Powers of Horror.* Kristeva notices how a bleeding, failing, contagious body signifies fear, disgust, and loathing.[2] A sick body is a signal to us, reminding us that we are all in the process of dying, experiencing illness, or losing control of our embodied existence. Philosopher Iris Marion Young describes abjection as "aversion, nausea and distraction" when encountering that which is horrifying to us.[3] The visible, tangible, fluid-leaking, COVID-positive, bodies-out-of-control, situations-in-chaos are visceral and unignorable reminders that every body is finite. Ultimately, no body will experience a different outcome.

Abjection is a reaction to fear. I do not fear Sonny or Anna; I am not disgusted by them. I fear what they represent to me, and disgust emerges at their reminders of finitude. Sonny's brokenness, Anna's infectiousness, and our shared vulnerability remind me of my own temporality. The reason abjection theory remains so compelling to me is twofold: (1) fear and disgust about the body are socially constructed and influenced, and (2) when it comes to helping, fear and disgust are not the opposite to bravery—they can also act as an impetus to step in. First, social mores profoundly influence what we fear and find disgusting. Social norms have a way of delineating who (or what) is rendered abject—who is fear- or disgust-inducing. Disgust and fear are often based on notions of what is deemed to be "filthy" within our social norms.[4] These, in turn, influence how we accept what has been designated as filth. To be clear, filth is not a condition of being; filth is socially determined.

We all know that Sonny himself was not disgusting or fear-inducing. We know that Anna was a lovely little girl. Yet society has taught me that their sick, out-of-control bodies are producing something fear-inducing, and I am rendering them as abject—those to avoid. I have relegated their identities into a "sick" role. While they have been in the hospital, their sicknesses have become central. I forget that Sonny is also a stinky-footed teen, science-loving, soccer-playing, sunny guy. I forget that Anna is a Lego-playing, *Frozen*-lyric-belting child with exceptional coloring proficiency.

Bodies play a key role in how we develop a sense of what we fear and find disgusting.

Anthropologist Mary Douglas[5] and Christian theologians Lisa Isherwood and Elizabeth Stuart[6] all argue that expectations about the body mirror our social fears. Douglas suggests that organizing or cleansing the body has the same ritual outcomes as organizing our social environments.[7] We want to tidy up after the sickness to restore our sense of order, our sense that "all will be okay."

Similarly, Martha Nussbaum, philosopher and professor of law and ethics, argues that disgust is a powerful social means of developing a criterion for inclusion or exclusion.[8] Disgust is directly related to what the body and bodily matter represent within a given historical context. Sonny's body, the vomiting and dying, makes me want to exclude Sonny. Anna's infection (and the risk it poses to me) has the same effect. Exclusion acts as a means for social preservation and a protection of the integrity of social or bodily boundaries.[9] In this manner, exclusion takes on both positive (infection control) and negative (marginalization or avoidance) dimensions. Abjection theory helps me realize that my fear and disgust aren't about Sonny or Anna themselves; it helps me externalize my reaction. Abjection can also help explain why I finally cross the threshold into their rooms.

A reflection on my time with Sonny and Anna leads me to a second observation. Perhaps fear and disgust are not the other side of the coin of bravery. Fear can be what paralyzes me, what causes me to tie my yellow isolation gown a bit more slowly or walk away to wait for when "he is feeling better." Something in these experiences gives me the proverbial "push" to step over that threshold and sit amid illness. Abjection's revealing of fragility and fear is also a revealing of a shared association, a shared humanity, a shared inching toward death.

Kristeva argues that something is rendered abject because it holds traces of ourselves.[10] I want to establish and maintain a separation or distinction between me and Anna so I can pretend that I am protected from a similar fate. I want to avoid Sonny's leaking body because Sonny's leaking body foreshadows my own future. Young describes the separation between subject (me) and object (Sonny and cancer/Anna and COVID) as "tenuous."[11] Tenuousness is an important descriptor. The abject seems terrifying because, when scrutinized, that which has been rendered abject, fear-inducing, or disgusting reveals a seed of familiarity and commonality. I see myself in my patients.

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A dynamic relationship exists between repulsion and inquisitiveness. Young describes the abject as "fascinating."[12] While Young uses this term to indicate a near-sinister curiosity about disgust, this same curiosity draws us toward that or those who have been rendered abject.[13] Abjection piques our curiosity, drawing us into a position of inquiry about another person—healthcare rubbernecking. It is an identification with the near resemblance between the "other" and ourselves that elicits fear, but it also serves as the motivator to become that "helper." When I develop a realization that Sonny and Anna are not too unlike me, I want to learn about the circumstances of their diseases, about the way they take a toll on their bodies, and I want to hear about how illness suspends the trajectory of their lives. There can be compassionate motivation within this curiosity.

Compassion is a recognition that life is fragile. Compassion is my recognition of Sonny's illness, the fact that treatments have started to fail. But compassion is only the first step. As Christian theologian Edward Farley notes, "Being summoned by the fragility of the other

not only evokes a suffering-with (compassion) but also a suffering-for (obligation)."[14] Compassion evokes a response, but obligation turns us toward the suffering of the other.[15] While compassion may help me see Sonny amid my fear of what cancer is doing to him, I feel my obligation to our shared humanity, our sameness, that moves my feet past the doorframe.

Whereas compassion might be described as a psychological position, obligation is ethical. As Nancy Rogers used to tell Fred, "Look for the helpers. You will always find people who are helping."[16] Many people have a deep sense of compassion for those who are hurting, those who are isolated, those who are dying. Helpers are the ones who feel obligated because they see themselves in the pain. I still fear the Sonnys and Annas in my life. I still linger and procrastinate when a hard conversation is forthcoming. But I know that I am obligated and motivated to turn toward my fears and dread because I am becoming Sonny, I have been Anna, and I will need a helper.

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NOTES

1. K. Herman, "Fred Rogers on the creation of 'Daniel Tiger,' " interview 3 of 9, July 1999, Pittsburgh, Penn., Television Academy Foundation, *https://interviews.televisionacademy.com/interviews/fred-rogers.*

2. J. Kristeva, *Powers of Horror: An Essay on Abjection,* trans. L.S. Roudiez (New York, N.Y.: Columbia University Press, 1982), 1-7, 12-3, 90-2.

3. I.M. Young, *Justice and the Politics of Difference* (Princeton, N.J.: Princeton University Press, 1990), 143-4.

4. Kristeva, *Powers of Horror,* see note 1 above.

5. M. Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (New York, N.Y.: Routledge and Kegan Paul, 1966), 2,122-3.

6. L. Isherwood and E. Stuart, *Introducing Body Theology* (Sheffield, England: Sheffield Academic Press, 1998), 53.

7. Douglas, *Purity and Danger,* see note 5 above.

8. M. Nussbaum, *Hiding from Humanity: Disgust, Shame and the Law* (Princeton, N.J.: Princeton University Press, 2006), 115.

9. Douglas, *Purity and Danger,* see note 5 above.

10. Kristeva, *Powers of Horror,* see note 2 above.

11. Young, *Justice and the Politics of Difference,* see note 3 above.

12. Ibid.

13. Ibid.

14. E. Farley, *Good and Evil: Interpreting the Human Condition* (Minneapolis, Minn.: Fortress Press; 1990), 43.

15. Ibid.

16. Herman, "Fred Rogers on the creation of 'Daniel Tiger,' " see note 1 above.