

Our Helpless Rituals

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There is something seductive about the idea of saving a life. Nearly every evening we are lured into watching fictional doctors and surgeons on television, people who seem heroic in their attempts to prolong human life. Think of all the shows where a doctor is idolized or revered: the young hero of *Scrubs*, J. D., fumbles and stumbles as he learns to be a better person; Dr. House, the older, cranky, erudite pathologist, saves lives with an air of distance and indifference. But what makes these characters heroic has little to do with their personalities, or even their styles of doing their jobs. What makes them heroic is that they hold lives in their hands. And sometimes, they drop them.

In his essay “The Knife,” Richard Selzer describes the rituals of surgery by personifying the knife he uses to save lives. As the surgeon holds the knife, “helpless as a trussed maniac,” Selzer explains that a “stillness settles in [his] heart and is carried to [his] hand. It is the quietude of resolve layered over fear” (690, 687). The immensity of holding another’s life in his hands is a burden too great for the faint of heart. The job is not for everyone, and Selzer believes that surgeons require a certain amount of distance to successfully operate on patients. He explains that wielding the knife as a surgeon means taking on the responsibilities and the consequences of the knife’s actions. In accepting this burden, Selzer is sacrificing some of his own compassion. The knife is “cold, gleaming, and silent,” always ready to perform and act to its purpose—unlike the surgeon, who needs to separate himself in order to operate again and again (687).

Surgeons do not have to be compassionate. It is their duty to know how to best serve the patient. They are expected to do what is right to the best of their abilities. But this doesn’t mean that the surgeons themselves are devoid of emotion; while working, as Selzer says, “the surgeon struggles not to feel” (688-89). Surgeons must put their emotions behind them, channeling their sense of duty into the knife. And the pressure of heroism, Selzer suggests, can only be dealt with through the ritual of emotional detachment. Selzer writes

that, when the time of surgery comes, it “is the moment from which you have turned aside, from which you have averted your gaze, yet toward which you have been hastened” (690). Selzer averts his gaze to look not at the patient, but at the problem. All of the “ritual cleansing” has prepared him for the moment when “risk may flash into reality” (688, 689). Or when life may pass into death.

Unlike Selzer, whose surgical hero looks away from the emotional reality of the patient’s life, writer Jason Lewis appears to have a deeper understanding of human heroism—one that is not based upon the stereotypical image of the fearlessness, indestructibility, and unemotional selflessness of the hero. In his essay “The Motives of Heroism,” Lewis dissects known acts of heroism aboard the *Titanic* to understand the motives behind heroic and selfless acts. In his analysis of the orchestra members who chose to stay aboard the ship to keep playing their music, Lewis theorizes that “people are not actually compelled to help those in anguish, rather they seek to alleviate their own sympathetic distress by helping others.” In other words, the musicians were merely doing the only thing they knew how to do in this situation of such great distress—they fell into the ritual of playing their music. In applying this theory, “the musicians were masking their own undesirable feelings of sympathy by helping others.” Selzer might argue that it is these “undesirable feelings of sympathy” that drive people to ritual, but what about J. D. and Dr. House? Are they also masking their sympathy towards their patients by ritualizing their heroic actions?

J. D., of T.V.’s *Scrubs*, is a compassionate doctor, eager to please and save lives. But what sustains him despite his too-involved sympathies is that he puts himself in a constant state of pensive reverie; he stares off into the distance, and the television audience overhears his internal monologue, which always contains a moral, a tonic for himself and the audience. Moralizing is J. D.’s ritual stay against the anxiety and fear that his job creates. By accepting his failures, he conquers fear and mistakes, and thus he is able to serve as the hero in our eyes. *House*, too, is popular because Dr. House refuses helplessness, taking solace in solving yet another medical mystery. Even when he must accept that he is unable to save a patient, Dr. House falls back on his ritual—he moves on to the next case and the next episode, solves the next mystery. The medical drama is so popular a genre in part because we watch its heroes ritualize the act of heroic problem-solving.

Considering the actions of J. D., Dr. House, and the orchestra players, who is to say that ritual is not just a necessary means of doing good? Lewis’s view, that heroism arises in the attempt to alleviate distress, coincides with the

idea that heroism requires ritualization. Ritual is a way to express and cope with distress without dealing with it head-on. For Selzer to find this comfort and to minimize risk, his tools must be “arranged precisely by the scrub nurse, in an order that never changes” (688). Because the surgeon is “rendered impotent by his own empathy and compassion,” Selzer needs to ritualize his procedure with the knife to quell his unwanted emotions—and maximize the patient’s safety (688). The knife is an instrument and a barrier, accomplishing what Selzer cannot accomplish on his own.

But repressing emotion does not seem to be the only function of the heroic ritual. In her essay “Human Rituals: The Punctuation Marks of Life,” Meredith F. Small reflects on her attempt to use ritual to help her daughter through nostalgia and doubt about graduating from the 5th grade. While Selzer would argue that rituals help us through difficult times, Small believes that ritual is a way to “mark . . . life cycle changes,” and encourages her readers by saying that some rituals “are full of loss, but they are also full of promise and hope.” Instead of ritual serving as a defensive strategy, unlike Selzer, Small believes that “ritual also forms our identity” and allows us to “build a memory.”

While Selzer uses ritual to separate himself from his actions, Small sees ritual as a means of memorializing our actions and moving on. She tells us,

We seem to need some clearly defined, traditional activities to move back into regular life after a major change. Ritual not only underscores those life changes, it also adds a punctuation mark (a question mark for birth, a comma for rites of puberty, an exclamation point for marriage, and, of course, a period for death). And then we are able to move on to the next sentence.

Yet while Small’s remarks are encouraging, she misses the mark in her summary of the grammar of rituals. What she omits is that times of sorrow, regret, and even happiness do not ever really pass. In reality, these states of emotion are recycled, continuously passing from one phase of our lives to the next. And what ritual actually does is give the illusion of closure and clear separation from one state to the next. But our lives, contrary to what Small suggests, often carry on without punctuation, burdened or relieved by ritual.

I remember the panic, subdued beneath an air of calm, of watching my mother pass away. During spring break of my freshman year in high school, my family took a trip to Melbourne, Florida. One morning, before we left for the beach, my mom accidentally spilled a cup of coffee on my dad. It didn’t seem like a big deal. But later that day, my mother mentioned that her right

leg felt heavy. Before we knew it we were cutting the trip short—these strange occurrences, these symptoms, were worsening. What began as heaviness in her right leg moved to her right arm, and her speech became slurred. By the time we got home, my dad feared that she might be having a stroke.

He took her immediately to the doctor. The results of her MRI revealed a large mass in the back of her left frontal lobe. In what seemed like the blink of an eye, my mother was having a craniotomy to remove the tumor in her brain. Once most of the mass had been removed, a biopsy revealed our worst fear: my mother had brain cancer. She was given six months to live, but she survived for three years after the diagnosis. Her survival, though, was not without pain and suffering. Her right side was degenerately paralyzed because of brain swelling, and I watched her struggle day after day. I remember thinking that no one deserved this kind of suffering—neither my mom, enduring the actual physical pain, nor my family, helpless in the face of her illness. We watched her deteriorate before our eyes.

It was the helplessness that was the worst. I wished that I could take the cancer from her—carry some of her burden. *Let my right hand be paralyzed so that she can use hers. Let my speech be incomprehensible so that she can express herself.* But trading suffering is impossible. I was there for her every day, and she told me that was enough. But I have never felt so helpless.

When she passed, we went about the rituals of losing and honoring the deceased. Some would say that I went through the rituals numbly, in a controlled, robotic way. But the fear of living without her was bubbling under the surface, ready to explode. My panic at losing the best person I had ever known remained hidden under the guise of acceptance. I mourned, of course. I went through the ritual motions of acceptance. As Small might say, the funeral served as a punctuation point to complete the sentence of my sorrow. But for me, the punctuation was no question mark, comma, or exclamation point. If it was any form of punctuation, it was an ellipsis—a slight pause in the immediate pain, only to be picked back up on other days, when I would experience my grief again and again and again.

Even now, to prevent myself from re-experiencing that grief, I make myself believe that she is better off. *She isn't suffering any more.* I make my own suffering a ritual, but this ritual is merely a protective gesture, a means of staving off some truer emotion. It is my orchestra music on the *Titanic*, my Selzerian knife, my separation from the strains of guilt and helplessness that I continue to feel.

Acts of ritual provide a means of enduring. As memorials, they allow us to hold onto the past at the same time that they help us find temporary

release from the pain of life—at least until that pain becomes less sharp. But rituals also make scars, reminding us of the fragility of acceptance, reminding us that the wound, though closed, may reopen at any time.

We who are often helpless in the face of the inevitable, who ritualize merely as a means of enduring, are seduced by those healing medical heroes—both fictional and factual—for whom ritual is a solution, a means of evading helplessness in complicated situations. They prevent us from being alone, and we learn from their vitality. We learn from the way they use ritual as a tool—for saving their own lives and the lives of those they love. We ritually *create* these heroes to remind ourselves that perhaps we are not so helpless after all.

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