

Synecdochic

ON MY MOTHER'S AUTOPSY

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In biology class, I remember snipping through the outer layer of a dead frog's skin, peeling it back, then pinning it to a wax-covered baking sheet. Underneath was a second, translucent layer I hadn't known would be there. I could see the organs below, blurry, like the meat inside a wonton. That they were each self-contained and were the same deep reds and browns as the diagram in my textbook surprised me. The smell of formaldehyde was overwhelming, as was my knowledge that I was touching something dead. I felt dizzy, then started to black out.

I also remember—was it the same or another time?—a partly dissected frog that turned out not to be dead. Splayed out, pinned down, cut into, it started twitching, trying to escape.



Imagining my mother's autopsy makes me queasy in a way that feels similar to my memory of that dissection, though I wasn't present at her autopsy: family members never are. I had no choice about dissecting the frog; it was a class assignment. But in relation to the autopsy, the queasiness comes from the fact that I am the one who has turned her autopsy into a metaphor, a way of exposing her body and its secrets. To have begun an essay about her with a frog dissection lets me articulate something I can't say otherwise. I mean I'm ashamed at disclosing facts and theories about her that she wouldn't have wanted me to share; to do so feels like inflicting (posthumous) violence on her. But also, maybe, letting (or forcing) myself to imagine her formerly

familiar body that doesn't now exist lets me (irrationally) feel I can bring her back, not to life, but to me.

Perhaps because my mother was a psychotherapist, I have faith in metaphorical delving, in penetrating surfaces to figure out why they seem the way they do. But my squeamishness offers a bodily resistance or counterevidence to that belief. The purpose of autopsy, like surgery, is to gain access to what's concealed beneath the body's surface, a process that requires violating the once-intact skin, which hurts when the subject is alive. But the cutting required by autopsy isn't an injury, since the corpse can't feel. A corpse is just a thing, though even Atul Gawande, an experienced surgeon, notes that he "couldn't help wincing" when watching the autopsy of a favorite patient.

I'm interested in diving deep, but I'm also preoccupied with the relation of parts to the whole, which is the problem of the poetic figure of synecdoche, which uses parts to represent the whole. Often, I've noticed, what looks like synecdoche gets ruptured or turns out to have never existed: some parts represent the whole while others don't, or the apparent whole is part of something else, or apparently intact parts can be further subdivided.



Synecdoche is essential to the logic of autopsy, which attempts to understand the body as a whole by examining its parts in turn. But by revealing that the apparently intact body is an assortment of inanimate parts, autopsy also undermines the very idea of wholeness. The truth of autopsy, for Rajkamal Kahlon, whose visual art manipulates autopsy reports of Iraqi and Afghan men killed by American-perpetrated torture, is "fixated upon interrupted parts."

Kenneth Goldsmith, a white conceptual poet, delivered a controversial public performance in 2015 of the autopsy report of Michael Brown, the unarmed African American man shot by police in 2014. He made it clear—if it wasn't already—that autopsy is an antisynecdochic violation of the dead. Goldsmith's performance replicated, perhaps inadvertently, the violence of the autopsy, which itself was made necessary because of the (white-inflicted) violence that killed Brown.

The connection between autopsy and violence isn't new. During the Middle Ages, publicly executed criminals were often posthumously dismembered or subjected to public autopsy, a way of "inflicting 'further Terror'" and "discipline"

on their bodies, according to Elizabeth Klaver, while granting viewers “a furtive voyeuristic pleasure.” The mistreatment of dead bodies—burial in mass graves, dismemberment, or the public display of corpses—is still understood as a violation not only of decency but human rights.

In this context, it seems that requesting an autopsy of a loved one’s body expresses not (only) a wish to advance medical knowledge—to help doctors better treat the living, as Gawande claims autopsies do—but a (perhaps unconscious) compulsion to mortify the already dead body, revenge disguised as a search for truth. Klaver claims that autopsy involves “a fascinating, built-in *fort/da* mechanism, where the image of the cadaver is pushed and pulled, attracted and repulsing, at the same time.” Klaver is referring to Freud’s observation of his infant grandson repeatedly saying *gone* and *here* in reference to an object on a string he cast away then reeled back after his mother had left the room. Freud thought this process represented the child’s attempt to control loss through substitution.

I used to think that my mother and her brother’s donation of their mother’s body to a medical school after her death was that kind of *fort/da*, a casting away that was also a posthumous punishment for the ways she had hurt them when she was alive. Her remains were never, to my knowledge, buried beside my grandfather’s; we never held a memorial service for her. And now both her children are dead.



Neither my sister nor I seem to be the intended audience for my mother’s autopsy report. Entitled “Necropsy Protocol,” it doesn’t identify or even hypothesize about her cause of death. Instead, it offers the weight, measurement, and description of each organ. A “final anatomic diagnosis” notes “congestion” of the “liver and spleen” and a coronary blockage of “50–60%,” though the “cardiovascular system” is “unremarkable,” the “myocardia” unscarred. The various valves of the heart were measured, but there is no comment on the significance of their size. Two mastectomy scars are noted, as are markers of a chronic lung condition about which the doctor performing the autopsy was probably informed beforehand.

While the cause of my mother’s death might be evident to an expert, no one ever translated the report for us, her survivors. Nor does it seem likely

that other doctors will ever read, much less benefit from, its findings, though Gawande used the advance of medical knowledge to justify his recommendation that autopsies be more frequently performed. In fact, autopsies are supposed to be offered to all bereaved families, something my sister probably didn't know when she agreed to my mother's. She said her aim was to determine whether my mother had a condition—some heart or brain or other physiological anomaly—that her children (us) and grandchildren might have inherited.

I was told by a family member that my mother had died from a heart attack. It's still not clear to me whether this was, as her death certificate claimed, a "massive myocardial infarction" or a seemingly more minor cardiac arrhythmia, as I believed just after she died. A stopped heart is the cause of all deaths, but something must make it stop. My mother's autopsy report reads like a list of options, among which the doctors did not choose.

The autopsy report also doesn't mention many of the conditions that affected her when she was alive, among them her fibromyalgia and chronic pain, her arthritis, her artificial hip, her back and shoulder problems, and the effects of the Lyme disease and subsequent *C. difficile* infection that almost killed her two years before she died. Also missing is the fact that it took so long for her to heal from her second mastectomy, which she had just a few months before her death, under local anesthesia because her doctor feared she couldn't tolerate (that is, survive) general. Nor is it revealed that she had a genetic mutation that explained why she had cancer twice in each breast, though she died before that mutation was discovered.

The autopsy report notes her height and weight but underestimates her height by more than three inches. Is that because she was lying down when measured? The discrepancy makes her thinness less extreme. In any case, it does not warrant comment, although anorexia—the term I think describes her lifelong aversion to eating—can weaken the heart. (So does radiation, which she had twice.) Nor is her alcoholism mentioned, though she stopped drinking years before her death. Was the congestion of her liver and spleen mentioned in the report physical evidence of this history? But liver and spleen congestion, I read on the internet, are often aftereffects, not causes of death. Michel Foucault calls "the corpse doubly misleading . . . , since to the phenomena interrupted with death are added those caused by it."

Nor does the report speculate about the cause or causes of my mother's

various self-destructive behaviors. Such speculation exceeds the parameters of science, or at least autopsy.



As a therapist, my mother was in the habit of not disclosing things about herself. She only talked about her past with me when I asked directly, which I seldom did. After she was diagnosed with cancer the first time, when I was fourteen, she made my sister and me promise not to tell anyone so, she said, her patients wouldn't find out. (She refused to call them *clients*.) That silence isolated and hurt me, and fifteen years later, when the cancer recurred, I told my friends. But I am also deeply private; I become upset when friends or family share information I haven't shared with others myself, especially about my health.

To be more accurate, my mother wasn't only private but secretive. Open secrets, D. A. Miller claims, don't just involve the person who creates and tries to hide the secret; the fact that there is a secret as well as its contents implicate those who tacitly agree not to mention or feel they cannot mention them.

The classic example of an open secret involves those living with—especially those who enable—an addict or alcoholic. As a child and teenager and mostly as an adult, I didn't speak to my mother about her drinking. I did so only once, when she'd started drinking again after having stopped for a while. I was in graduate school then and married. Soon after, she stopped drinking permanently. I don't know whether my threat to keep her from my then-unborn children was a factor. Nor do I know how she did it on her own, without outside help or support groups.

After my mother's death I learned that her doctor had told her that her liver "was shot" and that if she didn't stop drinking, she would die. Imagining the confession my mother must have had to make to her doctor about how much she drank is painful to me because I know it must have been painful to her. Or maybe the extent of the damage and its cause were revealed by a test or scan.

In the days after my mother's death, I realized that everyone, all her friends and family, knew she'd been a drunk. I felt ashamed for her, on her behalf. Her unwillingness to speak about her drinking isolated her and left her in the dark, which made it easier for others to tut over her after her death.



Seeing a corpse “in the morgue’s full sunlight,” Julia Kristeva claims, “draws [the watcher] toward the place where meaning collapses.” The corpse converts the “familiar” into something “radically separate, loathsome” in ways that exemplify the uncanny, which Freud defines as “un-homelike” and Friedrich Schelling associates with “everything that was meant to remain secret and hidden and has come out into the open.” In Foucault’s terms, “the very presence of the corpse enables us to perceive it as living.” Yet the corpse is also not “the person,” as Mary Roach notes, but rather “a receptacle,” “a hull.”

I chose to view my mother’s dead body, I told myself, because otherwise I wouldn’t truly believe she was dead. Maybe part of me was curious about what a corpse looked like. Certainly the fact that no one but I and the funeral attendants ever saw her there made the scene especially uncanny. Her body—covered, except for her head, with a sheet—had been wheeled into a room in the funeral home’s basement. The attendant warned me there were seams on her scalp and body where she had been sewn back up. This post-autopsy repair is part of the protocol, even if no one comes to see the body afterward. I didn’t look—didn’t want to look—closely enough to see them.

In fact, she looked whole, though I knew this was an illusion. Certainly she didn’t seem alive. But I didn’t feel revolted or afraid. I could see—and had come to see—the gap between her as a living person and a thing. I didn’t touch her body because it so clearly wasn’t her or hers. It wasn’t part of anything larger. There was a gap between her body and her “her-ness,” her essential self. Her corpse seemed like a simulacrum, a copy of her that lacked an original, though it *was* her actual body. A trick, a magic act, like the nineteenth-century habit of arranging corpses in lifelike poses.

What I saw in the funeral home wasn’t, as Kristeva claims the corpse is, “outside science.” Instead, I saw what was left after science was done with my mother’s body.



Through much of my adulthood, I believed my mother failed to love me enough and that this failure was at least partly my fault. I couldn’t see that she loved me deeply and unconditionally, or at least as much as she could. As an infant,

I was, she told me, often unconsolable; she didn't know how to comfort me. (Or did I suffer, as twenty-five percent of babies do, from colic?) Her own mother had, I knew, stuck suffocatingly close to her in ways she despised. And I was from an early age, according to my childhood report cards, "competent," independent, and self-sufficient. I apparently didn't like to cuddle.

"It was a loss that wasn't a real loss," my father said to me when I was about twelve, after I had told him I felt I'd lost him after my parents' divorce. But my mother felt lost to me when she was still there. Or I abandoned her, failed or refused to love her as she wanted or needed to be loved. Or maybe I failed to make my love manifest, which made her pull away.

In an essay I wrote in graduate school, I implied—though didn't say outright—that one of my parents had died, which wasn't then true. When my professor offered condolences, I didn't correct her. (I am ashamed to recall this episode.) Maybe I was anticipating my parents' deaths, as poems ("anticipatory elegies") sometimes do. Maybe I found the position of the victim so appealing that I was willing to lie (or almost lie) to gain access to it. Maybe I wanted—needed—compassion from a motherlike figure; during my childhood I had a series of mother substitutes, women my mother's age who mentored and supported me. Later I used these substitutes as evidence my mother had failed me. Or that I couldn't trust her enough to let her truly be my mother.

Jacques Lacan characterizes language as a *fort/da*-like substitute for the mother's absent body. Foucault claims that the descriptions of "colour, consistency, texture" central to the autopsy report transform "symptoms" into meaningful "signs," "measurement" into "metaphor." In other words, autopsies convert the body into what Klaver calls something "legible or readable," what Foucault calls "a land, a mappable territory."

The very notion of disease is, Jacalyn Duffin claims, a "theory" of, or a series of words about, suffering. If this is true, any theory I devise about my mother's death distances her from me. Her own theory was brusquer: "I'm like my father and brother," both of whom died in their early seventies, she apparently said soon before she died in her early seventies.



My relation to my mother's health problems has always been defensive. I'm not, as she was, alcoholic or anorexic, though I am built like her. I likely inherited several chronic, manageable conditions from her, including arthritis. Or maybe my arthritis is caused by the drugs I take to reduce my risk of cancer caused by the genetic mutation I inherited from her. Her arthritis might also have been accelerated by her several bouts of radiation.

When my mother was in the hospital having her first lumpectomy, my sister and I, in our early teens, both got sick. We were traveling; I remember my father trying to find a doctor on the weekend. Did he realize that we'd made ourselves sick because we couldn't be with her, because we were unconsciously afraid she would die, because our bodies had come from hers?

Just after my mother's death, my heart started beating irregularly. After much testing, the irregularity was identified as benign. It seemed stress related, or maybe it was a kind of sympathetic (psychosomatic) mirroring, since I thought she had died of a heart arrhythmia. More than five years later, I was diagnosed with an actual heart problem with the same symptoms. I don't know whether that first set of episodes was a precursor. Maybe it taught my body a new aberration. Maybe what began as a psychosomatic illnesses became physiological.

Soon after my mother was first diagnosed with cancer, I asked her whether she'd ever thought her cancer might have a psychosomatic cause. She answered tersely, *Yes*. But I was blaming her for what she couldn't help, what was already inscribed in her genes, though neither of us knew that.

Years later, when I asked her to undergo testing for a breast cancer gene, she scoffed that she was sure her cancer wasn't genetic.

Not everyone with a genetic mutation contracts cancer; alcoholism, for one thing, increases the risk. Knowing that I carry the same genetic flaw, I am vigilant about prevention and testing. I know disease can't be prevented through sheer will, but whenever I develop a new medical condition, it feels like a moral failing, something I need to keep secret.



To delve into my mother's physical ailments is to expose her secrets. I don't remember when I first realized that she was an alcoholic, though I remember talking about it in middle school with a friend whose mother also drank. The realization that my mother was anorexic came later. Or maybe *anorexia* isn't the right word for her lifelong aversion to eating. Her mother, when I was five or six, used to ask me to try to get her to eat more. "Don't tell Mother I told you," she said.

I still don't know what to do with my knowledge that around the same time, my mother regularly cut herself. My father first told me (many years after her death) that she cut her fingers, apparently "to relieve pressure." I thought he tended to pathologize her unfairly, but I remembered that when I was a child, she often had Band-Aids on her fingers. More recently, my stepmother talked about her cutting in more graphic terms, though her source was also my father. My father occasionally referred to my mother as psychotic, which I thought was an exaggeration until I read that all borderline psychotics have eating disorders and self-mutilate; these symptoms are used to diagnose the condition.



After her death but before I learned about her cutting, I developed a theory that my mother had been sexually abused as a child. This theory was consistent with her anger when anyone questioned the accuracy of women's accounts of abuse. But her cousin, who would have known, seemed surprised when I asked her. She said my mother's anorexia began after she was married.

According to everything I've read about eating disorders, that can't be true.

My theory was, in retrospect, too synecdochic. It made sense of my mother's behavior in ways that neatly contained her apparently scattered parts within a coherent whole.



I like to think that my recent preoccupation with the limits of synecdoche shows I've relaxed my earlier need for control, and can tolerate more discontinuity

and fragmentation. Certainly I'm increasingly preoccupied with what resists readability, what emerges between words or texts. But I still read psychoanalytically, metaphorically, synecdochally, turning Foucauldian symptoms into signs. Though I understand that dreams are probably random brain firings, I still analyze mine, partly because the secrets they seem to reveal are compressed and therefore moving to me. They feel true.

My mother's interactions with her patients must have involved reading symptoms and dream images to get at what was underneath. She must have witnessed and facilitated the creation of stories, whose truth couldn't be proved or disproved but which offered substitutes or provisional reconstructions—simulacra, to be set alongside what didn't in fact exist.

As is well known, talk therapy has been increasingly discredited, largely due to the rise of cheap and effective psychopharmaceuticals. The repeated return to traumatic experiences, a cornerstone of psychoanalysis, several recent studies have shown, can harm survivors more than it helps. Sometimes it's better to focus on moving on. There is hardly anyone among my friends—mostly middle-aged, educated white women—who hasn't turned, sometimes with embarrassment, to yoga or meditation. These practices often involve cultural appropriation, and they emphasize individual experience at the expense of systemic change. They have become another money-making industry. *But it seems to help*, I say apologetically.

In yoga class, I tend to resist the idea that one must care for oneself before caring for others. But I also see that to fully forgive my mother I must first forgive myself for the acts I perpetrated against her, which were the best I could do at the time.

Maybe she hurt her body so she wouldn't harm anyone else or in an attempt to save her marriage or to be a better mother. To spare her children, though she also hurt us. Before she died, her partner said she destroyed her diaries to shield my sister and me from the pain we'd feel at reading them. As I plan to destroy mine to spare my own children.

A therapist once told me that one goal of our work together was to allow me to approach some childhood scene involving my mother with detachment and compassion, as if I were looking at it through a window. When I tell friends about my mother's cutting, they respond with pity. How much she must have been suffering if self-harm brought her relief, they say. Or they say they sometimes feel similar impulses. Their responses help me reimagine what I

thought I knew. I will never know what my mother felt or why she acted as she did. Or how “ill” she was and how much she was a product—a victim—of her cultural, historical, familial situation.



In the autopsy, Noël Valis suggests, “detail . . . produces a *form* (or forms) of truth.” “Everything in art is a formal question,” writes the poet Frank Bidart; “we fill preexisting forms and when we fill them we change them and are changed.” Foucault outlines a more complex chronology to affirm a related point: medical discourse’s concern with “the opening created by [man’s] own elimination”—his foreknowledge of death—engendered a new “discursive existence bound up with a return to the forms of finitude,” an existence that included the autopsy report.

Perhaps the essay, like the autopsy, is a form that enables sufferers to make sense of injury. But such forms, like prostheses, probably also perpetuate the disabilities they were designed to remedy, the way using a crutch further weakens the injured limb, and sometimes create new disabilities.

In an excised set of lines in an elegy I wrote about my mother’s death, I described having built a shelter in which she could rest if she grew weary. I imagined a portable straw stall light enough for me to carry as we walked together, though in life she never needed anything like that. That poem also described the porch at Lourdes, on which I saw, or imagined seeing, canes and crutches abandoned following the miraculous cures for which the church is famous.

This essay is a prosthesis, a pretend body that attempts to contain or hold up what is broken, missing, or both. It breaks wholeness into parts and attempts to sew them back together. Its not-human sentences try to preserve my mother’s humanness by giving it a different form.



I dream of my mother often. Sometimes she is ill, but often she is at a gathering in an apartment or house where I used to live. Sometimes I’m startled that she’s still alive. Often I try to protect her. In one dream, I am on a boat and she is swimming, thin and naked, and holds out a hand for me to pull her up.

I try but don't know whether I'm strong enough or whether my tugging will hurt her. This dream needs almost no interpretation: I am creating a situation in which, too late, I try to save her from a terrible bodily fate because I wish I had done more to help her, to demonstrate my love for her despite and because of her vulnerability. Her body in my dreams is often a metaphor for her psyche and also my own.

Maybe such dreams offer evidence of an even more basic psychoanalytic dynamic. Abjection, Kristeva claims, is "a primordial fear situated at the point where the subject first splits from the body of the mother," a split that creates "the only space for the constitution of [the subject's] own identity, the only distance which will allow it to become a user of words." The abject is thus linked to "our earliest attempts to release the hold of [the] *maternal* entity." The abject revulsion at the dead body, she seems to mean, offers a prosthesis or substitute for the mother's loss. And so it shouldn't be surprising that a mother's death, the final "split[ting] from the body of the mother," would be associated with "primordial fear," "distance," and language.

According to Kristeva's definition, my mother's body was abject even when she was alive. "Food loathing," Kristeva claims, is "perhaps the most elementary and most archaic form of abjection" because it undermines distinctions between inside and outside, "other" and "me": refusing to eat or inducing vomiting is a way that "I expel *myself*, I spit *myself* out, I abject *myself* within the same motion through which 'I' claim to establish *myself*."

If abjection even partly marked my mother's body and her way of relating to the world, my attempt to approach and also disavow her is, it seems, especially abject. For Kristeva, language, as in the Freudian *fort/da* game, is a defensive construct: "any verbalizing activity, whether or not it names a phobic object, is an attempt to introject what has been incorporated," to forcibly insert into the soul what is already inside the body. I must have believed, even as a child, that writing would help me get out, though my writing also confirms that I'm still inside what I thought I could escape.



My stepmother recently remarked on how sad it was that both my sister and I were so convinced we didn't get enough in childhood. She meant that we separately invented the same story about ourselves. The implication, I think,

was that because we both feel this way, we should be closer than we are. And also that the story is inaccurate, though she wasn't there to witness it firsthand—that we were surrounded by an abundance, or at least an adequate supply, of love, though our injuredness or defensiveness or competitiveness couldn't let us see it.

I've recently thought that my sense of myself might have been different if my mother had said just a few things aloud: *I'm feeling sad now, but I'm really okay* or *I'm going to be okay* or (and this is true) *I'm strong and will get through this*. I have said these things to my own kids, probably too often, to try to keep them from worrying about me as I worried about my mother.

Which is to say, if art is made up of formal questions, it seems that the solutions must also be formal, even if something like formlessness is the chosen form. Autopsy is a form different from but related to the other forms I have been considering, including the essay, which sometimes, like Foucault's autopsy, draws a map that doesn't correspond to the actual world of things.

I wanted to write an essay that abandoned logic and linearity, but I couldn't quite. Maybe its final form, somewhere between argument and stream of consciousness, abjectly adheres to the parts of my mother that don't exist anymore, some of which never existed for me because she hid them from me, the way, when my mother's partner and I scattered the ashes that remained of her body, post-autopsy, after cremation, at the edge of the sea and then immersed ourselves in the water, we were pretending she was touching us and ensuring she would disappear.



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