



Unruly Voices: Artists' Books and Humanities Archives in Health Professions Education

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Published online: 6 January 2020

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Abstract

Martha A. Hall's artists' books documenting her experience of living with breast cancer offer future health professionals a unique opportunity to sit in the patient's position of vulnerability and fear. Hall's books have become a cornerstone of our medical humanities pedagogy at the Maine Women Writers Collection because of their emotional directness and their impact on readers. This essay examines the ways that Hall's call for conversation with healthcare providers is enacted at the University of New England and provides a model for how such works might be used at other educational institutions to encourage empathy between practitioners and patients by engaging in conversations about anger, fear, and other common reactions to life-threatening illness. We explore the unruly nature of Martha A. Hall's narratives of illness and care, as well as how the form of the books themselves engages the reader in a deep relationship with Hall's personal pain and her humanity itself. We explore, too, the cumulative effect of these powerful books on readers who handle them regularly, as we do in our roles as professor and archivist.

Keywords Artists' books · Breast cancer · Patient narrative · Pedagogy · Archives

Martha A. Hall's artists' book, *Voices: Five Doctors Speak, July 7-16, 1998* (2001b), documents a span of ten days in which Hall spoke with five doctors about her unexpected second recurrence of breast cancer. As she reels from the surprise diagnosis, she captures the nuances of communication with each practitioner, using five distinct fonts whose words convey how she experienced her doctors' language. Composed entirely of doctors' statements, *Voices* is an adamant expression of the patient's voice that forces the reader to occupy her position as she sifts through her physicians' words and tends to their impact on her psyche. Commenting on *Voices* in the documentary film *I Make Books* (2004), Hall reveals how she brought the book to

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the featured doctors' offices and asked to discuss it. Only one resisted doing so, repeatedly, so Hall forced the issue:

I said, "I am going to be giving a talk on my books, and somebody's going to ask me, because they always do, have all the doctors seen this book? And I'm going to say no! The one who was most black-and-white and the one I was most angry at has not seen it. And so I still have this anger because you won't look at it." . . . And he said, "All right, all right! I will look at it."

They then proceeded to read the book together but only after Hall insisted that he come out from behind his desk on the opposite side of the room and sit with her. "You're going to sit next to me and we're going to look at it," she demanded. "And so," she concludes of the incident, "we did."

This episode involving the insistent (even angry) patient, her book, and her reluctant doctor in many ways encapsulates the power and purpose of Hall's work on her breast cancer experience. Her books demand that readers hear her, but they also cry out for conversation, especially with healthcare practitioners. In that sense, the books reveal Hall to be an unruly patient, which is not to say that she was not conscientious, compliant, or an active participant in her medical treatment. In the film *I Make Books* (2004), she describes herself as a "partner" with her doctors, even with the most "black and white" among them; in the book *Test Day II* (1999b), she writes of her "obedien[ce]" to the protocol of a bone scan, of her "desire to please." "I will do as I am told," she writes. In her art, however, she owns and wields her power to tell and be heard. Her books perform a gesture equivalent to commandeering her doctor's office and directing him to sit with her, to listen to *her* voice, but also to engage in a dialogue as equals.

Hall's work exemplifies artists' books' unique potential to instill what Rita Charon (2001) calls "narrative competence," the ability "to absorb, interpret, and respond to stories," and to help health professionals develop and hone the empathy, compassion, and ethics that are central to the medical humanities (1897); as such, books like Hall's are of great value in health professions education. Health-related artists' books by patients not only privilege the patient's perspective but also require active engagement on the part of the reader, reframing the encounter with the patient's body in ways that shift students' understanding of their role as health professionals and of their own embodied experience as human beings. "[T]he advantage of artists' books," argues Stella Bolaki (2009),

is that materiality is foregrounded. . . . Like patients, artists' books have to be examined, touched, unveiled, opened, but require physical intimacy and care. . . . Artists' books can be seen from either a clinical distance or close at hand where turning or unwrapping the pages uncovers more personal feelings and struggles, just as "reading" a patient involves more than anatomy and physiology or conducting a set of bodily scans. (85)

In order fully to consider an artists' book, the reader must lay hands upon it. This "emphasis on touching the body (feeling the different parts)" of an artists' book, Bolaki (2009) suggests, "complements the medical gaze" (82). Reading an artists' book thus mimics a physical examination, not only in tactile, corporeal, and visual dimensions such as these, but also in that, as Johanna Drucker observes, artists' books "are temporal. We have to spend time with them" (2010).

As these descriptions suggest, the artists' book is a hybrid art form encompassing a wide spectrum from traditional letterpress to installation art where the book itself is "an original work of art" that "integrates the formal means of its realization and production with its

thematic or aesthetic issues” (Drucker 2004, 2). As Drucker has noted, the artists’ book’s hybrid nature creates a tension that marginalizes the genre whose appropriate home is most often neither in a circulating library nor in an art museum, a fact that renders it “unruly” and unevenly accessible (2010). While many artists’ books reside in private hands, they often end up in library special collections. This is far from democratic—indeed, it is a point of contention in assessing the ideological and cultural work of artists’ books—but in Hall’s case it is precisely the means by which she, an unruly patient employing an unruly form, was able to gain the attention of her target audience of future health practitioners.

Hall has stated that her books are “a means to effect change in the way medical professionals interact with their patients” (2003a, 15). She made a conscious investment in this dialogue when she chose the Maine Women Writers Collection (MWWC) at the University of New England (UNE) as a repository for her work: a humanities archives located at an institution best known for health sciences education, the MWWC is uniquely equipped, as Hall herself put it in a personal communication to us, to “make my work accessible to the audience I most want to reach.” Open to the public, the MWWC is a non-circulating special collection and archives of rare and unique material related to women’s cultural production in and about Maine, and we serve UNE’s two campuses in the cities of Portland and Biddeford. One of our core functions is to serve researchers who travel to our facility to work with our holdings; at the same time that we draw in a self-selected scholarly community, however, we actively bring our materials out because educational outreach and curricular integration are central to our mission. We therefore spend a great deal of time putting Hall’s books in front of readers who, while not necessarily reluctant, did not actively seek them out; we interact with a wide body of health sciences students who tend to be professionally focused and would not choose a medical humanities perspective on their own. As faculty director and curator of the MWWC, we work in tandem to achieve the collection’s outreach goals and deliver its educational content. Our experiences with Hall’s books illustrate the particular uses of artists’ books for medical humanities and the value of humanities archival collections to health sciences education.

One of the ways UNE students encounter Hall’s books is through their undergraduate core curriculum, for which they might select Tuttle’s English course, “Writing and Women’s Health,” as a breadth requirement. In various iterations of this course, students are either brought to the MWWC facility to view the books, or the books are brought to their classroom. Hall’s books are unfailingly a highlight of the semester, in part because of their power to move readers but also because students tend to experience the artists’ book form as more stimulating and accessible than traditional prose. Even in the most formal of assignments, the research paper analyzing the effects and implications of Hall’s rhetorical choices, students preparing to enter the health professions demonstrate a depth of imagination and empathy about a patient’s experience; they also recognize that her books are calls for conversation in which they willingly engage.

Hall’s book *It’s Nothing* (1999a) lends itself well to this assignment, focusing as it does on an incident in which Hall’s reports of pain were dismissed by practitioners, resulting in a misdiagnosis (see Fig. 1). In her research paper on this book, a nursing major noted that it is only in her book that Hall, rendered mute in a clinical setting, “gets to be heard,” and that the book’s form is itself about the struggle for self-expression. Composed of alternating pages of painted abstract images on paper and translucent vellum containing penciled words, the book captures tensions in patient-doctor communication. The fact that the book is “bound at the top, opening from the bottom,” the student observes, “makes it hard to fully read the words



Fig. 1 Detail of *It's Nothing* by Martha A. Hall (1999a). Image courtesy of the Maine Women Writers Collection

handwritten in pencil. The reader must open with care against the resistance of the tight binding. This suggests an ambivalence about sharing, about opening up.” In contrast, “one can fully expose the pages that have only images. This points to Hall’s desire to show the reader the importance of images and to illustrate the restrictions that written words may impose.” This student interprets the book as in part a reflection upon the power of the visual arts to self-expression while at the same time conveying the challenges patients face in making themselves understood, symbolizing the resistance on a patient’s part to “opening up” as well as on a practitioner’s part to recognizing the authority of the patient’s account. This student also notes that the script resembles that which “one would expect to see in a diary. This very personal way of writing brings the reader into her . . . world and further strengthens her argument that personal interaction is a vital component of her healing process.”

In this analysis of *It's Nothing*, the author considers the meaning of the painted pages containing abstract designs. In other work, such as *Blue Moon* (2000), Hall employs such designs to suggest more explicitly corporeal referents (see Fig. 2). As Susan E. Bell (2006) has observed, this is typical of Hall’s work, which “often did not make images of her body visible, but [instead] produced textual and symbolic representations of her body” (32). Using layered painted and transparent pages marrying lunar and tidal imagery with abstract portraits of a



Fig. 2 Detail of *Blue Moon* by Martha A. Hall (2000). Image courtesy of the Maine Women Writers Collection

breast marred by surgical intervention, *Blue Moon* considers the urgency of Hall’s own mortality. Unable to “wait for the elusive blue moon” to “bring back the lost rhythms of life,” she finds “affirmation” in “watching the tides” from her home and especially her studio on Maine’s Orr’s Island. A student who went on to pursue a career in midwifery explores in her paper how *Blue Moon* critiques the masculinist elements of scientific discourse. Hall writes in *Blue Moon*: “My body is adorned with circles and lines— / a lunar landscape designed by surgeons’ hands— / not God.” Considering the book’s “nearly interchangeable visual image of breast and moon,” the student argues that *Blue Moon* draws for its rhetorical power upon changing “perception of the moon . . . from the sacred to the scientifically deconstructed. What was once a heavenly body . . . matched with the intimate cycles of womanhood and of the ocean, became an objectified interstellar rock, as science placed . . . man, his foot prints, and a flag atop its surface.” Hall’s objectification and alienation moved this student and deepened her insight into a patient’s experience.

If *Blue Moon* achieves its critique through representing Hall’s body with paint on paper, *Prescriptions* (2003b) uses translucent page layering and photographs of pharmaceuticals to embody Hall’s pharmacological vertigo, pulling the reader into the echo chamber of a pill bottle where the patient’s questions are not only unanswered but inaudible. A nursing student remarks on Hall’s use of stacked vellum pages that make multiple scrip sheets visible at once:

The effect is dizzying, much like how Hall suggests she often feels. . . . The fact that this small book contains 17 questions with no answers and that each page is surrounded on all sides with pictures of pills, orange bottles and prescriptions establishes Hall’s frustration with the over prescribing of medicine and the lack of communication between the doctor and the patient.

Even more striking than the questions themselves is the fact revealed late in the book: “The pharmacist always asks do I have any questions and I always say no.” Hundreds of students from the UNE College of Pharmacy have encountered *Prescriptions* in presentations and during a brief tour for first-year students held at the MWWC. Hall’s reticence reminds future pharmacists (and health professionals more generally) that it is not enough to answer a patient’s questions and listen to the patient. *Prescriptions* is humbling for such readers, demanding that they listen to reticence as well as honor questions, using their imagination

and empathy in unexpected ways. *Prescriptions* provides a textual counterpart to Hall's call for conversation as well as her recognition of the deep substance of silence.

Hall's books inexorably bring readers into the private world of her experience of living with uncertainty, fear, and impending death. As readers, we feel the impact of her cancer diagnoses, which define her daily experience of the world. She worries about how long she might be alive for her family. She wonders what the coming months will bring. We could choose to look at these books from an emotional distance, with the clinical detachment referenced by Bolaki, and we might still be impacted by the narrative, encountering Hall as an abstraction between the pages, a voice from history, or a voice still very much alive, without questioning her fate. We might become like the technician in Hall's book *Test Day II*: "They are distant. / A glowing screen, / An apron heavy with lead, / a little room, door shut / Keep them safe from me. / Safe from knowing / That I fear what they may see." These positions keep us safe. Yet Hall's books urge us to close the distance and step away from safety. If we comply, we find ourselves in the landscape of doubt, fear, and vulnerability that defined Hall's last years. How do we stay connected to this narrative when our impulse is to shut out what we do not want to see? We see Hall's personal struggle with this issue in *Blue Moon*, where she writes,

My breast, once round, is a cave in this new landscape.
 My medical port, a raised mound under my scarred
 chest wall,
 is not a substitute.
 I am old before it is time.
 Chemo has etched the early smile lines around my eyes
 into deep ravines where no tears flow.
 Emotions run too deep to reach even this once easy release.

What does sadness become when you can no longer touch its edges?

Students at UNE struggle with these questions when exposed to Hall's work, and our use of narrative in the classroom—especially letters and other low-stakes, private writing—provides a pedagogical opening for them to take emotional risks as readers. In particular, we have sought to take up Hall's challenge of conversation by inviting students to write directly to her and, after her death, to her family. One student's letter to Hall captures the power of Hall's work to breach readers' emotional defenses, describing her method for approaching the books: "I felt as though if I went to¹ fast I may miss something important yet if I went to slow the emotion of pain and fear was too overwhelming. That is why I read your books at a medium pace to protect myself (I am not ready to expose my feelings even to myself)." While their academic papers illuminate their recognition of her authorial and artistic choices and the books' insights as patient narrative, students' letters make clear the emotional and affective impact of Hall's work and allow future healthcare practitioners to enact the kinds of listening and dialogue that Hall so fervently sought. Use of the letter form opens a space for students to approach their personal experiences and articulate their feelings about illness and mortality, of themselves and their loved ones.

Hall's books are valuable in part because they give students information about illness experiences of their family members that they cannot access directly, often because breast cancer even today remains cloaked by taboo. "My aunt just recently had a mastectomy," one student offers. "She doesn't talk to much about it, mostly bits and pieces here and there. Through your books I feel as though I have so much more of an understanding of what she felt." Another student writes: "Your Book helped me to understand what my grandmother and

aunt might of felt like when they were fighting Breast Cancer. . . . Never in my life was [I] so moved by a book before—Thank you . . . for the gift of your stories.”

This kind of frankness is typical of the students’ letters. So, too, is the gratitude for helping students to externalize and articulate their emotions. “I dream to find my own way through feelings of breast cancer,” one student writes to Hall, weaving what are apparently the most powerful lines of Hall’s work into a kind of poem on the page. “‘Will I dare to prick the surface’ . . . / . . . ‘I make books so I won’t die’ / . . . ‘I miss the sun / Where are life’s colors?’ / (you say as half of your face peers / around a cut photograph).” Like the couplet resolving a sonnet, this letter’s last two lines reveal the author’s personal stake in Hall’s work: “My mother thanks you / All our mothers do.” Hall’s books give this student a language to express how she feels about her personal experience of her mother’s breast cancer.

The illnesses of loved ones are difficult for readers to contemplate openly and directly in part because beneath them lies the specter of death. As one of Hall’s doctors puts it in *Voices*, “In order to live, you must live with the fear of dying.” Hall expresses gratitude to this doctor for helping her to understand this—notably, an example of how part of the dialogue Hall engages in is the expression of thanks to practitioners for their work. Writing, in turn, to Hall, health professions students articulate their thanks for having found in her books a secure place to speak openly about mortality. “My aunt died 1 year ago from breast cancer,” one student writes, “and everyone has continued. . . . Why? How?” Hall’s books provide this author with an opportunity to pause, to step aside from the “continuing” and the moving on more fully to contemplate the loss she has suffered. Another writes: “I have found a feeling of hope and also of understanding. Death is something that I myself have been faced with lately. . . . Your books have showed me that there is much more than just that word. There is a complete process that goes with it and that affects us.” This student thanks Hall for illuminating “the truth of death and the strength needed for living.” Similarly, a student reveals how Hall’s books have helped her to face the fear of death and the abyss of loss:

[O]ver the past year my mother . . . has had multiple scares and biopsies. After read[ing] “I Make Books” all I could think about was how every time I am in a doctor’s office with my mother I hold my breath during the period when the doctor tells the news. I feel scared, nervous and so small because there is nothing I can do about what he says. Your book[s] have . . . given me an opportunity to accept what I cannot change. Thank you.

These students’ letters to Hall indicate the power and potential of her work in medical education, but they also reinforce the pedagogical value of a narrative approach—in particular, of pairing informal, ungraded, even private writing with exposing students to emotionally challenging material. In many of these letters, students are clearly using writing to process and make sense of the feelings the books evoked in them as mortal human beings, regardless of their profession. In doing so, however, students also explore how their new insights would enhance their empathy and effectiveness as healthcare practitioners. “As your books have been looked at by all the individuals of our class,” reveals one student of the exercise, “it is amazing to see how affected each person is. There is a slow hush that has spread throughout the room.” Another articulates what she perceives to be the experience of readers during these quiet moments: “As an artist, you go beyond pleasing the eye and making us think—you make us feel. Not only your own emotions and experiences but our own.” Several students use their letters to Hall as occasions to reflect upon the implications of exposure to her books for health professions education: “I have now seen and learned something about my future as a medical provider,” says one student, “that will change the way I practice medicine.” “I am a 4th year

Physical Therapy student,” writes another, “and I know I will be treating women with breast cancer in my future career. Your books really opened my eyes to both the pain and the hope. I hope now I can be a better PT for those women.” In part through portraying medical encounters from the patient’s point of view, Hall’s work makes a substantive contribution to education for the health professions. Hall’s work provides students and practitioners with the important reminder of patients’ subjectivity and of the dehumanizing experience of clinical encounters: “I work in a busy ER where it’s easy to forget that bodies are lives,” a student confesses. “Everyone looks the same when dressed in johnnies and goosebumps.” Inviting students to write letters to Hall not only gives them the opportunity to figure out, privately and candidly, what the books mean to them; the exercise also normalizes the acts of engaging in dialogue with patients and of considering the meaning and value of patients’ voices.

During the first two years of our teaching with Hall’s books, UNE students had the unique opportunity to write directly to her; they were able literally to participate in the dialogue for which she called in her work. Hall responded in 2003 to the students’ letters, in doing so confirming that depositing her work in a teaching archives allowed her to achieve many of her goals. “I am so grateful to all who wrote letters,” she said. “I have such hope that the books will continue to be seen and handled by students, especially those entering the medical professions. . . . I sensed such empathy in the stories some of the students told of their family’s experiences in hospitals. These writers will surely work to ensure that their bad experience is not repeated.” The letters, Hall concludes, “are an affirmation of my work as a writer and an artist” (personal communication). Hall taught these students that artists’ books are a valid means, among many, of getting at the truth of a patient’s experience; they learned that while Hall’s books might look and feel different from traditional scientific textbooks, they are of equal heft.

Since Hall’s death, UNE students who encounter her books in their coursework have continued to write to her as well as to her family or to engage in other forms of informal writing in order to process the books’ significance. Outside the traditional classroom, too, UNE students have been encountering Hall’s books for many years as part of the MWWC’s educational outreach. The aforementioned orientation activities for new students in the College of Pharmacy, for example, are opportunities to bring artists’ books to those who did not even know to seek them out. Hall’s books also work well in inter-professional educational programming that is conducted among UNE’s thirteen different health professions programs to enhance healthcare team-building. A 2015 event is typical in this regard, illuminating the ways that Hall’s work both enhances empathy for the patient’s perspective and authorizes self-reflection on the part of practitioners. As MWWC faculty director and curator, we opened a conversation among some eighty students about the power of story and of listening when students interact with patients. We presented the case of Hall in a manner that mimicked the medical model, giving students a factual case history based on information documented in Hall’s books and associated biographical material. They also viewed some footage from the documentary *I Make Books* along with copies of pages from Hall’s books that illustrated her frustrations with her medical conditions and, sometimes, with practitioners. After this presentation of the case, the students, seated in inter-professional practice groups, were asked to explore how they felt about Hall, what they thought they could do to help her, and whether the case brought up any of their own personal experience or emotions. In a conversational analog to the “parallel chart” pioneered by Charon, students spoke with one another and then as a large group about how Hall’s narratives might impact their care of her or their feelings about her.

What emerged was a conversation about how a patient's anger, fear, and other negative emotion affects the healer. Students did empathize with Hall and acknowledge the challenges she faced as a patient, but they also wanted the patient to understand just how difficult it was for them to offer the rigorous, thoughtful, attentive care most beneficial for the patient in the span of time allotted by our healthcare system. This conversation enhanced students' understanding of both the patient's perspective and their own predicament. They began collaborative discussions about how to circumvent those factors that impeded their ability to listen to and identify with their patients, as well as how to recognize, articulate, and manage their own anger and frustration. Complementing the students' clinical rotations, Hall's books provided a context for them to encounter patients' bodies, needs, and demands—and to consider their own responses.

Because they are housed within a library special collection, Hall's books have a provenance that is both well documented and actively incorporable into educational contexts such as the inter-professional education workshop. Librarians and faculty at the MWWC knew Hall personally, visited her studio and interviewed her in the process of making the film *I Make Books*, spoke with her at length about her hopes for her legacy, and mourned her at her memorial service. These experiences and our knowledge of Hall's circumstances often inform our educational work with Hall's books. For example, the impact of her work is enhanced for students when they consider the ways that her formal choices were shaped in part by physical limitations due to her illness and the side effects of its treatment. Many of the books' physical forms reflect Hall's increasing disability. Her fingers can no longer hold a needle, so she uses glue for binding. The loss of feeling in her fingertips makes small, intricate works impossible to achieve, hence the notably large size and simple binding of *I Make Books*. Hall writes in *Prescriptions*, "Some days I cannot open the pills— / not because of the child proof caps, / which most do not have— / but because the tabs or ridges hurt my hands." These revelations might lead readers to notice the form that *Prescriptions* takes—a simple Japanese stab binding through pages produced on an inkjet printer (see Fig. 3). With *Prescriptions* as with many other Hall books whose forms are generally unremarkable, the narrative within reflects upon the form as a reminder of how, when faced with limitations, we narrow in on what is possible—and how those choices are themselves expressions of the patient's predicament.



Fig. 3 Detail of *Prescriptions* by Martha A. Hall (2003b). Image courtesy of the Maine Women Writers Collection

These insights about the material conditions under which Hall worked and the impact of those conditions on the form of her work may spark readers to consider more deeply what else Hall cannot do—what the quotidian, lived experience of illness feels like. They drive home the very real impact of years of chemotherapy and the balance between care and harm in medicine.

Awareness of the books' medical and biographical contexts illuminates the ways that form itself embodies Hall's struggles and existential questions. In our copy of *The Rest of My Life II* (2003c), for example, increasingly loose sewing ties together events and pieces of Hall's story, which are literally comprised of medical appointment cards and pill envelopes that constitute the book's pages. The appointments define the rhythm of Hall's daily life, but on the backs of the cards, Hall reveals more of her personal story. She writes, "The events are threaded together by tests, treatment, tests. I do not know what comes next." The stitches become a metaphor for the weaving of events that make up a life; they signal an unraveling of certainty, a loss of control. These stitches remind readers of the ways that our own stories are tied to those of others. They might even serve to remind us of the unraveling of our own health and strength.²

Hall stated that her ultimate goal was to achieve a more patient-centered medical practice in which dialogue is a central part of the interaction between patient and healthcare practitioner; the MWWC's textured pedagogy and access to a professionally diverse student body has proved to be a productive means of achieving that. Our experience teaching with the books, however, has illuminated another dimension of Hall's work and an underappreciated aspect of medical humanities teaching. As Ellen Whiting, Delese Wear, and Julie M. Aultman (2012) have recently pointed out, "with few exceptions the medical literature does not focus on the benefits" of medical humanities education to—and, we would add, myriad other effects on—"faculty themselves." As we consider the ways that Hall's work demands readers put their chairs next to hers and engage with the frightening realities of her experience, it is important to recognize her impact on those of us who catalogue, teach, and interact with her books regularly—far more often than students do. We spend many hours each year looking at Hall's books, planning modes of presenting them, and introducing them to students and other researchers. We witness people encountering the books for the first time. While we feel privileged so regularly to see these books anew, repeatedly encountering another's mortality carries a psychological toll. Hall's fears of her coming death not only renew our grief over her passing but also remind us of the fragility of our own bodies; they point to the impermanence



Fig. 4 Detail of *Legacy* by Martha A. Hall (2001a). Image courtesy of the Maine Women Writers Collection

of our health. The books can also inspire in us as teachers empathy for the students as they in turn struggle to consider Hall's harrowing reality.

Charon (2001) has written: "Listening to stories of illness and recognizing that there are often no clear answers to patients' narrative questions demand the courage and generosity to tolerate and to bear witness to unfair losses and random tragedies," a principle that certainly holds for the instructor as much as it does for the student and practitioner (1899). The material conditions under which teachers and archivists work are an important dimension of the medical humanities as a field and practice, however invisible these conditions and their effects may be to others. Archivists especially spend our lives with the voices of the dead surrounding us, haunted by their stories. When you have read someone's diary entries, learning things that even some of their closest friends and relatives may not know, you carry, too, a responsibility to that individual and their stories. This deepens our engagement with work like Hall's and makes archives-based teaching richer for all involved. Not only do we have substantial and diverse knowledge of Hall's public and private oeuvre, but also we are unusually familiar with the emotional landscape of her work and its potential effects upon readers and students.

As stewards of Hall's legacy, we feel a weight of responsibility to preserve Hall's work and amplify her voice, and we share her commitment to humanistic health professions education. We thus willingly remain vulnerable to her work's emotional and existential demands. Hall called for conversation, and she placed her work in a humanities archive actively used in health professions education because she wanted that conversation to continue in perpetuity. Hall's work thus exemplifies why artists' books and the archives that often hold them are vital resources for the medical humanities. Hall was aware that her books could be such a resource, a fact she incorporates into *Voices*. Much of that book, and the uses to which Hall put it during her life, is about her struggle to be heard. But *Voices* contains a small pocket into which is tucked a tiny book-within-a-book, appropriately called *Legacy* (2001a). Bound in black, it features the motif of a dancing skeleton, which is juxtaposed with one doctor's palliative statement: "Your books will be your legacy" (see Fig. 4). Hall is no longer here to commandeer the doctor's office, but her books do it for her. And just as her books remain unruly, so, in turn, must we, by continuing to put Hall's books in the hands of people who did not ask to see them—and by framing those experiences in ways that normalize dialogue as an essential part of healing.

Acknowledgments We are grateful to Stella Bolaki and the University of Kent for envisioning and bringing about the 2016 "Artists' Books and the Medical Humanities" symposium, which the Maine Women Writers Collection was honored to cosponsor. We would also like to thank Alan Hall for permission to quote from the letters students sent to Martha.

Endnotes

¹ Here and elsewhere, we have reproduced students' letters without corrections, altering them only to insert bracketed information for the sake of clarity.

² For a detailed analysis of *The Rest of My Life II*, see Bolaki's essay in this special issue.

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