

EDITORIAL BY SPECIAL ISSUE GUEST EDITOR

EMBODIMENT IN MEDICINE

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Like so many of us whose lives are upended by illness, grief or trauma, I needed to believe in an after. I'd subscribed to medicine's most idealized version of itself, that vectored trajectory away from illness and towards full restoration, even if it was mostly fantasy. As an intensivist, the construct allowed me to believe that if I was focused, skilled and knowledgeable, the patients would get better. When I went into hemorrhagic shock from a ruptured hepatic adenoma during pregnancy, and became a critically ill patient myself, I trusted medicine to get me out (Awdish, 2017). I knew it wouldn't be easy, and I could accept some dips and plateaus, but the overall trajectory had to be insistently and undeniably forward. Had someone drawn the actual recursive, tangled, and decades-long course my ongoing healing has followed, I would have banished them from my ICU room, if not my life. Permanent exile.

Ironically, this longing for a linear path resulted in estrangement from my own body. When my healing didn't resemble a perfect narrative arc of redemption, I began to view my body as a source of betrayal. It became something to be managed and contained, a site of ongoing failure. My training had so predisposed me to pity sick bodies that I could only see my own as a broken object to be corrected. To regard it differently, as an instrument of knowing worthy of reverence, meant unlearning nearly everything. This is something I explore in my more recent book, *After Shock: Learning to Reinhabit My Body After Illness* (Awdish, 2026).

This is the territory this issue asks us to enter, and it has been humbling to spend the last several months living inside these essays as guest editor. Each of these writers, physicians, nurses, researchers, and a few who arrived at this subject through the body of someone they love, has offered a unique perspective. Read together, they do not agree on what embodiment means. They circle it from different distances, using different instruments: a notebook left on a windowsill, a broken bowl gilded back together, a childhood at

the piano, a cellar during war, a leg that is no longer there, a puppet used to invite physicians back into their own bodies.

The threads that run through these pieces reveal something about our medical culture, and the environment in which we are attempting to heal. We see the cost of medicine's insistence that our bodies' needs are inconvenient; hunger, thirst and sleep framed as obstacles to override in service of the work. We revisit the acculturation process that trained us to equate numbness for competence, and the pain of self-erasure. In contrast, these pieces assert that full attention to a patient's body requires first knowing and accepting our own very human frailty and clear-eyed acknowledgment of the structures we work within.

These are the structures that decide which bodies receive care, and which do not. We read the experience of a trainee in community medicine who recounts times when genuine suffering couldn't be translated into the paperwork required to mitigate it. We see a person become illegible in the eyes of a system that requires rigid case documentation. A clinician learns a dialect that she was never taught through her own child's autism. And a nurse working with lupus patients writes about the violence of a system built purely on measurement, where a patient rates her pain a six because that's the only vocabulary the chart accepts. We are reminded that so much of what matters resists measurement.

Some essays sit inside a body already permanently changed by illness or injury and ask what it means to go on living there. One writer describes losing her leg in an instant on a Brooklyn street, and the years since, in which she has come to understand herself as three different women. Another addresses a cavernoma she carried unknowingly for over forty-five years, tracing its unfolding from incidental finding to totality and finally to an uneasy, watchful quiet. A palliative care nurse writes about mending a broken bowl with gold, discovering piece by piece that the break itself could become visible, load-bearing, even luminous. I appreciate these testimonies of what it means to live visibly altered and undeniably whole.

I do not think it is an accident that so many of these essays arrive, by such different routes, at the same insistence: that the body is not simply where illness happens, but where meaning is made. This is not a new idea, though it is one we have organized our institutions to forget. Whole person care asks us to remember that this is still, underneath everything we have since built on top of it, what medicine is.

It felt important to me that the cover art for an Embodiment-themed issue be something I made with my own hands. The painting I've offered is an oil on canvas that represents the estrangement and dissociation I've often felt from within the storm of illness. My conceptualization of embodiment holds space for both the rupture and the return and is far less of an individual pursuit than an ongoing communal effort. The essays here bring that vision to life.

I thank the contributors to this issue, for their candor, and for the particular kind of courage it takes to hand your own undoing to strangers and trust that they will read it with care. I thank the editorial team at the International Journal of Whole Person Care for the invitation to guest edit this issue. My hope for the reader is that you will let these essays meet your own body as you make your way through them. Whether through a held breath, a softened jaw, an emotional memory you had not expected to meet on this page. That physical response is not incidental to the reading. It is, I think, the point. ■

References

1. Awdish R. L. *In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope*. New York: St. Martin's Press; 2017.
2. Awdish R. L. *After Shock: Learning to Inhabit My Body After Illness*. New York: St. John's Press, Macmillan; 2026.

Biographical Note

Dr. Rana Awdish is the bestselling author of the landmark medical memoir, *In Shock*, and her much anticipated follow-up book *After Shock*. She is the Medical Director of Care Experience at Henry Ford Health, and a pulmonary critical care physician. Recognized as a leading voice on healing, Dr. Awdish's work has been recognized through accolades such as the Schwartz Center's National Compassionate Caregiver of the Year, and Press Ganey's Physician of the Year. She has shared her expertise through diverse dissemination channels, including *The New England Journal of Medicine*, *The Washington Post*, NPR, and CNN.