To Look Feelingly—The Affinities of Medicine and Literature

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George Santayana, the most literary of modern philosophers, said of literature that only it "...can describe experience for the excellent reason that the terms of experience are moral and literary."(1) Owsei Temkin, one of the more philosophical of medical historians, said of medicine that it is "...not only science and art but also a mode of looking with compassionate objectivity. Why turn elsewhere to contemplate man's moral nature?"(2)

In their emphasis on ways of looking at morality, Santayana and Temkin provide us with two conceptions which merge in medicine and literature and which ground their natural affinity for each other. For both are ways of looking at man and both are, at heart, moral enterprises. Both must start by seeing life bare, without averting their gaze. Yet, neither can rest in mere looking. To be authentic they must look feelingly—with compassion. Medicine without compassion is mere technicism—curing without healing; literature without feeling is mere reporting—experience without meaning.
Medicine and literature are united in an unremitting paradox—the need simultaneously to stand back from, and yet to share in, the struggle of human life. They must see clearly but they must also be involved in the outcome of the struggle. Each thus becomes a moral experience. For medicine, Paul Valéry put it this way: "...you doctors are the champions, the strategists in the struggle of the individual against the law of life." (3) Literature, in Santayana's words "...has its piety, its conscience; it cannot long forget without forfeiting all dignity that it serves a burdened and perplexed creature, a human animal struggling to persuade the universal Sphinx to propose a more intelligible riddle." (4) To look and to look feelingly is the summit of artistry for both medicine and literature; to take part in the struggle is the morality they share.

Medicine and literature are linked, too, because they both tell the story of what they see. The physician's history is really a tale, the narrative of a patient's odyssey in the dismal realms of disease, distress, disability and death. The writer, too, must contemplate the same perplexities of being human and being afflicted. Illness ever intrudes itself because it is inextricably woven into the tapestry of every human life. No serious writer can avoid it entirely.

The writer's tale transcends the clinician's history because his language is charged with meanings. He can evoke a vicarious experience of illness and suffering while the writer of the clinical record evokes only diagnostic or prognostic possibilities. The writer's charged language forces all of us to look at human experience without averting our
gaze because we are made to look with feeling for the subject of those experiences.

Clinical language itself can be charged with meanings in those rare instances in which the artist is also a practicing physician as with William Carlos Williams, John Brown, Thomas Browne, Oliver Wendell Holmes, or Richard Selzer. In their hands even the lugubrious details of anatomy and pathology become instruments of poetry or evocations of the joy and peril of man's embodiment.

More usually, physicians who become serious writers abandon the clinic wholly or visit it only intermittently. But they retain the clinician's way of looking. Their writing carries that special imprint peculiar to those who have felt, smelled and dwelled among fevers, madness, blood and abscesses. We think of Rabelais, Crabbe, Smollett, Chechov, Maugham, Keats, Celine or Walker Percy who completed their medical training or Michaux or Breton who interrupted theirs. Walt Whitman, whose panegyrics of the body afflicted and exalted are unexcelled for vividness, worked in a doctor's office and as a volunteer nurse.

With those physicians who became creditable poets, the imprint of clinical language is more attenuated. Thomas Campion, Thomas Lodge, Oliver Goldsmith, Keats and Schiller abandoned the sick room for lyrical, dramatic and epochal poetry. One wonders how much their attraction to the quintessentialized look at the world that poetry exemplifies was energized by medical training. At least, their imaginative impulses were not fatally flawed by such training. Maybe they looked too feelingly
to be able to maintain the objective stance the physician requires in his moments of final decision. Whatever the reason may be, poetry has always been a solace for practicing physicians.\(^{(5)}\)

In the last decade these affinities of medicine and literature have come to be exploited in medical pedagogy.\(^{(6,7)}\) In a dozen medical schools courses in literature are serving several goals in unique ways; teaching empathy with the ill person, giving insight into the peculiarities of the medical life and the doctor's place in society and culture, underscoring the dilemmas of medical morals and improving the use of narrative forms in history taking. These medical uses of literature offer some hope for buffering the encroachments of technicism to which today's scientifically trained clinician seems so especially susceptible.

Much effort has been expended in recent years by psychiatrists, behavioral scientists and older clinicians to teach the quality of empathy to young physicians. The results have not been particularly satisfactory. The example of respected clinicians remains the most useful method for teaching how the physician may project himself into the existential state of the patient and thus to treat him more sensitively and humanely.

Literature offers an alternative because it has such power to evoke vicarious experiences. Through the eyes of the sensitive creative writer the student physician can experience something of what it is to be ill, in pain, in anguish, or dying. Numerous passages from the worlds of poetry and prose are available to the imaginative teacher who, through
careful readings of the text, can help students to learn to see and to see feelingly. (8)

No medical lecturer could evoke the experience of illness evoked by such texts as those of Homer's depictions of the lacerating and flesh tearing assault of spear and arrow, or the confusion of madness and genius in the sick brain of Mann's Adrian Leverkuhn, or the agonies of Montaigne's kidney stone or the pleasurable malaise of a mild illness in Virginia Woolf's On Being Ill, or the indignities suffered by Tolstoi's dying barrister at the hands of his paternalistic doctors.

Is there a better way to help the student feel something of the joys, the difficulties, the foibles and failings of the medical life than through the literary depictions of the species homo medicus? Few portraits of humans are as mordant as the portraits of physicians in Martial's Epigrams, Petrarch's letters, Bernard Shaw's "Doctors Dilemma" or Joyce Carol Oates' "Wonderland." On the other hand few humans are as sympathetically portrayed as George Eliot's Lydgate, Balzac's Dr. Benassis, or De Unamuno's Doctor Moneoro.

Writers have looked feelingly at the doctor's life because they could not be indifferent to it. The physician is too intimately bound to hopes and fears of the sick man in his struggle against the laws of life. The physician who cares as well as cures fulfills one of the noblest ideals of human services. When he fails the very nobility of that ideal makes his failure all the more scandalous. The affinities of medicine and literature have not prevented dissonances as well as admiration. The
writer's eye is not beclouded; his vision can open the eye of the neophyte physician in these personal, profound and penetrating ways peculiar to true literature.

It is easy to forget that the physician's major diagnostic tool, despite the burgeoning of electrical, chemical and radiological techniques, remains the clinical history. That history is nothing more than a story, a complex, personal variegated story with multiple interlacing themes, in the life of a human being. Each story is unique. And as Peguy says, "When a man dies he dies not just of the disease he has but of his whole life."

Yet, history taking is the physician's most neglected skill simply because it is so taken for granted. Like any skill it needs cultivation; it needs to be formed on the best models of the narrative form. The decline in artful and cogent history taking may be directly related to the decline among pre-medical and medical students in reading good literature. Pre-medical courses in literature are surely necessary but not sufficient. They do not carry over into professional life in most cases. Narrative skills, and expository prose need re-enforcement in the course of medical education.

Literature also teaches the physician something of the significance of symbol and language as the media linking human minds and personalities. Language is the instrument of diagnosis and therapy, the vehicle through which the patient's needs are expressed and the doctor's advice conveyed. Understanding the nuances of language, its cultural and ethnic variations and its symbolic content are as essential as any skills the clinician may possess.
Language through literature has healing powers too. It is a powerful therapeutic the physician can use. The written word can be balm to the afflicted mind where our medicinal remedies may fail.

As Santayana and Temkin perceived in the quotations that open this essay, literature and medicine are moral enterprises. Literature lays open for view the moral dilemmas, conflicts, triumphs and failings of human beings. The aspiring physician needs to be sensitized to the complexities of the moral contexts within which his advice is given or his judgments of his or her patient's behaviour are rendered. Literature, through its power to evoke vicarious experience and empathy, places the physician in a concrete human situation, it enhances his perceptions of the intersecting values in moral choice and of the forces that enmesh even the simplest of human decisions.

Finally, these utilitarian ends must not obscure more subtle but really the most important service literature performs for all humans--enhancement of the experience of life itself. The joys of literature have been too often and too well praised to be repeated. But for the busy physician later in life, confident of his craft and perhaps a little bored with it, literature has special virtues. It takes him from the grinding reality of the clinic into realms of imagination, lyricism and drama; it provides those moments of delectation without which the soul shrivels. Literature refreshes the physician's view of the men and women he sees as "patients" and restores them to their real roles in the human drama. Literature gives meaning to what the physician sees and it makes him see it feelingly. Whatever enriches the doctor's sensibilities must perforce make him a better physician.
In this book, Enid Peschel offers us the reflections of belle lettrists and critics of the affinities of medicine and literature. In these original essays, literary insights are offered on the full range of conjunctions of the writer's and the clinician's art. They examine the special vision of physicians who are simultaneously writers--like William Carlos Williams and Richard Selzer, the creative writer's depictions of illness in Thomas Mann, or Proust, the image of the physician in Shakespeare, Roger Martin DuGard and Flaubert, the healing and wounding powers of language in the essays by Hartmann and Biasin.

The resulting tapestry richly illuminates the subtle encounters of persons and matters medical with persona and matters literary--the medical uses of literature and the literary uses of medicine. Linked by a common need to see life bare, to look and see, and to see feelingly, medicine and literature enhance each other. In doing so, they enhance man's capacity to heal himself in spirit and body. Should we expect less? After all, the myth assures us Aesculapieus was the son of Apollo--the genetics of spirit may be even more powerful than the genetics of DNA.
REFERENCES


(4) George Santayana, The Life of Reason or the Phases of Human Progress, reviewed by the author in collaboration with Daniel Cory, Charles Scribners, New York, 1954, p. 333.


(6) Human Values Teaching Programs for Health Professionals, Report No. 7, Institute on Human Values in Medicine, Published by the Society for Health and Human Values.
