MEDICINE REDISCOVERS *the* HUMANITIES

The Inaugural
Annual Medical Humanities Lecture
at Baylor University

October 10, 2006

Ronald A. Carson

Harris L. Kempner Distinguished Professor
Institute for the Medical Humanities
The University of Texas Medical Branch at Galveston

MEDICINE REDISCOVERS *the* HUMANITIES

The Inaugural
Annual Medical Humanities Lecture
at Baylor University

October 10, 2006

Ronald A. Carson

Harris L. Kempner Distinguished Professor
Institute for the Medical Humanities
The University of Texas Medical Branch at Galveston

BAYLOR
UNIVERSITY

WRITER CYNTHIA OZICK tells of being invited to speak to a gathering of physicians by a leader of the group who was concerned that "doctors…too often do not presume a connection of vulnerability between the catastrophe that besets the patient and the susceptibility of the doctors' own flesh: The doctors do not conceive of themselves as equality mortal, equally open to fortune's disasters." Ozick, a self-described imaginer by trade, was invited to "suggest a course of connecting, of entering into the tremulous spirit of the helpless, the fearful, that apart. In short, the writer [would] demonstrate the contagion of passion and compassion that is known in medicine as 'empathy,' and in art as insight." And so, not without some misgiving, she set about to tell a tale, "part parable, part satire [and] drenched, above all, in metaphor." Ozick recalls that her audience was bewildered and "appalled by metaphor (the shock of metaphor), by fable, image, echo, irony, satire, obliqueness, double meaning, the call to interpret, the call to penetrate, the call to comment and diagnose. They were stung by what they instantly named 'ambiguity.'" This reaction came as a surprise to Ozick, for whom metaphor, rooted in memory and imagination, is an instrument of moral connectedness and reciprocity. "Metaphor," she writes, relies on what has been experienced before; it transforms the strange into the familiar," and evokes fellow-felling. "Through metaphorical concentration, doctors can imagine what it is to be their patients. Those who have no pain can imagine those who suffer. Those at the center can imagine what it is to be outside. The

strong can imagine the weak. Illuminated lives can imagine the dark…We strangers can imagine the familiar hearts of strangers."[1]

In a related vein, cultural historian William Bouwsma traces the origins of the humanities to an ancient ideal of humane education which was revived and rearticulated by early renaissance thinkers as the studia humanitatis, consisting principally of grammar (the art of reading) and rhetoric (the art of discourse), but also including poetry, history, and ethics. "Rhetoric," Bouwsma argues, "not philosophy, gave us the humanities,"[2] where by "philosophy" he means the rational pursuit of conclusive and universal knowledge, and "rhetoric" prefers to the arts of language deployed in the task of making sense of the contingent, quotidian world of practical discernment, discourse, and action. These rhetorical arts are relational and conversational by definition. They are predicated on the desire or the practical need to communicate and perhaps to persuade others of the merits of our way of making sense of things. In the clinic or the hospital, such conversations often revolve around cognitive considerations of diagnoses and treatment alternatives, to be sure, but also around feelings of hopefulness or anxiety or dread, feeling believed to be extraneous to, or disruptive of, rational deliberation. But as has been wisely remarked, what I want to know when I go to the doctor is not only what I've got but what's the matter with me. What the doctor needs in order to respond appropriately to this latter concern is a modicum of self-knowledge and a sympathetic

[1] Cynthia Ozick, Metaphor and Memory (New York: Vintage International, 1991), p. 278.

[2] William J. Bouwsma, "Socrates and the Confusion of the Humanities" A Usable Past (Berkeley and Los Angeles, California: University of California Press, 1990), p. 386.

imagination informed by experience, not only clinical experience by experience of the wider world. The humanities are rich in resources for self-exploration, as well as for vicariously experiencing the world beyond the consultation room door, and for cultivating sympathetic imagination. What the humanities offer medicine is tutored access to a rich textual array of other worlds and ways, and to the lived experience of fictional characters trying to make sense of their lives, particularly at moments when their lives are thrown into disarray by illness or injury.

Virtually every encounter between a patient and a physician makes demands not only on the doctor's cognitive knowledge and technical skill but on his or her imagination as well.

When we fall ill we start trying to say what it is like as compared to how it was, and in relation to how we thought it was going to be and may still turn out to be. Thus do we locate ourselves in our story as we understand it and seek the counsel of a physician to help us make sense of an unexpected turn of events, an illness or injury that resists being written off, and therefore must be written into the script of our lives.

What the doctor is expected to do in such encounters in not only solve a problem but follow and story — about pain and discomfort, to be sure, but also about love, loss, loyalty, and the like. Morally responsible medical care begins with a patient talking with a doctor about what the hurt is like and why it hurts like that just now, and the doctor getting the gist of the development of the story.

The meaning of an illness emerges in a dialogue between patient and doctor. The analogy between the analysis of a poem or story and ordinary conversations between patients and those who care for them is instructive. The interpreter of a poem or a story not only skillfully reads the lines but also reads between the lines, searching for meaning. So, too, in the therapeutic encounter the caregiver turns a trained ear to a particular patient's account of misfortune or malaise, places it in the company of similar accounts he or she has heard before, and then attends not only to what is said but to what is unspoken and even, on occasion, to what is unspeakable, all the while conversing with the patient to test the fit of the patient's experience with the doctor's medical knowledge. This requires a capacity to imagine illness or injury from the patient's perspective — a kind of listening with the third ear, and an awareness of the storied nature of our lives.

By way of illustration, listen with me to James Dickey's "The Scarred Girl,"[3] a poem about an experience of injury.

All glass may yet be whole
She thinks, it may be put together
From the deep inner flashing of her face.
One moment the windshield held

The countryside, the green
Level fields and the animals,
And these must be restored
To what they were when her brow

[3] James Dickey, "The Scarred Girl," Poems: 1957-1967 (Middleton, Connecticut: Wesleyan University Press, 1978), pp. 138-139. Used with permission.

Broke into them for nothing, and began
Its sparkling under the gauze.
Though the still, small war for her beauty
Is stitched out of sight and lost,

It is not this field that she thinks of.
It is that her face, buried
And held up inside the slow scars,
Knows how the bright, fractured world

Burns and pulls and weeps
To come together again.
The green meadow lying in fragments
Under the splintered sunlight,

The cattle broken in pieces
By her useless, painful intrusion
Know that her visage contains
The process and hurt of their healing,

The hidden wounds that can
Restore anything, bringing the glass
Of the world together once more,
All as it was when she struck,

All except her. The shattered field
Where they dragged the telescoped car
Off to be pounded to scrap
Waits for her to get up,

For the calm, unimagined face
To emerge from the yards of its wrapping,
Red, raw, mixed-looking but entire,
A new face, an old life,

To confront the pale glass it has dreamed
Made whole and backed with wise silver,
Held in other hands brittle with dread,
A doctor's, a lip-biting nurse's,

Who do not see what she sees
Behind her odd face in the mirror:
The pastures of earth and of heaven
Restored and undamaged, the cattle

Risen out of their jagged graves
To walk in the seamless sunlight
And a newborn countenance
Put upon everything,

Her beauty gone, but to hover
Near for the rest of her life,
And good no nearer, but plainly
In sight, and the only way.

The scarred girl lies heavily bandaged because an accident threw her face-first into the windshield of the car in which she was riding. Just prior to the accident "the windshield held" — it was intact, it shielded her in the vehicle, and it framed a pastoral scene. In a flash, at the moment of impact, this peaceful scene, this peaceful life, was painfully, uselessly broken.

For our mind's eye, the poet conflates the girl's face and the car's windshield. They splinter simultaneously. We know from experience that a shattered windshield cannot be completely restored. But for all the brute facticity of brokenness here notice that this poem is about "the process and hurt of …healing."

The poet imagines what the scarred girl is thinking: "All glass may yet be whole" — and her fractured face "restored and undamaged." These are more than mere thoughts, they are a yearn-

ing and dawning. It comes of the girl as she thinks of the field, that the countryside and the animals framed by the windshield and shattered on impact can be restored. They restoration will depend on her. The fate of the fragmented meadow and the broken cattle rests in her hands, or rather in her way of seeing. The meadow and the cattle "know that her visage contains the process and hurt of their healing…" Her point of view, her view of life, her attitude can restored "the glass of the world."

But there is another field here, the one the girl does not think of. It is a battlefield on which a war for her beauty is already lost. Her face is not only buried under bandages, but is dead and gone. The girl's "visage" contains the clue to the restoration of the glass of the world. Blinded by the bandages, she thinks of the world as she last saw it, Flashing and fractured. But when the wrappings come off she will see through the looking glass as through a window to "pastures of earth and of heaven restored and undamaged, the cattle risen out of their jagged graves…" She will remember them as they were before the deadly crash. And her memory will be the means of their resurrection.

All this "she thinks." And all the while the shattered field anxiously awaits the girl's reaction to what she will see in the mirror when first she views her own "unimagined face." We who hold the mirror dread what may come, but that is because we do not see beyond the scars to what the girl recognizes — herself in the mirror. She looks squarely at her face and does not flinch. Her face is red, raw, odd, and calm. It is a new face and

"entire." Her old face is gone but this one is whole in its own way. She will never forget her former beauty (it will "hover near for the rest of her life"), but her new face, a semblance of the old ("plainly in sight"), will be the one that she will live with. This is the "newborn countenance put upon everything," the scarred girl's outlook that accompanies her new face. In place of resurrection and restoration there is reconciliation. The scarred girl is reconciled. It is "the only way."

The poet moves imaginatively from perception to construction as the doctor moves from hunch to generalization, that is, from this particular case to cases of this sort, with the aim of making sense of an experience that resists meaning. The doctor's interpretive advantage, like that of the poet, is owed to his or her access to a repertoire of cases into which this patient's case is likely to fit. The fit will not be exact because the interpretation of morally difficult cases does not admit of precision. Nonetheless, familiarity with a range of life experiences, imaginatively combined with a particular patient's distinctive experience, illuminates the case at hand.

Interpretation is at the heart of medical practice because an experience of illness does not occur in general. It is always my experience or yours. Fitting a particular case to a general run of cases requires an act of imagination. Interrupted by an episode of illness or injury, the patient's story requires retelling, now with a new chapter to accommodate the unanticipated turn of events. In just this way, most medial practice is a storied practice.

Contrary to the impression created by the stainless steel apparatus and vital sign monitors of rescue medicine, what is required of the doctor in patient encounters is less often swift judgment and deft action that a discerning reading of the situation a hand. What does the ailment in question mean? Is the suffering to be relieved or endured, and in what measure? What can one reasonably expect to be the result of this or that intervention? Are there fates worse that death? Answers to such questions must be thought through and talked about person by person, case by case. It is in this process of reflection and conversation with patients that morally responsible doctor's practice.

Upon learning that he had prostate cancer, the writer Anatole Broyard asked himself what he was looking for in a doctor, heedless as he had been of the likelihood of ever needing a physician's services. He quickly concluded, "I want a doctor with a sensibility… I would also like a doctor who enjoyed me, I want to be a good story for him, to give him some of my art in exchange for his…. Just as he orders blood tests and bone scans of my body, I'd like my doctor to scan me, to grope for my spirit as well as my prostate. Without some such recognition, I am nothing by my illness."[4] Groping for the patient's spirit requires imaginative insight, an interpretive capacity that Isaiah Berlin considered a distinguishing characteristic of humanistic approaches to experience, a capacity that allows one to see another person's world through that person's eyes, "from the inside, as it were, and not merely as a succession of facts to be described

[4] Anatole Broyard, Intoxicated by My Illness (New York: Fawcett Columbine, 1992), pp. 41-45.

from an external vantage point," to imagine what it must be like to be in the predicament of the patient sitting opposite you in the examining room or lying in the hospital bed before you. Not to know for sure, not to identify with the patient's experience, but to come to some sense of what it must be like to be in another person's shoes. As when Berlin writes, "When the Jews are enjoined in the Bible to protect strangers 'for ye know the heart of a stranger, seeing ye were strangers in the land of Egypt,' this knowledge is neither deductive, no inductive, not founded on direct inspection, but akin to the 'I know' of 'I know what it is to be hungry and poor'."[5]

Understanding of this sort is central to the healingarts.

A medical chart or diagram is not the equivalent of a portrait. Such as a gifted novelist or human being endowed with adequate insight — understanding — could form: not equivalent not at all because it needs less skill or is less valuable for its own purposes, but, because if it confines itself to publicly. Recordable facts and generalizations attested by them, it must necessarily leave out of account that vast number of small, constantly altering, evanescent colors, sense, sounds, and the psychical equivalents of these, the half noticed, half interred, half gazed at, half unconsciously absorbed minutiae of behavior and thought and feeling which are at once too numerous, too complex, too fine and too indiscriminable from each other to be identified, named, ordered, recorder, set forth in neutral scientific language. And more than this,

[5] Isaiah Berlin, "The Concept of Scientific History," The Proper Study of Mankind (New York: Farrar, Strauss, and Giroux, 1998), p. 52.

there are among them pattern qualities-what else are we to call them? Habits of thought and emotion, ways of looking at, reacting to, talking about experiences which lie too close to us to be discriminated and classified-of which we are not strictly aware as such, but which, nevertheless, we absorb into our picture of what goes on, and the more sensitively and sharply aware of them we are the more understanding the insight we are rightly said to possess. This is what understanding human beings largely consists in.[6]

[6] Isaiah Berlin, The Sense of Reality (New York: Farrar, Strauss, and Giroux, 1996), pp. 23-24.

Hearing stories about cure and care, love and loss, and paying studied attention to patients' stories prepares us for more stories. Its primes our imagination, enlarges our capacity to imagine, and shapes our sensibility. Writers, poets, and dramatists tend to be astute observers of human nature and discerning interpreters of human experience. By means of metaphor and the cognate devices of literary expression, they probe experience for the possible sense it makes. Experiences of illness, injury and disability are no exception. There is something else the humanities are good at, namely, giving students a sense of how people live before they become patients and after they get well, or after someone they love is gone and their complicated life goes on, as in Sharon Olds's poem "The Learner":[7]

[7] Sharon Olds, "The Learner" The American Poetry Review 27, 1998, p. 27. Used with permission.

> When my mother tells me she has found her late husband's
> Flag in the attic, and put it up,
> Over the front door, for her party,
> Her voice on the phone is calm with the truth

Of yearning, she sounds like a soldier who has known
No other life. We talk about her darling,
How she took such perfect care of him
After his stroke. And when the cancer came,
It was BLACK, she says, and then it was WHITE.
What?! What do you mean? It was BLACK, it was
Cancer, it was terrible,
But he did not know to be afraid, and then it
Took him mercifully, it was WHITE.
Mom, I say. Could I say something
And you not mad? Yes…Mom,
People have stopped saying that, BLACK for bad,
WHITE for good. Well I'm not a racist,
She says, with some of the rich, almost sly
Pride I have heard in myself. Well I think
Everyone is, Mom, but that's not
The point-if someone Black heard you,
How would they feel? But no one Black
Is here! She cries, and I say Well then think of me
As Black. My voice is friendly, I say It's like
Some of the things the kids tell me,
"Mom, nobody says that any
More." And my mother says, in a soft
Voice, with the timing of a dream, I'll never
Say that anymore. And then, a little
Anguished, I PROMISE you that I'll never
Say it again. Oh, Mom, I say, don't
Promise me, who am I,
You're doing so well, you're an amazing learner —
And that is when, from inside my mother,
The mother of my heart speaks to me,
The one under the coloratura,
The alto, the woman under the child — who lay
Under, waiting, all my life,
To speak-her low voice, slowly
Undulating, like the flag of her love,
She says, Before, I, die, I am, learning,
Things, I never, thought, I'd know, I am so

Fortunate. And then, They are things
I would not have learned, if he, had lived,
But I cannot, be glad, he died — and then
The sound of quiet crying, as if
I have come near a clearing, where a spirit of mourning
Is bathing herself, and singing.

Who is the learner here? The mother, certainly, but also the poet and, through her, we readers. Here is a woman looking through her husband's things, stored in the attic, and finding a flag, a keepsake perhaps from his stint in the military. She has displayed it over the front door in preparation for "her party." It could be Memorial Day or the Fourth of July, I imagine it also to be her first attempt to "come out" after her husband's death. The daughter is talking on the phone with her mother. Her mother's voice is "calm with the truth of yearning, she sounds like a soldier who has known no other life." The truth of yearning. What truth is this? The widow is soldiering on in the only life she has known, taking good care of her husband following his stroke, then caring for him when cancer came and yearning for it to end, and — hesitantly, tentatively — yearning for a life of her own beyond that of a soldier "who has known no other life." Yearning also for him. As a result of his stroke the mother's husband was unaware that cancer was killing him, but to her it was black, it was "terrible," and to her his death was a relief, to her it was white.

Then the mother-daughter quarrel, tinged with anger and anguish, pride and shame, about racism and respect, but also about long suffering,

language, love, and guilt. Not until the daughter catches herself and shifts from disapprobation and instruction to comfort and reassurance "you're doing so well, you're an amazing learner" does she hear the mother of her heart speak the truth in mature, measured tones-not now the calm truth of yearning but the conflicted truth of knowing that she could not have come into her own as long as her husband lived and needed her care but that "I cannot, be glad, he died." At the utterance of that sad truth from deep within her and the weeping brought on by its recognition, the mother emerges, in the poet's mind's eve, into a place where she is bathing neither her child nor her sick husband but herself "and singing."

"The Learner" can temporarily transport us out of our own experience into the life of another with the result that empathy is evoked. To empathize is to simultaneously feel one's way into another person's situation while holding to the awareness that the other person's experience exists independently of us. In "The Learner" the widow's experience is brought within the range of something we can imagine. It remains the widow's experience, not ours. However, through the poet's act of imagination, and ours as readers, we can come to know something of what it may be like to be in such a situation, to undergo such an experience, to suffer like that. This knowledge is necessarily approximate, but no less valuable for that.

Practitioners of the medical humanities are importantly involved in teaching medical students and trainees to think clearly and cogently about

Ronald A. Carson

Ronald A. Carson, PhD, was educated in Indiana, New York, Germany and Scotland. He was a visiting scholar at the Nietzsche Archives in Weimar while preparing his PhD dissertation in the University of Glasgow's Faculty of Divinity. Post-doctoral awards include fellowships from the Institute on Human Values in Medicine, the Council for Philosophical Studies and the National Endowment for the Humanities. Dr. Carson has held Visiting Scholar appointments at the University of Oslo's Center for Medical Ethics, the University of Edinburgh's Institute for Advanced Study in the Humanities, the Institute of Medicine and Humanities, St. Patrick Hospital, the University of Montana, the University of Otago, New Zealand, and the Institute for Advanced Study, Princeton, New Jersey. He is an elected Fellow of The Hastings Center, former president of the Society for Health and Human Values and a recipient of that society's annual award.

Dr. Carson is the author of a monograph on Sartre and of many articles, chapters and reviews in both humanities and medical publications. He is co-editor of and contributor to four books: *Chronic Illness: From Experience to Policy,* Indiana University Press (1995); *Philosophy of Medicine and Bioethics: A Twenty Year Retrospective and Critical Appraisal,* Kluwer Academic Publishers (1997); *Behavioral Genetics and Society: The Clash of Culture and Biology,* Johns Hopkins University Press (1999); and *Practicing the Medical Humanities: Engaging Physicians and Patients,* University Publishing Group (2003). He is a founder and co-editor of the journal *Medical Humanities Review,* a founding member of the editorial board of the journal *Medical Humanities* (UK) and a contributing editor of the journal *Literature and Medicine.*

In addition to serving on national grant review panels, Dr. Carson has directed numerous research and education projects. He lectures and consults nationally and internationally and is a commentator on medical ethical issues in the public media. His current position is that of Harris L. Kempner Distinguished Professor in the Institute for the Medical Humanities at The University of Texas Medical Branch at Galveston.

BAYLOR
UNIVERSITY