

# Literature and Medicine: The Human Experience

Helle Mathiasen, PhD

No man is an *Iland*, intire of it selfe; every man is a peece of the *Continent*, a part of the *maine*; if a *Clod* bee washed away by the *Sea*, *Europe* is the lesse, as well as if a *Promontorie* were, as well as if a *Mannor* of they *friends*, or of *thine owne* were; Any Mans *death* diminishes *me*, because I am involved in *Mankinde*; And therefore never send to know for whom the *bell* tolls; It tolls for *thee*.

**John Donne (1572–1631)**  
**Devotions upon Emergent Occasions**  
**(1624), no. 17**

The study of Literature and Medicine has developed into an independent discipline over the last 20 years. This development is part of the recent growth in interdisciplinary learning and has resulted in a journal, *Literature and Medicine*, an *On-Line Database of Literature, Arts, and Medicine*, as well as numerous conferences, articles, and books.<sup>2–10</sup> The combination and mutual enrichment of literature and medicine are not so strange as they may seem; the connection between them can be traced back to the mythology of ancient Greece, which identified Apollo as god of music, medicine, and poetry. Even without expertise in all of literature or medicine, which today is probably impossible, we can find correspondences between literature and medicine in several areas.

The mutually beneficial relationship between literature and medicine has been closely investigated.<sup>11–13</sup> Recognizing this relationship depends on the fundamental assumption that literature and medicine are humanistic arts. In this view, literature and medicine are seen as essential to our understanding and tolerating our condition as humans. Separately, literature and medicine can show us the power of symbols, such as the rose, or the usefulness of certain pharmaceuticals, such as aspirin. But together, in the literature that deals with topics and characters from medicine, literature and medicine can connect like the two serpents on the caduceus. This supportive relationship has been commented upon by two eminent physician-writers, Anton Chekhov (1860 to 1904) and William Carlos Williams (1883 to 1963). Anton Chekhov writes in a letter: “I have no doubt that the study of medicine has had an important influence on my literary work; it has considerably enlarged the sphere of my observation, has enriched



Helle Mathiasen, PhD.

me with a knowledge the true value of which for me as a writer can only be understood by one who is himself a doctor.”<sup>14</sup> A reading of Chekhov’s short stories supports the writer’s assertion. In “Ward Six,” for example, Doctor Chekhov writes from experience about medical care in a provincial Russian mental ward, where the chief medical officer, Dr. Ragin, refuses to take action to improve the horrendous conditions in the ward, because, he argues, “There’s no difference whatsoever between a warm, comfortable study and this ward. . . . Man finds peace and contentment within him, not in the world outside.”<sup>15</sup> Only when the doctor becomes a patient in his own Ward Six does he reach enlightenment. As he lies down in Ward Six, awaiting another blow from the Ward caretaker, Dr. Ragin reviews his condition: “Then suddenly a fearful thought past all bearing flashed through the chaos of his mind: that just such a pain must be the daily lot, year in year out, of these men who loomed before him like black shadows in the moonlight. How could it be that for twenty years and more he had ignored that—and ignored it wilfully?”<sup>16</sup> A story like “Ward Six” satisfies our yearning for justice—what goes around, comes around. The story targets and condemns a negligent physician. Dr. Ragin has power; he is responsible for his patients, but he lacks the empathy and moral energy to care. Chekhov’s story can then serve the ancient and important function of art, to provide moral education, not only to the health care provider but to the general reader. Chekhov used his medical training in several other powerful stories,

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Address for reprints: Helle Mathiasen, PhD, Humanities Program, Harvill 347, The University of Arizona, Tucson, Arizona 85721.

e.g., “Anyuta,” “The Butterfly,” “The Doctor,” “Enemies,” “Dr. Startsev,” and “Typhus.”

A practicing pediatrician and writer, William Carlos Williams explains his views on the common goals of literature and medicine: “. . . as a writer I have never felt that medicine interfered with me but rather that it was my very food and drink, the very thing which made it possible for me to write. Was I not interested in man? There the thing was, right in front of me. I could touch it, smell it. It was myself, naked, just as it was, without a lie telling itself to me in its own terms. Oh, I knew it wasn't for the most part giving me anything very profound, but it was giving me terms, basic terms with which I could spell out matters as profound as I cared to think of.”<sup>17</sup> Williams's writing emphasizes the obvious similarity between doctor and patient: they are both human beings. And both gaze at each other as they meet in the doctor's clinic. Williams's doctor stories present narratives of diseases, patients, and physicians. One of his strongest stories, “The Use of Force,” illustrates Williams's awareness of the physician's problematic power over the patient. The plain language and physician authorship of Chekhov's and Williams's stories carry extra weight; they give authenticity to these writers' art.

Only the gifted storyteller can create and express a meaningful order out of the chaos of experience. But when a story is well told and true, it can enhance the physician's capability in a number of ways. Literature can enrich the practicing physician in these three ways: It can teach about moral issues, emotional issues, and philosophical issues.

Literature has always been a means to provide instruction; most of the classics (e.g., Dante, Shakespeare, Austen, and Dostoyevsky) carry a moral message. Indeed, moral instruction is perhaps the primary function of art. We need to be told, time and time again, to be good, to care, and to feel. Literature feeds these human needs by engaging the imagination. For physicians, particularly in the beginning of their careers, two major moral issues are: What kind of doctor do I want to be? And, How do I want to relate to my patients? Stories can offer deterring and inviting role models for physicians. Robert Louis Stevenson's Dr. Jekyll, for instance, is clearly a poor excuse for a medical scientist. He practices auto experimentation without controls, becomes a drug addict, and commits suicide. His alter ego, Mr. Hyde, is a criminal. Dr. Jekyll does harm to himself and his community. On the other hand, Dr. Bernard Rieux, in Camus' novel *The Plague*, keeps chronicling the plague and resisting it with all his being despite the insurmountable odds against him. As a clinician, he is skilled, indefatigable, empathetic, and realistic. He does the best he can under difficult circumstances, lancing buboes, injecting plague serum, keeping records. When asked by the journalist, Rambert, why he continues to resist the overwhelming plague epidemic, Dr. Rieux replies: “. . . there's no question of heroism in all this. It's a matter of common decency . . . . That's an idea which may make some

people smile, but the only means of fighting a plague is—common decency.”

“What do you mean by “common decency”?” Rambert's tone was grave.

“I don't know what it means for other people. But in my case I know that it consists in doing my job.”<sup>18</sup>

Dr. Rieux is a recognizable moral individual; he stands out because he resists the evils of disease and death.

Closely related to the moral issues explored in art are emotional issues, especially empathy. Whether or not empathy can be taught, reading stories about characters who display or fail to display empathy can enlarge one's understanding of this essential quality for everybody, especially physicians. Two excellent stories offer examples of empathy for the practicing health care worker. Leo Tolstoy's “The Death of Ivan Ilych” concerns the experience of a man who knows he is dying. In his case, neither his family nor his physicians display compassion. At the beginning of this story, Ivan Ilych's wife tells of her husband's last agonies:

“He suffered terribly the last few days.”

“Did he?” said Peter Ivanovich.

“Oh, terribly! He screamed unceasingly, not for minutes but for hours. For the last three days he screamed incessantly. It was unendurable. I cannot understand how I bore it; you could hear him three rooms off. Oh, what I have suffered.”<sup>19</sup> No better than his unsympathetic wife, Ivan Ilych's doctors treat him as a case of illness; they regard the illness as interesting, but show no empathy for the patient: “The doctor said that so-and-so indicated that there was so-and-so inside the patient, but if the investigation of so-and-so did not confirm this, then he must assume that and that. If he assumed that and that, then . . . and so on. To Ivan Ilych only one question was important: was his case serious or not? But the doctor ignored that inappropriate question. From his point of view it was not the one under consideration; the real question was to decide between a floating kidney, chronic catarrh, or appendicitis.”<sup>20</sup> Only Ivan Ilych's peasant servant, Gerasim, pays attention to this patient's needs. As Ilych weakens, he becomes unable to move to the commode. Tolstoy writes, in simple words, of Gerasim's empathy: “Gerasim alone did not lie; everything showed that he alone understood the facts of the case and did not consider it necessary to disguise them, but simply felt sorry for his emaciated and feeble master. Once when Ivan Ilych was sending him away he even said straight out: ‘We shall all of us die, so why should I grudge a little trouble?’—expressing the fact that he did not think his work burdensome, because he was doing it for a dying man and hoped someone would do the same for him when his time came.”<sup>21</sup> Characteristically, Tolstoy puts words of wisdom in the mouth of an uneducated man, not a university-educated physician.

In Tillie Olsen's story, “Tell Me A Riddle,” empathy and the lack thereof are described more pow-

erfully than in any medical ethics textbook. The emotional impact of the story is great, because it is written in simple words, with attention to the details of ordinary life. The main character in Olsen's story, Eva, is dying of cancer. Her granddaughter, Jeannie, a visiting nurse, shows compassion toward the dying woman. Jeannie comes to Eva's house to care for her during her last days. She understands that Eva does not want to be moved. When Eva gets agitated, Jeannie distracts her by showing her a *pan del muerto* given to her by a Mexican family who had just lost their little girl. Jeannie's delight in the Mexican custom of celebrating the life of the dead person inspires empathy in Eva. Eva imagines the Mexican family keeping their dead little girl in the house:

"In the house?" Surprised. "They keep her in the house?"

"Yes," said Jeannie, "and it is against the health law. The father said it will be sad to bury her in this country; in Oaxaca they have a feast night with candles each year; everyone picnics on the graves of those they loved until dawn."

"Yes, Jeannie, the living must comfort themselves." And closed her eyes.

"You want to sleep, Granny?"

"Yes, tired from the pleasure of you."<sup>22</sup>

Webster's Dictionary defines empathy as derived from Greek *empathia*, fr. en in + pathos—suffering, passion, imaginative projection of one's own consciousness into another being. Made concrete in stories by Tolstoy and Olsen, empathy becomes a practical possibility for the clinician and the receptive reader. We can model the words and behaviors of characters in literature, as well as characters in life.

Finally, philosophical and linguistic issues relevant to the art of medicine can be illuminated through literature, art, and film. An epistemology can be constructed about a therapy (e.g., electroshock) as it is administered to depressed patients. In Sylvia Plath's *The Bell Jar*, Doctor Gordon administers such therapy to the main character, Esther Greenwood, his depressed, suicidal patient. To the psychiatrist, the truth of this therapy is what he has discovered it to be through his research and practice; he interprets electroshock as a useful therapy for depression. The patient, however, knows a different truth; to her, the electroshock is a punishment. From the patient's point of view, the therapy is vividly described: "Then something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant. I wondered what terrible thing it was that I had done."<sup>23</sup> A story such as *The Bell Jar* can show the subjectivity of truth involved in our human experience; Plath proves that one event can undergo several interpretations.

Because fiction presents different points of view regarding the action depicted in a story, such a story can show the ambiguity of truth in the doctor-patient

encounter. In Barbara Pym's novel, *Quartet in Autumn*, Marcia Ivory is dying of cancer. Her physician comes to visit her; Pym presents us with the patient's point of view: "Mr. Strong was still wearing that green tie—was it the same tie or did he just like the colour green? It had a small, close design on it. His rather bushy eyebrows were drawn together over his eyes in a frown. He always seemed to be frowning—had she done something wrong? Not eaten enough, perhaps? His eyes seemed to be boring into her—the piercing eyes of the surgeon, did people say that?"<sup>24</sup> In this instance, the patient and the doctor see different truths; the doctor scrutinizes his patient's body, but the patient wonders whether she has failed to live up to her doctor's expectations. They are at cross purposes.

Perhaps the greatest benefit that physicians and the general reader can derive from literature is pleasure. The second instructive benefit could be an enrichment of understanding about the inevitable subjectivity of human experience. Science textbooks and medical school courses do not generally consider subjectivity. They do not usually address the way ambiguity resonates in all human encounters. For this reason, the study of first-rate literature can be a valuable addition to medical training and practice. The lessons that practicing doctors can learn from literature concern morality, emotion, and philosophy.

Dr. Alpert and I have been married for 31 years, and have been trying to connect through literature at least since 1978. As graduate students of literature and medicine, we realized it was important to connect, but found it impossible to understand each other's professional jargon. My husband could no more enjoy *The Publications of The Modern Language Association* than I could relish *The New England Journal of Medicine*. Luckily, we both happened to love literature, having had excellent teachers and access to the best of world literature; so all that was needed to overcome the chasm of our incomprehension was a different way of looking at literature—through the eyes of medicine. It soon appeared that numerous literary works, particularly those of the first stature, held relevance to medical issues. Camus' *The Plague* was one of the first great works to come to mind. This Nobel Prize-winning novel features one of the few heroic physicians in all literature, Dr. Rieux, as well as one of the great diseases, bubonic plague, and people's reaction to such a calamity. It is a strongly moral work. As our ideas started racing along, we came up with a lengthy list of literary works featuring medical issues. I coined the phrase: "Medical issues are life issues," meaning that all of us experience suffering, illness, and death. My husband, ever the pragmatist, suggested we formulate a prospectus and syllabus for a course in literature and medicine to teach to undergraduates. This was in 1978, and nothing like this had yet been done, so far as I know.

Luckily, we came into contact with a faculty member in the Boston College Honors Program. He

offered us \$1,000 to teach the course for one semester, to Honors Program undergraduates. We could not resist such a fortunate offer. Since September 1978, we have taught literature and medicine, or, as my husband calls it, medicine and literature, at Boston College, the University of Massachusetts Medical School, the University of Arizona Humanities Program, and the College of Medicine of the University of Arizona. At this point, the course is interdisciplinary, featuring modern world fiction, art slides, and films. The syllabus for fall 1996 at the University of Arizona listed as "Books to Purchase": Albert Camus, *The Plague* (a classic French novel using the plague as a metaphor for the Nazi occupation of France, the prevalence of evil, or human mortality); Simone de Beauvoir, *A Very Easy Death* (a daughter's candid memoir of her mother's painful death in a Parisian hospital); Charlotte Perkins Gilman, *The Yellow Wallpaper* (an artist describes her postpartum depression and the damaging rest cure prescribed by her doctor-husband); Dea Trier Moerch, *Winter's Child* (childbirth in a ward for high-risk pregnant women in a Copenhagen hospital); Kushner, *Angels in America* (a recent play dramatizing AIDS, the modern American plague); John J. Michalczyk, ed., *Medicine, Ethics, and the Third Reich* (articles and documents on the Nazi medical experiments, the Nuremberg Code, and U.S. government-sponsored medical experiments); Tillie Olsen, *Tell Me A Riddle* (the experience of an immigrant woman dying of cancer, and how her dying affects her husband and children); Barbara Pym, *Quartet in Autumn* (loneliness, dementia and death among four eccentric seniors in postwar London); and Robert Louis Stevenson, *Dr. Jekyll and Mr. Hyde* (the classic story of the double; and a lesson in addiction and the propensity for evil in us all). In addition to these books, we showed two recent films: *Restoration* (featuring a seventeenth-century physician who survives the great plague and fire of London); and *The Madness of King George* (the story of King George III of England and his sufferings due to porphyria; also a horrifying dramatization of the

treatment of mental illness during the eighteenth century). Other visual additions to the course encompass a large number of art slides, including paintings by Rembrandt (*Dr. Tulp's Dissection*), Goya (*Corral de Locos*), and Kahlo (*My Birth*). Over these last many years, collaborating on this common interest has provided our students and us much pleasure as well as fruitful discussion.

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