

# THE TEACHING EXCHANGE

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## *Teaching Literature and Medicine: Bringing the Disciplines Together*

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As I reflect back on my work in the area of literature and medicine, I see many things at once, some of them predictable, some less so. My aim in undertaking this project was simple yet challenging: to consider some of the basic issues in medicine – pain, illness, depression, mourning, death-and-dying, doctor-patient relationships, images of the physician – in the light of the humanities as well as the sciences. In particular, I already sensed that the testimony of literature and art – with us since the Bible and Greek tragedy – would complement the scientific discourse, much as the subjective complements the objective, and that was my target: to address the experiential side of medicine. (One shorthand expression for this contrast would be the distinction between *disease* and *illness*, the first being your physiological disorder, the second being your human experience of this disorder.) Such an investigation was an extremely logical choice for me personally and professionally, given that my earlier books on literature had all – I now realized ever more clearly – dealt with the representation of human feeling via art. It was “natural” for me to extend my work in this direction. I also sensed that this kind of enterprise would, willy-nilly, illuminate the different approaches and assumptions of the humanities versus the sciences, and that ‘disciplinary’ outcome would fit in nicely with the philosophy of the Brown curriculum, and with the spirit of interdisciplinary studies in general.

In retrospect, I can now discern a learning curve that goes from pure experimentalism and uncertainty at the beginning, on to a more assured intellectual posture as the course went through various permutations over time. I was lucky to have a

colleague in medicine – Timothy Rivinus, a psychologist with a great love for literature – for a partner the first go-around for this course, and he did an enormous amount of crucial leg-work by locating the kinds of medical articles that would bear on our topic: i.e., articles devoted to the more existential and moral issues of this field, as opposed to straight scientific pieces. I had outlined a series of rubrics that seemed essential to me, but it would have taken me two lifetimes to come up with the germane secondary materials that he had at his fingertips. My debt to Tim is enormous. And, as in all new, interdisciplinary endeavors, the two of us enjoyed the tentativeness of our inquiry, the open-endedness of what we were trying to do; I suspect the course had a kind of bumpiness, intellectual curiosity and unpredictability that it has since lost, or traded off, against a firmer set of expectations and horizons.

Let me say, straight out, that my own work here was not, in any strict sense, interdisciplinary. I do not claim to have worked in the area of biological medicine; my goal was to read a good bit *about* medicine and the array of issues I have already mentioned, specifically in the light of their ramifications for literature and the arts, and still more generally in light of social and philosophical discourse. One of the inevitable criticisms of interdisciplinary work is that its practitioners cannot easily achieve professional competency in several distinct fields. I think this is true. We all know the metaphor of “cutting edge” research – it is a disturbingly surgical metaphor, I think – and its sibling, “at the front lines of the discipline”; cross-disciplinary inquiry muddies these concepts a good bit, I suspect, making me wonder if “front line” issues in one discourse might not be thought “back yard” issues in another. My own ambitions were different: to pose a set of questions *about* medicine and medical practice, and to see what one stood to gain by examining literature and art, with their insistent focus on the subjective side of the equation.

What I did not foresee was how richly and powerfully this course would influence my writing, as well as my teaching. In interrogating works of literature as to the insights they yielded in the areas I described, I found myself thinking about the largest possible issues in my own field: what do the humanities offer when it comes to these basic life-issues? How do they make their particular case? One outcome I could never have foreseen was the writing and publishing of my most recent book, *A Scream Goes Through the House: What Literature Teaches Us About Life*, which was first conceived as a scholarly study, but was then picked up by Random House, largely because of the reach of my topic. In short, I was asking some central questions about a major fact of modern life: the institution of medicine stands today ever more powerfully at the crossroads of life and death, especially in secular society where church and family may count for less than they did in an earlier

time. And I gradually realized that these questions needed asking and airing, that they had a genuine public and social dimension to them.

But the pedagogical side of this equation is no less important. Is the humanistic testimony about the existential issues of medicine something that needs to be better understood by doctors themselves? Is there a kind of “rival” authority in works of art – quite different from the empiricist model that governs much scientific inquiry -- that bears profoundly on these same human issues and problems? Do doctors need to be more schooled and sensitized about the subjective and experiential side of their own field? If so, might it be possible, at some point, to involve students in the Brown Medical Program in my course, perhaps even as TAs? Finally, given that this course was now part of the regular offerings in Comparative Literature, would this enterprise contribute meaningfully to the undergraduate education of future doctors?

This last matter bears particularly on the concerns of the Sheridan Center, it seems to me. I quickly realized that well over half the students who routinely took this course were, in fact, pre-medical students. I also learned that the kinds of issues I was raising were much on their minds, that they enjoyed the opportunity to look at some of the central items in medicine from a humanistic vantage point. And they did so, not out of some genteel curiosity, but with a passion to learn if the materials of my course genuinely complemented – and in some instances might be at war with – the perspectives and tacit assumptions of their work in the sciences. This is exciting, and it is one of the chief justifications for interdisciplinary inquiry. Moreover, given what I take to be some of the “blindness” that characterize American medical practice – its reliance on a scientific paradigm that makes little room for the experiential issues front-and-center in my course – I felt particularly happy to expose students to these matters at this early juncture in their education. (I know that medical school itself is an overwhelming experience for future doctors, and I also suspect that, like all graduate education, it “socializes” them in ways neither intended nor easily measured; I wanted my course to be a thorn in their sides that they might remember, now and then, in the years ahead.)

Let me close this account by speaking of what I did not expect to find. I think of myself as open-minded, but I now see that I went into this course assuming that students in the sciences – the majority of the students taking this course – would probably be lackluster or uninterested students of literature itself, that the course would have a crucial social dimension to it, but at the expense of its artistic and verbal components. I was stunned to learn how bogus this assumption was. These premeds and neuroscience majors turned out to be as good at the study of literature as any of the Comparative Literature majors that I was accustomed to teach. And that’s not all: they often surprised me by seeing

things in the texts themselves that I had not suspected. I found myself learning – not just about the scientific issues where I knew I’d need help – about the actual ramifications of my own materials and agenda. I know that the book I published on this topic last year grew, at least in part, out of the contributions and questions of Brown undergraduates. That sounds like a cliché, but I’d like to think it captures something of the actual promise of interdisciplinary work, when done at a place like Brown: it enables people to make at least a few tentative steps “out of the box,” to see their assumptions challenged or routed or rerouted, to discover something of the larger common ground and common human issues that may underlie all intellectual activity. After all, life – unlike the tidy boxes where the academy locates knowledge – is interdisciplinary.