

Literature and Medicine: Aspects of Connection**Zaynab Layth Abdul Jabbar (MA)****Department of English, College of Arts, University of Baghdad, Iraq.****E-mail: zainab.abd2103p@coart.uobaghdad.edu.iq****Prof. Wafaa Abdullatif Abdulaali (PhD)****Department of English, College of Arts, University of Mosul, Iraq.****E-mail: wafaa.abdulaali@uomosul.edu.iq**

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DOI: <https://doi.org/10.31973/xteapg78>This work is licensed under a [Creative Commons Attribution 4.0 International License](#).**Abstract:**

This article investigates the affinities of literature and medicine, projecting some of the most significant aspects where these disciplines intersect: therapy, empathy and epistemology. Literature has been used for therapy since the ancient times of Aristotle and his Theory of Catharsis. Nowadays, terms such as bibliotherapy and scriptotherapy have emerged as “reading” and “writing” are used for therapeutic purposes. Literature courses are also taught at medical colleges since the early 1980s in advanced countries, as research has proved the positive impact of such courses on healthcare workers. Pioneers of "narrative medicine" have found an analogy between medical diagnosis and the narrative elements of literature. Besides, some of the writings of patients and doctors can lead to a better understanding of disease. Physician-writers are some of the best examples where literature and medicine combine. Among the issues discussed in this exploratory article is the significance of such writings in the context of medical humanities. The research aims at drawing the attention of researchers to the field of medical humanities which has proved the importance of literature and its employment in scientific fields such as medicine. Literature is larger, benefits and significance, than to be merely the curricula at the academic departments of the humanities.

Key Words: Literature and medicine; medical humanities; physician-writers.

Introduction:

Literature and medicine may seem, at an initial glimpse, quite distinct disciplines that a connection can hardly be drawn between them. This is not the case in fact, for they are, as J. Trautmann (1982a) says, “centuries-old allies” (p, 23). Trautmann, who is the first professor of literature to join the faculty of medicine in 1972, adds that they are considered opposites in “our day,” assuming them to hold the dichotomies of unreal/real, tangential/decisive, and detached/involved. Things have changed, since Trautmann’s article “The Wonders of Literature in Medical Education.” Hundreds of books, journal articles and study researches have been written during the past forty years about aspects of the connection.

It is common knowledge that literature encompasses all aspects of life; birth and death, health and sickness, pain and recovery are some of the most dramatic. There are hardly any subject on medicine and health about which literature has nothing to say, “about most, it says volumes on everything from abortion to venereal disease, on handicaps, sexuality, medical ethics, medical institutions, mental retardation, pregnancy, suffering, suicide, and surgery” (Trautmann, 1982b, p. 14). The relationship between medicine *and* literature, however, is much deeper than matters of subject and theme. The “and” that intervenes the two disciplines is quite a broad word, or rather “neutral” (Trautmann, 1982b, p. 4), and does not specifically indicate the nature of the affinity. But this neutrality, however, as S. M. Hilger (2017) states, is “productive in both its strength and its flexibility as it accommodates changing priorities and concerns” (p. 4). Some of these most significant “concerns” can be summated in three aspects: therapy, empathy and epistemology.

2. Therapy

One of the important aspects that links medicine to literature is the therapeutic effect of the latter. Much has been said about the functions of literature in different eras. To teach and entertain are the well-known functions of literature, but it is also used for healing. As early as the beginning of civilizations, language and art were used to heal the sick whether physically or mentally. In the *Poetics*, Aristotle (384–322 BCE) discussed, among other issues, the effect of the work of art (Klages, 2011). According to Aristotle, when tragedy is acted on stage rather than narrated, it will accomplish cathartic effects by means of pity and terror (Rivkin and Ryan, 2017). The Roman physician Soranus (1st–2nd AD) “prescribed tragedy for manic patients and comedy for his depressed clients.” In the sixteenth century England, certain texts were fashioned to prevent or heal melancholy

(Moy, 2017). Milton, discussing tragedy, focuses on its homeopathic and cathartic effects where melancholy is used against melancholy (Bremen, 1993). In the eighteenth century, the French physician Philippe Pinel (1745-1826) and the British William Tuke (1732-1822) used reading therapy for institutionalized psychiatric patients, which was part of a moral treatment plan that involved physical, social and intellectual activities (Moy 2017). Similarly, the American physician and psychiatrist Benjamin Rush (1745-1813) wrote poetry for his patients (Singer and Hulse, 2010), and advised those suffering from melancholy to read novels. Libraries became essential parts of asylums in the first half of the nineteenth century America (Moy 2017).

Early in the twentieth century, and with the outbreak of the First World War, reading therapy was prescribed for traumatized soldiers and veterans. In 1916, the term bibliotherapy was coined by Samuel McChord Crothers (1857-1927) in his article “A Literary Clinic,” and the term was eventually included in *Illustrated Medical Dictionary* in 1941. The term is used to designate “the application of reading as a source of healing prescribed by doctors and psychiatrists” (Moy, 2017, pp. 18-19). Ever since, numerous studies and researches have been conducted on bibliotherapy which is now “employed in nearly every helping profession, with every age group and in multiple populations” (Moy, 2017, p. 19). The effects of reading therapy, how and when it is recommended to be practiced are continually being investigated. Results have shown that fiction, for instance, can help the readers to come into a better understanding of themselves and into better insights of their inner conflicts through a kind of identification with the fictional characters (Moy, 2017).

Although not as old as bibliotherapy, scriptotherapy, which seeks treatment through writing, is another way how literature is connected to medicine. It blossomed in the late nineteenth and early twentieth century as one form of expressive therapies (besides drawing and music among other activities) to relieve patients with traumatic experience (Moy, 2017). Some of the shell-shocked First World War poets, such as Wilfred Owen, were encouraged to write poetry to “soothe and rekindle the senses and wrest form out of the formless” (Das, 2007, p. 78). Sigmund Freud (1856-1939), the father of psychoanalysis, emphasized the importance of venting one’s repressed and traumatic infantile memories and fears in an attempt of recovery. Writing one’s thoughts on paper, be it in the form of poetry, fiction, memoir, diary or even correspondence, studies have proved, is a successful way of relief and conflict resolutions (Moy 2017). William

Blake (1757-1827) long ago expressed this idea in his “A Poison Tree,” where he says a repressed emotion can degenerate into poison as to its unfavorable effects “I told my wrath, my wrath did end,” whereas it “did grow” when “I told it not” (p. 94).

According to Freud’s theory of “sublimation,” which is “redirecting psychological energy towards a different object and a different aim” (Jacobs, 2003, p. 42), art and literature are ways through which these energies, feelings and desires are channeled out into aesthetic discharge. To him, the poet “achieves sublimation of desires through writing,” like the daydreamer does through dreams (Moy, 2017, p. 21). Creative writing, to Freud, originates in neurosis rather than being a therapy, but it does give insights into the writer’s personality (Mazza, 2017). However, N. Mazza (2017), building upon several studies in the field, states that “[t]he use of creative and expressive writing (e.g. poems, stories, diaries) is very helpful in both assessment and treatment (p.19). Such kind of writings, he adds, is a vehicle for discharging emotions and gaining “a sense of order and concreteness” (p. 20). F. Hamilton (2014) states that expressive and reflective writing (as distinct from writing as a finished product or artifact) can “alleviate the effects of trauma, ... provides opportunities for self-actualization,... [and] can contribute to holistic and self-supporting healthcare” (p. 147).

Bibliotherapy and scriptotherapy, however, are not used to treat sick people only, but they are also utilized to sustain the doctors’ health. T. Harlow (2020), who has worked for a long period as a general practitioner, and then as a consultant in palliative medicine, states that “we doctors are not a very healthy bunch” (p. 283). Medical students and doctors, due to the nature of their study, training and work, are at risk of burnout and depression. Rates, he adds, can be as high as 50 percent (p. 283). “Literature, poetry and spirituality”, he argues, “do have a place in the care of the carers” (p. 282), because they do provide “a wider understanding of the human condition,” and “spirituality” is highly needed in healthcare since medicine “concerns spiritual beings attending to other spiritual beings” (p. 286).

3. Empathy

The last century, especially the recent decades, have undeniably witnessed revolutionary technological advances in medical science, the fact that cultivated a biomedical notion of illness. Medical care places much emphasis on pharmacological and technical adequacy, which has been regarded “as the essence of the modern physician” (Crellin, 2005, p. v). However, observers have noted that medical knowledge alone is not enough, and does not meet the requirements of

a skilled doctor, especially in matters of communicating with the patients and having humanistic qualities. In the United States, early in the 1970s, many voices called for the incorporation of the humanities into science and medical training as a “counter-measure to the emergence of the technological advancement” (Emeney, 2018, p. 13). Similar calls were heard much earlier though, as J. Emeney observes, for in 1919, Sir William Osler (1849-1919), who is considered the father of modern medicine, an innovator in medical education and a keen literary humanist, advocated “a more balanced education for trainee doctors” in his speech titled “The Old Humanities and the New Science” (p. 47). The essence of this speech, delivered to the Classical Association in Britain, was a “plea to bridge the gap between the humanities and the sciences, for students of classics to learn about classical science and for scientists to combat their parlous overspecialization” (Bliss, 1999, p. 461). There, he stated that the humanities are like “hormones” that function in the society the way they do in the human body (Crellin, 2005, p. 5). Osler, among others, had worries that biomedicine was in danger of losing its vocational essence, and turning into mere business (Emeney, 2018).

Beliefs, then, began to be firmly established, that something “vital and fundamental was missing in health profession education and that the humanities could fill in those gaps and omissions” (T. Jones et al., 2014, p. 1). Medical students were noted to be less sensitive to what is human, for the “hegemony of science studies and anatomy helped to de-sensitize” them by treating the human body as an object (Bleakley, 2014, p. 19). Studies and researches throughout the 1970s directed the attention to the urgency of restoring sensitivity and humanness to medicine, and that “doctors must engage with wider social concerns as well as empathy for individuals” (Bleakley, 2014, p. 18). There were worries that patients were looked upon as mere sick organs, neglecting the impact of disease on other aspects such as the psychological and the cultural (Crellin, 2005).

What literature has to do with medical humanities is a question that is often posed in the context of medical education. J. k. Crellin (2005) believes that the field of *medical humanities* is “broad, almost catch-all” (p.1), encompassing among other disciplines literature, history, ethics, philosophy and arts. He continues that “each subject area offers particular perspectives into the human condition as it relates to health and disease” (p. 2). The question which is frequently raised is that what a piece of literature can do in respect to the above mentioned “human condition.” Empathy, which is a direly needed skill in medical care, does not originate in “logico-scientific study of

medicine,” but is an “affective” and “cognitive understanding of another’s feelings,” a skill that can be learned through “engagement with literature” (Schleifer and Vannatta, 2019, p. 4).

Students of literature are more ready to understand others’ feelings and plights, for literature by its very nature demands from the reader suspension of their own point of view and entering the reality and the world of another character (T. Jones, 2014, p. 31). It is one of the effects of literary works to cause its reader to “develop an empathetic identification with fictional characters” (Whitehead, 2014 p. 111). Apart from fictional pieces, the recent genre of pathography, which is based on actual experience, has also been utilized, and sometimes privileged over the fictional narrative in this regard. As a literary genre, pathography, is the “autobiographical accounts of illness, or memoirs by partners, children or caregivers of those suffering from illness” (Whitehead, 2014, p. 112), and it is valued mainly for its potential to enhance the “practitioner’s empathetic understanding” (Whitehead, 2014, p. 116). T. Jones (2014), after a brief account of the “why”, “what”, and “how” of the medical humanities (or “health humanities” as it is sometimes referred to), states that exposing health practitioners to health humanities helps them to heal patients by recognizing them as individuals with complex identities in their different societies and cultures. In addition, health humanities will also enhance their respect for patients and consider them as authorities on their own experiences of disease and disability. Above all these health professionals will be able to recognize that

the biomedical model is only one source of knowledge about illness and disability and only one source of authority – even while it remains the dominant source of power in the clinic. Bodies are not only biological but also socio-cultural, and caring for persons demands clinical knowledge and skills, narrative knowledge and cultural knowledge and skills. (p. 36)

This “narrative knowledge” mentioned by Jones (2014) above is another aspect in which literature is connected to medicine. The source of knowledge that medicine can acquire by means other than “the biomedical.”

4. Epistemology

Epistemology is a branch of philosophy which is known as the theory of knowledge and justification. In simple words, it is related to how knowledge is acquired. Epistemology involves any way leading to knowledge including different processes of reasoning both logical and scientific, introspection, perception, memory, testimony and

intuition (Audi, 2011). But what kind of knowledge does literature offer? And how is that related to medicine?

To think of literature as a merely humanizing agent or a “civilizing veneer” as R. Charon (2000) puts it, is to underestimate its value in the context of medical care and medical education. In order to understand the meaning of any piece of literature, which is almost always based on a narrative discourse, including poetry, the reader performs a series of complex mental operations: looking for clues, analysis, interpretation, and filling in the gaps. Medical Scholars like Rita Charon, K. M. Hunter, T. Greenhalgh and B. Hurwitz were among the pioneers who wrote on the analogy between medicine and literature as to their narrative structures (Whitehead, 2014). R. Charon (2000), who is a professor of clinical medicine in Columbia University, and who is frequently quoted in the field of narrative medicine, states that the connection between literature and medicine is “inherent.” She believes that both disciplines are similar in matters of “beliefs, methods, and goals” (p. 23). The doctor-patient encounter, which is the essence of medicine, she argues, is like the act of reading and writing in the sense that the patient’s history is taken by means of language. “The means the doctor uses to interpret accurately what the patient tells are not unlike the means the reader uses to understand the words of the writer” (p. 24). Similarly, and much earlier than R. Charon, K. M. Hunter in her book *Doctors’ Stories: The Narrative Structure of Medical Knowledge*, “aligned the epistemologies and methods of medicine and literature” (A. H. Jones, 1997, p. 38). Doctors are supposed to be attentive readers, where the patient, as well as his narrative and non-verbal gestures, is the “text.” To fully analyze the text they should look at its multilayers: context, subtext and intertexts. What the patient presents is not restricted to his symptoms, but actually goes far beyond it to his concerns (context). There are things, however, that the patient does not reveal (subtext), which the doctor may attempt to access. Besides, there is the issue of how might the conversations between the textual worlds of the patients and healthcare providers be understood (intertexts) (Bleakley, 2015, p. 166).

In her investigation of how medical humanities can lead to better doctors, A. Bleakley (2015) argues that what contributes to an expert and holistic clinical judgment is a “poetic imagination,” which is “an active repository that constitutes tacit knowledge” (p. 161). Sense-based observation and reflecting on that observation are two different but complementary epistemological activities: whereas the former searches for the fact, the latter finds meaning for it. The poetic

imagination can enhance and prepare the senses for deeper perceptions (Bleakley, 2015, pp.161-162).

The humanities, as S. Altschuler (2015) posits, can not only foster the physician's empathy or enhance the doctor-patient relationship, but also expand "medical epistemology" (p. 17), even in research and theory (p. 19). Altschuler (2015) brings the example of chronic pain, especially that which is caused by diseases such as rheumatoid arthritis. He argues that chronic pain "articulates a crisis of medical knowing and occasions new thinking about the more robust inclusion of the humanities in medical research" (p. 19). This is not solely a matter of symptoms and treatment, but to come to a full understanding of what pain is, one has to examine it from different perspectives: whether pain is a "subjective experience", an "objective phenomenon", a "constitutive feature of life" or "all the above", can be discussed in the light of such disciplines as literature, history and philosophy (p. 20). M. Marinker (1975) points out that the phenomena of unhealth is multi-faceted. If "disease" is a merely pathological process and a scientific fact, "illness" is an entirely personal feeling. Illness might exist even when no obvious disease is detected. "Sickness," on the other hand, is the external and public mode of unhealth (Marinker, 1975, pp. 82-83). Therefore, to come to a better understanding and knowledge of the nature of unhealth, it has to be approached from its different perspectives. Literature and the humanities are some of the valuable sources of such knowledge, but the writings of physician-writers are of special interest, for they combine the scientific knowledge and the poetic imagination.

5. Physician-Writers

Literature in its different genres is a field of knowledge where wisdom and science intersect, for both health care workers and men of letters "are among those who have lived and worked at the crossroads, sometimes using their own lives as immediate subject matter" (Nadelhaft & Bonebakker, 2008, p. 1). A piece of literature about illness, for instance, is not simply a story about a painful experience, but also a record, a testimony, and the wisdom behind such an experience. In short, it is what the writer has been able to bring back from the realm of illness (Nadelhaft & Bonebakker, 2008). J. M. Caldwell (2004) notes that in the first half of the nineteenth century, a number of leading doctors and writers "cultivated a form of double vision," one that negotiates "between two distinctly different ways of knowing, between, that is, personal experience and scientific knowledge of the natural world" (p. 1). She calls this combination "Romantic materialism" which brought together "physical evidence

and inner, imaginative understanding” (p.1). This amalgamation of the two disciplines is an example of how new perspectives are brought into being. M. F. McLellan (1997) in discussing the physicians’ writings, especially those who depend on case histories and scientific data collected through their practice, states that these works are at the same time interpretive and can be considered “a unique literary activity,” which is sometimes referred to as “romantic science” (p. 564).

The combination of medicine and literature, as S. I. Schwartz (2018) observes, “predated the written word” (p. 13), as it is evident in classical mythology in the figure of Apollo, the Olympian god of “poetry, music, archery, prophecy, and healing” (Daly, 2009, p. 14). N.Carlin (2022) states that the tradition of the physician-authors is “as old as civilization itself” (p. 3). He cites the examples of Hippocrates (460-370 BCE) Galen (129-210 CE), and Maimonides (1135-1204 CE) (p. 3).

The subject matter of any writer is very likely to stem from his/her own experience, and this is the case concerning physician-writers. McLellan (1997) presents three types of works according to their relationship with medicine and the authors’ experience as practitioners. The first type is one which is based on case histories, scientific data and observations such as Freud’s *Three Case Histories and Dora: An Analysis of a case of Hysteria*, Oliver Sacks’ (1933-2015) *Awakenings* and A. R. Luria’s (1902-1977) *The Man With a Shattered World*. These authors did not write scientific reports; rather, they “intently focused on the patient as a person, with the account of the illness embedded in a story” (McLellan, 1997, p. 564). Freud, as Carlin (2022) puts it, “created psychoanalysis not only to address clinical problems but also to analyze culture” (p.3). Sacks (1998), the famous British neurologist and best-selling author, believes that putting a case history into a story (as he often does in his books) is “[t]o restore the human subject at the centre- the suffering, afflicted fighting, human subject,” and that it is the only way to “have a ‘who’ as well as a ‘what’, a real person, a patient in relation to disease- in relation to the physical” (p. viii). The second type is a “hybrid” form that blends fact with fiction, “when they [physician-writers] write about cases for which they do not have sufficient scientific explanations, or when they have other messages to convey” (McLellan, 1997, p. 564) such as the works of S. Weir Mitchell (1829-1914) and Richard Selzer (1928-2016). Fiction allowed such authors to explore the unfathomed realms of medicine. The third type is pure fiction as the case in the writings of Tobias George Smollett (1721-

1771) and Anton Chekhov (1860-1904), although many of the latter's stories have medical themes, and he did in fact admit the impact of medicine on his works (McLellan, 1997, p. 565).

However, what is unique about the works of physician-authors is the nature of their experience. They not only use the specialized medical knowledge, but they are privileged to observe and participate in situations which ordinary writers never have access to. "Doctors may daily witness pain, suffering, joy and transcendence- matters at the heart of human experience" (McLellan, 1997, p. 565). Doctors' writings are, therefore, "data banks of experience" (Crellin, 2005, p. 7).

The common ground of literature and medicine, as E. D. Pellegrino (1982) suggests, is that both are originally "moral enterprises" (p. 19). They both, he continues "start by seeing life bare," but "with compassion", for without it, medicine will be "mere technology, curing without healing; literature without feeling is mere reporting, experience without meaning" (p. 19). Both the writer and the physician have a story to tell especially that of illness, which is so "inextricably woven into the tapestry of every human life" that "[n]o writer can avoid" altogether (Pellegrino, 1998, p. 20). But it is through literature that such an experience is most feelingly depicted, for "no medical lecture could evoke the experience of illness" as intensely as it is revealed in some literary pieces (Pellegrino, 1982, p. 21). McLellan (1997), like Pellegrino, believes that both physicians and writers are engaged in experiences "close enough for compassion," but also they are "distanced enough for critique" (p. 566), in a process that simultaneously involves "identification and detachment;" to make meaning of their experience, as it is embodied in the "diagnosis" in the case of the doctor, and in the "text," in the case of the writer (p. 566).

T. Miksanek (2022) believes that "[p]hysicians enjoy some built-in advantages as writers" (p. 21). The settings, characters, plots, and conflicts are elements that are all at the practitioner's disposal. They live in the dramatic milieu of the emergency rooms, intensive care units and operating rooms. Selzer (1986), the famous surgeon-writer, says that "a doctor/writer is especially blessed in that he walks about all day in the middle of a short story" (as cited in Miksanek, 2022, p. 21). This perhaps best explains what other physician-writers have said in this respect, for many think that medicine has enriched their writing experience. William Carlos Williams (1967), for one, has acknowledged that medicine is "the very thing that made it possible for me to write" and that "[medicine] was giving me terms, basic

terms with which I could spell out matters as profound as I cared to think of” (Ch.54). Similarly, Anton Chekhov, speaking of the influence of medicine on his work as a writer, admits that “medical activities...have significantly expanded my field of observation, enriched my knowledge, and only people who are doctors themselves will be able to appreciate the true value of all this” (as cited in Schwartz, 2018, p. 163). In addition to the peculiar experience physicians go through as part of their job, they also get plenty of writing practice such as note-taking, histories and consultations (Miksaneck, 2022).

The question that is often raised in such context is what makes a physician resort to writing, either as part time or fulltime. Schwartz (2018) investigates the lives and writings of some sixty-five doctors with literary legacy, from past and modern times, in an attempt to answer similar a question. He comes to a conclusion that each individual is “unique” (p. 13), and as he searches for “patterns,” he discovers that “[d]iversity dominates” (p. 13). Nevertheless, he notes that unlike the physician of the distant past who wrote out of intellectualism, the writings of modern physician-writers is “audience-driven” (p. 365)

An educated, knowledgeable and concerned readership is appreciative of the multiple ethical and sociological problems that have evolved as scientific and technological advances have been made in medical care. They have called for input, explanations, and solutions, as offered by the experts to whom they have entrusted their healthcare. (p. 365)

Writers like John Locke (1632-1704) and Thomas Browne (1605-1682), for instance, wrote nonfictions to address miscellaneous issues ranging from humanism and education to finance and botany. In recent times, doctors’ writings try to quench the thirst of the audience on matters of well-being and medicine such as the works of Oliver Sacks, who provided his audience with “true tales of unusual neurologic manifestations” and Erik Kandel who “intrigued the public with the new science of the mind and memory” (Schwartz, 2018, p. 366).

N. Carlin (2022) observes that during the past fifty years, there has been a sudden rise in the number of physician-writers, and that their writings have become more personal albeit containing clinical issues. He adds that this fact can be considered as a “reflection of physician dissatisfaction with their experience of modern medicine for many of the reasons that patients identify,” in their writings of pathologies (p. 3). What encouraged both doctors and patients to write

the stories of their lives is the fact that the process has become easier than ever (Carlin, 2022). Almost everyone has access to the internet, and posting a story of their lives in social media is a matter of click and press. There are many available free applications such as Facebook, Instagram and Twitter (X) which allow anyone from any part of the world to post their stories, so that people from all around the world can comment on and share to others.

Doctors may write for several reasons, but they often write for catharsis. No one denies the arduous nature of the physician's work and its physical and mental tolls on practitioners. W. C. Williams (1967) believes that medicine and writing are "two parts of a whole... one rests the man when the other fatigues him" (Ch. 54). Physicians, therefore, write for relief and release of the traumatic experiences faced during their practice. Doctors may write for other reasons as well. Doctors may also write to "explore" some confusing ethical issues related to medicine such as the fact that physicians learn by practicing on human beings (Carlin, 2022, p. 5). Or, they may write for "atonement" in "remorse after committing medical errors" (p. 5), among other reasons. In any way, writing is an outlet for the physicians to articulate their feelings and thoughts when medicine has none to offer (Graham, 1981, p. 230). But they also articulate their patients' fears and concerns. As Dannie Abse (2003) has it, "emotion articulated is something all doctors have listened to who are not deaf, and those doctor-writers who have contributed to the genuine pages of literature have, like William Harvey, dissected in order to bare the heart" (p. 13).

6. Physician-Poets

Poets by definition are writers, but compared to other genres of literature, there are comparatively fewer doctors who write poetry (Schwartz, 2018, p. 366). The majority write prose: memoirs, novels, essays, and short stories. This is perhaps due to poetry's more demanding craftsmanship; or, because of its smaller audience since the majority find other genres easier to absorb. (Ingraham, 2015)

The poet, in particular, has often been likened to a physician. This idea is expressed in R. W. Emerson's "The Poet," which R. Richardson (1995) believes to be "arguably the best piece ever written on literature as literary process" (as cited in Wayne, 2010, p. 218). The poet, according to Emerson (2014) is "the true and only [*doctor*]; he knows and tells; he is the only teller of news, for he was present and privy to the appearance which he describes" (p. 192) (emphasis added). He is the doctor and "the man of Beauty" (190) at the same time. Similarly, Kenneth Burke (1941), drawing on his theory of the

literary form as an “act,” suggests that the poet is a “medicine man” (p. 64), who “immunizes” his readers by an attenuated version of the disease, a process similar to that of homeopathy (p. 65). This is what he calls “stylistic medicine” through which a certain situation is encompassed or confronted by means of certain strategy (p. 64). But whilst Emerson’s poet is able to see the things and name them, turning “the world to glass” (p. 199) to enable others to see, Burke’s poet makes them see with a little twist. The poet, like the mythic Perseus, looks at things through a mirror, an indirect reflection, as a protection strategy. Therefore, his poetic expression may seem a departure from the issue, but in fact, they are only “attenuations” of it (Burke, 1941, p. 63).

If the physician is the healer of the body, the poet is the healer of the soul. A. H. Jones (1997) suggests that when these two aspects coalesce in one person, the potential for healing can enhance significantly. This combination of medicine and poetry, she continues, embodied in the figure of the physician-poet, is a rare phenomenon that is worthy of special attention. P. W. Graham (1981) argues that this combination (of medical experience and writing) endows the physicians with a double perspective that enables them to “see medicine from inside out” (p. 229). In the context of the rarity of physician-poets, the words of M. Moore (1945) are often quoted. Himself a psychiatrist and sonneteer, whose name is basically associated with the Fugitives, he writes in his “Afterthought, Or Memorandum on Medical Poets” that “the percentage of doctors who are poets is 0.00001” (p. 197). Yet, Moore’s estimation may not be very accurate. Pellegrino (1998) states that physicians, “as much as any other group, have been touched by all the Muses... [and] [s]ome have been highly talented amateurs in the liberal and fine arts” (p. xiii).

M. L. McDonough (1945), in her 1945 anthology, selects poems written by some one hundred twenty physicians, covering a period of time that starts from the sixteenth century onwards. This anthology included some very well-known poets such as Oliver Goldsmith, George Crabbe, John Keats, Oliver Wendell Holmes, Robert Bridges, John McCrae and William Carlos Williams. Other names are less known, and some are perhaps forgotten. Those poets, especially those from the distant past, did not always write medical poems, but some of what they wrote did tackle medical themes. Some of them were prolific writers, who also wrote novels and plays; and, medical themes are evident in their fiction more than they are in their verse, such as the case with Williams. Not all of what these physician-

poets wrote is of the first rate or “classical,” but, as McDonough (1945) states, their contribution to literature is significant (p. vii).

“Medical poetry” is a wide spectrum term. Any poem that is about illness, healing or medical experience can be classified into medical poetry. John Milton’s “On His Blindness”, Emily Dickinson’s “After Great Pain a Formal Feeling Comes”, Sylvia Plath’s “Tulips” and William Carlos Williams’ “Complaint” can all be typical. M. Salcman (2015) observes that “the number and power of literary works devoted to medical themes had grown in parallel with the development of modern medicine, the imaginative works and their subjects sharing a similar historical arc” (p. xvii). In the past thirty years, however, there has been an increase in the number of physicians who write and publish medical poetry based on their experience as practitioners (Emeney, 2018, p. 11). Whether it is written from the perspective of a patient, an observer or a caregiver, medical poetry has thrived lately into a literary sub-genre to which many international programs, symposia and prizes are dedicated. Along with other fields of medical humanities, medical poetry as well as other literary genres, have become a fertile interdisciplinary field for research especially in the context of promoting the performance of doctors, medical pedagogy, doctor-patient relationship and therapy.

7. Conclusion

Literature has recently transcended the confinements of literary and humanities classrooms, to be utilized in some of the most scientific fields such as medicine. In the advanced countries, and with the rise of the biomedical model of therapeutics, many voices began to realize the crucial need for humanizing medicine. Including literary courses in medical education since the 1980s has proved to be an efficient way for that end. Literature not only helps to cultivate better empathic skills in healthcare workers, but can itself be a therapy. Besides, literary pieces tackling medical themes, whether written by patients or physicians, are considered significant as to their epistemological value in the domains of theory and research. Literature and medicine is one of the interdisciplinary fields that have blurred the demarcations between disciplines; and, literature is now, as ever, at the service of humanity, although in new and more innovative ways.

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الادب والطب: مواطن الالتقاء

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خلاصة البحث:

يستعرض البحث العلاقة بين الادب والطب ويسلط الضوء على اهم الجوانب التي يتقاطع فيها هذان المجالان ومنها العلاج، التعاطف ونظرية المعرفة. ولقد استخدم الادب وسيلة علاجية منذ القدم حيث نظرية ارسطو المتعلقة بالتطهير (التخلص من العواطف). واستخدمت مؤخرًا مصطلحات ك(بليوثيرابي) و(سيكربوتيرابي) عندما استخدم كل من القراءة والكتابة لأغراض علاجية. وقد أقرت بعض المناهج الادبية في الكليات الطبية منذ بداية ثمانينيات القرن الماضي في معظم الدول المتقدمة، عندما اثبتت البحوث أثرها الايجابي على العاملين في المجال الصحي. لقد وجد الرواد في "الطب السردي" ان هناك تشابها بين التشخيص الطبي وعناصر السرد الادبي. كما ان كتابات المرضى والاطباء تساعد في فهم أفضل للمرض. ويعد الاطباء الكتاب من اهم الفضاءات التي يمتزج فيها الادب مع الطب ومن القضايا التي يتناولها البحث اهمية تلك الاعمال في مجال الانسانيات الطبية. ويرمي البحث الى تشجيع الباحثين في مجال الانسانيات الطبية الذي اثبت اهمية الادب وتوظيفه في مجالات علمية كالطب، وان الادب أوسع وأشمل في فوائده وأهميته من أن ينحصر في عده منهاجا يدرس في الاقسام الانسانية.

كلمات مفتاحية: الادب والطب، الانسانيات الطبية، الاطباء الكتاب.