

Unalterable Testimony: Aesthetic Experience in Poetry and Medical Practice

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Abstract

The interplay of art and medicine is centuries long. In contemporary medical education, “arts and humanities” relevant to medical practice are often instrumentalized and justified in curriculum to “improve” training, increasing empathy, for example. The aesthetic pleasure of engaging with art is less considered. In this essay, as a family physician, I reflect on my aesthetic experience of poetry as a gateway to consider the possibility of aesthetic experience in clinical practice. As I tarry with language in a poem, new horizons of understanding are extended. In a similar way, in clinical practice, when I allow my senses to experience a patient aesthetically, be it by seeing, smelling, touching, I can enter a new appreciation of their personhood. Using a combination of poetry and visual art, I draw on an example of an older man, unstably housed, to elucidate how experiencing arts and humanities in medical practice can answer what Gadamer called the first task of medicine, that is to restore a person to their original state.

Keywords

Poetry, Arts and Humanities, aesthetic, medical education, senses

Paul Celan, in his collected volume, *Breathturn into Timestead*, wrote,

ERODED by
the beamwind of your speech
the gaudy chatter of the pseudo-
experienced – the hundred-

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tongued perjury-
poem, the noem.

Hollow-
whirled,
free
the path through the men-
shaped snow,
the penitent's snow, to
the hospitable
glacier-parlors and-tables.

Deep
in the timecrevasse,
in the
honeycomb-ice,
waits a breathcrystal,
your unalterable
testimony
(Celan, 2014, translated by Pierre Joris)

William Osler, sometimes described as the “Father of Modern Medicine,” in his 1919 address to the Classical Association of Oxford, entitled “The Old Humanities and the New Science” (Osler, 1919), asserted the importance of the humanities, by suggesting “the men of your guild secrete materials which do for society at large what the thyroid gland does for the individual. The Humanities are the hormones.” He continued, advocating science and the humanities as “twin berries on one stem,” noting “grievous damage has been done to both in regarding the Humanities and Science in any other light than complementary.” The ethicist, Edmund Pellegrino refers to medicine as “the most humane of sciences, the most empiric of arts, and the most scientific of humanities” (Pellegrino, 2008). Questions on Art and Science, Science and Art, are not new – but percolate through discourses of medical humanities. Too often, the “and” is viewed, not as synergistic but is rather framed in issues of justification, legitimization, or applied- “how to.” Physicians and educators get caught up in the taken for granted business of the natural world, neglecting the question “what is...” The question of “what is” is further diluted but a lack of specific attention to the “is.” Art or “The Arts” are used synonymously...noun or verb, it seems not to matter. Literature, visual art, poetry, drama, dance are amalgamated and homogenized, with the focus often on “how” – techne, or praxis.

I reflect on the question “what is it to experience Art?,” in response to Celan’s poem, to consider Art and Science as ways to express and discover an individual’s “unalterable testimony.” Is it possible to perceive aesthetic experience in the practice of medicine? What could that look or feel like; how to articulate such an experience? To explore this question, I reflect on my experience of poetry and parallels in my clinical practice. I propose that, in an aesthetic experience of poetry, one experiences Truth and that similarities can be made between the aesthetic experience of poetry and the aesthetic experience of Medicine, as revelations of truth.

Aesthetic and Scientific Experiences of Poetry

Poetry brings neologism, elision, portmanteau, metaphor, and the challenge of trying to understand. Sense-making in poetry, could, one might posit, mirror the sense-making of diagnosis. Both could be considered cognitive exercises. In poetry, an awareness of traditions of literature and language stimulates a multiplicity of imaginable interpretations of a poem. In medicine, a grounding in anatomy, physiology, pathology and so forth, applied to the individual's symptoms, invites diagnostic possibilities. I can even study poetry scientifically - functional magnetic resonance imaging (fMRI) studies for example, show that people are "hardwired" to respond to the acoustics of a poem (Zeman et al., 2013). This sadly, to my mind, is often how humanities are embraced in medicine, instrumentalized and stripped back, to borrow a line from a poem by Billy Collins "all they want to do is tie the poem to a chair with rope and torture a confession out of it" (Collins, 1988, p. 58). For Gadamer, this narrow focus of scientific method as "explanation" that so beguiles medicine today, is insufficient to address the task of medicine. According to Gadamer,

the task which confronts the doctor is not one of making something [diagnosis for example] but rather one of providing help, of enabling patients.....in..[the] process of restoration. (Gadamer, 2018, p. 89)

Sense-making as analytical method, seems to fall short. Rather than heal, it has created a "massive alienation" (gewaltige Verfremdung) between the patient and their embodied experience, where their ailment is viewed as an object of measurement independent of how they interpret and give it meaning (Aho, 2017). Medicine, practiced in this manner, fails to attend to personhood, an individual's unalterable testimony.

But when we experience a poem, or art more broadly, there is something *more* – a latency of meaning, that spans time. In Celan's poem, I am caught up in words I do not fully understand. To borrow from TS Elliot (Eliot, 1929) 'Genuine poetry can communicate before it is understood' (p. 8). Perhaps offering a more fulsome explanation of fMRI data – Elliot anticipated:

What I call 'auditory imagination' is the feeling for syllable and rhythm, penetrating far below the conscious levels of thought and feeling, invigorating every word; sinking to the most primitive and forgotten, returning to the origin and bringing something back, seeking the beginning and the end. It works through meanings, certainly, or not without meanings in the ordinary sense, and fuses the old and obliterated and the trite, the current, and the new and surprising, the most ancient and the most civilized mentality. (Eliot, 1933, pp. 118-119)

Returning to the words of Celan – his recondite vocabulary demands. I realize I am tied up in the "gaudy chatter of the pseudo-experienced," eroded I am "Hollow-whirled," and trudge through my daily grind, in the "penitent's snow." I am simultaneously invited and trapped in honey-comb ice. I am tantalized by the idea of a 'breathcrystal' –living in Alberta, I respond to the embodied experience this term evokes and creates. The experience of the poem transcends my facticity, opening and fashioning possibilities. Poetic language concentrates thought and feeling in a moment of consciousness, embodied, uniting past and present, projecting into the future. Poetry

speaks to existential universals – desire, love, pain, loss, suffering, mortality (Kiramayer, Forthcoming 2023).

Aesthetic Experience of Medicine

As a family physician, when I experience a patient, there is, like a poem, something *more*. Celan reminds me– “I cannot see any basic difference between a handshake and a poem’ provided the writer has truthful hands that write true poems” (Celan, 1986). What is the aesthetic experience of truth in medical praxis? I invite you to take a “breathturn,” create a micro timecrevasse “to enter my glacier-parlour.” I work as a family physician in a downtown clinic, caring, amongst others, for older people with experiences of homelessness and addiction. Understanding the experience of aging while homeless is the focus of my clinical research. The largest growing population for homelessness is people over 50 years; the graying of the shelters (Grenier, 2022). People age prematurely on the streets – shelters are not set up to care for people with stiff joints, diabetes, cognitive impairment. As a researcher, I use arts-based methods (loosely stated!) to work with older people, to make accessible / bring-forth embodied, emotional and non-verbal experiences, “evidencing” that providing housing for older people with experiences of addiction makes economic, and humane, sense.

When I look and experience the faces of these people, I see *more* than a wrinkled old person, who is often predominantly perceived as somewhat smelly, dishevelled and angry. See for yourself, the face of Sam (pseudonym). (Figure 1)



Figure 1: Sam (pseudonym), photograph by Tim Dornan (used with permission)

As I gaze into Sam's face, I am confronted by an Other. I encounter a shared existence with another human being: a child, a man, a lover, a loner. I experience beyond, into; my capacity to appreciate another extends a horizon of understanding. My aesthetic experience, as a physician, is one of existential truth. Sam is the man you may avoid in the train station, but he is as arresting as a painting. A parallel example of possibilities to see are provided by the Irish artist Louis le Brocquy, in his study of poet and playwright Samuel Beckett (Figure 2). To borrow here, from the words of this Irish artist (*le Brocquy*, quoted in *Louis le Brocquy Portrait Heads*, p. 102.), my aesthetic sensibility seeks:

...I'm simply trying to discover, to uncover, aspects of the Beckettiness of Beckett [unknown man].....no one, still, definitive image can possibly reflect a person of our time. What one gropes for I imagine, is rather an identity in motion, traversing the diverse elements composing it - elements reaching back into ancestral time and perhaps even forward...



Figure 2: Image of Samuel Beckett, 1979 (oil on canvas, 80 x 80 cm, A.R.442) © The Estate of Louis le Brocquy

When I see Sam, a poem springs unbidden but unbridled into my mind – lines from *Bathing the New Born*, by Sharon Olds (Olds, 2012, ellipses indicating omitted lines).

I love with an almost fearful love
 to remember the first baths I gave him...
 I laid the little torso along
 my left forearm, nape of the neck
 in the crook of my elbow, hips nearly as
 small as a least tern's tail
 against my wrist....
 I'd soap him,
 the violet, cold feet, the scrotum
 wrinkled as a waved whelk, the chest,
 hands, clavicles, throat, gummy
 furze of the scalp. When I got him too soapy he'd
 slide in my grip like an armful of buttered
 noodles, but I'd hold him not too tight,
 I felt that I was good for him...
 He'd look up at me,
 one week old, his eyes still wide
 and apprehensive. I love that time
 when you croon and croon to them, you can see
 the calm slowly entering them...
 you feel the fear
 leaving their bodies

The intimacy of Olds' work reminds me that birth sets us in relation to things. The psychiatrist, Kirmayer, reminds us ... the task of medicine is to arrive at the truth of the patients own experience, which transcends the sphere of control of the scientific method. Poetry provides a kind of transcendence possible in an instant of perception of the connectedness of things... living in relation to... (Kirmayer 2024, in press). In my breathcrystal experience of Sam in this poem, I hope to restore, "give back" Sam his humanity, to repair and re-establish his beauty in all his vulnerability. Which among us does not wish to experience a sense of being held, to experience calm, and feel fear leaving their body when faced with serious illness? A return to the beginning. The art of medicine – interpreting- listening, seeing, and experiencing moves beyond technological enframing to poesis. The poem is like a living, breathing thing. Like a person. An enigma. A mystery. But not a puzzle to be solved. So the mystery of Sam remains, with my next breathturn, I am caught again in the pseudo-experience of my busy working day. Art, while revealing a testimonial truth, remains elusive - we cannot "know" but applying an aesthetic interpretation evokes new perspectives and experiential affordances; it creates new worlds of meaning. Truth here is about our entwinement with each other as human beings, sharing the world as given. Stripping back dirt, seeing beyond whiffy clothes, the cranky, angry, hungry, tired face and seeing life. It can be self-transformative in a way that mirrors my experience of a poem. In many cases, I am unable to change anything in the lives of my patients. But I can bear witness to their unalterable testimony. To experience art, poetry, truth in this way affords a means to expand our imaginations - to push back structures of oppression that bind and blind us to our shared possibilities (Kirmayer, Forthcoming 2024). Our ethical call is to respond.

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