

Imaginary restrictions

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Abstract

The role of literature and imagination in medicine and medical ethics is currently under discussion. This paper argues that the role of literature is not to furnish generalisable examples for guidance. Rather, engagement with literature parallels moral engagement with other people. The work of the imagination, in this context, is not to hypothesise, but to grant life to the characters and world of literature. In doing this, one may develop one's moral life.

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Introduction

The current interest in the role of literature and the imagination in medical ethics has recently found voice in the *Journal of Medical Ethics*.¹ In an editorial, Raanan Gillon argues that literature may improve the practice of doctors.² Its role is to help health carers imaginatively to understand what it is like to be the patient or client, and to take account of others' beliefs and values.

In this short response to Gillon, I shall argue that he restricts the role of the imagination in medical ethics by putting forward an instrumental account of the role of literature in ethical reflection. I briefly consider an alternative account, taken from Iris Murdoch,^{3 4} to demonstrate how Gillon has restricted discussion.

King Lear and the 'nutty old crumble' in bed three: Gillon's account

An example Gillon gives of what he has in mind with respect to understanding and imagination involves *King Lear*:

“... our understanding of a particular old man enraging and enraged by two daughters (and their husbands), coming at last and too late to understand and appreciate a third, perhaps equally stubborn, daughter, enlightens our understanding of so many more old men and their children. How much more difficult such understanding makes it to write off a cantankerous old man as the 'nutty old crumble' in bed three.”⁵

The understanding of such patients as the one in bed three is at the heart of both medical science

and philosophical medical ethics. Both are applied to individuals. It is in this central activity of understanding “the old man in bed three” that literature may have its place.

Gillon wants to set this view of the role of literature and the imagination against another view which he rejects. In the case of philosophical medical ethics this view can be set out as follows:

“Ethics as a component of philosophy requires development of rigorous powers of reasoning, of argument and counterargument; individual cases as manifested either in real life or in literature may provide the grist for the mill of philosophical reasoning, but their importance for medical ethics is as stimuli for reasoning and argument, as testbeds for moral hypotheses”.⁵

This “grist for the mill” view of individual cases entirely subordinates them in the field of philosophical medical ethics. Gillon claims to resist this complete subordination.

However, he does not wish to make philosophical medical ethics subordinate to the imaginative understanding of individual cases. Neither the understanding of individual cases nor the rigours of philosophical medical ethics are alone sufficient to ensure “good medical practice”. This can be seen when we turn our attention to the results of a reliance only upon our imaginative construal of a case. For example, a doctor may imagine that a patient's tears on being told a dire prognosis show that the patient would have preferred not to know and that he/she should presume the same thing of the next patient. But, he may be wrong on both counts, and do harm as a consequence next time. Imaginative literature, as the case of *Lolita* is supposed to demonstrate, may do harm too. Nabokov seems incapable of imagining the likely effects upon a child of sexual relations at such a young age. Any paediatrician who acts upon *Lolita* will be a worse practitioner for it.

These points all seem very reasonable. Yet there are, I think, some things fundamentally and worryingly limited about the approach taken. First, this is a restricted account of how literature may come to bear upon our moral decisions and responses. Second, it suggests a similarly restricted idea of imagination.

Literature and cases

Let me start to try to show what the limitations are by reporting how Gillon parallels the role of individual case studies in medical science with the role of individual case studies in philosophical (medical) ethics:

"... just as individual stories and individual remedies are insufficient for good scientific medicine - they need to be analysed, generalised, hypothesised about and used as the stimuli and bases for research leading to generalisable conclusions in medical science, so too are they insufficient for medical ethics. Instead the particularities of individual stories in their particular contexts need to be brought into 'reflective equilibrium' with moral theory; they too need to be analysed, generalised, hypothesised about, and used as the stimuli and bases for research and reflection leading to generalisable conclusions in philosophical medical ethics."⁶

To put this graphically, Gillon is claiming that, just as one would want to enter a proposed clinical intervention into a proper medical scientific test, so too one would want to enter a proposed moral intervention or proposed understanding of an individual case into a proper philosophical medical ethical test.

Now, naturally, there will be limits to this parallelism. Nevertheless, Gillon clearly thinks there is something we can say, for example, about the imaginative response to or interpretation of, an individual's case. We can draw attention to the harm that might be done. Now, avoiding doing harm is a general consideration, that is to say, it is one which may be taken up in a number of cases, in which the harms are, in particular, quite distinct from one another, except in so far as they are harms.

These general considerations help to guide us in our use of our imaginative capacity, or our use of writers' capacities. Nabokov, Gillon tells us, is "powerfully and persuasively misguided and misleading" and *Lolita* which "guides medical practice in the case of Humbert Humbert, misguides in the case of *Lolita* herself"⁶. Presumably Shakespeare's *Lear* guides us (rather than misguides us) when it comes to the man in bed three.

Let us take squarely for a moment the idea that literature can be used as a guide. It is perhaps particularly apposite that we should take this idea seriously in a context where it might well be studied by medical students as a part of their training.⁷ What guidance does *Lear* offer us? Perhaps we are supposed to see that, with old people, we have to be especially careful what we say - Cordelia was

not careful, and look what that led to. Guidance here too for the doctor or nurse: old people are not always wise on account of their age.

My example may seem a trifle satirical. Gillon wants to do better, and reminds us that *Lear* is not about geriatrics (perhaps meaning that it is not a play about that class of patient). However, is this account of what transfers from *Lear* to the ward any more convincing than the one I have just given? He speaks of the mutual enagement of *Lear* and his two elder daughters and their husbands, and the old man's lack of appreciation (until it is too late) of his third equally "stubborn" daughter. It is this, he conceives, that can be "generalised" from *Lear* to the ward or home bedside.

The immediate problem for Gillon is to convince us that *Lear* is indeed about these things. Perhaps Gillon thinks the play is a particularisation of what can happen in the relationships between the old and their children, or an illustration of what can happen when people are too stubborn. These accounts of the play seem to me reductive and shallow. I want to say that *Lear* is not an illustration of any general rule or truth. There is nothing generalisable in the play, except, and in so far as, we reduce the play to the general.

Here, it seems as if someone may have an argument against me. I seem to have left myself unable to account for any impact the play might have on people's lives. If I argue that it has the impact of literature, or of art, then I seem in danger of separating literature from the rest of our lives, and perhaps of making literature, and art generally, an escape from the realities of human life.

I do not, however, think of good art as escapist. Undoubtedly reading a novel or visiting an art gallery may take one's mind off some problem for a time, "get one out of oneself", or take one to a world of imagination" (to use common enough phrases). Escapist literature there undoubtedly is - perhaps the romantic novel and the pure adventure story are escapist. However, it would seem to belittle the achievements of Shakespeare, Tolstoy and Sophocles to declare that this was the kind of thing they aimed to write, or actually did write.

Gillon is right to presume that there is more in their writing than that. Literature can have an impact on how we live our lives, in the sense that it can affect what we think and do. This effect is not to be explained merely in negative terms (i.e., what we did not think about or act upon while we wiled away our time reading or listening to music). However, his explanation, reducing literature to "cases" does not seem enough either.

A much more persuasive account of the impact of literature on our moral living comes from Iris Murdoch. She speaks of literature as taking one

out of oneself, but does not mean that in an escapist sense. Rather, what she has in mind is the way one engages with art. Whether one thinks of that engagement as being with the characters (with *Lear* or *Cordelia*, for example) or the art work as a whole (with *King Lear*) one forgets one's own selfish concerns, and comes into genuine contact with something other than oneself.³

This account is quite different from Gillon's. This is first because it concentrates not upon what can be learned from or generalised from literature, but upon the nature of our engagement with literature. It is different, second, because its account of this engagement is not then put forward as something we generalise or abstract from literature.

I think the first of these two points does not really require further exposition. Gillon fails to see that how we engage with *Lear* or *Lear* is an issue. He presumes that all we can get from the play must lie in its "content", in what it is "about". Murdoch, correctly in my view, notices that what is equally at issue here is how we relate to art. There is, she argues, a parallel between our engagement with the otherness of the characters or the artifacts of art and our engagement with the otherness of other people with whom we enter into relationships of various sorts.

Further, to take up the second point, this sort of "getting out of oneself" is not something we learn to do through literature. Rather, it is something we do when we engage with literature. I can perhaps put this point rather over simply by pointing out that a doctor who writes off the cantankerous old man as the "nutty old crumble" in bed three" is probably as capable of writing *Lear* off in similar terms. Yet, reading a fictitious play or a novel may alter an adult's life, just as some factual event may.

But how? It might still be argued that generalisation is the method by which one effects life changes. One somehow abstracts the insights which one was suddenly given as one read the novel, watched the play, witnessed or even took part in the real live event, and applies them back to one's life, beliefs, attitudes, and so on.

However, I do not think one has to think of things in these terms, and indeed I have difficulty in seeing how one can in some cases. In reading, one may find that one suddenly sees more deeply into a story. One may see how, for example, *Cordelia's* simple truth, in the *Lear* world, must be the precursor of the tragedy which overtakes her and all her family. However, this is an insight into the world of *Lear*. So many alterations and caveats would have to be entered to turn that world into one's own, that it is difficult to see how one could, straightforwardly, generalise about simple truth-telling from *Lear* to one's own life. In any case, one

could, on another occasion, see *Cordelia's* words relating to the succeeding events of the play in quite a different way. *Lear* is not the repository of a single fixed insight.

Gillon pays attention only to the content of literature, and this restricts his appreciation of how it might affect our lives. In specific cases, it looks as though it may be extremely difficult to abstract and generalise from one's fully engaged response to a novel or play, to one's doings in life. To claim, as I do, following Murdoch, that there may be a parallel here is not to claim that one can generalise from one to the other.

Imagination

Why has Gillon come up with his rather restricted notion of the role of literature? Part of the answer to this question may lie in his idea of the imagination. Let me back-track a little to Murdoch's account of our engagement with the characters of a novel. To engage with the characters of a novel or of a play, or with the speaker of a poem, requires the use of our imagination. In what way?

When we engage imaginatively with the novel we may say it "comes to life" for us. For example, when we hear the name of a character, we grant that character life imaginatively, if we engage with the novel. The life we grant the character is not ours to control, but it cannot be "wrong". It is not a speculative, hypothesising imagination we are talking about here. It is the establishment of the independent imaginative reality of that character.

To engage with other real individuals may, in certain cases, require us to use our imagination in this way too. However, the parallelism between engagement in art and life is not complete, since we do not have to use our imaginative capacities most of the time to engage with other people: their independent reality is enough.

However, what I mean by "imagination" here is not necessarily what Gillon has in mind. To see what Gillon sometimes means by imagination we can recall his example of the doctor who imagines that the tears of his patient on being told bad news mean that she would have preferred not to know, and who further imagines that this (imaginary) truth about this patient should be generalised to future patients. The use of "imagine" here is like its use in "you imagined it - it wasn't like that at all". Here, the "imaginary" is set against the real or the true state of affairs.

We can perhaps see why Gillon is unable to perceive (or too easily sidelines) my use of "imagination" when we recall his analogy between how we should treat medical cases and how we should treat moral cases. In both medical and moral cases, Gillon tells us, we need to analyse,

generalise, hypothesise, and use as stimuli for research and reflection, in order to reach generalisable conclusions. The whole idea here is to produce hypothetical, general moral propositions, to which one applies philosophical medical ethical research and reflection. The role of the imagination, according to Gillon, lies in the construal of the particular case. Here, of course, we have to be careful we have imagined things right.

The kind of imagination I have in mind has no role here. That is not surprising. Gillon can find a role for imagination only if it can be accommodated instrumentally in his account of philosophical medical ethics. It cannot be, and this, I conceive is why he fails apparently to grasp or to explore the existence of this kind of imagination.

Also because of this, I fail to see how Gillon's is much more than a "grist for the mill" account of the role of cases. He speaks of "reflective equilibrium", and suggests how philosophical medical ethics may reflect upon particular cases. However, he does not show how we might reflect upon philosophical medical ethics, or upon medical science, on the basis of our understanding of individual cases. Indeed, on his account, it is difficult to see what such reflection could come to. What we imagine particular cases to show is to be judged by some other means as to their "truth". They are the means provided, in part, by philosophical medical ethics itself. If that is the case, however, how is the understanding of individual cases to provide any independent platform from which to reflect upon philosophical medical ethics? It cannot both be the raw material upon which reflection may operate, and be somehow able to judge on the process of "refinement".

What is at issue here is the role of something called "philosophical medical ethics". I think it would be true to say that Gillon and I disagree about that. He believes that the rigours of philosophical medical ethics, working on cases, will enable us to generate morally useful generalities. These, once generated, can be applied back to cases. For him, I take it, this account is intended to be merely descriptive - that is, intended simply to tell us how things go on. For me, however, any such account must be evaluative - that is, it must contain some view about how things should go on. This, however, is a large issue between us, and this is not the place to dwell longer upon it.

Let me suggest, instead, that one role of literature may be to deepen our understanding of morality and perhaps "life" more generally, rather than to provide examples which may be generalised. I have in mind two connected possibilities. One is that in reading a novel, or watching a play, one may find oneself becoming engaged with the

particular story and the particular characters, at emotional depths which are a discovery about oneself, or, perhaps, are created in one by the power of the art work. Another possibility is that one gains insights into the characters, into what drives them for example, or into their values and how they operate in their lives.

Now, as I indicated, these may be discoveries about oneself, and indeed, creations in oneself, in particular circumstances. For instance, we may discover such things in the course of watching a play or reading a novel. They are not abstractable or generalisable. Rather, such depths are what may in the future go into one's moral responses, reactions and actions. We cannot learn, from having discovered these depths in ourselves on one occasion, how to discover or recreate them on some other occasion. Nor can we be sure that either art or life will discover or create them in us. It is always possible that the challenges of responding to art, and to life, will find us shallow and wanting.

There is, nevertheless, a possible story of development here. For insights, for example into the kind of suffering another can endure, may change us for ever, by changing our attitude to suffering, for example. This is not a piece of generalisable philosophical medical ethics. It makes no sense to apply the proposition "take suffering seriously". And if that is a proposition we recognise it may be one that we respond to at quite different depths. How we respond may be in part determined by our experience of life and of art, that is, by what we have already found out about ourselves.

Conclusion

The fundamental problem with Gillon's whole approach is this: it takes the role of literature within medical practice to be instrumental to moral ends. I do not deny that this is a possible account, but that it is the only account. Because Gillon seems to have this instrumental account in mind, he tends to fall into treating literature as illustrating or providing examples of certain truths, which we can apply as guides, by generalisation, to our understanding of other (real) individual cases.

We do not have to accept this instrumental account. Iris Murdoch gives an alternative account of how, through our imaginative engagement with literature, we are taken out of ourselves. Being taken out of ourselves in our engagement with characters in novels is not a model for our moral responses. We cannot generalise from that experience. Nevertheless it is an important parallel experience. In engaging with others in our imagination, we may find out something of depth, for instance something of what it is for us to engage with another in reality. Such discoveries

may change our lives. However, we do not learn from them how to make such changes.

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- 5 See reference 2:3.
- 6 See reference 2:4.
- 7 Little M. *Humane medicine*. Cambridge: Cambridge University Press, 1995.

News and notes

12th World Congress on Medical Law

The World Association for Medical Law will hold the 12th World Congress on Medical Law at Siófok in Hungary from August 2 - 6, this year.

Topics will include: Health care policy and legislation; Patient rights; Liability; Education; Nursing law and ethics; Beginning and end of life, and Medical research and new technologies.

For further information please contact: The Organizing Secretariat, MOTESZ Congress Bureau, H-1051 Budapest, Nador u. 36 Hungary. Telephone: (36 1) 311 6687; fax: (36 1) 183 7918. Mailing address: H-1443 Budapest, PO Box 145, Hungary.

News and notes

Medical aid to the Third World

The Royal Free and University College, London Ethics Group is to hold a meeting on Tuesday November 4 from 6 - 7 pm at The Atrium, Ground Floor, Royal Free Hospital, Pond Street, Hampstead, London NW3.

The topic is: Medical aid to the Third World: a moral duty or a waste of money?

Speakers will be: Dr Chris Besse, Director, MERLIN, (Medical Emergency Relief International), Dr John Seaman, Former Head of Overseas Policy, Save the Children Fund and David Shearer, Research Associate, International Institute for Strategic Studies.