

TO GIVE SUFFERING A LANGUAGE

LITERATURE AND MEDICINE

The resident doctor said,
“We are not deep in ideas,
imagination or enthusiasm—
how can we help you?”
I asked,
“These days of
only poems and depression—
what can I do with them?
Will they help me to notice
what I cannot bear to look at?”
—Robert Lowell, *Day by Day*

Rational cognition has one critical limit
which is its inability to cope with suffering.
—Theodor Adorno, *Aesthetic Theory*

In his book *The Illness Narratives*, Arthur Kleinman admits that “Clinical and behavioral science research . . . possess no category to describe suffering, no routine way of recording this most thickly human dimension of patients’ and families’ stories of experiencing illness. Symptom scales and survey questionnaires and behavioral checklists quantify functional impairment and disability, rendering quality of life fungible.”

But medical categories, he adds, are woefully insufficient to account for the intimate and inward experience of illness: “. . . about suffering they are silent. The thinned-out image of patients and families that perforce must emerge from such research is scientifically replicable but ontologically invalid; it has statistical, not epistemological, significance; it is a dangerous distortion.”¹ Unlike the “practitioners who are turned out of medical school as naive realists,” Kleinman’s aim is to delay the naming of the illness, so as to “legitimiz[e] the patient’s illness experience—authorizing that experience, auditing it empathically.”² What one hears in the patient’s story is “a changing system of meanings”³ that necessitates at a later stage a disentangling of its various narrative strata: “symptom symbols, culturally marked disorder, personal and interpersonal significance, and patient and family explanatory models.”⁴

These “four types of meanings” in a patient’s narrative are not too different from the complex layers that constitute the “thickness of surface” with “infinitely receding depths” that have been attributed to Sophoclean tragedy.⁵ In Kleinman’s book, thickness and depth are pervading metaphors to describe the complexity of illness narratives. Their complexity, Kleinman notes, necessitates a fine-tuned reconstruction, analysis, and deconstruction. The clinician-turned-anthropologist, or literary critic, now discovers in the layered textuality of the patient’s illness narrative the four types of meaning mentioned above. Each of these meanings in turn “thickens the account and deepens the clinician’s understanding of the experience of suffering.”⁶

Although illness narratives evidently have a literary dimension, Kleinman’s pragmatic concerns prohibit the “excessive speculation” of which he accuses psychoanalysts and cultural analysts. Instead, he advocates that “we should be willing to stop at that point where validity is uncertain.”⁷ If such self-imposed limitations are justified by the urgency of Kleinman’s pragmatism,⁸ a literary analysis of illness narratives insists that precisely the point where validity is uncertain *should* warrant excessive speculation. A therapeutic analysis—one that stops where validity is uncertain and forbids excessive speculation—forecloses articulation of just those anonymous bodily processes that constitute the sufferer’s most intimate experience of pain. Concealed in the many-layered linguistic, social, and psychological complexities of illness narratives and their elaborate interpretations still lies, unheard and speechless, the mute materiality of suffering itself.

But if suffering is in the unbearable, silent body rather than in the

sharable, disembodied language of its narratives, how then can suffering speak? How can one hear the unspeakable? How can one listen without assuming one has understood? Indeed, how can one *begin* to understand?

What inclines a *literary* inquiry toward such questions is the very literature it has sought and failed to analyze.⁹ For literary inquiry attempts to analyze what is lastly irreducible to analysis. Precisely because of this paradox a literary inquiry might help the physician to acknowledge or witness—not to diagnose or to explain—the solitary, secret body in pain. Perhaps the very language of the aesthetic, a language without any meaning other than its own occurrence, might echo the mysterious occurrence of suffering. Perhaps the mystery of art has its origins in the secrecy of suffering, the keeping of which is the purpose of the work of art.

“Reason can subsume suffering under concepts,” as the German philosopher Theodor Adorno notes, “it can furnish means to alleviate suffering; but it can never express suffering in the medium of experience, for to do so would be irrational by reason’s own standards. Therefore, even when it is understood, suffering remains mute and inconsequential. . . .”¹⁰ Adorno’s remedy for such a crisis of understanding is art, the irrationality of which alone could account for the irrationality of suffering. Although different in terminology, Elaine Scarry’s observations in her book *The Body in Pain* are similar to Adorno’s. Scarry points out in a well-known phrase that “. . . for the person in pain, so incontestably and unnegotiably present is it that ‘having pain’ may come to be thought as the most vibrant example of what it is ‘to have certainty,’ while for the other person it is so elusive that ‘hearing about pain,’ may exist as the primary model of what it is ‘to have doubt.’”¹¹ Particularly in the context of chronic illness, examples of such doubt must be numerous: “practitioners trained to think of ‘real’ disease entities, with natural histories and precise outcomes, find chronic illness messy and threatening,” Kleinman writes. “They have been taught to regard with suspicion patients’ illness narratives and causal beliefs. The form of those narratives and explanations may indicate a morbid process; the content may lead them astray.”¹² In medical and clinical languages the doubt of “the other person” cannot remain unconfirmed but must be proven legitimate. Often this means proving that the sufferer does not suffer.

Like the sufferer’s narrative, “literature,” as Maurice Blanchot writes, “professes to be important while at the same time considering itself an object of doubt.”¹³ Its dual nature recalls the dual aspects of suffering, the certainty of the sufferer and the doubt of the other person.

Like the patient's illness narrative, literature leads the reader astray. And like the practitioner of medicine, the reader of literature reads with suspicion. Thus, literary critics and medical practitioners have in common the pursuit of an elusive reality beneath the layered complexity of their respective illness narratives. Just as the meaning of literature is not to yield a particular meaning or message, so suffering, in its intimate materiality and enigmatic randomness, remains mute and inconsequential.

How then can the irrationality of art serve the physician? What can the medical practitioner learn from art when it continually foils our attempts to appropriate the inexplicable, when it thwarts our desire to make sense out of secrecy? We can learn something about the violence of our hermeneutic, that is to say, about the breathless expediency with which we convert mystery into meaning, suffering into disease, and pain into pathology. One of the most ancient warnings against such hermeneutical haste in the face of suffering can be found in the book of Job. It opens with an exemplary scene of empathy and solidarity. Upon seeing that Job's "grief was very great," his friends "sat down with him upon the ground for seven nights and none spake a word. . . ." ¹⁴ Although their silence speaks well of their initial respect and sympathy, soon enough their impatience becomes audible—"who can withhold himself from speaking?"—and their reductive rationality proverbial: "Lo we have searched it, so it is; hear it, and know thou it for good." ¹⁵

In light of my contentions against instrumental reason, my own appropriations here of a particular case of severe suffering, taken from the Preface of Arthur Kleinman's *Illness Narratives*, must necessarily appear as inconsistent. To minimize the inconsistencies of my argument, I must resist, in as much as possible, my own explanatory desires. I must attempt—and this is the impossible task of the present argument—to enhance our understanding of suffering by letting it appear as the unexplained.

If I recommend this approach as an initial stage in the acknowledgment of the irreducible secrecy of suffering, I also want to acknowledge the necessity of Kleinman's pragmatic concerns. There is extensive and convincing evidence in his book that illness narratives and their interpretations do indeed facilitate therapeutic treatment. Thus, for the purposes of the present argument, I turn to Kleinman's Preface to locate the phenomenon of suffering at a moment precisely *before* the practical

interventions of interpretation, diagnosis, and therapy. By lengthening a very brief story of a burn patient that Kleinman tells in his Preface, I draw attention to a moment *before* (or indeed frequently beyond) therapeutic treatment, which is a fundamental existential moment that the sufferer often bears unbearably long and alone.

ARTHUR KLEINMAN'S CASE OF THE LITTLE GIRL

Nothing hurts her like the extravagance
of questions, because to ask is to come near,
to be humbled at the clotted nucleus.

—Tess Gallagher, *Moon Crossing Bridge*

The Illness Narratives opens with a story about a seven-year old girl who had been badly burned over most of her body. Kleinman's task as a clinical student, he reports, was to hold the girl's "uninjured hand, as much to reassure and calm her as to enable the surgical resident to quickly pull away the dead, infected tissue. . . ." After many futile attempts to establish some connection with the girl, Kleinman tells of a sudden communicative breakthrough: "angered at my own ignorance and impotence, and uncertain what to do besides clutching the small hand," he suddenly finds himself "at wit's end." The very presence of pain now makes possible a deeper motivating force. The former therapeutic strategies that were to distract the little girl by talking about her home, family, or school, anything other than her suffering, now fall away and the medical student's loss of words paradoxically permits a therapeutic breakthrough: "I found myself asking her to tell me how she tolerated it, what the feeling was like of being so badly burned. . . ." It is as if the sight of the painful process of debridement had yielded to a vision of pain itself. For such unbearable revelation one needs an equally revelatory language. Such a language, stripped of its rhetoric and having passed through ignorance and uncertainty to wit's end, now evokes the girl's response. She answers in "terms direct and simple," while lifting towards the student "a face so disfigured, it was difficult to read the expression." Although themselves almost devoid of figuration, the girl's direct and simple terms—all the more poignant for their literalness—begin to refigure her face, to reconstruct that which is difficult to read, to humanize, to put a human face on the terrible accident that has befallen her.

Above all, Kleinman's story demonstrates the urgent necessity to give the sufferer a language—a necessity that underlies perhaps the foundation of literature itself.¹⁶ Such a language, as Kleinman's example illustrates, is born out of the strain and failure of rhetoric or method, so that precisely in their inefficacy the sufferer's pain can be revealed. Then, both patient and physician must attempt to speak nevertheless, and simply, as if one were learning to speak again, as if one were to apply the first layers of a covering on an open wound.

The difficulty of reading what is illegibly inscribed in the disfigurements of suffering is now mitigated by the reconstructive efforts of a language spoken as if the patient and physician were speaking for the first time. These linguistic efforts must face their own difficulty in the paradox of the word pitched against the wordless, material reality of suffering—a reality so real, a certainty so calamitous, that any word added to it seems only to subtract from it.

Not many patients can speak with the primordial authority of the little girl in Kleinman's story. It is a story that describes the encounter with suffering as an arduous and painful retreat back to the beginnings of language,¹⁷ where science and medicine must yield to ontological and epistemological questions—precisely those questions, as Kleinman points out, about which medical categories are silent.¹⁸ For before we quantify the intimate inward pain in symptom scales and survey questionnaires and behavioral checklists, we must sit down upon the ground, so to speak, for seven nights and ask: How is it for this person to suffer? How can we share her suffering?

"Pain comes unsharably into our midst," Elaine Scarry writes, "as at once that which cannot be denied and that which cannot be confirmed."¹⁹ Here at wit's end, at the point of a veritable epistemological crisis, is the moment of artistic, hermeneutical, or narrative beginning, the beginning of reading and writing. Here the author or the reader begins the book, each subsequent reader and writer asking Kleinman's exemplary literary question, "tell me, what is it like?" But one does not, as Kleinman's story intimates, arrive at this question easily or directly, without having passed through ignorance, impotence, and uncertainty. Indeed, one cannot arrive at wit's end without resistance; for the failure of resistance *is* wit's end.²⁰

One must thus want to learn what one does not want to learn, and it must be difficult to arrive at the question one had sought to avoid all along. Other questions and other stories demand to be asked and told

first. None of them were truly meant and intended, indeed all but sought to distract from the question that was meant. Yet just these repetitions of what was not meant always imply the possibility of a true encounter. And it is precisely the possibility of such an encounter reached through repeated and faulty approaches that makes speaking to the sufferer analogous to literary interpretation. Eventually, to deserve to ask what I have called the exemplary literary question, “what is it like?” requires the admission of the limits of understanding. It requires many “futile attempts” so that these limits are not prematurely assumed. Indeed, only in the very futility of asking can the claims of the sufferer begin to be heard.

If such a process of futile attempts is echoed in T. S. Eliot’s *Four Quartets*:

In order to arrive at what you do not know
 You must go by a way which is the way of ignorance. . . .
 And what you do not know is the only thing you know . . .

—one can only begin to write because one is willing to encounter that which will be unknown. And as the encounter with the unknown leads to a crisis of understanding, that very crisis holds the possibility of a recovery of the original motivation to write. Thus, Eliot concludes, “And so each venture is a new beginning, a raid on the inarticulate / With shabby equipment always deteriorating. . . .”²¹

To encounter the other in her pain and to tell her story is therefore not simply a matter of asking the right question. Rather, each asking (each writing and each interpretation) is an effort to attain the state of mind that the French philosopher Jean-François Lyotard has called “the suffering of thinking.” For Lyotard, suffering is the very condition of thinking insofar as the experience of bodily ascesis demands of the mind “. . . an emptying that is required if the mind is to think.” This is not a willed or intentional “emptying” but a mental—perhaps even spiritual—receptivity, as becomes clear when Lyotard points out that

this obviously has nothing to do with *tabula rasa*, with what Descartes (vainly) wanted to be a starting from scratch on the part of knowing thought—a starting that paradoxically can only be a starting all over again. In what we call thinking the mind isn’t “directed” but suspended. . . .

. . .

It is thought itself resolving to be irresolute, deciding to be patient, wanting not to want, wanting, precisely, not to produce a meaning in place of what *must* be signified.²²

Lyotard's imperative *must* is audible when Kleinman does not tell us *what* the girl answered, only *that* she answered and "in terms direct and simple." In their directness and simplicity, her voice and words create an order over the chaos of her pain. Her speaking is made possible by Kleinman's question. She speaks in the space of a mutuality created by his question. But rather than to him, she speaks to and of the other she has become through her suffering. By the very act of speaking she thus gives herself a meaning in the very absence of meaning.

Or to say the same differently: In the discretely descriptive terms by which Kleinman recounts the child's response we can hear the desire of the medical student's question. The question is not so much, *What* is it like? or *How* do you feel? as, Can you still *speak*? Can you still affirm in the absence of meaning an order of words? The desire is not that the little girl would give an account exactly of *how* she tolerated it, or of *what* the feeling was like—even if one *could* give expression to such suffering. Rather, the desire of the question is that she would speak and thus affirm the possibility of speaking, so that at this moment speaking itself would remake her world.

Although she speaks, the girl's speaking is liberated from having to perform in any referential context. What she says cannot be and need not be, indeed it must not be, verified. But in order to speak, suffering must be heard. Kleinman's story is the account of the difficulty of attaining that hearing.

There is no better exemplification of such "hearing" than what the Jewish poet Paul Celan calls "not exactly listening":

Or better: someone who hears, listens, and looks . . . and then does not know what was said. But who would have heard the speaker, who would have "seen him speak," who would have perceived language and Gestalt, and at the same time . . . breath, that is to say, direction and fate.²³

Although the medical student's impatience and ignorance led him to a point at wit's end where he did not exactly listen, now he does see her speak: "She stopped, quite surprised, and looked at me. . . ." In her bodily gestures the little girl already articulates the "breath," "direction and fate," which she then goes on to enunciate.

In spite of her “terms direct and simple,” it is a fate that remains irreducible to fact.²⁴ The meaning of the girl’s speaking is not in *what* she says, or in the particular answer she gives, but in the affirmation of language in the presence of pain, which may be the affirmation of the human in the very dehumanizing corporeality of suffering.

Finally, Kleinman writes, “. . . whatever effect I had on her, her effect on me was greater. She taught me . . . that it is possible to talk with patients, even those who are most distressed, about the actual experience of illness, and that witnessing and helping to order that experience can be of therapeutic value.” He has been taught a lesson in the aesthetic. For to talk about suffering, he has learned, is neither to distract the patient nor to diagnose her illness nor to prescribe a solution; it is not in the order of *of* something but in the idea of order itself in which the girl seeks to be remade or (literally) re-membered. And it is not in remembering *something* (her life or her face) but in the act of re-membering as such that her speaking finally resembles a form of art. Art, like the girl’s speaking, is an imitation and remaking, a mimesis and poesis.

“Poetry claims its right to exist just as do occurrences,” as Goethe wrote.²⁵ I would suggest similarly that the relevance of art for suffering is in its radical ontologic analogy. Like suffering, art has neither reference, nor object, nor utility. There is only the secret, unaccountable occurrence itself. Yet, to understand suffering as analogous to art gives suffering a language in which the very secrecy of suffering and its defiance of instrumental reason can be transformed into an ontology. The poem, which is the linguistic event of something unforeseeable and unnecessary, something of phenomenal or ontological rather than of ethical value, becomes an occurrence like suffering over which the poet or patient is properly no longer an author and the reader or doctor no master. If suffering then cannot be authorized or mastered, it can yet be told—told as one tells stories, sings songs, paints pictures, or recites poetry.

The little girl answers because the speaking of the medical student no longer seeks to distance himself from her pain. And while the patient is thus permitted to speak and to appear in her language, and while suffering has been permitted to speak, the medical student learns to listen. While the girl speaks in order to reaffirm language and in this language her self, the medical student listens in order to hear nothing but her speaking. He listens not to explain but to understand, not to diagnose but to witness and to help. And if helping proceeds from witnessing, he must listen, like the poet or her interpreter, only for the place where

the language comes from. Paraphrasing Stanley Cavell's notion of acknowledgment as ethically prior to knowledge, Gerald Bruns notes: "It is what happens in hermeneutical experience, where understanding is an achievement not of objective consciousness but of openness and answerability, where openness means exposure."²⁶ Or, as Maurice Blanchot puts it: "Attention is the reception of what escapes attention, an opening upon the unexpected, a waiting that is the unawaited of all waiting."²⁷

If initially the job of "the neophyte clinical student was to hold her uninjured hand . . ." and if the same student was ". . . uncertain what to do besides clutching the small hand . . ." now the little girl speaks, and "while she spoke, she grasped my hand harder. . . ." Imperceptibly the tables have turned. Having thus learned the order of therapeutic treatment, the medical student has also learned the aesthetic—"a knowledge without desire," as Schopenhauer called it. He can let go of her hands and open them to receive hers.

As one attends to the aesthetic, one attends to suffering: not so that one would explain suffering—for no one can explain it—but so that one would understand without giving understanding an object, so that suffering can become the occasion of an endless act of comprehension.

NOTES

1. Arthur Kleinman, MD, *The Illness Narratives: Suffering, Healing and the Human Condition* (New York: Basic Books, 1988), 27.

2. In the context of chronic illness, such a legitimization of the patient's experience of suffering "is a key task," Kleinman adds "but one that is particularly difficult to do with the regularity and consistency and sheer perseverance that chronicity necessitates." *Ibid.*, 17.

3. Kleinman, *Illness Narratives*, 17–18.

4. *Ibid.*, 233.

5. Adriane Poole states, "Both play and character [Antigone] have a typically Sophoclean thickness of surface which suggests infinitely receding depths." See *Tragedy: Shakespeare and The Greek Example* (Oxford: Basil Blackwell, 1987), 185.

6. Kleinman, *Illness Narratives*, 233.

7. *Ibid.*, 74.

8. Among four categories where such validity is at stake—"correspondence to reality, coherence, usefulness in the context of a person's problem, and

aesthetic value”—Kleinman claims that “For the clinician the third is what counts” (*Illness Narratives*, 74).

9. An excellent account of what I mean by “failed to analyze” is given by Gerald L. Bruns, “On the Tragedy of Hermeneutical Experience,” in *Hermeneutics Ancient and Modern* (New Haven: Yale University Press, 1992), 179–94.

10. Theodor Adorno, *Aesthetic Theory*, trans. C. Lenhardt (London: Routledge, 1984), 27.

11. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 4.

12. Kleinman, *Illness Narratives*, 17.

13. Maurice Blanchot, *The Gaze of Orpheus and Other Literary Essays*, trans. Lydia Davis (Barrytown, N.Y.: Station Hill, 1981), 22.

14. The Book of Job (KJV), 2:13.

15. *Ibid.*, 4:2, and 5:27.

16. Cf. Arthur Schopenhauer, *The World as Will and Representation* (1818), trans. E. F. J. Payne, 2 vols. (New York: Dover Publications, 1966): “If our life were without end and free from pain, it would possibly not occur to anyone to ask why the world exists, and why it does so in precisely this way, but everything would be purely as a matter of course” (2:161). Richard Sewall makes a similar point quoting Aeschylus’ “Wisdom comes alone through suffering” and Dostoevsky: “Suffering is the sole origin of consciousness.” See *The Vision of Tragedy* (New Haven: Yale University Press, 1980), 180. David Bakan assigns pain a central significance in respect to culture, social institutions, and religion: “In the thought of a number of classical social theorists—Bentham, Adam Smith, and others—pain is a given and constitutes the basis for explaining the complex interactions of men and their arrangements.” See *Disease, Pain, and Sacrifice* (Chicago: The University of Chicago Press, 1968), 58. Keats interprets Aeschylus’s proverbial phrase (above) into, “Sorrow is wisdom,” and “Until we are sick, we understand not” Quoted in Hermione de Almeida, *Romantic Medicine and John Keats* (Oxford: Oxford University Press, 1991), 307. Theodor Adorno claims that all forms of social action are fundamentally against suffering. See *Negative Dialectics* (1966), trans. E. B. Ashton (New York: Seabury Press, 1973), 203. Elaine Scarry points out that “pain and the imagination are each other’s missing intentional counterpart, and . . . they together provide a framing identity of man-as-creator. . . .” See *The Body in Pain*, 169.

17. Jacques Derrida quotes Artaud’s similar concept, “‘speech before words.’” Artaud sees in the birth of words after speech a tragic sequence. See *Writing and Difference* (1967), trans. Alan Bass (Chicago: University of Chicago Press, 1978), 240. This moment is for Maurice Blanchot the eminently literary moment: “The language of literature is a search for this moment that precedes literature.” Or: “Literature says: ‘I no longer present, I am; I do not signify, I present.’” See *The Gaze of Orpheus*, 46, 47.

18. Kleinman, *Illness Narratives*, 27.

19. Scarry, *The Body in Pain*, 4.

20. See Bruns, *Hermeneutics*: “. . . the hermeneutical experience always entails an ‘epistemological crisis’ that calls for the reinterpretation of our situation, or ourselves, a critical dismantling of what had been decided” (184). And, paraphrasing Stanley Cavell: “. . . hermeneutical experience always entails the event of exposure that belongs to tragedy” (*Hermeneutics*, 187).

21. T. S. Eliot, *The Complete Poems and Plays* (London: Faber and Faber, 1969), 181, 182.

22. Jean-François Lyotard, *The Inhuman: Reflections on Time* (1988), trans. Geoffrey Bennington and Rachel Bowlby (Stanford: Stanford University Press, 1991), 18–19. Lyotard’s “irresolute thought” resembles here very much Hans-Georg Gadamer’s notion of “openness in which experience is acquired.” See *Truth and Method* (1960), trans. Joel Weinsheimer and Donald G. Marshall (New York: Crossroad, 1989), 352.

23. Paul Celan, *Gesammelte Werke*, 5 vols (Frankfurt: Suhrkamp, 1983), my translation. The original German reads as follows: “*Aber es gibt, wenn von Kunst die Rede ist, auch immer wieder jemand, der zugegen ist und . . . nicht richtig hinhört. Genauer: jemand, der hört und lauscht und schaut . . . und dann nicht weiss, wovon die Rede war. Der aber den Sprechenden hört, der ihn ‘sprechen sieht’, der Sprache wahrgenommen hat und Gestalt, und zugleich auch . . . Atem, das heisst Richtung und Schicksal*” (3: 188). See Paul Celan, *Collected Prose*, trans. Rosmarie Waldrop (Riverdale, N.Y.: The Sheep Meadow Press, 1990), 39.

24. “What is recognized is reality as other, not as the same: reality as that which is more Fate than Fact” (Bruns, *Hermeneutics*, 186).

25. “*Das Gedichtete behauptet sein Recht, wie das Geschehene.*” Quoted by Leonard Olschner, “Anamnesis: Paul Celan’s Translations of Poetry,” *Studies in Twentieth-Century Literature* 12 (summer, 1988): 194.

26. Bruns, *Hermeneutics*, 186.

27. Maurice Blanchot, *The Infinite Conversation*, trans. Susan Hanson (Minneapolis: University of Minnesota Press, 1993), 121.