

The Role of Emotional Connection and Empathy in “Wit”: Mediating Relational Repositioning in Clinical Medicine from Detachment to Commitment

What is unique about this critique? It directly challenges the supremacy of intellect; it indirectly suggests that sentimentality, consolation may be a necessary part of the equation.

Sentimentality – shallow, uncomplicated emotions at the expense of reason; substitution of heightened, uncritical feeling for intellectual judgment

One of the hard shoals on which the ships of medical education and literary criticism run aground is that of empathy. Medical education, at least in its rhetoric, values empathy, encourages it in learners, and even attempts to teach it. The decline of medical student empathy during the first clinical year of training has sparked alarm and hand-wringing. Yet literary theorists are highly critical of empathy, concluding that it is a flawed concept that variously prioritizes the empathizer’s feelings, patronizes the one empathized with, and creates the misleading impression that one person can understand another. This essay seeks, on the one hand, to refine and nuance the concept of empathy as it relates to the training of physicians; and, on the other, to reconsider some of the criticisms leveled against empathy in literary scholarship. The main thrust will focus on empathy as a counteractive force to the prevalent tendency toward “othering” in medicine, in which patients are viewed as the feared alien other, totally different from the doctor, unknowable and perhaps even a threat. What is the process by which physicians (or medical learners) can move from a relational position of distance and separation to one of commitment and solidarity regarding patients? To answer this question, I will use the methodology of close reading applied to the play *Wit*, by Margaret Edson. I have selected this work partly because it is widely used in medical education, and partly because it has been analyzed in the literature from both ethical/relational and knowledge/empathy perspectives.

[Depending on which literature we consult, the definition of empathy varies. In medicine, empathy is often regarded as something akin to sympathy, identification with the suffering of the other. On the other hand, research and operational forces have also led to a purely cognitive definition of empathy (Hojat). MORE HERE Drawing on the social sciences and neuroscience research, a more nuanced definition of empathy challenges popular notions of empathy and contrasts empathy with related constructs of pity, sympathy, mirroring, projection, and identification. In this understanding, empathy incorporates both cognitive and emotional dimensions. It is different from pity in that... It is also not identical with sympathy... Mirroring means reflecting and experiencing the emotions of the other, and this too is identical with empathy, in which the empathizer might or might not experience the emotion. In projection, the individual attributes her own emotions that would be evoked in a given situation with those of the other. Identification implies immersion in the other, often with the result that the perspective of the empathizer vanishes, and she becomes lost in the experience of the other. – CUT]

THEMES:

- 1) Intellectualism and rationalism in medicine and academia vs. caring and compassion

- a) Toughness vs. softness
- b) High language vs. simple language
- c) Irony and wit vs. rather prosaic compassion in action
- d)

This play, about a John Donne scholar dying of ovarian cancer and her mistreatment at the hands of the medical establishment, is often used with health professional audiences to provoke reflection about ways of cultivating empathic responses toward patients. However, in recent years scholars have criticized empathy as a patronizing and controlling attitude that overrides the patient's voice and subjective experience while presuming knowledge of the patient that is fundamentally unattainable by any one person about another. In this regard, Anne Jurecic's distinctions between paranoid and reparative readings of text are instructive. Is it naïve for medical students to be moved by this play, to feel that, after watching a performance, they understand more about the experience of a terminal illness? Is this kind of empathy "cheap"? A paranoid reading might point out that Susie, the caring nurse, is a sentimental stereotype who treats the patient almost like a child, offering her popsicles. Similarly, the other character who might be considered empathetic, Bearing's mentor Professor Evelyn Ashford, climbs into bed with her as she is dying and reads her a children's story, much as a parent might to a child. Yet a reparative reading might emphasize the healing that occurs for Vivian Bearing during these moments, the witnessing of these two characters of the suffering of another. Which is the "correct" interpretation?

Edson explores this question in two ways: 1) through an examination of both the medical and academic world's prioritization of intellect at the expense of emotional connection; 2) by demonstrating the power of language to shape our experience of life.

A close reading of *Wit* suggests that it is Bearing herself, a Donne scholar and English professor, who most closely adopts a paranoid position. She eschews emotion, and is convinced that the power of her intellect will be sufficient to guide her through her diagnosis and treatment. At the moment of diagnosis, she spars with her physician, bonding around the annoying qualities of students, and using her intelligence and wit to approach her diagnosis, exactly as her physician would like, in a process that mirrors perfectly his own position: disease is a cognitive process of diagnosis and treatment in which the requisite quality is toughness.

Yet as Vivian becomes sicker, she realizes that her intellect cannot sustain her. She is alone, frightened, and out of control. Significantly, she recognizes that Donne's poems are not merely analytic puzzles, but a path to redemption bridging the gap between life and life everlasting. Faced with actual death, rather than the idea of death, Vivian needs understanding, caring, and compassion. When she receives these from the nurse Susie, she is comforted. This suggests that she longs for human connection to break the isolation of serious illness.

Even as Vivian welcomes Susie's ministrations, part of her despises their sentimentality: the terms of "honey" and "sweetheart," the infantilization of being offered a popsicle. As Vivian says, "I can't believe my life has become so *corny*." Vivian's attitude embodies contemporary criticisms of empathy as patronizing, sentimental, and disrespectful. But in the play, this academic realizes that, in extremis, she *needs* the simplicity of compassion and caring. As she goes on to state, "I can't imagine any other... *tone*." Bearing recognizes that caring and compassion are not just patronizing pity, but contain

the essential properties of relationship. From this perspective, the terms Susie chooses may be less patronizing than endearing. They threaten Vivian's status as a high-status, accomplished, renowned scholar; but they recognize our common humanity, the great leveling effect that death has on us all.

The defense of complex, "high" language, held in common by both the literary scholar Bearing and the oncologist-researcher Kelekian, ultimately gives way to the inarticulate moans and then silence of Vivian's last moments. Midway in her treatment, as she gets sicker, she comments to the audience, "You may remark that my vocabulary has taken a turn for the Anglo-Saxon".

Just as Vivian's own language becomes simpler so too, at the end of her life, interpretations of Donne's holy sonnets give way to the consolations of a children's story, *The Runaway Bunny*, whose message is that the child cannot evade the love of a parent; or as her former professor Evelyn Ashford makes explicit, it is "a little allegory of the soul. No matter where it hides, God will find it" (80). This parental image is reinforced when Ashcroft, crawls into the hospital bed beside her to read the story, much as a parent might tell a comforting bedtime story to a child. The scene, one of the most evocative in the play, recognizes that as we face death, our much vaunted independence and autonomy give way for a need for comfort and love.

In a reparative reading, it is within bounds to conclude that the experience of the suffering other does not entirely elude or transcend knowing. In fact, exclusive emphasis on alterity dooms patients to isolation and despair. Shared and knowable elements in suffering exist, and in this sense the value of *Wit* is to bring practitioners closer to this suffering. True empathy involves a continuous pursuit of understanding (knowledge) of the other, through a mutual process of intersubjective dialogue occurring *between* self and other. It is this intimate, albeit imperfect and partial, knowledge of the other that allows the physician to consider, *in concert with* the patient, courses of action that are relevant and meaningful. From this perspective, empathy can be seen as an act of humility, not one of arrogance and presumption.

It may be worthwhile to explore the possibility that, in fact, empathy is the primary relational stance allowing physicians to feel emotionally safe enough to "draw closer" to their patients. It is the underlying process from which moral responsibility, witnessing and a commitment to action that promotes the interest of the other arise. One might argue that it is only through a belated act of empathy that at last Dr. Kelekian allows himself to see Vivian's suffering, and orders morphine to ease her pain, saying "She's earned a rest." As he leaves her bedside, he squeezes her shoulder, the only physical contact he has with his patient during the play.

MISCELLANEOUS POINTS TO INCORPORATE

Both academia and medicine rely on intellectual rigor, logic, analysis to promote their specialties. For example, in a flashback we see Professor Ashford ridiculing Shakespeare as too emotional in contrast to Donne's finely reasoned logic. Jason, the research fellow, consistently restricts himself to consideration of data and evidence.

Vivian at least protects herself with the weapon of irony, which the physicians seem to lack entirely; although in the end this characteristic of a finely honed mind also falls away, and Vivian is refined into an entirely unironic dying person moving toward the light.

As a professor, she is remarkably like her physicians – superior, condescending, judgmental, uncompromising, exacting. In fact, she and Dr. Kelekian bond over their shared disdain for their

students. She says, "I can say with confidence, no one is as good as I," something Dr. Kelekian might say of himself. Yet as a patient, the utility of an impressive intellect immediately begins to flag. When her doctor begins to explain her diagnosis in a tidal wave of technical medical language, she attempts to keep up, unwilling to acknowledge an emotional response. But since her intellectual frame of reference is literary, right away she becomes lost and confused. But there is no space in the physician-patient encounter for her to share her lostness. Both she and her doctor are invested in focusing on intellectual inquiry. She and her doctor want to believe that disease is a puzzle to be solved. The value of aggressive intellect.

When Kelekian tells Vivian she must be "tough" to endure the chemotherapy, "toughness" implicitly is contrasted with softness, the former being associated with intellectual rigor, the latter with emotionalism. Kelekian and Jason are "delighted" with Vivian's toughness, resoluteness, and steadfastness. In strength, she has been a "good" patient, and has met their needs. When Jason describes Vivian's poetry class to Susie, he remarks, "If there's one thing we learned...it's that you can forget about that sentimental stuff." That applies to the physicians as well (and to literary critics).

During the Grand Rounds, Kelekian thinks he is pairing with Vivian when once again he comments on the denseness of students. She is "delighted" at being treated as a colleague. But Kelekian is only able to treat her as a person by ignoring her disease. He lacks empathy for her suffering, therefore she cannot show it.

Susie, in a stereotypical gesture, carries the emotion of the situation. She comforts Vivian, calls her sweetheart and honey (possibly patronizing) – yet Vivian accepts it, perhaps even welcomes it. Vivian admits to Susie that *she* (not some hypothetical patient) is afraid. Susie has empathy – she first paraphrases and reflects Vivian's feelings of uncertainty and being out of control. She acknowledges the hardness of what Vivian is going through, then offers her a popsicle, which Vivian accepts in a "childlike" manner. Again, is this patronizing of this great intellect? Or is it *simple*? Vivian shares the popsicle with Susie, who reminisces about sharing popsicles with friends as a kid, and then comments "Pretty profound, huh?"

Susie is also capable not only of offering popsicles, but addressing the hard issue of end of life in a way that is not patronizing, but clear and honest, something neither of the physicians are able to do. At this point, Vivian chooses simplicity and DNR status: "Don't complicate the matter." After making this decision, Vivian worries about abandonment and asks Susie, "You're still going to take care of me, aren't you?" to which Susie assents with certainty. Care and concern can be promised, even while cure and survival cannot. Later, when Vivian is unconscious, Susie explains a procedure to her, while Jason mocks, "Like she can hear you," and Susie responds *simply*, "it's just nice to do."

Vivian, the literary scholar, critiques the interaction as "maudlin" and "corny." She still judges the situation – she is becoming intellectually less acute, and "Susie was never very sharp to begin with." She then acknowledges that "Now is not the time for verbal swordplay." She goes on to conclude, perhaps regretfully "Now is a time for simplicity. Now is a time for, dare I say it, kindness."

The "tools of wit" with which to "joust" with death are ingenuity, virtuosity, and a vigorous intellect. But in discussing Holy Sonnet Five, she talks about the sins of "overweening intellect" AND "overwrought dramatics." Perhaps the implication is that both are misplaced in approaching death, and that rather it is that small pause, that comma, between life and life eternal, that should guide us.

Ongoing joke about the “clinical” aspect of the patient encounter, which consists primarily of remembering to ask the patient how she is doing that day. Jason refers to a course on “bedside manner” in medical school, which he dismisses as a “colossal waste of time”

As she becomes sicker, Vivian tentatively (and theoretically) asks Jason if a) he ever misses his patients and b) what he says if “a patient” becomes “apprehensive” which she then (ever the stickler for accuracy) changes to “frightened”. Jason asks “Of who?” and then proceeds to assess her for cognitive impairment. Speaking of herself in the third person, after Jason leaves, Vivian admits, “The senior scholar, in her pathetic state as simpering victim, wishes the young doctor would take more interest in personal contact.” Here she both longs for human connection while despising herself or “weakness” and labels herself as a victim of her disease, pathetic and simpering.

The play implicitly criticizes intellectualization (in medicine, in academics, and in life) in making everything “so complicated”; the ending of the play emphasizes simplicity (in the reading of Runaway Bunny). One student tells Vivian he thinks Donne is frightened, so he hides behind wit and intellectual complexity. The student goes on to say, “It doesn’t need to be such a big deal,” a concept reminiscent of Ashford’s interpretation of one of the central lines in the poem, “And death thou shalt be no more, Death thou shalt die.” Ashford goes on to say significantly, “Nothing but a breath separates life from life everlasting. It is very simple really.”

The theme of running away (Donne runs away and hides, just as the Runaway Bunny runs and hides) is relevant to illness. Kelekian, Jason, and Vivian all attempt to run away and hide from death behind their intellects. In the end, Kelekian “sees” Vivian’s pain, sees her suffering, and – finally – extends a hand. “We’re going to help you through this, don’t worry.” In the end, death finds Vivian, and it is a comma, a pause.

Ashford is a counterweight to Susie’s genuine but at times cloying simplicity. Ashford, also an uncompromising scholar, nevertheless knows the importance of emotion. She reads her grandson’s book to Vivian, again not infantilizing her so much as acknowledging the *simplicity* of what is needed approaching death. Finally, she blesses her: “And flights of angels sing thee to thy rest”, significantly quoting the “melodramatic” Shakespeare, rather than the brilliant wit of Donne.

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As the play proceeds, she has increasing insight into the meaning of being human, including the importance of distrusting intellectual brilliance and with it conceit (the word conceit evoking not only the metaphysical trope but also vanity). Vivian's emotional *bildung* is assisted by Susie, the nurse, who is constantly contrasted to the doctors in the play. Susie keeps Vivian company in moments of loneliness, comforts her in moments of anxiety, and brings her a popsicle to help fight the dehydration caused by the chemotherapy. Like everything else in the play, this manifestation of a human touch is not presented uncritically. It has a sentimental side, to which Vivian reacts in revulsion: "Popsicles? "Sweetheart?" I can't believe my life has become so ... corny" (69). Nevertheless, this resistance leads to an acceptance: "Now is not the time for verbal swordplay, for unlikely flights of imagination and wildly shifting perspectives, for metaphysical conceit, for wit. [. . .] Now is a time for simplicity. Now is a time for, dare I say it, kindness" (69).