

# A Talk to the Doctors of Moncton General Hospital

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It is difficult to imagine a body of accomplishments larger than those of the man who is honored by having his name attached to this festival. His preeminence as a literary theorist, his labors on behalf of Canadian culture, his devoted work as a public servant, his achievements as a teacher at Victoria College for more than sixty years, and of course the massive body of writing that has instructed and delighted us for almost seventy-five years now—these achievements have been well documented. The written responses to his work—the books and essays and reviews occasioned by his own eloquent prose—require a fairly thick volume just to record, and they have originated on every continent of the globe save Antarctica. No Anglo-American critic has as great an international reputation as Frye. As for his national reputation, five years ago a panel of experts for *Maclean's* magazine chose Frye as the second most important Canadian in history?<sup>[1]</sup> To date there are twenty-eight books devoted in whole to his work. He has been the subject of international conferences in the U.S., Canada, Australia, Italy, Korea, and China—in fact twice in China. And there are more than 200 translations of his books into twenty languages. All this bears witness to an accomplishment that even a disinterested observer would have to call monumental.

Whatever one says about Frye will always fall short, and I feel in danger of taking a big fall this noon, for what can one say to a group of doctors *as doctors* about Northrop Frye. Well, I thought it might be of some interest to call up a few things that relate to the topic of Frye and medicine, which is a topic no one has really talked about much. And then we'll open up the floor for questions and comments. I doubtless won't be able to answer your questions, but I am naturally very interested in the kinds of questions you might have about Moncton's most famous native son. It was as a child in Moncton, incidentally, that Frye, as he records in one of his notebooks, had the fantasy "of becoming a great astronomer & discovering a new planet beyond Neptune that I was going to call Pluto." This wouldn't be particularly noteworthy, except that the fantasy occurred more than a decade before Pluto was actually discovered. I mention this little anecdote to remind us that Frye was a genius. Whether ESP is an aspect of genius, I don't know.

In any event, Frye and medicine is an interesting subject to think about. The body was a central metaphor in Frye's criticism, as it was in the work of his great literary hero, William Blake. In editing Frye's diaries several years back I was struck by Frye's concern for the health of his own body and psyche. He reveals a great deal through self-analysis, writing about his abnormal fears, his physical insecurity, his self-consciousness, his introversion, his sanguine humour and his dark moods, his claustrophobia and paranoia, his grieving over the death of a colleague, his phobia about animals, and so on. And he writes at length about his various bodily deficiencies and physical ailments: his deviated septum, hay fever attacks, constipation, insomnia, and various states of stupor induced by too much alcohol. He probes his own ego as well, often from a Jungian perspective. I would guess that the details in Frye's description of his symptoms would provide a fairly good basis for diagnosis.

I can think of only one sustained investigation of the topic of Frye and medicine, a paper written by Rebecca Hagey twenty years ago. It's entitled "Codes and Coping: A Nursing Tribute to Northrop Frye," and it was published in *Nursing Papers/Perspectives on Nursing*.<sup>[2]</sup> Hagey, who has a Ph.D. in anthropology and who was at the time an associate professor in the Faculty of Nursing at the University of Toronto, argues that the theory of interpretation in Frye's *The Great Code* can be useful in the art of nursing, for the dramatic narratives that are shaped from the nurse-patient relationship attend to images, structures of meaning, symbolic codes, and transformations. And these things, Hagey maintains, are more important in nursing care than rigid models and mechanical procedures for diagnosis. Her paper is mostly based on analogies between Frye's theories of language, myth, typology, and the phases of revelation, on the one hand, and patient care on the other. How, Frye asks, does one read and interpret a text. How, asks Hagey, does the "nurse 'read,' interpret and make sense of coping processes in Western culture."<sup>[3]</sup> She presents several stories about patients, and then applies what Frye says about mythical, metaphorical, and typological constructs to these cases, concluding that diagnoses and coping strategies that ignore such constructs become mechanical and thus lead to alienation in health care settings. Now that's a rather unexpected conjunction of two fields—nursing and literary criticism—and I'm not convinced that the parallels are all that substantive, but Hagey does show that nursing is always confronting the different phases of language that Frye examines in *The Great Code*, and that matters of metaphor and story and dramatic setting are always a

part of the context of nursing.

Frye's library contains very few books that one could call medical. He owned the revised edition of Benjamin F. Miller's *The Complete Medical Guide*,<sup>[4]</sup> which I suppose he consulted for his various ailments. And he annotated his own copy of Howard Wilcox Haggard's *Devils, Drugs and Doctors: The Story of the Science of Healing from Medicine-Man to Doctor*,<sup>[5]</sup> a somewhat crude and naïve account of medical history but one filled nevertheless with the kind of arcane and esoteric lore that always attracted him. In one of his diaries, Frye takes a fairly extensive series of notes on the book (1942, par. 61)

One of the medical tragedies in Frye's life occurred in 1936, when he was twenty-three. He was getting ready to head off to study at Oxford: thus, he'd be separated from his girlfriend Helen Kemp for a year. Frye had left the Kemp's cottage in Gordon Bay for Moncton, where he was to spend a month before sailing for England. This is the first trip home he had made since the summer of 1933, and the visit produced little comfort. He was distressed that he would not see Helen Kemp for a year. His mother, now sixty-five, had aged considerably, and his father was barely managing to eke out a living. Frye arranged his passage to England from Montreal, rather than Halifax, with the hope that Kemp might meet him there before he sailed. "I want to see you," he wrote. Kemp replied sometime during the third week of August (the letter is missing from the files), saying that she was ill. Frye quickly advised her to see a doctor when she returned to Toronto from Gordon Bay, adding that she shouldn't "jump to conclusions quite so quickly this time—I've been away two weeks, remember." Kemp wrote again from Gordon Bay with the news that she "may have to have some kind of treatment" for she seems "to have missed a month," and the subsequent letters confirm what they both suspect—that Kemp was pregnant, apparently for the second time. "I keep telling myself," Frye said in his next letter, "that I can't have caused it both times, that there must be something else the matter, but that doesn't work." On 27 August, Kemp, having gone back to Toronto with her mother, sent Frye the news that she had had an abortion, performed by a doctor who had learned a new method in Germany. Abortion was illegal in Canada at the time, but Kemp's mother, working through a nurse who was "very competent, experienced and sympathetic," was able to make the necessary arrangements. Frye did send \$15 to help pay for the operation, but on the whole he was somewhat insensitive to the plight of Kemp, who ended up with an infection that did her body more harm than the abortion. Her frank account of the details of all this is not pleasant.

One of the ironies of this unhappy episode is that Kemp's father was engaged in making birth control information available in Canada. When Helen Kemp had been studying art in England two years before, her father had requested that she send him Marie Stopes's books on birth control, which were considered contraband in Canada; which she did, and he circulated these books, as well as others already in his possession, to a number of friends and acquaintances. In any event, my guess is that this back-alley "treatment," as Helen Kemp called it, was they reason they could never have children. The irony, in other words, ends up being a tragedy.

Frye could have fun at the expense of doctors. In his 1942 Diary he writes, "My druggist tells me that a new drug act has been passed preventing several drugs, including codeine and phenobarbol [phenobarbital], to be sold over the counter without a doctor's prescription, thus greatly reducing the effectiveness of such potent medicines as the one that's helping me. Sounds like a medical stranglehold on their apothecary enemies of 3000 yrs. There may be a lot to be said on both sides, but doctors today are such ignorant barbarians, & their sense of heresy is priestly rather than scientific. They are in fact the modern priests, supported by women, with the advantage over the priests of being able to tickle their bellies as well as ask them about their sex lives. They shouldn't win too complete a victory over anyone" (Sept. 1, par. 91). One finds such accounts of the medical profession scattered through Frye's diaries and notebooks. In a notebook from the 1940s, he says of Helen's doctor that she "is enough of an old woman to have a pleasant mixture of superstition & ancestral wisdom mixed in again with her medical knowledge" (Notebook 3, p. 68), and it's clear that Frye has more faith in the "ancestral wisdom" than in the "medical knowledge."

But all this is mostly gossip, and so we should turn to the one piece Frye wrote explicitly for medical doctors. It's called "Literature and Therapy," and it dates from 1989, less than a year before Frye was to undergo chemotherapy himself. The talk was given at Mt. Sinai Hospital in Toronto at the invitation of Dr. John Roder. Like many of Frye's talks this one was constructed on the spot from notes. Dr. Roder taped the lecture and later provided me a copy of the tape. It had a gap in it at the place that the tape had to be flipped over and reinserted. Happily, a student had also recorded the lecture, and so I was able to fill in the missing portion. In any event, we have the talk in its entirety, and we have two notebook entries in which he reflects on the thesis of "Literature and Therapy."

Frye's gambit is typically witty. I'll read his first two paragraphs:

*When I was looking over the connections that came to my mind between literature, more particularly English literature, and the medical profession, I remembered that in the Middle Ages the doctors had a popular reputation for scepticism and that there was a medieval proverb that said that wherever there are three doctors there are at least two atheists. When Chaucer introduces a physician on his Canterbury pilgrimage, he remarks that "His studie was but litel on the Bible,"<sup>1</sup> and that was a sort of in-joke, picking up the general assumption. That notion lasted even as late as the seventeenth century, when Sir Thomas Browne, who was a doctor himself, wrote a book called *Religio Medici*, the doctor's religion, which, even at that time, was a catchy title because a doctor's religion would sound like something of a paradox. In fact, Browne speaks in his opening sentence of the general scandal of his profession. Nevertheless, he writes a book on his religion, because it relieves him of the tedium of what he elsewhere calls "the fruitlesse importunity of Uroscopy."<sup>2</sup>*

*Well, considering how much hysteria there was at that time about the smallest deviation in doctrine, to say nothing of atheism, one wonders why this remained on the level of a relatively harmless joke. One or two things occur to me on that point. There's a very shrewd comment in George Eliot's *Middlemarch* about a doctor who had a reputation for being a sceptic, but, instead of that ruining his reputation in a small Victorian town, his scepticism actually raised his stock very considerably because his patients greatly preferred to deal with somebody who thought entirely in terms of natural causes and natural cures.<sup>3</sup> Then again, the doctors' study of medicine, which at that time was derived very largely from Galen, was intensely materialistic, in the sense of dealing with the body and the mind as a single and indivisible unit. Of course, the practice of medicine then was full of magic, but it was based on the conception of natural sympathies and natural antipathies, a notion which we'll come to later in the context of literature.*

Let me summarize the essay briefly,

"Literature and Therapy" is at the highest level of generality a reflection on *catharsis*, which, as Frye understands its implication in tragedy, results in a kind of restorative balance and harmony. This is another of Frye's many twists on Aristotle: self-integration rather than detachment is, for Frye, the cathartic reward. Twenty-five years earlier had remarked that "the therapeutic power of the arts has been intermittently recognized. . . but the fact that literature is essential to the mental health of society seldom enters our own speculations about it. But if I am to take seriously my own principle that works of literature are not so much things to be studied as powers to be possessed, I need to face the implications of that principle."<sup>[6]</sup> In the talk he gave at Mt. Sinai Hospital he does draw out the implications of the principle, noting the restorative power not simply of tragedy but of ironic and comic modes as well. And the conjunction of body and mind in the literary experience leads Frye finally to argue that "the immense recuperative power of literature" is a matter of vision, for literature is, in his words, a "controlled hallucination, where things are seen with a kind of intensity with which they are not seen in ordinary experience." Literature is therapeutic, in short, because it provides a counter-environment to the illusions of ideology and the delusions of ordinary experience. Frye illustrates what he means by a little story from his mother's life:

*I remember my mother telling me of undergoing a very serious illness after the birth of my sister, and in the course of the illness she became delirious. Her father, who was a Methodist clergyman, came along with the twenty-five volumes of Scott's *Waverley* novels and dropped them on her. By the time she had read her way through them she was all right again. What impressed me about that was her own conviction that the Scott novels were in fact the curative agent. While I suppose any kind of new and absorbing interest might have been equally beneficial, still I've read most of those novels myself, and would not be at all surprised if the plots of Scott's novels did not form a kind of counter-delirium which had to do with her own recovery.*

In a notebook entry that dates from 1990, Frye comments on the talk he'd given, saying

*When I talked to the doctors at Mt. Sinai I found myself improvising a thesis I didn't understand at the time. I said the sympathies and antipathies in nature that underlay Galenic medicine don't exist as that, but similar forces may exist in the mind. I thought of mother after a*

*post-parturitional disease following Vera's birth: she had what sounded (ironic for a woman who never touched a drop of alcohol in her life) just like delirium tremens. She said that reading Scott's novels, dropped on her by my grandfather, brought her round. Scott in those days was the acme of serious secular reading. What I felt was that the plots of formulaic fiction conventions could act as a sort of counter-delirium. Similarly the Old Testament God may be a counter delirium to a nation trampled on by foreigners. I know how vague this sounds, but there's something that may emerge.*<sup>[7]</sup>

This, it seems to me, is a version of art as catharsis, a view of how art works on the mind and imagination and even the body that's been around at least since Aristotle. The most important thing about dramatic tragedy (its final cause), says Aristotle, is that it purges the emotions of pity and fear that have been raised in the audience during the production. There are at least three theories of what Aristotle meant by catharsis: catharsis as clarification, catharsis as purification, and catharsis as purgation. I prefer the more literal third view, but even here, does Aristotle mean that we're so exhausted by having been gripped by pity and fear that all emotion is purged? Or does he mean rather that once the play is over we are relieved of the emotional engagement and can stand back from the play, detach ourselves from it, and take pleasure in seeing something that was well-made? I think the latter. The only other place Aristotle uses the word *katharsis* in the context of the arts is in the *Politics*. The passage says in effect that music and poetry can relieve the unpleasant feelings experienced by people who've fallen into a religious frenzy: they are restored, Aristotle says, "as though they had found healing and purgation." This seems to be pretty close to what Frye speculates happened to his mother. We note that it's the conventions of literature—in this case, the conventions of fictional romance in Scott's novels—that are the means to the end: they are what, according to Frye, rid his mother of her delirium. In *The Double Vision*, Frye writes,

*the Oriental scriptures tell us that very advanced stages of enlightenment bring miraculous powers of various kinds, including healing, but that these powers should never be regarded as more than incidental by-products, and may even distract one from the real goal of liberation. If so, the miraculous element in the Gospels, which describe a life lived on a plane of intensity that none of us have much conception of, should cause no surprise, and there are clear indications that the Gospel writers were more impressed by Jesus' miracles than Jesus himself was. Jesus performs his miracles with reluctance, almost with irritation; he imposes secrecy on those he cures; he tells his disciples that they can do as well as that themselves. But the Oriental analogues may begin to give us some faint notion of what Heilsgeschichte or sacred history really talks about.*<sup>[8]</sup>

Here we return, as we almost always do in Northrop Frye's late writings, to the religious power of words. I'll close with a quotation from *Anatomy of Criticism*, and then we can have some questions:

*The traditional theory of catharsis implies that the emotional response to art is not the raising of an actual emotion, but the raising and casting out of actual emotion on a wave of something else. We may call this something else, perhaps, exhilaration or exuberance: the vision of something liberated from experience, the response kindled in the reader by the transmutation of experience into mimesis, of life into art, of routine into play. At the center of liberal education something surely ought to get liberated. The metaphor of creation suggests the parallel image of birth, the emergence of a new-born organism into independent life. The ecstasy of creation and its response produce, on one level of creative effort, the hen's cackle; on another, the quality that the Italian critics called sprezzatura and that Hoby's translation of Castiglione calls "recklessness," the sense of buoyancy or release that accompanies perfect discipline, when we can no longer know the dancer, from the dance. (AC, 93–4)*

## Notes

<sup>[1]</sup> See *Maclean's* cover story for 1 July 1998, "The 100 Most Important Canadians in History." The panel made its choices in ten broad categories—Activists, Artists, Stars, Thinkers and Writers, Characters, Discoverers and Innovators, Entrepreneurs, Heroes, Nation Builders, and Scientists. The panel selected Georges Vanier—war hero, diplomat, and for eight years, beginning in 1959, Governor General of Canada—as Canada's leading hero and the most important Canadian in history. Frye ranked second in the list, and first among those in the category of Writers and Thinkers.

[2] Rebecca Hagey. "Codes and Coping: A Nursing Tribute to Northrop Frye." *Nursing Papers/Perspectives on Nursing* 16 (Summer 1984): 13–39.

[3] Hagey, 24.

[4] New York: Simon & Schuster, 1967.

[5] New York: Simon & Schuster, 1946.

[6] "Criticism, Visible and Invisible." *The Stubborn Structure: Essays on Criticism and Society* (Ithaca: Cornell University Press, 1970), 84. The essay appeared originally in *College English* 26 (1964): 3–12.

[7] *Northrop Frye's Late Notebooks, 1982–1990: Architecture of the Spiritual World*, ed. Robert D. Denham (Toronto: University of Toronto Press, 2000): 2:673–4. Cf. this remark in Notebook 44: "I told the doctors about mother & Scott's novels, suggesting that romance creates a counter-delirium. We don't buy Galen's sympathies and antipathies any more: they don't exist in nature (amethysts for drunks, saffron for jaundice, etc.). But they may exist in the reality-realism metaphorical-objective context. The confrontation technique in the casting out of a humor. Jonson, Shakespeare's *TS* [*The Taming of the Shrew*], the Fool-Edgar in *Lear*. My point in the *Lear* lecture about words fighting evil (my 1940 experience with Churchill) at the centre of the words-and-power conflict" (*Late Notebooks*, 1:243–4)

[8] *The Double Vision: Language and Meaning in Religion* (Toronto: United Church Publishing House, 1991), 55–6.

Hospital treatment and visits to a family doctor (or GP "general practitioner) at a surgery or clinic are free, but there is a prescription charge. Dentists and opticians charge fees. Private healthcare is available and a large number of insurance schemes exist to enable people to "go private".

Dialogue 3: Talking with the Doctor. Doctor: Hello. How are you feeling today?

When I go to the doctor, I tell the receptionist my name and take a seat in the (1). My doctor is very busy, so I have to make a/an (2) before I go to see him. He asks me what wrong with me, I tell him the (3) of my illness, for example high temperature, difficulty in breathing, or pains, and then he will usually (4) me. He will listen to my heart with his (5), he will hold my wrist to feel my (6).