

Catherine Belling, “A Happy Doctor’s Escape from Narrative: Reflection in *Saturday*.” *Medical Humanities* 38 (2012): 2-6.

Medical humanities scholarship, and especially that dealing with fiction, is often sceptically received in literature and science communities; it is often regarded as superficial, usually due to a lack of the requisite literary-historical knowledge and skills on the part of the author. Catherine Belling’s short article on Ian McEwan’s 2005 novel *Saturday* is a welcome exception, exploring with an appropriate understanding of literary discourses the role that such a novel might play in the reflective education of medical students. *Saturday* has been widely discussed by literature and science scholars, more often in seminars and conference presentations than in writing (although David Amigoni’s contribution to Sharon Ruston’s edited collection of essays, *Literature and Science*, is a fine example of the latter), and it may seem unlikely that there is new territory to be mapped. However, as Belling reveals, to consider how the novel traces different modes of reflection through the character of the neurosurgeon Henry Perowne, is certainly one way to find a fresh perspective.

Belling’s article begins by exploring the position of the humanities as they are applied to medicine, arguing that “they have become almost synonymous with narrative” (2) and in turn have created a new area of research generally called narrative medicine. One key area of this work is the exploration of reflective practices in medical education, designed to “nurture coherent and ethical professional identity” (2) in new medical professionals. Belling notes a weakness in the principles of this research: the study of narrative in such contexts seems less attuned to the activity of reflection than the lyric mode. It may be, she argues, that “it is time [. . .] to distinguish more explicitly between narrative and those forms of literary discourse that require writer and reader to withdraw from the demands of passing time” (2) as the lyric does.

To exemplify some of the differences, and the impact of them, Belling turns to McEwan’s novel as a short case study. *Saturday*, she argues, is an “irresistible text” (3) for anyone interested in the relationship between literature and medicine, and in particular for its staging of the climactic scene where a reading of Matthew Arnold’s poem *Dover Beach* trumps neurological diagnosis in averting a potentially fatal encounter between the Perowne family and a London gangster. Belling’s interest, however, lies not in what this might say about the respective roles of the doctor and the poet but rather in the collisions between narrative (plot) and lyric (reflection). The meaning of the novel is not to be found, Belling claims, in the “momentum of its plot but in its multiple modes of evading plot” and in particular “its present-tense focus on the protagonist’s mental responses to his environment [which] approaches the lyric mode” (3). That is, Henry Perowne is characterised by a wilful and ongoing self-reflection, which is overcome by ecstatic happiness only when he is undertaking surgery. The absence of this continual self-assessment in the specific medical encounter leads Perowne to wonder if there is something wrong with him (a lack of empathy, perhaps) and leads Belling to ask what this pathological happiness might mean in the context of narrative medicine.

Working through various categories of pathology – medical, aesthetic, and ethical – Belling has cause to ask whether Perowne (and the lyric mode he represents) should be characterised as damaged, irrelevant or complacent. She concludes that the

value in Perowne's solipsistic reflection is to be found in his ability to read himself; to accept "the essentially fractured nature of ourselves" (5) and to turn that understanding into insight about the self. This, for Belling, might be valuable in and for itself as a mode of reflection for the medical student to aspire to.

However, Belling's final point is more vital, and has intriguing possibilities for future research. She concludes by linking this notion of insight into the self with the experience of reading, or rather the practice of reading, and reading closely so as to experience, respond to, and analyse a text simultaneously. Although Belling does not explicitly say so, this practice of close reading is, of course, remarkably like the professional reading practices of the literary scholar. To understand that such reading is valuable in medical contexts may, Belling contends, allow us "to question the old distinction between 'hard' and 'soft' cultures" by, for example, "pointing to the affinities between the precision of medical technology and the technical demands of close reading, where attention to exact detail is what makes possible the non-reductive observation of the construction of meaning" (6).

As brief as this essay is, and as much as it ignores a great deal of the scientific world-view which McEwan wishes to explore in *Saturday*, the sharp focus of Belling's work, particularly her own resistance to the reduction of a literary text to a statement on whether a doctor is good or bad, makes this a very fine piece of literature and science scholarship. In its concluding and tentative assessment of the relationship between close reading and medical technology it also presents future scholars with a challenge: how to push forward narrative medicine to take account not only of stories or texts but also those other material objects that also constitute our scientific culture.

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