



PROJECT MUSE®

---

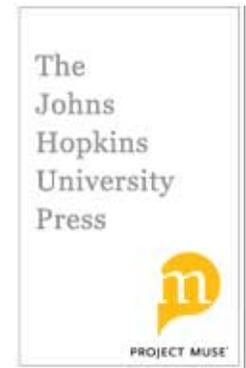
## The Other Side of Silence: Levinas, Medicine, and Literature

Craig Irvine

Literature and Medicine, Volume 24, Number 1, Spring 2005, pp. 8-18 (Article)

Published by Johns Hopkins University Press

DOI: [10.1353/lm.2005.0027](https://doi.org/10.1353/lm.2005.0027)



➔ For additional information about this article

<https://muse.jhu.edu/article/185604>

# The Other Side of Silence: Levinas, Medicine, and Literature

Craig A. Irvine

Near the beginning of *Middlemarch*, George Eliot's protagonist, Dorothea, marries Casaubon, a man she believes to be a genius, engaged in ground-breaking intellectual labor. Before she marries, Dorothea imagines a life dedicated to helping Casaubon complete his great work. It is not long, however, before she realizes that he is not all she had believed him to be. He is, in fact, small-minded and intellectually blocked.

On her honeymoon, Dorothea, overwhelmed by this realization and by the grand, unintelligible impressions of her first trip to Rome, breaks down when finally left alone. And Eliot writes this:

Not that this inward amazement of Dorothea's was anything very exceptional: many souls in their young nudity are tumbled out among incongruities and left to "find their feet" among them, while their elders go about their business. Nor can I suppose that when Mrs. Casaubon is discovered in a fit of weeping six weeks after her wedding, the situation will be regarded as tragic. Some discouragement, some faintness of heart at the new real future which replaces the imaginary, is not unusual, and we do not expect people to be deeply moved by what is not unusual. That element of tragedy which lies in the very fact of frequency has not yet wrought itself into the coarse emotion of mankind, and perhaps our frames could hardly bear much of it. If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heart beat, and we should die of that roar which lies on the other side of silence. As it is, the quickest of us walk about well wadded with stupidity.<sup>1</sup>

In spite of this warning of the dangers of attending too closely to the ordinary suffering of others, Eliot is, of course, doing just that: amplifying the sound of growing grass and squirrels' heartbeats so that we might hear (or see or feel, since Eliot takes care to mix her metaphors) what lies on the other side of silence. She puts our minds at ease, however, by assuring us that we need fear no harm: our stupidity will protect us.

Yet it is not our stupidity alone that shields us: Eliot's artistry, also, plays its part. Through her novel, Eliot manages somehow to convey a keen vision and feeling for ordinary human life, to lift the veil of silence, without killing us. She draws us near, involves us in the moral complications of her characters' lives, to inspire ethical reflection. Eliot brings suffering to our attention. Yet we are at a remove from life, from the other, and therein lies our protection. Paradoxically, the revelation of the other's moral nakedness is clothed in art. It is a bringing close of that which continually recedes—the amplification, in a sense, of the echo of a sound immeasurably distant.

My concern here is not with Eliot. But the above reflections on proximity and distance inspired by the quote from *Middlemarch* serve as a good introduction to the question with which I am most concerned, and which guides the work in which I am professionally engaged: how best to teach ethics to physicians-in-training. At least one answer to this question, I believe, lies in literature's power both to bring close and to distance, or more properly, as I will discuss below, to bring close distance as such.

My belief in this paradoxical power is grounded in the work of the philosopher with arguably the keenest "vision and feeling of all ordinary human life": Emmanuel Levinas. In his ethics of alterity, Levinas brings us face-to-face with the other side of silence. So doing, he forces us to confront our own well-wadded stupidity. And it is in this confrontation that we discover the clue to literature's efficacy as a tool for ethical reflection.

In the first of his two major philosophical works, *Totality and Infinity*, Levinas summarizes the essence of ethics:

A calling into question of the same—which cannot occur within the egoist spontaneity of the same—is brought about by the other. We name this calling into question of my spontaneity by the presence of the Other ethics. The strangeness of the Other, his irreducibility to the I, to my thoughts and my possessions, is precisely accomplished as a calling into question of my spontaneity, as ethics. Metaphys-

ics, transcendence, the welcoming of the other by the same, of the Other by me, is concretely produced as the calling into question of the same by the other, that is, as the ethics that accomplishes the critical essence of knowledge.<sup>2</sup>

For Levinas, what lies on the other side of silence is the call of the Other. This call is fundamental: by calling into question the same, it precedes, makes possible, all other forms of questioning, and thus all forms of knowing.

What, then, is this calling into question of the same effected by the encounter with the Other, a call that accomplishes the critical essence of knowledge and that Levinas names ethics?

As is clear in the above quote, the same that the Other calls into question is I, for it is I who have identity, or sameness, as my content. This does not mean that I am static, remaining constant while the world about me changes; on the contrary, to have identity as one's content means that, as I change, I recognize myself in and through all of my alterations. I accomplish this recognition through thought and self-reflection. Thought unites my successive states in one representational stream: it is universal, embracing the changes of the self-identical I. In self-reflection, I remain identical by recovering myself—overcoming alterity: what had been distinguished from me, what seemed other, is recognized as belonging to me. Self-reflection makes a mirror of the world, reflecting my own image.

In the Other, however, (the “personal Other,” the *autrui*) I encounter what I can never possess: the Other always eludes my grasp (24).<sup>3</sup> She is always more than my idea of her, always more than my power over her, always more than an object of self reflection. “If we call a situation where my freedom is called in question conscience, association or the welcoming of the Other is conscience” (100). The Other that I encounter remains infinitely Other, transcendent, *in* the encounter. The name Levinas gives to the “the way in which the other presents himself, exceeding *the idea of the other in me*” is “face” (50, Levinas’s italics).

This asymmetrical relationship between the Other (transcendence) and me (identification) is realized, Levinas contends, in language. Language is the means by which the other, as Other, manifests itself as something more than just another object of comprehension, another object I could appropriate or identify. Language allows the terms to relate without making them neighbors—it “accomplishes a relation such that the terms are not limitrophe within this relation” (39). Language

is produced, Levinas says, “as a *face to face*” (39, Levinas’s italics). In this face to face—in conversation—the alterity of the Other, the infinite distance of the Other, is the very content of my relation with her. Conversation maintains this distance between me and the Other, and thus questions my totalizing activity. In conversation, I am fundamentally for-the-other. Indeed, I recognize the Other’s absolute right over my egoism: “To speak is to make the world common. . . . It abolishes the inalienable property of enjoyment. The world in discourse is no longer what it is in separation, in the being at home with oneself where everything is given to me” (76).

Thought (through which I identify myself) bows before the Other (with whom I cannot identify) and thus offers the Other its very self, its identifying activity as such—its thinking. Since the Other *primordially* challenges me, ethics precedes all forms of knowledge. All theory and knowledge, which arise when I inquire about my world, take possession of my world, are a response to the primordial call of the Other, without which I would remain wrapped in unquestioning ipseity—an ego wholly satisfied with itself. As Richard Cohen puts it in *Ethics, Exegesis and Philosophy: Interpretation after Levinas*, “What has priority over knowing and conditions knowing is subjectivity as moral responsiveness, subjectivity as subjection to the other in a humbling of powers and capacities, a reorientation of the self’s natural for-one-self—its *conatus*—into a for-the-other.”<sup>4</sup>

For Levinas, this recognition of the priority of the Other is quintessentially manifest in my encounter with his suffering and death. I am *chosen, constituted, primordially oriented* by this encounter, in which I experience the force of my responsibility for the Other: “The nakedness of his face extends into the nakedness of the body that is cold and that is ashamed of its nakedness. . . . To recognize the Other is to recognize a hunger. To recognize the Other is to give. . . . It is in generosity that the world possessed by me—the world open to enjoyment—is apperceived from a point of view independent of the egoist position. . . . The presence of the Other is equivalent to this calling into question of my joyous possession of the world” (75–6). “‘The other’s material needs are my spiritual needs,’ Levinas has said repeatedly, quoting the formula of an important nineteenth-century Lithuanian ethicist and Talmudist, Rabbi Israel Lipkin (‘Salanter’) (1810–1883).”<sup>5</sup>

In the Other’s suffering, then, I face “the inevitable and preemptory ethical problem of the medication which is my duty.”<sup>6</sup> Indeed, “wherever a moan, a cry, a groan or a sigh happen[s,] there is the original call for aid, for curative help, for help from the other ego whose

alterity, whose exteriority promises salvation[.] It is the original opening toward what is helpful, where the primordial, irreducible, and ethical, anthropological category of the medical comes to impose itself—across a demand for analgesia.”<sup>7</sup> The doctor, Levinas declares, “is an a priori principle of mortality” (234). What lies on the other side of silence, a silence that envelops the suffering of the Other, is a call—in fact a demand. It is a call so powerful, so fundamental, that one’s response, Cohen says, “goes all the way to giving the very self of the self, all the way to death” (294). To answer the call of the Other is to give one’s very self, for this answer is the very *essence* of the self.

With this call to aid, this primary responsibility for the Other’s suffering, arises the requirement for justice. The call to respond to the suffering of the Other is a call to establish equality. My responsibility for the suffering of *this* Other, in the immediacy of the face to face, entails concern for *all* Others. To feed the hungry requires agriculture and just systems of distribution. Justice, then, arises with the immediacy of the moral imperative, and science arises in response to the demands of justice. The equality demanded by justice requires measurement and calculation. It requires, Cohen states, the rationality “proper to science and technology, or to philosophy as epistemology” (335).

Yet the trend of the whole of Western thought, Levinas contends, is to subordinate justice (the call of the Other) to freedom (the identification of the same). Western thought manifests an allergic reaction to the Other. “Thematization and conceptualization . . . are not peace with the other but suppression or possession of the other. For possession affirms the other, but within a negation of its independence. ‘I think’ comes down to ‘I can’—to an appropriation of what is, to an exploitation of reality” (46). It is important to stress that Levinas does not argue against conceptualization as such. As noted above, justice demands science, demands technology, demands epistemology. The problem, Cohen asserts, is that they “naturally tend not only toward the orderly, the synchronic, but toward the ordering of the orderly as if it were the whole” (194). Science, like all forms of conceptualization, *by nature* ignores what it presupposes: it ignores the ethical demand out of which it arises. As a form of conceptualization, of identification, science is naturally a totalizing enterprise. But it is a totalizing enterprise that presupposes—is called forth by—the infinite, nontotalizable, absolute alterity of the Other. For Levinas, science ought to be guided by the ethical dimension that exceeds it, by the Good that it presupposes, by the imperative that demands its creation. Levinas points science and all other human endeavors toward the ethical transcendence that inspires them.

Medicine is arguably the endeavor most in need of this orientation. Since the category of the medical imposes itself, primordially, in face of the Other's suffering, to cure is an "inevitable and preemptory" ethical imperative. Medicine ought to be, must be, oriented to the transcendence, to the infinite distance, of the Other. In answering the "original call for aid," however, medicine, like all forms of conceptualization, naturally tends toward closure: an "ordering of the orderly as if it were the whole." Even its commitment to doubt, to question all conclusions, to be transparently self-reflective, is enclosed within a comprehensive, identifying epistemology. Medicine's primordial imperative may be to cure the Other, to be for-the-other, but its structure and progression are naturally for-itself, representational: it is allergic to alterity—hostile to the unknown—and thus driven by the need to *identify* everything under the "category of the medical," from large-scale environmental structures to the most intimate structures of the body. Paradoxically, what medicine thus brings to light—even its epistemological rigor, its bringing to light as such—inevitably obscures the *call* for light. Or, to bring us back to Eliot, the call of the Other is silenced by the stupefying layers of response.

Like Narcissus, medicine is stupid with, in thrall to, its own reflection. This reflection is indeed beautiful, its power to enthrall well deserved. As should be clear, Levinas would not deny that medicine is among humanity's greatest works. But to judge the nature of its goodness, and so the justness of its uses, is beyond its own power. Medicine is a moral endeavor, commanded by ethics, by transcendence, by an infinity beyond its comprehension.

While medicine may inevitably, even necessarily, remain on *this* side of silence, those who practice it need not. According to Levinas, the objective of *Totality and Infinity* is "[t]he establishing of [the] primacy of the ethical, that is, of the relationship of man to man—signification, teaching, and justice—a primacy of an irreducible structure upon which all the other structures rest" (79). This objective guides medical ethics as well. In pursuing this objective, the ethicist faces many obstacles. "The road of morality," Cohen writes, "is a rocky one, and not just in and of itself: one is tempted on the one hand by refusal of the other, by 'hardness of heart,' immorality, evil, and on the other, there is the danger of collapse, of excess, of psychosis and folly" (191). Defined as they are, professionally, by an orientation to the suffering of the Other, the physician's road might be particularly rocky. Perhaps all of us have known physicians who have succumbed to the temptations Cohen describes—temptations that inevitably follow from the

very structure of their relationship with the Other. To do their job, to answer their call, physicians *must* arm themselves with knowledge; they *must* shield themselves from the nakedness of the suffering that calls them to action. Without this knowledge, they would be utterly ineffectual. Paralyzed or obsessed in the face of *this* Other's suffering, they could help no one. How, then, to orient physicians to the ethical, to the "irreducible structure upon which all the other structures rest," without exposing them to the dangers of bitterness (building impermeable walls) or zealotry (destroying all boundaries)?

As I indicated above, I believe at least one answer lies in literature. This faith in literature's efficacy may seem distinctly un-Levinasian. Literature, after all, is representational. As such, it is, for Levinas (echoing Plato), a totalizing enterprise. In a particularly telling passage from *Totality and Infinity*, Levinas explicitly equates science and art: "Beauty . . . introduces a new finality, an internal finality, into this naked world. To disclose by science and by art is essentially to clothe the elements with signification, to go beyond perception. To disclose a thing is to clarify it by forms: to find for it a place in the whole by apperceiving its function or its beauty" (74). Levinas places science and art on parallel representational planes. Literature, like science, *discloses* the face of the Other (which, *as Other*, is invisible) by clothing its nakedness in forms. These forms are necessarily referential: they refer to an entire system of signification, a whole that constitutes their sense—a totality. In disclosing the naked face of the Other, then, literature, like science, naturally effaces what it reveals.

This is perhaps why physicians respond so powerfully to literature: it mirrors medicine's representational, intentional structure. In the finality of Beauty, it gives form to—re-presents—the face of the Other. A work of literature is not the naked face of a patient's suffering. Rather, it is the representation, the identification, of this face. Physicians thus *identify* with literature's "neutralization of the other, who becomes a theme or an object—appearing, that is, taking its place in the light" (43). Literature honors medicine's imperative to clothe the naked. Making the Other an object of reflection, literature mirrors medicine's thematization, its bringing to light—its way of knowing.

How, then, can literature, which thematizes, possibly orient medicine to the ethical, which transcends all themes? Does not literature rather give medicine another source of mastery, another way to silence the Other, another discipline with which to identify? Offering Narcissus yet another stream of reflection, are we not just encouraging him to drown?

Paradoxically, it is precisely through its mirroring that literature points medicine beyond its own reflection. Literature's representational plane is parallel to, not the same as, that of science. In this difference, the paradox of literature becomes productive, bringing close distance as such.

Perhaps no one has examined this paradoxical power of literature more incisively than Italo Calvino. In *The Uses of Literature*, Calvino examines literature's power over politics (among other things). His words, however, are strikingly relevant to medicine: "Literature is like an ear that can hear things beyond the understanding of the language of [medicine]; it is like an eye that can see beyond the color spectrum perceived by [medicine]."<sup>8</sup> For medicine, as for politics, literature amplifies the sound of growing grass and squirrel's heartbeats, providing a keener "vision and feeling of all ordinary human life." So doing, it pierces the "coarse emotion" of medicine, making *unusual* the "element of tragedy" with which physicians are all too familiar. Seeming alien to medicine, literature actually mirrors medicine's alienation. For medicine, literature represents the unrepresentability of its infinite distance from the Other.

Literature thus teaches medicine, by example, to regard itself critically: "If at one time literature was regarded as a mirror held up to the world, or as the direct expression of feelings, now we can no longer neglect the fact that books are made of words, of signs, of methods of construction. We can never forget that what books communicate often remains unknown even to the author himself, that books often say something different from what they set out to say, that in any book there is a part that is the author's and a part that is a collective and anonymous work" (99). Through its words, signs, and methods, literature conveys the essential ambiguity of its words, signs, and methods. It totalizes, naturally, but it also critiques this totalization. This critical awareness, Calvino argues (and here again I substitute "medicine" for "politics"), "does not influence literature alone: it can also be useful to [medicine], enabling that science to discover how much of it is no more than verbal construction, myth, literary *topos*. [Medicine], like literature, must above all know itself and distrust itself" (100, Calvino's italics).

For Calvino, literature's display of self-knowledge and distrust is not just an infinitely regressive play of irony—a mirror mirroring a mirror into infinity—as it is for so many of his contemporaries. Instead, Calvino argues, this display makes us aware of our own "disease or of our hidden motives"—all those ways we silence the suffering Other.

As Dostoyevsky writes in *The Brothers Karamozov* (a quote Levinas often cites): “We are all guilty of all and for all men before all, and I more than others.”<sup>9</sup> This guilt, which literature powerfully conveys, need not paralyze us. “What matters,” Calvino argues, “is the way in which we accept our motives and live through the ensuing crisis. This is the only chance we have of becoming different from the way we are—that is, the only way of starting to invent a new way of being” (100). While this new way of being cannot lead away from guilt (I am primordially and forever responsible for the Other), it may lead toward its acceptance—toward ethics.

\* \* \*

Every other Friday morning, I hold Narrative Ethics Rounds with the inpatient team of the Family Medicine Residency Program at the New York-Presbyterian Hospital, Columbia University Medical Center. On this Friday morning, we begin with “Coats,” by Jane Kenyon:

I saw him leaving the hospital  
with a woman’s coat over his arm.  
Clearly she would not need it.  
The sunglasses he wore could not  
conceal his wet face, his bafflement.

As if in mockery the day was fair,  
and the air mild for December. All the same  
he had zipped his own coat and tied  
the hood under his chin, preparing  
for irremediable cold.<sup>10</sup>

The team reads this poem aloud twice and discusses its images, tone, structure, tensions, metaphors, point of view. They are particularly struck by its profound simplicity: Kenyon conveys deep, incomprehensible suffering simply by reporting—specifically, clearly, without flourish or commentary—what she has witnessed. I ask each member of the team to think of an image from his or her own experience—something from the previous week that has remained, for whatever reason, vividly lodged in memory. I then invite them to take ten minutes to write about this image, or the story around it.

Dr. C, one of the attending physicians, writes about Mrs. M, an elderly patient who was admitted to the service several days earlier. Mrs. M is critically ill. The team has exhausted all of its biomedical resources and the physicians are frustrated by their inability to “do anything” for her. She is old and dying—her systems shutting down, inexorably, one by one. Most of the time, Mrs. M is unconscious, moaning more or less loudly, the residents adjusting her analgesics accordingly. Rounding on Mrs. M, their only hope is to get in and out as quickly as possible, so that they might move on to the next room.

On Wednesday, however, something unexpected happened in Mrs. M’s room, which now inspires Dr. C’s writing.

That morning, he entered the room, leaned over Mrs. M, and, as usual, with his team standing around the bed, placed his stethoscope on her chest, his eyes closed in concentration. His touch somehow stirring her, Mrs. M suddenly lifted her right arm from the bed and touched Dr. C on the cheek. Startled, he opened his eyes. She held his gaze for several heartbeats, smiled, then dropped away again, softly moaning. The team stood for a moment longer, while Dr. C finished his examination and documented Mrs. M’s vital signs, then left the room, without comment, to attend to the next patient.

Now, in his writing, inspired by Kenyon’s poem, Dr. C welcomes Mrs. M: in her touch, in her gaze and her smile, in her wordless moans, he feels, sees, hears her, unknowably Other, infinitely mysterious.

“So, it is she who has called me here!”  
 She touches him, now, and he awakens.

\* \* \*

Establishing the primacy of the ethical does not remove physicians from the rocky road of morality: on the contrary, it reminds them that this is where they are *placed*. As for-the-other-all-the-way-to-death, physicians will always be tempted by bitterness or zealotry. My hope, however, is that, oriented to the ethical, to the call of the Other, they might attend to a finer sense of the ordinary on the other side of silence.

## NOTES

1. Eliot, *Middlemarch*, 191.
2. Levinas, *Totality and Infinity*, 43. Subsequent references are cited parenthetically in the text.

3. Translator's note (Alphonso Lingis): "With the author's permission, we are translating 'autrui' (the personal Other, the you) by 'Other,' and 'autre' by 'other.' In doing so, we regrettably sacrifice the possibility of reproducing the author's use of capital or small letters with both these terms in the French text" (24).
4. Cohen, *Ethics, Exegesis and Philosophy*, 306 (Cohen's italics).
5. *Ibid.*, 201. Subsequent references are cited parenthetically in the text.
6. Levinas, "Useless Suffering," 158.
7. *Ibid.*
8. Calvino, *The Uses of Literature*, 98. Subsequent references are cited parenthetically in the text.
9. Dostoyevsky, *The Brothers Karamazov*, 264.
10. Kenyon, *Constance*, 40.

## BIBLIOGRAPHY

- Calvino, Italo. *The Uses of Literature*. Translated by Patrick Creagh. San Diego: Harcourt Brace, 1986.
- Cohen, Richard. *Ethics, Exegesis and Philosophy: Interpretation after Levinas*. Cambridge: Cambridge University Press, 2001.
- Dostoyevsky, Fyodor. *The Brothers Karamazov*. Translated by Constance Garnet. New York: New American Library, 1957. First published 1879–80.
- Eliot, George. *Middlemarch: A Study of Provincial Life*. New York: Signet Classic, 1964. First published 1872.
- Kenyon, Jane. *Constance: Poems by Jane Kenyon*. St. Paul, MN: Graywolf Press, 1993.
- Levinas, Emmanuel. *Totality and Infinity: An Essay on Exteriority*. Translated by Alphonso Lingis. Pittsburgh, PA: Duquesne University Press, 1969.
- . "Useless Suffering." Translated by Richard Cohen. In *The Provocation of Levinas*, edited by Robert Bernasconi and David Wood, 156–66. London: Routledge, 1988.