

# The Linacre Quarterly

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Volume 60 | Number 1

Article 5

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February 1993

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### Recommended Citation

Allsopp, Michael E. (1993) "Of Medicine and Metaphor: Significant Findings from Walker Percy," *The Linacre Quarterly*: Vol. 60: No. 1, Article 5.

Available at: <http://epublications.marquette.edu/lnq/vol60/iss1/5>

# Of Medicine & Metaphor: Significant Findings from Walker Percy

by

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Why do people feel so sad in the twentieth century?

Why do women and men feel so bad in the very age when, more than in any other age, they have succeeded in satisfying their needs and making over the world for their own use?

Why have we humans entered on an orgy of war, murder, torture, and self-destruction unparalleled in history and in the very century when we had hoped to see the dawn of universal peace and brotherhood?

Why do people often feel bad in good environments and good in bad environments?

Why is war — and success in war — our greatest pleasure?

Why do more people commit suicide in San Francisco, the most beautiful city in America, than in any other city?

Why are we the only creature that wages war against its own species?

Why do young people look so sad?

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What does a person do when he finds himself living after an age has ended and he can no longer understand himself because the theories from the former age no longer work, and the theories of the new age are not yet known?

What such a person does is to start afresh as if he were newly come into a new world. He begins with what he knows for sure, and like a visitor from Mars newly-landed on earth notices what is unique about himself.

There is only one place to start: the place where human singularity is there for all to see and cannot be called into question, even in a new age in which everything else is in dispute.

That singularity is language.

As some will recognize, these words come from "The Delta Factor," the 1975 essay by Walker Percy (M.D., Columbia College of Physicians and Surgeons, 1941).<sup>1</sup> Best-known for his satirical novels, *The Moviegoer* which won the National Book Award in 1962, *The Last Gentleman* (1966), *Love in the Ruins* (1971), *Lancelot* (1977), *The Second Coming* (1980), and *The Thanatos Syndrome* (1987), Walker Percy stands as a major American literary figure and man of letters who, with Flannery O'Connor, most accurately diagnosed the cultural and social condition of this nation by providing us with memorable snapshots of how we live now.

Walker Percy was an interesting man. A Southerner and a convert to Roman Catholicism, Dr. Percy was a best-selling author who was very well-informed about scientific as well as literary matters. Described by Yale's Cleanth Brooks, as "one of the most amiable of men, courteous, pleasant, and civilized," Percy was one of a small group of American novelists who have brought both a serious interest in philosophy and an active involvement in medicine (psychiatry in particular), to their work as creative writers.<sup>2</sup>

The richness of Percy's education cannot be separated from the complexities of his life. Following his father's suicide and his mother's death in an auto accident, Walker Percy was adopted at the age of fourteen by an uncle, William Alexander Percy, a prominent Mississippi attorney, published poet, and friend of Carl Sandburg, William Faulkner, and the psychiatrist Harry Stack Sullivan. However, though his "Uncle Will" introduced him to Brahms, Shakespeare and Keats, Dr. Percy's education up to the age of thirty was almost entirely scientific. At the University of North Carolina at Chapel Hill, where he went in the late 1930's, Percy majored in chemistry, and candidly admitted (in interviews which he gave years later), having read very few novels in those days. At Columbia, where he received his medical degree with high honors, Percy had no plans to be a writer.

Dr. Percy became interested in philosophy when, as a promising young physician just out of medical school, his life took a dramatic change: while an intern at New York's Bellevue Hospital, he contracted TB. Recuperating, he read Heidegger and Kierkegaard, Sartre, Dostoevsky, and Camus' *The Outsider*, *The Fall*, and *The Plague*. As a result, while he always maintained a devotion to science — "I like its elegance and precision," he said in an interview in 1967 — Percy became aware of some of science's shortcomings. "If the first great intellectual discovery of my life was the beauty of the scientific method, surely the second was the discovery of the singular predicament of man in the very world which has been transformed by this science," he said years afterward in an interview for *Bookweek*.

From the French Catholic existentialist Gabriel Marcel, Walker Percy came to understand that the human person is a *homo viator*, a wayfarer and a pilgrim for whom the search is the normal condition of life, and he made this image central to his novels. Soren Kierkegaard's religious and psychological insights, and the great Danish theologian's criticisms of Christendom, left lasting impressions on Percy's thinking, and made him acutely aware of the state of American culture. As a writer, Walker Percy was "no sharp featured dogmatist who peers out on our world with a grim and austere gaze," to quote Cleanth Brooks again. He used irony and satire to call his reader's attention to what is happening in America, and was a critic of activists on both the Left and the Right.

Dr. Percy's vision was at odds with the secular liberalism of the "New Class" intellectuals. He was concerned about racism, and the breakdown of the Church and the American family. In 1988, Percy wrote to *The New York Times* on the subject of abortion. He used the New Orleans press to get action on improving education in Louisiana. As Gregory Wolfe says in a review of *The Thanatos Syndrome* published before Dr. Percy's death in 1990, "Those who pretend that

the West's ills can be cured through the purely political means of anti-Communist foreign policy and the unfettering of the free market are in fact **participating** in the modern malaise, according to Percy."<sup>3</sup>

Throughout his adult life, Walker Percy was deeply interested in language. He admired Gerard Manley Hopkins' mastery of metaphor. He studied the role that language plays in advancing — as well as impeding — understanding. Percy respected Noam Chomsky. He read Levi-Strauss, Jacques Maritain, Rollo May, and George Steiner. He appreciated the possibilities in Charles Pierce's theory of abduction, and his life was deeply touched by Helen Keller, perhaps, because one of his two daughters was born deaf.

At his death in 1990, Dr. Percy was working on a collection of essays on language, a subject that we needed to think about more seriously, he said in "The Fateful Rift: The San Andreas Fault in the Modern Mind," the 18th Annual Jefferson Lecture in the Humanities which he gave for the National Endowment for the Humanities on May 3, 1989, in Washington, D.C. Like Dr. Paul Hodgkin, author of "Medicine is war: and other medical metaphors" (BMJ 1985;291: 1820-21), Walker Percy saw that besides its methodology, the vocabulary of science affects our perception of the world, and, therefore, examining the metaphors behind our language is worthwhile, because it clarifies our assumptions, and forces us to refine — and sometimes discard — them for more appropriate ones.

It is this aspect of Dr. Percy's thought, his understanding of language and of language's role in achieving scientific as well as self-understanding, rather than Percy's diagnosis of the illnesses harming contemporary American society, that will be examined here. The reason: We live in a rapidly changing world. We have become what Alvin Toffler, author of *The Third Wave*, calls "citizens of the age of transience," people living at the front edge of a new wave of global change that will radically alter work, marriage, the family, technology, our political and religious institutions — and the way that we humans see ourselves. As this wave breaks upon us, the old medical metaphors like the old methods of medicine will become obsolete, and the current ones will be no longer relevant. Such metaphors as "the body is a machine," and "the physician is a healer," will impede rather than advance understanding. Medicine will neither be able to speak effectively for itself nor be spoken to.

If medicine is going to become more humane, and physicians are going to communicate effectively and hold their vital place in society, both must better understand language, and develop new, more adequate images about themselves, and incorporate them into their language systems. It is here that Walker Percy can help.<sup>4</sup>

### **Language, Symbol & Mystery**

First, a word about language, and Walker Percy's contributions to language. In an essay called "The Mystery of Language," first published in 1957, Percy argues the thesis that language is the stuff of which our knowledge and awareness of the world are made, and the medium through which we see the world. In other

words, we do not see a virus or a peptide directly, we grasp them through language. For Percy, trying to see language is like trying to see the mirror by which we see everything else. Language, further, is different from other space-time phenomena.

In Percy's eyes, the human characteristic of making symbols sets language apart from animal forms of communication. "Naming stands at a far greater distance from Pavlov's dog than the latter does from a galactic collision."

When I name an unknown thing or hear the name from you, a remarkable thing happens. In some sense or other, the thing is said to "be" its name or symbol. The semanticists are right: this round thing is not the word ball. Yet unless it becomes, in some sense or other, the word ball in our consciousness, we will never know the ball.

It is not rationality that makes humans unique on earth, but their ability to make symbols, and to create symbolic language, according to Percy. Moreover, this ability to create symbols not only sets the human species apart, it also shatters the old dream of the Enlightenment — that an objective-explanatory-causal science can discover and set forth all the knowledge of which we are capable. Skinner's behaviorism does provide an explanatory model of language, but it is wrong; and Chomsky's structural linguistics is not an explanatory theory, Percy argues.

What is the immediate consequence? The human person — in his most unique behavior — cannot be grasped by science. The human is "not merely a higher organism responding to and controlling his environment. He is, in Heidegger's words, that being in the world whose calling it is to find a name for Being, to give testimony to it, and to provide for it a clearing."

In his later essay, "The Delta Factor," Dr. Percy sees himself as a "terrestrial Martian," setting out not only to observe people as data but to observe scientists observing people as data.<sup>5</sup> His probing question is, "What is language?" And his conclusion: it is unique behavior. Why? Unlike other animals, a four-year-old child can utter and understand an unlimited number of new sentences in her language — and though earthlings have theories about everything else, they do not have an adequate theory about this phenomenon. The formal-descriptive disciplines of linguistics deal with the products of language; and the factual science of psychology deals with the stimuli and response of organisms — "and that between them lies the *terra incognita* of the phenomenon itself."

### **Metaphors We Live & Die By**

Some will disagree with Walker Percy's conclusions about the singularity of language. However, it is difficult not to agree with his emphasis on the way that language affects our self-understanding and perception of the world — which takes us to metaphors. For most, metaphors belong to poetry, not to technology and science. There is ample evidence, however, that metaphors are vital to science, as well as to everyday speech, and that our conceptual system, by which we think and act, is metaphorical in nature.

For example, the following expressions which provide shape to the medical professions are metaphorical:

physicians and nurses are:  
engaged in a **war** against cancer  
on **the front lines** of research  
planning a new **line of attack**  
**wiping out** this form of cancer  
**on the lookout for a new outbreak**

Whenever we use an image or example from one order or sphere of reality (warfare) in order to explain or understand something in another order or sphere (medicine), we are using metaphor.<sup>6</sup>

In an essay, "Metaphor as Mistake," first published in 1958, Walker Percy examined the curious fact that the metaphor embodied in the expression "he has bought the farm," while a "mistake" produces understanding — it works. His question, "Is it possible to get a line on metaphor, to figure out by a kind of lay empiricism what is going on in those poetic metaphors and folk metaphors where the wrongness most patently coincides with the beauty."

Conclusions. For Dr. Percy, metaphors are the true makers of language, since they uncover both the likeness and unlikeness of things. Metaphors are the prisms through which we know and explain realities — whether cancers, colds or coronary heart diseases. Metaphors are the mirrors of our eyes.

Percy uses examples from Gerard Manley Hopkins' nature journals to illustrate his conclusions. For instance, he finds both pleasure and light in Hopkins' image, "A straight river of dull white cloud." He is made mentally alert by Hopkins' "A white shire of cloud." Dr. Percy is convinced that both the unusual metaphor and the "mistake" serve a similar function: they are instrumental to our knowing. Each kind of metaphor points to, explains or names reality — it helps us see what is there or happening.

As we all know, metaphors are central to medicine. They are embodied in medicine's titles, procedures, and policies, as Richard Selzer, author of *Rituals of Surgery and Confessions of a Knife* illustrates in the following quotation from his more recent book *Letters to a Young Doctor*:

If all Medicine be considered a religion, why, then, the psychiatrist is the cloistered nun, a contemplative whose pale hands are unused save for the telling of beads. The surgeon is burly, brawling Friar Tuck, out in the world, taking up his full share of space, and always at some risk of exposing rather too much of his free-swinging beef from beneath his habit.<sup>7</sup>

In his valuable study, Paul Hodgkin shows that medicine would collapse without its "military" metaphors, and its "detective story" language. What would a physician or a patient say to each other if they couldn't talk about a disease as if it were an "object" rather than a "process"? Also, Hodgkin reminds us that:

Many of the phrases we use to talk about feelings depend on two assumptions: emotions are fluids and intensity is temperature.

He was **swamped** with feeling; she was **bubbling over** with joy; I nearly **exploded** with rage; they were **boiling over** with excitement; they've **channelled** their feelings into other things; he's emotionally **volatile**.

The language of feeling implies an extensive network of subterranean piping. The purpose of this subconscious plumbing is to prevent the unseemly spilling of emotions into the open, and indeed many of the phrases we use imply plumbing failures of one kind or another . . . Within medicine, at least, emotions and feelings are actually thought of as dangerous and contaminating fluids.

The traditional way of dealing with this problem is by trying to keep the emotional temperature as low as possible. Exactly how this is to be achieved is rarely explained but it is certainly the method implicitly recommended in most teaching on medical and surgical wards.<sup>8</sup>

Medicine, as these examples show, uses countless metaphors as devices for understanding. And it does so not because medicine is a "soft" science or the domain of closet poets, but because there is evidence that the human conceptual system is inherently metaphorical, i.e. because humans understand the world, think and function in metaphorical terms, and, second, because metaphors —telling, surprising, colorful ones — alert us and connect us with those distinctive things we see, touch, and hear — what Hopkins (and Walker Percy) called *inscape*.

### **New Metaphors for Medicine's Future Age**

Alvin Toffler's Third Wave rapidly approaches. American medicine is moving into uncharted waters, as presidential candidates and the general public call for major reforms. Experiments to ration health care have begun. Daily the cry is "It's time for national health care." Major insurance companies are urging physicians to participate in communications workshops as a way to slow the rate of patient claims. At such a time, it seems useful to ask, "Are medicine's dominant metaphors impeding or advancing the professions, harming or helping scientific knowledge? Is medicine's language hurting health care?" These are serious questions.

The "machine," "military" and "detective" images, as well as the metaphors which current medicine uses to describe feelings are pervasive, as Hodgkin says. But, "Problems arise not because these ways of thinking are not valid — at times all these metaphors are useful — but because their pervasiveness excludes other equally true ways of seeing health and illness." Moreover, when we use limited or outmoded metaphors, we not only employ ways of speech that are sometimes insensitive or hurtful, we also impede discovery and hold back the possibility of adding to medicine's vision of reality.<sup>9</sup>

Although it is far from easy to introduce new metaphors into a language system, the times and the mobility of the American language seem supportive of some changes. For example, in a recent essay, Daniel Callahan, Director of the Hastings Center, argued that American medicine must change its priorities and its orientations. In view of this nation's present economic situation, and its current population trends, US medicine cannot — should not try — to cure all illnesses, according to Callahan. Today, 12% of the nation's GNP goes to pay the health care bill, whereas only 5.9% of GNP was spent on health care in 1965. Second, it is time to recognize that American health care does not need more technology. What Medicine must reinstate, in Callahan's opinion, is the primacy of care.

Whether to persons with AIDS or impaired senior citizens in nursing homes, the healing professions must show that they are committed to providing appropriate care. Sensitive, humane care is central to medicine, and to this nation's historic traditions, Callahan argues.

Obviously, Callahan's recommendations will be widely-supported, and will encourage a shift in medicine's current metaphors, as efforts are made to return to the practices of past generations in which care was more common than cure. Expanding such metaphors as "health care center" and "caring card" should not be difficult.<sup>10</sup>

Paul Hodgkin suggests some new metaphors in his essay. "An alternative to 'medicine is war,' for example, might be 'medicine is a collaborative exploration.' This recognizes that what we are engaged on is exploratory — by its nature it is intrinsically uncertain," Hodgkin writes. It also emphasizes that medicine is "cooperative and many people are involved: patients, their family, health workers, and researchers." Other useful metaphors suggested are: "the body is an enduring pattern" (which emphasizes keeping healthy and the importance of nutrition); and, "illness is imbalance" (a lay metaphor little used by the professions). Finally, Hodgkin sees new metaphors arising as women become more influential in medicine.

Control of emotion and the pursuit of power are prized in a masculine atmosphere. "With the rising awareness that an excessively masculine style of science has had considerable costs as well as benefits for humanity comes the possibility of other more complete ways of proceeding," Hodgkin writes.

Finally, in a recent essay, Jack W. Provonsha, M.D., Founding Chair and Director of the Center for Christian Bioethics at Loma Linda University, argues that, "It is time to develop not only a science of medicine or an ethic of medicine but a theology of medicine." Provonsha believes that the starting point for such a theology is the doctrine of creation, and that the physician as an "agent of the Divine Creator" is an idea whose time not only has come but is long overdue.

"I submit that if our profession is going to retain those qualities that have made it so powerful a force for good in the world, and made it so exciting and appealing to us in those idealistic days of our youth, as it undergoes agency transition it must discover its true role as an agency of the divine Creator," Provonsha writes.

Obviously, though U.S. medicine tends today to espouse language that is secular, in order to avoid divisiveness and incoherence in such a pluralistic society as our own, there is much to support these suggestions. The Church is a major health care provider in this country, and religious beliefs, whether Jewish or Christian, are frequently central in health policy and treatment decisions. Further, who can deny the historic links between religion and medicine?<sup>11</sup>

That golden age when the doctor was the most beloved and respected professional in society has definitely ended. No artist today would depict the physician as an angel, as Hendrik Goltzius did in 1587 in his engraving known as "The Medical Professions." For millions of Americans, physicians have become enemies not friends of society, as Jeff Blum, director of Citizen Action of Pennsylvania, implies when he says that "For decades, the health care industry, led by the American Medical and Hospital Associations, has blocked national



health care." *Philadelphia Inquirer* (January 11, 1992).

However, as the Medical School at Creighton University celebrates its first one hundred years, the future looks brighter than the past in lots of ways. Even a casual glance at the history of American medicine reveals that the health professions have achieved remarkable results during this century. In spite of the challenges and hard choices ahead, with new, more useful metaphors to guide it, with sound leadership and judgment, medicine's future must be more wonderful in the century ahead. Ad multos annos.<sup>12</sup>

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12. For support which made this study possible, I must thank the National Endowment for the Humanities, and Professor James Childress, who directed a memorable NEH Summer Seminar for College Teachers on "Metaphors and Principles in Biomedical Ethics," at the University of Virginia in 1986.