“It Is the Poet Who Heals”: Richard Selzer’s Literature of Wholeness

by Charles M. Anderson

Richard Selzer is one of the most celebrated physician-writers in America. Selzer’s seven collections of stories, essays and memoirs seek to heal what the scalpel cannot reach—the human spirit. While his work is varied and complex, three general themes organize much of it: patients and the power of illness, the physician and his healing, and larger issues of health care and the medical humanities. Using these themes as guides, readers can see growth and development in Selzer’s medical writing from its earliest examples to its more recent forms.

In the years since he began writing, Richard Selzer has become one of the two or three most celebrated physician-writers in the United States. He has been wined and dined by universities and medical schools around the country and by any number of professional organizations, including the Society for Health and Human Values and the National Council of Teachers of English, where he has read his work and spoken about the writer’s life, about relationships between literature and medicine, and about the healing potential of the word.

A prolific writer, Selzer has published two collections of stories (Rituals of Surgery and Imagine a Woman), four collections of essays and stories (Mortal Lessons, Confessions of a Knife, Letters to a Young Doctor and Taking the World in for Repairs), an autobiography (Down from Troy) and more miscellaneous pieces scattered through magazines and journals than anyone outside his agent’s office could hope to enumerate. Nonetheless, to many readers in both medical and literary circles, Selzer’s work remains surprisingly unfamiliar. In this essay, I hope to improve the situation because I believe Selzer has many important things to say to persons interested in health care and the medical humanities.

Because his writing is so diverse, and because one or two pieces or even one or two books would not convey a clear sense of Selzer’s range, I intend to deal with three broad, roughly developmental themes that organize much of his work: patients and the power of illness, the physician and his healing, and larger issues of medicine and the medical humanities. While these themes do not account for all of Selzer’s writing, they do allow readers to see growth in his medical writing from its earliest examples to its more recent forms. In addition to examining these themes, I will suggest that Selzer’s writing can be read as work that seeks to heal what the scalpel cannot reach, as a literature of wholeness.

Patients and the Power of Illness

If there is a single source of Selzer’s power as a writer, it must be his ability to look unflinchingly at his patients and to see in their suffering that sickness both destroys and ennobles, wounds and heals, and creates the possibility of transcendence. While there is a universality to such aspects of the mortal condition, for Selzer, especially in the first half of his career, these are fully realized only in the lives of particular patients, physicians and readers in particular places and times. Selzer’s representations of patients are not intended to provide models of behavior or principles by which the sick are to be treated. In fact, they often achieve the opposite, creating for the reader a state of puzzlement akin to the uncertainty felt by those who are ill.

In “Four Appointments with the Discus Thrower,” for example, Selzer writes about an unnamed man in Room 542 whose legs have been amputated and who, every morning, orders a plate of eggs, which he balances on his right palm and throws against the wall at the foot of his bed, laughing—“a sound you have never heard. It is something new under the sun” (Confessions of a Knife 30). Despite the outrage of hospital staffers

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who must clean up after the man, and the condition of the man’s body which has become “a roting log,” Selzer finds him “beautiful, as though he were a sailor standing athwart a slanting deck” (Confessions of a Knife 29). When the man dies unexpectedly Selzer ends the essay by returning to Room 542, “looking for secrets. He is still there in his bed. His face is relaxed, grave, dignified, as the faces of the newly dead are. After a while, I turn to leave. My gaze sweeps the wall at the foot of the bed, and I see the place where it has been repeatedly washed, where the wall looks very clean and very white in contrast to the rest, which is dirty and gray” (Confessions of a Knife 31). The ending is suggestive, but what are we to make of these strange events?

According to David Morris in “Beauty and Pain: Notes on the Art of Richard Selzer,” Selzer’s representations of patients connect current history to an ancient tradition in which pain and beauty achieve a subtle, necessary concord. Through a catharsis of pity and fear, pain ultimately carries the spectator to a state of intellectual, emotional, and aesthetic clarification. Knowledge and beauty replace the confused accidents of history, and it is pain which provides the essential raw material for the transmutations of tragic art (Morris 126).

The cathartic potential of “Four Appointments with the Discus Thrower” lies in the reader’s willingness to dwell for a moment in the clean, white space of the unnamed man’s suffering and to connect that space with his or her own lived experience. The point of representing patients in their stark particularity is to invite the reader to read in a way that may bring about an understanding not of Selzer’s writing, but of the reader’s own life, a clarification that reveals the sources of suffering and points the way to healing. At least this is the effect writing about his patients had upon Selzer. “I describe the patient—searching . . . for his essential quality. Then something happens . . . and all at once, I am looking through the patient, and I am moved because I see myself. I feed this vision with the food of words” (Anderson 25).

**The Physician and His Healing**

In an interview published in 1984, Selzer explained when and why and how he became a writer.

Up until the age of 40, I had a singleness of purpose. I was a doctor. I knew I was going to be a doctor from early childhood. My father was a general practitioner in upstate New York who died when I was 12. . . . When I reached the age of 40, 39 or 40, quite abruptly I felt a certain need to do something else, and I wasn’t quite sure what that was going to be. I felt restless, a kind of agitation, if you will, of the spirit and almost a malaise. And rather without prior intention I took pencil and paper and wrote. I wrote a short story that was a retelling of the Jonah and the Whale myth, and suffice it to say that when I read it over three hours or four hours later I knew at once that I was a writer. I was in fact healed, the physician had healed himself, I was calm (Schuster 85).

In the interview Selzer does not make much of his malaise, nor does he expand on the healing that writing “Jonah and the Whale” produced. But in his public talks he presents both in a clearer, more urgent way. “I write to domesticate my terrors . . . I do it to ward off disease, fend off death, to give pain a name. I think I should have died at the age of forty if I had not begun to write. For me to write is to transform all of my helplessness and despair as a surgeon into an affirmative act of creation . . . a work of Art stands between the artist and extinction. Art . . . provides a way of reshaping pain and

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the fear of death into a harmonious, healthy, living thing” (Speech Notes). In another place he says, “My writing is my life vouchsafed” (Speech Notes).

Dramatic as they may sound, such statements are true for Selzer and constitute an important aspect of his contribution to the medical humanities: the recognition that physicians are not the superhuman, god-like figures that media, patients and heroic doctor literature have encouraged them to be. For Selzer, the intensity of patients’ suffering, the means by which they endure and transcend it, and the physician’s relative powerlessness in the face of true and inevitable physical disaster, combine to reveal the depth of healing needed by the physicians who inhabit his stories and essays.

The opening section in his first collection of essays and stories, Mortal Lessons: Notes on the Art of Surgery, comprises what Selzer has called his apologia pro mia vita and is his most detailed statement of the physician’s need to be made whole. The three essays in the section focus specifically on the many
ways in which physicians can be wounded, awakened and healed by their participation in the doctor/patient relationship. In “The Exact Location of the Soul,” Selzer tells the story of a blind diabetic woman with whom he worked for more than a year attempting to save her foot. “At last we gave up, she and I. We could no longer run ahead of the gangrene. We had not the legs for it. There must be

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an amputation in order that she might live—and I as well. It was to heal us both that I must take up knife and saw, and cut the leg off” (Mortal Lessons 17).

In his year with this woman, the disease that has mutilated her body has broken her surgeon’s spirit, who has only knife and saw and the knowledge that the price of her life is the wholeness of her body and that he must be the one to do the surgery. On the day of the amputation, the surgeon uncovers her leg and sees “There, upon her kneecap, she has drawn, blindly, upside down for me to see, a face; just a circle with two ears, two eyes, a nose, and a smiling upturned mouth. Under it she has printed SMILE, DOCTOR” (Mortal Lessons 17-18). What astounds the surgeon and sets the stage for the other essays in this section is that the woman, wounded as she has been by her disease, has the power and the will to reach past her own suffering and take on part of the surgeon’s pain. Her crude figure and her words are intended not to be silly but to begin the healing he so desperately needs, healing beyond the reach of knife and saw. Selzer recognizes that he is after just such healing, and points the way to its most important form: “I have become receptive to the possibilities of love (for it is love, this thing that happens in the operating room), and each day I wait, trembling in the busy air. Perhaps today it will come. Perhaps today I will find it, take part in it, this love that blooms in the stoniest desert” (Mortal Lessons 18).

In “The Surgeon as Priest,” Selzer observes such a love in its purest form as he watches Yeshi Dhonden, “Personal Physician to the Dalai Lama” touch, hold and heal a patient whose body will never recover from its disease. In observing this intimate, caring moment, Selzer writes, “I am envious—not of him, not of Yeshi Dhonden for his gift of beauty and holiness, but of her. I want to be held like that, touched so, received. And I know that I, who have palpated a hundred thousand pulses, have felt a single one” (Mortal Lessons 34). Throughout Selzer’s work, it is the touching of human hands and spirits inside intensely focused moments of the healing relationship that brings about the possibility of wholeness, though wholeness does not always suggest return to bodily health. The mortal condition, for Selzer, is most clearly figured in the process of dying, which scientific medicine with all its promises and powers cannot stop. The final stages of dying are often points of greatest clarification.

In the room a woman moves. She is dressed in white. Lovingly she measures his hourly flow of urine. With hands familiar, she delivers oxygen to his nostrils and counts his pulse as though she were telling beads. Each bit of his decline she records with her heart full of grief, shaking her head. At last, she turns from her machinery to the simple touch of the flesh. Sighing, she strips back the sheet, and bathes his limbs. . . . Preoccupied with dying, he is scarcely aware of her presence now. But this nurse is his wife in his new life of dying. They are close, these two, intimate, depending one upon the other, loving. It is a marriage, for although they own no shared past, they possess this awful, intense present, this matrimonial now, that binds them as strongly as any promise (Mortal Lessons 45).

Between Mortal Lessons (1974) and Selzer’s most recent volume, Down from Troy (1992), the theme of healing and love spreads beyond the physician’s need and takes dozens of variations. In stories such as “Imelda” and “Tom and Lily,” love simultaneously binds and wounds. In “Chatterbox” and “The Black Swan Revisited,” the power of love heals affliction and makes whole the lives of those to whom it comes. In a few instances, physicians themselves become the objects or agents of healing love, most notably in the long journal piece, “Diary of an Infidel: Notes from a Monastery,” which can be read as Selzer’s good-bye to medicine, and in the short fiction “Fetishes.” Because they broaden Selzer’s concerns, such writings as these and the final two essays in Taking the World in for Repairs, “My Brother Shaman” and the title piece, signal a movement in his writing toward the third of my themes, a concern with larger issues in medicine and the medical humanities.
Larger Issues of Medicine and the Medical Humanities

Although he has denied that his primary concern as a writer lies in the social, political or economic issues surrounding American medicine, almost from the very beginning Selzer has dealt to some degree with matters of general importance to health care. For example, his early essay entitled “Abortion,” though he means it to speak only from his own specific experience, has been widely read as a powerful statement by a physician against the practice. Many of the essays in Letters to a Young Doctor take the form of advisory epistles directed toward young physicians and include issues ranging from fainting in the operating room to learning surgical decorum to cultivating an attitude of respect for patients’ bodies. “Brute” and “Mercy” address doctor behavior toward unruly patients and physician-assisted suicide. But it is not until Imagine a Woman that Selzer engages fully in the broadest concerns of medical ethics. In at least four of the six novellas in this collection, Selzer offers pictures of healing in which the power of medicine is nullified, becomes irrelevant or constitutes the very source of sickness. “Wither Thou Goest,” “Imagine a Woman” and “Luis” will serve as illustrations.

“Wither Thou Goest” is about Hannah Owen, whose husband, Sam, is killed suddenly. His organs—corneas, kidneys, liver, lungs and heart—are “harvested” and transplanted into seven people across Texas. Three years after his death, however, Hannah cannot let him go. She locates the recipient of the heart and arranges, after a long and wonderful series of letters, to spend an hour with her ear to his chest. “She listened and received the deep regular beat, the emphatic lub-dup, lub-dup to which with all her own heart she surrendered. Almost at once, she felt a sense of comfort that she had not known in three years. She could have stayed there forever, bathed in the sound and touch of that heart” (Imagine a Woman 27). When her hour is done, Hannah can return home “with the certainty that she had at last been retrieved from the shadows and set down once more upon the bright lip of her life” (Imagine a Woman 28).

“Wither Thou Goest” is both a unique portrayal of a single healing and an invitation to examine the iatrogenic potential of medical miracles. Early in the story, Hannah observes that doctors “don’t think. They just do, and cover it all up with language. Harvest. Transplantation. The soft words of husbandry and the soil. Even they cannot bear to speak the real names of their deeds—dismemberment, evisceration” (Imagine a Woman 7). While he provides cures for seven patients, the physician’s words create an illness in Hannah that lies beyond his power to reach. She can be cured only by the loving kindness of Henry Pope, the man who received her husband’s heart, and by the power of her own love for her husband, which resides in the sound of that heart.

“Imagine a Woman” is perhaps the most difficult of the novellas because it challenges some of the most deeply buried assumptions in medicine. The story’s protagonist, a woman known only as Madam Gallant, is pregnant and suffers from AIDS. Readers follow her progress through a series of journal entries to her husband, who is responsible for both her pregnancy and her disease. Her condition worsens through the story until her baby is stillborn and she dies. In contrast to other AIDS narratives, Madam Gallant’s death is startlingly easy, made possible largely because she dies among people who neither question her condition nor judge it. On first reading, the piece seems to gloss over, perhaps to soften the impact of a disease that other works on AIDS describe in desperate, graphic, terrifying terms. One is tempted simply to dismiss it as a naive rendition of the disease, but this would be a mistake.

“Imagine a Woman” is not about romanticizing AIDS, but about the fact that much of the horror generated by this complex of diseases is socially constructed and is rooted in the denial of death that lives at the heart of American society and medical community. To accept the disease and to choose not to fight it to the end, one must, in effect, abdicate one’s place in American culture. Selzer’s protagonist does so by secretly removing herself to Les Acacias, a small French hotel where she finds acceptance and compassion she could not have found in America; by replacing her American name with S. Gallant; and by seeking no treatment other than morphine for the pain. While her body cannot be healed, the care and consideration she receives allows her a grace and dignity and wholeness present in no other AIDS narrative.

While the issues addressed by “Whither Thou Goest” and “Imagine a Woman” are difficult, each story focuses on particular concerns—medical miracles in the former and socially constructed attitudes, expectations and behaviors in the latter. In both sto-
ries, love and the touch of those who care serve to heal afflicted members of the community. In “Luis,” however, such healing cannot take place.

The story involves a Brazilian boy named Luis Figueira, a wealthy and respected radiologist named Arnaldo Cherubini, a high-tech teaching hospital, and a festering dump on the site of what was once a beautiful park in the middle of a nameless Brazilian city. Luis, a scavenger in the dump, finds what he thinks is a fallen star, but is actually radioactive material from a machine used to treat cancer patients at the hospital founded by Cherubini. Luis suffers radiation poisoning and dies, refusing to allow Cherubini to treat his hands, which have been burned horribly.

“Luis,” the most directly critical piece in all of Selzer’s writing, depicts the human consequences of a medicine that has grown so distant from the physical presence of its patients that loving contact between those who treat and those who are treated is no longer possible. The successful partnership between medicine and the people, represented by the beautiful garden that once occupied the center of the city, has become corrupted, and the lives of the people, physicians and patients alike, who might once have benefited from that partnership, are impoverished. The suffering, intense and unrelenting, involves Luis and Cherubini intimately, but ripples through the Brazilian medical community, the slums, the houses of the rich high above the dump, the dump itself, and ultimately through the entire culture out of which such a medicine has grown. Without change, the story seems to suggest, healing and wholeness may be lost altogether.

Conclusion

Selzer began his writing career in search of wholeness, with a feeling that he had been healed through the power of his literary art. It would be wonderful to say that such healing had come about through the words he has given the world, but healing and wholeness are not, for Selzer, so easily attained. Seeing the need for and the way to wholeness does not mean one can be made whole. In 1984, just before his retirement, Selzer talked about what it means to be both a practicing surgeon and a writer. “The surgeon,” he said,

must be anesthetized, but the writer must feel everything… It is unbearable to gaze at the events of surgery with the dilated pupils of a writer… I see things that the others do not see because I’m a writer. They’re blind to it and good for them to be blind to it. They’re safe. But I’ve set out on this uncharted… course. When you consider the fact that in history (I’ve looked) there’s no other surgeon who has ever tried to write in literary terms. Why? There must be a reason for that. And now I know what it is. You cannot, in the end, do both (Interview).

While Selzer’s work has always been about the need for and the possibility of healing and wholeness, for Selzer himself, even now, late in his life of writing, healing has never come. “Both writing and surgery are concerned with wounds,” he writes in Down from Troy:

With each word set down upon a page, the writer spends a bit of himself. He does this gladly, out of a desire to make something. Still, it is a self-destructive act, for, should that wound heal, the writer would be no more. Healing would have brought about the state of finality and fossilization in which writing could not be done (253).

References


Selzer, Richard. Address to faculty and students at the University of Dallas, Dallas TX, n.d.


Selzer, Richard. Speech Notes. These notes and permission to use them were given to me by Selzer in April 1984.