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Interactions between Medicine and the Arts

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Cover Picture: Gustav Klimt—“Medicine” Faculty Painting. Section showing “Hygieia”, goddess of health, ceiling panel for the Grand Festival Hall of the University of Vienna, 4.3×3 m, oil on canvas, around 1907; 1945 destroyed by fire in Immendorf Castle.

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Keynote I

Medical humanities or therapy as art—art as therapy

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I. Context

From ancient times until today, there has been great diversity—both mutual and fundamental—in the relationships between medicine and literature. Whether in diagnostics, therapy, or the doctor-patient relationship, medicine connects science (*scientia*) and art (*ars*). A Hippocratic aphorism from the 5th century BC is of timeless relevance: “ars longa” (art is long), “vita brevis” (life is short), “occasio fugax” (opportunity is fugitive), “experimentum fallax” (experience is fallacious), “iudicium difficile” (decision is difficult). [1].

Since ancient times, healing powers have been attributed to all the arts, especially literature. Reading and writing should provide valuable contributions to medicine and to the way doctors and patients deal with illness and death. Art and medicine are interrelated and influence each other while, at the same time, representing independent fields that differ in their language, descriptions, terms and theories, and their dependence on space and time [2-7].

The connection between medicine and the arts has different dimensions, raising questions about the nature of medicine and the arts. In spite of undoubted successes, today’s scientific medicine faces an anthropological and socio-cultural challenge: the task of integrating the psycho-physical and social-cultural nature of human beings with the natural sciences and technology. This is not about alternative medicine, but about alternatives or supplements to medicine. By combining natural sciences, humanities, arts, and life—in other words, subjectivity and objectivity—Medical Humanities extends, in a double way, the Cartesian dualism of body (*res extensa*) and soul (*res cogitans*) to individual subjectivity (= soul) and general subjectivity (= culture), and individual objectivity (= body) and general objectivity (= biology).

Against this background, the connection between the concept of health and that of illness, the goal of therapy, and the doctor-patient relationship deserves particular attention. If illness is understood as a defective machine, then therapy means repair, and the doctor-patient relationship is the relationship between an engineer and his machine. However, if illness is understood as the suffering of a person with consciousness, language, and social contacts, the aim and mode of medical treatment must be personalized and communicative.

The World Health Organization (WHO)’s 1946 definition of health has attained representative validity: “Health is a state of total physical, social, and mental wellbeing and not merely the absence of disease and in-

firmity" [8]. The fact that health and illness are extended to social and mental domains supports this definition. Its anthropological deficiency lies, however, in the strict opposition between health and illness as well as its exaggerated appreciation of health. Better or in addition—not alternatively—it should say: Human health is also the ability to live with illness, disability, and death. Medicine then becomes the seemingly paradoxical attempt to heal what, ultimately, cannot be healed, and to do it again and again with delight and only partial success.

The normative equation of "healthy=positive" and "sick=negative" is one-sided, not convincing, and has never been advocated consistently. In medieval times there was the phrase: "pernicious health" ("sanitas perniciosa")—"salubrious disease" ("infirmitas salubris") [9]. In the Renaissance, philosopher and politician Michel de Montaigne (1533–1592) also spoke of "salubrious disease" ("maladies salutaires") [10]. In the Romantic period, the poet and naturalist Novalis (1772–1801) was convinced that "illnesses, particularly long-lasting ones, are years of apprenticeship in the art of life and the shaping of the mind" [11].

The social-cultural context is fundamental to the relationship between arts and medicine. Medicine is an independent reality; but medicine, like all the arts, mirrors society and culture. If the arts and literature were to lose their influence on medicine, their illustrations and images, their values and symbols could no longer play a role in stimulation, consolation, or as healing powers.

II. Therapy as art

According to ancient Greek beliefs, Apollo was the god of the arts as well as the art of healing. Apollo caused diseases that he could heal again. Apollo also supported artists in a non-material way by infusing them with restlessness, which is expressed in their lives and creativity. Medicine, being both science and art, is defined as doing guided by experience and knowledge. Despite the prominence of science and technology in modern medicine, the development of medicine from ancient through medieval to modern times has retained its *original phenomenon*. As emphasized by the physician Viktor von Weizsäcker (1886–1957), medicine unites "objective correspondence" (=illness and medicine) with "personal correspondence" (=people in need and people as helpers). Effective medical treatment may entail "transjective understanding," which transcends distinctions between subjective and objective: i. e., understanding how someone understands himself and not how he is understood by the doctor or others [12]. In his "General Psychopathology" (1st edition 1913, 9th edition 1973), the psychiatrist and philosopher Karl Jaspers (1883–1969) conceptualized the methodological dualism of scientific explanation and humanistic understanding, a duality that is basically valid for medicine and especially psychiatry.

Rather than between non-human animals or machines medicine involves contact and communication between people. Art plays or can play a role in all fields or

at all levels. The therapeutic task of medicine brings with its characteristic differences both in relation to the natural sciences and to the humanities. Medical Humanities remains biology-bound, not understanding health and illness only as psychical phenomena. Medical Humanities necessitates dialogue between nature and culture, not a one-sided orientation towards the objective (physique) or the subjective (psyche).

Proven by empiricism is a central tenet of modern medicine, which psychosomatics and anthropological medicine, acupuncture and homeopathy should ignore no more easily than all types of art therapy. Today's corresponding keyword is *evidence-based medicine*. Typically forgotten or overlooked, however, is the double meaning of evidence: The term can signify an empirical-statistical proof and also immediate insight. Medical therapy cannot disregard any evidence of efficacy, which, however, may produce different results. Subjective statements by doctors and patients can be objectified, and doctor-patient relationships can be described and analyzed on a scientific basis. From the perspective of Medical Humanities, the medical concepts of science must be guided not only by mechanics and physics. Medicine as a discipline is grounded in empirical science, and its therapeutic task—to which diagnostics also refers—makes it an action science. But medicine is also a humane discipline, related to humans and not to non-technical or lifeless artefacts.

The separation between the natural sciences and the humanities, which has deepened since the 19th century, originated in the Renaissance. In this separation current criticisms and tensions are rooted, which only will find a solution or achieve a balance by overcoming this separation.

One event of cultural-historical and symbolic importance is Francesco Petrarca's (1304–1374) legendary ascent of Mont Ventoux in Provence on April 26, 1336. At the top of this mountain, Petrarch confronts the admonishing word of Augustine (354–530) in his "Confessions" (around 400 years AD): "And men go to admire the high mountains, the vast floods of the sea, the huge streams of the river, the circumference of the ocean and the revolutions of the stars—and desert themselves." Petrarch closed his eyes, ashamed of the beauties of nature, and henceforth devoted himself to studying the altitude of man (*altitudo hominis*) [13], i. e. the inherent values of mankind. This separation is also established by Charles P. Snow (1905–1980) in his much-discussed lecture and book "The Two Cultures and the Scientific Revolution" (1959): "Literary intellectuals at one pole—at the other scientists, and as the most representative, the physical scientists. Between the two a gulf of mutual incomprehension—sometimes (particularly among the young) hostility and dislike, but most of all lack of understanding" [14]. In reality, however, there are not two, but four cultures: The culture of natural sciences, humanities, the arts, and life. The goal of Medical Humanities is to eliminate or mitigate their opposition or conflicts in the field of medicine as well.

The arts can be addressed in medicine early in medical education. The physician Thomas Sydenham (1624–1689) is said not to have given a scientific text to Richard Blackmore (1654–1729), a medical student requesting reading material, but, instead, recommended the novel “Don Quixote” (1605/15) by Miguel de Cervantes (1547–1616). However, the student reacted too seriously to this recommendation: He became a poet, and was lost to medicine.

Communication between doctor and patient, above all, is not just science but also art. Several dimensions can be distinguished: (1) empathy and a friendly atmosphere, (2) authenticity and self-criticism, (3) verbal and non-verbal skills, (4) factual and situational knowledge, (5) knowledge of human nature, (6) cultural education, (7) imagination, and (8) paying attention to the patient’s language. Empathy not only projects the patient’s feelings, but also his thoughts and desires, differs from sympathy and antipathy, must result in a partial but not a complete identification with the patient and, finally, should relate to a patient’s actual (=present), past (=retrospective), and future (=prospective) situations. In principle, there are four types of social relationships of the sick: (1) the healthy to the sick, (2) the sick to the healthy, (3) the sick to another sick, and (4) the healthy to another healthy with regard to sick and illness.

Overcoming disease and establishing health may be compared to an act of creativity. Aesthetics and therapy are connected in particular ways with surgery, especially plastic surgery. Organ transplantation is not just body alteration but body metamorphosis, raising various questions: Do personality, identity, and continuity change with reception of a foreign organ? Are different types of changes associated with different transplanted organs—whether kidney, liver, heart, or hands? What alterations occur if transplanted organs are rejected as foreign tissue and require explantation?

Medical publications, lectures, and discussions can also have literary value. The so-called teaching poem of the past used the connection between science and art in classroom lessons. In the widely read poem “Syphilis sive de morbo gallico” (1530), by doctor and writer Girolamo Fracastoro (1477–1533), Apollo, the god of muses and the art of healing, is held responsible for the plague.

In medicine, art is also manifested in the names of diseases. A line can be drawn from Oedipus-, Electra-, and Cassandra-complexes to the Munchausen-, Rapunzel-, and Oblomov-syndromes. The Rapunzel syndrome denotes the swallowing of hairs (trichophagia) and formation of gastric hairballs (trichobezoar). The Oblomov syndrome refers to the novel “Oblomov” (1859) by Russian writer Ivan A. Goncharov (1812–1891), in which a person is described as losing all interests and sinking into a puzzling hallucinatory state of paralysis—a syndrome differing from depression, but not unlike it.

III. Art as therapy

Since ancient times, a therapeutic function has been ascribed to the arts. The term ‘bibliotherapy’ was coined early in the 20th century, but the concept is an old one. Aristotle (384–322 BC) anticipated a cathartic effect for those attending the performance of tragedies, due to confronting terror (φοβος) and pity (ελεος). Similarly, writing letters should help not only the recipient, but also the writer (*scribendo solari*). David playing his harp supported Saul during his times of melancholy (1 Samuel 16:23). Painting and the viewing of pictures should also be salutary.

The arts differ in their applicability to various medical domains—diagnosis, therapy, prevention, rehabilitation, doctor-patient relationship, hospital, therapeutic milieu—all are domains in which arts can be effective. However, despite numerous strong individual studies, a comparative or historical-systematic study of various types of arts therapy is still awaited.

By their very nature, different diseases have distinctive influences on the production and, conversely, the reception of art works. Yet, even more important than the etiology and patho-phenomenology of diseases is their anthropology. Anthropology in medicine deals with six types of relationships: to the body, to space, to time, to the social environment, to oneself, and to the world. The impact of the arts should be examined not in general, but specifically in each of these areas. As cultural responses to illness and therapy, to patients and doctors or therapists, art and literature simultaneously surpass any treatment in its biological sense, reveal an earthly timelessness or *immanent transcendence*, as one might say, contributing to medicine as *Humanities*: humane and for human beings.

The various forms of therapy also carry implications for art therapy: somatic, psychological, conservative, operative, drug, and dietary processes each involves a particular approach to or way of dealing with the arts. This specificity also applies to various diagnostic and therapeutic situations or special medical institutions. Practice, inpatient clinic, rehabilitation center, sanatorium, admission, discharge, time before or after surgery—each entails specific options and limits.

The condition of being ill is influenced by the characteristics and types of disease. Rheumatism, multiple sclerosis, cancer, skin diseases, loss of sight or hearing, depression, post-traumatic stress disorder, amputation, organ transplantation, all have a characteristic influence on the body, space and time relationships, social relationships, self-relationships and world relationships of the patient, influences which art therapy has to respect.

As pointed out by the psychiatrist Hubertus Tellenbach (1914–1994), melancholy brings about a special relationship to time and space, namely “remanence” as “staying behind oneself” (change of the time mode) and “inclusion” as “being locked or locking oneself” (change of the space mode) [15]. Art works are able to counteract these changes in time and space perception.

Other diseases are associated with other modifications of the aforementioned anthropological sextet of diseases or being sick.

Literary texts mean world gain and are stimulating impulses for the thinking, feeling and wanting of the sick person, who is usually put into a passive and restricted state by his illness.

Literary texts can enrich the life and worldview, stimulating thinking, feeling and willing of a patient who, due to illness, often is put in a passive and restricted state. Literature can free up spaces for plans, thoughts, and desires that neither have to agree with the immediate reality nor are required to justify themselves to meet the expectations of a neighborhood, friends, or relatives. Like any form of therapy, bibliotherapy is not devoid of possible side effects or dangers: Literature can also lead to self-deception and escapism, reinforce neurotic tendencies, and give rise to the creation of illusory worlds.

After all, there is no doubt that art therapy essentially depends on the personality and interests of the patient. The sick person—not least during his hospital stay—may even be won over to previously unknown or neglected cultural opportunities and activities. Illness offers an opportunity for culture.

The process of communicating the artwork is essential. Distributing catalogues and favored pictures, books, or pieces of music cannot suffice: Art works cannot be prescribed and taken like medication, and watching and counseling are crucial. The effects of art on the sick must be monitored in order to balance them, to go deeper and, finally, to recommend other art works. Ideally, art therapists should have three areas of expertise: knowledge of the anthropology of disease and healing, knowledge of the arts and their influences, and psychological skills—especially empathy and communication.

Arts, especially literature, can undoubtedly contribute to diagnostics and therapy but, clearly, are not an alternative to established medical procedures and cannot replace surgery or drug therapy. Yet, art and literature are going far beyond therapy, which is essential to the concept of Medical Humanities as well. Franz Kafka (1883–1924) expressed this view: “A book must be the ax for the frozen sea inside us” [16].

The world of medicine constitutes a central literary topic. Its description and interpretation can meaningfully be differentiated into eight dimensions: (1) pathophenomenology, (2) etiology, (3) diagnostics and therapy, (4) subjectivity of the patient, (5) image of the physician, (6) medical institution, (7) social reactions, (8) symbolism. Three perspectives are prominent in the dialogue between medicine and literature: (a) literary function of medicine, (b) medical function of literature, and (c) function of literature for a general understanding of medicine (the genuine function of literary medicine).

Health and illness are as basic to human life as birth and death: Both refer to nature and culture, involve biology and spirit, simultaneously represent descriptive as well as normative terms, are descriptions and judgments. The meaning of health and illness is found not

only through life science and medical perspectives, but is also widely characterized by the arts and literature, by philosophy and theology. Those disciplines, in addition to the patient’s subjectivity, remind medicine of its anthropological character, of the mental and social dimensions of health and illness, of therapy and hospital.

IV. Perspectives

“Therapy as Art—Art as Therapy” is a multi-faceted topic, closely linked to the essence and roles of both medicine and art. Through representations and interpretations, the arts as a whole remind one of the holistic nature of human life, and relativize common or one-sided assessments of health and illness such as traditional role models of doctors and patients. Recovering from illness and disability can be more impressive than living in unbroken health. Doctors can also become sick, patients on the other hand can support medical diagnostics and therapy.

Art and literature influence public and general awareness and shape people’s attitudes and behavior, improving and humanizing them; but they may also suggest mistaken ideas and raise illusionary hopes. Many images and concepts of suffering and healing, of people in need and people as helpers, stem from works of art and literature—hence, these works document and determine the level of a culture, and provide guidance for individuals as well as society and the state. Karl Jaspers was deeply convinced of the high value of description and interpretation of medicine in literature: “It is not mere chance therefore that poets have used symbols and figures of madness for the essence of human life in its highest and most horrible possibilities, in its greatness and decline. Thus, Cervantes in *Don Quixote*, Ibsen in *Peer Gynt*, Dostoevsky in *The Idiot*, Shakespeare in *Lear* and *Hamlet*” [17].

Reality, art, and medicine, although differing in many ways are, at the same time, interconnected in a special way. Medicine is not only science but is art as well; it should be understood as a culture of healing and recognized as such. Medical Humanities represents this connection between the natural sciences, the humanities, and the arts: Illness is always understood as a physical, psychological, social, and mental phenomenon, as—in other words or with a new concept—‘spiritual-socio-psycho-somatics’. The doctor is not only engineer or scientist, but—taking into account the necessary professional distance and balance—a personal and communicative companion of the patient.

Personalized medicine should not only mean biological and genetic individuality, but should consider the patient as a person with feelings, thoughts, and living conditions. *Evidence-based medicine* cannot be limited to empirical-statistical evidence, but must also include immediate insights. *Precision medicine* should not only mean objective accuracy, but must include subjective accuracy of the doctor as well as the patient. Medicine as Medical Humanities is human and humane—for the benefit and dignity of suffering, sick, and dying men and women.

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