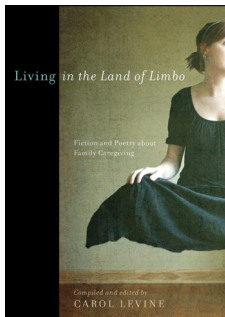


Book

The waiting room



Living in the Land of Limbo: Fiction and Poetry about Family Caregiving
 Carol Levine, ed. Vanderbilt University Press, 2014.
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When I was a college senior trying to decide whether or not to delay applying to medical school so that I could attend a graduate creative writing programme, my mother sent me a handwritten copy of W H Auden’s “In Memory of W.B. Yeats”, with this famous bit set apart from her already angry cursive in furious bold block letters:

Now Ireland has her madness and her weather still,
 For poetry makes nothing happen:
 it survives
 In the valley of its making where executives
 Would never want to tamper, flows on south
 From ranches of isolation and the busy griefs,
 Raw towns that we believe and die in;
 it survives,
 A way of happening, a mouth.

I knew the poem already, although it would be many years before I started to think I might understand it. Back then the poem only made me feel unsettled and afraid, and my mother, with her incredible ability to exacerbate the anxieties of her children in ways that would make us more likely to obey her, sent it at just the right time to nearly

make me do what she wanted me to do, which was to keep writing fiction as only a sort of impassioned hobby, and get to medical school as quickly as possible.

Like most of the decisions my mother told me I would always regret, I’ve never regretted learning to be a writer before I learned to be a doctor. But that Auden poem has always made me anxious because it makes me ask

“...what’s literature good for, anyway, compared with medicine?”

myself my mother’s question—*what’s literature good for, anyway, compared with medicine?* As I grew up as a writer and a doctor, I started to experience the anxiety and the question in stranger and more complicated ways. Lately I feel a strong, anxious conviction that writing and reading fiction and poetry might in fact execute some kind of alleviating change upon our suffering, even in the world of the hospital, upon that portion of our suffering related to illness and death. I can’t begin to argue logically or systematically how it actually does this. *Accidentally or miraculously* is about as far as I get when I try.

I feel equally certain that ordinary medical care leaves some very important portion of our suffering in illness untouched, though I am able to argue logically that medicine ameliorates most of this suffering in illness most of the time. This seems to me to be the curse of my professional life—to believe, seemingly for no good reason, only partially or intermittently in the whole effective goodness of my own work, and frankly I’d rather not think about it too much. I’d rather pretend I’m two separate people as a doctor and a writer than find a way to make the two kinds of work one kind of work. I’d rather pretend that Auden’s Nothing, which I’ve come to believe actually denotes a profoundly strange usefulness and power, could never be elaborated into a clinical setting. I’d rather pretend that when I feel useless to my patients and powerless in the face of their suffering, it’s only because I’ve mismanaged my boundaries with them, and exaggerated my responsibilities towards them as a physician and a human being.

This is all to say something about why I met with so much thrilling discomfort reading Carol Levine’s anthology of poetry and short fiction about family caregiving, *Living in the Land of Limbo*. This book, because it is lovingly curated as an assertion of the role of literature in the care of the ill and the care of those who care for the ill, perturbed my interior separation of the powers of art and medicine. Not that Levine, who directs the United Hospital Fund’s Families and Health Care Project, asserts in any of her introductions or notes, that her book will alleviate anybody’s suffering. A caregiver herself for her husband during his chronic illness, she seems too respectful of her readers to presume too much about how the material she has gathered will affect them, and she defines her purpose most thoroughly by exclusion. “This



Nattini, Amos (1892–1985) / Biblioteca del Centro Studi Danteschi, Ravenna, Italy / Bridgeman Images

Amos Nattini (1892–1985), *Dante and Virgil meeting the four great poets, Homer, Horace, Ovid, and Lucan, in Limbo, from Canto IV of “Inferno” from “The Divine Comedy” by Dante*

book about caregiving is different", she writes, positioning this anthology against a host of "practical handbooks", though not by saying that her book is less useful than them:

"It is not intended to teach, train, or inspire. It offers no helpful tips about reaching out to others for help or navigating the health care system. It does not encourage policy makers to recognize and support family caregivers in tangible, not just theoretical ways. Such books have worthy goals, and I have contributed to many of them. Instead, it is intended to enrich readers' understanding of family caregiving, whether the reader is a family caregiver, health care or social service professional, relative, or friend. It does this by drawing on a largely untapped resource: the wisdom, wit, and artistry of the creative writers of the past half century. Poets and writers of fiction have much to say about suffering, healing, grief, and the human condition—the essence of caregiving."

Levine's "handbooks" seem to me to operate in processes parallel to the technical aspect of our clinical work, and so her anthology will work in a process parallel to whatever constitutes our art of clinical work. This passage strikes me as a reasonable attempt to acknowledge and then transcend the limitations of an ordinary, practical clinical approach towards one variety of human suffering in illness. It also speaks to the functional contents of Auden's *Nothing*, which is not by any means actually *nothing*, but instead a domain of activity so estranged from our degraded understanding of what human beings can do in the world that he had to call it *Nothing* to say what he meant.

Levine proposes a broad audience for her book, but I can't help but think of it as most directly offered to those who have broken their hearts, endurance, and banks in the care of an ill family member and yet endured in caring and caregiving. It is offered as something needed by them but not provided by the

medical agents and agencies with which they become entwined. She never says exactly what this something is, and that might be a problem if one suspected her of having any interest at all in proving, by means of logical and systematic argument, that reading stories and poetry about family caregiving will be good for caregivers in particular and the community of medicine in general. Levine gets as quickly as she can to the poems and stories themselves, as if to ask: *whatever happens to you when you read this, is that what was missing in the care you received, or the care you gave?*

In her title and introduction, Levine invokes, by way of Dante and Arthur Kleinman, the idea of Limbo and the concept of a waiting room as its own borderless unsovereign country into which caregivers are naturalised by fast and slow catastrophe. The achievement of her careful selections, which are always affecting and sometimes really masterful, is that she has peopled this anthology with personalities that are all simultaneously ordinary and extraordinary. In doing this it seems to me that she's constructed a virtual waiting room, which whatever else it is, is not a hopeless place. And whatever else readers might find there—certainly not all of it pleasant, affirming, uplifting, or the least bit soothing—they will not anywhere find a contagious despair not, for instance, in Julie Otsuka's "Diem Perdidi" in which a daughter constructs a deeply sad portrait of her demented mother simply by cataloguing hundreds of lost and preserved memories; not in Jane Kenyon and Donald Hall's companion poems, "The Sick Wife" and "The Ship Pounding," twinned elaborations of powerlessness and loneliness in patient and caregiver alike; not in Lorrie Moore's furious, hilarious "People Like That Are the Only People Here", a baby-with-cancer story which heroically resists every possible notion of meaning in suffering illness.

My thrill at this anthology came at the thought of what might happen when the reader's mind encounters

the writer's mind in that virtual waiting room, and at the thought that someone had dared construct this room and then offer entrance there to my patients (in my widest, most boundary-violating sense of that word) in a startlingly confident hope of somehow *helping* them. This looks for all the world to me like art as a considered clinical intervention, and very nearly like prescribing a story. I'm thrilled, but also terribly anxious. Part of me wants Food and Drug Administration approval for this sort of thing, and a double-blinded randomised controlled trial pitting, say, Marjorie Kemper against Ha Jin. And another part of me is alarmed nearly to the point of a swoon by the prospect of examining why and how literature might actually help us all stay well in life. That part of me thinks it's impossible to ask, logically, systematically, or otherwise, what writing and reading do for us without diminishing both writer and reader, and fears that if we ever "prove" that literature is good for us, it will mean that we've smothered the last of the real readers and writers among us. But I'm reminded by Auden, not to mention by Levine and her stable of story writers and poets, that art probably can listen safely to every impertinent and desperate question we can ask of it or about it. Nothing isn't nothing, after all, but a word that points towards the strange language we'll need to usefully ask those questions, a language that won't come out of either art or medicine alone, but one that can only be constructed by the artist at work in us as we are caregivers and as we are cared for.

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