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The Doctor-Writer and the Boundaries of Literariness: The Case of Dannie Abse

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Abstract

This article explores the complex intersections between the roles of physician and writer, focusing on the interpretive challenges inherent in this twofold identity. The works of Dannie Abse (1923-2014), a Welsh-Jewish writer and chest physician, serve as an ideal case study to explore these epistemological tensions and examine some of the intricacies involved in the interdisciplinary relationship between literature and medicine. Abse recounts having experienced trauma as both a healer and a member of the Jewish community during the Holocaust, and much of his personal experience permeates his literary works. This is particularly evident in his medical-themed poetry, where the doctors-speakers reveal a deep sense of guilt and moral responsibility while exhibiting forms of privileged knowledge derived from a combination of their professional roles and a broader human engagement with suffering and loss.

Keywords: Doctor-Writer, Medical Humanities, Jewish Heritage, Survivor's Guilt, Literature and Medicine

1. *The Doctor-Writer and the Dissatisfied Critic*[1]

The figures of doctor-writers are deeply interwoven with two key theoretical concerns, both of which are rooted in questions of hierarchical structures and power dynamics. The first concern pertains to the fundamentally asymmetrical relationship between physician and patient, along with the ritualized "set of prescribed norms" governing it (Kreitman 1984, 48), whereas the second extends to encompass the disciplinary encounter between litera-

[1] "Doctor" is here employed as an umbrella-term to encompass any role or specialization within the healthcare system; "physician" is often used as a synonym, consistently with much of secondary literature on the topic. The fact that "physician" usually implies someone who provides medical care to patients well adapts to the specific situation of Dannie Abse analysed here. See *OED*.

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ture and medicine, particularly the delicate balance of their perspectives. In the following pages, I intend to examine these theoretical issues and discuss how the twentieth-century doctor-writer Dannie Abse engages with them in his poetic explorations of the physician's role.

Theoretical and methodological debates related to hegemonic tensions in medical humanities[2] began to gain prominence in the 1960s, when medicine increasingly integrated literature and other related disciplines to enhance sensitivity and empathy in patient-provider interactions. With the narrative turn of the 1980s, significant paradigm shifts reconfigured dominance patterns within not only the interdisciplinary space of literature and medicine but also in the context of medical practice – or its "etiquette of power" (Furst 1998, 18) – especially regarding the marginalization of patients' voices. Among the recent developments of this orientation is Rita Charon's approach to narrative medicine (2006), a patient-centred clinical method that employs literary analysis to comprehend and address the complex narratives surrounding illness and disease. As Ann Jurecic aptly observes, investigating doctors and patients' narratives encourages critical reflection on the shifting functions of literature and literary criticism (2012, 4), stimulating new scholarly interest in texts situated at the border of different domains of knowledge.

Recent scholarly endeavours in the field of literature and medicine have consistently emphasised the intrinsic relationship between these two realms of knowledge, which "have been intertwined since time immemorial", often influencing one another (Elsner and Pietrzak-Franger 2024, 2). What has received far less critical attention is the maze of tensions that shape this encounter: varying disciplinary priorities, academic territoriality, and changing modes of negotiation can often result in points of friction and dissonance. For instance, Kathryn Allen Rabuzzi believes that the association of literature and medicine is a "strange marriage" (1982, ix) and Norman Kreitman provocatively challenges the notion of an inherent connection between the two disciplines, suggesting that their intersections could be coincidental rather than foundational (1984, 47).

Research in literature and medicine has advanced with imbalanced and fluctuating critical emphasis on one of the two disciplines. George Rousseau effectively illustrates this disparity, noting that even when interdisciplinary ventures originate in the literary field "the directionalism in […] exegesis" tendentially moves from medicine to literature, with scant consideration of how fictional writing could influence and shape medical texts and theories (1981, 409-10). As early as 1977, Shoshana Felman addressed similar questions by discussing reciprocity in studies concerning psychoanalysis and literature. She argued that this kind of interdisciplinary investigation often follows a Hegelian master-slave dialectic, wherein psychoanalysis assumes the dominant role of the unquestioned epistemological authority, relegating literature to the status of a mere linguistic artefact subordinate to medical interpretation (5-6). This dynamic, as Felman asserts, "often leaves dissatisfied the literary critic, the reader of a text" (6).

Among these dissatisfied readers is the renowned surgeon and writer Richard Selzer. In 1991, he revisited an issue of the journal *Literature and Medicine* from seven years prior, which was devoted to contemporary figures of physician writers and their works. Reflecting on his earlier enthusiasm for the issue, Selzer expressed profound disillusionment, as he recognized that this project did not yield the expected fruitful results: neither the public nor literary critics were captivated by the featured works, which, upon closer examination, seemed to lack literary value (34-35). This scepticism surrounding the artistic merit of physician-writers is not entirely unwarranted: a case in point is an anthology published in the 1980s, *Poems from the Medical World*, edited by Howard Sergeant. While this collection of 136 texts includes canonical poets like Keats, Goldsmith, and

[2] Of course, "literature and medicine" can be considered as a subset of the broader field of medical and health humanities.

Cowley, it predominantly features 20th-century healthcare professionals "whose lives", as William Katz, Linda Sternberg Katz, and Esther Crain observe, "have been dominated, in some cases, by medicine rather than by literature" (1994, 291). The works by contemporary authors, they further note, "are direct but not always artful" and "pale beside such verses as Keats's 'Ode on Melancholy' or Thomas Lovel Beddoes's 'Resurrection Song' " (*ibidem*). Nearly forty-five years later, in fact, the twentieth-century writers in the anthology remain largely unknown.

Selzer's remarks extend beyond the artfulness of the doctors' work to the methods adopted to interpret them, which often involve some sort of reduction or levelling out of literary specificities – a "directionalism" of influence, to borrow Rousseau's term (1981, 409), which flows primarily from the medical to the literary domain. Selzer contends that the basic fault in scholarship lies in searching for evidence of "doctorhood" within the literary texts; instead, writing physicians should be read as any other author and examined through established methods of literary criticism (1991, 35). Indeed, Selzer adds, it is necessary to "dispense with the notion that being a doctor is anything but incidental to the making of art. Writers who are also doctors must be held as rigidly to account as all other writers" (*ibidem*).

Conversely, to this day studies of physician-authored works have often disinvested from the tools of literary analysis, viewing the texts either as means for improving medical education or through the lens of writing's therapeutic potential in healthcare. The underlying assumptions are twofold: first, that "[l]iterary works by physician writers", as Alexandra Lembert-Heidenreich and Jarmila Mildorf argue, "are more often than not accounts of medical practice and of medical practitioners' lives" (2013, 10); second, that doctors write fiction primarily for catharsis and to reach "emotional wholeness" (Poirier 2009, 19), leading to their work being associated with patients' storytelling and poetry used for healing, where emphasis is not necessarily on the "literariness" of the result. Johanna Shapiro, in fact, is "struck" by the similarity that she identifies between the main thematic nodes characterizing the fictional writings of medical students and the four major types of illness narratives classified by Arthur Frank analysing patient stories (2009, 41).[3]

After all, it is only natural that experiences of physicians and patients should be closely connected; even before the concepts of vicarious traumatisation, compassion fatigue, and secondary traumatic stress were formally articulated,[4] it was widely recognized that the caregivers' indirect exposure to distressing events could profoundly affect them. On a similar point, George Rousseau relies on Aristotle's *Poetics* to draw a parallel between the physiological and psychological involvement as a spectator of a tragedy performed in the theatre and the experience of "the physician who observes his or her patient" (1991, 36). Witnessing suffering and death often leads to profound personal transformation, as Rousseau suggests, by allowing observers to confront difficult emotions and yet survive. This sense of survival, as we shall see shortly, can become a crucial concept in the writing of physician-poets.

Of course, catharsis or healing can be a significant impetus for some doctor-writers, but other motivations have also been explored. According to Selzer, on a pragmatic level, writing can serve as a way to reclaim and nurture a natural, personal inclination that was sidelined in favour of a more financially secure career in healthcare (1991, 36). Moreover, in rather Ricoeurian terms, both Selzer and Peterkin posit a potential for a narcissistic drive in the physician's creative acts. Peterkin's initiatives to introduce narrative medicine practices in Canada, for instance, revealed doctor-authored texts that, while "spontaneous and raw," lacked the "exigencies of craft" required to become "real stories"; in particular, "[t]here was no reader in mind when the story was constructed;

[3] Shapiro refers to Frank 1995.
[4] For the earliest formulations, see McCann and Pearlman 1990.

it was written for the physician-self" (2010, 1651). While this approach is often discouraged by literary-focused criticism, it is gaining increasing legitimacy in medical-focused studies:

> Doctors need a medical humanities that does more than just help them see health and disease through a patient's eyes. They need one that helps them look into their *own* minds, that gives them models of order and clarity with which to understand their *own* thought processes, and that helps them maintain their *own* equilibrium when dealing with bosses and bureaucracies (Dworkin 2024, italic in original).

Arthur Frank shifts the focus from the motivations to the methods of doctor-writers. Besides addressing issues of appropriate subject matter and confidentiality, Frank discusses the importance of creating "respectful stories" that treat patients-characters as "fellow participants" rather than objects under the scrutiny of a "knowing gaze" (2019, 13). Specifically, he advocates for empathetic witnessing over exploitative appropriation of the patients' stories and suggests familiarizing with Bakhtin's concepts of dialogism and plurivocity to avoid self-celebration. This advice seems tailored to counter the risk of epistemic violence that K.M. Hunter identifies in "the act of representing another person in a narrative of one's own construction" where "maladies rather than people [become] the objects of medical attention" (1991, 61). Ultimately, by prioritizing advice related to ethical obligations over artistic guidance, Frank reinforces Selzer's assertion that doctor-writers often operate within the constraints of their profession, producing work that is situated at the boundary of literariness.

Even the word order in the phrases "doctor writer" and "physician writer" has been scrutinized in an effort to clarify the specific relationship between these dual roles. Thus, Jorge Chavarro notes that the physician who "doesn't practice said profession" or "does so only briefly" should be classified as a "writer physician" (2021, 15). Conversely, when "neither medicine nor literature can be categorized as sporadic of fleeting", medical practice takes precedence, making "physician writer" (or "doctor writer") the more appropriate designation (*ibidem*). The contributions of a physician-writer allegedly lean more toward the scientific than the literary realm; as Abraham Nussbaum suggests, his or her work may serve as a manifesto, articulating ideas about medicine and ultimately adding to the improvement of healthcare (2014, 328-29).

Any basic categorisation, however, fails to capture the nuanced realities of writers with varying degrees of medical experience, a diverse group that – considering only English-speaking countries – can include names like Tobias Smollett, Mark Akenside, Oliver Goldsmith, Oliver Wendell Holmes, Percy Bysshe Shelley, John Keats, S. Weir Mitchell, Arthur Conan Doyle, Gertrude Stein, James Joyce, William Carlos Williams, Somerset Maugham, Robinson Jeffers, A.J. Cronin, Frank G. Slaughter, Dannie Abse, Oliver Sacks, Richard Selzer, and John Stone. Chavarro's observations mainly serve to highlight that the identity of the doctor-writer is liminal, unstable, and fragmentary, striving to bridge two concepts that are often in tension. For Robert Klitzman, for instance, being a doctor-writer signifies "maintaining at times dual perspectives, seeing events from contrasting viewpoints – wearing constant bifocals" (2003). A similar dynamic is described by Betty Bednarski in her discussion of Jacques Ferron, whose relationship with literature is defined as "one of constant shifting, constant renegotiation – unsettled, unsettling – like the relation of self to other, self to self" (2004, 63).

Selzer takes a rather pessimistic view on the matter, even suspecting an epistemic incompatibility between the roles of physician and writer; he argues, in particular, that the most renowned authors at some stage abandoned medical practice (1991, 36), implying that those who excel in one domain often fail to distinguish themselves in the other. Doctor-writers are seen as being caught between two distinct realms of knowledge, where the transfer of expertise and perceptual skills occurs with great difficulty. Consequently, many physicians who write seem destined to be either

forgettable in their literary endeavours, or unremarkable and modest in their scientific practice; at least in one of their roles, they are perceived to lack the necessary drive and inspiration. This sense of ordinariness is poignantly captured by the (doctor) speaker in Dannie Abse's poem "X-ray":

> Some prowl sea-beds, some hurtle to a star
> and, mother, some obsessed turn over every stone
> or open graves to let that starlight in.
> There are men who would open anything.
>
> Harvey, the circulation of the blood,
> and Freud, the circulation of our dreams,
> pried honourably and honoured are
> like all explorers. Men who'd open men.
>
> And those others, mother, with diseases
> like great streets named after them: Addison,
> Parkinson, Hodgkin – physicians who'd arrive
> fast and first on any sour death-bed scene.
>
> I am their slowcoach colleague-half afraid,
> incurious. As a boy it was so: you know how
> my small hand never teased to pieces
> an alarm clock or flensed a perished mouse.
>
> And this larger hand's the same. It stretches now
> out from a white sleeve to hold up, mother,
> your X-ray to the glowing screen. My eyes look
> but don't want to; I still don't want to know. (Abse 2014, 125-26)

Doctor-writers evoke the apparent paradox present in Socrates's conversation with the rhapsode from Ephesus in Plato's *Ion*. Central to this discussion is the challenge of understanding and evaluating poetry: Socrates argues that an expert in performing Homer possesses no skill beyond his role as a rhapsode. According to Socrates, Ion is inspired by the gods and, during his art, is momentarily transcended by a divine influence, so that he participates in poetic experience by transforming himself into something else – something that is out of touch with objective study and analysis. As Max Statkiewicz notes, "Socrates is right to compare Ion to Proteus, the mythical figure capable of taking all kinds of shapes" (2009, 176).

2. Dannie Abse, Doctor-Writer and Protean Survivor

Much of the theoretical discourse outlined above is crucial to interpret the writings of physician Dannie Abse, whose legacy has partially faded today. Scholars have consistently observed that, despite the quality and depth of his work, he has not received the critical attention that he deserves: Joseph Cohen (1983, 7-8), Vernon Scannell (1983, 26), Tony Curtis (2008, 337), and W.R. Bowen (2024, 152) express surprise at the disparity between Abse's public reputation and the stature one might expect given his substantial contributions to poetry, prose,

and drama.[5] Some dissenting voices exist, including Norman Kreitman, who provocatively observes: "while a bad writer is rarely interesting, an interesting writer is not necessarily a good one. The larger critical question […] is what Abse can make of his situation to produce poetry" (1984, 51). Perhaps because there is no clear consensus regarding Abse's literary value, the limited criticism devoted to his body of work tends to follow two main orientations. On the one hand, scholars often highlight the qualities and "noteworthy" aspects of his writing (Cohen 1983, 12), almost as if to advocate for its reading, an approach that Selzer describes as "condescending to the writer" (1991, 39). On the other hand, some academic contributions are structured as refutations of unfavourable comments, such as Bowen's response regarding Abse's supposed "lack of depth" (2024, 152).

In this section, I wish to direct attention to Abse's poetry, particularly the texts that the author himself described as "medically coloured" – he even quantified them as twenty-eight poems out of 180 (2001, 437). However, isolating the medical dimension from the author's complex and hyphenated identities, whether as an Anglo-Welsh poet, non-practicing Jew, or doctor-writer, would be like tearing the flesh from the bone, for these aspects are deeply intertwined. More precisely, as Bowen notes, "Abse's relationship to religion was one of the most pervasive and complex influences in his search for meaning" (2024, 154); this religious influence, while presenting a particular emphasis on Hebraism, can be understood broadly, considering that Abse also attended a Catholic secondary school in Cardiff.

The "medical colour" that consistently shades Abse's works became increasingly pronounced from the 1960s onward,[6] culminating in the 1989 collection aptly titled *White Coat, Purple Coat*. It is plausible that the concurrent rise of theories of patient empowerment, the humanization of healthcare, and a heightened emphasis on subjective experience of illness and disease contributed to his concern with expressing in verse the intricate complexities of the experiences of suffering and healing. The above-quoted poem "X-ray" well exemplifies Abse's typical medical-themed poetry: the texts convey an illusion of intimacy, suggest that there is little fictive distance between the speaker and the author, and present some elements of what is commonly referred to as modern "confessional poetry".[7] Abse's poetic voices also frequently distance themselves from the traditional image of the doctor as one seduced by the desire for knowledge or ingeniously battling against death and disease. Indeed, the "incurious" speaker in "X-ray" accords with the dispassionate medical student in "Carnal Knowledge", who lacks "the morbid curiosity of Vesalius" and shows little regard for figures like Galen and Avicenna (Abse 2014, 156). These speakers also deviate from the kind of doctors who "know by heart the morbid verse / of facts" ("Lunch with a Pathologist", Abse 2014, 126), or who derive satisfaction from their practice, as in "The Smile Was":

> […]
> the smile of my colleague,
> his eyes reveal it,
> his ambiguous assignations,
> good man, good surgeon,
> whose smile arrives of its own accord

[5] This lack of critical attention is shared with most twentieth-century doctor-writers; as Carlin writes, "when I looked around for academic books about doctor-writers, I was surprised to discover that there are not any significant ones" (Carlin 2022, 1). Interestingly, the essay collection edited by Carlin does not include chapters devoted to Abse.

[6] See also Abse 2007, 195.

[7] On this topic see Travisano 1999, *passim*; Kirsch 2005, x.

from nowhere
like flies to a dead thing
when he makes the first incision. (Abse 2014, 67)

The colleague is figuratively transformed into a "dead thing" for he lacks emotional sensitivity in performing his duties; he derives pleasure from inflicting wounds, albeit with the intention of healing, a process that is described as akin to an act "of war" (68). The poetic speaker, in contrast, is more hesitant about participating in this combative approach to illness, a reluctance that often earns Abse praise for the empathy embedded in his poetic depictions of doctors (e.g. Hardy 1983, 106).

These perspectives align closely with the author's personal relationship with the medical profession. Both "faithful" and "disobedient" to medicine (Goldbeck-Wood 2014, 25) – ironically, both a chest physician and a smoker – he pursued a career in healthcare even if he did not find it entirely suited to his natural inclinations (Abse 1983, 16). In *The Presence*, he emphasizes that "wearing a white coat" led him to confront unspecified "traumatic incidents" (2007, 195); in particular, the autobiographical piece "Following in the Footsteps of Dr Keats" recounts how he was "spiritually bruised" by his apprenticeship in Westminster, conveying that his experience was shocking, marked by loss and suffering (2003, 37). A similar sentiment is shared by his poetic speakers, who express their inability to forget even a single patient lost, as in "The Smile Was":

Never,
not for one single death
can I forget we die with the dead,
and the world dies with us […]. (Abse 2014, 69)

In Abse's poetry, as in his life, the individual trauma affecting the speaker in his professional capacity intersects with the extreme, collective trauma of the Holocaust and post-Holocaust generation, haunted by the recognition of having escaped a horrific fate. Although – or because – he did not suffer persecution, his representation of deep emotional or psychological scars is often structured in terms of a social force and projected onto history. Involved in a "community of memory" (Irwin-Zarecka 2017, 48) that transcends the individual dimension, in matters of loss and affliction Abse constantly challenges the intersection between the private and the public; this is evident in "Exit" and "In Llandough Hospital", two arguably autobiographical poems describing the last moments of the speaker's mother and father respectively. Both texts situate individual predicaments within an intersubjective, historical frame: the woman's agony is related to a "concentration camp for one" (Abse 2014, 241), while the man, "thin as Auschwitz in that bed", reminds the speaker that "death makes victims of us all" (62).

Fervent search into a common past is also an important propellant of Abse's prose works, often representing intense images of the shared suffering of the Jewish community. This is seen in the autobiographical novel *Ash on a Young Man's Sleeve*, where the narrator, when only a child, perceives the profound impact of the calamity on the congregants of the synagogue:

Their naked faces showed history plainly, it mixed in their faces like ancient paint to make a curious synthesis of over-refinement and paradoxical coarseness. One received a hint, even as they prayed, a hint of that unbearable core of sensual suffering. As they murmured their long incantations, I saw in their large dark eyes that infinite, that mute animal sadness, as in the liquid eyes of fugitives everywhere. I was eleven years old then: I could not have named all of this but I knew it… I knew it all. (Abse 1982, 33)

In his memoir *Goodbye Twentieth Century*, Abse confesses that he often thinks "about my not going to Belsen" (2011, 135), with reference to Bergen-Belsen in Lower Saxony. The specific context of this statement relates to his exclusion from the Westminster Hospital team who travelled to Germany to assist the victims of concentration camps, a decision influenced by his Jewish heritage. Yet, a deeper dimension clearly transpires in this phrasing: a feeling that he has betrayed those who were deported as well as a sense of lingering guilt for having been spared the worst atrocities during the years of World War II.

Abse is a survivor in a twofold sense, being a Jew who lived through the Holocaust and – much in line with Rousseau's observations – a physician witnessing suffering and death in both war-torn and post-war Europe. It is unsurprising, then, that even well before 2009, when he won the Wilfred Owen Award, his work was repeatedly compared to that of the war poet (e.g. Hooker 1983) given the "similar methods both […] employ in dealing with human trauma" (Cohen 1983, 12). This connection is especially evident in "Pathology of Colours":

> I know the colour rose, and it is lovely,
> but not when it ripens in a tumour;
> and healing greens, leaves and grass, so springlike,
> in limbs that fester are not springlike.
>
> I have seen red-blue tinged with hirsute mauve
> in the plum-skin face of a suicide.
> I have seen white, china white almost, stare
> from behind the smashed windscreen of a car.
>
> And the criminal, multi-coloured flash
> of an H-bomb is no more beautiful
> than an autopsy when the belly's opened –
> to show cathedral windows never opened.
>
> So in the simple blessing of a rainbow,
> in the bevelled edge of a sunlit mirror,
> I have seen, visible, Death's artefact
> like a soldier's ribbon on a tunic tacked. (Abse 2014, 49-50)

There is a thread connecting "X-ray" and "Pathology of Colours", which intersects with Abse's explicit homages to Keats's works. I would argue that these poems draw on a Romantic and Postromantic poetics of the sublime, a concept that Abse variously transforms and adapts throughout his verse production. For instance, in both Burke's seventeenth-century theories and Lyotard's twentieth-century understanding of the sublime, this experience unfolds as an initial moment of terror and threat followed by relief and pleasure (Burke 1990, 35; Lyotard 1989, 205). Instead, the opening stanzas of "Pathology of Colours" subvert and disrupt these expectations, as the emotional state moves unconventionally from "delight" to "horror".[8] In its different declinations, the experience of the sublime in Abse's works is also stripped of its Kantian component of serene aloofness, replaced by a different kind of distancing achieved through the detachment of sarcasm and cynicism. In this light, the corpses in a "Dissecting Room" become "amazing

[8] These terms are obviously derived from Edmund Burke's "delightful horror" (1990, 67).

sculptures" in the poem "Carnal Knowledge" (Abse 2014, 155), whereas auscultating a patient's chest is associated with listening to Mozart in "Portrait of an Old Doctor" (Abse 2014, 290).

The kinship between fascination and abomination is woven into a search for oxymoronic sensations that Abse pursued ever since "Duality" (10-11). His speakers are far from suggesting a sadistic aesthetic pleasure in performing the most challenging and gruesome tasks of medical practice. Instead, they recognize an underlying majesty within horror, death, and suffering that arises from "a structure of meaning, of meaningfulness, not to be found anywhere else" (Hillman 2004, 120), a structure beyond human understanding or imagination, which provokes feelings of awe and dread. It might be inferred, at least according to earlier elaborations of the sublime, that such experiences allow the subject to elevate contemplatively above external forces and access a form of privileged knowledge. Abse's speaker-doctors, in other words, bring the Romantic *hypsos* to its climax, reaching what Friedrich Nietzsche defines as the "heights of the soul from which even tragedy ceases to appear tragic" (1971, 36). The status of spectator of death, which is active at various levels in Abse's works, serves as a potent generator of identity for his poetic personae and often results in a torn sense of moral responsibility combined with impotence and guilt.

Aware that guilt is the unshakable legacy of the survivor, yet unfounded in empirical fact, Abse approaches this deep-seated feeling in psychological rather than ontological terms. As in traditional confessional forms of poetry, his texts consistently underscore the self-perceived faults and defects of the doctor-speaker, but then undermine the reliability of these perceptions through irony and sarcasm. The flaws professed by these poetic personae, in fact, seem scarcely rational: "Guilty, he does not always like his patients", recites the first line of "The Doctor" (Abse 2014, 124). This guilt argues its own intrinsic groundlessness, as it is innocently rooted in innate human drives; hence, self-exoneration is easily achieved when the ethically conscious speaker states that "A doctor must care" (*ibidem*) regardless of personal inclinations. The fictional doctor is constructed in such a way that he seems to playfully walk what Christopher Lasch defines as "a fine line between self-analysis and self-indulgence" (1978, 18).

Through these compelling strategies, the figure of the doctor-survivor establishes an implicit affective and emotional pact with the audience, founded in what Gigliola Sacerdoti Mariani describes as the "massive emotional directness" of the texts (1983, 74), in some cases as touching "as in melodrama" (Abse 2014, 66). This emotional approach, however, is not devoid of risks. Fleur Adcock observes that Abse's "medical subjects" can become "too easy an option, the mere bleak presentation of the facts acting as an alternative to any actual work by the poet" and further argues, "I find that scenes from the ward or the consulting-room, however dramatic or moving, come across less effectively than more muted poems […]" (1977, 48).

The identity of the doctor-speaker troubled by both his cultural background and his professional role justifies and legitimizes an ostensibly paradoxical connection between innocence and power. As for the latter, physicians have been recognized as authoritative figures at least since the nineteenth century, endowed with the ability to heal, promote well-being, and even determine the difference between life and death. In this capacity, they are often portrayed as heroic, self-sacrificing individuals dedicated to their profession and the patients' health. Similarly, survivors too possess a form of heroism, not through accomplishment, but through their resilience and endurance in the face of suffering. Abse's poetic figures intersect and intertwine these culturally determined aspects of their own identity; in "Case History," for instance, the doctor is ready to heroically overcome his indignation to care for a patient who flaunts Nazi affiliations:

> 'Most Welshmen are worthless,
> an inferior breed, doctor'.
> He did not know I was Welsh.

Then he praised the architects
of the German death-camps –
did not know I was a Jew. (Abse 2014, 144)

The Welsh-Jewish doctor is tempted to take advantage of his skills and professional resources and act on impulses of vindication or retaliation. Yet again, the transitory moment of weakness is deliberately exhibited with a sense of complacency, as if it were a badge of honour:

In the clinic's dispensary
red berry of black bryony,
cowbane, deadly nightshade, deathcap.
Yet I prescribed for him
as if he were my brother. (144-145)

The speaker confronts his adversary with the weapons of moral and ethical superiority, along with a display of benevolence. Ultimately, however, the mantle of integrity and uprightness begins to fray; as the poem continues, the doctor reveals that later the same night, his right hand "lost cunning" (145). The body rebels against the violence of an unnatural choice, becoming itself the evidence of an inability to heal, of an epistemic failure. In a sense, this shortcoming is represented as an unintentional, and therefore innocent, act of resistance or self-preservation.

Elsewhere, the heroism of the physician is established in even more oblique terms; it is subtly mythologized in "The Doctor", associated with Biblical references in "Exit", and divinized in "The Stethoscope" through synecdoche, with the practitioner's ears and instruments representing the whole:

Through it,
over young women's tense abdomens,
I have heard the sound of creation
and, in a dead man's chest, the silence
before creation began.

Should I
pray therefore? Hold this instrument in awe
and aloft a procession of banners?
Hang this thing in the interior
of a cold, mushroom-dark church?

Should I
kneel before it, chant an apophthegm
from a small text? Mimic priest or rabbi,
the swaying noises of religious men?
Never! Yet I could praise it.

I should
by doing so celebrate my own ears,
by praising them praise speech at midnight
when men become philosophers;
laughter of the sane and insane;

night cries
of injured creatures, wide-eyed or blind;
moonlight sonatas on a needle;
lovers with doves in their throats; the wind
travelling from where it began. (118-19)

This text presents a rich tapestry of tensions and aporias. The doctor-speaker celebrates himself as a keeper of the mysteries of birth and death, yet he is stripped of any god-like power. Through a process of negation, "The Stethoscope" activates a series of implied rather than explicit meanings; in particular, the questions ("Should I […]?") trigger a stream of expectations only to abruptly and emphatically defeat them ("Never!"). As a result, even though the doctor-speaker's "divinity" is rejected, it becomes especially relevant to the poem, emerging as a status that can be plausibly assumed or claimed. Other textual strategies and rhetorical devices conspire to reinforce a sacral dimension in medical practice; these include the quasi-catechetical format of questions and answers, chiastic structures, and repetitive syntactic patterns – the latter being devices commonly found in scripture, biblical poetry, and liturgy. Ultimately, the poem does not dismiss the idea that the physician is worthy of veneration, it rather suggests that reverence is due not to scientific competence (symbolized by the stethoscope) but to the doctor's human qualities ("my own ears").

The sequence of questions of "The Stethoscope" and the complex relationship that they entertain with dialogue invite consideration of how Abse's poetry is consistent with Frank's call to follow the "dialogical ethics of Bakhtin" (2009, 14): the conversational framework of this poem is merely apparent, as it initiates a mono-vocal kind of speech. Instead, elsewhere Abse's work exhibits a plurivocal potential, conveyed through dissonant imagery, as in "Pathology of Colours", or by alternating between different perspectives, usually the scientific-medical viewpoint and that of the layperson. Accordingly, as in "The Stethoscope", Abse's register often fluctuates between formal diction ("apophthegm"), medical terminology ("abdomens"), and colloquial language ("this thing").[9] The latter is most frequently used when the speaker conveys the patients' view, allowing them to speak in "a ventriloquist voice", to quote from "In the Theatre" (Abse 2014, 86), that is, with implicit and explicit attributions of speech or thought by one speaker to another.

In some of Abse's works, however, representing the voice of the non-medical "other" paradoxically contributes to a widening divide between physician and patient, reinforcing a hierarchical dynamic between them. Such imbalance does not arise from the exclusivity of medical knowledge, since Abse frequently emphasizes the limitations of medicine and the inadequacies of its practitioners. Rather, when conjuring the patient's perspective, the doctor-speaker and, by extension, the doctor-writer imply that they have an almost intuitive understanding of the human condition that transcends their specialized field – they enjoy a unique access and insight into emotions that enables them to articulate the visions and words of the other. The figures of harmed and suffering doctor-survivors are therefore represented as holding an epistemic privilege that frequently overlaps with epistemic authority.

In line with this tendency, usually Abse imagines that the patient perceives the doctor as a sorcerer or a shamanic figure who wields hidden and mysterious knowledge, enacting the rituals of prescribing as though casting a magic spell or reciting an alchemical formula:

[9] See, for instance, the use of "abdomens" and "belly" in "The Stethoscope" and "Pathology of Colours" respectively (2014, 118 and 50).

> So the doctor will and yes he will prescribe
> the usual dew from a banana leaf; poppies and
> honey too; ten snowflakes or something whiter
> from the bole of a tree; the clearest water
> ever, melting ice from a mountain lake;
> sunlight from waterfall's edge, rainbow smoke;
> tears from eyelashes of the daughter. (Abse 2014, 125)

The creative treatment proposed in "The Doctor" marks a point of transition; it represents the liminal space where the poetic speaker ventures beyond the boundaries of his discipline into another realm. Indeed, the physician-magus cures by blending spirit and matter, by manipulating symbols and identifying sympathetic relations. His practice does not rely on structured reasoning or specialized experience, but on an intuitive faculty that resembles a divine power. In a mixture of jest and earnest, Abse elaborates an image of medical science that is far removed from the controlled and repeatable labour of rational thought, and connects instead with irrationality, imagination, and the creative spark of literature – perhaps even with the poetic inspiration and magnetic influence of Plato's rhapsode Ion.

In *A Poet in the Family*, Abse argues that when feeling "ill and dependent", people seek a "god-like personage" who is "wise and omnipotent" (1984, 178). Accordingly, even the physician who needs medical counsel in "Prayer in the Waiting Room" pleads, "Now, doctor, magic me", and hopes to be welcomed by a purple-clad colleague, despite being well aware of pursuing an illusion. While the doctor's authority is presented as fictive and staged, his or her clinical competence, though imperfect, remains real, sharply contrasting with "the sanctimonious lie / that cannot cure the disease" of the charlatan depicted in "Interview with a spirit healer" (Abse 1970, 83). Still, to participate in the grand theatre of healthcare, the physician must seamlessly sew together the pristine white coat of science and the enigmatic purple cloak of the wizard, as suggested in "Song for Pythagoras" (1989, 273). Otherwise, as Abse notes, "if the official doctor full of doubts in his white coat, […] some turn to the self-confident medicaster with his wand and purple cloak" (2011, 241).

This fusion of cloaks is not merely an endeavour aimed at gaining "the well-being of body and spirit simultaneously through the arts and sciences", as Gwyneth Lewis suggests (2022). Rather, it represents a situation of profound ontological instability, where different levels of experience collide and become indistinguishable, with none being more valid than the other. It closely resembles the predicament in Abse's play *Pythagoras*, where the titular character embodies simultaneously a stage magician with delusions and a true wizard with supernatural powers. It is here, I believe, that Abse's most authentic recourse to plurivocal discourse emerges. Since it is impossible to discern where the "imagination of reality" ends and "the reality of imagination" begins (Sacerdoti Mariani 1983, 83), literary texts inhabit a no-man's-land between fact and fiction, a space where literature and medicine reveal a common creative ground, demonstrate a unified purpose, and can establish a relationship of equality.

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