

The Art of the
COMMON-
PLACE

The Agrarian Essays of
Wendell Berry

EDITED AND INTRODUCED BY NORMAN WIRZBA

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Health Is Membership

I

From our constant and increasing concerns about health, you can tell how seriously diseased we are. Health, as we may remember from at least some of the days of our youth, is at once wholeness and a kind of unconsciousness. Disease (dis-ease), on the contrary, makes us conscious not only of the state of our health but of the division of our bodies and our world into parts.

The word "health," in fact, comes from the same Indo-European root as "heal," "whole," and "holy." To be healthy is literally to be whole; to heal is to make whole. I don't think mortal healers should be credited with the power to make holy. But I have no doubt that such healers are properly obliged to acknowledge and respect the holiness embodied in all creatures, or that our healing involves the preservation in us of the spirit and the breath of God.

If we were lucky enough as children to be surrounded by grown-ups who loved us, then our sense of wholeness is not just the sense of completeness in ourselves but also is the sense of belonging to others and to our place; it is an unconscious awareness of community, of having in common. It may be that this double sense of singular integrity and of communal belonging is our per-

sonal standard of health for as long as we live. Anyhow, we seem to know instinctively that health is not divided.

Of course, growing up and growing older as fallen creatures in a fallen world can only instruct us painfully in division and disintegration. This is the stuff of consciousness and experience. But if our culture works in us as it should, then we do not age merely into disintegration and division, but that very experience begins our education, leading us into knowledge of wholeness and of holiness. I am describing here the story of Job, of Lazarus, of the lame man at the pool of Bethesda, of Milton's Samson, of King Lear. If our culture works in us as it should, our experience is balanced by education; we are led out of our lonely suffering and are made whole.

In the present age of the world, disintegration and division, isolation and suffering seem to have overwhelmed us. The balance between experience and education has been overthrown; we are lost in experience, and so-called education is leading us nowhere. We have diseases aplenty. As if that were not enough, we are suffering an almost universal hypochondria. Half the energy of the medical industry, one suspects, may now be devoted to "examinations" or "tests"—to see if, though apparently well, we may not be latently or insidiously diseased.

* * *

If you are going to deal with the issue of health in the modern world, you are going to have to deal with much absurdity. It is not clear, for example, why death should increasingly be looked upon as a curable disease, an abnormality, by a society that increasingly looks upon life as insupportably painful and/or meaningless. Even more startling is the realization that the modern medical industry faithfully imitates disease in the way that it isolates us and parcels us out. If, for example, intense and persistent pain causes you to pay attention only to your stomach, then you must leave home, community, and family and go to a sometimes distant clinic or hospital, where you will be cared for by a specialist who will pay attention only to your stomach.

Or consider the announcement by the Associated Press on February 9, 1994, that "the incidence of cancer is up among all ages, and researchers speculated that environmental exposure to cancer-causing substances other than cigarettes may be partly to blame." This bit of news is offered as a surprise, never mind that the environment (so called) has been known to be polluted and toxic for many years. The blame obviously falls on that idiotic term "the environment," which refers to a world that surrounds us but is presumably

different from us and distant from us. Our laboratories have proved long ago that cigarette smoke gets inside us, but if “the environment” surrounds us, how does it wind up inside us? So much for division as a working principle of health.

This, plainly, is a view of health that is severely reductive. It is, to begin with, almost fanatically individualistic. The body is seen as a defective or potentially defective machine, singular, solitary, and displaced, without love, solace, or pleasure. Its health excludes unhealthy cigarettes but does not exclude unhealthy food, water, and air. One may presumably be healthy in a disintegrated family or community or in a destroyed or poisoned ecosystem.

* * *

So far, I have been implying my beliefs at every turn. Now I had better state them openly.

I take literally the statement in the Gospel of John that God loves the world. I believe that the world was created and approved by love, that it subsists, coheres, and endures by love, and that, insofar as it is redeemable, it can be redeemed only by love. I believe that divine love, incarnate and indwelling in the world, summons the world always toward wholeness, which ultimately is reconciliation and atonement with God.

I believe that health is wholeness. For many years I have returned again and again to the work of the English agriculturist Sir Albert Howard, who said, in *The Soil and Health*, that “the whole problem of health in soil, plant, animal, and man [is] one great subject.”

I am moreover a Luddite, in what I take to be the true and appropriate sense. I am not “against technology” so much as I am for community. When the choice is between the health of a community and technological innovation, I choose the health of the community. I would unhesitatingly destroy a machine before I would allow the machine to destroy my community.

I believe that the community — in the fullest sense: a place and all its creatures — is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms.

* * *

We speak now of “spirituality and healing” as if the only way to render a proper religious respect to the body is somehow to treat it “spiritually.” It could be argued just as appropriately (and perhaps less dangerously) that the way to respect the body fully is to honor fully its materiality. In saying this, I intend no reduction. I do not doubt the reality of the experience and knowledge we call “spiritual” any more than I doubt the reality of so-called physical

experience and knowledge; I recognize the rough utility of these terms. But I strongly doubt the advantage, and even the possibility, of separating these two realities.

What I'm arguing against here is not complexity or mystery but dualism. I would like to purge my own mind and language of such terms as "spiritual," "physical," "metaphysical," and "transcendental"—all of which imply that the Creation is divided into "levels" that can readily be peeled apart and judged by human beings. I believe that the Creation is one continuous fabric comprehending simultaneously what we mean by "spirit" and what we mean by "matter."

Our bodies are involved in the world. Their needs and desires and pleasures are physical. Our bodies hunger and thirst, yearn toward other bodies, grow tired and seek rest, rise up rested, eager to exert themselves. All these desires may be satisfied with honor to the body and its maker, but only if much else besides the individual body is brought into consideration. We have long known that individual desires must not be made the standard of their own satisfaction. We must consider the body's manifold connections to other bodies and to the world. The body, "fearfully and wonderfully made," is ultimately mysterious both in itself and in its dependences. Our bodies live, the Bible says, by the spirit and the breath of God, but it does not say how this is so. We are not going to *know* about this. ✍

The distinction between the physical and the spiritual is, I believe, false. A much more valid distinction, and one that we need urgently to learn to make, is that between the organic and the mechanical. To argue this—as I am going to do—puts me in the minority, I know, but it does not make me unique. In *The Idea of a Christian Society*, T. S. Eliot wrote, "We may say that religion, as distinguished from modern paganism, implies a life in conformity with nature. It may be observed that the natural life and the supernatural life have a conformity to each other which neither has with the mechanistic life."

Still, I wonder if our persistent wish to deal spiritually with physical things does not come either from the feeling that physical things are "low" and unworthy or from the fear, especially when speaking of affection, that "physical" will be taken to mean "sexual."

The *New York Review of Books* of February 3, 1994, for example, carried a review of the correspondence of William and Henry James along with a photograph of the two brothers standing together with William's arm around Henry's shoulders. Apropos of this picture, the reviewer, John Bayley, wrote that "their closeness of affection was undoubted and even took on occasion a

quasi-physical form.” It is Mr. Bayley’s qualifier, “quasi-physical,” that sticks in one’s mind. What can he have meant by it? Is this prurience masquerading as squeamishness, or vice versa? Does Mr. Bayley feel a need to assure his psychologically sophisticated readers that even though these brothers touched one another familiarly, they were not homosexual lovers?

The phrase involves at least some version of the old dualism of spirit and body or mind and body that has caused us so much suffering and trouble and that raises such troubling questions for anybody who is interested in health. If you love your brother and if you and your brother are living creatures, how could your love for him not be physical? Not spiritual or mental only, not “quasi-physical,” but physical. How could you not take a simple pleasure in putting your arm around him?

Out of the same dualism comes our confusion about the body’s proper involvement in the world. People seriously interested in health will finally have to question our society’s long-standing goals of convenience and effortlessness. What is the point of “labor saving” if by making work effortless we make it poor, and if by doing poor work we weaken our bodies and lose conviviality and health?

* * *

We are now pretty clearly involved in a crisis of health, one of the wonders of which is its immense profitability both to those who cause it and to those who propose to cure it. That the illness may prove incurable, except by catastrophe, is suggested by our economic dependence on it. Think, for example, of how readily our solutions become problems and our cures pollutants. To cure one disease, we need another. The causes, of course, are numerous and complicated, but all of them, I think, can be traced back to the old idea that our bodies are not very important except when they give us pleasure (usually, now, to somebody’s profit) or when they hurt (now, almost invariably, to somebody’s profit).

This dualism inevitably reduces physical reality, and it does so by removing its mystery from it, by dividing it absolutely from what dualistic thinkers have understood as spiritual or mental reality.

A reduction that is merely theoretical might be harmless enough, I suppose, but theories find ways of getting into action. The theory of the relative unimportance of physical reality has put itself into action by means of a metaphor by which the body (along with the world itself) is understood as a machine. According to this metaphor — which is now in constant general use — the human heart, for example, is no longer understood as the center of our

emotional life or even as an organ that pumps; it is understood as “a pump,” having somewhat the same function as a fuel pump in an automobile.

If the body is a machine for living and working, then it must follow that the mind is a machine for thinking. The “progress” here is the reduction of mind to brain and then of brain to computer. This reduction implies and requires the reduction of knowledge to “information.” It requires, in fact, the reduction of everything to numbers and mathematical operations.

This metaphor of the machine bears heavily upon the question of what we mean by health and by healing. The problem is that like any metaphor, it is accurate only in some respects. A girl is only in some respects like a red rose; a heart is only in some respects like a pump. This means that a metaphor must be controlled by a sort of humorous intelligence, always mindful of the exact limits within which the comparison is meaningful. When a metaphor begins to control intelligence, as this one of the machine has done for a long time, then we must look for costly distortions and absurdities.

Of course, the body in most ways is not at all like a machine. Like all living creatures and unlike a machine, the body is not formally self-contained; its boundaries and outlines are not so exactly fixed. The body alone is not, properly speaking, a body. Divided from its sources of air, food, drink, clothing, shelter, and companionship, a body is, properly speaking, a cadaver, whereas a machine by itself, shut down or out of fuel, is still a machine. Merely as an organism (leaving aside issues of mind and spirit) the body lives and moves and has its being, minute by minute, by an interinvolvement with other bodies and other creatures, living and unliving, that is too complex to diagram or describe. It is, moreover, under the influence of thought and feeling. It does not live by “fuel” alone.

A mind, probably, is even less like a computer than a body is like a machine. As far as I am able to understand it, a mind is not even much like a brain. Insofar as it is usable for thought, for the association of thought with feeling, for the association of thoughts and feelings with words, for the connections between words and things, words and acts, thought and memory, a mind seems to be in constant need of reminding. A mind unreminded would be no mind at all. This phenomenon of reminding shows the extensiveness of mind—how intricately it is involved with sensation, emotion, memory, tradition, communal life, known landscapes, and so on. How you could locate a mind within its full extent, among all its subjects and necessities, I don’t know, but obviously it cannot be located within a brain or a computer.

To see better what a mind is (or is not), we might consider the difference

between what we mean by knowledge and what the computer now requires us to mean by “information.” Knowledge refers to the ability to do or say the right thing at the right time; we would not speak of somebody who does the wrong thing at the wrong time as “knowledgeable.” People who perform well as musicians, athletes, teachers, or farmers are people of knowledge. And such examples tell us much about the nature of knowledge. Knowledge is formal, and it informs speech and action. It is instantaneous; it is present and available when and where it is needed.

“Information,” which once meant that which forms or fashions from within, now means merely “data.” However organized this data may be, it is not shapely or formal or in the true sense in-forming. It is not present where it is needed; if you have to “access” it, you don’t have it. Whereas knowledge moves and forms acts, information is inert. You cannot imagine a debater or a quarterback or a musician performing by “accessing information.” A computer chock full of such information is no more admirable than a head or a book chock full of it.

The difference, then, between information and knowledge is something like the difference between a dictionary and somebody’s language.

Where the art and science of healing are concerned, the machine metaphor works to enforce a division that falsifies the process of healing because it falsifies the nature of the creature needing to be healed. If the body is a machine, then its diseases can be healed by a sort of mechanical tinkering, without reference to anything outside the body itself. This applies, with obvious differences, to the mind; people are assumed to be individually sane or insane. And so we return to the utter anomaly of a creature that is healthy within itself.

* * *

The modern hospital, where most of us receive our strictest lessons in the nature of industrial medicine, undoubtedly does well at surgery and other procedures that permit the body and its parts to be treated as separate things. But when you try to think of it as a place of healing — of reconnecting and making whole — then the hospital reveals the disarray of the medical industry’s thinking about health.

In healing, the body is restored to itself. It begins to live again by its own powers and instincts, to the extent that it can do so. To the extent that it can do so, it goes free of drugs and mechanical helps. Its appetites return. It relishes food and rest. The patient is restored to family and friends, home and community and work.

This process has a certain naturalness and inevitability, like that by which a child grows up, but industrial medicine seems to grasp it only tentatively and awkwardly. For example, any ordinary person would assume that a place of healing would put a premium upon rest, but hospitals are notoriously difficult to sleep in. They are noisy all night, and the routine interventions go on relentlessly. The body is treated as a machine that does not need to rest.

You would think also that a place dedicated to healing and health would make much of food. But here is where the disconnections of the industrial system and the displacement of industrial humanity are most radical. Sir Albert Howard saw accurately that the issue of human health is inseparable from the health of the soil, and he saw too that we humans must responsibly occupy our place in the cycle of birth, growth, maturity, death, and decay, which is the health of the world. Aside from our own mortal involvement, food is our fundamental connection to that cycle. But probably most of the complaints you hear about hospitals have to do with the food, which, according to the testimony I have heard, tends to range from unappetizing to sickening. Food is treated as another unpleasant substance to inject. And this is a shame. For in addition to the obvious nutritional link between food and health, food can be a pleasure. People who are sick are often troubled or depressed, and mealtimes offer three opportunities a day when patients could easily be offered something to look forward to. Nothing is more pleasing or heartening than a plate of nourishing, tasty, beautiful food artfully and lovingly prepared. Anything less is unhealthy, as well as a desecration.

Why should rest and food and ecological health not be the basic principles of our art and science of healing? Is it because the basic principles already are technology and drugs? Are we confronting some fundamental incompatibility between mechanical efficiency and organic health? I don't know. I only know that sleeping in a hospital is like sleeping in a factory and that the medical industry makes only the most tenuous connection between health and food and no connection between health and the soil. Industrial medicine is as little interested in ecological health as is industrial agriculture.

A further problem, and an equally serious one, is that illness, in addition to being a bodily disaster, is now also an economic disaster. This is so whether or not the patient is insured. It is a disaster for us all, all the time, because we all know that personally or collectively, we cannot continue to pay for cures that continue to get more expensive. The economic disturbance that now inundates the problem of illness may turn out to be the profoundest illness of all. How can we get well if we are worried sick about money?

* * *

I wish it were not the fate of this essay to be filled with questions, but questions now seem the inescapable end of any line of thought about health and healing. Here are several more:

1. Can our present medical industry produce an adequate definition of health? My own guess is that it cannot do so. Like industrial agriculture, industrial medicine has depended increasingly on specialist methodology, mechanical technology, and chemicals; thus, its point of reference has become more and more its own technical prowess and less and less the health of creatures and habitats. I don't expect this problem to be solved in the universities, which have never addressed, much less solved, the problem of health in agriculture. And I don't expect it to be solved by the government.

2. How can cheapness be included in the criteria of medical experimentation and performance? And why has it not been included before now? I believe that the problem here is again that of the medical industry's fixation on specialization, technology, and chemistry. As a result, the modern "health care system" has become a way of marketing industrial products, exactly like modern agriculture, impoverishing those who pay and enriching those who are paid. It is, in other words, an industry such as industries have always been.

3. Why is it that medical strictures and recommendations so often work in favor of food processors and against food producers? Why, for example, do we so strongly favor the pasteurization of milk to health and cleanliness in milk production? (Gene Logsdon correctly says that the motive here "is monopoly, not consumer health.")

4. Why do we so strongly prefer a fat-free or a germ-free diet to a chemical-free diet? Why does the medical industry strenuously oppose the use of tobacco, yet complacently accept the massive use of antibiotics and other drugs in meat animals and of poisons on food crops? How much longer can it cling to the superstition of bodily health in a polluted world?

5. How can adequate medical and health care, including disease prevention, be included in the structure and economy of a community? How, for example, can a community and its doctors be included in the same culture, the same knowledge, and the same fate, so that they will live as fellow citizens, sharers in a common wealth, members of one another?

II

It is clear by now that this essay cannot hope to be complete; the problems are too large and my knowledge too small. What I have to offer is an association

of thoughts and questions wandering somewhat at random and somewhat lost within the experience of modern diseases and the often bewildering industry that undertakes to cure them. In my ignorance and bewilderment, I am fairly representative of those who go, or go with loved ones, to doctors' offices and hospitals. What I have written so far comes from my various efforts to make as much sense as I can of that experience. But now I had better turn to the experience itself.

On January 3, 1994, my brother John had a severe heart attack while he was out by himself on his farm, moving a feed trough. He managed to get to the house and telephone a friend, who sent the emergency rescue squad.

The rescue squad and the emergency room staff at a local hospital certainly saved my brother's life. He was later moved to a hospital in Louisville, where a surgeon performed a double-bypass operation on his heart. After three weeks John returned home. He still has a life to live and work to do. He has been restored to himself and to the world.

He and those who love him have a considerable debt to the medical industry, as represented by two hospitals, several doctors and nurses, many drugs and many machines. This is a debt that I cheerfully acknowledge. But I am obliged to say also that my experience of the hospital during John's stay was troubled by much conflict of feeling and a good many unresolved questions, and I know that I am not alone in this.

In the hospital what I will call the world of love meets the world of efficiency—the world, that is, of specialization, machinery, and abstract procedure. Or, rather, I should say that these two worlds come together in the hospital but do not meet. During those weeks when John was in the hospital, it seemed to me that he had come from the world of love and that the family members, neighbors, and friends who at various times were there with him came there to represent that world and to preserve his connection with it. It seemed to me that the hospital was another kind of world altogether.

When I said early in this essay that we live in a world that was created and exists and is redeemable by love, I did not mean to sentimentalize it. For this is also a fallen world. It involves error and disease, ignorance and partiality, sin and death. If this world is a place where we may learn of our involvement in immortal love, as I believe it is, still such learning is only possible here because that love involves us so inescapably in the limits, sufferings, and sorrows of mortality.

* * *

Like divine love, earthly love seeks plenitude; it longs for the full membership to be present and to be joined. Unlike divine love, earthly love does not have

the power, the knowledge, or the will to achieve what it longs for. The story of human love on this earth is a story by which this love reveals and even validates itself by its failures to be complete and comprehensive and effective enough. When this love enters a hospital, it brings with it a terrifying history of defeat, but it comes nevertheless confident of itself, for its existence and the power of its longing have been proved over and over again even by its defeat. In the face of illness, the threat of death, and death itself, it insists unabashedly on its own presence, understanding by its persistence through defeat that it is superior to whatever happens.

The world of efficiency ignores both loves, earthly and divine, because by definition it must reduce experience to computation, particularity to abstraction, and mystery to a small comprehensibility. Efficiency, in our present sense of the word, allies itself inevitably with machinery, as Neil Postman demonstrates in his useful book *Technopoly*. "Machines," he says, "eliminate complexity, doubt, and ambiguity. They work swiftly, they are standardized, and they provide us with numbers that you can see and calculate with." To reason, the advantages are obvious, and probably no reasonable person would wish to reject them out of hand.

And yet love obstinately answers that no loved one is standardized. A body, love insists, is neither a spirit nor a machine; it is not a picture, a diagram, a chart, a graph, an anatomy; it is not an explanation; it is not a law. It is precisely and uniquely what it is. It belongs to the world of love, which is a world of living creatures, natural orders and cycles, many small, fragile lights in the dark.

In dealing with problems of agriculture, I had thought much about the difference between creatures and machines. But I had never so clearly understood and felt that difference as when John was in recovery after his heart surgery, when he was attached to many machines and was dependent for breath on a respirator. It was impossible then not to see that the breathing of a machine, like all machine work, is unvarying, an oblivious regularity, whereas the breathing of a creature is ever changing, exquisitely responsive to events both inside and outside the body, to thoughts and emotions. A machine makes breaths as a machine makes buttons, all the same, but every breath of a creature is itself a creature, like no other, inestimably precious.

* * *

Logically, in plenitude some things ought to be expendable. Industrial economics has always believed this: abundance justifies waste. This is one of the dominant superstitions of American history — and of the history of colonialism everywhere. Expendability is also an assumption of the world of efficiency,

which is why that world deals so compulsively in percentages of efficacy and safety.

But this sort of logic is absolutely alien to the world of love. To the claim that a certain drug or procedure would save 99 percent of all cancer patients or that a certain pollutant would be safe for 99 percent of a population, love, unembarrassed, would respond, "What about the one percent?"

There is nothing rational or perhaps even defensible about this, but it is nonetheless one of the strongest strands of our religious tradition — it is probably the most essential strand — according to which a shepherd, owning a hundred sheep and having lost one, does not say, "I have saved 99 percent of my sheep," but rather, "I have lost one," and he goes and searches for the one. And if the sheep in that parable may seem to be only a metaphor, then go on to the Gospel of Luke, where the principle is flatly set forth again and where the sparrows stand not for human beings but for all creatures: "Are not five sparrows sold for two farthings, and not one of them is forgotten before God?" And John Donne had in mind a sort of equation and not a mere metaphor when he wrote, "If a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friend's or of thine own were. Any man's death diminishes me."

It is reassuring to see ecology moving toward a similar idea of the order of things. If an ecosystem loses one of its native species, we now know that we cannot speak of it as itself minus one species. An ecosystem minus one species is a different ecosystem. Just so, each of us is made by — or, one might better say, made as — a set of unique associations with unique persons, places, and things. The world of love does not admit the principle of the interchangeability of parts.

When John was in intensive care after his surgery, his wife, Carol, was standing by his bed, grieving and afraid. Wanting to reassure her, the nurse said, "Nothing is happening to him that doesn't happen to everybody."

And Carol replied, "I'm not everybody's wife."

* * *

In the world of love, things separated by efficiency and specialization strive to come back together. And yet love must confront death, and accept it, and learn from it. Only in confronting death can earthly love learn its true extent, its immortality. Any definition of health that is not silly must include death. The world of love includes death, suffers it, and triumphs over it. The world of efficiency is defeated by death; at death, all its instruments and procedures stop. The world of love continues, and of this grief is the proof.

In the hospital, love cannot forget death. But like love, death is in the hospital but not of it. Like love, fear and grief feel out of place in the hospital. How could they be included in its efficient procedures and mechanisms? Where a clear, small order is fervently maintained, fear and grief bring the threat of large disorder.

And so these two incompatible worlds might also be designated by the terms “amateur” and “professional”—amateur, in the literal sense of lover, one who participates for love; and professional in the modern sense of one who performs highly specialized or technical procedures for pay. The amateur is excluded from the professional “field.”

For the amateur, in the hospital or in almost any other encounter with the medical industry, the overriding experience is that of being excluded from knowledge—of being unable, in other words, to make or participate in anything resembling an “informed decision.” Of course, whether doctors make informed decisions in the hospital is a matter of debate. For in the hospital even the professionals are involved in experience; experimentation has been left far behind. Experience, as all amateurs know, is not predictable, and in experience there are no replications or “controls”; there is nothing with which to compare the result. Once one decision has been made, we have destroyed the opportunity to know what would have happened if another decision had been made. That is to say that medicine is an exact science until applied; application involves intuition, a sense of probability, “gut feeling,” guesswork, and error.

In medicine, as in many modern disciplines, the amateur is divided from the professional by perhaps unbridgeable differences of knowledge and of language. An “informed decision” is really not even imaginable for most medical patients and their families, who have no competent understanding of either the patient’s illness or the recommended medical or surgical procedure. Moreover, patients and their families are not likely to know the doctor, the surgeon, or any of the other people on whom the patient’s life will depend. In the hospital, amateurs are more than likely to be proceeding entirely upon faith—and this is a peculiar and scary faith, for it must be placed not in a god but in mere people, mere procedures, mere chemicals, and mere machines.

It was only after my brother had been taken into surgery, I think, that the family understood the extremity of this deed of faith. We had decided—or John had decided and we had concurred—on the basis of the best advice available. But once he was separated from us, we felt the burden of our ignorance. We had not known what we were doing, and one of our difficulties now

was the feeling that we had utterly given him up to what we did not know. John himself spoke out of this sense of abandonment and helplessness in the intensive care unit, when he said, "I don't know what they're going to do to me or for me or with me."

As we waited and reports came at long intervals from the operating room, other realizations followed. We realized that under the circumstances, we could not be told the truth. We would not know, ever, the worries and surprises that came to the surgeon during his work. We would not know the critical moments or the fears. If the surgeon did any part of his work ineptly or made a mistake, we would not know it. We realized, moreover, that if we were told the truth, we would have no way of knowing that the truth was what it was.

We realized that when the emissaries from the operating room assured us that everything was "normal" or "routine," they were referring to the procedure and not the patient. Even as amateurs—perhaps *because* we were amateurs—we knew that what was happening was not normal or routine for John or for us.

* * *

That these two worlds are so radically divided does not mean that people cannot cross between them. I do not know how an amateur can cross over into the professional world; that does not seem very probable. But that professional people can cross back into the amateur world, I know from much evidence. During John's stay in the hospital there were many moments in which doctors and nurses—especially nurses!—allowed or caused the professional relationship to become a meeting between two human beings, and these moments were invariably moving.

The most moving, to me, happened in the waiting room during John's surgery. From time to time a nurse from the operating room would come in to tell Carol what was happening. Carol, from politeness or bravery or both, always stood to receive the news, which always left us somewhat encouraged and somewhat doubtful. Carol's difficulty was that she had to suffer the ordeal not only as a wife but as one who had been a trained nurse. She knew, from her own education and experience, in how limited a sense open-heart surgery could be said to be normal or routine.

Finally, toward the end of our wait, two nurses came in. The operation, they said, had been a success. They explained again what had been done. And then they said that after the completion of the bypasses, the surgeon had found it necessary to insert a "balloon pump" into the aorta to assist the heart. This

possibility had never been mentioned, nobody was prepared for it, and Carol was sorely disappointed and upset. The two young women attempted to reassure her, mainly by repeating things they had already said. And then there was a long moment when they just looked at her. It was such a look as parents sometimes give to a sick or suffering child, when they themselves have begun to need the comfort they are trying to give.

And then one of the nurses said, "Do you need a hug?"

"Yes," Carol said.

And the nurse gave her a hug.

Which brings us to a starting place.