

Scientific Contribution

Catharsis and moral therapy II: An Aristotelian account

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Abstract. This article aims at analysing Aristotle's poetic conception of *catharsis* to assess whether it may be of help in enlightening the particular didactic challenges involved when training medical students to cope morally with complex or *tragic* situations of medical decision-making. A further aim of this investigation is to show that Aristotle's criteria for distinguishing between history and tragedy may be employed to reshape authentic stories of sickness into tragic stories of sickness. Furthermore, the didactic potentials of tragic stories of sickness will be tried out. The ultimate aim is to investigate whether the possibilities of developing a therapeutic conception of medical ethics researched in a previous article on *catharsis* and moral therapy in Plato may be strengthened through the hermeneutics of the Aristotelian conception of tragic catharsis.

Key words: Catharsis, emotions, error, fallibility, fear, guilt, *hamartia*, therapy, tragedy

Introduction

The present article aims at investigating Aristotle's controversial treatment of the notion of *tragic catharsis* in the *Poetics*. There are three reasons for limiting the scope to the *Poetics*. For a first, there are reasons to believe that Aristotle's conception of poetic *catharsis* represents "some sort of response to Plato" (Nussbaum, 1992, p. 281). Second, in his definition of tragedy in the *Poetics*, Aristotle makes a controversial connection between *catharsis* and the emotions of pity (*eleos*) and fear (*phobos*).¹ Third, there are reasons to believe that an investigation of the emotional potential of Aristotle's poetic conception of *catharsis* may lead to a more accurate diagnostics of the particular didactic challenges involved when training medical students to cope morally with complex or *tragic* situations of medical decision-making; these are situations where one is forced to make decisions with potentially disastrous consequences for one or several of the parties involved, while at the same time one is faced with the fact that the possibility of *abstaining* from making a choice or of making a choice not contaminated with some sort of error or guilt (*hamartia*) is non-existent.²

My claim is that lecturers in medical ethics mainly focus their attention on *instrumental* issues

in their teaching, i.e. on conceptual clarifications and purifications, on methodological case study analyses and on rational strategies and theories for resolving moral dilemmas, while neglecting the *cathartic* role that pity, fear and other painful emotions, such as e.g. anger and embarrassment may play in the process of moral discourse and learning. In this way I also hope to show that the possibilities of developing a therapeutic conception of medical ethics demonstrated in a previous article on Plato's conception of cathartic treatment and moral regimen may be strengthened through the hermeneutics of the Aristotelian conception of tragic catharsis.

Aristotle's poetic account of cathartic treatment

One argument that will be substantiated in this paragraph is that Nussbaum is right in her claim that Aristotle's conception of poetic catharsis represents a response to Plato, notably to the purist view of *catharsis* advocated in the *Phaedo* and the *Republic*. On the other hand, by limiting her scope to the two most idealistic dialogues of Plato, i.e. the *Phaedo* and the *Republic*, she fails to acknowledge that the conception of cathartic treatment suggested in the *Charmides* and the

Sophist is fully compatible with Aristotle's conception of tragic catharsis introduced in the *Poetics*.

According to J. Hardy (Hardy, 1932, p. 16) there is no passage in Greek literature more famous than the ten words of the *Poetics* where the notion of catharsis is dramatically depicted as interrelated with the painful emotions of pity (*eleos*) and fear or terror (*phobos*). The passage which throughout the centuries has given rise to such "a deluge of works" (German: "Flut von Schriften", Gudemann, 1934, p. 167), reads as follows:³

Tragedy is a representation of a serious, complete action which has magnitude, in embellished speech, with each of its elements [used] separately in the [various] parts [of the play]; [represented] by people acting and not by narration; accomplishing by means of pity and terror the catharsis of such emotions. By 'embellished speech', I mean that which has rhythm and melody, i.e. song; by 'with its elements separately', I mean that some [parts of] are accomplished only by means of spoken verses, and others again by means of song.

In the secondary literature no substantial consensus has been reached as regards the exact meaning Aristotle attributes to 'catharsis' in his definition. On the contrary, a whole range of seemingly disparate interpretations have been suggested, which I shall turn to in a short while. The notion as such, however, belongs, as mentioned in the previous article, to a family of words (*catharos*, *catharsis*, *catharmos*) that were in use in many different contexts (Nussbaum, 1992, p. 280–281): "everyday practical, educational, medical, religious, literary". According to Nussbaum, there are no indications to suggest that 'catharsis' ever became separated from its original family and took on a different meaning. On the contrary, the ordinary meaning – i.e. 'cleaning' or 'clearing up' – seems to have prevailed throughout. The disagreement about 'catharsis' in Aristotle's definition of tragedy does not therefore relate to the formal meaning of the word, but to what kind of 'cleaning' or 'clearing up' Aristotle actually had in mind.

In the secondary literature it is possible to distinguish between at least six different groups of interpretations:

- *medical* interpretations and interpretations of catharsis as a natural process of *discharge/release* or *outlet* of emotions,
- catharsis conceived of as emotional and intellectual *clarification*,
- *moral* interpretations, including interpretations of catharsis as an *education* of the emotions,
- catharsis conceived of as the experience of emotional *relief*,
- *aesthetic* interpretations or interpretations of a *dramatic* or *structural* nature, and finally
- complex or 'holistic' interpretations of catharsis.

In my analysis I nourish no ambition of being able to settle the old controversy and determine which of the interpretations of catharsis mentioned best complies with Aristotle's definition of tragedy. My aim is of a rather different and more modest nature: to investigate the didactic potential of each interpretation in illuminating the process of medico-moral discourse and learning. In other words, what I hope to achieve is to demonstrate how the different interpretations of the notion of tragic catharsis may be used to uncover and substantiate the variety of forms of *clarification* and *cleansing* involved in the process of medico-moral discourse and learning. In doing this, I also hope to make clear why *tragic* stories of sickness should be considered as the most prominent teachers and sources of medical ethical wisdom.

Medical interpretations of 'tragic catharsis'

One of the most medically minded interpretations of tragic catharsis, still vividly debated in the literature was launched by J. Bernays, an uncle by marriage of Sigmund Freud. In an influential essay published in 1857 Bernays advances the argument that attending a tragic play may have a direct therapeutic effect on the spectator, in the sense that it may clear and alleviate him from build-ups of undesirable emotions of pity and terror. Bernays draws support for his "pathological standpoint" (German: "patologischer Gesichtspunkt) from *Politics* VIII 7.1342a4-16 (Bernays, 1857/1979, p. 158).⁴ In this passage, which is quoted in the preceding note, Aristotle explains the meaning and role of catharsis in relation to pity and terror by making a comparison with the psychological healing process which people affected by hysterical outbreaks of emotion (*enthousiasmos*) undergo when cathartic songs are used as therapeutic devices. Bernays takes this comparison to mean that Aristotle conceived of tragic catharsis as a therapeutic device in the treatment of pathological emotions:

Catharsis then becomes a special type of *iatreia* (which is why that term [meaning 'healing'] is used before it): ecstasy turns to calm through orgiastic songs as sickness turns to health through medical treatment – not through any

treatment, but through one that employs cathartic means to fight off illness. Thus the puzzling piece of *emotional* pathology is explained: we can make sense of it if we compare it with a pathological *bodily* reaction ...

...

...*catharsis* is a term transferred from the physical to the emotional sphere, and used of the sort of treatment of an oppressed person which seeks not to alter or to subjugate the oppressive element but to arouse it and draw it out, and thus to achieve some sort of relief for the oppressed (Bernays, 1857/1979, p. 159–160).

The main problem with Bernays' psychopathological interpretation is that it makes of the ancient Greek theatre a *medical* theatre, i.e. a forum to which emotionally unbalanced spectators can turn in order to have their build-ups of undesirable emotions of pity and terror aroused and thereby cleared away. Consequently, tragic catharsis emerges as something reserved for emotional lunatics rather than for spectators with a healthy *psychê*. As observed by Lear:

... the only reason for thinking that catharsis is a cure for a pathological condition is that Aristotle's primary example of catharsis is a cure for religious ecstasy. However, even if we accept that religious ecstasy is a pathological condition, the idea that catharsis is meant to apply to a pathological condition can only be sustained by ignoring an important claim which Aristotle makes in the quoted text. Having begun his discussion of catharsis with the example of those who are particularly susceptible to religious frenzy, Aristotle goes on to say that the same thing holds for anyone who is influenced by pity and fear and, more generally, anyone who is emotionally influenced by events. In case there should be any doubt that Aristotle means to include us all under that category, he continues: 'and a certain catharsis and lightening with pleasure occurs *for everyone*' (Lear 1992, p. 316–317).

Moreover, this *psycho-pathological* interpretation is also clearly at odds with the statement made shortly after in the *Politics* according to which the theatre is a forum for *everyone*, the free and educated as well as the artisans, labourers, and the like (*Politics* VIII 7.1341a17-21).⁵

An alternative approach to the catharsis clause in *Politics* VIII 7.1342a4-16 and consequently to Aristotle's definition of tragedy in *Poetics* 1349b25-30, which appears to do justice to the medical allusions

without turning tragic catharsis into a therapeutic device reserved for emotionally unbalanced people, has been suggested by H. Flashar (Flashar, 1956, pp. 12–48). His alternative is to unravel the medical basis of Aristotle's understanding of pity and terror operative in both clauses. Flashar finds that in prevalent pre-Aristotelian views of the effect of poetry (in particular those of Gorgias and Plato), pity and terror are always associated with a set of *somatic* symptoms: Terror (*phobos*), with cold shiverings, tremblings, quiverings of the heart and raising of the hair; pity (*êleos*), with weeping and tears in the eyes. Furthermore, he finds that the way these emotions and their related symptoms are represented in these descriptions evokes the causal account and explanations present in several treatises of the Hippocratic corpus, where terror and its related symptoms are viewed as a consequence of an excessive abundance of *chill*, while pity and its somatic manifestations of weeping and tears are explained as effects of an excessive abundance of *humidity*. Finally, Flashar turns to the writings of Aristotle and demonstrates convincingly that Aristotle in his description of pity and terror, and altogether in his theory of emotions, relies on the same medical categories and causal accounts and explanations as his predecessors.

The implications of this alternative approach is not an understanding of *catharsis* wholly different from that advocated by Bernays: What Flashar's approach reveals to us is the abundance of medical conceptions and forms of explanation in the core of Aristotle's *general* theory of emotions. Consequently, tragic catharsis continues to mean 'clearing away', though not any longer in the sense of "emotional *pathology*" advocated by Bernays (Bernays, 1857/1979, p. 159), but in the *psychosomatic* sense informed by Aristotle's general theory of emotions, i.e. of a *normal* process of discharge of the emotions. As observed by Lear, support for such an interpretation may also be drawn from the fact that Aristotle's most frequent use of 'catharsis' is in relation to forms of discharge characteristic of normally functioning bodies, i.e. of menstrual discharge, of seminal discharge as well as of discharge of urine (Lear, 1992, p. 315).⁶

Tragic catharsis as emotional and intellectual clarification

One of the first scholars to suggest that tragic catharsis means emotional and intellectual 'clarification' was L.A. Post. His translation of the catharsis clause reads as follows:

“Tragedy produces its clarifying effect by bringing to bear on the mind imaginary scenes of grief and terror, thus freeing it from preoccupation with similar emotions of its own” (Post, 1951, p. 267). L. Golden, the most outspoken representative of a cognitive interpretation of tragic catharsis, argues that this is the reading that best complies with the general line of argument in the *Poetics*:

... from Chapter 1 of the *Poetics* (47a13-16) we know that poetry is a form of *mimesis* [i.e. imitation]; from Chapter 4 (48b4-19) we observe ... that the essential pleasure and goal of *mimesis* is a learning experience; in Chapter 9 (51b5-10) this point is confirmed and clarified when we are told that poetry is more philosophical and significant than history because it aims at the expression of universals rather than particulars...in Chapter 14 (53b10-14) we are told that the specific pleasure of tragedy is derived ‘from pity and fear through *mimesis*’ and so we conclude that the goal of tragedy must be an intellectually pleasant learning experience concerned with the phenomenon of pity and fear in human existence; since *catharsis* and its related forms are used by Plato, Epicurus, Philodemus, and other writers in the sense of intellectual clarification, there is full justification for rendering this term in Chapter 6 (49b28) with the intellectual signification that makes it an integral part of the general argument of the *Poetics*’ (Golden, 1973a, p. 45).⁷

One observation made in relation to Golden’s interpretation which I believe is worth taking into consideration, whatever one thinks of catharsis as intellectual clarification, is what Keesey calls the “shiftiness” and “fruitful ambiguity” of the word: “It won’t stay put”; in the sense that it seems to be operative on several levels and in relation to different instances (Keesey 1979, p. 201-202). In the last paragraph of this section I shall come back to this observation.

Educative and moral interpretations of ‘tragic catharsis’

Since the age of neo-classicism educative and moral interpretations of catharsis have played a central role in the debate on Aristotle’s definition of tragedy. A very influential, but somewhat crude variant of this view, neatly paraphrased by Halliwell, insists on a *direct* link between tragic catharsis and ethical teaching:

... tragedy teaches the audience by example – or counter-example – to curb its own emotions and the faults which they may cause: We learn through *catharsis* to avoid passions which can lead to suffering and tragedy (Halliwell, 1986/2000, p. 350–351)

A more elaborate and refined version commented on by Bernays originates from G.E. Lessing. In his *Hamburgische Dramaturgie* Lessing states that by tragic catharsis Aristotle simply meant the “metamorphosis” of strong emotions into virtue:

Since, to be brief, this purification consists in nothing other than the metamorphosis of the passions into virtues, and since according to our philosopher every virtue stands between two extremes, it follows that tragedy, if it is to change our pity into virtue, must be capable of purifying us of both extremes of pity; and the same is true of fear (Lessing, (1767–8/1978, p. 380).⁸

Bernays’ blunt comment on this interpretation is that it turns tragedy into a “moral house of correction which must have ready a remedy for every illegitimate display of pity and fear” (Bernays (1857/1979, p. 155). Halliwell, on his part, finds that Lessing’s interpretation is “close to the truth”, based as it is on a recognition of the role of emotions in Aristotle’s moral theory (Halliwell, 1986/2000, p. 313).

For any reader of the *Nicomachean Ethics* it is evident that its author attributed the emotions with a particularly important role in moral education and building of good character. In *Nicomachean Ethics* III.7, for example, Aristotle argues that man may learn to take correct decisions and become good by developing the ability or disposition to face situations with the *appropriate* emotional response, which according to Aristotle always represents the reaction situated in the middle between two extremes. A man who learns this may thus use his emotional responses to situations that occur as guidance in arriving at the good and right decisions. Thereby, he brings himself “nearer to the mean, where virtue lies”, and by so doing, he becomes “virtuous in character” (Janko, 1987, p. xviii).

A common view among representatives of a moral interpretation of tragic catharsis is that Aristotle considered tragedy to be particularly well suited for educating the emotions and for building character; for it offers a way we can learn to know and develop the appropriate emotional responses without having to undergo ourselves in reality the dramatic situations represented in a play. How should one then conceive of the function and role

of tragic catharsis in its character-building process? One explanation of how tragic catharsis works, reads as follows (Janko, 1987, p. xx):

By representing pitiable, terrifying and other painful events, tragedy arouses pity, terror and other painful emotions in the audience, for each according to his own emotional capacity, and so stimulates these emotions as to relieve them by giving them moderate and harmless exercise, thereby bringing the audience nearer to the mean in their emotional responses, and so nearer to virtue in their characters; and with this relief comes pleasure.

This interpretation represents one prominent version of the view that tragic catharsis provides moral training through an education of the emotions. As observed by Lear, the strength of this and cognate interpretations advanced (House, 1956; Nussbaum, 1986 and Halliwell, 1986/2000), is due, partly, to their neat compatibility with Aristotle's theory of emotions, and partly to their ability to account for the "peculiar pleasure we derive from a performance of tragedy" (Lear, 1992, p. 318–319).

Tragic catharsis as emotional relief

Yet, in spite of the "overwhelming advantages" of the above mentioned interpretations, Lear finds that no version of the "education-interpretation" stands the test. He also rejects Bernays' medical interpretation and other cognate interpretations. Lear's own suggestion as to how tragic *catharsis* should be interpreted is that Aristotle had in mind the special kind of *relief* a spectator of a play experiences when releasing tragic emotions in a safe environment, i.e. of being given the possibility of emotionally experiencing how it is to live through the worst of life situations with intact dignity:

It is this experience of the tragic emotions in an appropriately inappropriate environment which, I think, helps to explain our experience of relief in the theater. We imaginatively live life to the full, but we risk nothing. The relief is thus not that of 'releasing pent-up emotions' *per se*, it is the relief of 'realising' these emotions in a safe environment (Lear, 1992, p. 334).

Lear admits, however, that to put the label of 'catharsis' on the kind of relief here experienced does not represent a content-full characterisation of it, and he remains fairly vague when it comes to

any further substantiation of its content. In fact, he restricts himself to briefly mentioning certain "consolations" inherently operative in Aristotle's conception of tragedy, such as the rationality of the world of tragic events, the plausibility of its events and the presence of a certain form of error or mistake (*hamartia*) that makes the fall or misfortune of the tragic hero intelligible (Lear, 1992, p. 334–335). In the last part of this section I shall return to the notion of *hamartia* and its possible role in enlightening the enigma of tragic catharsis.

Aesthetic, dramatic and structural interpretations of tragic catharsis

The present group of interpretations differs from the previous ones in that the notion of tragic catharsis does not primarily relate to the audience of a play, but to the poetic work itself. In other words, tragic catharsis represents a kind of aesthetic ordering of the pitiable and terrible material in the play so that it complies with the end or form of the play (Goldstein, 1966, p. 574). Consequently, the kind of pleasure generated from the play is *aesthetic* pleasure (Keesey, 1979, p. 200). The most prominent representative of this line of interpretation, labelled by Halliwell 'dramatic' or 'structural' instead of 'aesthetic' (Halliwell, 1986/2000, p. 356), is G.F. Else. He conceives of *catharsis* as a kind of purification of the tragic act, "by the demonstration that its motive was not *míaron* [i.e. morally repellent]" (Else 1957, p. 439). And this sort of catharsis, Else continues, is accomplished "by the whole structure of the drama, but above all by the recognition" (p. 439). In this way, it becomes clear that it is recognition (*anagnôrêsis*) as a *structural* device "which makes it possible for the hero to prove that he did indeed act *di' hamartian tina* (through some error) and so deserves our pity" (Keesey, 1979, p. 200). As observed by Halliwell (1986/2000, p. 356) this shows that even in Else's theory *affective* implications cannot be avoided.

Complex or 'holistic' interpretations of catharsis

Although Keesey draws attention to the "fruitful ambiguity" and "shiftiness" of the word *catharsis* in Aristotle's definition of tragedy (Keesey 1979, p. 201–202), Láin Entralgo is the only scholar, to my notice, who has advocated a complex or holistic interpretation of tragic catharsis. He operates with a four-layered structure of tragic

catharsis and attempts accordingly to distinguish between four different stages of the state of mind of the tragic spectator. For a first, a *religious-moral* layer and state of mind: “The interpretation of Aristotelian *catharsis* must have as its point of departure a fundamental fact: the essentially religious character of Greek tragedy from Thespis to the creations of the last tragic writers” (Láin Entralgo 1970, p. 204). Consequently, the tragic situation around which a play is dramatically organized makes that the spectator is faced with a conflict which is not only wrapped in religious drapery evoking religious emotions and memories in the spectator; it also originates from a conflict which is basically religious: the conflict between faithfulness and obedience to the gods and the hero’s search for and will to self-determination. “And thus”, Láin Entralgo argues, “not only in the tragic emotion of the spectator, in his fear and in his pity, is there an essential religious and moral moment, it is also present in the catharsis of those passions and in the pleasure that necessarily accompanies the latter. The fatal or fortunate outcome of tragedy reorders existence with respect to what is most central and decisive in its structure, namely its relation to divinity” (Láin Entralgo, 1970, p. 231–232).

To the state of mind of the tragic spectator belongs for a second the *dianoetic or logical* stage, i.e. the stage that gives voice to the spectator’s knowledge of what is taking place in the play and at the same time in himself: “Through the *anagnôrêsis* [recognition] the spectator learns to express in an orderly and satisfactory way what is happening on the stage and what is happening in his soul; he passes therefore from inarticulate confusion to articulate knowledge” (Lain Entralgo 1970, p. 233).

The third stage in the state of mind of the tragic spectator, and notably the one attributed with most prominence in Aristotle’s conception of tragedy, is the *pathetic or affective* stage:

Tragic catharsis was no doubt the ‘purging’ or elimination of emotions that did not exist in the soul before the viewing of tragedy, and it occurred when the emotional tension reached its peak. But the impulse unshackling the cathartic process did not come to the spectator ‘from below’ – from his viscera and his humors I mean to say, even though the tragic state of mind might affect both – but from ‘above’, from the dianoetic enlightenment elicited by the *logos* of the poem. The words of the tragic poem, insofar as they concerned the beliefs of the spectator, stirred up

and promoted passions; insofar as they were expressive of a terrible, threatening, and surprising fate, the well-composed climax of those words made the emotional tension extremely great; insofar as they determined an enlightening knowledge, they swept confusion out of the soul and induced catharsis. Not only in philosophy; in tragedy as well the *logos* is superior to *êthos* and *pathos* (Láin Entralgo, 1970, p. 234).

Láin Entralgo labels the fourth and final distinction necessary to make in the state of mind of the tragic spectator the “*somatic or medicinal* point of tragic catharsis”. A play does not only make its impression on a spectator’s mind and soul; it affects his hair and humors as well, in the sense that “the agent of tragic catharsis” – i.e. the word – returns “the *crasis* [admixture or composition] of the spectator to a more balanced and natural, hence more healthy and pleasurable, humoral and thermal state than the one immediately preceding the cathartic process” (Láin Entralgo, 1970, p. 235). Thus, it becomes obvious that the sort of cleaning or clearing up that tragic catharsis imparts, brings order and enlightenment, and thereby pleasure, to the *whole* of one’s nature (Ibid., p. 236). And this well-ordered and enlightened state of mind produced by tragic catharsis, Láin Entralgo inquiringly remarks, is it not exactly what Socrates tried to engender in the soul of the young Charmides by his moral regimen, “and to which Plato wished to give the already illustrious name of *sôphrosynê* (Ibid., p. 237)?

Tragic catharsis: shiftiness within a fallible context

Before I wind up the analytical part of this section, it is necessary to pay a return visit to a couple of observations made during the analysis: the observation about the shiftiness and fruitful ambiguity of ‘tragic *catharsis*’ and the observation about the role of *hamartia* in the shaping of tragic conflicts and situations. My suggestion is to take a closer look at the idea underlying the notion of *hamartia* present in *Poetics* 53a13–17⁹ and see whether it may help to make sense of the shiftiness and ambiguity of ‘tragic *catharsis*’ and of the heterogeneity of existing interpretations. The clause in the *Poetics* involving the notion of *hamartia* insists that in the ‘finest’ tragedy (the example here mentioned is Sophocles’ play *Oedipus Tyrannus*), the fall of the tragic agent into misfortune is not caused by wickedness, but is due to a great *hamartia* on the part of the agent himself. Since Aristotle wrote these lines the meaning of *hamartia* in relation to

Greek tragedy¹⁰ has been subject of a controversy comparable in intensity and size perhaps only to that of the *catharsis* clause in *Poetics* 49b23-31. In a recent article I have given a detailed account of this controversy and tried to show how the broad variety of interpretations of the *hamartia* clause, ranging from purely epistemological forms of fallibility such as ‘mistake of fact’, ‘ignorance of fact’, ‘error of judgement’, ‘error due to inadequate knowledge of particular circumstances’ to full-fledged forms of moral failure such as ‘moral error’, ‘moral defect’, ‘moral flaw’, ‘moral weakness’, ‘defect of character’ and ‘tragic guilt’, mirrors the variety of tragic plots and plays Aristotle had at his disposal (Solbakk, 2004, pp. 105–112).¹¹ This, I believe, indicates that Aristotle himself imbued *hamartia* with a very broad meaning and applicability, so as to make his conception of tragedy capable of covering the variety of individual plots and plays he had at his disposal. Support for such a view may be adduced from the phrase in *Poetics* 13 just preceding the *hamartia* clause (53a10), where it is explicitly stated that what Aristotle has in mind is not one specific kind of *hamartia* but “some sort of *hamartia*” (*hamartiantina*).¹² These observations about the broad meaning and varying applicability of *hamartia* I believe can now be used to make sense of the ambiguity and shiftiness of ‘tragic catharsis’ and of the heterogeneity of its interpretations. The inference I propose to draw is the following: If it is true that Aristotle attempts to make his conception of tragedy comply with the variety of tragic plots and plays he had at his disposal, a view which the analysis of the *hamartia* clause strongly suggests, then it seems to follow that the *catharsis* clause must be imbued with a corresponding broadness and variability of meaning and applicability. In other words, as the meaning of *hamartia* may differ greatly from play to play, the kind of tragic *catharsis* evoked by different plays has to differ accordingly.

The didactic potentials of tragic catharsis

It is now due time to see whether the didactic implications of Plato’s conception of cathartic treatment and holistic cure researched in the previous article may be broadened through the hermeneutics of the Aristotelian notion of tragic catharsis. The didactic implications drawn from Plato’s cathartic regimen was that the process of moral learning is not confined to a cleaning or clearing up of the *rational* parts of the soul; it

engages the *whole* of the soul – its rational parts as well as its appetites, beliefs, emotions and desires. The uncovering of the broadness and variability of meaning and applicability of the conception of tragic catharsis makes it now possible to formulate a more differentiated and subtle answer to the question what medical students actually experience and learn when they attend classes of medical ethics. For a first, it paves the way for a *psychosomatic* conception of moral enlightenment and learning; as tragic plays affect the spectator’s mind and soul as well as his bodily hair and humors, so have tragic situations of medical decision-making the potential to implicate students in their psychosomatic *entirety* in the learning situation. As observed by Flashar, characteristic of the Aristotelian account of tragic emotions is that they are always displayed as accompanied by a set of somatic symptoms: pity with weeping and tears in the eyes, fear or terror with cold shiverings, tremblings, quiverings of the heart and raising of the hair. In the introduction to this paper I made the claim that lecturers in medical ethics mainly focus their attention on *instrumental* issues in their teaching, i.e. on conceptual clarifications and purifications, on methodological case study analyses and on rational strategies and theories for resolving moral dilemmas, while neglecting the cathartic role that pity and fear and other painful emotions, such as e.g. anger and embarrassment, may play in the process of moral enlightenment and learning.

In saying this, I do not deny the instrumental importance of such forms of analysis and clarification; I believe, however, that students of medical ethics would be even better off if teachers of medical ethics began to pay more serious and systematic attention to the cathartic role of pity and fear in this learning process. The Aristotelian notion of tragic catharsis proves here to be particularly helpful, because it provides us with a way of dealing didactically with these emotions and their relation to the most sensitive and perhaps fragile parts of our moral make ups and capabilities. That is, by exposing medical students to tragic stories of sickness – to narrated or represented medical situations of pity and fear – they will learn to experience, in a safe environment, how it is to live through situations of medical decision-making that are under a *double* constraint: the necessity to decide, amidst the absence of the possibility of making a decision not contaminated with some sort of error or guilt (*hamartia*). Thereby, they will also learn to acknowledge that such is the nature of tragic choice; when the decision is taken, moral ambiguity and twilight will

still remain (Østerud, 1976, pp. 75–76). Finally, by giving themselves over to the treatment of tragic catharsis and enlightenment students will also become aware of the limits of their moral competence and capability, as well as of that of their teachers. Hopefully, modesty and ethical wisdom may also grow from this.

The making and *paideia-gogics* of tragic stories of sickness

The uncovering of the broadness and variability of the Aristotelian notions of *hamartia* and tragic catharsis makes it now possible to give a more systematic and differentiated account of what sort of narratives of medical decision-making could qualify as ‘*tragic stories of sickness*’. This, I propose to do, by exploiting Aristotle’s differentiation in *Poetics* 51a37-b33 of tragedy from history. The first of their distinguishing traits is that history narrates things that *have* happened, while tragedy relates to events or incidents that *may* happen. This is the reason why poetry, in particular tragic poetry, is more *philosophical* than history; it speaks of universals, while history is an account of particulars. “A universal”, says Aristotle, “is the sort of thing that a certain kind of person may well say or do in accordance with probability or necessity – this is what poetry aims at, although it assigns names [to people]. A particular is what Alcibiades did or what he suffered” (*Poetics* 51b8-12). The remark about the use of *historical* names in tragedies, and thereby about the representation of events that have actually taken place, is important, because it informs us that not everything in a tragedy is made up. More important, however, is the explanation Aristotle gives for the poet’s use of historical material. For tragic accounts to be trustworthy, they must be *possible*, and things which have happened, says Aristotle, are obviously possible. Consequently, by using events, names or things that have actually existed or taken place, as templates for giving shape to a tragic plot, the poet is free to “invent for himself” a whole that *may* have taken place (*Poetics* 53b23-27). Thereby, out of the creative reconfiguration of the historical and particular, emerge neither *imaginary* accounts nor wild *thought experiments* but accounts that are possible and at the same time of universal relevance and value.¹³

To illustrate the medical relevance of this distinction between history and tragedy and of the criteria identified for making such a distinction, I propose to take a closer look at the following

story of sickness reported on June 16th, 2004 in the *Guardian* (UK):

Ciaran was born at just 25 weeks. From the moment of his birth, his parents, Chris Kane and Charlotte Lamb, spent almost all their time at the hospital. They stood vigil at their tiny son’s cot, trying to grow their baby, who couldn’t metabolise milk, with love instead. Three months later, Chris and Charlotte were being asked to make the hardest decision of their lives. Ciaran’s consultants were talking about withdrawing intensive care treatment and taking him off the ventilator. Twice before, his condition had been critical, and twice before he had pulled through. His parents hoped he could do it again. But what if he couldn’t? Chris paced the empty hospital corridors in the early hours of the morning. Charlotte stared at the walls of their tiny parents’ room. Both of them willed Ciaran to defy the doctors, and start to improve ...

With Ciaran’s condition slowly worsening, Dr. Wilf Kelsal, the consultant in charge of Addenbrookes neonatal unit that week, called a meeting with the family to explain how ill Ciaran was. ‘You reach a point where you’ve tried everything, every drug, every procedure, and the baby is not making progress’, he says, ‘and instead is effectively deteriorating. This is very hard for parents to hear. And it’s a huge turnaround for us to change a course of treatment when we have fought for weeks and weeks to keep a baby alive’...

Dr. Kelsal is everything you might hope for in a neonatologist. Intensely humane, he is also lively and occasionally self-mocking. After nearly 20 years in paediatrics, he is the first to admit that the technical abilities of his profession can produce uncomfortable dilemmas. ‘We can perform heroic medical interventions, and sustain life in the smallest and sickest babies, but by far the hardest part of our work is knowing when to stop intervening, when to help parents accept that further treatment is futile. Sometimes it’s easier for us, as professionals, to just carry on, regardless of the toll the treatment is taking on the baby and the family’...

Though he has been party to such discussions on a number of occasions, Dr. Kelsal admits that they never get any easier. ‘Sometimes you go on duty with a heavy heart when you have a baby on the unit who is sick and unlikely to get any better. You feel pretty wrecked at the end of a

week on service if you've had that situation to deal with'.

For Chris and Charlotte, there is consolation in the knowledge that they made their decision out of overwhelming parental love. As Chris puts it: "It isn't easy to understand. We loved him so much that we didn't want to lose him – but we loved him too much to keep him suffering as well. We did what we thought was best for him".

No doubt this is a sad story about a tiny child's futile fight for life. At the same time it is a dramatic narrative of what takes place emotionally when loving parents and compassionate consultants are faced with the technological and moral limits of neonatal medicine. Third, it is a moving account of what actually happened with the premature child, the consultants and the parents after the decision not to forgo treatment had been made: death of the child, relief and self-consolation on the part of the loving parents and compassionate consultants. Yet, and in spite of all this, this story does *not* qualify as a *tragic* story of sickness.

To make a tragic narrative of sickness out of this real life story, the medical ethics teacher would need to introduce several changes taking his cue from the Aristotelian account and qualifications of tragedy. It is the possibility of such a refashioning to which I shall now turn my attention.

This brings me first to the requirements of tragic character and the attempt to remake one of the characters of the reported story of sickness so as to fit with Aristotle's requirements. Then, in the context of reconfiguration, Aristotle's discussion of the best type of tragic actions, events or incidents will be consulted. Finally, his suggestions for what qualifies as tragic fortune will be applied to the story of little Ciaran.

According to the Aristotelian account of tragic character, there are four things at which the composer of tragedy should aim:

- the characters should be *good*, in the sense that they should neither be morally superior nor inferior to ourselves; second,
- they should be *appropriate*; third,
- they should be *life-like*; and fourth, and last, but not the least,
- they should be *consistent* (*Poetics* 54a16-30).

In the attempt at applying these requirements to the story of little Ciaran, we may also profit from Aristotle's suggestion, a little earlier in the *Poetics*,

that the tragic hero should possess great reputation and fortune (*Poetics* 53a11-12). A re-reading of the reported story makes it clear that the description of the neonatal consultant in charge of Ciaran neatly complies with all four criteria. Besides, he is displayed as a character with a good and long professional reputation.

From the selection of the physician in charge as the main character around who a tragic story of sickness is to be crafted, we now have to search for suitable actions, events or incidents in the real story, which may serve as a basis or template for inventing the tragic incident. According to Aristotle (*Poetics* 53b14-38), there are four possible sorts of actions or incidents that may arouse fear or terror and pity in us, and thus qualify as tragic actions or incidents:

- incidents where one acts *in full knowledge*, as is the case when Medea in Euripedes' homonymous play kills her children;
- incidents where one may be going to act, *in full knowledge*, but abstains from performing the act;
- incidents where one acts, but performs the dreadful deed *in ignorance*, and recognizes afterwards what has taken place, as is the case in Sophocles' play *Oedipus Tyrannus*; and finally,
- incidents where one is about to act, *in ignorance*, but then recognizes it before doing so.

Among these four possible sorts of tragic actions or incidents, Aristotle qualifies the two last ones involving *ignorance* as the best options, number four as the very best, while as the worst one he stigmatizes the second type of incident (*Poetics* 53b39-1454a9). In the following I propose to redraft the incidents at our disposal so as to fit with the characteristics of the third form of tragic action; i.e. an act done in ignorance followed by subsequent recognition of its dreadful effects. One way of remaking the reported story so as to comply with these requirements, is to focus the attention on the second time little Ciaran's condition became critical. As the symptoms were only slightly different from the first critical instance, the consultant in charge, i.e. our tragic agent, decided to follow the same treatment procedure as during the previous occasion. The only modification he had to make was in relation to the dosage of one of the drugs employed. The appropriate level of dosage, however, he had to check. Unfortunately, due to grief and distress caused by the sudden and unexpected death of another child in the unit just hours before, our agent had misplaced his treatment manual where he used to keep small notes with specifications of drug dosages for treatment

situations at odds with standard procedures. Time was too short to try to trace the manual, because Ciaran was in a critical condition. Immediate intervention was therefore necessary. Consequently, our agent was under a *double* constraint; he had no time to trace the manual containing his notes, and yet he could not abstain from trying to save the child's life. Feeling embarrassed about the loss of his manual he did not inform the rest of the team about the incidence and pretended to be in full control of the situation. Treatment was administered, and to our agent's great relief, the child seemed once again to pull through. Even greater relief he felt when he shortly afterwards retraced his manual and found out that he had provided Ciaran with the appropriate dosage of the drug in question.

Twenty minutes later, however, Ciaran's condition started to deteriorate. At first, no explanation as to the possible cause of the deterioration was found. Then, to his terrible horror, our agent discovered that the temporary obfuscation of his attention triggered by the loss of his manual had made him overlook a dislocation of the endotracheal tube. The probable cause of the child's deterioration was irreversible damage to his brain due to inadequate ventilation. Without revealing the secret of his mistakes our agent consulted the rest of the team about Ciaran's condition and decided to call a meeting with the family.

To proceed further in the remaking of the real-life story, I shall now try to apply Aristotle's qualifications of 'tragic fortune' to the situation of our agent. According to Aristotle (*Poetics* 52b32-53a17), the following three situations disqualify as terrifying and pitiable events:

- a virtuous person undergoing a change from good fortune to misfortune; such a change is only shocking;
- a wicked person passing from misfortune to good fortune; according to Aristotle the most untragic of all changes;
- a thoroughly villainous person passing from good fortune to misfortune; "such a structure", says Aristotle, "can contain moral satisfaction, but not pity or terror..." (*Poetics* XIII. 1453a3-5).

It remains then only the situation where a person not superior to us in virtue and with a good reputation falls into misfortune not because of vice and wickedness, but because of some sort of *hamartia*.

In order to qualify the kind of *hamartia* committed by our agent it is important first to trace the emotional origin of the causal chain that

led him to overlook the dislocation of the endotracheal tube as already accounted for, he felt pretty wrecked after the sudden and unexpected death of another child in the unit just hours before the incident of Ciaran. In a way, therefore, pity, distress and grief were involved in this unfortunate incidence from the start. Furthermore, it appears that it was this experience that made our agent the victim of the first sort of *hamartia*; the misplacement of his treatment manual. I suggest to label this failure an *epistemological* failure although, as observed, its origin seems to be emotional. His second failure, on the other hand, i.e. his abstention – out of embarrassment and pride – from informing the rest of the team about the misplacement of the treatment manual, is clearly a *moral* failure. What then about his third failure, i.e. the failure directly related to the deterioration of Ciaran's condition? Was that an epistemological form of failure or a moral failure? Or was it a *composite* failure, i.e. a failure due to emotional, epistemological as well as moral forms of *hamartia*? Suppose our agent had had the courage to act differently in the first place; suppose that, instead of keeping silent, he had informed his colleagues about the misplacement of the treatment manual. Suppose the disclosure of this secret had made both him and his colleagues more attentive in the actual treatment situation, so that he (they) had not failed to notice the dislocation of the endotracheal tube. There are good reasons to believe that the situation for himself and the team as well as for the child would have been vitally different, had our agent acted otherwise at the moment he discovered the first incidence of *hamartia*.

To finish the remaking of the reported story, and illustrate the function and role of tragic catharsis, we shall now finally move to the meeting our agent decided to have with his team and Ciaran's parents to explain the situation. How should he behave and what should he tell his colleagues and the parents if the refashioned story is to comply with the requirements of a *tragic* story of sickness? I will here put forward a way of breaking the bad news, that I believe, complies with the Aristotelian requirements. Our agent should start by conveying the sad news about Ciaran's deteriorating condition and bleak prognosis. Second, he should communicate to them the discussions he has had with his colleagues about withdrawing intensive care treatment and taking him off the ventilator. Most important, however, he should no longer try to alleviate his own emotional suffering by rational forms of self-deception (keeping silent, pretending to be in full

control of the situation) or by claiming himself the innocent victim of misfortune (misplacement of the treatment manual because of emotional distress and grief); instead he should demonstrate the moral courage to apologize for his behaviour to his colleagues. Third, he should communicate directly to the parents his distress and grief of discovering that the deterioration of their child probably originates from a chain of mistakes in which he himself has been the main actor:

I know there is nothing I can do which will make Ciaran better, nothing that I can say to console you. Out of pity and grief from losing another child, out of forgetfulness thereafter, I lost focus in my medical care of Ciaran. Out of embarrassment and pride, I tried to hide my forgetfulness from my colleagues. Out of my silence emerged the error that I believe finally made Ciaran's health deteriorate. I am so sorry. I am so terribly sorry.

In the eyes of the colleagues of our agent and in the eyes of the parents of little Ciaran, and notably also, in the eyes of the agent himself, it probably matters a lot that he finally demonstrates the emotional and moral courage to openly admit his fallibility; because this gives the parties involved the possibility of recognizing the true dimensions of the incident and of reacting to it not only as compassionate consultants or parents in grief, but as victims implicated in a tragic story of sickness. Thus it also becomes clear that in spite of the occurrence of *avoidable* forms and situations of medical *hamartia*, it remains within the culpable agent's moral power to try to heal some of the emotional and moral wounds inflicted by his fallibility. Thereby the particular kind of cathartic effect a tragic story of sickness is able to convey has also been demonstrated; an effect which, in Kitto's wording reads as follows: "The catharsis that we are looking for is the ultimate illumination which shall turn a painful story into a profound and moving experience" (Kitto, 1939/1995, p. 142).

Most of those present at the meeting were visibly moved by the chief consultant's sobbing confession. At the end of the meeting, Ciaran's parents went up to the culpable physician and embraced him, and they all broke down in tears. Two days after the meeting the parents told the hospital authorities: "We know he cannot undo what he has done to Ciaran. We all agree he made several mistakes. And yet, we forgive him".¹⁴

One year later the court found the chief consultant guilty of having implicated the deteriorations

that led to Ciaran's premature death, and withdrew his medical license for six months.

Concluding remarks

In this paper Aristotle's poetic conception of *catharsis* has been the subject of investigation. The aim has been to demonstrate that 'tragic catharsis' may be used to enlighten the particular didactic challenges involved when training medical students to cope morally with complex or *tragic* situations of medical decision-making. A further aim has been to show that Aristotle's criteria for distinguishing between history and tragedy can be employed to reshape authentic stories of sickness into tragic stories of sickness. Furthermore, the didactic potential of such a reconfiguration has been tried out. Besides providing material to address these issues, the analysis hopes to have made clear why tragic stories of sickness should be considered the most prominent teachers and sources of medical ethical wisdom. Finally, through the hermeneutics of the Aristotelian conception of tragic catharsis the possibilities demonstrated in the previous article of developing a therapeutic conception of medical ethics has also been strengthened.

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Notes

1. All the translations from the *Poetics* are from Janko, 1987.
2. For a further qualification of the notion of 'tragic' in relation to moral conflicts within a medical context, see Solbakk, 2004, pp. 105–112.
3. Aristotle, *Poetics* 49b23–31.
4. Aristotle, *Politics* VIII 7.1341–1342a18 (quoted from Janko 1987, p. 59): "We accept the division of songs proposed by some people engaged in philosophy into songs relating to (a) character, (b) action and (c) ecstasy, as well as their proposal that the nature of the melodies particular to each of these varies according to the type [of song] involved. We can therefore state that the art of music should be used not for a single benefi-

cial purpose only, but for several. In fact it should be used (a) for education and (b) for catharsis (what we mean by catharsis, we shall state simply now, but more clearly in the *Poetics*), and thirdly (c) for entertainment, for both rest and relaxation from tension.

It is therefore obvious that one must use all the [kinds of] melodies, but not use them all in the same way. (a) Those most related to character must be used for education, but (b) those related to action and to ecstasy must be used for listening to while others play them. For the emotion that arises violently in some souls exists in all but differs in its degree, e.g. pity and terror, as well as ecstasy. Some people tend to be taken over by this agitation [of the soul], but we can see that, as a result of the holy songs they use to rouse the soul to a frenzy, they settle down as if they have attained healing, i.e. catharsis. It follows that this very same thing happens to people who are prone to [an excess of] pity, terror and emotion in general, and to the rest [of us] to the degree that each participates in such [emotions], and a sort of catharsis and relief, accompanied by pleasure, comes about for everyone. Likewise cathartic songs too afford people harmless delight. For this reason, those performers who are concerned with music for the theatre must be allowed to use such melodies and songs”.

5. For further critique of a medical interpretation of tragic catharsis, see Janko 1987, p. xvi–xvii and Halliwell 1986/2000, p. 353–354.
6. For the use of catharsis to describe menstrual discharge, Lear refers to *Generation of Animals* I. 20, 728b3, 14; IV. 5,773b1; IV. 6,775b5; *History of Animals* VI. 18,573a2, a7; VI. 28,578b18; VII. 2, 582b7; 30; VII. 4,5848a8; VIII. 11, 587b2,b30-33, 588a1, for seminal discharge, he refers to *Generation of Animals* II. 7, 747a19; and for the discharge of urine he refers to *History of Animals* VI. 18,573a23; for birth discharge, *History of Animals* VI. 20, 574b4.
7. For Golden, see also: Golden, 1962, 51–60; Golden and Hardison, 1968; 1969, 145–153; 1973b, 473–479; 1976a, 21–33 and 1976b, 75–85. For a similar line of interpretation, see Nicev, 1982.
8. Here quoted in English from Bernays 1857/1979, p. 155. In original this quote reads as follows: (Lesing, 1767–8/1978, p. 380: “Da nämlich, es kurz zu sagen, diese Reinigung in nichts anders beruhet als in der Verwandlung der Leidenschaften in tugendhafte Fertigkeiten, bei jeder Tugend aber, nach unserm Philosophen, sich diessseits und jenseits ein Extremum findet, zwischen welchem sie innestehet, so muss die Tragödie, wenn sie unser Mitleid in Tugend verwandeln soll, uns vomn beiden Extremis des Mitleids zu reiningen vermögend sein; welches auch von der furcht zu verstehen”.
9. Aristotle, *Poetics* 53a13-17: “Necessarily, then, a plot that is fine is single rather than (as some say) double, and involves a change not from misfortune to good fortune, but conversely, from good fortune to misfortune, not because of wickedness but because of a great error [*hamartia*] by a person like the one men-

tioned, or by a better person rather than a worse one”.

10. By ‘Greek tragedy’ are here meant the 33 plays of tragic theatre that have been preserved from Greek antiquity. Of Aeschylus (525/4-465/5 B.C) seven plays have survived: *Suppliants*, *Persians*, *Seven against Thebes*, *Prometheus Bound*, *Agamemnon*, *Libation-Bearers* and *Eumenides*; Of Sophocles (495-406 B.C) another seven plays have come down to us: *Ajax*, *Antigone*, *Oedipus Tyrannus*, *The Women of Trachis*, *Electra*, *Philoctetes* and *Oedipus at Colonus*; finally of Euripides (480-407 B.C) 18 plays have been preserved: *Alcestis*, *Medea*, *Hippolytus*, *Heracleidae*, *Andromache*, *Hecuba*, *Heraclides*, *Suppliants*, *Ion*, *Trojan Women*, *Electra*, *Iphigenia in Tauris*, *Helen*, *Phoenissae*, *Orestes*, *Bacchae*, *Iphigenia at Aulis* and *Rhesus*. Several other tragic poets from the same period are attested by name, but only fragments of their works have survived.
11. There are good reasons to believe that Aristotle was familiar with a far greater number of tragedies than the 33 plays known to us today. For this, see Easterling and Kenney, 1985, pp. 258–345.
12. This observation about the phrase in *Poetics* 13, I owe to Halliwell (1986/2000, p. 221): “...that the *hamartia* of ch. 13 is not meant to be tied to one specific kind of fault or error is strongly suggested by the phrase ‘some sort of *hamartia*’ (*hamartian tina*) at 53a10). Halliwell (ibid., p. 221) also draws support for a broad interpretation of *hamartia* from *Nicomachean Ethics* II. 6. 1106b, where Aristotle states that it is possible to fail in many ways so as to generate evil results.
13. For a critical assessment of the use and abuse of imaginary stories and thought experiments in medical ethics literature, see Solbakk, 2005.
14. These two last parts of our refashioned story is based on a real-life story of medical fallibility, reported by S. Pook in the *Daily Telegraph* on April 12th 2002.

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