

Two Cultures, Again

by

Kate Venables

I am a student in a creative writing programme, a mature student, from a professional background as an epidemiologist. Amongst ourselves, we students don't really talk about 'creativity'. We talk a lot about craft and sometimes we talk about ourselves and the way in which how we feel affects our writing. But rarely about 'creativity' and never about 'creative people'.

So why is it that other people, some other people at least, seem surprised that a doctor, an academic, is also a writer? It is as if there are two tribes. This is slightly different from C P Snow's 'two cultures', which contrasted 'literary intellectuals' with physicists, T S Eliot with Rutherford.¹ But Snow's comments that 'Attempts to divide anything into two ought to be regarded with much suspicion' and 'This polarisation is sheer loss to us all' are relevant in this artificial creative/non-creative divide.

I can't speak for Snow's physicists, though there does seem to be a preponderance of musicians amongst them. Certainly, dividing the world into creatives and non-creatives does not work for doctors. Doctors seem to run parallel lives as poets, playwrights or comedians more often than might be expected, from John Keats to William Carlos Williams, Anton Chekov to Jed Mercurio, Graham Chapman to Harry Hill. Although medicine is not an 'Art', in the narrow sense of the word as many understand it now, it's not really a 'Science' either, in the sense that this word is misunderstood, as technological and process-driven. *Life is short, the art is long*, as the person, or persons, who was Hippocrates is supposed to have said. Medicine is wide, spreading into all sorts of corners, and certainly long, stretching back to the shaman lifting antlers to his head, silhouetted against a flickering fire.

I have written for a living for years, long before I became, officially, a writer. For a start, clinical medicine uses narrative techniques. Looking back at the case history, the story which doctors tell each other about the patient's illness, performative words abound and the patient 'presents' with a 'complaint'. It is a truism that most diagnoses are made within minutes of meeting the patient. The doctor then becomes detective and seeks specific 'evidence' to support or refute the initial diagnosis, information which is found on further questioning, on examining the patient, or from X-rays and tests. The process of diagnosis is neither a random, scattergun one, nor a methodical sifting of every possibility by means of algorithms. When the tale is told, the features which foreshadow the endpoint of the doctor's quest are emphasised in the telling and doctors 'present' case histories to each other in which we seed clues that lead our listeners to the culprit, the diagnosis. It is satisfying to tell a coherent detective story of the path to the diagnosis and of the illness' resolution after treatment.

The craft of medical writing matters. When written well, a junior hospital doctor's discharge summary for the patient's general practitioner is a tiny, specialised biography with information carefully selected to tell a story of a life and the illness that has come upon it. And doctors know all about calibrating the impact of a word. Changing *could* to *should* in a medical report for lawyers, inserting a *perceived* or a *regarded*, subtly alters the meaning and maybe the patient's future.

Beautiful design also matters. In my later career as a medical academic, I designed research studies and wrote papers. A simple but ingenious research design or a neat piece of

statistical modelling is a beautiful thing. Good epidemiology is aesthetically satisfying. People who don't know the area think that articles in medical journals must be dry, technical, or difficult, and sometimes they are. But the ideal for medical writing in English is spare, clean prose using active sentence constructions and short Anglo-Saxon words. Good papers flow along in simple language so that you hardly notice the ideas and facts going in.

I first came across the mentality of two cultures, two tribes, long ago and in a different context. I was in Scotland, in the Highlands, with medical student friends. We were enjoying our hill-walking, taking photographs of wide, bare mountains and secret, wooded valleys. One of us was a birdwatcher and would gesture to us to drop into the heather and hide while he scrambled forward on his belly with his long lens in search of a good view of a coveted tick from his list.

One evening we visited a couple who lived not far from where we were staying, friends of one member of our group. Of course we got talking about the local area as we sat round the fire after dinner. Maybe it was the whisky but something our host's girlfriend said jarred with me. 'Country people.' I forget the context, but it was a tribal identification. We are 'country people', she meant, better than those others, the 'town people'. I got into an argument. It wasn't countryside knowledge she meant, surely, I said. Everyone in our group lived in London and look at the ornithology, the geology, botany, and zoology, the knowledge of conservation and history, that we had accumulated between us? She couldn't mean care for the countryside, I said. Didn't the people in the local village, country people all, dump garbage in field entrances? Didn't the farmers and landowners use pesticides and shoot birds of prey? She smiled enigmatically, and I realised she meant something else, something mysterious, a sense of ownership, an almost spiritual affinity with the land which excluded me and my group of friends.

I felt winded, and subsided. But the getting-to-know-you conversation over dinner had shown that she grew up in London's outer suburbs, while her partner had worked as a management consultant before their relocation to Scotland, so another whisky saw me return with a new line of reasoning. I had spent much of my childhood in a remote Yorkshire farmhouse, I said, and I pointed to one of our group who was a proud native of the wetlands of East Anglia. Surely we were as much 'country people' as she was? But I had gone too far. Offended, she turned the conversation and I, the nightmare guest, shut up. The concept of 'country people' was not subject to reason. I was attacking something that she felt defined her as a person.

There is something similar about the people who find it surprising that a doctor might write poetry. In my experience, they are self-identified 'creative persons' though not necessarily people who are markedly active as writers, artists, musicians, or other creators. It is more a frame of mind. The basis for surprise is partly a sense of entitlement to ownership of what Snow called 'traditional culture'.

I have learned to distrust aggrandising statements about creativity. Creativity is not a mark of special merit or favour but is a universal human trait. Maybe it has evolved from some brain function we share with other animals? Something to do with recognition of shapes and sounds and the forming of pattern and rhythm?

Decades of neuroscience research have shown that, metabolically, the brain is highly active. Its functions are plastic, a multi-layered and complex set of biological operations, carried on by biochemical processes and by electrical and chemical communication between

brain cells, all modulated by the wider internal and external environments such as hormonal and nutritional status, or time of day or year. These processes are influenced by personal factors such as age, and by our social, educational and cultural context. Several areas of the brain are involved in ‘autobiographical memory,’ a form of memory which ‘not only allows us to reminisce, but also to imagine the future, solve open-ended problems, and engage in creative thought.’² There are monitoring processes in the brain to check that recovered memories are authentic and accurate, including a rapid, intuitive process called ‘feeling-of-rightness’ which resembles the creative process that has been termed ‘flow’.

My point is that we all have these processes. Everyone is creative in different ways, if not in an activity formally defined as such then in the way we undertake our job, how we drive, dance, play football, cook, garden, apply cosmetics, make love.

Talk about ‘creative people’ is especially untrustworthy. It is almost invariably defensive, concerned to define groups and erect barriers, processes which inhibit creativity. The self-defined ‘creative person’ is usually responding to an uncomfortable question he or she can’t answer and is not inclined to look into. The assertion of personal creativity is a way of avoiding a response by rubbishing the question. *You just wouldn’t understand the creative mind.* It easily slips into *I’m more special than you*, the entitled world view of elites down the ages. And if I am special then you, by definition, are not: a serf, a prole, an *untermensch*, someone who *just wouldn’t understand*. Someone who can be poked fun at, perhaps exploited, shaken up, shocked, disrespected, maybe pushed around. It’s labouring the point to extend the idea further and see what happens when a ‘special’ group also has an ideology, organisation and weapons.

Of course, the same thing happens in reverse. There is no monopoly on tribalism. *Ooh – you creative people!* A tolerant shake of the head, an inward reflection on his or her own satisfying normality. Again, this can slip into finger-pointing, sniggering, denigrating ‘the other’. It’s a little repulsive even in its mildest forms, the heads straining towards ‘the author’ on the podium at a literary festival, the comments on the author’s weight, clothes and hair. There’s a fine line between totem and scapegoat.

There is a related dichotomy between academics and practitioners. When I worked as an epidemiologist, I went to epidemiology conferences and talked to other epidemiologists. Why didn’t clinical doctors, the practitioners, come to our conferences, we would say, shaking our heads? Surely they would learn a lot?

Then, at the start of my time as a creative writing student, I went to a conference about the literary form in which I was specialising. Superficially, it was like a medical academic conference, with parallel sessions for graduate students to present their work, punctuated by keynote lectures from eminent persons. But the content was not what I wanted as a writer, a practitioner. The researchers seemed distant from the subjects of their research. I listened to someone talk about their forthcoming book about the books written about other books which grew out of someone’s life and found myself thinking, ‘This is scavenging.’ I was reading *Birthday Letters* at the time and was much struck by the poem in which Ted Hughes characterised the literary critics who appropriated his wife as jackals.³ It’s the gap between making and analysing, between creating and the study of creativity. I think that practising doctors are wrong if they divorce themselves from academics, but I now understand why.

Snow thought that the prejudice from ‘literary intellectuals’ about scientists and the prevailing ignorance about basic scientific concepts and current developments were more pernicious than the tribalism of scientists. ‘That total incomprehension gives, much more pervasively than we realise, living in it, an unscientific flavour to the whole ‘traditional’ culture, and that unscientific flavour is often, much more than we admit, on the point of turning anti-scientific.’

I think Snow’s perception continues to be true. In the same way, elitism and a sense of entitlement amongst ‘creative people’ is, I think, more pernicious than any philistinism of the rest of the population. Snow wrote that ‘The clashing point of two subjects, two disciplines, two cultures—of two galaxies, so far as that goes—ought to produce creative chances.’ And surely a world that encourages ‘creative chances’ is what we all want?

References

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3. Ted Hughes. ‘The Dogs are Eating Your Mother,’ In: *Birthday Letters*. London: Faber, 1998.