

DREAMS FOR CURES FOR DREAMS

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In a manner of speaking, six couples populate Professor Cornell's small scene. They are: The Mentor and the Doctor; the Mentor and his Wife; the Doctor and her Patient; the Mentor and the Doctor's Patient; the Doctor and the Mentor's Wife; and the Patient and her absent lover. It is unclear in the scene provided whether the Photographer is the Patient's lover, though it seems he is. Or was. He may also be or have been someone else's lover at the same or different times. In any event, if the Photographer were in the scene in any capacity he would undoubtedly multiply the permutations, especially as the same actor plays the Mentor and the Photographer.

The parallels between the Doctor's relationship with the Patient and the one between the Mentor and his Wife are striking. Wife and Patient are each being fooled by someone pretending to be who he or she is not. The Doctor pretends to be the Patient's lover. The Mentor pretends to love the Wife. The Doctor has taken on a false persona—literally false at any rate—and the Mentor lies about his feelings. The Doctor's motive is to relieve her patient's despair before leukemia kills her. The Mentor's motives? Well, this gets tricky. The Mentor means to conceal his relationship with the Doctor (and perhaps others, then present or yet to come) by giving his wife a false sense of comfort. So his dominant motive, perhaps his only one, is to use the false presentations of his affections as cover—to fool his wife about something else that is going on and that he knows she would try to stop. He may have subsidiary motives too: he may have tender feelings toward her; and he may hope to palliate his guilt by acting toward his wife in a manner that is ostensibly though not honestly romantic. Keeping up "appearances," he says.

The Doctor's motive is more defensible, at least poetically and as a humanitarian gesture, than is the Mentor's dominant motive. The Mentor's false act is meant to conceal a further lie. The Doctor's false act is the lie, intended to serve a kind of truth, a truth based on "emotional logic." The Doctor's act is not in service of an ulterior scheme of betrayal; the Mentor's is. Further, the Mentor's conduct appears to be part of a long life of lies. The Doctor was not his first lover. She won't be his last. And how did they meet? In the Mentor's class on medical ethics.

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The Mentor is willing to find his lovers from among his students, to exploit thereby the authority with which his school vests him and the dependency that he can safely assume his students will bring.

The Mentor views the Doctor's behavior from the perspective of medical ethics. He calls it "paternalism" and says the Doctor has no right to "violate [the Patient's] autonomy." The Doctor's defense is to deny the Mentor's narrow view of "reality"—a doctor-patient relationship—in place of "a bearable reality" that considers the patient's total circumstance. The Mentor's narrow view of ethical reality conceals his own paternalism and violation of his wife's autonomy in the reality of his private life.

The Mentor accuses the Doctor of "taking the truth away from" the Patient. The Doctor denies this. She has become the truth the Patient needs by "standing in for" the absent lover. Meanwhile the Mentor is, of course, taking truth away from his wife and, unlike the Doctor, has no metaphorical or humanitarian excuse. He is not "standing in" for himself but misrepresenting himself. His motives are selfish (self-ish). The Doctor sees this:

I am not pretending to love someone I don't love anymore. I am only being him because I want her dream, our dream of love to live.

The Doctor's motives are ostensibly selfless (self-less). But perhaps not entirely. By "standing in" for the patient's lover, she relieves the Patient's despair but she also gives herself hope. The Doctor says that she is "making up a bearable reality. For both of us." She later adds: "If her dream can come true, well, so might mine." This motive does not, however, make the Doctor selfish. Perhaps what she is is self-uniting, offering to connect the reality of her self to the circumstances of her patient's life.

The need for a "bearable reality" arose when the Patient's lover left her. He left her when she got sick. What of that relationship? We may condemn the lover's act as cruel and dishonorable—he broke "all his promises"—but at least what he did was true. He didn't pretend to stay, as the Doctor does in his place. He didn't misrepresent himself, as the Mentor does. By "standing in" for the lover, the Doctor means to create a truth. She denies the Mentor's avowal that "[t]ruth isn't something created. Truth just is." She insists instead on a broader view of truth. "Illusion," "emotional logic," and "the mystery of circumstance" can all yield truth according to the Doctor. What isn't truth, however, is what the Mentor is

doing. When the Doctor encountered the Mentor at the florist buying anniversary roses for his wife, she protested:

You always tell me I'm your "true" wife. Roses are the symbols of true love. So exactly what are you doing? You're marriage isn't only illusion—it's delusion.

The Mentor rejects this description. He says that "[i]n a long marriage these things just happen." But, seemingly inconsistently, he also "swore" to the Doctor that "there was only one true dream of love" and he "promised" her that "dream is our truth." Truth again. The Doctor believed this truth although it was a lie, either outright or because the Mentor was willing to use language loosely (as he is willing to use another symbol, roses) when it serves his convenience. Believing him was the Doctor's mistake. She bought the line and the lie despite all cues. And she's holding on. That's why the flowers and the letters create a "bearable reality" not only for the Patient but for the Doctor too. The Mentor's "dream" of "true" love is a "truth" the Doctor's fierce need partly created. Yeats wrote that "In dreams begin responsibilities. . . ." But not, apparently, for the Mentor.

It is not new to suggest that truth is not "out there" but is instead a social artifact that we create, whether alone (Picasso, Beethoven, Shakespeare), in small or large groups, as a nation, or universally. Nor is it new to suggest that there are competing visions of the truth, even in science, supposedly the least ideological of our intellectual pursuits. Artists know that truth is invented, is in some sense a lie, may even be a lie through and through and truer for it. It may be that, like the sun, we can never look at truth directly but can only approach it obliquely, refracted through lies. What is more "true," *King Lear* or this morning's *Wall Street Journal*? *Guernica* or an official photograph of the Royal Family? Beethoven's Ninth Symphony or Clarence Thomas's Supreme Court confirmation hearings?

Professor Cornell's scene—a lie in the sense that it never happened—demonstrates the foolishness of isolating professional ethics from ethics and the uselessness of using an absolute view of truth as the single measure of any ethical theory. The Doctor's gambit may even be less truthful in the narrow sense than the Mentor's—she's inventing a sentiment and a person where he invents the sentiment only—but it is more honest. It is easier to defend ethically, although it is not without its problems. The Mentor's behavior is indefensible on the information we have. The Doctor is using a lie to make things right, at least poetically right. But the Mentor is us-

ing a lie to keep things wrong, to continue to live a false life without inconvenience. The behavior of the Patient's lover was most truthful of all—absolutely and resolutely true to his sentiments—but probably least defensible.

Men and women may tend to read Professor Cornell's scene differently. Men might argue that the Mentor has a certain logic on his side. He wants to spare his wife pain in a relationship he will not terminate. Love is complicated. Feelings do change. If he talked about "one true dream of love," he has to be allowed poetic license, doesn't he? The Doctor is too literal. The Mentor does love her, but he can do no more than he is doing. For her part, the Doctor made a choice, is even now making a choice, to continue an imperfect relationship while unrealistically expecting to make it perfect or "true." The world doesn't work that way. The Mentor recognizes the need for compromise, but the Doctor seems to need absolutes.

Telling the story this way—from the Mentor's (the man's?) point of view—attempts to validate an arrangement in which the Mentor has all the benefits and the Doctor gets just enough pleasure to keep her from walking away but not enough to make her happy. In other words, the compromises all seem to be on the Doctor's side and the advantages all seem to run to the Mentor. Why is the Doctor trapped by the one true dream of love? Why indeed.

A SCENE OF PROFESSIONAL DECEIT

JUDITH KOFFLER*

Elaine Scarry writes in her brilliant work, *The Body in Pain*:

When one hears about another person's physical pain, the events happening within the interior of that person's body may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth.¹

Scarry explores how professional discourse in law and medicine as much as literary discourse in poetry and narratives records the passage of pain into speech, thus bringing it to the "visible surface of the earth." Her book investigates the ways in which the sufferings of other people become visible to us, or cease to be visible to us. Scarry also explores how insensitivity to others is itself a moral

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¹ ELAINE SCARRY, *THE BODY IN PAIN: THE MAKING AND UNMAKING OF THE WORLD* (Oxford Univ. Press 1985).