

Diagnosis

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It is astonishing what a different result one gets by changing the metaphor!
George Eliot, *The Mill on the Floss* (1860)

NARRATIVE, genre, metaphor, and other literary concepts have become formative tools for scholars discussing health, medicine, and disability.¹ I would like to reverse this strategy by using a medical concept to study literary work: to argue for critical reading as a type of *diagnosis*.² As George Eliot suggests above, metaphors have consequences.³ So, what would it mean for us to read texts in the way that caregivers examine patients? Building upon Eve Sedgwick's categories, Talia Schaffer argues that "the diagnostic medical gaze" works by "seeking individual flaws in otherwise similar bodies" while "reparative reading" works by "repairing and reaching out" to texts, authors, and readers.⁴ This distinction between modes is valuable, but medical commentators from the Victorian era to today argue that good diagnostic work requires both kinds of practice: focused and problem-solving, other-oriented, holistic, and open to revision. Diagnostic reading at its best is nuanced and collaborative. Good medical practitioners work in dialogue with patients, untangling questions of identity and environment and tracing interwoven lines of causality. Moreover, they do so in the service of care.

The trope of critical reading as diagnosis offers an especially useful purchase on literary genre, by acknowledging that most texts feature overlapping genres. In medicine, a patient may concurrently experience pancreatic cancer and pneumonia, or arthritis, hypertension, and stroke. Whether causally linked or not, such comorbidities shape the experience of patients and caregivers. Similarly, most Victorian texts engage multiple genres. A novel may draw from gothic and travel narrative, or sentimental fiction and religious tract. The trope of diagnosis helps us trace how

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distinct textual elements sharpen, wane, or flicker over the course of a narrative, and how each element inflects the others.

Where older models see genre as a relatively static, formulaic taxonomy of abstract forms, a diagnostic model acknowledges genres as actors within complex contexts. In this model, genres become more process than object, formed in the working partnerships that texts and readers create across changing contexts. Just as epidemiologists study how social and natural environments foster the evolution of particular health conditions, the diagnostic model helps us think productively about how genres rise, change, and disperse; how they emerge as texts are written and read in specific historical settings.

Diagnostic reading frames texts themselves not as inert objects to be cataloged but as living, changing organisms developing out of the material encounter of page and readers in particular manuscripts, books, periodicals, and the like. This model recognizes that texts and readers are both embodied, encouraging literary scholars to incorporate print culture studies. Just as caregivers touch and are touched by patients, readers know texts as cognitive, affective, and physical interlocutors.

A diagnostic model does not necessarily trope textual attributes as disease. Medical diagnosis addresses a range of bodily states (such as pregnancy or hypnotic trance), physical conformations (height, weight, race, sex), and health conditions. Certain characteristics, such as deafness or autism, may be pathologized in some settings but valued in others. Similarly, particular textual elements—plots, characters, narrative voices, genres—may be stigmatized, ignored, or celebrated, depending on context.

Nor does this model necessarily suggest that reading “solves” a text as doctors seek to cure a patient’s illness. The opposite is true: even cures do not usually eradicate illness from the body. Wounds and diseases, and their treatments, leave lingering traces—scars, antibodies, changes in gene expression or microbiome. Good doctors, like good readers, recognize that the interactions between the causes, expressions, and outcomes of any condition continue to shape the mind and body. Diagnosis is only the first step in a relationship between caregiver and patient that can last for years.

Metaphors are perhaps most instructive where they fail—where the friction between compared objects requires us to question our assumptions.⁵ For instance, if critical reading is like diagnosis, must readers be doctors? PhD programs do typically produce scholarly doctorates. But a

variety of caregivers can diagnose and treat patients, from nurses and physical therapists to priests and family members. A diagnostic model might help us broaden the range of what we recognize as scholarly work and adapt our training to this more expansive vision.

More darkly, does the diagnostic model suggest that some texts endanger readers? Could diagnostic reading spur more print censorship, where books are quarantined because they seem to threaten the body politic? I believe this model could actually help resist such efforts by allowing us to borrow strategies from bioethics and the health humanities, fields that have long wrestled with questions of inequity, exclusion, and harm. Some researchers examine medical narratives or metaphors and consider how these creative acts can shape patient experiences, direct treatment options, and inspire helpful or hurtful social norms. Others study how doctors learn to interpolate three distinct and sometimes conflicting “texts”—to read the patient’s internal *symptoms* (self-reported experience) alongside the external, material *signs* (independently verifiable phenomena) written on and in the body, and place both within the broader *settings* of family and community. Chest pain often signifies a heart attack but can mean something very different if the patient has a history of recent air travel (pulmonary embolism) or dental procedures (pericarditis). Similarly, diagnostic reading offers options beyond the simple models of authorial intent or passive readership that often structure society-wide debates over controversial texts. The diagnostic model more closely tracks how critics read now. It weighs the overt meaning of a word or passage against other possibilities: interpretations latent within the text, readings against the grain of the text, or meanings that emerge as texts are reprinted in new editions or forms, circulated to new audiences, or adapted into new works.

Of course, many doctors do not live up to the ideal of a patient-caregiver partnership; but diagnostic reading can draw on the insights of health humanities scholarship about the difficulties inherent in that relationship. Such an approach could help us build responsive, nuanced readings that necessarily pair attention to form (symptoms and signs) with a meticulous address to how author, publisher, text, and reader co-create diverse strands of meaning within different settings. The process-based, flexible, and collaborative model of diagnostic reading enables reassessment even as it supports judicious action. By thinking of critical reading as diagnosis, we can work toward a more versatile and inclusive engagement with Victorian texts and their readers.

NOTES

1. For example, scholars discuss illness narratives, narrative medicine, pathography, and narrative prosthesis.
2. Similarly, nineteenth-century novelists borrowed structures of clinical realism and physiological experiment; today, literary critics perform symptomatic readings.
3. More recently, Andrew Reynolds argues that metaphor provokes a valuable thought experiment. See *Understanding Metaphors in the Life Sciences* (Cambridge: Cambridge University Press, 2022), 147.
4. Talia Schaffer, *Communities of Care: The Social Ethics of Victorian Fiction* (Princeton: Princeton University Press, 2021), 4.
5. For example, the trope of *syndrome*—“a largely accidental conglomeration” of forms—usefully corrals the shifting and variable terrain of literary realism, while forming a productive tension with the medical term *syndrome*, which generally denotes a constellation of linked symptoms with causal connections yet unknown. See Amanda Claybaugh, *The Novel of Purpose: Literature and Social Reform in the Anglo-American World* (Ithaca: Cornell University Press, 2007), 44.

