

## THE ARTS AS AIDS TO LEARNING

*O! had I but followed the arts!*

Shakespeare, W. *Twelfth Night*

**A**MONG the more serious side-effects of the scientific revolution are the consequences of modern scientific education. The unproven assumption that specialisation must start early leads to the tragedy of 13-year old schoolchildren being forced to choose between history and science, or chemistry and classics. This artificial choice has arisen because of the alleged importance of a high quantity of factual knowledge demanded by universities of those who wish to read for a university degree in the natural sciences. The need for this predetermined, set amount of information is rarely questioned, but one of the consequences is to require aspiring doctors to reject, if they wish to pursue their career, a study of the humanities and most of the arts.

This was not always so. One of the educational privileges of those who were at school in the first quarter of the twentieth century was the freedom to read arts subjects, which were considered a perfectly proper training. It was then quite acceptable to change to a scientific course at a university, and there are thus among the senior members of the profession today many who read classics at school, or even at their university, and who thereby bridged the cultural gap.

Another consequence of producing doctors and other scientists who have virtually no knowledge of history, philosophy, or literature is that their ignorance limits their horizons and may blind them even in their own discipline. Ignorance breeds contempt and rigid students may come to regard the arts as of secondary importance. Scientific philistines then result.

### *Behavioural scientists*

For the behavioural scientist the choice is not just cruel but crippling. It is an oversimplification to say that much of the modern psychological theory of non-verbal communication is merely the synthesis by a different route of skills and understanding well-known to the ancients, but it may not be far from the truth. Those who study the humanities and love the arts are those who search for greater understanding of Life. Literature is one, but only one kind of communication, drama yet another.

In essence, the skills of the great dramatist lie in understanding human behaviour, interpreting it, and communicating it in a vivid and visual form. Similarly, the language of literature conveys an analysis, an emphasis, and a message from one human being to another. It is as absurd to neglect literature as a source of learning about life as it is preposterous to dismiss drama as a discipline.

It is immediately apparent there is enormous common ground with those who seek to understand life and human behaviour in the consulting room. Sooner or later it will have to be recognised that for those who seek to understand the way people behave, reading a good novel or analysing some scenes from Shakespeare may be as valuable as reading many a modern scientific text.

### *Generalists*

At present most general practitioners are having to learn about literature and drama after they have qualified as doctors, but it is encouraging that some, like Marinker (1973) are beginning to quote and use the language of literature in their medical writing. His 1972 Gale Memorial lecture is one notable example, and interestingly Swayne, in his reply today, also (and perhaps inevitably) uses artistic analogies.

We publish today two other articles about the arts to illustrate this theme. Tomson lists a series of non-medical books which show how literature helped him, and we hope may well help others, to understand more deeply some of the topics covered and Mrs Lesley Ricketts, a music therapist, in one of the first reports of its kind, shows how the use of music may be a key to communicating with and aiding the development of some handicapped children.

Is the wheel of history turning again? From the seventeenth century onwards the hallmark of the physician was that he was an educated man. It was then accepted, perhaps uncritically, that knowledge of the arts was a prerequisite for the training of the doctor and the treatment of disease. After half a century of ever-increasing emphasis on scientific knowledge, are the physicians of the future beginning to refresh their minds from the classics?

Could it be that the role of the generalist may not be merely to abstract and integrate the world of medical science and interpret it for the benefit of his patients, but perhaps to abstract also from the arts some of the subtle messages which can enrich our lives?

### *Dangerous dichotomy*

We believe that the choice between arts or science is a false and dangerous dichotomy. In many aspects of the doctor/patient relationship knowledge and understanding of drama, literature, and philosophy can greatly help understanding. In the meanwhile a good start can be made in redressing the balance in education by using the arts as aids to learning.

### REFERENCE

Marinker, M. L. (1973). *Journal of the Royal College of General Practitioners*, **23**, 83-94.

## AN AGREEMENT IN EUROPE

ONE of the earliest tasks of the College of General Practitioners was to find an acceptable definition of a general practitioner. We owe the earliest to Lord Hunt (1957, 1972) who produced a short definition which proved useful in many contexts.

Increasing educational activity made a need for a more detailed definition of the general practitioner's job. Without this there was no firm base on which to build educational programmes. Training to do what?

The Department of General Practice at the University of Manchester provided a definition of the job which, in essence, has stood the test of use since it first appeared in a supplement to this *Journal* (Royal College of General Practitioners, 1969). It re-appeared in a slightly modified form in *The Future General Practitioner—Learning and Teaching* (Royal College of General Practitioners, 1972). In this book, it was translated into broad educational aims and objectives. What should the trained general practitioner be able