

## MEDICAL EDUCATION AND EMPATHY IN WILBUR SMITH'S *WHEN THE LION FEEDS* (1964)

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**Abstract:** With the frequent medical scandal outbreaks, the neglect of empathy development for medical practitioners raises a debate. Consequently, medical humanities have been claiming and justifying the relevance of their legacy of plurisecular contributions, thus, resulting in its timid introduction in medical schools' curricula. As a matter of fact, Wilbur Smith's *When the Lion Feeds*, rich in thematic issues related, not only, to medical language and practices, but also, to Traditional Ecological Knowledge, is proposed to diagnose the relevance of medical fiction in scientific-oriented training. Therefore, the analysis of the work of fiction must, firstly, confirm the potential of the novel as a medical narrative which does incubate a substratum, resourceful in terms of clinical experience and cultural competences. Secondly, this medical fiction shall show how empathy impact characters relations and how diseases generate in the patient and his/her cycle psychological responses in a society gangrened by prejudices. Thirdly, this article will necessarily dissect health-oriented narratological techniques that rhythm the plot in a dramatic perspective and drip-feed the narrative with medical metaphors rich with cultural, mythical, archetypal, ecological and communicational images.

**Keywords:** empathy, cultural competence, ethics, trauma, illness metaphors.

## ÉDUCATION MÉDICALE ET EMPATHIE DANS *WHEN THE LION FEEDS* (1964) DE WILBUR SMITH

**Résumé :** Avec la multiplication des scandales médicaux, l'absence de formation des professionnels de la santé en matière d'empathie soulève encore le débat. Malgré leur introduction timide dans les programmes des écoles de médecine, les humanités médicales continuent de justifier la pertinence de leur legs de contributions pluriséculaires. Par conséquent, *When the Lion Feeds* de Wilbur Smith, riche en thématiques liées, non seulement, au langage et aux pratiques médicales, mais aussi, aux connaissances écologiques traditionnelles, est proposé pour diagnostiquer la pertinence de la fiction médicale dans une formation scientifique. Tout d'abord, l'analyse du roman devra confirmer le potentiel du roman comme fiction médicale qui incube un substrat, riche en termes d'expériences cliniques et de compétence culturelle. Deuxièmement, cette œuvre de fiction montrera comment l'empathie influe sur les relations entre personnages et comment les maladies génèrent chez le patient et son entourage des réactions psychologiques dans une société gangrenée par des préjugés. Troisièmement, cet article disséquera les techniques narratologiques axées sur la santé rythmant l'intrigue dans une perspective dramatique et alimentant le récit en métaphores médicales sur les plans culturelles, mythiques, archétypiques, écologiques, communicationnelles, etc.

**Mots-clés :** empathie, compétence culturelle, éthique, traumatisme, métaphores médicales.

## Introduction

Literature and medicine have long coexisted with a certain interdependence until being the source of a genre which is called medical fiction and which is attributed to have sprung from narrative medicine. Therefore, scientists more and more question about the role or impact of literature in the training of medical practitioners since its initial purposes were known for their relaxing or entertaining virtues. Consequently, with various experimentation in curricula, people become increasingly aware of its educational function which is summarized in the results of the introduction of Tolstoy's *The death of Ivan Ilyich* (1886) in health science schools:

Firstly, it is an excellent tool for explaining the human experience of disease, especially its effects on the perception of one's own life, the perception of the disease in the patient's environment, and the psychological process of accepting death. Secondly, it allows us to analyse the experience of treating and taking care of patients, with special attention to the interaction between physical and psychological pain, the use of lies when communicating with patients, and the importance of compassion in health care. Finally, it is an excellent vision of the isolation patients feel at the final stage of their lives. It is a well-rounded work that allows readers to become more empathetic to patients and to understand how a disease eats away at their life and isolates them from their environment... (BANOS & GUARDIOLA, 2018)

Thus, these results highlight the tryptic relationship between the patient, the medical practitioner and the environment in terms of perception of the disease, interaction or communication of involved parties and empathy. Subsequently, medical fiction has, through its development, sophisticated its narrative thanks to the contributions of both patients and physicians as authors with their respective experience. This is confirmed by Rita Charon in her article "Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust":

As a legacy of the developments in primary care in the 1960s and 1970s, patient-physician communication, and medical humanities, medicine has become increasingly schooled in narrative knowledge in general and the narratives of patients and physicians in particular. This growing narrative sophistication has provided medicine with new and useful ways in which to consider patient-physician relationships, diagnostic reasoning, medical ethics, and professional training. Medicine can, as a result, better understand the experiences of sick people, the journeys of individual physicians, and the duties incurred by physicians toward individual patients and by the profession of medicine toward its wider culture. (CHARON, 2001)

Therefore, this interest in communication and medical humanities has pathed the way towards a resourceful basis which will fuel medical fiction with enough substrata. Now, it becomes clear that medical narrative is favourable for both patients and physicians to represent medicine's world in terms of communication, relationship,

diagnostic reasoning, ethics and even culture.

*When the Lion Feeds*<sup>1</sup> (1964) has been chosen as corpus in view of, not only, the resourceful factual-oriented narrative it offers in terms of bird's-eye view of health in South Africa, but also, the Traditional Ecological Knowledge (TEK) that it conveys providing subsequently ample cultural, symbolic, picturesque and communicational materials that enrich medical humanities. Therefore, this work will be adopting an analytical approach to diagnose the potential of the narrative. This study aims, firstly, at justifying the capacity of medical humanities in raising self-awareness and facilitating self-education in empathy and cultural competence. Secondly, it targets an aesthetical substratum worth of a medical narrative. Hypotheses it posits are: firstly, fiction has enough capacities for skill development in medical education; secondly, it can contribute in transmitting or recovering empathy in therapeutic processes; and thirdly, health is the engine of medical narrative and incubates several metaphorical images or archetypes worth being rediscovered. The results will, hopefully, confirm the resourcefulness and relevance of literary productions in medical education and empathy and reflect a purposive aesthetics.

Therefore, this article will be divided into three parts. Firstly, it will explore the potentials of *WLF* in terms of clinical experience and cultural competence necessary in medical education. Secondly, it will analyse how characters empathetically and psychologically respond to illness. Thirdly, this study will focus on health-oriented narratological techniques that rhythm the plot and drip-feed the narrative with medical metaphors.

## 1. Medical Education In *WLF*

Wilbur Smith's *WLF* is a fiction that draws in South African diseases and exploits them as materials for its narrative. Therefore, this factual-oriented narrative will reveal itself as being a result of deep researches from the author who fosters our conviction that this work can be listed among those classified as being part of medical fiction. Therefore, we will analyse diseases in this novel and see how they are exploited in such a medical narrative.

### 1.1. *WLF Potentials in Medical Training Curriculum*

Through medical humanities written by both medical professionals and patients, narratives provide clinical experience and raise in students an awareness

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<sup>1</sup> Following occurrences of the novel *When the Lion Feeds* will be with the acronym *WLF*.

about ethical, empathetic and cultural issues. In the analysis of *WLF*, this section must reflect resources that abound in terms of medical education allowing professionals to analyse and establish a clinical diagnosis process consisting in identifying symptoms, setting prevention measures, developing an empathetic witness of the patient's experience and providing a treatment.

Through diseases affecting characters, Smith gives through narratological techniques enough materials and clear hints about clinical experience and symptom management. In fact, in reading the evolution of the treatment of diseases, students are able to rehearse clinical experience. To better highlight this issue, the example of the rabies episode serves us as illustration. Thus, during the elephant hunt that Sean and Duff undertook, the latter was attacked by a rabies-infected jackal which contaminated him through wounds it caused him. Like a health professional, Sean monitors the different steps of the evolution of Duff's case. Smith depicts step by step, prevention measures to avoid contamination, cauterisation and scrupulous control of signs of infection through the incubation period and the final stage through insanity and death.

Smith's fiction can also reinforce future professionals in terms of empathy towards their patients as Graham and al. theorized about the educational approach to medical humanities as being "*an activity that might improve empathy in medical students by fostering skills such as the interpretation of narratives and the ability to manage situations where there is no single correct answer.*" (GRAHAM and al., 2016). Smith provides situations in which professionals feel or reject emotions from the patient. Besides the professional requirements in avoiding emotional transference, he fosters that no matter how experienced a doctor may be, emotions often prevail. Readers do not escape empathy towards the patients when referring to their medical history or social and psychological pressures. The skills called for are attention, representation and affiliation.

In treating medical humanities, Smith tackles human experience of disease with the problems that people with disabilities encounter in a society gangrened by stereotypes. Therefore, Smith's description of Garrick's infirmity is considered by certain critiques as autobiographical: "*Smith bases his many characters with physical disabilities on himself. He had polio when he was a child and his right leg is withered.*" (CAPDEVILA, 2010). As a matter of fact, Garry, with his amputation, is a perfect case for medical students to gauge the effects of the disease on the patient's psychology and the perception of the disease through his/her environment. The author lets the doctor unintentionally indulge in a biased phrase "*peg-leg*" to make medical practitioners aware of its consequences.

As a site for moral education, medical humanities will allow medical students to foster on ethics which is at the core of the profession. Thus, better treatment of both empathy and ethics in the novel could not be tackled without referring to the key issue related to ethical dilemma. When Duff reached a state that was unbearable for his friend, Sean was shared between the choice of letting him agonize and that of putting an end to his suffering. His despair was such that he sought advice from Mbejane: *"What must I do? he asked. If a horse breaks a leg? Mbejane answered him with a question. I gave him my word, Sean shook his head desperately, still facing towards the sound of Duff's raving. Only a rogue and a brave man can break an oath, Mbejane answered simply."* (426). Finally, Sean committed euthanasia by shooting him dead to stop Duff's suffering when his state became unbearable for him. This reminds a movement initiated in South Africa for a legal right to end lives of terminally-ill patients after the release of a Western Cape University professor named Sean Davison (with the same first name as the character) imprisoned after having helped his ill mother die.

## 1.2. Cultural Competence

Medical education, besides clinical experience, requires professionals' abilities in cultural competence. Therefore, revisiting the concept can be instructive:

Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. (1) A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. Examples of strategies to move the healthcare system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care. (IHARA, 2004)

Thus, professionals must be conscious of social, cultural and linguistic factors and even cross-cultural issues to understand their patients' needs, on the one hand, and deliver adequate services, on the other hand. This represents a key theme in South African health system. In tackling language and communication barriers that may occur between medical professionals and patients, Wilbur Smith allows the future practitioner to raise awareness about biases. In fact, how many of us have, after a consultation, kept or changed a doctor according to his/her good or poor communication. Linguistically, in using the word *"peg-leg"* full of stereotype, Doctor Van Symmonds fails in fulfilling linguistic and psychological needs of his patient, Garry. The impact of the word on the father, with Waite clenching his fist, suggests enough about how hurting it would be with the patient. Amputated people bear social

prejudices that hinder their will to heal and reintegrate the society. The doctor's unawareness of the impact of such social biases and his lack of anticipation of Garrick's prosthesis rejection contributed somehow to the patient's Post Traumatic Disease Symptoms.

To render the cross-cultural issues of health, Smith conveys both Zulu traditional health practices and modern healthcare of the 1800s. With socioeconomic influences and inadequate policies, it can be explained why black populations have for a long time stuck to their traditional medicine. Therefore, cultural competence requires an understanding of Traditional Ecological Knowledge to which the narrator recurs sometimes through ways of curing or giving first aids. To bring first aid, Sean "*picked a stalk of grass and started probing it into the wound.*" (6). This practice varies from societies and their immediate environments. For example, in some countries people use sand to stop the bleeding. These examples recall certain readers childhood practices.

With his experience of the wilderness, Sean knows plants that are traditionally used by Zulus to cure diseases. "*He knew the tree. It grew on high ground, it had a diseased-looking lumpy bark and each lump was the size and shape of a breast surmounted by a thorn. Where did you get it? I have seen none of these trees near the river.*" (513). Besides the virtue of the bark from a *maiden's breast tree*, Sean's servant, Kandbla, knows where the plant grows and fetches it. Smith makes an apologia for Zulu traditional medicine: "*Sean was marking time while he decided whether to make Katrina drink the brew. He knew these Zulu remedies, what they didn't kill they sometimes cured.*" (514). In helplessness and without access to modern medicine, the brew cured Katrina from black water fever without a chance of relapse causing the doctor to shake "*his head in amazement*" (519).

In our childhood, we heard many songs, about green mango, for example, which were created to inculcate children causes of diseases, prevention measures or even treatments. Smith introduces a childhood song:

He went on staring at it, standing very still while a gruesome snatch of doggerel he remembered hearing sung in the canteens of the Witwatersrand began trotting through his brain like an undertaker's hack.  
Black as the Angel, Black as disgrace when the fever waters flow they're as black as the ace. Roll him in a blanket. Feed him on quinine. But all of us we know it's the end of the line. Black as the Angel Black as disgrace. Soon we'll lay him down below and chuck dirt in his face. (512).

In this song, the first measure is to cover the ill person with blanket and cure him with quinine. But at the end, we notice a sad tone which shows that there is high death rate. By showing this universality, Wilbur Smith encourages the promotion of songs related to health. Similarly, with *Sleeping sickness*, an endemic disease, Smith shows measures that local populations take to prevent tsetse sting. Salt is a means of protection since

"*Animals that recovered were then immune.*" (386). Mbejane salted horses before venturing in the wilderness.

Depending on certain policies like Apartheid, a layer of the population is denied access to medical services. With a novel set in the context of colonization and cohabitation between white settlers and indigenous peoples like the Zulus, it was quite unavoidable for the author not to talk about socioeconomic issues with capitalist ambitions and the impact of racism on his representation of health. When Mbejane deployed all his efforts to rescue Sean, imprisoned in the galleries after the cave-in, Doctor Symmonds refused to examine his wounds. The reasons of his refusal are analysed through the following passage:

He was the fashionable doctor among the rich of Johannesburg and he took it very seriously. Now if you please, we'll get you to your hotel. He started to pack, his instruments back into his valise. You're the doctor, Sean agreed, but before we go will you have a look at my servant's hands, they'-re in a hell of a mess. There's hardly any meat left on them. Doctor Symmonds did not look up from what he was doing. I have no Kaffir practice, Mr Courtney, I'm sure you'll find some other doctor to attend to him when we get back to town. (313-314).

In representing a doctor who pretends not being involved in Kaffir practice, the author highlights the inconsistencies between Hippocratic oath and racism in healthcare. The word Kaffir, an insult used by racist people when referring to black people, justifies the reaction of Sean after hearing such an insult to a man who saved his life without a distinction of the colour of his skin. Therefore, Wilbur Smith fights for the elimination of racial and social health disparities. The first description about his status as being among the most frequented doctor in Johannesburg and his determination to preserve it reveals some doctors' will to treat a clientele exclusively white to keep the good functioning of their business. This shows that there existed racism and uttered capitalism that prevented black people from benefiting from medical care.

The geographical distribution of health centres pertains to health injustice. Dealing with a theme like health, the representation of the history and geography of health with the spatial distribution of medical institutions in South Africa in the 1870s is pivotal. In fact, when Garrick was shot at his leg and, even, when he was nearly dying from infection, the narrator lets us know that the proximity of a medical man around Thenius Kraal was about "*eight miles*" (16). Medical centres were gathered in town. This unveils some difficulties in taking in charge ill people due to social and sanitary injustice.

This can also be illustrated when Katrina had black water fever. After crossing Magaliesberg, she had to be transported during two months just to reach the Boer

settlement at Louis Trichardt where there was only one doctor in the district. Moreover, the choice of an old-aged doctor is, without doubt, an allusion to the lack of motivation of young medical practitioners affecting, subsequently, the replacement of ageing rural doctors. This persistent lack of motivation could be solved in copying Canadian educational system in which teachers earn more benefits when they are in remote and hostile climatic areas.

This subpart was an opportunity to discover potentials of *WLF* in medical training curricula in terms of clinical experience, empathy, disability, bioethics and also cultural competence to enhance physicians' awareness of problems that healthcare systems are facing due to racism, capitalism or inadequate policies. It allowed us also to highlight the author's vision for healthcare and his contribution to the improvement of this crucial sector through traditional practices, meaning an indigenous African approach rather than a western one only. However, the analysis of the patients' reactions and their understanding by professionals in the treatment process remains capital.

## **2. Characterization Through Empathy and the Psyche**

Several problems arising in healthcare systems are attributed to empathy. It is a key issue in medical education since it allows professionals to improve their capacity in understanding patients' mental states marked by the interactions between physical and psychological pain. Thus, this section will act as an analysis of *WLF* as a moral narrative in the way that it alerts about changes that can happen in the interpersonal relations and within the patient's mind, through the effects of the disease. Therefore, the representation of empathy and the psyche will foster the tryptic patient-practitioner-environment relationships.

### ***2.1. An Empathetic Analysis of Characters***

In *WLF*, health is used as a narratological technique for characterization to determine their evolution and interactions. Wilbur Smith instils in his writing a dose of emotional touch to arouse compassionate, somatic or cognitive empathy in the reader and between characters. As a *Bildungsroman*, *WLF* portrays the lives of twin brothers with common representations of duality related to distinctions through their appearance, health conditions and psychology. With a sturdily built body, Sean reflects good health whereas Garrick, with his slim body conveys bad health. These representations will deeply impact their relationship with a secret competition underlain by empathetic witness.



Through a narrative peripetia, Wilbur Smith induces drama by creating an accident in which Sean unintentionally shoots Garry who gets his leg amputated. Therefore, with the experience of being bullied by other children or of being hit unjustly by their teacher besides his amputation, their life evolves under the basis of a relationship between protector and protected; hence a certain dependency. Endowment with a sturdier body contributes in "*Garrick's reliance on Sean*" (46) until the latter becomes "*his shield*" (46). Sean develops cognitive empathy which allowed him to understand Garry's feelings in many circumstances in terms of recovery or affective needs and acts accordingly. Contrarily to his father who could not understand the terror when Garry put on the prosthesis, Sean understood his brother and contributed to Garry's acceptance of the prosthesis until he completed his re-education.

However, empathy does not escape gender issues. Through the duality embodied by Ada and Waite, the latter embodies somatic empathy and cried when Garry's infection was about to kill him and reacted with a father's feeling of aversion when hearing the "*ugly word*" (25) *peg-leg*. The power of the word provoking a reaction in Waite when he clenched his fists says enough about how the new proprietor of this prosthesis would feel when hearing it. Waite is described as having the somatic and "*masculine dread of suffering*" (19), whereas Ada, the mentally solid mother assisting her dying son, showed serenity and "*goodness that suffering and worry could not destroy*" (20) despite her exhaustion. She reflected compassionate empathy.

Through passages some characters get ill, Smith introduces medical practitioners whose behaviours allow him to represent empathy. WLF suggests two types of modern practitioners. On the one hand, he portrays the image of the doctor who still has humanist values and feeling. Doctor Van Rooyen's sympathy towards Ada illustrates it: "*In fifty years, he had not obtained immunity from other people's sorrow. He had learned only to conceal it: no trace of it in his eyes, or his mouth, or his lined and whiskered face. [...] Ada nodded, and he looked at her with the professional shield of indifference, hiding the shock he felt at the change in her appearance.*" (126). In spite of the natural counter-transference he is feeling, he managed to show emotional distancing as required by medical profession, no matter the years of experience. The use of phrases like "*shield of indifference*" and "*hiding*" translate better his will to preserve Ada from an impending collapse with the emotional overload she bears after being announced, in addition to his wounded son, the death of her husband and other son. However, earlier in the novel, Rooyen unintentionally uttered the word "*peg-leg*" in front of his patient.

On the other hand, the author depicts the professionals who show perfect

indifference. Despite Mbejane's superhuman endeavours to extract Sean from the cave-in, Doctor Symmonds refused to provide him first help. This lack of empathy for the heroic act of saving a human being provoked a sheer anger in Sean. This indifference is motivated by a professional milieu gangrened by Apartheid with all its flaws of racism and capitalism.

Concerning the dilemma that professionals or families face when patients ask about their state, Sean adopted sincerity in sharing true information with Katrina despite emotions: *"I know, Sean said, for there was nothing to be gained by denial, no room for extravagant hope."* (512). His choice is motivated by efficacy and protection of Katrina to sensitise her about avoiding movements that may worsen her state. Sean showed her affection and avoided words that could deepen her sorrow after the loss of the baby.

## 2.2. *Psychological response to illness and health*

All the physical and psychological pressures that characters undergo are not without consequences or reactions. Trauma is part of the psychological representation in *WLF*. After his amputation Garry suffered from Post-Traumatic Stress Disorder (PTSD). He experiences moments of unconsciousness which constitute a recurrent means for isolation from terror, pain or stress. Garry's amnesia is scientifically explained in the following lines:

The mechanism at the origin of traumatic amnesia is neuropathological, unconsciously linked to the extreme stress triggered by trauma and trauma reactivations. [...] Extreme stress, which is a real emotional storm, then invades the body and – because the excess of adrenaline and cortisol constitutes a vital risk for heart and brain (Yehuda, 2007) – it triggers neurobiological survival mechanisms that cause the emotional circuit to cut off and lead to an emotional and physical anesthesia by producing morphine and ketamine-like hard drugs (Lanius, 2010). This mechanism disrupts the emotional and memory circuits, and leads to dissociative and memory disorders that cause traumatic amnesia and traumatic memory. (SALMONA, 2018).

Garry undergoes trauma and trauma reactivations with the different stresses he experiences. The first wearing of the prosthesis, the bullying of children and Zulu assault activated in him neurobiological survival mechanisms. However, these anaesthetic states, in the absence of Sean's protection, act as a sort of escape from situations in which he feels emotionally, physically or socially impacted. Further, the author describes the process of this psychological retreat: *"At the moment when his terror became too great to bear he felt something move inside his head, fluttering behind his eyes like the wings of a moth. His vision greyed as though he was in a mist bank. The mist thickened and*

*blotted out all sight and sound. It was warm in the mist and safe. No one could touch him here for it wrapped and protected him. He was safe.*" (27). This dissociative survival mechanism provided him a "*hiding-place*" (27) with security and isolation from his immediate environment, sometimes turning out to be a social distancing. The mist represents a passage from reality to unconsciousness. In states of terror, as on page 124, the narrator introduces Garrick feeling again this mist in the middle of the Zulu assault of the hospital. In a metafictional process, the author allows Garry to recover from his anaesthetic state and amnesic memory then have flashbacks of the assault.

Fantasies are also developed by Sean when he caved in. It appeared through a soliloquy. In soliloquizing, Sean creates in his mind a doctor and starts asking questions about himself ending up in that gallery. He enumerates threats like thirst, hunger or madness that may lead him to death. Soliloquizing constitutes a mental state that reflects the character's panic.

A psychological analysis of characters in terms of interpersonal relations diagnoses Garrick as suffering from a dependent personality order. In fact, with other failures that he commits and which Sean disguises as being his, Garrick comes to develop in him the psychology of "*an outright loser*" (30) and a constant need for reassurance. After seeing his last opportunity to be united with Anna vanished Garry confirms his belief as being damned to fail. His deception is conveyed when he says "*Why me, why always me?*" (183). This can reflect one of the roles played by ill characters as being a flaw. This character flaw is a means for Smith to bring drama to his narrative.

Contrarily to the conventional writing technique leading the character to overcome the flaw and become a hero, Garrick develops self-stigma, bearing negative beliefs about himself. Like Arthur W. Frank's postulate of his keynote speech on "*Illness and Narrative*", Garry's "*suffering of physical disease is made worse by social attitudes toward illness.*" (FRANK, 2011). Due to bias, he was profoundly marked by people's apprehension and, as a matter of fact, internalized his feelings. He is willing to tolerate mistreatments and abuses from others. From his first day at school to his first night with Anna, Garrick has always endured bad words like "*peg-leg*" or gaze of disgust or rejection that made him feel guilty. He experienced a pitiful honeymoon in which he spent his first night sleeping on the sofa just to avoid Anna's revulsion.

Consequently, in the study of health representation in combination with characterization, the analysis of empathy and the psychology of a patient is very important. It allows to understand behaviours of one character toward the others, particularly through a familial-support system, and also the patient-doctor relations. The integration of the patient's experience and psyche by the caregiver could enhance the mastery of factors that condition the patient's health and his acceptance of the

treatment. Wilbur Smith's medical education proposes another vision of the patient similar to Amanda Young and Linda Fowler's communication: "Patients as Partners, Patients as Problem Solvers" (2002). However, to better decipher patients' feelings or psychology, the analysis of images conveyed in his/her communications remains pivotal.

### 3. Health-oriented Narratological Techniques

For the study of the representation of narrative techniques related to health, the following passage justifies our approach of this medical narrative:

Narrative Medicine is the discipline of applying the skills used in analyzing literature to interviewing patients. The premise of narrative medicine is that how a patient speaks about his or her illness or complaint is analogous to how literature offers a plot (an interconnected series of events) with characters (the patient and others) and is filled with metaphors (picturesque, emotional, and symbolic ways of speaking), and that becoming conversant with the elements of literature facilitates understanding the stories that patients bring. (Wikipedia, 2022)

Therefore, this section will be focusing on Wilbur Smith's creation of a metafiction characterized by the use of illness as an engine of an intricately woven plot providing it tension with twists and turns, as source of influence of characters' actions and also a source of metaphors for illness or wellbeing.

#### 3.1. *Illness as a Characterization technique and Cathartic Tool*

WLF reflects a drama with a powerful force represented through health. As a matter of fact, illness plays a cathartic role in the narrative to awaken empathy in future medical professionals. When reading the novel, one can notice that from the beginning to end, a disease has the capacity of letting the story follow its course and also of disrupting it until having a certain tragic role. It also bears the aptitude for testing relationships between characters.

At the beginning of the plot, Sean and Garrick are living a childhood full of joy and adventures. Therefore, Sean, as the centre of their friends' attention and mainly of girls', did not care about his brother in terms of love and protection. On page 14, an accident occurs and Sean involuntarily shoots his brother who is finally amputated of the leg. Garry enters a state of delirium provoked by an infection plunging Sean into a state of sadness and guilt. His responsibility in Garry's loss his leg becomes a sort of punishment to take care of his brother and will mark a turn in the twins' relationship.

In the analysis of characters, it appears that health is, to a certain extent, a basis

upon which Wilbur Smith differentiates characters and changes their relationships. One of the first descriptions he made of the main protagonists of the novel, Sean and Garrick Courtney, is about their health: *"Twins could scarcely have been less alike. Sean was already taking on the shape of a man: his shoulders were thickening, and there was hard muscle forming in his puppy fat. His colouring was vivid: black hair, skin brown from the sun, lips and cheeks that glowed with the fresh young blood beneath their surface, and blue eyes, the dark indigo-blue of cloud shadow on mountain lake."* (6). In this description, Sean is qualified with all the features that will make of him a healthy and Herculean man. This portrayal continues throughout the narrative in which the narrator frequently depicts him through his strength. The vividness of the colours participates in the vigour that characterizes him. Garry is quite the opposite of Sean. *"Garrick was slim, with the wrists and ankles of a girl. His hair was an undecided brown that grew wispy down the back of his neck, his skin was freckled, his nose and the rims of his pale blue eyes were pink with persistent hay fever."* (6). His slim and effeminate body is reinforced by the lack of vivacity transferred to the fragility and paleness of his appearance.

Smith exploits the imbalance that occurs sometimes in the context of twin birth. The main characteristic between these brothers is that Sean is better endowed with a sturdy body whereas Garrick has a weaker one. This weakness and the guilt that derives from the accident that cost Garrick his leg will develop in Sean a protective eye towards his brother. This protectiveness even leads him to fight with the professor who unjustly punished Garry, to beat Ronny when he treated roughly his twin and to excuse him his misbehaviours.

In terms of the creation of peripetia, Smith uses diseases to maintain a character in the story or not. Besides Garry's amputation, Sean's brother is lucky to be struck down by dysentery and to be saved from the massacre of Chelmsford's troop which he was supposed to rally. This disease, without doubt a deliberate trick of the author, will allow the latter to make his narrative progress with the would-be death of Sean.

In another subplot, we have Sean's relationship with Duff. These two friends shared many adventures in their lives (successes and failures) since their partnership which resulted in the creation of their mine company. After their bankruptcy, they decided to explore the ivory trade. On page 410, when the narrative retraces the day hunts of Sean which were heroic at times, the author chooses to introduce another disease to give his novel another sudden change of fortune. As in a tragic narrative, Sean, talking about the death of the scorpion in the fire, seems to anticipate what will come: *"Only man has the intelligence to end the inevitable."* (410). Thus, coming from nowhere, a rabid jackal bites Duff and contaminates him. In this part of the novel, their friendship is subject to a greater challenge which places Sean in a dilemma between

letting him suffer until death and putting an end to his suffering. Seeing how Sean shot the contaminated dog, Duff makes him promise not to make him undergo the same fate. Finally, he shot Duff in a state of insanity.

The couple of Sean and Katrina experiences a test. The narrator relates the meeting of the couple, their love and its accomplishment with the birth of their child, Dirk. When they decided to move to another place whereas Katrina was expecting her second baby, she was hit by black water fever in the wilderness. Despite the weak chances to recover, Sean took care for her as he had never done for someone. "*For the first time in his life Sean was giving more than just a superficial part of himself to another human being.*" (517). This disease outbreak can be seen as a means to change Sean's relationship with others, particularly Katrina. Fortunately, as in all tragedies, there is a happy outcome with Katrina recovering from both the fever and death of his still-born baby.

Through the novel, health is used as a narrative tool to raise or lower the tension of the narrative. Garrick's infection, Duff's rabies and Katrina's black water fever can be considered as narratological climaxes that are worth being studied. In fact, at a certain time of the narrative the author introduces a disease that attacks a key character of the novel. In doing so, Smith tactfully keeps the reader's attention, avoiding a certain moroseness of the narration.

Tension peaks when diseases occur by surprise and the narrator lets us know that someone will probably die. Smith puts more intensity when the narrator announces Garry's death: "*He was lonely with the desolate loneliness of the guilty, for Garry was going to die, he knew it by the evil silence that hung over Theunis Kraal.*"(19). For the case of Katrina weakened by black water fever in the wilderness without a medical assistance, her impending death is expressed through the following lines: "*When the morning sun hit the wagon canvas and lit the interior, Sean saw her face, and he knew that she was dying. Her skin was an opaque yellowish white, her hair had lost its glow and was lifeless as dry grass.*" (514). Thus, emotions are at their extreme, the reader is waiting for the death of the characters. In both Garrick's and Katrina's illnesses, we have complete changes, happy outcomes in which they partially recover. As for Duff's case, the tension is so high that the reader wants to know the decision Sean will take at the core of a dilemma. Will he breach the oath and kill him to put an end to Duff's suffering or respect it and let him agonize? In a situation of indecision, Smith delays the fatal action, increasing the suspense.

As a result, diseases psychologically and physically make the characters and rhythm the plot with climaxes generally marked by an access to insanity, a key theme of the novel. The focus slides from cathartic writing to therapeutic awareness. The tragic narrative allows medical practitioners to better understand the patients'

experience of living with their diseases and reach an unbiased and more accurate diagnosis and provide a better treatment.

### 3.2. Medical Metaphors

Despite the debate raised by critiques like Susan Sontag (1978) on the effectiveness of modern metaphors in describing the true nature of diseases instead of blaming the patients for causing them, analogies remain a tremendous tool that patients use in their stories or communication and which the reader or professional are bound to interpret and convey empathy.

With narrative an integral part of the medical experience, it's up to physicians to deepen and enhance patient-doctor communication by becoming interpreters of narrative techniques – particularly metaphors.

Metaphor, the implicit comparison of one thing to another, is one of the most common literary techniques—and naturally so, because effective communication relies heavily on drawing comparisons and parallels to portray the clarity of an idea. Health care practitioners employ metaphors for two main reasons: first, to foster clarity by transferring meaning effectively and economically, and second, to promote diagnostic caution through ambiguity, allowing doctors to circumnavigate making an explicit diagnosis before they are sure how severe a case might be. The use of metaphors in the medical world has stirred up intensive debates and arguments. Are metaphors more detrimental than beneficial to a patient? As scientific professionals, why should physicians rely on literary techniques instead of using scientific facts and terminologies? Moreover, why should patients describe their illnesses metaphorically? (KOTEL, 2017)

The relationship between metaphors and medicine are considered as plurisecular. Researchers are more and more investing the field of metaphors related to medicine since they are convinced that metaphors are at the core of communicational interactions between patients and medical practitioners. As a consequence, in medical education the latter are taught to better interpret and during consultations and reduce medical errors. Therefore, Smith's exploitation of health is not limited to the description of how diseases affect characters, of its medical lexical field or environment but it also fosters on its outcome.

In patient-practitioner communications, nature and intensity of pain, feelings, symptoms, psychological states, etc., are often metaphorized. The use of fire as metaphor is recurrent. When Katrina was suffering from black water fever, the narrator illustrates it as follows: "*The fever built up steadily within her. Her body was a furnace, her skin was dry and with every hour she was wilder and her movements more difficult to control.*" (513). The terms "*build up*", "*dry*", "*wilder*", pertaining to the extended fire metaphor, contribute in showing that her fever more intense; it was a "*furnace*". On



page 424, the acuity of mental illness is depicted as a fire. Further, Smith describes the tenacity of pain through sea metaphors with the steadiness of "*a rock in the dark moving sea.*" (483).

Better, metaphors for mental illness or delirium are decipherable through the severity of some infections. With his infected stump resulting in moments of insanity, Garry's mind evokes the simile of the uncontrolled and wild horse. "*Garrick's mind escaped from the harness of sanity and ran wild into the hot land of delirium.*" (19). Similarly, flotation metaphors participate in the psychological escapism of the patient. It thrives in writings related to insanity, pain, fear, stress, etc. Garry is often represented in context of psychological evasion:

Then for the first time Garrick found his hiding-place. At the moment when his terror became too great to bear he felt something move inside his head, fluttering behind his eyes like the wings of a moth. His vision greyed as though he was in a mist bank. The mist thickened and blotted out all sight and sound. It was warm the mist and safe. No one could touch him here for it wrapped and protected him. He was safe. (27-28)

The semantics of flotation is well exploited with terms like "*fluttering*", "*wings*" and "*mist*". Garry is in a psychological state that procures him a social isolation and security from terror, particularly when he experiences oppression or violence. At the Zulu assault of the hospital or when bullied, he takes refuge in his bubble. These evasions evolve into containment metaphors. In fact, after the death of her baby, Katrina built her own psychological cocoon after "*the sorrow encased her in a shell through which neither Sean nor Dirk could reach her.*" (516)

In the study of empathy, emotions' analysis through analogies of time remains pivotal. Sean who develops somatic empathy bears this description: "*Then he went back to Katrina and stayed with her while days and nights blended together into a hopeless muddle of grief. As near as Katrina was to death, that near was Sean to insanity.*" (515). Besides time fusion, Smith associates temporal landmarks with emotion describing the utter dismay of patient's circle. A common metaphor, used in medical discourse on illness or healing, conveys the archetype of time as a healer. This metaphor is used when the doctor gave Sean advice about Katrina's healing process: "*It may take a year before her body is fully mended. There is no medicine I can give you. She must be kept quiet, feed her well and wait for time to cure her.*" (519). The same passage conveys the description of a body weakened by illness through fragmentation and of its healing through fusion. The word "*mended*" describes a healthy state.

War or military languages, as revived by the COVID-19 pandemic, feeds medical narratives with metaphors. Active verbs like destroy, break, fight, etc., generally convey therapeutic successes. Referring to the stopping of the contamination



chain, by killing the infected dog, Smith uses the word “destroy”. This is reinforced by the phrase “*fought the rotting of your body*” (488) to express the resilience to the disease, by the term “*broken*” to qualify the overcoming of fever, of symptoms as on page 21 or by the consequences of fever on Katrina’s body which the word “*damage*” (516) reflects.

In *WLF*, Smith invites us to revisit infection as metaphor. To reflect the spreading of fear during the cave-in, the narrator uses this metaphor: “*His terror infected Sean and he ran a dozen paces after Francois.*”. Also, Sean’s feelings fall in the same registry when he had the conception of having breached the oath promising Duff he would not shoot him to death if he manifested signs of delirium resulting from rabies. “*Like a bag of pus at the root of an infected tooth the guilt and grief rotted in Sean's mind.*” (429). Sean's sensation of disgust and painfulness provoked by the feeling of betrayal is such that the narrator assimilates it to a dental infection conveyed by the word “*pus*” and “*rotted*”. Similarly, Garry, after the would-be death of Sean, wanted to conquer his brother's love, however, the representation of shame bears a health metaphor: “*He felt an idea move within him, not yet formed in words, but real enough to cause a sick spasm of conscience. He shied away from it.*” (128). The moral impediment is reflected the way an organism expels a microorganism through spasms.

Analysing medical metaphor urges to mention analogies related to its outcomes meaning death. In traditional representations, the myth of death has always been associated with darkness, especially with the night, black colour, darkness, etc. An example can be given in Senegal when people talk about *ndobine*, a mortal black mythical bird. This image pervades when Garry is about to die of infection. The narrator brings on page 20 analogies of death as an animal waiting for its prey to die and taking the form of *darkness* and *shadow*. Also, death through the temperature of the corpse, inertia, hell, etc., have often born the connotation of something cold. Celtic conception of Hell as coldness could be an illustration. Therefore, coldness participates in the metaphorical representation of death as an “*icy cold*” (20) thing.

In Smithian description of death and of the patient's environment, odours take an important part. In fact, medical institutions, in particular, always draw the attention of the visitor with their odours. Through war, Smith recurs to “*smells of death*” (116) to depict the macabre of the Zulu-Boer war. He distinguishes two smells which are related to “*pain and putrefaction but mixed with the heaviness of disinfectant*” (116). Through the description of odours when Garrick got amputated, Smith integrates other death metaphors.

Death was at Theunis Kraal. He could smell it on the soiled sheets that were brought through to the kitchen from Garrick's room; it was a musky smell, the smell of an animal. Sometimes he could almost see it: even in bright daylight sitting on the veranda. He sensed it crouched near him like a shadow on the

edge of his vision. It had no form as yet. It was a darkness, a coldness that was gradually building up around the house, gathering its strength until it could take his brother. (19-20)

The first metaphor that occurs is that of the animal. The narrator uses the animal semantic field to describe death. He attributes it a "*musky smell*"; then he uses the verb "*crouched*" like a feline waiting for its prey. In this quotation, Smith is also inspired by Biblical imageries. In Psalm 23:4, it is said: "Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me;" (Biblica, 1984). Thus, he conveys the simile of death as a "*shadow*".

Cultural analogies could not lack in such a novel. In fact, in Zulu naming of medicine plants, they designate them through imageries. The plant that cured Katrina was called "*maiden's breast tree*" inspired by a personification due to its resemblance with a human breast. Moreover, its description is even metaphorical as the author describes as "*a diseased-looking lumpy bark and each lump was the size and shape of a breast surmounted by a thorn.*" (513).

The use of medical interventions, cures or practices through metaphors cannot be ignored by the reader. In a state of delirium due to cave-in, the author combines the image of baby delivery and the old analogy of Mother nature: "*Dear Mother Earth, don't bear down, please don't bear down. Just be patient. Wait a few days and by Caesarian they'll take this child out of your womb.*" (306). With a natural need for survival, Sean prays that the earth holds until he was extracted. The author personifies the earth and uses the medical term "*caesarean*" to portray the extraction of Sean from the mine's tunnel where he was imprisoned.

In tranquillity or disruption, the environment inspires the description of a body in a state of illness or well-being. During rainy seasons, with the intrusion of mud and trees in the river, the latter becomes ecologically ill and reacts with convulsion as an organism would do. "*The branches and tree trunks in it whisked past so swiftly that they did little to dispel the illusion that the river was frozen in this brown convulsion.*" (463-4). This image is reinforced four pages further when the narrator, with the end of the rains and the return of the sun, lets us know that "*the river regained its sanity.*" (471). Undesirable or harmful polluting elements participate in the representation of this type of metaphor. With his strong aversion to any source of destruction of the environment, Smith assimilates white mine dumps to "*pustules on the earth's face.*" (362). This personification of mine dumps as pustules reminds us his ecological concern for the environment and human wellbeing as in his novel *A Sparrow Falls* (1977).

This part has been an occasion to explore the genius of Wilbur Smith who tactfully uses illness as a tragic tool influencing both characters' behaviours and the

tension of the narrative. It also allowed us to rediscover metaphors that are part of our culture and patient-doctor rhetoric which help us describe different states of illness or wellbeing. This contributes in strengthening our belief that medical fiction does really exist and deserves being further explored.

## Conclusion

The aim of this article was to examine the capacity of *When the Lion Feeds* in raising self-awareness and facilitating self-education in empathy and cultural skills in the reader and, particularly, medical professionals. It also focused on confirming that the analogical and narratological techniques related to medical fiction were at the core of the aesthetical material.

Indeed, Wilbur Smith's medical narrative does confirm hypotheses it posited. The novel thrives with resources for medical students to rehearse clinical experience and cultural competence. Secondly, the empathetic and psychological analysis of character helped discover the impact of therapeutic treatment and social prejudices on the patient's psychological state, recovery, or interpersonal relations. Thirdly, it showed that the narrative reflects a cathartic engine rhythming the plot and abounds with metaphors, myths and archetypes capable of rendering the patient's feelings for a more accurate diagnosis.

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