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I learned the literary term “defamiliarization” years after it had upended a tiny part of my worldview. Anna Sewell’s *Black Beauty* (1877), narrated by the horse of the title, was the vehicle for that early upending. One particularly heart-rending chapter meant that for years I could not look at a horse without being positive its reins were being yanked too aggressively or its bridle was too tight.

But here’s the thing: reading *Black Beauty* didn’t make me run out and become a right-size bridle advocate or anything. In fact, when I finally got on a horse, I was reprimanded for holding the reins too loosely—and so I held them tighter.

Literary defamiliarization (or *ostranenie*, the neologism coined by Russian formalist Victor Shklovsky in 1917) is meant to estrange or alienate readers from their unconscious, automatic, and routinized perception of things. In arguing for this type of art-enabled recognition, Shklovsky warns that without it, “life is reckoned as nothing. Habitualization devours work, clothes, furniture, one’s wife, and the fear of war” (12). The stakes here are clearly not low. And yet the at-risk list doesn’t perform any obvious prioritization—having one’s fear of war (or wife!) “devoured” seems no better or worse than putting on pants inattentively. This indiscriminate advocacy for aesthetic labor is summed up here: “*Art is the way of experiencing the artfulness of an object; the object is not important*” (12; emphasis in original).

I bring this up because defamiliarization has recently been discussed as an important tool for medical education (Kumagai and Wear; Bleakley) as well as a key technique for enriching both bioethics and the field of literature and medicine (Chambers). These discussions of course extend and adapt Shklovsky’s literary concept, supporting their arguments with scholarship about pedagogical outcomes, insights about student learning, and parallel work from cultural anthropology. In other words, Arno Kumagai and Delese Wear do not seek, as their endpoint, the enlivened aesthetic experience of medical students. They are not particularly interested in having trainees see the “artfulness” of an infusion pump, say, unless that perception would help them bridge the gap between their everyday regard and a frightened patient’s first IV. They use defamiliarization and its ilk to jolt students into “a state of discomfort in which confrontation with the unknown prompts reflection *and action*” (974; emphasis mine). I believe they are right to keep “action” in the foreground, though; routine and habituation are powerful forces. What happens *after* defamiliarization’s curtain-lifting act is hard to count on.

A few months ago, my three-year-old daughter had a bad cough. She seemed more upset by this cough than she normally was, and there was also an unfamiliar edge to the sound of it. At one point it seemed like she couldn't get enough air; she started clutching at her throat and gasping. At the emergency room we were told she had severe croup, and I was tasked with holding a nebulizer over her nose and mouth. And that is when she went *berserk*. Why? Because, as I learned later, she *thought I was trying to choke her with it*. (I believe her exact question was, "why didn't you want me to breathe?") This was, among other things, a defamiliarizing moment for me: what I had thought was one thing—what I understood to be a beneficial, loving, protective action—was quite another to my daughter.

Still, after re-seeing the entire scene spool out under a horror-film scrim, my actions would not have changed; I know the nebulizer to be what I thought it was, and I know my daughter's interpretation of my actions to be wrong. More to the point in the context of medical education, my empathy felt pretty much at its peak already, and it's hard to imagine what *would* have made me adjust my interaction. I wanted nothing so powerfully as to understand her, console her, make her feel protected—but I still listened when I was told to tighten the reins.

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In thinking through all this, I realize I want to guard against my worry that defamiliarization is a kind of perspective tourism, a trip from which one comes back refreshed but unchanged. Maybe the answer to this misgiving is not to move away from Shklovsky (toward a prioritizing of "objects" by importance, say), but to go back to him. Maybe seeing the terrible artfulness of nebulizers, or infusion pumps, or even diagnoses, would put more of us (physicians, patients, family members) on the same ground.

Works Cited

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