

Keats, Myth, and the Science of Sympathy

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Abstract

This essay considers the connections between myth and sympathy in Keats's poetic theory and practice. It argues that the 'Ode to Psyche' exemplifies the way in which Keats uses mythological narrative, and the related trope of apostrophe, to promote a restrained form of sympathy, which preserves an objectifying distance between the poet and the feelings that his poetry examines. This model of sympathy is informed by Keats's medical training: the influential surgeon Astley Cooper and *The Hospital Pupil's Guide* (1816) both identify a sensitive but restrained sympathy for patients' suffering as an essential part of the scientific and professional methods of nineteenth-century medicine. However, while *The Hospital Pupil's Guide* claims that mythological superstition has been superseded in medicine by positivist science, Keats's ode suggests that myth retains a central role in poetry, as the foundation of a poetic method that mediates between imaginative sympathy and objective impartiality.

In an 1843 biography of Sir Astley Cooper, one of Cooper's students, Benjamin Travers, comments of the eminent surgeon that

Neither his temperament nor his education had endowed him with a sensitiveness which in any degree disqualified him for the performance of his professional duties on the most trying occasions. In other words, he possessed an insusceptibility, equal to his powers of physical endurance. I mention this to meet the imputation of want of sensitiveness, with which I have heard him

reproached. He was not deficient in feeling, although it flowed in a deeper current, out of the reach of ordinary circumstances.¹

Travers insists that there was no ‘want of sensitiveness’ in Cooper’s treatment of patients; the professional surgeon was also a man of feeling. Cooper’s success as a surgeon, though, Travers suggests, depended on his capacity to subordinate feeling to the impartial exercise of knowledge and skill that characterised the professionalisation of medicine in the early nineteenth century. Travers’s description of Cooper’s ‘insusceptibility’, which enabled him to suppress his concern for the pain and suffering of his patients during even the ‘most trying’ surgical operations, is in direct opposition to Charles Brown’s recollection of John Keats’s ‘overwrought apprehension of every possible chance of doing evil in the wrong direction of the instrument’ when operating. This anxiety, according to Brown, led Keats to rule out a career in medicine: he was ‘compelled, by conscientious motives alone, to quit the profession’.² These two contrasting biographical sketches suggest how important the control of feeling, and particularly of sympathy for patients’ suffering, was to nineteenth-century definitions of professional medicine.

As British medicine developed more systematic and standardised regulations for the training of its practitioners (a process exemplified in the 1815 Apothecaries’ Act, which mandated a specific course of apprenticeship, hospital training, and examination for trainee apothecaries), the relation between professional impartiality and sympathetic feeling for patients emerged as a central issue in medical education. James Allard has argued that ‘a sensibility that fosters both a concern for the suffering of others and an increased sense of self-awareness’ was viewed, together with ‘detailed, scientific anatomical knowledge’ and ‘a rhetorical and discursive mastery’ over that knowledge, as one of the key criteria for success in medical work.³ In his

writings and in his lectures to students at Guy's and St Thomas's hospitals, Cooper consistently highlights the need for surgeons, and medical professionals in general, to negotiate between scientific rigour, sympathy, and a disciplined self-awareness that stops sympathy from impeding accurate diagnosis and prompt treatment. Whether or not Keats's decision to quit the medical profession was motivated by an overwrought sympathetic imagination, he would have performed numerous operations during his time as a student and dresser at Guy's (1815-17), each involving, as Nicholas Roe has suggested, a 'complex act of identification and distancing' that 'in some ways anticipates his self-effacing ideal of negative capability'.⁴ I would like to argue that a negotiation between sympathy and insusceptibility underpins Keats's poetic theory and practice more widely: between 1817 and 1819, he develops an understanding of poetry that imposes limits on sympathy and that is informed, to some extent, by the strictures of professional medicine. Keats's medical training might not have equipped him with the degree of insusceptibility that enabled Cooper's success as a surgeon, but his writing imagines and practises a similarly measured response to the feelings of other people.⁵

Keats's poetry and Cooper's medicine both depend on the objectification of subjectivity, the conversion of subjective psychological processes into objects of deliberation and study. In medicine this is realised through the identification of patients' subjective experience of symptoms as scientific evidence to be observed and interpreted with empirical impartiality. Keats, I want to suggest, does something analogous in his poetry through his use of mythological narratives and figures. In *Endymion* (1818), classical mythology is primarily used as a framework for the representation of nature and of sexual passion, but by 1819 Keats had arrived at an understanding of myth as an essential constituent of his theory of poetry. This

understanding is exemplified in the 'Ode to Psyche', which sets out a narrative of poetic creativity that is founded on intersubjectivity, specifically the relation between the poet and the goddess who represents the human soul. However, the poem's mythological tropes of personification and apostrophe balance this emphasis on connection and communication with objectification, bracketing the feelings of other people in a personified yet abstract figure and so enabling the poet to observe and reflect on them. The poem also objectifies the poet's subjectivity: like the professional surgeon, who must remain self-aware in order to control his emotions and to test his judgments against the evidence presented by the patient, the poet in the 'Ode to Psyche' is consistently self-conscious, questioning his relation to Psyche and the accuracy of his own perceptions.

By reading the 'Ode to Psyche' alongside Cooper's lectures and instructional volumes for medical students, I aim to show that the poem presents a narrative of professional self-definition, setting out a method for poetry and identifying the particular expertise and responsibilities of the poet. It instantiates a set of questions about methodology and epistemology, about the relation between sympathetic sensibility and scientific knowledge, that were of central importance both to those (such as Cooper) involved in the professionalisation of nineteenth-century medicine and to Keats's understanding of his work as a poet. These questions are embedded in the form of the ode, which enacts a dialectic, seeking to synthesise intersubjective feeling and scientific impartiality.

Myth functions in the 'Ode to Psyche' as a system of narrative and epistemological conventions that establishes an objectifying distance between the poet and the feelings that his poetry examines. The prominence of these conventions in the ode's model of poetry is, in part, a response to Enlightenment views of myth as

having been superseded by rational modernity. *The Hospital Pupil's Guide*, a volume first published in London in 1816 and 'addressed to students of the medical profession', is supposedly written by Aesculapius, the Greek god of medicine; R.S. White has persuasively argued that the 'presiding spirit' behind the guide's composition was Astley Cooper.⁶ The authorial persona of Aesculapius helps to strengthen the cultural legitimacy of professional medicine by aligning it with classical erudition and polite learning, but the god approvingly observes that 'since the mind of man has been enlarged, and the knowledge of the powers and efficacy of medicine has been diffused, through my instrumentality, to every corner of the world, the external forms of my worship have been greatly discontinued'.⁷ In the 'Ode to Psyche' Keats similarly recognises the obsolescence of 'external forms of worship', but the poem nonetheless adopts a mythopoeic stance, redeploing classical mythology as the foundation of modern poetry, which is in direct contrast to Aesculapius's presentation of myth as a subordinate stage in a positivist progression of knowledge: 'The period of ignorance, and the days of heathenish superstition have happily passed away', Aesculapius insists, destroyed by the triumph of 'the *rational exercise of the mental faculties*' (*Hospital Pupil's Guide*, 9).

A prominent strand of Keats criticism identifies his use of myth as an inverted form of this positivist position: Helen Vendler, for example, argues that myth exists for Keats 'in an eternal region where, by purifying himself of skeptical modernity of thought', the poet 'may once again find himself'.⁸ An alternative perspective is set out by James Chandler, who argues that Keats's *Psyche* 'represents the apotheosis not of fideism but of skepticism, or at least of an empiricism that insists on the proof of the senses.'⁹ The focus on the senses in the 'Ode to Psyche' links the poem to the scientific methods of professional medicine, but the ode's epistemological stance is

not exclusively empiricist: for Keats, I would like to suggest, both myth and medicine are modes of knowledge which balance the observation of empirical evidence with subjective sensibility, and which also provide a set of general principles, a theory, to underpin that balance.

The relation between sympathy and science is discussed at length in *The Hospital Pupil's Guide*: while the volume celebrates the 'rational exercise of the mental faculties', it also highlights the important but ambiguous role of sympathetic feeling in professional medicine. Aesculapius advises his student readers that 'in the practice of the Profession, *benevolence of disposition*' is 'imperiously demanded.' Medical treatment 'can only be rendered effectual by that mildness and gentleness, that sympathy, and those delicate attentions which form the basis of our social happiness, and which the expression of suffering so eloquently implores' (*Hospital Pupil's Guide*, 14). This argument betrays a fear that, as medicine becomes professionalised, its practitioners may act as, or be viewed as, unfeeling specialists rather than gentle (and gentlemanly) benefactors. Aesculapius insists that a tactful concern for suffering and a commitment to 'social happiness' are foundational to the medical profession.

However, correct professional action depends on the capacity to mediate between sympathy and professional expertise: 'genuine sensibility, while it enters into the sufferings of others, is yet a principled feeling, and its first emotion is to relieve that suffering. In his prosecution of the line of conduct dictated by his judgment, the surgeon is deaf to the pains of his patient'. Aesculapius characterises this as a 'condensed sensibility', and concludes that 'a man who has not obtained this self-control, is unfit for the practice of his profession' (*Hospital Pupil's Guide*, 88-9). As in Travers's sketch of Cooper, benevolent feeling is presented as the motive force of

medical work, but in practice that feeling is of necessity directed by the impartial exercise of trained ‘judgment’. The ‘principled feeling’ advocated by Aesculapius is a professionalised reworking of Adam Smith’s influential eighteenth-century model of sympathy. The limitations of sympathy are highlighted in the opening definition of the concept in Smith’s 1759 *Theory of Moral Sentiments*: when considering another person’s pain, he argues, ‘our senses will never inform us of what he suffers. They never did, and never can, carry us beyond our own person, and it is by the imagination only that we can form any conception of what are his sensations.’¹⁰ Sympathy, according to Smith, depends on a willed act of imagination, an intellectual reconstruction of others’ feelings that precludes the possibility of unmediated sympathetic identification. As David Simpson has noted, in Smith’s theory ‘sympathy is subject to critical redescription by rationalist criteria.’¹¹ Nineteenth-century medical discussions of sympathy extend Smith’s argument by insisting that the sympathetic imagination must be guided by professionally informed judgment, and that the efficacy of sympathy must be measured by its capacity to effect the relief of patients’ suffering.¹²

This model of sympathy requires the objectification of the patient’s subjectivity, the reinterpretation of his or her words and behaviours as empirical evidence which is used to inform diagnosis. As *The Hospital Pupil’s Guide* makes clear, though, this objectification of subjectivity also extends to the medical professional: the surgeon, in pursuing what he considers to be the necessary treatment, must develop an insusceptibility to his patient’s pain. The guide also advises its readers that ‘*self-knowledge* is most important’ to professional conduct, as is ‘an intimate acquaintance with human nature, as exhibited in the motives and actions of others’ (*Hospital Pupil’s Guide*, 45). By concentrating on professional self-

awareness and the ‘intimate’ knowledge of the ‘motives and actions of others’ (presumably patients), the guide promotes a type of skill that appears to be distinct from the scientific expertise in anatomy, physiology, and surgery that arguably underpinned the professional status of nineteenth-century medicine. Magali Larson argues that professionalisation depends on objective and ‘depersonalized knowledge’, because ‘the validity of this knowledge appears to transcend the particular circumstances and subjective preferences of the groups that produce it’.¹³ Yet Larson also notes that professionalised labour ‘is inextricably bound to the person and the personality of the producer’, and that ‘professionals must be adequately trained and socialized so as to provide recognizably distinct services’ (*Rise of Professionalism*, 14). In *The Hospital Pupil’s Guide* medical knowledge is presented as inescapably personalised, not just because it is legitimised by the medical professional’s training and status, but also because it is methodologically dependent on self-interrogation and on the interpretation of patients’ feelings.

A similar understanding of medical knowledge is set out in Cooper’s lectures to students; such lectures were an important means of socialising trainees into the norms and conventions of the medical profession. Cooper’s prominence in nineteenth-century debates about the theory and practice of professional medicine is demonstrated by the first number of the *Lancet* (1823), which opens with a transcript of his annual introductory lecture to surgical students. In this lecture he states that professional judgment must be balanced by a consideration of the personal circumstances of each patient: ‘it is the duty of the Surgeon, never to advise an operation, unless there is a probability that it will be attended with success: he should here, as in every instance, “do to others as he would have others do unto him.”’¹⁴ This admonition puts biblical morality to professional use, and it also builds on Smith’s

description of the sympathetic imagination in his *Theory of Moral Sentiments*. While Smith's argument for a limited and intellectual mode of sympathy is derived from his theory of psychology, Cooper emphasises the professional utility of such limited sympathy: he encourages surgeons to identify with patients, but he also highlights the importance of maintaining an intellectual distance from them. In his *Surgical Essays*, co-authored with Travers in 1818, he advises his fellow surgeons that 'in the performance of our duty, one feeling should direct us; the case we should consider as our own, and we should ask ourselves whether, placed under similar circumstances, we should choose to submit to the pain and danger we are about to inflict.' This feeling should be consulted, though, after the surgeon has 'collected all the evidence which applies to the case'.¹⁵ Sensibility must be informed by professional knowledge and by an impartial examination of the evidence of each case.

In the lecture printed in the *Lancet* Cooper classifies medical expertise as empirical knowledge, emphasising to his students the 'imperative necessity which exists for making yourselves well acquainted with anatomical science' ('Surgical Lectures', 7). The relation between sympathy and scientific knowledge is frequently addressed in notes taken at Cooper's surgical lectures at Guy's and St Thomas's around the time of Keats's hospital training; as Nicholas Roe has shown, Keats himself would have attended these lectures in 1815-16.¹⁶ A year earlier, according to Thomas Appleby, Cooper advised his students that 'principles should be founded on observation & experience' and that 'all hypotheses must be laid aside'.¹⁷ Cooper presents surgery's structures of knowledge as systematically scientific: the practice of surgery is regulated by general principles that are not abstractly theoretical or hypothetical, but instead grounded in the particularities of medical evidence.¹⁸

At the same time, Cooper's plea that his students should imaginatively place themselves in their patients' circumstances, and base their medical advice in part on this sympathetic exercise, is a prominent motif in his lectures. Joshua Waddington noted Cooper's advice that 'you ought never to operate upon a Person unless you would in the same case be operated upon yourself'.¹⁹ According to another attendee at the lectures in 1815-16, George Ray, Cooper told his students that, when assessing a patient for surgery, the most crucial step is to 'place yourself in his situation, and if under such circumstances you would have the operation performed then recommend it to him but not otherwise.'²⁰ Thomas Egerton Bryant, in his notes from Cooper's 1814 lectures, records the following maxims: 'before you perform an operation consider the case your own. Think maturely for the safety of your patient and be careful not to inflict any unnecessary pain'.²¹ Cooper's position in his lectures implicitly and consistently rejects the possibility of unmediated sympathetic identification. Instead, the surgeon's sympathetic awareness of the patient's suffering must be weighed against his superior professional knowledge; medical judgment is based not on the patient's concerns but on a hypothetical assessment of what a trained professional would feel in the same situation. The surgeon, in Bryant's phrasing of Cooper's stricture, should 'think maturely' about his patient's situation. The objectification of subjectivity involves both an imaginative speculation about how an informed patient might feel, and a self-possession that enables the objective assessment of evidence in the face of the actual patient's suffering.

An analogous process is described and practised, I wish to suggest, in Keats's writing, as he develops a model of poetic sympathy that reflects some of the precepts of his medical training. This model presents sympathy as a means rather than an end in poetry, offset by self-possession and subordinated to the poet's professional goal of

observing, recording, and interpreting the feelings of others. Jeffrey Cox has suggested that Keats, despite his commitment to intersubjective sympathy and sociability, had, by 1820, arrived at the view that ‘the artist must be self-concentrated, selfish perhaps.’²² A poem such as ‘In drear-nighted December’, however, indicates that Keats was examining the possibilities of this self-possessed stance significantly earlier in his career. Written in 1817, the poem speculates about the possibility of articulating an insusceptibility, which Keats labels ‘the feel of not to feel it’ (21), comparable to the ‘condensed sensibility’ that was encouraged in medical students.²³ While poetry inescapably involves an identification with and consideration of subjective feelings, it also, Keats suggests, requires that the poet, like the surgeon, remain unmoved by others’ pain in order to address that pain adequately.

Perhaps surprisingly, there is evidence for the development of this condensed or limited approach to sympathy in some of Keats’s most famous assertions of the selflessness of the ‘camelion Poet’, who, he writes in a letter of October 1818, ‘has no Identity—he is continually in for—and filling some other Body’. In the same letter, though, and from a less theoretical and more personal perspective, he describes the ‘solitary indifference I feel for applause even from the finest Spirits,’ and worries that this indifference might inhibit his more sociable impulses: ‘I am ambitious of doing the world some good: if I should be spared that may be the work of maturer years’.²⁴ The question of what constitutes personal and professional maturity is a persistent concern of Keats’s writing; this letter, like Cooper’s lectures, locates maturity in effective action towards the assistance of others. Keats’s medical training would have suggested to him that such action was dependent on a disciplined insusceptibility, but here Keats raises the possibility that indifference to other people is inimical to the inherently sympathetic work of poetry.

Other letters, however, point to a more positive assessment of emotional restraint. As early as November 1817, an assertion of the poet's capacity for sympathetic identification, 'if a Sparrow come before my Window I take part in its existance [*sic*] and pick about the Gravel', is followed by Keats's admission that 'I sometimes feel not the influence of a Passion or Affection during a whole week—and so long this sometimes continues I begin to suspect myself and the genuiness [*sic*] of my feelings at other times—thinking them a few barren Tragedy-tears'. This insusceptibility, he claims, is not 'heartlessness but abstraction' (*Letters*, i. 186). Like the self-possession promoted in his medical training, Keats's abstraction distances him from other people, but it also enables him to develop self-knowledge through an objectifying examination of his feelings.

'I do not repent', Keats wrote to Brown in September 1819, 'throwing up the apothecary-profession' (*Letters*, ii. 176). Throughout 1819, however, worried about his financial prospects, he frequently considered the possibility of resuming his medical career. Writing in a letter about the possibility of taking a position as a surgeon on a merchant ship, he applauds the clinical stance of such work, its emphasis on the impartial analysis of, rather than the sympathetic identification with, other people: 'To be thrown among people who care not for you, with whom you have no sympathies forces the Mind upon its own resourses [*sic*], and leaves it free to make its speculations of the differences of human character and to class them with the calmness of a Botanist' (*Letters*, ii. 115). The removal of sympathy has two related effects: it turns the mind away from others and towards self-knowledge, and it enables the scientific observation and classification of other people's personalities. Although Keats decided not to re-enlist in the medical profession, his poetry of 1819 makes consistent use of these objectifying strategies of internalisation and systematic

observation. It also asks how these strategies might work in co-operation with the exercise of the sympathetic imagination.

Myth, for Keats, is an important means of realising this co-operation, because it offers a set of narratives and figures that mediate between subjective feeling and impartial explanation. By addressing personifications such as Psyche, mythology constructs an abstract and considered representation of emotion. This is particularly the case in modern culture, precisely because myth, according to the sort of positivist argument put forward in *The Hospital Pupil's Guide*, has been relegated to the sphere of ancient history; the reimagining of myth offers access to a habit of thinking that differentiates the poet from other people, enabling the development of a restrained form of sympathy. This approach is evident in Keats's theory of 'Soul-making', set out in the same letter in which he first transcribes the 'Ode to Psyche'. Keats uses empiricist principles to argue that the personalities of different people are shaped by their different circumstances: 'as various as the Lives of Men are—so various become their souls, and thus does God make individual beings'. But he also suggests that this diversity, and the complex effort of sympathy it elicits, needs to be systematised and regulated in order to be clearly understood: his 'faint sketch of a system of Salvation' could be made 'more simple for common apprehension by introducing Mediators and Personages in the same manner as in the hethen [*sic*] mythology abstractions are personified' (*Letters*, ii. 102-3). Psyche, as the personification of the human soul, performs such a role in the ode: she acts as a mediator of sympathy, embodying a connection between the poet and the feelings of others while also establishing an intellectual space for measured reflection on those feelings.

The formal structure of the 'Ode to Psyche' enacts Keats's view of the similarities between the methods of medicine and poetry. If the ode as a form aims for

synthesis, then this particular ode aspires to a synthesis between sympathy and self-possessed impartiality, but the irregularity of its stanzas and rhyme scheme also suggests the provisionality of this synthesis. Keats presents a series of different methods of poetic creativity over the course of the poem, and the movement from one to the next constitutes, among other things, an effort to withdraw from or delimit sympathy. First, there is the intimate apostrophe of the opening lines:

O Goddess! hear these tuneless numbers, wrung
 By sweet enforcement and remembrance dear,
 And pardon that thy secrets should be sung
 Even into thine own soft-conched ear: (1-4)

This apostrophe implies communication and relationship, but it also distances the poet from other people by figuring the soul as a generalised abstraction, which is personified in and addressed through the figure of Psyche. Gavin Hopps has suggested that Romantic apostrophe, as a rhetorical trope, challenges the scepticism of Enlightenment thought, because it is ‘motivated by the desire to be in relation’ with, rather than to represent and define, the world outside the self.²⁵ Hopps’s argument is a response to Jonathan Culler’s influential essay on apostrophe, which emphasises ‘the crucial though paradoxical fact that this figure which seems to establish relations between the self and the other can in fact be read as an act of radical interiorization and solipsism.’²⁶ Culler identifies apostrophe as a figure of mediated or complicated relation, in which the poet internalises or appropriates the person or thing with which he or she seeks to communicate. Stuart Curran, in his discussion of the Romantic ode, similarly concludes that apostrophe ‘calls for yet resists the poet’s identity’ with the addressee.²⁷ This simultaneous identification and resistance is evident in the ‘Ode to Psyche’, as ‘sweet enforcement’ suggests both an

imposition on Psyche (an imposition articulated in the intimate language and violently insistent stresses of ‘soft-conched ear’) and a disciplined act of attention on the part of the poet; a combination that recalls the objectifying and self-possessed sensibility of the surgeon. While Hopps argues that ‘observation’ and ‘reflection’ are ‘counter-tendencies’ to relational apostrophe in Keats’s odes (‘Beyond Embarrassment’, 228), I want to suggest that Keats’s deployment of apostrophe, like the model of medicine set out in his hospital training, simultaneously involves connection with others, detached observation, and self-questioning reflection.

This approach to apostrophe sets the pattern for Keats’s representation of myth throughout the rest of the ode, yet the apostrophe to Psyche is immediately qualified by a question that shifts the poem’s focus away from intersubjectivity and towards the poet’s interiority, as he asks whether the winged goddess was an actual figure or the vision of a dream:

Surely I dreamt to-day, or did I see
 The winged Psyche with awaken’d eyes?
 I wander’d in a forest thoughtlessly,
 And, on the sudden, fainting with surprise,
 Saw two fair creatures, couched side by side
 In deepest grass, beneath the whisp’ring roof
 Of leaves and trembled blossoms, where there ran
 A brooklet, scarce espied: (5-12)

Whether or not the ‘two fair creatures’, Psyche and Cupid, are dreamed by the poet, he nonetheless observes them minutely, cataloguing the circumstances in which he finds them. After beginning with intersubjective address and then shifting to introspective self-questioning, the poem adopts a visual mode that imposes an

objectifying distance between the observer and the observed. The focus on eyes continues throughout the first and into the second stanza, as Keats describes ‘fragrant-eyed’ flowers and the ‘tender eye-dawn of aureorean love’, and addresses Psyche as ‘loveliest vision’ (13, 20, 24). Porscha Fermanis suggests that the ‘repeated emphasis in the poem on sight and the ambiguities of seeing’ connects ‘Psyche and the narrator with empirical and sceptical theories of perception’.²⁸ Like medical science, however, the poetic method elaborated in the ode involves both empirical observation and, through its foundation in apostrophe, relational feeling. This compound of connection and detachment is expressed formally in the poem’s rhyme scheme, which for the most part, with its predominant *abab* pattern, remains poised between proximity and separation. But its intermittent unrhymed line-endings (such as ‘roof’) disrupt this poise, perhaps hinting at a scepticism towards identification and unmediated sympathy similar to that of Cooper’s medical practice and of the ‘Ode to a Nightingale’.

The ‘Ode to Psyche’ establishes the complex stance or method which is repeated throughout Keats’s other odes: a negotiation between sympathetic identification with the ode’s addressee, reverie, self-questioning, and a scientific commitment to the gathering and interpretation of empirical evidence. Like the model of professional sympathy set out by Cooper and in *The Hospital Pupil’s Guide*, this method is both subjective and observational. While Keats’s recourse to myth might be seen as a rejection of the scientific rhetoric of his medical training, his address to Psyche presents her as the embodiment of a poetry in which, as in medical practice, active and authoritative subjectivity can be combined with empirical knowledge and observational precision:

O brightest! though too late for antique vows,

Too, too late for the fond believing lyre,
 When holy were the haunted forest boughs,
 Holy the air, the water, and the fire;
 Yet even in these days so far retir'd
 From happy pieties, thy lucent fans,
 Fluttering among the faint Olympians,
 I see, and sing, by my own eyes inspired. (36-43)

Keats's determination to 'see' and worship Psyche seems to constitute a rejection of sceptical modernity in favour of the 'antique vows' and 'happy pieties' of mythology (a reversal of the positivist narrative recounted in *The Hospital Pupil's Guide*), but the ambiguity of 'by my own eyes inspired' complicates such a reading. This phrase may be an assertion of wilful subjectivism, a commitment to a creative imagination that ignores external facts, but it may also represent a subjective but methodical interpretation of the optical evidence invoked throughout the poem. The medical professional examines the evidence he gathers in the light of his trained expertise; similarly, perhaps, the poet of the 'Ode to the Psyche' brings his privileged and inspired subjectivity to bear on the evidence of the senses, seeing things that are scarce espied by others. Paul Endo has argued that another of Keats's mythological poems, *Lamia*, constructs a narrative in which sight is inherently subjective, as 'reality is cultivated by a disciplining of attention that excludes antagonistic elements.'²⁹ This disciplining of attention is central to Cooper's medical science, in which it is directed towards self-possession and the interpretation of evidence, and to the 'Ode to Psyche', in which it enables the poet's subjective reimagining of the external world.

Keats's emphasis on the subjective idiosyncrasy of sense-experience, together with the focus in his medical training on personally acquired empirical knowledge and on the objectification of subjectivity, supports Jonathan Crary's argument that theories of vision in the early nineteenth century evince a shift from models of abstract objectivity to a preoccupation with the subjective circumstances of the observer. 'Concepts of subjective vision, of the productivity of the observer,' Crary points out, 'pervaded not only areas of art and literature but were present in philosophical, scientific, and technological discourse.'³⁰ Keats's poetic theory shares with his medical training a recognition of the subjective particularity of 'the productivity of the observer'. Writing to his publisher James Hessey in October 1818, he states that 'the Genius of Poetry must work out its own salvation in a man: It cannot be matured by law & precept, but by sensation & watchfulness in itself—That which is creative must create itself' (*Letters*, i. 374). As in Cooper's discussions of surgical practice, professional skill in Keats's formulation is founded not on abstract theory or 'law & precept' but on the subjective evidence of the senses and on disciplined self-awareness. Like the 'Ode to Psyche', this letter describes a kind of self-creative vision which mediates between self-possession and observation and which, in its self-sufficient autonomy, implies limits on the poet's sympathy for the feelings and circumstances of others.

This is not to say that Keats's poetic method in the 'Ode to Psyche' is founded on a straightforward or unambiguous objectification of other people. In *The Birth of the Clinic* Michel Foucault argues that nineteenth-century medical practice was characterised by a 'clinical gaze', a model of seeing that emphasised the trained interpretation of the professional rather than the unmediated observation of empirical evidence: 'the clinical gaze had the paradoxical ability to *hear a language* as soon as

it *perceives a spectacle*.³¹ The same might be said of the apostrophising poet of the ‘Ode to Psyche’. Medicine’s ‘clinical gaze’, however, coexisted with its rhetoric of sympathy, with the expectation that medical professionals should listen (up to a point) to their patients’ concerns as well as to the language they were trained to hear in those patients’ symptoms. There is a comparable ambiguity in the poet’s relation to Psyche in the ode’s final stanza:

Yes, I will be thy priest, and build a fane
 In some untrodden region of my mind,
 Where branched thoughts, new grown with pleasant pain,
 Instead of pines shall murmur in the wind: (50-53)

In these lines Keats internalises his observations of Psyche, worshipping her not through external forms but within his subjectivity. This process, and the link which it establishes between myth and the work of poetry, encapsulates the ambivalence towards sympathy shared by Keats’s poetics and the medical profession. The affective ramifications of the poet’s thoughts, ‘new grown with pleasant pain’, might suggest that his worship is an expansive process of imaginative sympathy with the feelings of humanity, encapsulated in the figure of Psyche. As in medicine, however, this sympathy is simultaneously an objectification, a conversion of other people’s circumstances and sensations into a cognitive assessment of symptoms, and that objectification is realised through Keats’s internalisation of the Psyche myth in his mind. In a modern culture far retired from the happy pieties of mythology, the subjective reimagining of myth enables the poet to construct a sympathetic relation to others while also retaining a self-possessed control over how that relation is represented and interpreted.

For Keats, sympathy is inescapably (and productively) mediated by self-attention and by intellectual frameworks such as myths or professional conventions. Among its several uses in his poetry, classical mythology offers a means of rethinking sympathy and of developing a measured approach to the representation of emotion. This approach, set out in the ‘Ode to Psyche’, culminates in the poem’s closing evocation of Psyche’s relationship with Cupid:

And in the midst of this wide quietness
 A rosy sanctuary will I dress
 With the wreath’d trellis of a working brain,
 With buds, and bells, and stars without a name,
 With all the gardener Fancy e’er could feign,
 Who breeding flowers, will never breed the same:
 And there shall be for thee all soft delight
 That shadowy thought can win,
 A bright torch, and a casement ope at night,
 To let the warm Love in! (58-67)

The rhyme scheme of the final stanza briefly realises unmediated connection through its rhyming couplet (‘quietness’ and ‘dress’), before the closing lines, reverting to the predominant *abab* pattern, reimpose the poem’s formal balance between proximity and distance. Nonetheless, these lines persistently emphasise the importance of sympathetic connection to Keats’s understanding of poetry. The employment of ‘shadowy thought’ in the service of Psyche’s ‘soft delight’ conveys the poet’s concern for the happiness of others, and the promise to ‘let the warm Love in’, to reunite Psyche with Cupid, similarly prioritises intersubjectivity. Cox argues that this ‘union of the mind and love to produce pleasure is the central myth behind Keats’s

commitment to the cult of sexuality and to a rejuvenated sense of social man' (*Poetry and Politics*, 119). This reading, in which Keats's mythological invocation of feeling forms the basis of a celebration of intersubjective sociability, supports Leigh Hunt's view that Keats's verse was both 'social, and in the finer sense of the word, sensual,' expressive of the 'modern philosophy of sympathy and natural justice.'³² In this poem, however, Keats's championing of social sympathy is arrived at through a particularly asocial process: the reimagining of the hypostasised abstractions of myth in the poet's 'working brain'. The ode stages a poetic method which, although it culminates in sympathetic emotion, is founded on strategies of internalisation, self-examination, and detached observation. As in medical theory and practice, sympathy in Keats's writing is informed by, and to some extent dependent on, a disciplined insusceptibility to feeling.

¹ Benjamin Travers, in Bransby Blake Cooper, *The Life of Sir Astley Cooper* (2 vols, London, 1843), i. 322.

² Charles Brown, in *The Keats Circle*, ed. Hyder Edward Rollins, 2nd edn (2 vols, Cambridge, MA, 1965), ii. 56.

³ James Robert Allard, *Romanticism, Medicine, and the Poet's Body* (Aldershot, 2007), 141.

⁴ Nicholas Roe, "Mr. Keats", *Essays in Criticism* 65.3 (July 2015), 282.

⁵ For a detailed reconstruction of Keats's final months at Guy's, see John Barnard, "'The Busy Time': Keats's Duties at Guy's Hospital from Autumn 1816 to March 1817", *Romanticism*, 13.3 (October 2007), 199-218.

⁶ R.S. White, *John Keats: A Literary Life* (Basingstoke, 2010), 19.

⁷ Aesculapius, *The Hospital Pupil's Guide, Being Oracular Communications, Addressed to Students of the Medical Profession*, 2nd edn (London, 1818), 6.

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- ⁸ Helen Vendler, *The Odes of John Keats* (Cambridge, MA, 1983), 53.
- ⁹ James Chandler, *England in 1819: The Politics of Literary Culture and the Case of Romantic Historicism* (Chicago, 1998), 413.
- ¹⁰ Adam Smith, *The Theory of Moral Sentiments*, ed. Knud Haakonssen (Cambridge, 2002), 11.
- ¹¹ David Simpson, *Wordsworth, Commodification and Social Concern: The Poetics of Modernity* (Cambridge, 2009), 32.
- ¹² For a wider discussion of medical writers' efforts to reconcile sympathy with scientific professionalism, see Janis McLarren Caldwell, *Literature and Medicine in Nineteenth-Century Britain: From Mary Shelley to George Eliot* (Cambridge, 2004), 25-45.
- ¹³ Magali S. Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley, 1977), 40.
- ¹⁴ Astley Cooper, 'Surgical Lectures: Theatre, St. Thomas's Hospital, Wednesday Evening, Oct. 1, 1823', *The Lancet*, 1 (October 1823), 5.
- ¹⁵ Astley Cooper and Benjamin Travers, *Surgical Essays* (2 vols, London, 1818), i. 111-12.
- ¹⁶ Nicholas Roe, *John Keats and the Culture of Dissent* (Oxford, 1997), 169-70.
- ¹⁷ Thomas Appleby, 'Mr. Astley Cooper's Surgical Lectures Continued 1814 and 1815', MS0225. From the archives of the Royal College of Surgeons of England.
- ¹⁸ The mediations between sympathy, empirical accuracy, and general principles in Cooper's methodology exemplify the tension in nineteenth-century medicine between what W.F. Bynum terms the 'individual approach' to treatment and the 'rigorous quantification of experience.' *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge, 1994), 43.

¹⁹ Joshua Waddington, 'Lectures on Anatomy; and the Principal Operations of Surgery: Delivered at the Theatre, St Thomas's Hospital; between the 1st of January, and the 1st of June 1816; by Astley Cooper', 2 vols, King's College London, MS G/PP1/62/3-4, ii. 385.

²⁰ George Ray, 'Lectures on Surgery Delivered at the Theatre of St Thomas's Hospital by A.P. Cooper Esq. in the years 1815 and 1816', MS0227, 4. From the archives of the Royal College of Surgeons of England.

²¹ Thomas Egerton Bryant, 'Mr Astley Cooper's Lectures on Surgery as Delivered at St Thomas's Hospital in 1814', MS0125/2/1, 2. From the archives of the Royal College of Surgeons of England.

²² Jeffrey N. Cox, *Poetry and Politics in the Cockney School: Keats, Shelley, Hunt and their Circle* (Cambridge, 1999), 195.

²³ *The Poems of John Keats*, ed. Jack Stillinger (London, 1978).

²⁴ *The Letters of John Keats, 1814-1821*, ed. Hyder Edward Rollins (2 vols, Cambridge, MA, 1958), i. 387-8.

²⁵ Gavin Hopps, 'Beyond Embarrassment: A Post-Secular Reading of Apostrophe', *Romanticism* 11.2 (July 2005), 238.

²⁶ Jonathan Culler, 'Apostrophe', in *The Pursuit of Signs: Semiotics, Literature, Deconstruction* (London, 1981), 146.

²⁷ Stuart Curran, *Poetic Form and British Romanticism* (Oxford, 1986), 62.

²⁸ Porscha Fermanis, *John Keats and the Ideas of the Enlightenment* (Edinburgh, 2009), 155.

²⁹ Paul Endo, 'Seeing Romantically in *Lamia*', *ELH* 66.1 (March 1999), 117. Endo also notes that, in *Lamia*, 'belief serves not so much a cognitive as a communal function: belief determines who will or will not be granted membership' (113). The

interpretation of evidence and the disciplining of attention perform similarly communal roles in the self-definitions of the medical profession and in Keats's considerations of the practices and responsibilities of the poet.

³⁰ Jonathan Crary, *Techniques of the Observer: On Vision and Modernity in the Nineteenth Century* (Cambridge, MA, 1990), 9.

³¹ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan (London, 1973), 108.

³² *Keats: The Critical Heritage*, ed. G.M. Matthews (London, 1971), 176.