

Walking in Patients' Shoes: Narrative

Empathy in Lisa Genova's *Every Note Played*

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Abstract

This paper aims to investigate the ethics and aesthetics of Lisa Genova's *Every Note Played*, and distinctively how such a medical fiction involves readers in an empathetic correlation with the ALS patient protagonist. Drawn on Suzanne Keen's theory of "narrative empathy," the study highlights Genova's ability to create narrative empathy in this work of fiction, which has not been thoroughly investigated in an academic field. It shows the ways in which Genova employs a number of representational strategies and narrative techniques to stimulate readers' emphatic imagination that may eventually evoke their empathic responses. The study, further, shows how Genova creates a circle of bounded, ambassadorial and broadcast empathic reading that allows her to convey the experience of ALS to different audiences with a view of engaging them in the suffering of the patient protagonist in the story. Finally, this paper is an attempt to examine how empathy for patients in medical fiction is one of the most influential motivations for ethical decisions and prosocial actions, significant not only for how readers experience patients' emotions but also how they take actions to support them in real life.

Keywords: Amyotrophic Lateral Sclerosis, Empathic Response, Medical Fiction, Narrative Empathy, Prosocial Actions.

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Introduction

The word “empathy” was first introduced into the English language in 1909, when an American psychologist, Edward Titchener, translated the German term “*Einfühlung*” (which literally means “feeling into”) as empathy. In 1903, The German aesthetician Theodor Lipps coined this term “*Einfühlung*” to denote the power of projecting oneself into another person or situation and experiencing what he/she is actually feeling (Keen, *Empathy and the Novel* 55). However, in 1895 the British writer and aesthetics theorist Vernon Lee proposed her own notion of empathy to a larger number of academic readers. Primarily translating “*Einfühlung*” as “sympathy” and finally as “empathy,” Lee illuminated that empathy is not actually an innovative notion; nevertheless, it had been an essential part of human thinking (Keen, *Empathy and the Novel* 55–56). In other words, empathy is a quite new name for an old and inherent attribute of human conduct.

Although empathy has initially emerged as a concept for aesthetic appreciation and interpretation, it has been quickly paid an overwhelming attention by

philosophers, psychologists, artists, literary critics, and neuroscientists. Moreover, in a lecture given by the American professor Suzanne Keen, she announces that considering empathy as a feature of readers' empathic responses to literary texts, writers' innovative imagination, and "the textual cues" that stimulate readers to feel emotional engagement with literary creations has become one of the recent trends in literary studies that should be applied empirically ("Literature and Empathy" 00:06:36-54). This is, essentially, due to the great attention that the contemporary literary critics of narratology pay to the exploration of the empathetic relation among reader, author and text following the appearance of cognitive literary criticism in the recent decades. The most important side of this exploration is defining and analyzing the narrative devices that may suggest empathic responses on the part of readers. Further, with the emergence of the humanist medical movement in the 1960's, there was an overwhelming call for integrating empathy into the academic medical field. As a result, the interdisciplinary field of medical humanities tried to use arts and literature

to convey empathetic and companionate care, with regard to patient–physician relation. A major phenomenon of the medical humanities involves the physicians who write medical or neurological fiction and whose literary production discusses medical issues that evoke empathetic responses. This genre, however, has gained poor critical attention.

In 2006, Keen has firstly introduced the notion of “narrative empathy” in her article “A Theory of Narrative Empathy” to explore the impact of fiction on readers in real life. Moreover, she explores the narrative techniques that authors employ to possibly evoke empathic reaction. She describes narrative empathy as “the sharing of feeling and perspective–taking induced by reading, viewing, hearing, or imagining narratives of another’s situation and condition” (“Empathy Studies” 127). Accordingly, by reading fiction readers’ emphatic imagination can be evoked by focusing on the emotional experiences of the characters and imagining what would happen if they were in their position. Keen argues in an essay entitled, “Lost in a Book” that the empathy of readers “appears to play a

role in mental simulation of fictional worlds ... The aesthetics of literary response involves feelings evoked by the techniques writers use” (5). She elaborates that that character identification and narrative situation are the most nominating strategies and techniques for eliciting readers’ aesthetic response.

Prior to Keen’s efforts in this area, readers’ response is understood within the framework of sympathy. Keen’s theory of narrative empathy, on the contrary, emphasizes how empathy is different from sympathy as she elaborates in the following example:

Empathy:

I feel what you feel

I feel your pain.

and bold original)

Sympathy:

I feel a supportive emotion about your feelings.

I feel pity for your pain. (“A Theory” 209, italics

This example demonstrates how both terms are obviously distinguished from each other in that sympathy, in literature, is the consideration of a character’s feeling or experience within a fictional work. It means that readers may feel regretful or anxious for a character in a literary text; however, this relation is entirely one-sided. Empathy, on the

other side, is the feeling of an emotion resembling that of a character. An empathetic response to a character is the reader's power of feeling like the character, as compared with feeling for the character. There is a mutual connection between readers and characters; therefore, empathy is a more applicable conception to be employed in literature.

Keen, additionally, presents the concept of strategic empathy through which authors seek to stimulate readers' empathy through the narrative that addresses specific readers; it is not essentially directed to all audience. In "Narrative Empathy," she proposes such kinds of authorial strategic empathizing as bounded, ambassadorial and broadcast, and illuminates:

bounded strategic empathy operates with an in-group, stemming from experiences of mutuality and leading to feeling with familiar others. *Ambassadorial strategic empathy* addresses chosen others with the aim of cultivating their empathy for the in-group ... *Broadcast strategic empathy* calls upon every

reader to feel with the members of a group.”

(71–72, italics original)

In this way, many authors do not have the same goal of eliciting empathy from the part of readers. On the one hand, some authors prefer to employ ambassadorial or broadcast narrative empathy to arouse empathic responses from wide varieties of audiences. On the other hand, other authors use bounded strategic empathy to stimulate empathy in a specific community.

Empathy shows a strong association with prosocial behavior. Prosocial behavior is “voluntary, intentional behavior that results in benefits for another person” (Eisenberg and Miller 92). In *Empathy and the Novel*, Keen tries her hand to study this complex correlation among fiction reading, empathy, and prosocial behavior. Though she completely uncovers the influence of narrative empathy as an "affective transaction" (xv), she is "skeptical about [ethical] consequences beyond immediate feeling responses" (viii–ix). She indicates how tough it is to prove that narrative empathy leads to ethical behavior or prosocial action in real life. However, she concludes that “If empathetic reading

experiences start a chain reaction leading to mature sympathy and altruistic behavior ... then discovering the narrative techniques involved matters” (“Narrative Empathy” 70). It is still a controversial issue, which kind of narrative supports readers’ empathy and how narrative empathy affects altruistic behavior. This study aims to illuminate the different contributions medical fiction provides for narrative empathy and its influence on prosocial behavior.

Keen makes a fruitful distinction regarding the levels to which her theory of narrative empathy can be effectively applied; according to her, “narrative empathy plays a role in the aesthetics of production when authors experience it ..., in mental simulation during reading, in the aesthetics of reception when readers experience it, and in the narrative poetics of texts when formal strategies invite it” (“Empathy Studies” 127). To consolidate the aim of this study, this distinction is used to discuss how theory can be effectively applied to Genova’s *Every Note Played*. Thus, the current study focuses mainly on how Genova experiences empathy and puts it into her narrative in an aesthetic manner, and how she employs certain representational and narrative

strategies to promote her readers' imagination, mental simulation and empathic response. Further, the study explores the ways in which Genova's strategic narrative empathy influences her readers' aesthetic and ethical decisions.

Textual Analysis

The originality of Genova's narrative lies in her ability to create an empathetic relationship between her characters and readers because of the empathy she has for her patient characters and her skill to convey that empathy to readers. On her official website, she announces that she is an "Empathy Warrior" ("Lisa Genova: Official Website"), who writes medical fiction to give her readers "the chance to walk in [patients'] shoes" ("Author"). In writing empathically about devastating neurological diseases that have no cure, she manages to hold a special place among the contemporary writers of medical novels. Born in 1970, the American writer and neuroscientist, Lisa Genova, is recognized as the Oliver Sacks of fiction and the Michael Crichton of brain science. As a bestselling writer, her first novel, *Still Alice*, becomes an Oscar-

winning film. Receiving a Ph.D. in neuroscience from Harvard University in 1998, she employs her awareness of the human brain and her ability of narration to write about neurological disorders like Alzheimer, autism and ALS in a very humanistic way. In an interview with Genova, given by the Globe and Mail newspaper, she points out that prior to writing her novels, she does comprehensive studies on the social and medical level; she comes to meet many researchers, physicians, caretakers and patients who are dealing with the neurological diseases she is writing about (“interview”). Genova is very cautious to distinguish between empathy and sympathy in her writings as she admits, “through story, we really can move from sympathy to empathy ... In doing that, it makes a world of difference” (“The Intelligence” 00:02:40–41). Not only does Genova stimulate readers’ empathy in all of her narrative, but also she invites them to turn their empathy into prosocial behavior by making small donations to real patients. In doing so, she indicates positive ethical outcomes for world-wide readers’ interactions. This paves the way for this study

to prove the connection between narrative empathy and prosocial action in real life.

Published in 2018, *Every Note Played* is Genova's latest medical fiction. Like all of her literary works, this piece of fiction begins with a neurological disaster. It is inspired by Richard Glatzer, the co-director of the movie *Still Alice*, who was afflicted by ALS in 2011. No sooner had the movie been released in 2014, than Glatzer lost his ability of speaking or controlling his muscles. He used a text-to-voice application in order to communicate, using his big toe to write on his I pad. He tragically died a few weeks after Julianne Moore has received her Oscar for best actress in 2015 (Guest Column). Such a tragic experience greatly touches Genova who intends to write a novel about this neurological disease that most people have little or no idea about. Her ultimate goal is to allow her readers to be aware of "what it feels like to live with this disease" (Genova, *Every Note Played* 299). Known as Lou Gehrig's disease, Amyotrophic lateral sclerosis (ALS) is a debilitating disease which leads to progressive disability causing respiratory failure and imminent fatality. It was first known in the U.S.A.

in 1939, when the renowned baseball player, Lou Gehrig, was afflicted with this motor neuron disease. ALS receives international notoriety with the diagnosis of the English world-famous physicist Stephen Hawking in 1963.

As a matter of fact, literary production about ALS is almost uncommon. Most of the works that tackle the issue of ALS are either autobiographical books, such as Harper Collins's *Until I Say Good-Bye* (2011) and Mitch Albom's *Tuesdays with Morrie* (1997), or movies such as *the Theory of Everything* (2014) that records Stephen Hawking's course of life. *Every Note Played*, however, is the most prominent piece of work that presents all the scientific details of this fatal disease in a tenderly compassionate manner ("*Every Note Played* by Lisa Genova"). In this novel, Genova intentionally uses certain strategies and narrative techniques to direct her readers' feelings towards the ALS patient protagonist. Because ALS is a devastating disease for both patient and caregiver, the narrative is told from an omniscient third-person voice focalized on the experiences of two protagonists: the patient and caretaker. According to Keen, "authorial (omniscient) narration that

moves inside characters' minds ... best promotes character identification and readers' empathy" ("A Theory" 219). In this case of multiple internal focalization, readers can experience and feel the events of the story sequentially – one with the mind of the patient and the other with the mind of the caretaker. It is worth mentioning that all of Genova's previous novels are told from the perspective of the patient protagonists. *Every Note Played*, on the other hand, is told from the viewpoint of Richard, the concert pianist who is diagnosed with ALS, and Karina, his ex-wife who happens to be his caretaker. This alteration from one empathetic character to another, in which the multiple focalizations can frequently present a particular event from a perspective of a different character, let readers experience the story events together with the main characters. It is a significant narrative technique by which readers feel connected to the story.

To begin with, Richard's focalization allows readers to perceive his condition from his point of view, and then experience this condition along with him. Keen points out that focalization strengthens "character identification, contribut[s] to emphatic experiences, open[s] readers' mind

to others, change[s] attitudes, and even predispose[es] readers to altruism (“A Theory” 213). In describing the drastic change that happens to Richard as a result of ALS, Genova’s narrator indicates, “Eight months ago, his right hand held five of the finest fingers in the world. Today, his entire right arm and hand are paralyzed. Dead to him, as if they already belong to a corpse” (*Every Note Played* 34). This focalization, through Richard’s perspective, guides readers’ attention towards the horrible deterioration in his physical conditions that occurs in a very short time. It becomes obvious that Richard is no longer able to play his piano. In an interview with Genova, she exposes that she purposely makes Richard such a famous pianist that “he would lose the ability to play this passion, this reason for his existence” (“Author”). This can also have a great impact on readers by increasing their empathy to Richard who is losing his only passion, his only gift and his only way of financially managing himself. The internal focalization from Richard helps readers focus on the feelings that come with his failure to play his piano. This failure stimulates his negative emotions that can consequently arouse empathetic

response. Keen confirms, “empathetic responses to fictional characters and situations occur more readily for negative emotions” (Keen, “A Theory” 214). Richard feels such negative emotions because of his impotent arms that he “feels like a death, a loss of true love, the bitter end of a relationship, a divorce” (Genova, *Every Note Played* 36). Readers empathize with Richard’s feelings about the disability of his arms, but also recognize that this disability means his death.

Throughout the story, readers are presented with Richard’s mental discourse through narrated monologue. Also referred to as free indirect discourse, narrated monologue is a “technique of presenting a character’s voice partly mediated by the voice of the author” (Potter 221). It helps readers experience the focalizer fictional characters’ consciousness in third person perspective. According to Keen, narrated monologue is the “most likely” to elicit empathic responses to fictional characters (“A Theory” 220) since it can support readers’ identification with empathic character. In the context of *Every Note Played*, Genova generally depicts first what happens to Richard just before

readers are allowed entry into his mind through the use of narrated monologue. For example, Genova writes that Richard feels “the agony on his shoulder [and] the loss of his right hand ... He dares to wonder what part of himself he’ll lose next. His gut and his mind agree. *Your other hand*” (*Every Note Played* 36, italics original). In this passage, the narration helps readers access into Richard’s mind that would otherwise not be reachable. Readers can sense Richard’s frustrations and annoyance along with him as he thinks about his gradual body loss. Simultaneously, they become aware that he will be unable to press any key on his adored piano. Narrated monologue allow readers to read Richards’ thoughts while he suffers the loss of not only his job, his passion for his piano, but the agency over his body little by little, part by part. Such a condition brings Richard nearer to readers who develop more empathetic response to him.

Many of the focalized passages in *Every Note Played* are rich with metaphorical language that is considered one of the “aesthetic qualities of narrative that open[s] the way to personal involvement” (Keen, “A Theory” 216) with the

focalizer protagonists. It can sustain readers' imagination of experiencing a story event throughout the viewpoint of a fictional character. Genova creates empathic protagonist through the use of metaphorical language in her text; for example, she writes "[Richard's] neurons are dying, and the muscles they feed are literally starving for input. Every twitch is a muscle stammering, gasping, begging to be saved. They can't be saved" (*Every Note Played* 22). The narrator's poetic voice here allows readers to imagine the full range of Richard's suffering, as a consequence of his disease. The narrator establishes readers' empathy towards Richard by giving a complete metaphorical description of his bodily conflict. Readers' imagination at this point can simply shape an idea of Richard's body's struggle. In this way, Genova strengthens readers' engagement with Richard, asking them to "take (his) perspective" (Keen, "A Theory" 213) – possibly through the process of "mental simulation" (Keen, "Lost" 213) to him. Thus, she motivates readers to walk in Richard's shoes, to see things from his point of view and to identify with him in a compassionate manner.

Genova then moves to focalizing the events of the story through Karina's perspective, placing her within Richard and within her own course of life. Karina's point of view enables readers to clearly understand the overall status of Richard as the disease develops and makes him weaker. Empathically, towards the close of the storyline, the focalization of Richard has a very limited perspective as his health reaches its last stages. "Richard's body parts are in varying states of nudity and being handled all day long. He is showered, toileted, whipped, washed, dressed, and undressed" (Genova, *Every Note Played* 257). Karina's focalization here represents the symptom of Richard's declining health and the loss of his agency. It prompts readers to empathize, because they not only experience Richard's suffering from his perspective, but through the perspective of his caretaker as well. They can perceive, through Karina's focalization, how Richard's health is horrifyingly progressing and how he will be at the risk of death at any moment. As the ALS worsens, Richard is unable to express himself any longer, and it is through

Karina's perspective that readers then comprehend what he wants to say or do.

Karina's perspective, further, allow readers to understand that Richard is an egotistical, self-centered and a bit narcissistic character. She always accuses him of the monotonous life she has lead with him. She gives up her dream of becoming a famous pianist, so as to encourage him to be a successful concert performer. While some writers may portray an idealistic character to be diagnosed with this terrible disease, Genova pursues a different route. Contrary to expectation, Richard is not the protagonist that readers would admire or like; however, there is a terrible feeling about seeing him declining and needing aid with everything from his urination in the morning to respiratory in his bed. This lets Richard gain reader's empathy in spite of not being an admirable character. This is relevant to Keen's comment that "empathic distress at feeling with a character whose actions are at odds with a reader's moral code may be a result of successfully exercised authorial empathy" (Keen, *Empathy and the Novel* xiii). Richard makes a possible moral conflict for readers by making them probably

empathize with a man who has unresolved questions with his wife, but who is a victim of a mortal disease. Through Karina's focalization, readers are able to perceive that she has the sense of sympathy towards Richard; however, sympathy is not a sense that readers advocate. Instead of depicting situations of empathy between Karina and Richard, Genova portrays such situations in a lack of empathy with the intention that readers feel the need of empathy and are motivated to sense that feeling themselves.

As the narration unfolds, readers can understand though Karina's focalization how she becomes vulnerable to psychological and emotional stress that may lead her to be ill herself due to the continuous uncertain demands required from her. At first, the narrative shows how she has to perform different roles, which range from feeding to bathing and dressing Richard. As Richard's disease progresses, the narration then illuminates the additional tasks that are put on her shoulders; she has to find ways for him to speak, breath, eat, swallow and take medicine. Focalizing and describing her situation in details, the narrator indicates, "She has taken Richard in. She pulls down his under-pants

... she wipes his urine off the toilet seat and the floor ... she suctions mucus out of his mouth all day, she reseals that damn mask onto his face all night ... And a thousand other things” (Genova, *Every Note Played* 163-4). Keen points out that such a “direct description of characters’ ... circumstances by a third-person narrator may produce empathy in readers” (“A Theory” 218). Reader’s empathy can be easily evoked here as they can now perceive how stressful this would be for her. Richard becomes entirely dependent upon her because he cannot talk in any way or call for help by any means. That is why the narrator metaphorically describes him as “a newborn, and Karina is the sleep-deprived new mother, a walking Zombie” (Genova, *Every Note Played* 157). This image sits uncomfortably with readers who maybe familiar with Richard or Karina’s position in similar situation. This allows them not only empathize with the patient, but with the caregiver as well.

Suspense in narrative texts has a great impact on readers’ empathy responses. Keen clarifies this clearly when she points out that another means of evoking

empathy is by introducing the characters to a “suspenseful situation,” thus eliciting “physiological responses of arousal in readers” (*Empathy and the Novel* 94). In *Every Note Played*, this happens when Richard decides to walk out of the house to be faced with “the worst-case scenario” (Genova, *Every Note Played* 109). While walking, he finds himself unable to move and his “urge to shit is now screaming” (Genova, *Every Note Played* 113). In this scene, a detailed narration is given to this event. Although Richard summons all of his power to walk to his house, he is unable to open the front door. The situation worsens since he “has nowhere to go. Public restrooms aren’t an option. He has no hands” (Genova, *Every Note Played* 114). Moreover, he finds no one to help him get his key out of his pocket and open the front entrance for him. This scene creates suspense, exercising readers in fellow feeling and driving them to continue reading the narrative to find out what Richard is going to do. Another suspenseful situation in the narrative is when Karina and Richard are confronted by Richard’s end-of-life decision. As Richard’s ALS reaches to its end-stage symptoms, they have to

choose whether “to be extubated and most likely die or ... [get] the surgery and asking Karina to take care of [him] twenty-four/seven” (Genova, *Every Note Played* 274). Readers, who wish for Richard’s torment to come to an end, can easily identify with such an internal struggle and moral dilemma. They are kept in a state of suspense and mental uncertainty regarding whether he will choose “his life or hers” (Genova, *Every Note Played* 274). This aids in developing their empathy for the Richard, and simultaneously for Karina who will suffer a lot as a caregiver if Richard chooses to make the surgery.

For Genova, time and temporality are important factors in *Every Note Played*. On the one hand, the problem of how fast ALS progresses and how long ALS patient is supposed to live are significant elements in her exposition of such a disease and its aftermath. On the other hand, time and temporality promote active readership and readers’ empathetic responses as they make them responsive to how time is experienced differently by the ALS patient protagonist. The narrative aesthetics of time, proposed by Gerard Genette, can be useful in illuminating

Genova's use of time and temporality in her narrative. In *Narrative Discourse*, Genette shows the aesthetics of narrative time by proposing three elements: order, duration and frequency (35). Within the scope of order, Genova uses the narrative device of foreshadowing in which she gives a clue of what may happen afterward in the story. This literary device is usually employed to make anticipation in readers' minds about what may occur next, thus encouraging active readership and adding dramatic tension to the narrative. Genova uses foreshadowing to refer to the future as threat to Richard to make her readers aware that the symptoms of ALS will progress. Kathy, Richard's nurse-practitioner, informs Richard, "Your legs are looking good *for now* ... Your breathing *still* seems strong" (Genova, *Every Note Played* 60-61, italics mine). Terms such as "*for now*" and "*still*" are used frequently in the narration to foreshadow and emphasize that the disease is continuing and progressing. Moreover, they indicate the desperate future that is awaiting Richard who is faced with his death day after day as he progressively loses his body's control. Frank confirms that "the central resource that any

storyteller depends on: a sense of temporality ... The illness story is wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable” (55). Genova uses this “sense of temporality” to stimulate reader’s empathy in regard of Richards’s temporal experience of ALS. This is apparent when the narrator informs readers, “Every three months, the loses are noticeable” (Genova, *Every Note Played* 52). This reference to time underlines readers’ anxiety of the passage of time. They are informed that most ALS patients are estimated to live almost from three to four years after first feeling symptoms (Genova, *Every Note Played* 88). In this way, readers are given intellectual nourishment to arouse their emphatic response by expecting what might happen to Richard with the passage of time. When it comes to the duration of the story, Genova narrates the most empathetic events in details (*i.e.* decelerated), while she compresses the less significant ones (*i.e.* accelerated). The maximum level of acceleration is noticed in the mentioning of Richard’s life before his illness. Such a life is casually narrated, whereas all the details of his disease are narrated

step by step. Here, the use of the device of deceleration creates empathic reading. The device of scene, where the time of narration and that of the narrated is equal, is also employed in *Every Note Played*. The dialogue between Kathy and Richard and Kathy and Karina are all examples of scenes that give readers a complete information about ALS and its terrible consequences. The narration also demonstrates the device of frequency to indicate “the relation between the number of times an event appears in the story and the number of times it is narrated [or mentioned] in the text” (Rimmon–Kenan 59). Genova successfully employs the device of repetitive frequency in which she narrates many times what happens once. In this way, the most important event in *Every Note Played*, the tragedy of ALS, is narrated limitless times, sometimes with, sometimes without the alteration of narrative subject, focalizer and duration. This empathic temporal structure of *Every Note Played* allows readers to imagine how Richards’s suffering is, etymologically, a suffering of time passage, of agonized temporality and muscles.

Mimetic speech representations are an important strategy in illness narrative. Firstly, the mimetic speech representation is the “author’s speaking in a character’s voice rather than his own;” secondly, it is a “faithful reproduction of what we take to be reality.” (Brian 438). Genova expertly depicts the speech behavior of the ALS patient protagonist. She skillfully represents Richard’s impaired speech to help readers hear Richard’s voice and his broken verbal fluency. Such impaired language makes readers active, who consequently becomes interacted with the narration and figure out what is happening to Richard. They are stimulated to understand the situation of Richard’s speech difficulties. Active readership is promoted through the necessity to guess the meaning of particular impaired speech made by the patient protagonist in the narrative. This arouses readers’ empathy, who make sense of how Richard’s spoken language changes and worsens in due course. Richard tries to explain to his physician his situation, “I’m-los-ih my-voice an-we-na-know wha-ta-do so-l-ca-still co-mu-ni-cay” (Genova, *Every Note Played* 194). It becomes obvious that

Richard's speech has a perlocutionary effect on readers who soon understand that he is faced with the difficulty of controlling the tone, pitch, and rhythm of his articulation. Moreover, his utterance happens to be slurred, slow, and difficult-to-understand. He further finds a difficulty in uttering particular consonant sounds. Richard's Dysarthria leads readers to guess what is meant by these words. Consequently, they become confused because these words are not usually pronounced properly, and because the full range of what is precisely uttered is left to their interpretation. This consequently perplexes readers, and these are "gaps in our knowledge of potentially empathetic narrative techniques" (Keen, "A Theory" 214). The mimesis of Richard's speech problems can have more effect on readers than if the narrative only includes well-written words. It is an important representational strategy through which readers are involved in the story. It can help them feel with the protagonist. Furthermore, it illustrates to readers the full extent of Richard's health deterioration. Moreover, it accentuates Richard's last decline into a condition from which he cannot come back. Having

followed Richard's decline all through the text, in which he initially looks to have the complete control over himself, to losing his entire agency, and not being capable of speaking properly, has a great effect on readers who empathize with his worsening state.

Every Note Played can be further explored in the light of its capacity for approaching Keen's three groups of audiences: bounded, ambassadorial and broadcast readers. At first, since the novel may address members of the ALS patient and caretaker's community, it has an increased possibility for evoking bounded strategic empathy. The members of this community may find themselves faced by the same experience of Richard and Karina. Genova tries to help patients and caretakers acquire knowledge about themselves through the process of self-identification and empathizing with the protagonists. That is why many doctors suggest reading this novel to their patients as well as caretakers (Genova, "Author"). It helps in raising the awareness among ALS sufferers and their families to what it means to live with ALS.

Secondly, the possible readers of medical narrative involve those who are not members of the in-group of ALS patients; however, they are mainly responsive to this question. They may either have close relatives in that condition, or have an academic connection with ALS. This is what Keen terms the ambassadorial readers. In *Every Note Played*, readers may belong to temporally, spatially, or culturally distant areas; nevertheless, they can willingly be connected with the experience of ALS and enthusiastically read the novel. Genova reveals that her novels have been chosen to be taught in many medical school curricula (“Author”). This, Charon argues, helps the medical educators “*enter* the worlds of their patients, if only imaginatively, and to see and interpret these worlds from the patients’ point of view” (9, italics original). In this way, *Every Note Played* is of great importance to medicine as it gives the medical students both information about and empathy for patients with ALS. Thereby, the author’s juxtaposition of ALS scientific details in such an empathetic manner fulfills the main target of narrative medicine. According to Keen, “The field of narrative medicine emphasizes storytelling as

an empathy-inducing methodology recommended to physicians who wish to practice medicine more efficaciously” (*Empathy and the Novel* 11). Genova fully understands that ambassadorial readers, such as medical students, are in need of engaging with affectively and ethically challenging narratives such as *Every Note Played*. Engaging with the interior lives of Richard and Karina as well as the narrative structure of such a novel increases the analytical skills and ethical judgments of medical students. Developing these skills will help the students provide more effective treatment to ALS patients in the future.

Thirdly, while illness and disability are common human experiences, it is highly expected to provoke broadcast strategic empathy. Couser elucidates in *Signifying Bodies*, “all of us may, and probably will, become ill or disabled. Unlike racial or gender minority status, disability is a minority status that anyone may assume unexpectedly any time” (9). Hoping to convey an issue relevant to all readers, Genova writes a novel about a disease than anyone can be afflicted with. The experience of ALS and its related body decline depicted in this work of fiction are fair enough to

arouse the feeling of the widest possible readers who can easily identify and empathize with Richard. This pertains to Avrahami's observation that reading medical fiction "creates [readers'] ethical and emotional engagement" (4). Thus, though authorial strategic empathizing, *Every Note Played* reaches these three circles of readers "to assure empathic responses from as many readers as possible" (Keen, "Narrative Empathy: A Universal Response"). It constructs the experience of ALS from the personal standard to the international one.

Genova is almost sure of the empathetic response that her readers may have for Richard. She does her best to involve readers in "turning their compassionate awareness into action (Genova, *Every Note Played* 300). At the end of her novel, she writes a paratext entitled "Lisa Call for Action" in which she addresses her readers and encourages them to visit her website and "click on "Readers in Action" button" to donate to ALS research and care (Genova, *Every Note Played* 299). She uses such a narrative device of paratext to encourage active readership and empathetic response. Genette defines paratexts as

those non-narrative elements in a published text that is included in the book; such elements include “an author's name, a title, a preface, illustrations” (*Paratexts*¹). Keen suggests that “paratexts of fictionality only make sense as empathetic primers of readers when the generic distinction between fiction and nonfiction narrative influences readers and viewers’ sense of the relative force of a narrative’s truth claims” (“Narrative Empathy: A Universal Response”). This is accurate in Genova’s paratext that greatly influences readers who fully understand the crisis of ALS and the necessity of “Lisa Call for Action.” It has, thus, an aesthetic and ethic aim of allowing readers actively engage in the act of donation. Supporting and declaring the success of this altruistic trend, Genova posts on her facebook timeline, “THANK YOU, Readers in Action! In EVERY NOTE PLAYED’s first 30 days, 85 donations have come in from readers in 30 states, totaling over \$5,000. Inspiring, generous, beautiful!” (Capitalization original) This attitude clearly proves Keen’s observation that “the deeper the immersion and the stronger the empathetic connection to fictional beings, the greater the chance of a reader’s

prosocial responding to actual people or engaging in the personally costly helping behavior that we call altruism” (“Lost in a Book” 6). Genova’s readers empirically verify that they are actually influenced and inspired by her writing. Although Keen states that empirical study on the impact of narrative empathy on actual readers may be impossible to the researchers in the field of humanities (*Narrative Form cxx*), Lisa Genova’s “Call for Action” provides the basis for such a research to be fulfilled. In the most famous social cataloging website, www.goodreads.com, a good number of reviewers agree that this work of fiction evokes empathy and encourages prosocial action. One reviewer, for example, posts, “Upon finishing this novel, I headed straight for that website. My donation is in the hopes of research finding a cure” (Lindsay – Traveling Sister). In this way, Genova’s work encourages a real-world ethics of care and donation among real readers for ALS patient.

Conclusion

Narrative empathy, generally understood as walking in characters' shoes, is believed to be mostly concerned with readers' emotional involvement with fictional characters. Drawing on the theory of "narrative empathy," this study investigates a number of sophisticated representational strategies and narrative techniques employed by the American writer, Lisa Genova, to affect readers' experience of empathy in her medical narrative, *Every Note Played*. Through the use of focalization, free indirect discourse, metaphorical language, suspense, time and temporalization, mimetic speech representation and paratext, Genova empathetically exposes every scientific detail of ALS disease. Each of these devices emphasizes the symptoms of paralysis, speech impairment and mortality that both the protagonist and readers live through. In the first place, focalization records both Richard and Karina's suffering, stress and frustration that have a great impact on the readerly experience of empathy. Accordingly, free indirect discourse helps in conveying the traumatic mental state of

the focalizer protagonists and eliciting empathetic responses. Likewise, metaphorical language arouses readers' imagination of experiencing ALS along with Richard. Suspense, on the other hand, calls readers to feel and think with the protagonists. Above all, time and temporalization make readers impend Richard's deterioration and experience his fear of time passage along with him. Mimetic speech representation mainly makes readers interacted with the narrative, trying to understand Richard's impaired language. Eventually, Paratext has a conscious-raising impact on readers; it encourages them to actively engage in the act of donation to real ALS patients.

What is more, the study demonstrates Genova's engagement with bounded, ambassadorial and broadcast authorial strategic empathy where she addresses as many audiences as possible with the intention of gaining their empathy and influencing their aesthetic and ethical decisions. While bounded empathy addresses ALS patients and caretakers' community, ambassadorial empathy is directed to medical practitioners or ALS patients' relatives. Broadcast empathy, in contrast, invites every reader all over

the world to engage in the experience of ALS. No sooner had Genova invited her readers to turn their empathy into action, than a great majority of them were encouraged to donate to ALS patients. This adds a new perspective to the study to empirically prove the connection between narrative empathy and readers' ethical behavior that has been paid little attention in earlier studies.

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