



*"The patient's story will come to you
Like hunger, like thirst"*

John Stone, M.D.

*"Through my patient's stories, I learn how
and why people suffer, and why they heal"*

Harriet Squier, M.D.

"More stories, less theory!"

Robert Coles, M.D.

*"Everything about being human is in
poetry... I wonder then whether poetry is
not therapeutic."*

Rafael Campo, M.D.



**CURLING UP WITH A GOOD BOOK: USES OF
LITERATURE IN BEHAVIORAL SCIENCE TRAINING**

Johanna Shapiro, Ph.D.

and

Patricia Lenahan, LCSW

University of California Irvine
Department of Family Medicine

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The Invisible Woman

*The invisible woman in the asylum corridor
sees others quite clearly,
including the doctor who patiently tells her
she isn't invisible,
and pities the doctor, who must be mad
to stand there in the asylum corridor,
talking and gesturing
to nothing at all.*

*The invisible woman has great compassion..
So after a while, she pulls on her body
like a rumpled glove, and switches on her voice
to comfort the elated doctor with words.
Better to suffer this prominence
than for the poor young doctor to learn
he himself is insane.
Only the strong can know that.*

-Robin Morgan

Goals of Presentation

PARTICIPANTS WILL

- Understand the rationale for using literature as a teaching tool
- Learn how to successfully integrate literature into behavioral science teaching
- Receive actual literary sources and become familiar with their uses in teaching

WHAT ARE THE GOALS OF USING LITERATURE IN BEHAVIORAL SCIENCE TRAINING

USES OF LITERATURE IN BEHAVIORAL SCIENCE TRAINING

- Increase understanding of the doctor-experience patient relationship and the patient's illness
- Increase physician empathy
- Reduce physician frustration
- Improve doctor-patient communication
- Develop new patient management strategies

WHY STORIES?

- HUMAN BEINGS THINK NARRATIVELY
- NARRATIVE IS THE PARADIGMATIC MODE FOR HOW EXPERIENCE IS SHARED
- ILLNESS DISRUPTS ONE'S EXPECTED LIFE NARRATIVE
- STORIES REIMAGINE, MAKE SENSE OF CHAOS OF ILLNESS
- THERAPEUTIC POWER OF STORIES
 - SYMBOLIC
 - ACTUAL

WHY FICTION?

- LITERATURE AS A TRANSITIONAL OBJECT
- LITERATURE AS A SAFETY ZONE
- THE CRAFT OF LITERATURE
- NARRATIVE KNOWLEDGE IN LITERATURE

LOGICO-SCIENTIFIC KNOWLEDGE VS. NARRATIVE KNOWLEDGE

Biomedical accounts "tell us nothing about the individual and his history; they convey nothing of the person, and the experience of the person, as he faces, and struggles to survive, his disease... To restore the human subject at the center... we must deepen a case history to a narrative or tale..."

- Oliver Sacks, M.D.



**LOGICO-SCIENTIFIC KNOWLEDGE VS. NARRATIVE
KNOWLEDGE CONT'D.**

Narrative knowledge allows us "to understand and be moved by the meanings of singular stories about individual human beings."

- Rita Charon, M.D.

THE PATH OF LITERATURE



*AN EIGHT-FOLD PATH TO
UNDERSTAND PATIENT
(AND DOCTOR) SUFFERING
THROUGH LITERATURE*

A LITERARY EIGHT-FOLD PATH

- CREATIVE IMAGINATION
- PERSPECTIVAL VISION
- SENSITIVITY TO LANGUAGE, TONE
- FULL ATTENTION
- EMOTIONAL ENGAGEMENT
- SENSE OF MYSTERY
- WHOLE PERSON UNDERSTANDING
- REFLECTION ON EXPERIENCE

OVERVIEW OF THREE YEAR BEHAVIORAL SCIENCE CURRICULUM

Year One

July: Doctor-Patient Relationship

August: Doctor-Patient Relationship

September: Mood Disorders (Depression)

October: Mood Disorders (Bipolar, other
depressive states)

November: Mood Disorders (Anxiety, panic
disorder)

December: Mood Disorders (OCD)

January: Personality Disorders

February: Difficult Patients

March: Childhood Disorders

April: Adolescent Disorders

May: Psychosis/Psychiatric (Schizophrenia)

June: DSM IV

OVERVIEW OF THREE YEAR BEHAVIORAL SCIENCE CURRICULUM

Year Two

July: Multicultural Issues

August: Women's Health

September: Family Violence (Domestic/ Partner Abuse)

October: Family Violence (Physical/Sexual Abuse)

November: Family Violence (Dependent/Elder Abuse)

December: Substance Abuse (Alcoholism)

January: Substance Abuse (Drugs & Nicotine)

February: Eating Disorders

March: Geriatrics

April: Human Sexuality

May: Human Sexuality II (Special Populations)

June: Sports Psychology

OVERVIEW OF THREE YEAR BEHAVIORAL SCIENCE CURRICULUM

Year Three

July: Psycho-oncology

August: AIDS/HIV

September: Death and Dying

October: Ethical Issues in Health Care

November: Brief Therapy

December: Marital and Family Therapy

January: Counseling Skills for the Primary
Care Physician

February: Counseling Skills for the Primary
Care Physician

March: Behavioral
Change/Adherence/Compliance Issues

April: Chronic Illness and Disability

May: Stress Management

June: Complementary and Alternative
Therapies

COMPLETED LITERATURE AND MEDICINE MODULES

DOCTOR-PATIENT RELATIONSHIP



STRESS IN RESIDENCY



DIFFICULT PATIENTS



GERIATRICS



SEXUALITY



ALCOHOLISM



EATING DISORDERS

OVERVIEW OF STRUCTURE

- *TIME*

- *FREQUENCY*

- *READING*

- *Brevity*

- *“Nap-time” read-to*

- *“Round-robin” read*

- *Multimodal format*

- *NUMBER*

- *AUTHORS*

TEACHING METHODS

- *OPEN-ENDED DISCUSSION QUESTIONS*
- *BASIC ORIENTATION QUESTIONS*
- *SUMMARY OF MESSAGE*
- *REACTION TO MESSAGE*
- *ENCOURAGEMENT OF DIFFERENT OPINIONS*
- *EXPRESSION OF FEELINGS*
- *TAKE-HOME MESSAGE FOR CLINICAL PRACTICE*

ROLE OF FACILITATOR

- *ESTABLISH GROUND RULES*
- *CREATE NONJUDGMENTAL ATMOSPHERE*
- *EXPRESS POSITIVE REGARD AND RESPECT*
- *STIMULATE DISCUSSION*
- *PROVIDE INTERPRETATION*
- *SELF-DISCLOSURE*
- *LINK TO CLINICAL EXPERIENCE*
- *ENCOURAGE PLAYFUL SPECULATION*