THE USES OF LITERATURE IN MEDICAL EDUCATION

The power of poetry, I believe, is found in its very subjectivity. Literature is not a science, therefore it does not play by scientific rules. On an academic and intellectual level, it has its own rules, which I am only beginning to explore. But on a psychological and emotional level, its "call" as Robert Coles noted is clear and accessible. Poetry does not attempt to speak for the many, for the group, for the average. Instead, it dares to be one voice, and through one voice attempts to touch what has been referred to as the "universal singular," It is the belief that if a single individual says something that is honest and true for them, it will speak to others as well. They may recognize themselves in that single instance. They may recognize others. They may simply develop some understanding of what is is like to be that individual in that place and time. They may even obtain insights or truths of which the author himself or herself was not aware, but that nevertheless are a legitimate interpretation based on the textual materials presented..

LITERATURE AS A TOOL TO DEVELOP EMPATHY

The patient's story will come to you, Like hunger, like thirst – John Stone, M.D.

RATIONALE: *Why teach literature to physicians?* "The call to stories" (Coles, 1989 - 1) and the plea to attend to the patient's narrative (Kleinman, 1988 - 2) have been present for the past decade in medical education, but by and large they have remained lonely voices. While training in "communication skills" and "empathic behavior" has flourished, the uses of literature in medical education remain marginalized. This is not surprising, as the "skills-based" approach to communication, rapport and empathy derives

from empirical social science data that are familiar, at least in their assumptions and methodology, to biomedical scientists. Literature, by contrast, represents a very different way of knowing (Tsouyopoulos, 1994 -3) that seemingly has little place in the world of high-tech medical education except as an occasional respite from "real learning." At the University of California Irvine College of Medicine, like most other schools that have attended in any fashion to the uses of literature, efforts to incorporate literature into the curriculum have been occasional and insufficiently developed. Yet an attempt to systematically adapt and integrate literature into all levels of medical education may have more value than we realize.

What literature teaches. The study of literature provides a unique approach for developing what have been referred to as "hard-to-teach clinical competencies" (11). Chief among these is the ability of literature to cultivate a true **empathy** "of the heart and the imagination" (Coulehan, 1995a - 13) in its students. Literature enhances empathy through developing the following skills:

First, the study of literature facilitates **entry into another's point of view** (Coulehan, 1995 - 12), not as a cognitive exercise, but as a lived experience. Literature helps develop an appreciation for perspective, context, and personal values, which in turn promotes empathy.. Empirical research has often been criticised for the way in which its methodology stifles or reduces the experience of the research subject (although this defect has been increasingly addresed both conceptually and methodologically in recent years). Literature is one arena where the aim is the distillation and presentation of the voice of the narrator.

Secondly, reading good literature results in **emotional engagement (Coulehan, 1995a – 13),** a willingness to form strong emotional bonds with characters, which in turn stimulates feelings of empathy. The vast majority of medical training is designed to dampen or avoid emotion, to help create the proper professional "distance" from the patient that is intended to ensure objectivity and thus promote the patient's welfare. This distance simultaneously protects the physician from being "overwhelmed" by emotions of sympathy, fear, resentment, anger, and grief triggered by their encounter with the patient. Literature, on the other hand, encourages, even demands, emotional response (Downie, 1991 - 14) from the reader. Its raison d'etre is to make the reader "feel something." But because literature, like medicine, also relies on distance (through the medium of the written, and crafted, written word) it simultaneously provides a safe environment in which to explore strong feelings (Stein, 1996 - 15). The idea of using the study of literature as a kind of padded play-pen in which to help learners tackle tough emotions safely is an immensely appealing metaphor. In this image, literature becomes the safe transitional object onto which learners can project all sorts of passions and reactions without the fear that they will actually do damage to another human being in the process. On the contrary, in the process of acknowledging, examining, and exploring these emotions, learners may achieve the insight that integrating these feelings into care of the patients can have immensely healing as well as detrimental results.

Empathy is also stimulated through the literary skill of **close textual analysis. It has been observed** that more than being loved, what patients want is to be "recognized" by their physician (Broyard, 1991), to be seen and known in their unique humanity. Berger's classic text about anEnglish country doctor emphasizes that it is this doctor's

constant effort to "see" his patients that makes him so beloved in the village (Berger, 196?). Close textual analysis develops this skill of paying careful attention to what people say and why they choose to say it in a certain way. By examining language with respect, students learn to apreciate subtle nuances, inferences, and indirect communication. Careful textual analysis heightens the learner's ability to recognize ambiguities, interpret signs and cues, form conclusions from incomplete data and understand conflicting meanings (Charon, Banks, Connelly et al, 1995 - 21).

Empathy is further developed by literature's tendency to concentrate on "**whole person understanding**" (9,14). Literature tends to situate persons and events within the context of a life story. Even a brief poem will often provide important contextual clues by which to understand the individual narrator. Thus a particular event, ie., a diagnosis of cancer, is viewed and understood as a part, and not necessarily the most important part, of a whole life. This focus is especially important in the field of narrative ethics (Jones, 1997 - 24), since interpreting ethical dilemmas within the life history of the patient (Helfrich, Kielhofner, 1994 – 22; Mattingly, Garro 1994 - 23). can encourage more empathic decision-making (Charon, 1994 - 25).

Finally, the study (and creation) of literature provide an opportunity for **reflection on experience** (Wear, Nixon, 1995 - 26; Shapiro - 27), which also tends to result in greater empathy. Reflection represents the distance in Jack Coulehan's formulation of the balance of "steadiness and tenderness" needed to do good doctoring. Reflection is necessary to create literature. It is also necessary to understand literature – and patients. It is the moment when the reader of the text steps back and says "What is happening here? Why is this being said? What does it mean?" This sort of reflection creates greater

self-understanding for the physician (26) and insight and renewed understanding into what is hidden in the patient (Bouchard, Guerette, 1991 - 31).

Why use literature with physicians across different levels of training? Although most literature and medicine courses are taught to medical students, and even undergraduates, in fact the uses of literature apply to medical education across a broad spectrum of learners. For medical students in their preclinical years, it provides a direct link between them and the two worlds they are beginning to bridge – the world of "real people" and the world of medicine. At this point in their training, literature (in the form of stories about others' journeys to become physicians) can help them address the conflicts and concerns they feel about the socialization process and their acquisition of various physician role (Swick, 1995 - 35). Stories can also help explain the world of medicine (Anderson, 1998 - 36).

Later in medical training, literature serves as a valuable ballast to the necessary bioscientific education students must acquire (Hunter, 1992 - 37). As medical students proceed through training, fiction-writing exercises from the point of view of the patient can counteract the dehumanizing transformations that can occur in medical training (18, 28). Literature also exposes students to a wider range of people and events than their life experience has yet given them (14; Squier, 1995 - 38).

Residents participate daily in the process of crafting their professional identity. Using literature to remind them of the doctors they wanted to be and the doctors they are afraid they might become helps provide a different vantage point by which to evaluate their behavior than their current rotation or the clinic's productivity requirements. Howard Stein (15) has introduced the idea of the study of literature at the residency level

as play, a safe environment in which residents can decompress and explore their relationships with patients without consequences.

Experienced physicians may struggle with burn-out or boredom. Literature is a way of infusing new meaning into their profession, or helping them to discover the original meanings that drew them toward their life-time pursuit. Stories are a way of helping to heal (36) what is broken for physicians as well as patients. Understanding of patient narrative is particularly important in situations where patients are perceived as difficult and frustrating by their physicians (12, 28).

the systematic introduction of medical humanities into medical education will exert a humanizing effect, encourage greater empathy, and foster an ability to take a wider and more imaginative view of patient problems across all levels of training. An integrated curriculum in the medical humanities will provide physicians and physicians-in-training with new literature-based tools, such as ability to adopt the patient point of view, understanding of emotional engagement, skills of close textual analysis, reflection, and narrative reasoning, that will help increase empathy for patients, heighten understanding of ambiguous or conflictual situations, develop sensitivity to hidden as well as stated meanings, and improve clinical problem-solving of ethical dilemmas.
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