

USES OF LITERATURE IN CLINICAL TRAINING:  
PRESENTATION TO FAMILY NURSE PRACTITIONER STUDENTS

QUOTES:

“Each life story is unique, yet representative of every other life story” Robinson, 1990

“The patient’s story will come to you, like hunger, like thirst” John Stone, M.D.,  
cardiologist, poet

“Through my patients’ stories, I learn how and why people suffer, and why they heal”  
Harriet Squier, M.D., internist

“More stories, less theory!” Robert Coles, M.D. Harvard psychiatrist

I. WHAT ARE THE MEDICAL HUMANITIES?

A. Courses in the medical humanities at about one-third of American medical  
schools: Stanford, Yale, Columbia, University of Massachusetts, New York University

B. Purposes and goals

1. To use literature and other humanities (art, movies, music) to increase  
understanding of the doctor/clinician-patient relationship and the patient’s illness  
experience

2. Thereby increase physician/clinician empathy, reduce frustration,  
improve communication, and develop new patient management and interaction  
strategies

C. Literature in particular emphasizes the importance of listening to patient stories

II. WHY STORIES?

A. Human beings do not think in terms of diagnostic categories, organ systems

B. Think narratively

1. Narrative the paradigmatic mode for how experience is shared

2. In their accounts of events, patient stories have chronology, plot,  
characters, tone, climax, a moral lesson

C. Illness is disruption of expected life narrative

1. Must incorporate series of losses

2. Must reimagine different narrative

D. Stories try to make sense from, and find meaning in, the chaos and incoherence  
of illness

E. Healing power of stories

1. Symbolic healing (Brody)

a. Telling story way of gaining mastery or control over events

b. Knowing s/he has been heard empowers patient

2. Storytelling way of dealing with, clarifying, organizing inner disturbance
  3. Can help create new meanings
  4. Studies of traumatic events show writing improves outcome (Pennebaker)
- F. Thus, narrative is both connecting and transformative

### III. WHY FICTION?

- A. Granted that stories may be important to listen to, but why pay attention to invented, “fake” stories; Why not just listen to patients?
- B. Literature should be regarded as a transitional object
  1. In this sense, not an end in itself
  2. A learning tool to move us closer to better patient care
  3. More simple to deal with than real life
- C. Literature as craft
  1. Good writing - much easier to detect elements of the story: tone, point of view, use of language (images, metaphors), character development
  2. Because has beginning-middle-end, also easier to detect background, plot, climax, denouement (resolution)
  3. Close reading can identify patterns and themes more easily
  4. Good story also mobilizes our imagination more easily (easier to become engaged)
- D. Safety of literature
  1. No direct clinical responsibility for fictional characters (although we may feel we do)
  2. Allows room to safely examine difficult emotions
  3. Also allows reader to playfully speculate on different responses
  4. Stein’s playpen effect
- E. Narrative knowledge in literature
  1. Contrast to logico-scientific knowledge
    - a. Emphasizes generality, rather than particular
    - b. Relies on hypothetico-deductive reasoning
  2. Limits of logico-scientific knowledge: Sacks: 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...”
  3. Narrative knowledge allows us “...to understand and be moved by the meanings of singular stories about individual human beings” (Charon)
  3. Hints at universal truths through examination of the particular

### IV. EIGHT-FOLD PATH THROUGH LITERATURE

- A. The Buddha’s eight-fold path was intended to free its followers from the karmic wheel of suffering; the path of literature helps us understand and compassionately respond to the suffering of others (and self)
- B. Literature can help us develop as persons and professionals in the following eight ways:

1. Creative imagination – so we can see others’ reality, understand their suffering
2. Perspectival vision – so we can see other people’s point of view: how does someone else experience the events they describe? How does this view differ from the views of other people being described? From our own?
3. Sense of mystery – literature gives us some sense of the depth and complexity of experience, so that we can see the mystery rather than simply the puzzle of experience; helps us to retain our sense of awe
4. Capacity to be fully present, to give full attention – bearing witness
5. Sensitivity to language, tone, repetitions, omissions, inclusions - helps in recognizing ambiguities, interpreting signs and cues, forming conclusions from incomplete data, and understanding hidden meanings
6. Emotional engagement – the risk of moving closer to, rather than farther from, the patient; as Anatole Broyard put it, the risk of not feeling anything is sometimes greater than the risk of feeling
7. Whole person understanding – the ability to place patients within the context of their life-story and personal values
8. Reflection on experience – the ability to make sense of and draw lessons from events that have occurred

#### V. CREATIVE WRITING:

- A. Small but impassioned group of physician-writers insists writing about patients can help both patients and physicians.
- B. Creative writing combines the same emotional distance and engagement that is also required in patient care –
  1. Discipline/steadiness not to be overwhelmed by the patient
  2. Empathy/tenderness to be willing to enter into the patient’s world
- C. Poet and physician both trying to restore order from chaos
  1. Both try to grasp, then control, the reality of the human predicament
  2. Both try to alleviate suffering.
- D. Coulehan:
  1. Writing poetry makes physicians more sensitive and empathic
  2. Can heal frustration, irritation, anger and helplessness about patients.
- E. Charon:
  1. Writing about patients can give new insights into the meaning of their illness
  2. Leads to greater appreciation for patients
  3. Even new ideas about interaction, patient management.
- E. Therapeutic value of telling (or writing) one’s story
  1. Satisfaction of transforming the chaos of experience into a coherent narrative;
  2. Way to make sense of a confusing or complex situation
  3. Way to gain understanding and insight
  4. Way to endow events with meaning