

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

Self-Intro (slide) 8:30 - 9:00
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? (slide)

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? (slide)

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? (slide)

- 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 (slide)

- 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: (slide)

- 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: (slide)
 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

TITLE: Can Poetry Improve the Clinician-Patient Relationship?

OBJECTIVES:

By the end of this session, participants will be able to do the following:

- 1. Express a clear understanding of the theoretical rationale for using imaginative literature as a tool in personal and professional development**
- 2. Discuss the kinds of psychosocial issues in clinician-patient relationships that can be addressed through a literature-based approach**
- 3. Explain the pedagogical value of attention to language, tone, and point of view in understanding patient and clinician perspectives and emotional responses**
- 4. Demonstrate how the use of literature can help develop problem-solving strategies for dealing with a range of difficult clinician-patient encounters**

9-9:50 lecture
10-10:50 discussion of reading
11-11:18 pm lecture
11:20-11:25 writing
11:21-11:45 discussion of writing

Can Poetry Improve the Clinician-Patient Relationship?

Johanna Shapiro, Ph.D.

I. INTRODUCTION

- A. Name; psychologist by training; director of medical humanities**
- B. Worked for almost 25 years with Family Medicine residents exploring their interactions and relationships with patients**
- C. Topic for today, as you can see, is whether reading – and even writing – imaginative fiction (including poetry), especially poetry about doctors, and nurses, and patients, can help you become a better clinician yourself**
- D. Before getting started,**
 - 1. Thank you for your open-mindedness to this topic. Terrorist-airplane joke about poetry**
 - 2. Handout – objectives, outline of talk, more theoretical article on using literature to understand difficult patients, references and resources, a getting started reading list, a packet of poems, and an explanation of point of view writing, about which more later**

and handle difficult pts more effectively

II. OBJECTIVES

- A. Understand the rationale for using imaginative literature/creative writing as tools for professional development**
- B. Understand how literature and writing can increase clinician empathy for patients' experiences and clinician experiences, esp. w/ difficult pts.**
- C. Demonstrate how literature-based approaches can help change our attitudes towards patients and can even help us develop new problem-solving strategies for dealing with difficult clinician-patient encounters**

III. READING AND WRITING, BUT NO MATH

IV. THE IMPORTANCE OF PATIENT STORIES

- A. Human beings think narratively**
 - 1. Narrative the paradigmatic mode for sharing experience**
- B. Illness disrupts our expected life narratives**
 - 1. Stories of illness become how we reimagine, make sense of the chaos of illness**
 - 2. Or conversely, how we succumb to its devastation**
- C. Stories have therapeutic power to heal**
 - 1. Symbolic – make us feel better able to deal with, accept illness events**
 - 2. Actual – can lead to lifestyle change, sometimes actual healing**

V. TWO MODES OF THINKING

- A. It has been frequently observed that there are two modes of thinking, the logico-scientific and the narrative.**

- B. Both scientific and narrative thinking are useful for achieving certain ends, but they differ in important ways from each other.
- C. Narrative emphasizes the primacy of storytelling in the way we construct and make sense of our experience.
- D. I will briefly consider three questions pertinent to health professionals and their patients to which narrative thinking, as expressed through literature, provides answers that differ significantly from those provided by scientific thinking.

VI. HOW CAN WE UNDERSTAND THE PATIENT'S REALITY?

- A. Logico-scientific – Particulars of personal experience are eliminated in favor of abstractions, generalizations, systems of classification and diagnosis
- B. Narrative – emphasis is on particulars of individual experience

VII. Whose Point of View and Voice Are Important?

- A. Logico-scientific – the patient's point of view is subjective, therefore suspect; the patient's voice often disappears from the medical record
- B. Narrative – the patient's point of view is subjective, therefore essential to help the physician develop an empathic stance toward the patient

VIII. What is the Proper Relationship between Clinician and Patient?

- A. Logico-scientific – Emphasis is on objective stance, detachment, distance
- B. Narrative – requires emotional engagement and participation in the event

IX. SQUIER/COLES/STONE QUOTATIONS

- A. Medicine historically has always been about listening to the stories of patients
- B. But today, surrounded by an explosion of information and biotechnology, squeezed by the pressures of managed care, we may well ask ourselves along with TS Eliot

X. T.S. ELIOT QUOTATION

XI. WHY LITERATURE?

Even if we grant that it is important to find our way back to patients' stories, how can fiction help us?

XII. EINSTEIN QUOTE

Science can tell us the what, but not the why

XIII. OLD JEWISH PROVERB

- A. Question: What is truer than the truth?
- B. Answer: A good story
- C. Sometimes fiction can give us insights and teach us truths that reality cannot

esp. important in case of difficult pt.

SOAP

XIV. WHY IS READING A POEM OR SHORT STORY DIFFERENT THAN READING A JOURNAL ARTICLE?

What is it about fiction that can be helpful to us as clinicians? I will suggest three aspects of fictional literature that make it valuable to us

XV. THE CRAFT AND ARTISTRY OF LITERATURE

- A. Just as we talk about art of medicine, we might well talk about the science of good writing, because it is a craft and a discipline like any other**
- B. Because of its craft, it can articulate insights and feelings in ways that often the rest of us ordinary people, including our patients, cannot**
- C. Gives voice to what is submerged and suppressed (as clinicians, what we know as *the questions behind the questions: how big is the needle -> how much will it hurt?; I never heard of that drug -> do you really know your stuff, doc?)***
- C. Defamiliarizes the familiar (helps us see familiar experiences, like our 500th newly diagnosed diabetic patient, in new ways)**

XVI. THE DIFFERENT ASSUMPTIONS AND INTERESTS OF LITERATURE in contrast to medicine lead to different conclusions and emphases

- A. Goal is storytelling, not differential diagnosis: so reminds us of the patient's story**
- B. Emphasis is on character and relationships, not on treatment: so gets us to think about the effects of treatment on the person and on her relationships with others**
- C. Orientation is toward discovery of meaning, not problem-solving: so reminds us to investigate the meaning to the patient of the solutions we suggest**

XVII. THE SAFETY OF LITERATURE

- A. In psychodynamic terms, literature can be viewed as a transitional object**
 - a. A link to reality, but not reality itself**
 - b. A kind of security blanket**
- B. The playpen effect – curl up with a good book, pop in a video, it is a pleasantly regressive act; we are put in our playpen with a wonderful toy that can teach us about ourselves and our world in a sphere where we cannot be hurt**
- C. Helps us reconnect to a state of child-like wonder and openness**
- D. Lack of clinical responsibility**

XVIII. WHAT IMPORTANT CLINICAL SKILLS CAN LITERATURE HELP US DEVELOP?

- A. Can't cure cancer or solve the human genome. Any thoughts?**
- B. Can help us develop creative imagination and curiosity**
- C. Can give us empathy for multiple perspectives (dr, pt, nurse, orderly, family)**
- D. Can encourage us to risk emotional connectivity and engagement**
- E. Can remind us of whole person understanding**

- F. Can help us learn the skill of close “textual” reading (attention to the richness, nuances and ambiguity of language); similar to paying close attention to the richness and nuances of our patients
- G. Finally, while medicine emphasizes action, literature stimulates reflection
 - 1. Reading helps us think about experience, reassess and reevaluate
 - 2. What we might have done differently, how we would act

XIX. SIR LUKE FILDES – THE DOCTOR

We’re going to read ^{difficult} four poems together to discover what we can learn from them about clinicians and patients

XX. FOUR POEMS

- A. “Second Thoughts”: Why did he write this poem?
 - 1. Shows doctors can write about patients
 - 2. Catharsis – discharge of emotions
 - 3. Expressing emotions usually suppressed
 - 4. Expresses empathy for self – reminds us how hard it can be to be a doctor, how tough some of the patients are
 - 5. A transformation from frustration to humor
 - 6. What are your reactions to reading this poem
 - 7. Effect of humor –
 - a. Maybe my patient isn’t so bad
 - b. Author finds something to enjoy in his somatizing patients
- B. “God and the Telephone”
 - 1. Masson is a family nurse practitioner who directs a small inner-city clinic in Washington D.C.
 - 2. What is the format? (dialogue between nurse and patient)
 - 3. From the patient’s point of view, what does she want?
 - 4. How does the nurse feel about this?
 - 5. What do we learn about the patient from the nurse? What do we learn about the nurse from the patient?
 - 6. Is resolution reached in this poem?
- C. “Old Lady Patient”
 - 1. Cortney Davis is a nurse practitioner in women’s health and a widely published poet
 - 2. Whose point of view is being expressed?
 - 3. What do we learn about the patient from the poem?
 - 4. What is the progression or transformation in the poem?
 - 5. What does the nurse do to encourage this transformation?
- D. “Knitted Glove”
 - 1. A poem can also bring doctor and patient closer together
 - 2. Poem written by Jack Coulehan, an internist and professor at SUNY, who is also an epidemiologist and published poet.
 - 3. He does much of his research in the Southwest with native American Indian populations, which is reflected in the language of the poem
 - 4. What happens in this poem?

5. Here doctor starts out by expressing frustration toward patient
6. Redirects frustration toward pain, personifying it as the “trickster”
7. Although he starts off wanting to apply a traditional biomedical “find it and fix it” approach to the patient’s problem, he realizes that a better strategy is simply sitting and listening

XXI. VAN GOGH – PIETA

In the last period, we’re going to talk about – and do – a bit of creative writing. To get us warmed up, I’d like you to think about similarities between clinicians and poets. You might think of these as diametrically opposed professions, but they do have things in common. *STOP*

XXII. SIMILARITIES BETWEEN CLINICIANS AND POETS – name some

- A. Struggle against mortality and death
- B. Create order from chaos
- C. Relief of suffering
- D. Concern with healing
- E. Combine emotional distance (steadiness) with emotional engagement (tenderness)

XXIII. Charon/Davis quotes

- A. Historically, there is a long tradition of physician-writers (Keats, Chekhov, William Carlos Williams)
- B. Contemporary physicians – and now nurses - like those here, have also found value in writing creatively about their patients

XXIV. POINT OF VIEW WRITING: DEFINITION

- A. Adopts the patient’s point of view
- B. Describes key life events and clinician-patient encounters.

XXV. POINT OF VIEW WRITING: TECHNIQUE

- A. Select a patient on basis of perceived difficulty or highly charged affect
- B. Commit to 10 minutes of writing time
- C. Write in the first person voice (“I”), relating the patient’s perspective, thoughts, feelings about a recent clinician-patient encounter, illness episode, or other major life event
- D. Use information actually known about the patient from past encounters, but also try to imagine aspects of the patient’s life that are unknown

XXVI. POINT OF VIEW WRITING: PURPOSE

- A. To develop increased understanding of and empathy for the patient’s situation.
- B. To encourage playful, imaginative, and creative thinking about patients
- C. To stimulate compassionate curiosity about and greater appreciation for patients
- D. To decrease feelings of frustration, irritation, anger, and helplessness toward patients
- E. To develop innovative strategies for patient interaction and management

LITERATURE AND MEDICINE – FNP TRANSPARENCIES

1 – USES OF LITERATURE IN MEDICINE (large font and bold)

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

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

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

*“Let’s have some heart-to-heart stories to tell each other, the folks who teach medicine
and the folks who are learning it”
- William Carlos Williams, M.D., family doctor*

2 – WHAT ARE THE MEDICAL HUMANITIES? (large and bold)

PURPOSES AND GOALS: *To use literature and other humanities to increase
understanding of the clinician-patient relationship and the patient’s illness experience;*

*And thereby to increase clinician empathy, reduce frustration, improve
communication, and develop new patient management and interaction strategies*

3 – WHY STORIES?

- * Human beings think narratively
- * Narrative paradigmatic mode for sharing experience
- * Illness disrupts expected life narrative
- * Stories try to make sense of chaos of illness

*** Healing power of stories**

- **Mastery and control (smaller font)**
- **Empowerment of being heard**
- **Potential to create new meaning**



4 – WHY FICTION? (large and bold)

- * Literature as transitional object**
- * Craft of literature**
- * Safety of literature – *playpen effect***
- * Narrative knowledge through literature**

5 – THE EIGHT-FOLD PATH OF LITERATURE (large and bold)

- * Creative imagination**
- * Perspectival vision**
- * Sense of mystery**
- * Capacity to be fully present**

6 – THE EIGHT-FOLD PATH OF LITERATURE (cont)

- * Close textual reading**
- * Emotional engagement**
- * Whole person understanding**
- * Reflection on experience**

7 – CREATIVE WRITING (large and bold)

- * Similarities between physicians and poets**
 - **order from chaos**
 - **relief of suffering**

- combine emotional distance and engagement

8 – EFFECTS OF CREATIVE WRITING (large and bold)

- * Increase understanding, sensitivity, empathy**
- * Reduce frustration, irritation, anger, helplessness**
- * Stimulate compassionate curiosity about patients**
- * Provide new insights into patients**
- * Develop greater appreciation for patients**
- * Encourage new ideas about interaction, patient management**