

My initial experience of illness was as a series of disconnected shocks, and my first instinct was to try to bring it under control by turning it into a narrative. Always in emergencies we invent narratives... Storytelling seems to be a natural reaction to illness... Stories are antibodies against illness and pain..." Anatole Broyard. "Toward a Literature of Illness."

## **What are narrative medicine and medical humanities and why are we here?**

The modern practice of medicine is often seen- by health care practitioners and patients- as being too focused on technology and treatment of acute ailments. Both practitioners and patients can feel that the system is intensely stressful, impersonal, and lacking in empathic connection. This situation can lead to sub-standard care- missed diagnoses, lack of follow up, and medical mistakes. It also can be profoundly unsatisfying for both.

Use of medical humanities in medical education is one way of meeting the challenge to reform the art of medical practice and to improve the physician/patient relationship.

What are medical humanities?

We define the term "medical humanities" broadly to include an interdisciplinary field of humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology), and the arts (literature, theater, film, and visual arts) and their application to medical education and practice. The humanities and arts provide insight into the human condition, suffering, personhood, our responsibility to each other, and offer a historical perspective on medical practice. <http://medhum.med.nyu.edu/>

How can medical humanities help to develop all of these skills and understandings?

Different aspects of humanities and narrative medicine address **basic clinical skills**, such as visual observation and listening skills. These include art criticism and the study of visual arts, oral history interviewing and narrative medicine.

Other aspects- writing, journaling, as well as all forms of creative expression, and music, help to develop positive and constructive means of **processing stress and emotionally challenging experiences**.

Many humanities- history, medical anthropology, sociology, and literature- help to enlarge understanding of the human experience and human cultures, including how **cultures understand and deal with death, health and disease**- and how cultural beliefs, biases, and needs are reflected in the structure of medical practice.

Humanities, including theater, narrative medicine<sup>1</sup> and literature and medicine, also help to develop **empathy and compassion** for patients.

In all of these approaches, the basic component is storytelling, for the physician listening to and understanding, and for the patient telling the story. Increased ability to listen increases diagnostic accuracy, and strengthens bonds between patient and practitioner. If physicians also understand stories and storytelling they are better able to see when a story is missing a critical component. They can look for the story within the story. For patients, also, telling the story and knowing someone is truly, closely, and carefully listening can be healing in and of itself. Thus, the creation of narrative medicine in order to focus on the story and the process of storytelling and listening.

**Classic must-reads for narrative medicine, medical humanities  
and the art of medical practice:**

**Books**

Jean-Dominique Bauby. The Diving Bell and the Butterfly. The story of a man who suffers a massive stroke resulting in locked in syndrome. Unable to move any muscle consciously except for the one eyelid, he tells his own story by blinking his eye. Well written and compelling.

Anatole Broyard. Intoxicated by my Illness. An example of a patient who defeats death by telling his own story.

Joan Didion. The Year of Magical Thinking. Extraordinarily well written account of a wife's response to the sudden death of her husband while their daughter is very ill. It chronicles, with great clarity, one woman's process of grieving.

Anne Fadiman. The Spirit Catches You and You Fall Down. This book explores the difficulty of communicating across cultures about health and health care, especially when physician and patient have, without each other knowing it, different definitions of disease and in particular the disease in question.

Tracy Kidder. Mountains beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World. In this book, Kidder describes the life and work of Paul Farmer, a physician who has devoted his life to overcoming health care disparities in the developing world.

Reynolds Price. A Whole New Life. A story of what the patient experience can be like by a patient who clearly is articulate and has high expectations for the

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<sup>1</sup> What is narrative medicine? Narrative Medicine fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret, and be moved by the stories of illness. Through narrative training, Narrative Medicine helps medical students- and all health care workers- to improve the effectiveness of care by developing the capacity for attention, reflection, representation, and affiliation with patients and colleagues.

way in which he should be treated. Perhaps not a typical patient, and an excellent spokesperson for patients generally.

Rachel Naomi Remen. Kitchen Table Wisdom: Stories that Heal. Rachel Naomi Remen is an excellent story teller who discusses how the act of story telling can be healing. "The style of this collection is gentle, low-key and totally unapologetic for its journeys into the mystical and scientifically inexplicable elements of healing. Remen uses her insights as a wounded healer to demonstrate, through stories, the kaleidoscope of possibilities in human response to a failing body. This is, among other things, another demonstration of the power of listening and the value of the personal narrative in the practice of medicine." <http://litmed.med.nyu.edu/Annotation?action=view&annid=1158>

Richard Selzer. The Doctor Stories.

Oliver Sacks. The Man Who Mistook His Wife for a Hat. Oliver Sacks tells of patients and their neurological conditions with great compassion and understanding- he shows how such conditions can close certain windows of perception and comprehension while at the same time opening others.

William Styron. Darkness Visible. Another very well written account by a writer, this time about a bout of debilitating depression. In a very eloquent and persuasive manner, Styron shows the reader the mind of someone in a depression, illuminating the world of an illness that is all too often misunderstood and dismissed.

Abraham Verghese. My Own Country. In this description of Verghese's work with AIDS patients in eastern Tennessee right at the start of the HIV/AIDS epidemic, Verghese shows tremendous compassion and empathy for his patients while he chronicles the varying responses of the community to a new, sexually transmitted disease, and to homosexuals who were facing discrimination in this rural part of Tennessee.

### **Short Stories**

Leo Tolstoy. The Death of Ivan Ilyich.

### **Poets and Poetry collections**

*Physician poets:*

Rafael Campo

William Carlos Williams

C. Dale Young

*Poets writing on illness, life, and death:*

Emily Dickinson

Sylvia Plath

Dylan Thomas- Do Not Go Gentle; Death Shall Have no Dominion

## **Reference works**

Schon DA. Educating the reflective practitioner: toward a new design for teaching and learning in the professions. San Francisco: Jossey-Bass, 1987.

### **Reference works, specific topics:**

#### **History**

Jerome J. Bylebyl. Teaching the History of Medicine at a Medical Center.

This resource calls itself a "how-to" manual in the teaching and study of the history of medicine. Its contents are the proceedings from a 1980 symposium at Johns Hopkins Medical School. Presentations included: the History of Health and Disease for the Health Professionals; The History of Medicine in a Medical Context; Pharmaceutical History for the Pharmacy Student; and Antecedents to Contemporary Health Issues: History, Politics, and the Policy of Health.

#### **Literature and medicine**

Couser, G. Thomas. Recovering Bodies: Illness, Disability, and Life Writing.

Anne Hunsaker Hawkins and Marilyn Chandler McEntyre, eds. Teaching Literature and Medicine.

#### **Music**

Thaut, Michael. Rhythm, Music, and the Brain: Scientific Foundations and Clinical Applications (Studies on New Music Research).

#### **Narrative medicine**

Charon, Rita. Narrative Medicine Honoring the Stories of Illness. 2006

Verghese, Abraham. "The Physician as Storyteller".

#### **Poetry**

Campo, Rafael. The Healing Art: A Doctor's Black Bag of Poetry. 2003

#### **Theater**

Jill MacDougall. Contaminating Theatre: Intersections of Theatre, Therapy, and Public Health.

#### **Visual arts**

Powley E, Higson R. The arts in medical education: a practical guide. Oxford: Radcliffe Publishing, 2005.

Kay Mohanna. Education for life—teaching medicine using art and humanities  
<http://careerfocus.bmj.com/cgi/content/full/332/7556/249-a>

### **Important web resources**

NYU Medical Humanities database

<http://litmed.med.nyu.edu/Annotation?action=view&annid=1158>

## **Why read and write about illness?**

Physicians may not ultimately “defeat” death- at least, their patients may die. And if they live their lives seeing every death as a failure, then they can quickly face compassion burnout and disillusionment. The metaphors of conquering cancer, defeating death feed this sense of failure. But everyone ultimately dies, and the ultimate triumph is not so much in defeating death but in living graciously and dying gracefully. Understanding this, physicians can help to facilitate that transition. And writings about illness can help to show us the way:

“When Anatole learned that he was ill, he responded by talking and then by writing about his situation. Anatole was a superb storyteller, and at this most difficult time of his life he concentrated his talents in a way that enabled him to hope and believe that he could outwit his cancer by constructing an alternative narrative that would wither and erase the shadow of death.

He did not conquer his cancer, but he triumphed in the way he lived and wrote about it. In a talk he gave six months before he died he said, “dying is the end of illness. It is the further shore of illness. There’s a wonderful book called the Wilder Shores of Love. Well, dying is the wilder shore of illness.”

From the introduction to “Intoxicated by my Illness,” by Alexandra Broyard