

A good story helps save a life

It was through Henry James (the author about whom she is writing a book) that Rita Charon, a doctor and teacher at the Columbia University College of Physicians and Surgeons in New York, discovered a way to make health care more effective.

BY ISABEL MARQUES DA SILVA*

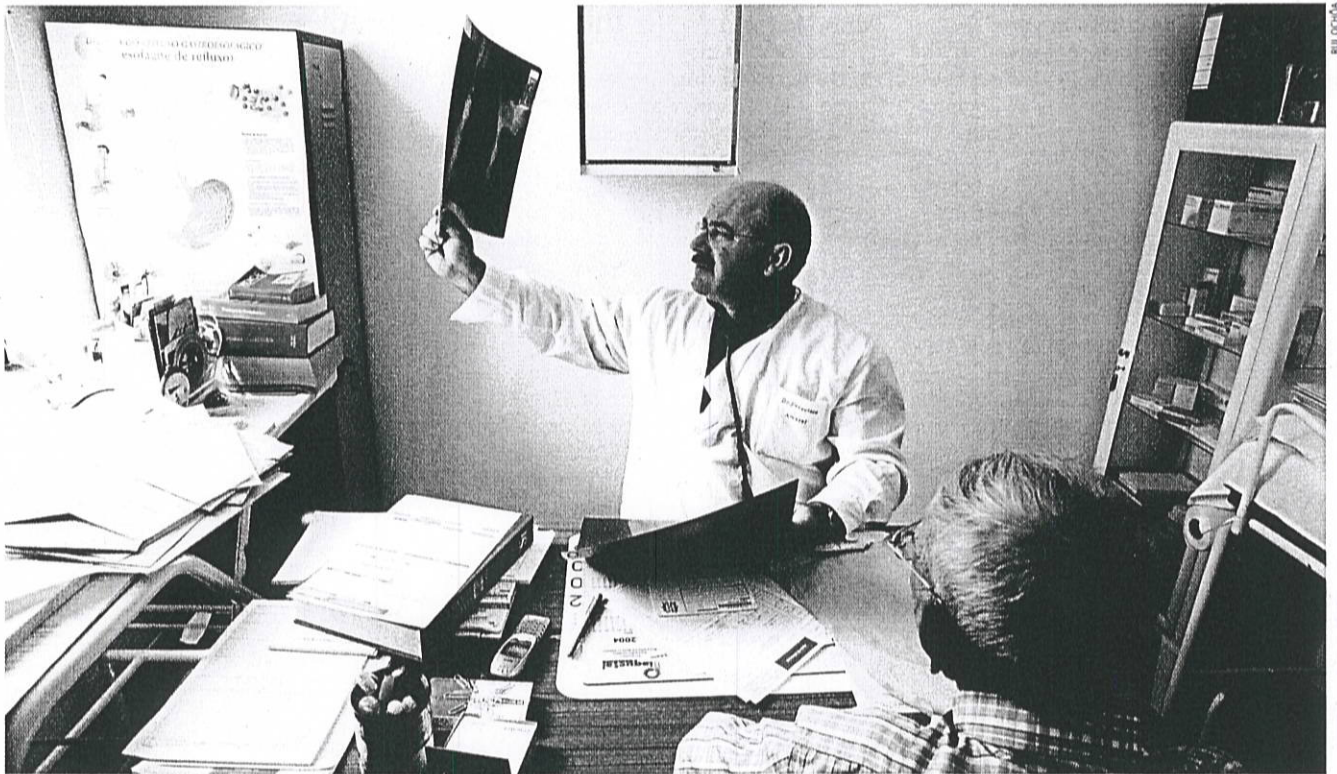
Knowing how to tap into a patient's story can be just as vital as using a scalpel or a pill in ensuring effective treatment and achieving a quicker and longer-lasting cure. Narrative Medicine is an interdisciplinary program that combines tools from literature, psychology, and philosophy, which Charon has been developing since 2000. Charon was invited to be a keynote speaker at the international colloquium "Illness and Dialogue" organized by the University of Lisbon Centre for English Studies and the University of Lisbon Centre of Philosophy, in partnership with the New University of Lisbon Centre of Cultural His-

tory. She is also author of the book *Narrative Medicine: Honoring the Stories of Illness*.

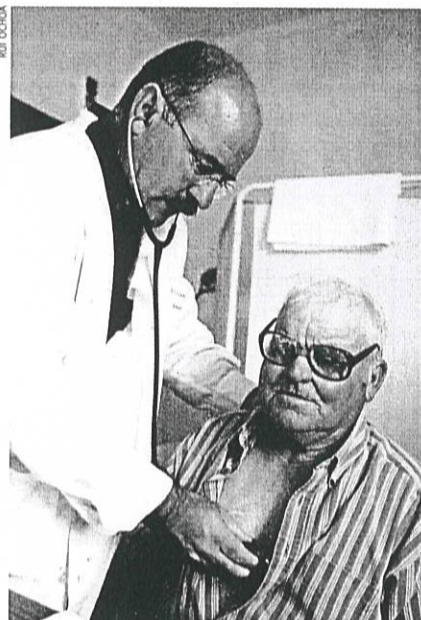
[Paralelo] Henry James, and later Marcel Proust, impressed you with their ability "not only to put the words of their characters down on paper but also to capture every nuance of their feelings." How did this lead you to this new field of study?

[Rita Charon] Henry James was, in fact, a catalyst. I did my undergraduate degree in biology, not in literature. Then I went to study medicine in New York and I started working in the hospital. I have always read a lot, but I didn't really know much about how to read well. I would read novels with-

out understanding what to do with them. Then one day I rented a house at the beach for a week of vacation and I literally picked up the first Henry James novel I found. I read "The Wings of the Dove" in a single sitting and I realized that I had had no idea that it was possible for someone to capture what happens in the inner consciousness so precisely on paper. There were dialogues, facts and a story, but everything that was going through the minds of the characters was presented with such precision and understanding. It is like one of those expandable watchbands – when we pull on it we can see the elastic connectors. James expos-



Knowing how to take a patient's history can be crucial to the success of the treatment.



"In order to work well together, the doctor and patient need to forge a bond."

saying, "That's not your job, Rita; that's the social worker's job."

[P] Is that a kind of defense on the part of the doctor who doesn't want to wallow in the immensity of the person's problems?

[RC] It is in fact a defense against things they don't know how to resolve: "Don't tell me that your son is in jail;" "Don't tell me that you have nightmares that you are being raped;" "I'm just a cardiologist." But it is also a protection against something much more profound. We know that people who work with the sick and dying are more likely to become sad and to suffer more psychologically.

[P] So they hide behind technology and science?

[RC] It is something done consciously, but not maliciously. They believe that this coldness or distance helps them make a better clinical evaluation of the case. They convince themselves that they need to do this and that it protects them. What they don't realize is that this defense also prevents them from experiencing happiness. It is a "dark happiness" in which we know that our presence helped, that a person had a better death because he or she was heard.

[P] How does writing the stories down help doctors, firstly, understand their patients and, secondly, deal with this sadness better?

[RC] In order to work well together, the doctor and patient need to forge a bond. That

does not mean that doctors should meld with their patients. But there has to be a sense of working together towards the same goal. The doctor is activated by what the patient says, like an ignition spark. I think that patients' stories have this effect on the doctor. They encourage and enliven the doctor, stimulating his or her knowledge, expertise, and sensitivity in such a way as to generate an answer and offer it to this particular person.

[P] Why should doctors write the stories according to the five building blocks you talk about in your book (temporality, singularity, causality, intersubjectivity and ethicality)?

[RC] This just serves as a kind of training until we get to the point of being available to integrate patients' stories and all the details we have been talking about. I want my students and colleagues to be able to recognize what is emanating from each patient. I want them to be able to read between the lines – in the type of language chosen, in the metaphors they use and the timeline of facts. The quickest way to teach someone to be an "active listener" is to be an "active reader," in the sense of being interested in how the message is being communicated. If doctors do not write, there is no material upon which to reflect. But the goal is to use narrative techniques when they are listening to patients, thereby making the treatment more effective.

[P] How does interdisciplinarity promote efficacy?

[RC] Narrativity in medicine creates a kind of clearing in the forest. It is a space for communion. When I started giving seminars, the doctors and nurses who joined us had very different points of view because they usually do not get along that well with each other. In a writing session they were asked to describe what moved them about a patient's situation. When they read the writings, they realized that they knew almost nothing about what the other group did. Now they have a better understanding of each others' functions. They saw things more clearly. There is a lot of divisiveness in the hospital setting, and they often find themselves in competing or opposing camps. Narratives create this clearing of understanding where the important thing is to join together in order to relieve the patient's suffering. We can enter this clearing with our entire being – not just me the doctor, but me the person! ●

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es everything that lies in the tiny spaces between the mental connections underlying what the characters think, do, or say.

[P] How did you come to the conclusion that this way of writing could help in your medical practice?

[RC] Besides working in the hospital, I had my own doctor's office in a neighborhood of New York City where I saw my own patients. They were poor people from Upper Manhattan and I was their family physician. It took me a while to realize that what these patients needed was someone to listen to them – for something to be done with their stories and with the stories of the doctors in the emergency rooms they went to and those of the family members who accompanied them. Then there were the stories told by exams and tests – stories told in words, images, and numbers, and others told in silence and body language. I was the reader who would make these pieces coherent even when they contradicted each other, which happened quite often. I felt a need to give them meaning, even if this meaning were only temporary and even if it were later proved to be false. I still had to try. I knew I didn't have the tools to do this and I was aware that I needed to learn more about narrative and about understanding stories.

[P] Does the efficacy of treatment increase when, in addition to quantifiable data, factors like patient's stories are taken into account?

[RC] It does, but we need to change some of my colleagues' attitudes. They are always

