

AN OPEN LETTER TO
OUR FUTURE STUDENTS IN NARRATIVE AND THE CARING PROFESSIONS

Dear future students:

We are delighted you'll be joining with us in the spring for our inaugural undergraduate offering in "Narrative and the Caring Professions." Although part of our institution's "Medical Humanities" minor, it is not only for pre-medical and pre-dental students, but also for students preparing for careers in nursing, social work, and education. This course marks an exciting opportunity for us to identify and explore a common thread through all of these professions: a commitment to serving and caring for others in institutional settings, which, as a result of varied forces, often lose their culture of service and care.

I (the lead author) will facilitate this course, but its development has been a shared responsibility with colleagues from the Departments of Nursing and Social Work, the Department of English, and the College of Education. We were given a grant to work together last year on understanding how interdisciplinary "reading together" of short stories, memoirs, and poems about being a caregiver can support and prepare students like you. The letter offers some explanation and insights culled from our collegial readings and discussions about the preparation of service-oriented professionals. While perhaps lengthy and detailed, it is designed to provide you with more than a cursory justification for the course and the minor. (In our world, things like this tend to require a bit more detailed explanation.)

We'll meet twice a week, for 75 minutes each time, for four and a half months next spring. We'll read some theory and research about the value of narrative in professional practice, but the main focus of the course will be reading fiction, memoir, and poems about being a caregiver and being cared for (see Appendix). The mix of the texts themselves and insight into what the texts can do for us will make for a very stimulating semester.

Let me address some common questions about why experiences like this are worthwhile.

Question 1: Why read and discuss literature, memoirs, and poetry in preparation for a practical or science-based profession?

Answer: Your profession is CHANGING, just as the job of caring is changing: it's harder than ever before. People's needs are more complex and diverse – culturally, racially, linguistically, spiritually, and in many other ways – from the emergency room to the classroom. The number and complexity of demands is also on the rise, be it the growing number of medical patients with chronic diseases, social work caseloads, or student populations (especially minority and special needs students). Generally speaking, we must do more with less – less funding, less time, sometimes less preparation – while subject to more expectations and accountability. Simply put, the demands and pressures are greater than ever before.

This changing landscape increasingly requires challenging qualities like empathy, discernment, insight, wisdom, emotional and spiritual strength, and concern for others (as well as self).

As cultural, professional, and competitive expectations change and grow, our "scientific" and results-oriented society and professions prefer to measure success, increasingly, in terms of numbers and measurements: objective, quantifiable, and/or scientific indices. This comes at a great cost, especially over the long term, to less quantifiable criteria once treasured: the soft and subjective dimensions of effective professional care and service (described above). When, for example, our society demands greater educational competitiveness to be globally competitive in

the marketplace, we turn to tests, and preparing for them, often at the cost of “soft” subjects and disciplines, such as the arts and the humanities. Maybe, over time, our students’ test scores will rise, but will those students be able to think well? To care for others? To express themselves creatively? To raise healthy and well-rounded families? To engage in society as informed and wise citizens?

Within medical schools, research points to an “erosion of empathy” toward patients by medical students (Hojat et al., 2009). The following explanation ties this, in part, to the emerging domination of market-driven forces controlling health care (as it is in other professions):

Changes in the market-driven health care system that have a ripple effect on medical education, combined with the belief that a controlled clinical trial is the royal road to advances in medicine, can ... lead to a false idea that empathy is outside the realm of evidence-based medicine and, thus, has no importance in the education of physicians-in-training or in the practice of medicine.

This is not limited to medical students. Our collegial discussions and reading together tell us that nurses, social workers, teachers, and administrators are similarly susceptible. As the professions look increasingly to scientific solutions and measures, we believe that they do so at the risk of “squeezing out” their humanity, the qualities that make us human and our service humane: empathy, concern, prudence, wisdom, and healthy relationships.

Question 2: How will reading and discussing literature, memoirs, and poetry help me thrive in a rapidly changing and challenging professional culture?

Answer: First, it will help you address the full range of professional demands.

Charon (2004) explains how reading and talking about what you have read with others helps develop a capacity she calls “narrative competence.” It’s “the set of skills required to recognize, absorb, interpret, and be moved by the stories one hears or reads.” This is an extremely valuable attribute in a service profession. And not because everyone who is going to be a nurse, social worker, teacher, or administrator also has to become an expert in literature. Charon notes (2006) that the point of doing this is “not to produce literary critics,” but to equip them with the “readerly skills to follow a narrative thread,” to “adopt multiple and contradictory points of view,” and to “tolerate stories’ ambiguity.” That is, to be able to navigate the murky and complicated terrain of human relationships and understanding.

Put another way, making sense of literature helps us develop many of the most crucial professional skills. In clinical practice, for example, this means having the ability to make sense of a present client, student, or patient interaction within the context of interactions that have come before: understanding the human dimension. We are realizing that what Charon calls “readerly skills” have a lot in common with what nursing calls “judgment-based practice” (Benner, 2010). It also evokes what Turner (1991) describes as literature’s capacity to counteract the “dehumanizing” aspects of the language of contemporary social work practice:

The dehumanizing of language shows, for example, when all that happens becomes a “process”, replies are “feedback”, work is judged as to whether it is “efficient” or “cost-effective” rather than good or worthwhile; clients have become “consumers,” implying that what we offer them is commodities rather than human helping; indeed they are often offered “packages” of variously assembled resources... Literature matters to social work because it treats life whole: it expresses human nature in its complexity and

unique variations and comments on its social world; it is an implicit reproof of attempts to place people in crude categories; to define, explain, predict or manipulate them.

This work also helps us develop tolerance for diversity of perspective. Not everything we read makes perfect sense right away; even when we do feel we understand a story, talking about it shows us that other people may understand the same text differently. We need that skill as professionals as we come together with our colleagues to understand a student who is struggling, a patient who fails to thrive, or a social work client who resists our efforts to help. Talking about what we have read helps us let go of our certainty that we hold the truest and best explanation for what something means and teaches us to collaborate better toward giving the best care possible.

Second, it will help you be more reflective about caregiving and your own needs.

The connection (or perhaps, disconnection) between professional and private selves is keenly felt in our professions, especially among new members. The caring professions are frequently exhausting and emotionally demanding. Sometimes, to survive, we hold a piece of ourselves back – stay emotionally detached – lest we are consumed by our work’s intensity. It’s also hard to be fully attentive to a patient’s, student’s or client’s needs when we have so many other individuals and duties to attend; we are challenged and possibly worn down by such tensions. We know that determining what to give of ourselves, and what to hold back, is a very important part of *not* getting “burned out” and losing our empathy for those we try to serve (Kearney, Weininger, Vachon, Harrison, & Mount, 2009). How do we accomplish this?

We believe that reading literature together helps us value our “divided minds” as a strength, not a weakness. When we read, we juggle different mental demands. We may, for example, wonder what the “right” way to understand a poem is, despite our own private reaction to it. Holt (2004) notes that John Keats describes this capacity as “negative capability.” He notes that this ability to be divided is a core part of being an attentive reader. It is how you try on different ideas and feelings, exploring lots of different things at once in order to pull yourself together and respond to what a story asks of you. It is also how we learn to be comfortable in a moment of not-knowing, of living through the anxiety we feel when we – the “experts,” supposedly! – don’t know what to do next.

Reading together helps us bring our capacity for such “negative capability” into our practice. Holt describes this as a physician: weeping with a family at the bedside of a dying patient and family member while “splitting” his attention at that moment.

I am being very quiet about it, but in a very quiet way I am sobbing as freely as I know how. And meanwhile I am thinking: If this is over by twelve thirty, I’ve got a chance of getting lunch before I replace the art line in twenty-four. The tears are streaming down my face, and I am utterly sad, haunted by memories of my father’s nearly identical death ten years before. But somewhere a voice is also thinking: Maybe today I can sign out by three... what struck me most about it ten years later, when I was there again as a resident in the ICU, was not that I was splitting: it was that it didn’t bother me that I was doing so. In fact, in splitting, to myself at least, I was experiencing a truth about my presence in that room. And that, I think was important. It set me free to do what mattered.

Talking about texts helps us practice this sort of engaged detachment: to hold and evaluate our own thoughts, while we talk with others and entertain their views and interpretations. Of course other activities do this, but reading provides perhaps a more conscious exercise. If we can recognize it, evaluate it, and accept it as appropriate practice, we may be better adapted to its presence in our professional interaction. We can reserve the right to “not-know” in a professional world that increasingly expects its “experts” to look at a complex situation and produce a diagnosis, a treatment protocol, or a plan of action quickly and efficiently. By echoing the splitting within ourselves that our work calls upon us to do, reading together helps make us better and more resilient caring professionals as we work to do “what matters.”

Finally, reading together helps build communities of support that can foster personal, emotional, relational, and professional health and satisfaction.

We tend to form unique and often strong relationships with the people we continually share stories with. Sharing the story of a patient’s death or a client’s challenges helps us connect; we feel less isolated and more understood. We receive insight and empathy – all the things that we enjoy and which enrich our lives and add meaning to them – when we are in a fellowship of shared interests with others. In literature groups, we frequently find ourselves talking about ourselves in a way that we could not if we were not *actually* there to talk about a poem or a story: as if the similarities between our own experiences and the story’s characters – our own emotions and theirs - form a bond with others that can be more deeply enriched than if we gathered just to talk about ourselves or our work.

Opportunities like this yield outcomes strengthened by empathetic attitudes toward patients, increased communication skills, and decreased burnout (Bonebakker, 2003; Clary, 2008). They give us a chance to build relationships around stories and poems that we would not be able to without them, which has a further effect of improving our capacity to care. Such outcomes are reflected in comments from a group of palliative care doctors and nurses who participated in a reading group at a large public hospital:

- I hope that I can adequately express the personal and professional gratification that came from participation in this group...This experience has been a very different work-related function and exceptionally rewarding. I have been uplifted by the group’s dynamics, the sharing of related personal and professional experiences, the sheer closeness of understanding that is reflected by the clinical nature of our work, and our varied responses to the required readings.
- It helped to remind me of why I became a nurse. This reminder has energized my professional life and spiritually fulfilled me personally. Although I no longer perform hands on nursing, it has given me further insight into the care that is provided by nurses with whom I work.
- The choice of readings and poetry in the Anthology is exceptional. Each and every one has been delightful, disturbing, passionate and/or eye opening. I especially like that it is from the patient’s view. Reading the poetry aloud has brought sensitivity to the group that was unexpected. It helped the message become very clear and personal.
- The makeup of professionals in the group has also been positive. I had known many of them peripherally. Being in this group has encouraged a more open collaboration that was an unexpected surprise.

- This has been a rewarding experience and I will miss it! I know that others will surely benefit from this group experience.

Question 3: Why include students training for different professions? If I am training to be a nurse, or a social worker, why engage with a future teacher or school administrator?

Answer: This interdisciplinary component most excites us. Certainly, reading together helps people with similar career paths. We are convinced, however, it can work even better when the people in the group have *different* professional aspirations and *different* perspectives. In an interdisciplinary group, a physician can hear what attending to a suffering patient is like from a nurse or respiratory tech worker’s perspective, and this oftentimes transforms the way she sees it through her own lens. It is the differences among fields that most reveal their similarities.

This insight is true for the development of empathy and communication skills as well as for understanding difficult ethical and moral dilemmas. There have been a few examples of how students from totally different professions (like medicine and law) can get together and talk about an ethical challenge they have in common in ways that help each get a deeper understanding of their own situation (Bard, 2009). We look forward to learning more about it in our time together.

Conclusions and Beginnings

We are confident that the benefits of sharing short stories, memoirs, and poems can significantly sharpen our capacity for empathy, as well as our ability to deal with ambiguity in both our reading and our professional settings. We hope to have the kinds of talks that are “about the reading” *and* about our own relationship to our professions and to those we serve, and to develop the capacity for “negative capability,” which will help us both be effective and take care of ourselves. And we especially look forward to learning even more about how the different perspectives and settings of our diverse professional responsibilities will help us understand the challenges all of our “caring professions” hold in common and how to address those challenges.

Thanks for your willingness to read with us this semester. We look forward to sharing the journey with you.

Appendix

Texts to be read:

Montross, Christine.

Body of Work: Meditations on Mortality from the Human Anatomy Lab

Penguin Press, 2007

Frank, Arthur W.

The Wounded Storyteller: Body, Illness, and Ethics

University Of Chicago Press, 1997

Nadelhaft, Ruth and Bonebakker, Victoria (eds.)

Imagine What It's Like: A Literature and Medicine Anthology

University of Hawaii Press, 2008

Davis, Cortney and Schaefer, Judy

Between the Heartbeats: Poetry and Prose by Nurses

University Of Iowa Press, 1995

Codell, Esme Raji

Educating Esmé: Diary of a Teacher's First Year

Algonquin Books, 2009

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