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## Why Storytelling Matters in Fields Beyond the Humanities

By Alexander C. Kafka. OCTOBER 04,

A physician and literary scholar, Rita Charon helped develop the field of narrative medicine, which aims to strengthen clinical practice through recognizing, absorbing, and interpreting patients' stories. On October 15, Charon, a professor of medicine at Columbia University, will deliver this year's Jefferson Lecture in the Humanities, "To See the Suffering: The Humanities Have What Medicine Needs."

Charon spent several years allied with the feminist and peace movements and teaching in open classrooms before going to medical school and, decades later, earning a Ph.D. in English literature. She came to realize, she says, the crucial roles of storytelling and listening in patient care. She went on to found Columbia's Program in Narrative Medicine, developing a model of theory and practice she has described as "being able to listen as a reader." The work has led to books, grants, and distinguished-visiting positions, and you'll find her articles in both medical and literary journals. A general internist by training, she recently gave up her medical practice to devote herself fully to chairing Columbia's new department of medical humanities and ethics.

Findings in the past two decades suggest the clinical power of the narrative approach, but Charon says the field is entering a period of more rigorous empirical testing. She spoke with *The Chronicle* about the ties between the humanities and the sciences, how careful listening increases efficiency, and how picking up a discarded copy of a Henry James novel changed her life.

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Where are you headed today?

There's a big medical-education conference at the American University of Beirut, "Transformation of Medical Education in the New Era," that merges medical humanities — including narrative medicine — and tech medicine: artificial intelligence, telemedicine, virtual reality, big data, precision medicine, genetic repair. The concern is: How can these two things proceed together without one blotting the other out?

Do you have an answer to that?

You need them both. That is what my Jefferson Lecture will be about. You need the fundamental skills and habits of mind, the gifts of perception. How do you see what's in front of your eyes? How do you find interpretations, even if they might conflict with one another?

If somebody is in my office talking about chest pain, I think, Does this sound like heart trouble, stomach trouble, or muscle trouble?, while also using my narratological brain. What is she telling me? Why is she telling me this now? What is the beginning of this story? Where is it going? Even the metaphors she's using. And then alongside that is the affective or emotional stream. What is she really worried about? If she lets on, in a little dependent clause, that her father died of a heart attack when he was her age, well then, I have to hear that.

How does a person do all of that if they're only trained in the logical, rational, calculable, measurable aspects of human biology? I certainly don't want an internist who forgets how the heart works. But we know the hazards — not just the emotional, but the diagnostic hazards — of someone using the internist brain without a very active narratological brain. It is not just, "Oh, my heart goes out to you" that I'm trying for. It's not sympathy. It's accuracy.

Narrative medicine has taken hold, but do you still encounter skeptics?

Yes, indeed. "Rita," they'll say, "who do you think has time for that?"

But there's a Harvard-trained surgeon, David Ring, at the Dell School of Medicine at the University of Texas, who during his career saw a lot of arm pain. He was smart enough to realize that not all of it could be reduced to a particular physiological problem, that a lot of it was anxiety, worry, and fear. So he teamed up with a psychologist. They found that as patients' levels of anxiety and fear came down, so did their symptoms. And that rather than go in and do operations on all these people, first his team should do physical therapy and counseling. He found out how much of what he had been operating on turns out to have been fixable by careful listening.

What is next for narrative medicine?

One of my goals as chair of Columbia's new department of medical humanities and ethics is to carefully, systematically, methodically amass some credible evidence about the outcomes of training medical students in narrative skills, or bringing a narrative approach to patient care. There is a body of evidence, but it is not systematized, standardized.

If I have 100 patients with opioid addictions, and they get the standard treatment, and I have another 100 patients with opioid addictions, and they or their caregivers have some narrative training, are those latter patients in a year's time going to do better?

Narrative medicine is focused on patients, but have you seen impacts on caregivers, too?

I did a little study with the pediatric-oncology group here in 2008, and it turned out that narrative medicine helped their team function. It was really good at minimizing the conflict between doctors and nurses, or psychiatrists and social workers. We didn't create narrative medicine to address burnout — the emotional exhaustion, depersonalization, a decrease in one's sense of personal achievement — but these things have become urgent in medicine, and narrative medicine has been shown to decrease that. People are quitting, they're switching to pharma, they're becoming addicted to substances, and they're killing themselves at rates beyond what their age and class would predict. And that is higher among women doctors than among men.

How has narratology worked its way into fields besides medicine?

Sociology, anthropology, history, philosophy, visual arts, film, feminism, queer studies, critical race theory — all of them have been transformed by this awareness of the workings of narrative. I'm on the executive council of the International Society for the Study of Narrative, and that's my recreation. There are no doctors in sight. We've been doing a lot of work with the cognitive-science people to help bring them into the narrative turn, so that it's not just what lights up in the brain when you have an anxiety attack, but rather your very awareness of the world around you as a narrative act — that whole constructivist way of thinking.

For all your writing, you have not written one of those books in which a physician muses on case studies, like Oliver Sacks, Perri Klass, Atul Gawande, or Irving Yalom. Are you tempted to work in that genre?

I was invited to do such a book by a trade press, and I didn't want to. I have written about patients in some articles, and it's always in collaboration with them. But I couldn't imagine doing a whole book of just that. It feels like it doesn't belong to me to write such a book.

I just became a chair, so there's no book today. But the ones in the works have to do more with the idea of creativity — why that belongs in medicine. The ideas that both artists and scientists are battling with or reveling in — the creativity to see things that other people can't see, and the profound doubt that you can ever know anything about what's facing you — that's where my mind is going.

You've said you were a voracious reader as a kid. What do you make of statistics about children not reading much?

Reading isn't going away, it's just becoming unrecognizable to someone who only loves books. What goes on online — streaming, texting, gaming — counts. I know there are many avenues toward awareness beyond just printed words. I love printed words, but I'm not going to be cranky about it.

Despite your love of reading, you've said that until you went to grad school in English, you didn't really understand how stories work. What did you mean?

The first time I read Henry James, I'd picked up *Wings of the Dove* off a pile that someone had thrown away on the Upper West Side. It was in good shape, and it was a hardcover book, and I was on my way to a week at the beach. I wasn't even sure whether it was James the novelist or the philosopher. So I got to where I was going, and I opened this book:

"She waited, Kate Croy, for her father to come in, but he kept her unconscionably. ... "

And I read the whole thing in three days. I had no idea that a person could write like that. I didn't have the serious disciplinary knowledge of, How does writing work? The craft of it. Instead of just being a fun thing to do, it became an encounter, a challenge, a feast for the mind, a sensory, transformative experience.

You wrote your dissertation on James. What specifically about him drew you?

It was the expansion of consciousness. He can devote pages to a few seconds of experience. It's that conviction that this human life of ours is so complex, so filled with peril, beauty, unpredictability.

This interview has been edited for length and clarity.

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