

I met Barbara on a Tuesday. Cancer. Her son and two granddaughters visit. We talk- weather, fears, movies, expectations. I change dressings and give medication. And listen. Access to Barbara's thoughts and body is privileged-brief but intense and honest. Remember that. On a Sunday, she is gone. Again. I met Seymour on a Friday...  
--Jennifer Storch, Northwestern University Feinberg School of Medicine, 2004

### **Background**

From the first days of medical school, students are slowly socialized into the medical environment. The human body becomes an object of study, then a "textbook" for medical learning (Charon, 1986). When students enter their clinical rotations, they may learn from their superiors that the patient is a disease or a case. This socialization process is one aspect of what has been called the "hidden curriculum" and often contradicts the values of the formal curriculum. (Hafferty & Franks, 1994). In the past few years, the hidden curriculum has become a focus of research and debate. How best can educators work with the hidden curriculum to promote professional values?

Several medical schools have developed a humanities curriculum that includes writing, literature, art, history, philosophy, law and the

social sciences which is thought to encourage desirable attitudes and behaviors in students (Charon, 1986; Montgomery, Chambers & Reifler, 2003). Although little empirical evidence exists on the benefits of this curriculum, it is widely accepted that these courses broaden the students' experience, promote self-awareness and foster understanding by helping students to learn about the perspectives of others and to witness the extent to which a disease can affect an individual. Thus, students are better able to recognize a patient as a complete person, suffering from an illness rather than seeing him/her as a disease (Calman & Downie, 1996; Charon, 1986; Charon, Banks, Connelly, et al, 1995; Charon, 2001; DasGupta & Charon, 2004; Hawkins, 1992; Hunter, Charon, & Coulehan, 1995; Horowitz, Suchman, Branch, & Frankel, 2003; Marshall & O'Keefe, 1995; Shapiro, Kasman, Shafer, 2006; Shapiro, 2008).

Imaginative writing is one of the more recent innovations in the medical humanities and shares similar goals with the rest of humanities education (Charon, 1986; Charon, Banks, Connelly, et al, 1995; Charon, 2001; Marshall & O'Keefe, 1995; Shapiro, Kasman, Shafer, 2006). Imaginative writing includes point-of-view narratives that may be executed as first-person ventriloquism or as third-person storytelling. These narratives are imaginative products, whether the student is writing about a real person or a fictional character as the

student rarely has much information about the subject and therefore must “make up” details about his or her life (Charon, 1986; Marshall & O’Keefe, 1995; Reifler, 1996). In addition, students may assign their own values, perspectives and experiences to the subjects of their stories (Marshall & O’Keefe, 1995). Though students’ narratives are not always accurate representations of the patient or the subject, the process of writing can develop in the writer a feeling of connection with that patient or subject. Writers must view their own actions from the perspectives of their characters. In turn, the individuals may feel better understood by the writers by virtue of their having been written about them (Charon, 1986; Charon, 2001; Marshall & O’Keefe, 1995; Reifler, 1996; Shapiro, Kasman, Shafer, 2006).

The inspiration for “Writing the Other” was primarily the work of Rita Charon and Douglas Reifler. Charon’s “To render the lives of patients,” (1986) describes a third year medical student, frustrated by a difficult elderly patient. Charon asks the student to write from the perspective of a difficult patient. The reflective act of writing encourages a more empathetic attitude in this student. Building on the work of Charon, Reifler introduced writing seminars to first and second year medical students at Northwestern University Feinberg School of Medicine and given assignments that require the use of first-person point-of-view. For example, in his first year seminar, Reflections on

Gross Anatomy (1996), the students were asked to write from the perspective of their cadavers and in his second year seminar on early patient encounters (1996), the students were asked to write from the perspective of the patient.

The purpose of my seminar, "Writing the Other," is to expand the concept of writing from the perspective of the patient to the many other individuals who are involved in the clinical encounter, beyond the doctor and the patient. Students need to consider the important perspectives of family members, friends, nurses, orderlies, ward clerks and volunteers, in addition to that of the physician and patient. The students are asked to write their own narratives from different points-of-view. For example, they must envision what it might be like to be a nurse, a receptionist, a patient's family member or a practicing physician in a given narrative. Most of the assignments allow students a fictional choice that may enable greater creative freedom. In addition, for one of the assignments, students are asked to take on the roles of writer and the "other" simultaneously. Finally, the seminar provides an evaluation of the usefulness of first-person narrative writing as a means encouraging empathy in the students.

### **Description**

*Course Format*

“Writing the Other” was offered three times to first and second year medical students as one of 18-20 medical humanities selectives as part of the Patient, Physician, and Society curriculum (PPS) at Northwestern University Feinberg School of Medicine in 2002-2003 (For more details, see Montgomery, Chambers, & Reifler, 2003).

Nineteen students participated in the seminars and seventeen of those students signed IRB-approved consent forms to participate in the evaluation and to share their writings. The class met for five weekly two hour sessions.

Each class focused on a different perspective: the patient; the medical trainee; other caregivers; and the disagreeable person. Because many of the students had had minimal exposure to patients and the medical environment, they were given a choice of either writing from the perspective of individuals they had encountered or from that of the characters in the stories suggested. (see Table 1).

**TABLE 1. Writing Assignments**

**Week 1:** Write a narrative about your classmate. It can be in any form that you choose (prose, poetry, etc.) and it can be in the first person or in a limited third-person perspective.

**Week 2:** Write about your experience with your first patient (or any other memorable patient) or write about your own personal experience (or that of a friend or family member) with illness.

**Week 3:** Rewrite one of the suggested stories from the perspective of the hated patient or write from the perspective of someone that you have encountered that you disliked (for example an unpleasant person in the grocery store).

**Week 4:** Write from the perspective of a palliative care nurse or from the perspective of another caregiver.

**Week 5:** Using the case history and the given information about the many characters involved in the case history, please choose two (or more if you would like) characters and rewrite the narrative from these other characters' points of view. So you will write two stories. They can be in any form that you choose.

Although most of the students chose the seminar because of an interest in writing, some expressed doubt as to the benefit of writing point-of-view narratives. They felt that they might be fictionalizing the patient's life or even "stealing" the patient's voice or story. Therefore, the first assignment was created to address this concern.

#### *Perspective of the Medical Trainee*

Students were instructed to interview the classmate with whom they felt the least familiar in the group and then write a narrative from the perspective of the person interviewed. If we, as educators, ask our students to write these narratives about patients, then the students need to be aware of both the discomfort of writing another's story and the feelings of having someone else tell one's story. The stories often had a dream-like quality or focused on a specific moment such as the following excerpt:

*do you understand?* she asked, concerned.

her words were shackles, clamped upon my wrists

they held me, pummeled, nouns and verbs the fists...

but even at six, I knew her heart was right  
and tried to catch the sentences that streamed  
around my feeble comprehension, screamed  
*wakarimasen!* ...but she asked again, now gently; all at once  
realizing, perhaps I was no dunce  
I smiled and shook my battered, foreign head.  
she smiled, talked more slowly; and *that's* when  
my schooling in America at last began.

--Raman Khanna, Northwestern University Feinberg School  
of Medicine, 2006, writing from the perspective of a fellow  
class

Unexpectedly, this particular assignment sparked new  
friendships and deepened existing ones. The writer saw a more  
complete picture of the other student who, in turn, felt understood by  
the writer. In subsequent seminars, students were allowed to use  
visual media. Drawings, collages, and sculptures proved to be an even  
more powerful means of demonstrating understanding and of  
enhancing feelings of connection.

#### *Perspective of the Patient*

Another assignment examined the perspective of a patient.  
Because the ultimate purpose of this type of writing technique is to  
enhance the doctor-patient relationship, previous uses of point-of-view

narratives have centered on the perspective of the patient. Students wrote about their own personal experiences of illness or that of a family member, or from the perspective of a patient. The students' narratives focused on the perceived helplessness and alienation that they, their family members or their patients may have felt. Drawing upon his experience as a paramedic, one student wrote a story from the perspective of a patient presenting with complaints of chest pain:

...these people have me pinned up like a rag-doll. I feel like a weakling, and I feel exhausted. I've got wires everywhere, all going to machines, whirring away or just silently beeping. A tube sits uncomfortably in my nose blowing cold oxygen way too fast in my nostrils...

--James Wysock, Northwestern University Feinberg School of Medicine, 2005

### *Perspective of the Disagreeable Person*

A particularly challenging assignment for students was to consider the perspective of the disagreeable patient or person. One student noted that, "It forced (me) to think critically about someone who is very easy to dismiss." The students could write from the perspective of the hated patient in one of the suggested stories or from the perspective of a disagreeable person whom they had encountered themselves. The themes of these narratives concentrated



on the patient's feelings of powerlessness and neglect. This student wrote about the helplessness and disrespect that the character feels:

...In the emergency room, the nurse is looking me up and down still on the board, oh, so you're back...You think I want to be here, I'm thinking, who the hell do you think you are, talking to me like that? Do you have any idea what it's like? My kidneys are giving up on me, and it's a rare day that I get through without getting sick to my stomach. And when I do feel better, all they tell me is what I can't do...

--Yasu Harasaki, Northwestern University Feinberg School of Medicine, 2006

### *Perspectives of Caregivers*

Other classes discussed the perspectives of caregivers and other ancillary staff. A palliative care nurse attended the first hour of class and spoke about nursing and her eventual gravitation toward palliative care. Using the 55-word story format that Ann Scheetz and Mary E. Fry (2000) have adapted to medical narrative, one student wrote about the experience of a palliative care nurse--the high turnover of patients, the daily witnessing of death, the degree of intimacy achieved in a short period of time (see epigraph).

### *Multiple Perspectives*

For the final assignment, the students were given a fictional case of a middle-aged woman who presents to clinic with complaints of a headache and interacts with several different individuals. Students were asked to tell this same story from at least two different perspectives. One purpose of this assignment was to force the students to consider other perspectives in a situation. A second purpose was to allow the students more freedom to be creative because the story and characters were fictional. This particular assignment generated imaginative stories that were humorous, but still conveyed important themes. Several students chose the physician's perspective and revealed the physician to be callous and self-centered. One student even illustrated the insensitivity of the physician by writing from the perspective of the physician's stethoscope:

We enter a patient's room. It is as if I begin to beat now, for I cherish these opportunities to perform the physical exam....The physical exam begins, and it is bittersweet...We find everything to be status quo, but I am not as confident as Dr. Jones to declare the patient physically normal. I sense that she would like to share something more. It does not matter now anyway because the doctor's watch has made us aware of our

completion...For now, I am through and left alone to lament over the glory years. Hey Steve, do you remember me? I am the guy who sits around your neck. I look, listen, feel, and care. We used to be a great team.

--Aneel Gursahaney, Northwestern University Feinberg School of Medicine, 2005

### **Evaluation**

The students completed a questionnaire containing Likert-type (1-7 scale) and open-ended questions. Overall students were very satisfied with the seminar (6.0/7) and also felt that writing these narratives had a purpose (6.1/7):

It's easy to THINK you can understand someone's perspective, but actually writing it is a more difficult thing. It forces one to realize all the barriers that exist to true empathy.

Students also found that this writing method was very helpful in understanding the perspectives of others (5.9/7), and understanding patients of a differing background (5.7/7) and patients in general (5.5/7):

There is so little opportunity in medicine to really identify with others despite the fact that we are charged with their

care. I think that writing from another's perspective strengthens the relationship between the two people.

These exercises also helped students to empathize with the central figure of their stories (5.9/7), as well as enhanced feelings of connection (5.5/7) and understanding (5.4/7) with this individual:

Writing descriptively means you have to ...really understand what a person sees, hears,..how they will interpret those things. That is where the understanding and empathy occurs.

Students discovered that the writing exercise increased awareness because as one remarked:

It allows you insights (real or fake) that help to take the center off of you and put it on the patient whom you are trying to help.

The final group completed both pre- and post-evaluations. Pre- and post- Likert scores were similar to those previously mentioned and did not show a significant change in attitudes overall, but only five students participated in this evaluation.

Notably the assignment on writing about a classmate proved to be surprisingly successful. Although students found this assignment challenging as noted by one student who wrote that it "was harder than all the others in knowing that person would hear it," most students enjoyed the experience and agreed with this student's

comment "I feel more connected to everyone in the class from having shared this experience." A few students were a little uncomfortable with the concept of writing from the patient's perspective and did not feel that this method of writing was the optimal way to develop empathy for the patient. Nevertheless, they did feel a greater understanding of the characters of their stories.

A limitation of this innovation was that students were self-selected; those who could benefit most from this type of intervention might be the most unlikely to select it. Also, the seminar could have been improved if more time had been allotted for writing and sharing the stories.

### **Discussion**

Writing that recognizes the existence of other perspectives has been a foreign concept in the medical profession. Medical training teaches that only one perspective exists: a cold, "objective" voice that retells the story of the patient in the form of the case history (Donnelly, 1988). Despite the appearance of this objectivity, the case history and all narrative is shaped by the opinions and personal experiences of the teller who has selected specific details to "report" to the audience. The choice of these details and the language used to convey the "image" of the patient are revealing about the tellers (Brody, 1994; Chambers, 1999; Charon, 1986; Charon, Banks,

Connelly, et al, 1995; DasGupta & Charon, 2004; Hawkins, 1992; Hunter, Charon, & Coulehan, 1995; Marshall & O'Keefe, 1995; Shapiro, 2008). Writing from the perspective of another person requires imagination, thus coercing writers to cross boundaries, both to be the "other" and to acknowledge themselves and see that these descriptions are truly their own (Calman & Downie, 1996; Charon, 1986; Hunter, Charon, & Coulehan, 1995; Shapiro, 2008).

Although imaginative writing can promote self-awareness and understanding of others, the writer may still place the patient or character in the category of "other." Another challenge with this method is that the writer may place his or her own values and opinions on the central character and not recognize his or her personal influence over the story (Charon, 1986; Marshall & O'Keefe, 1995). However, while point-of-view narratives and imaginative writing may not accurately represent the values or feelings of the patient or the subject, the writer must still imagine how she or he might feel in that individual's circumstance. In essence, the writer may not only feel more empathy towards the subject, but the effort made to understand that subject may also make the writer feel more emotionally invested in the subject (Charon, 1986; Marshall & O'Keefe, 1995; Reifler, 1996).

However, "Writing the Other" differed from earlier seminars employing imaginative writing, because these students did not write exclusively from the perspectives of patients and even had to write from the perspective of another student. Thus, students assumed the roles of writer and the "other" simultaneously which discouraged the tendency in medical training to place the others in a separate category. Students were given the opportunity to recognize their personal influences over the construction of the story.

The other question often posed by critics is: "Can we actually teach students to be empathetic?" This question assumes either that students begin medical school as blank pages on which anything can be written or that they're "finished products" without the possibility of influence. In truth, students start medical school with a variety of backgrounds and experiences that have shaped their ethical belief systems, but generally, most have the desire to be good doctors. However, the process of medical education may increase cynicism and promote traits that contradict the desirable, humanistic qualities that physicians need to possess (Coulehan & Williams, 2001). Thus, interventions that encourage students to be more thoughtful may be helpful in maintaining or enhancing the individual student's value system. Additionally, the long hours of medical school and residency leave little time for reflection and personal growth. The purpose of a

humanities curriculum is not to “teach” students how to be empathetic physicians, but rather to allow students the space to reflect on their experiences and on how these experiences affect who they are becoming.

The assignments in this seminar have applications beyond the teaching of students in preclinical undergraduate medical education. For example, at three separate sites, I have conducted writing workshops, using first-person point-of-view narratives for senior clinicians, allied health professionals and medical trainees. The workshop received high satisfaction ratings (4.7/5). Though new issues of trust and vulnerability occurred during this workshop, the clinicians found this exercise to be powerful in promoting self-awareness (Dhurandhar, Hauser, & Reifler, 2006). The method can be even more meaningful at higher levels of training or in other contexts.

Though it is impossible to know another’s life completely, exercises such as these can give the writer valuable insight into him or herself and into the individual being, he or she writes about, which, in turn, can increase feelings of connection and understanding. The value of “Writing the Other” was that the students were asked to make not only the shift of transforming the other into “I/me,” but also to shift back again to their own viewpoints and to assess their descriptions of their imagined perspectives of the subjects of their



stories (Marshall & O'Keefe, 1995). Thus they were able to understand more completely the perspective of being the "other."

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