Literature and the Arts in Medical Education

Johanna Shapiro, PhD
Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. E-mail: jfshapir@uci.edu.

Do Literature and the Arts Make Us Better Doctors?

Caroline Wellbery, MD

For 3 years, I have been running a poetry group for the residents in our family practice residency program.[1] We meet roughly once a month and rotate hosts; each host chooses poems of his or her own liking to interpret. We have covered a range of writing from the Grateful Dead to T.S. Eliot. The texts we read aloud may seem dense and difficult at the beginning of the session, but our collective efforts lead to a coherent understanding of the poems by the evening's end.

We do not choose our topics because they relate to medicine, although the poems may touch on such themes as loss and death that are relevant to patient care. Almost every poet has something to say about death—we read Emily Dickinson, John Crowe Ransom, John Updike, and John Donne, among others. There is a great deal of poetry on the body and bodily functions, which can link to discussions about how nonmedical perceptions of these functions differ from physicians' attitudes. Sharon Olds has written about such themes as physical abuse and sexuality and provides remarkable and intense physical evocations of these experiences.

Other important and patient-oriented themes are those of aging and mental illness. We read wonderful poems by Dylan Thomas ("Fern Hill"), Edna St Vincent Millay, and Robert Lowell. Sylvia Plath and Anne Sexton are both suicides, and there are important biographical links that elucidate their writing and vice versa. Love and relationships as well as creativity are important themes, which may not relate directly to doctoring but are relevant to the lives of young people and help students gain access to poetry.

Occasionally, we have strayed into prose, in which case we have read more medically oriented texts, including Jerome Groopman's "The Last Deal" (A *New Yorker* piece about a dying patient who was not very likeable), and William Carlos Williams' story, "Old Doc Rivers" (about the unorthodox practice, and practices, of an egocentric, drug-addicted small-town doctor). Our interpretations do not necessarily steer us to a discussion about our medical experiences.

Sometimes, after we have finished the formal interpretive part of the evening, we spend some time talking about our personal lives, our past, or our travels, during which time we enjoy good food that our host has provided. The evening stimulates our thinking, but it is also relaxing and social. Do these monthly sessions contribute in any way to making us better doctors?

Philosophers and literary theorists have long struggled with the question of artistic relevance. How important is art in guiding us in our day-to-day, real-world tasks? We often cite censure as a way of arguing that art somehow does have enormous effects. The Social Realists (ie, the "realistic" writing

Fam Med 2000;32(6):376-8.)

From the Department of Family Medicine, Georgetown University.

from the former Communist bloc in which the presiding regime or society assumes the qualities of a sober, helpful personality and in whose terms the actual characters define themselves) would not have co-opted literature as a means of reinforcing their programmatic aims. Nor would art exhibits in public museums face closure if art didn't have more than ordinary power to disturb, influence, and undermine our thoughts. At the other extreme, we realize that in a pinch—if we are tired or need to get somewhere—our literary or artistic interests would be the first to be postponed. And if there were a question of survival—starvation, homelessness, or other forms of misery—we wouldn't be curling up much with a book. In that sense, art or literature seem to be reserved for those with means and leisure.

Creative endeavors probably have more than one kind of effect and many roles; they facilitate insight, provide a means of escaping from reality, and force us out of our usual ways of thinking. Before we try to analyze what impact the arts and literature might have on our activities as physicians, we must first realize that artistic works are always experienced in a cultural context, and, in my view, our culture does not provide a favorable soil for the arts. (For a comprehensive and readable review of aesthetic theory and the relationship of the arts to their cultural context, see Peter V. Zima, *The Philosophy of Modern Literary Theory* [Athlone Press: London and New Brunswick, NJ], 1999.)

In the industrialized world, we harbor the notion of art as a luxury but one that loses out to competition with other forms of luxury. Our keen preoccupation with money and material goods erodes the value of the arts, because these are not products (with the exception of art objects that one can purchase and own). The need to "have" something—as manifested by our desire for ever-larger houses and cars—undermines those luxuries that don't produce visible, measurable results. One could say that materialism is the metaphorical structure for a culture that defines itself in terms of usefulness: something is done/created/designed that will lead to a product/outcome/measure. We simply become incapable of orienting ourselves when dealing with a phenomenon that yields no tangible result.

Yet, it may be that the nature of our interaction with art and literature is inherently anti-materialist. Hermeneutic theorists, in their struggle to understand the relevance of our involvement with art, have suggested that art serves us precisely by freeing us from the constraints of purpose.[2] This notion of the free play of a work of art—that goes nowhere except in the direction of release—intrinsically counteracts our ability to study its effects. Even if the idea of purposeless play is only a figure that we use to describe the sense that art is somehow separate from our tedious, ordinary lives, while at the same time connecting us to something nonmaterialistic deeper within ourselves, how can we measure the efficacy of something whose promise is to relieve us from the laws of cause and effect?

Of course we know that there are many things that cannot be measured in terms of financial gain and outcome, and it may be that this is the point at which to identify the intersection between aesthetics and medical practice. What perhaps has most undermined the medical profession in recent years is the theft of the immeasurable: everything nowadays, from how many pills a man with erectile dysfunction can be expected to require per month, to patient-as-consumer satisfaction, has been placed under a ruler's edge. Our work is crisscrossed by surveys, quality control, utilization review, and cost-benefit analyses. What we have less of is the understanding that the doctor-patient relationship, merely by virtue of contact and connection, is somehow healing.

The doctor-patient relationship heals in an immeasurable way, one that is linked to a physician's kindness, wisdom, and experience, as well as the time spent getting to know the patient. This issue of our humanity is the theme that links the individual medical encounter to the world of creative endeavor because this latter also is preoccupied with wisdom and connection (sometimes through circuitous routes). Not every physician can bring the same quality of intelligence or understanding to his or her relationships, but it is possible that spiritual experiences—by which I mean not just religiosity but also the secular encounters with books, theater, and other art forms—hasten or deepen the process.

Literature might be able to promote or accelerate learning by showing human emotions or circumstances that the ordinary reader might not otherwise have known. To be sure, there is no teacher as powerful as one's own life experiences, so it is my belief that interactions with literature or art are most meaningful when the student has been primed by real life for the complexity of human interactions, real or imagined. Rather than leading to a specific goal, experience with literature and art weaves itself into the maturation process, informing it but not actually creating it. Encounters with art might be like book illustrations or particularly apt metaphors that bring clarity to a situation without directly advancing or resolving it. For example, there is a vast poetic repertoire on the subject of a parent's death, which touches on themes of resentment, regret, primordial longings, and more. These poems do not lessen the pain of loss for the understanding reader—if anything, they enhance it—but the combination of unique vision and universal suffering they express provides a model of how individuals communicate in situations of grief. If it is indeed the case that literature and the arts stir feelings and open vistas, it could be hard to construct an arts curriculum that will somehow meet the ethical and humanitarian goals of good doctoring. It is impossible to know how an aesthetic experience will influence any particular individual or to what decision it will lead.

I think that in spite of these apparent limitations, there is value in studying and teaching art and literature in medical settings. First, the pleasure of this activity—at least for those who are so inclined—should be regarded as valuable, especially in training situations where there is so little time for pleasure. Second, doctors are so often preoccupied with their work that aesthetic interests can provide an outlet for other needs; by extension (one hopes), they would learn to recognize that everyone has a multidimensional nature, which in turn would remind physicians that there are more sides to their patients than those defined by the medical encounter. Also, insofar as participating in creative endeavors involves conversation, colleagues can learn about each other and enhance their collective understanding of challenging or upsetting situations, whatever the context. Less immediate, but surely most important, is the intuitive benefit of personal and intellectual enrichment, with its potential bearing on the care of our patients. We can try to measure these effects, but we are unlikely to succeed, any more than we can apply metrical standards to our internal universe.

The arts and literature provide a place in which to test experiences and emotions without the consequences of a real encounter. They are, as we say often enough, "imaginary" worlds. But, in the sense that they touch us or at times trouble us, they are experiences in themselves, and their impact reverberates in other things we do. Since they do not bind us to any results, we are free to wander into wild territory: we may not know what we will find, but often there is some talisman—maybe a smooth dark stone or an exotic fruit—that we will take with us and remember long after we return.

Correspondence: Address correspondence to Dr Wellbery, Georgetown University Medical Center, Department of Family Medicine, 217 Kober-Cogan, 3750 Reservoir Road, NW, Washington, DC 20007. 202-687-8647. Fax: 202-687-7230. E-mail: wellberc@gunet.georgetown.edu.

REFERENCES

1. Wellbery C. Poetry and medicine. JAMA 1999;281:2286.
2. Gadamer H-G. The relevance of the beautiful. In: Gadamer H-G. The relevance of the beautiful and other essays. Cambridge, England: Cambridge University Press, 1986.

Friends, Romans, Countrymen, Teachers of Family Medicine . . . Lend Us Your Ears:

Are you using literary and artistic materials as part of your curricula? Share your experiences and observations with *Family Medicine* readers!

To submit material for publication in the "Literature and the Arts in Medical Education" column, contact the column editor, Johanna Shapiro, PhD, at jfshapir@uci.edu.

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to Dr Shapiro at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984.