The theory of narrative medicine suggests that students who study literary features like plot, tone, and structure will become better readers and interpreters of patient stories and other health care texts. For the past 3 years as co-director of a literature and medicine course at the Medical University of South Carolina, I’ve suggested to students that Oliver Sacks’ “The Case of the Colorblind Patient” and Nancy Mairs’ “Carnal Acts” are structurally similar to the stories of heroes like Ulysses, Prometheus, and Buddha, which follow the narrative cycle outlined by Joseph Campbell, who suggests in his 1949 Hero With a Thousand Faces that this fundamental structure is timeless and universal. Both Sacks’ and Mairs’ essays describe the processes through which two patients adjust to chronic illness and forge new identities. In each case, the process of transformation involves three phases: onset of illness, adjustment to illness, and incorporation of illness into identity. These phases mirror the main stages of the heroic monomyth: separation from the known world; transformation during a period of travel, isolation, and change; and return to the familiar world with a gift. By providing students with a brief overview of Campbell’s theory and asking students to study the structural and thematic patterns of these essays, I hope to highlight universal qualities of narratives as well as suggest to them the specific value of illness narratives in health care.

In Sacks’ essay, a man who once made a living as a visual artist becomes color blind after a car accident. The patient John I. experiences shock, followed by periods of suicidal depression and rage. However, as John I. rediscovers his desire to live, he also attempts to construct a life based around his new set of sensibilities. Setting out to construct a new identity, he begins to live as if he’d been born color blind. Eventually, John I. comes to view himself as privileged rather than “ill”; his color blindness
becomes for him a “strange gift” that has “ushered him into a new state of sensibility and being” (p. 39). Ultimately, he cannot imagine a return to color, which would be “grossly confusing” and might “disrupt the now-reestablished visual order of his world” (p. 39).

The stages through which John I. travels mirror those of the monomyth. Like the mythic hero, he experiences separation and is drawn away from the ordinary world and sets out on a path of trials. On this path of transformation, John I. struggles to renegotiate his identity now that he is stripped of his ability to see color and, therefore, to paint in the manner to which he is accustomed. His transformation begins when he recognizes that he now views the world in a unique way: “The sun rose like a bomb, like some enormous nuclear explosion. . . . Had anyone every seen a sunrise in this way before?” (p. 14). Like Campbell’s hero who overcomes all odds to attain a gift, elixir, or special knowledge and returns to the world to share it, John I. is transformed by his illness, incorporating it into his identity.

As we discuss John I., students are urged to trace his progression by locating specific quotes that reflect the stages through which he goes. As we begin to discuss Mairs, I ask them to repeat this process as well as compare her narrative to Sacks’. Typically, students quickly point to quotes that reveal similarities between Mairs and John I. and their adjustment to illness. These moments of comparison provide the opportunity to discuss Campbell’s supposition that most stories human beings tell follow one of a few archetypal patterns—that ultimately, we retell the same stories throughout history and across cultures by putting different names and faces on old structures. If this is true, I ask students, what might this tell us about the universal qualities of narratives? And if narratives have universal qualities, how might that information be useful to health care providers, particularly those with limited time for patient interaction?

Analyzing Mairs’ text also helps elucidate the point that although narratives share similar patterns, they also include distinct features depending on the teller of the story. For example, we note that Mairs investigates what it means to be female and have multiple sclerosis, and we question how her first-person point of view compares to Sacks’ third-person retelling of John I.’s story. Of particular interest is the fact that Mairs is a writer, and her story involves how she discovered her “voice” during her adjustment to illness, which suggests a potent connection between illness and identity.

Like John I., Mairs is cast out of the ordinary world by the onset of malady. Yet, while John I.’s illness is essentially hidden from others, Mairs’ multiple sclerosis is not. The external changes to her body force her out of ordinary life into a world in which her physical illness and the accompanying gear (a leg brace, an Amigo scooter, and ultimately a wheelchair) divide her from her identity as a woman and even a human being. Mairs says of the healthy, “I’m not, by their standards, quite a person anymore” (p. 88). Abandoned to this new role, Mairs must face a number of obstacles that transform her. Although she cannot stop the disabling effects MS has on her body, she battles her shame about her illness by exposing it: “I can subvert its power, I’ve found, by acknowledging who I am, shame and all, and, in doing so, raising what was hidden, dark, secret about my life into the plain light of shared human experience” (p. 92). Thrusting her secrets into a public space is a means of saving not only her own life but also the lives of others. Like the hero who returns with an elixir to soothe the masses, Mairs shares her newfound knowledge with others who discover solace in her story. With their own voices, they reply “Oh, me too! Me too!” until Mairs realizes her “solo has turned out to be a chorus” (p. 92).

This focus on shared human experience not only is particularly fitting for a discussion about archetypal narrative structures but also reinforces the point that narratives are a primary means by which human knowledge is shared. Mairs overtly states the theme of our session—that narrative has the power to end isolation and encourage understanding that cannot be achieved through other means. Ultimately, both the Sacks’ and the Mairs’ essays provide ample support for the claims made by narrative medicine about the power of story and the importance of developing narrative competence.

Measuring narrative competence in students always involves a problem of assessment. While in this course students are formally assessed through reflective writing assignments, for this assignment they are assessed informally through discussion. Students often illustrate an understanding of narratives patterns by sharing their own illness stories or the stories of patients, noting that a similar “journey” or transformation occurred after the onset of illness. Other students identify health care models currently used to interpret patient behavior. For example, students frequently mention that the timeline for the seven stages of grieving is a tool used to interpret the process through which one goes after loss. Going further, students note similarities among all three narratives: the grieving process, adjustment to illness, and the heroic journey. These student responses reveal an awareness of and sensitivity to narrative patterns as well as an ability to identify how they are used already in health care to understand patient experiences and behavior.
Since students find paradigms familiar and relatable, analyzing essays via an established literary model like the heroic cycle offers them the opportunity to reflect upon illness narratives in a new way. As a result, stories like those told by Oliver Sacks and Nancy Mairs can be taught not only as texts that reflect common human experiences but also as potential tools for understanding the specific relationship between illness and identity.

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