

Narrative Medicine: A Pathway for Neurologists to Enhance Dialogical Learning to Better Understand Patient Pathology

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Abstract

There are similarities among the disciplines: Neurology, Psychology, Narrative Medicine, and the Arts. There is a connection between us since modernly cultural identities are often formed based on television, film, and books. Surely, no medical narrative may depict all events that stem from treating an illness and no book, regardless of the author's talent, will place its readers in the suffering patient's body. The patient's truth and recollections are laid bare in: physical evidence as displayed visually, documents, memoir, and diaries. These medical narratives must be taken as a whole in our attempts to understand that a patient's pain can be measured and communicated more than any mere number on a scale of one to ten. It has become increasingly clear that other forms of evidence, such as the medical narrative between doctor and patient also show that human suffering can be reflected upon among different cultures by embracing our shared humanity.

Keywords

Narrative Medicine, Suffering, Communication

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1. Introduction

Oliver Sacks, Professor of Neurology at Columbia University Medical Center developed medical narratives as part of his best-selling books: *The Man Who Mistook His Wife for a Hat*, and *The Mind's Eye*. Sacks muses that these medical narratives are the genuine descriptions of the patients' experiences and it often leads to more general explorations about the diagnosis [1]. We should take into account that there will be distortions in the truth because pain is a factor that distorts truth will also hinder understanding between the Doctor and the patient. On the one hand, healthcare professionals can recognize this fact in order to employ active listening techniques to better aid patients suffering from terminal illness. On the other hand, film and literature may provide some of the best examples about strong physician-patient communications. It is through artistic metaphoric passages that a patient records in a journal, for

example, that others may try to envision how it felt to experience pain and suffering. Therefore, those who are not suffering patients can try to understand and imagine how others suffer. In short, words in books conjure up visual images about the events that are part of the treatment related to an illness.

2. Literary Images in the Medical Narrative

Today cultural identities are formed based on films and television rather than from books. It is important to note how visual literacy can lead to impulses often embrace [2]. We must seek an understanding between the verbal and the visual by studying them very closely. What is a viewer or how does the viewer respond to the artwork? Viewers respond through their minds and their bodies. Words can and will become powerful manifestations of conscious in society when words

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are transformed into images. Images from film are expressed and understood by our minds through the use of words [3]. Likewise, narrative medicine can be understood in the cultural context of what the patient relays to be painful problem and the history or onset. It is also formulated through the use of words and enforced by images and their consequences. We use words to create stories that help us absorb or overcome the shock from any traumatic experience as we allow these created stories to be stored in human memory [4]. The survivors' accounts enhance our understanding and usage of the medical narrative. Hence, each time a medical patient relates her history to the Doctor, the patient is exposed, and she does run the risk, that the non-suffering listener will not understand.

3. Neuroscience: Cognitive Abilities

Directors know that the eyes register details first with the information transmitted to the brain for interpretation in a neurological pattern. Healthcare professionals may not choose to look away, shut the eyes and they simply cannot hide from the magnitudes of pain and suffering. The conversations between physician and patient help the parties to assimilate reading and seeing. This pain seems to be communicated and the listener understands the person's suffering. It is true that when describing pain that the words appear to be inadequate [5]. Yet, we embrace images because they are forms of narrative and instructive art since images are translated into words that tell a story. What is the difference between the person's reality as garnered from survivors' memories about physical suffering and mental anguish versus the reality as depicted in film? Melvin Jules Bukiet's edited work called *Nothing Makes You Free* attempts to shed light on that question:

Then came D-Day, the Red Army, German surrender. Concentration Camps were 'liberated,' and approximately one hundred thousand Jews were released from Hell. Many more emerged from years of hiding in terror. What a strange world they inhabited. Their homes were burnt, their culture destroyed, their God silent. It was a world without very young or very old people, because most of those who survived were between twenty and thirty and had been deemed fit for work, temporarily. Perhaps most bizarrely, the survivors' was a world without parents, a world of orphans. Like their literal mothers, their *mameloshen*, Yiddish, was now as dead as Sanskrit. That was appropriate, because the survivors were ghosts floating across the devastated landscape. Much congratulatory celebration is made these days of their vigor, their character, and their mere existence, but let's keep one terrible truth on the table. In fact, Hitler

won. The Jews lost, badly. The continent is morally, culturally, essentially *Judenrein*. Thus, the survivors were expected to remain unobtrusive supernatural phenomena, not disturbing the living with the clanking of their chains and their alarming stories. In return, a guilty world tried to salvage its conscience by granting passports to the United States and other nations to those whose entry they barred a decade earlier [6].

4. Distortions of the Truth

Alan Mintz was concerned about how suffering was depicted on film writers and filmmakers consider cinematic strategies and sometimes they unwillingly become involved in a process that distorts the truth. Our ability to chronicle and then to communicate human pain and suffering was documented through film and literary genre that was narrated by Holocaust survivors as Mintz commented in the preface:

When it came to the response in Israeli literature to the Holocaust, it became clear that the complexity of this phenomenon could be grasped only in the context of the Zionist revolution that had given birth to Israel and its ideological repudiations of traditional paradigms. Viewing this literature as being essentially an Israeli branch of an international literature of the Holocaust, while yielding some insights, seemed to be very wide of a mark. Israeli culture had admitted the Holocaust very much on its own terms, and unless the embroiled nature of those terms-which involved all sorts of denial and displacement- was adequately understood, the hope of grasping the true significance of these works was remote [7].

Distortions of the truth occur when filmmakers try to bridge the gap between how to make the narrative work in relation to the particular memory itself [8]. Often, moviemakers focus on the dramatic flare of the images represented and not so much on the historical accuracies. According to Rian and Hammer (2013), physicians that plan to practice empathic patient care tend to employ dialogic relationships with patients as a key strategy in healthcare delivery [9].

5. The Fault of Our Stars

Therefore, when viewing a film like Director John Boone, "The Fault of Our Stars," it is wise to keep in mind that almost all the visual images are placed there to draw out a specific sympathetic response [10]. In the film, two teens fall in love while undergoing cancer treatment at a medical center. A response that depicts to the viewers humanity is governed by pain as it is necessary for survival. A Director who seeks to elicit this sympathetic response from viewers will want the viewer to regress into the character's role. The question

becomes whether the disease medical narratives are made with memories that can be transcribed into medical narratives documenting suffering? Films can encapsulate the shortening or elimination of any distances between past and present memories. Will these films and memoirs prove to be a reliable medical history that documents suffering and illness? The viewers need to be ready to believe what they see, and to realize, that these images do not even scratch the surface of the pain and suffering that a terminally ill patient faces.

6. Conclusion

In conclusion, visual images of suffering are described by the patients in consultation with the physician. The diaries that they write become medical narratives that chronicle their journey through events took place. The patients will create their own personal narrative and it becomes the pathway to understanding the disease and its course. The medical narratives form these memoirs that can be shared and reviewed by physicians in order to better understand how to alleviate human pain and suffering. In this regard, the medical narrative serves as one tool that propels modern medicine forward. There may be

A contradiction just as the medical professional attempts to listen to suffering patients can. To further compound the communications problem, our language often fails us when we try to describe severe emotional and physical pain.

Likewise, it is also difficult for a physician to find the right words to deliver bad news to a patient about his or her health or the death of a loved one. Finally, medical themed television programs are analogous to the medical narrative since the plots embody it.

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