

# Hearing What's Not Said

In *Stories Matter*, a collection of essays co-edited by Rita Charon, Marcia Day Childress writes about two medical school students, Rob and Craig, who are assigned to visit a patient at home. Mr. Chambers, a farmer in his late fifties whose kidneys are steadily failing him, is reluctant to talk about his problems, but he is pleased to show Rob and Craig around the apple and peach orchards on his 200-acre property.

During the tour, Mr. Chambers tells the students he is considering marrying his girlfriend who lives in Baltimore and who has promised to care for him if his illness worsens. Beyond that, he says little until they come across a horse of which the farmer is particularly fond. Too independent to be saddle-broken, the horse roams the fields on his own, occasionally picking up a stick in its mouth, tossing and chasing it—playing “solitaire fetch” much to the farmer’s amusement. When Rob and Craig leave, they have heard more about this horse than Mr. Chambers’ declining health, and they feel their visit is a failure.

Their med school teacher, however, recognizes that Mr. Chambers has revealed more about himself than Rob and Craig realize. He instructs his two students to pay close attention to the horse during their next visit. When the students return to the farm several weeks later, Mr. Chambers is again tight-lipped about his health, but he says he is thinking seriously about selling his farm and moving to Baltimore. As a first step, he

has sold the horse he showed off so proudly during the last visit. With a mixture of respect and regret, the farmer says it took a crew of nine men two hours to load the horse into a trailer.

A few months later, Rob and Craig make their third and final assigned visit. By now, the farmer is seriously ill, but his plan to sell the farm and move in with his girlfriend has stalled. The medical students report this to their teacher but cannot explain why the farmer is staying put. Understanding storytelling, their teacher offers an interpretation: in showing off his horse, the farmer was presenting a symbol of *himself*. In selling the horse, Mr. Chambers was *rehearsing* the sale of his farm.

Witnessing the horse’s struggles was probably enough to make him reconsider his plans. While these insights may not have helped Rob and Craig cure their patient, learning how to recognize *all* they are being told will undoubtedly help them in the future.



*Epilogue: Two years after the students’ last visit, Mr. Chambers drowned in a pond on his farm, apparently a suicide. Writing about this case, Rob and Craig’s teacher surmised that this independent, tight-lipped farmer simply couldn’t let the disease run his life. So, staying true to his own story, Mr. Chambers wrote the final chapter himself, “claiming his beloved land with his body.” ■*

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## How to Listen Better

Studying storytelling can help you tell better tales, but as medical students at Columbia University are discovering, it can help you listen better, too.

Listening isn’t what it used to be. Bombarded by information, we may still *hear* most of what’s coming at us, but our minds have been conditioned by the constant assault to sort incoming messages into two folders marked “relevant” and “irrelevant.” One folder will be automatically discarded, the other reopened and its contents examined when time permits. Only on those increasingly rare occasions where we have enough time or sufficiently high regard for the speaker do we stop sorting and truly *listen*, hearing all that is said, hinted at, or implied.

This phenomenon has particularly troubling implications for conversations between doctors and patients.

Overwhelmed by their patient load, many doctors “cut to the chase” in patient interviews, interrupting the patient’s storytelling to get at the hard facts. If you ever felt that your physician was looking at you more as a set of symptoms than a whole person, you know precisely how this feels. And it may be one reason why more and more patients are turning away from traditional medicine towards more holistic forms of healing.

Columbia University is taking this problem seriously. Medical students are being trained how to become better listeners, and they are sharpening this skill, surprisingly enough, through a course on storytelling. ►



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► At the College of Physicians and Surgeons of Columbia University, second year medical students are required to take a course in “narrative medicine” designed by Dr. Rita Charon. Dr. Charon says she saw the important connection between storytelling and doctoring during her earliest days in practice. In 1981, she began treating patients at Presbyterian Hospital in Washington Heights, “and I realized that what I was being paid to do was to *listen* in very sophisticated ways to the chaotic stories that were being told by my patients,” she says. At that time, there was already a thriving field called “Literature and Medicine” that encouraged physicians to read Tolstoy’s *The Death of Ivan Ilyitch* and similar great works for their illuminating accounts of healing. But Dr. Charon sensed that this reading list might be too narrow.

At a month-long seminar called “Literature and the Clinical Imagination,” Dr. Charon read short stories by Eudora Welty, D.H. Lawrence, and other literary lions, not to study accounts of healing, but to learn how to recognize the basic elements of narrative: plot, genre, voice, symbol systems. She also started to write about her patients to gain new insights into what was happening inside her office. Writing about one young woman she had treated made her realize how little empathy she had shown her. “When I went back to New York and saw this woman again,” Dr. Charon says, “I had such deep regard for her. I had imagined what it was like to be her, to think about how she saw me.”

By the early 1990s, Dr. Charon was teaching diagnosis and treatment to medical students, and she suspected that a writing exercise would benefit these young doctors as it had helped her. So she invented the “parallel chart.” While her students would continue

to track their patients’ progress on traditional hospital charts, they were required to keep a second chart tracking their own emotional responses to what was happening around them each day. “They could write about how a patient’s dementia frightened them because it reminded them of their father’s dementia,” Dr. Charon says. “They could write about sadness, deep attachment, rage, anger, and frustration.” Once a week, the students had to read their charts to each other. “And when they read aloud,” Dr. Charon recalls, “they got the sense they were not alone.”

In 1996, she started a formal program in humanities and medicine at Columbia. “Reading and writing for doctors,” she says with a chuckle, but the fact that so many of her students clearly needed brushing up on these basic skills was no laughing matter. “When you have to stand up at rounds and relate a highly technical, precise, unemotional sequence of events,” she says, “the inevitable consequence is that you get rusty at the other kind of storytelling.” But this wasn’t the only problem among her students.

“Psychological testing of medical students shows levels of empathy consistently decline during medical school and residence,” *The New York Times* reported in a special issue on health care last April. Dr. Charon believes that learning how to listen to the stories of patients may help counteract this trend. When a doctor grants the patient “pride of place as storyteller,” as she puts it, and attempts to see the story from the patient’s point of view, that is a critical change in perspective. And that shift, she suggests, can be a precursor to developing more empathy for the patient.

Dr. Charon’s course in narrative medicine is popular at Columbia, and other medical

schools are incorporating similar programs into their curriculum. When asked if teaching “narrative competence” makes sense for other fields, Dr. Charon has no doubts. Learning how to hear and understand other people’s stories makes you a better listener, she asserts, whether the person across from you is a patient, a donor, a partner or an adversary. While Dr. Charon cannot cite

research that conclusively proves better listening makes better doctors, that conclusion doesn’t seem unreasonable. And if mastering storytelling helps make better doctors, can it also make better advocates for the environment, gun control, reproductive rights, peace, and other issues? “Absolutely,” Dr. Charon replies. “Absolutely.” ■

