

Narrative in Medicine and History: How Fiction Reminds us of Who We Are

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Abstract

Reading enhances our imagination, our narrating and listening skills, our capacity to deal with time and space, thus enlightening our ethical self-awareness as human beings. The key to know how to deal with theoretical principles and practical cases lies in hermeneutics, since a demanding ethical position requires a demanding hermeneutical procedure. Based on the novel *The Storyteller*, by Jodi Picoult, this essay aims at stressing the role of literary narratives in the field of Bioethics if one wants to focus on the right questions instead of searching for the one correct answer. The reading of this novel reminds us of the importance of telling one's story in order to perceive our own identity, in order to deal with the pain of remembering and so that we may be able to forgive and to promise. *The Storyteller*, a story built of stories by different voices, focuses our attention on the work of memory and narrative, reminding us of the thought provoking book by Hannah Arendt, *The Human Condition*, and allowing us to bring in Paul Ricoeur's theory of the identity in *Soi-Même comme un Autre*, as well as *The Wounded Storyteller* by Arthur W. Frank. The intersubjective dimension of therapeutic relationships and the relevance of narrative knowledge in health care recognized by Narrative Medicine demand from the health professionals the development of the skills of a storyteller and those of a story listener/reader. Reading *The Storyteller* makes us face the pillars of Narrative Medicine without focusing on health issues, by making us instead read about storytellers while we are asked to be story-listeners and story-builders.

Key-words: memory; forgiveness; identity; ethics; narrative medicine

ARTICLE

"Pardon is a kind of healing of memory, the end of mourning. Delivered from the weight of debt, memory is freed for great projects. Pardon gives memory a future."

Paul Ricoeur. 2000. *The Just*. Chicago: The University of Chicago Press, p. 144

"Being a doctor can hurt as well - helplessness and sadness in the face of untreatable disease, guilt over real or imagined lapses, anger at excessive demands of manipulative patients, the actual physical distress inflicted by medical training, and fear for one's own health."

Rita Charon. "Compassion in the care of patients". In *Ambulatory Care Syllabus 4th Edition*, Edited by Miriam Rabkin and Steven Shea.

(<http://www.medicineclinic.org/AmbulatorySyllabus4/NEW%20compassion.htm>)

Reading enhances our imagination not only of events and feelings one has never lived before, but also the imagination to project one's action into the future; it sharpens our narrating and listening skills, our capacity to deal with time and space, thus enlightening our ethical self-

awareness as human beings. The key to know how to deal with theoretical principles and practical cases lies in hermeneutics, since a demanding ethical position requires a demanding hermeneutical procedure. Based on the novel *The Storyteller*, by Jodi Picoult, this essay aims at addressing two main issues, namely, moral distress and moral residue that affect medical professionals, patients and their families and the crescendo effect of telling/writing and listening to/reading stories in the building of our humanness. Forgiveness and Promise are two key concepts that we consider to be the roots of the bridge from the plot of *The Storyteller* into the narratives of illness.

The Storyteller, written by Jody Picoult, was inspired by Simon Wiesenthal, the Nazi-hunter and his book, *The Sunflower*. In this novel, Wiesenthal writes about his days in a German concentration camp, where he was summoned to the death bed of an SS man who wanted to confess his guilt and be forgiven by a Jew.

In *The Storyteller* there are four parallel stories, embedded narratives like Chinese boxes. Sage is an outstanding baker who works at night and leads a loner life in a small town. The scar on her face is kept as a secret, pointing out to gloomy past events and precluding her from having a normal life. The shadows of the past seem to push her into painful experiences: the relationship with a funeral director called Adam, who also happens to be married, seems to be a fine arrangement initially, but she ends up suffering as she feels excluded from her lover's life; she is drawn to Josef, a member of the grief group she attends after her mother's death, who confesses to her that he was a Nazi commander in the Holocaust at Auschwitz concentration camp and asks her to help him die. Minka, Sage's grandmother, grows up in Lodz and is sent to the ghetto with her family. Eventually she is taken to Auschwitz and we closely follow the story of all the hardships she endures and ultimately survives. Franz and Reiner are two German brothers who end up in the SS and who play totally different roles due to their different characters: one is serious and sensitive, loyal to his friends and able to praise the fundamental values of life; the other is a callous fighter, obsessed with the duty of acting according to the Nazi ideology. There is another story running alongside Sage's: a wonderful allegory written by Minka, a dark gothic romance about a baker's daughter and two demon brothers who terrorize a village. The novel structure and its plot point out respectively to the stories that are always entangled in other stories and to the role of forgiveness and promise in giving a future to the self that comes to be in the story being told.

All the horror of the unbearable suffering in Auschwitz and the void that swallowed the victims of genocide are realities that inhabit a very different territory from that of illness. However, what allows us to draw this parallel between the narrative that utters the Void of the voids during the Second World War and narratives of illness is precisely the role of memory in the quest for meaning, for a narrative identity and for the restitution of the possibility of moving on to the future: "[E]vents like the Holocaust and the great crimes of the twentieth century, situated at the limits of representation, stand in the name of all the events that have left their traumatic imprint on hearts and bodies: they protest that they were and as such they demand being said, recounted, understood." (Ricoeur, P. 2004a, 498)

In *The Wounded Storyteller* (TWST), Arthur W. Frank defines three types of narratives of illness: restitution stories, that "attempt to outdistance mortality by rendering illness transitory"; chaos stories that "are sucked into the understow of illness and the disasters that attend it"; and quest stories that "meet suffering head on, they accept illness and seek to use it. Illness is the occasion of a journey that becomes a quest" (Frank, A. W. 1995, 115). In order to

open a gap that allows possibility to crack out of the nightmare, the storyteller has to go through all of the three types of narrative, much like the characters of Picoult's novel. When Josef and Sage meet at a grief group session, they are both living chaotic stories and both are looking for forgiveness and for a different closure or for an exit out of bad memory into the possibility of a future. Bad memory does not let them follow the linear movement of human kind, the same movement that, according to Hannah Arendt in *The Human Condition*, frees us from the cyclical movement of everything else in our world. Sage and Josef are stuck in the past, both caring the burden of incoherent identity narratives: the former due to the guilt she feels for her mother's death at the car crash while she was driving; the latter, for having been a Nazi commander in the Holocaust at Auschwitz concentration camp.

The grief group at the beginning of the story where Josef and Sage meet is a place where words count, where narratives are used to search for the good memory, the one that does not enclose oneself into repetitive gestures that prevent oneself from looking into the wound and into the trauma. By sharing with each other their losses, their guilt, their anxiety and need for hope, the members of the group assume their incapacity to forget the lost object, to mourn their loss in order to go on with their lives. Ricoeur states that the critical use of memory is the one that allows us to rise above, freeing oneself from both the excess of memory and the lack of memory, opening up space for promise. Compulsion to repetition and melancholia are the consequences of a blocked memory; the alternative is to remember. Remembrance gives a future to memory. It is important to notice that throughout the novel we are faced with the work of remembering repressed memories by Sage, Josef, Minka, and these entangled stories of remembrance start with Josef's request to be pardoned by Sage - representative of the Jewish people - and to be killed by her as a punishment that would free him from being engulfed in repetition:

"(...) before you help me die, Sage, I need one more favour from you. I ask you to forgive me first.

"Forgive you?"

"For the things I did back then."

"I'm not the one you should be asking for forgiveness for."

"No," he agrees, "but they are all dead." (pp. 117-118)

Pardon and vengeance are not compatible, because, as Ricoeur states, pardon allows for catharsis to take place and makes a benevolent sacred emerge from it (Ricoeur, 1995, 145). So, pardon is a kind of gift, originating from the victim and only by pardoning can good oblivion emerge:

"[W]hat kind of forgetting would deserve to be held as a trace of forgiving? I would suggest to speak of a good oblivion in the same way as we speak of a good memory... It would mean breaking free from the trading logic of adding and subtracting, from the poor vocabulary of deleting the debt, of drawing a line on the blackboard of our sins as though pardon could compete with the work of time, or, worse, to contribute to this frightening destructive work. Good oblivion should be on the side of this other figure of forgetting, the preservation of the traces, but delivered from their mischievousness, their haunting power. Lifting the burden of the debt is recovering the lightness of existence, the divine freedom from worry." (Ricoeur 2004b, 14-15)

The uncoupling of the evil from the agent is enacted in the novel with the topos of the Double personified in Reiner and Franz: Reiner assumes his incapacity to feel repentance, being

instead Franz who repents and asks for forgiveness. However, for Franz there is no future in the request, being thus followed by the need to have Sage kill him. By not assuming his identity (he claims to be his brother Reiner), Franz cannot be forgiven, because he lacks self-attestation. Remembering is an act where the self recognizes itself. The attestation of memories implies an act of self attestation, because attestation is ultimately attestation of the self. Without assuming his own self, the what and the who that make part of it, Franz cannot recognize himself in his memories, and without his recognition, there is no forgiveness and hence no future. In spite of his former wisdom – “Don’t forget where you came from”, he told his brother, trying to make him feel repentance for his violence --, Franz gets stuck in the different possibilities of action that he eagerly looks for in Minka’s tale. The story Minka was writing at the concentration camp could have different endings and Franz kept her alive because he wanted to keep the promise of a different future also alive. In a dialogue with his brother Reiner, Franz says that “power isn’t doing something terrible to someone who’s weaker than you, Reiner. It’s having the strength to do something terrible and choosing not to” (164). The capacity to narrate oneself is deeply linked to attestation, ascribing to oneself several actions as one’s own or, on the contrary, denying one’s involvement in some. To choose one action instead of another is a matter of commitment, an act of freedom and responsibility:

“How does it end? Josef had asked. Now I realize he lied twice to me yesterday_: he knew who my grandmother was. Maybe he has hoped I’d lead him to her. Not to kill her (...), but for closure. The monster and the girl who could rescue him: obviously he was reading his life story into her fiction. It was why he had saved her years ago; it was why now he needed to know if he would be redeemed or condemned. And yet the joke was on him, because my grandmother never finished her story. Not because she didn’t know the ending; and not because she did (...) and couldn’t bear to write it. She had left it blank on purpose, like a postmodern canvas. If you end your story, it’s a static work of art, a finite circle. But, if you don’t, it belongs to anyone’s imagination. It stays alive forever.” (527-528)

In the territory of illness, the same search for closure is present. Arthur W. Frank points out in *The Wounded Storyteller* that illness stories face the task of ordering the chaos of a narrative that was interrupted, while at the same time they must tell the truth about the ongoing interruptions in the future. There is a need of closure and a commitment to the truth of indeterminacy, openness, the awareness that there are no tidy ends. Facing this openness and assuming one’s body as the place where the journey of illness develops, as the instrument available to tell one’s own narrative, as well as the the issue of this narrative, makes part of self-attestation, without which there is no memory, no forgiveness, no future. The grief group at the beginning of the plot of *The Storyteller* is meaningful in this search for one’s own voice, the voice of the body in relation to the other as a body outside mine, but also as the body that has to do with me and I with it, the so called dyadic body according to Arthur W. Frank:

“Illness presents a particular opening to becoming a dyadic body , because the ill person is immersed in a suffering that is both wholly individual – my pain is mine alone – but also shared. (...) Storytelling is one medium through which the dyadic body both offers its own pain and receives the reassurance that others recognize what afflicts it” (36).

The importance of telling as remembering, of giving different meanings to past events, thus opening up alternative paths to the future; the key issue of asking for forgiveness and

promising to keep one's word, are important issues when discussing moral distress and moral residue that affect health professionals. Webster and Bayliss define moral residue as "that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised (Webster G, Bayliss F. Rubin S, Zoloth L., 2000, 208).

While reading the novel by Jody Picoult, the tragedy of knowing the correct way to act and not doing it for personal or external constraints are repeatedly addressed by the characters: Sage knows that her relationship with her married lover is wrong, and yet she insists in keeping this affair; Josef knows from the start that his brother was doing evil, being therefore aware of his own evil as part of the Nazi machine, and yet he does what is expected from him; Leo hunts Nazis for the sake of justice, or is he looking for vengeance? There are no black and white, good and evil, but a lot of gray areas demanding that one chooses between bad and worse. Wisdom is thus portrayed as asking for more (or, in another sense) for less than reason. The tragedy of not choosing the right way or not choosing any way at all, i.e. choosing not to decide, is also present in the territory of illness. Narrative allows patients, health professionals and caregivers to share expectations, anxiety, fears, doubts, thus promoting dialogue and shared decision making:

"The narrative provides meaning, context, and perspective for the patient's predicament. It defines how, why, and in what way he or she is ill. The study of narrative offers a possibility of developing an understanding that cannot be arrived at by any other means. Doctors and therapists frequently see their roles in terms of facilitating "alternative stories that make sense from the patient's point of view." (Brody H. "My story is broken: can you help me fix it?" LitMed 1994;13:91-4). It has been argued that in psychotherapy the role of the therapist goes further: the therapist should assist the patient in his or her attempt to construct and work through the unconscious elements of a half written personal story. (Holmes J. "Narrative in psychotherapy". In: Greenhalgh T, Hurwitz B, eds. Narrative based medicine: dialogue and discourse in clinical practice. London: BMJ Books, 1998:176-84)" (Hurwitz, B. and Greenhalgh, T. 1999, 48)

Medical harm occurs in different types of health care relationships, making us think about the kind of forgiveness that is expected from all the people involved: "When we speak about forgiveness after medical harm, which kind of "forgiveness" do we mean? The kind that brings people together? Or the kind that allows them to detach from one another?" (Berlinger, N. 2011, 648).

Within the Jewish and the Christian traditions that followed from it, forgiveness is the outcome of an interpersonal relationship between the repentant and the victim who is willing to forgive. The error itself is perceived as the source of continued suffering for patients, families, and clinicians. Jeffrey Blustein, a philosopher and medical ethicist, argues that in order to be able to self-forgiveness, one has to focus not on what one has shown oneself to be like by what one has done" (Blustein, J. 2000, p. 15), but on who we are. Being unable to forgive ourselves for something in our past, will open up a break in the story of our life, leading to serious difficulties in understanding the content of our own character. This, in turn, will block our capacity to project our action ahead, thus making it difficult to anticipate how well we will respond to a similar situation in the future. A buildup of moral residue appears to be dependent upon repeated experiences of moral distress. As residue builds over time, caregivers will react more strongly to repeated situations, particularly those that are reminiscent of earlier experiences. A

physician who is not self-forgiving cannot recognize his own vulnerability or else views himself or herself as a moral monster, without any possibility of a different closure. Silence as the result of repression will not help anyone, neither the physician, nor the patient and his relatives. By taking responsibility for the past events, by recognizing his vulnerability and the unpredictability of life, by assuming his role in the faulty events, the work towards self-forgiveness can take place. This is the first step to have the forgiveness of the patient and/or relatives. At the moment of disclosure, no forgiveness should be expected, since time is needed to be forgiven. However, self-forgiveness rests on self-attestation, which always implies the Other. This means, that from the beginning, there will be an open path to communication, which might prevent many of the lawsuits. Bearing in mind that the true focus of moral distress are systemic problems of poor communication, inadequate collaboration, and perceived powerlessness resulting from hierarchical structures, the more the communication strategies are improved, the more moral distress can be prevented :

"lawsuits are filed not just for financial reasons but because people feel abandoned and aggrieved, in ways that better communication and acknowledgment might alleviate. Doctors and risk managers underestimate both the importance that families place on knowing what happened to loved ones and the frustration they feel when stonewalled. If there were more openness, including apologies, some lawsuits might be forestalled and others settled quickly, without so much emotional toll on families and physicians." (Levine, C. 2006, 246)

An important part of the narratives searched for and built by families is closure and the way it creates a future. It is essential to let patients and families know what measures have been taken to prevent a similar error and it is also essential to assure oneself and the team that the future can and will be different. Moral distress experienced by health professionals due to their inability to act differently, in spite of knowing what the correct way to act is, will surely lead to a crescendo of anxiety and inability to devise alternative courses of action if no measures are taken to prevent similar events in the future. In spite of the huge differences and incomparable realities we are addressing, moral distress that affects Josef/Franz, leading to his inability to see a future ahead of him, also condemns health professionals who do not try to identify the causes of this phenomenon and look for strategies that help avoid these conflicts.

Texts like *The Storyteller* disturb our fantasy, and this is precisely what medical students need, what health professionals need, in order to reach the transperspectivity that is essential to keep track of our humanness:

"The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called narrative medicine, is proposed as a model for humane and effective medical practice. Adopting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate 4 of medicine's central narrative situations: physician and patient, physician and self, physician and colleagues, and physicians and society. With narrative competence, physicians can reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duties toward other health care professionals, and inaugurate consequential discourse with the public about health care. By bridging the divides that separate physicians from

patients, themselves, colleagues, and society, narrative medicine offers fresh opportunities for respectful, empathic, and nourishing medical care.” (Charon, R. 2001)

Transperspectivity can only be obtained through the web of narratives that make part of one's life, because as Rita Charon points out, the more stories we read, listen to, the more we can get from them, infolding their imagination, their voices, their unique crossing of time, space and meaning, and unfolding their traces in our relation to oneself and the other:

“When two cells influence one another, one cell produces a ligand (that which links) that interacts with the second one's membrane to trigger it into action. When the ligand docks on the waiting membrane receptor, the inner portion of the receptor reaching deep into the interior of the cell undergoes change. Activated from the outside—by reading, listening, witnessing, remembering—the receiver is altered by the story's docking while the story itself, like the docking insulin protein, can be altered by virtue of the contact. The story receptor's deep portion within the receiver triggers cascades of meaning-making in that reader's or listener's emotion, cognition, aesthetic sensibility, relatedness, capacity for attention, memory, and bliss.”

Stories like *The Storyteller* remind us of who we are: conditioned human beings who try to rise above their conditions by telling their own stories, giving meaning to what happens to them and promising to keep their word, with and for the others. All the possible communicative strategies, conflict management procedures, guidelines by ethical committees will not be enough to solve ethical problems or to deal with situations of moral distress and moral residue if narrative is not perceived as the keystone of identity, memory and forgiveness, without which none of those problems can be effectively tackled: “Fiction comes in all shapes and sizes. Secrets, lies, stories. We all tell them. Sometimes, because we hope to entertain. Sometimes, because we need to distract. And sometimes, because we have to.” (528)

In the health area, we definitely have to tell stories and, above all we must be good readers and listeners. The voices, the context and time make sense if the faces (the characters) of patient and care-giver are duly integrated in the ethics/medicine deliberation. Decision-making in Medicine brings together the intellectual, emotional and imaginative dimensions of the human being, demanding that the uniqueness of the individuals involved is respected. The plot in which the patient is situated demands of care-givers the ability to respond as readers of that narrative. When diagnosed with prostate cancer Anatole Broyard, the famous literary critic of the *New York Times Book Review*, said that what he was looking for in a doctor was “a close reader of illness”. As important as being a competent doctor is being a reader able to articulate the patient's physical and spiritual suffering and provide a response to the difficult moral decisions posed in experiencing the disease. Martha Montello and Charles M. Anderson consider that understanding the role of the reader has a huge impact on biomedical ethics, insofar as it is the role of the reader in the narratives of moral deliberation that in a more powerful way relates the experience of Literature with the deliberative processes of biomedical ethics.

We firmly believe that this interaction between Medicine and Narrative is an example for other social and educational practices that recognize the place of the Humanities as an integral part of true knowledge in the service of man – one that is integrative and liberating, in recognizing our vulnerability and the overcoming of that vulnerability: “We're a pine needle before a fire, we're a speck of dirt before an earthquake, we're a drop of dew before a storm, dear friend.” (Peixoto, J.L. 2007, p. 81)

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