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Cover Page Footnote

Greenhalgh, Trisha, and Brian Hurwitz. "Why Study Narrative?." . Ed. Trisha Greenhalgh. *British Medical Journal*, 2 Jan. 1999. Web. 11 Sept. 2015.

Narrative

Medical Humanities: Healing through Personal Narrative

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Medical humanities apply holistic, contemporary healing mechanisms that encourage personal narrative. Survivors are seen as complex individuals, not merely in narrow terms of their ailments or trauma. Perhaps most unlike medical sciences, medical humanities adopt a “pay-it-forward” philosophy that promotes healing others through expression of self.

In delving into the broad domains of medical humanities, I’ve discovered interworking systems which acknowledge and embrace that we don’t have all the answers to healing without considering human complexity. Given this definition, it’s apparent that medical sciences—more traditional systems of healing—are significantly different from medical humanities. While medical sciences resort to healing by using mostly one-way communication (doctor-to-patient), medical humanities employ a variety of disciplines to pose questions, arouse ideas and promote multi-dimensional healing. Unlike conventional approaches that emphasize illness or trauma, medical humanities adhere to holistic philosophies. In other words, survivors are seen as people—complex, expressive, capable— rather than in narrow terms of their ailments.

As a young woman diagnosed with severe anxiety, I find solace in this shift of perspective. From the framework of medical sciences, you might argue that I am my obsessive compulsive disorder and social anxiety. My resolve has always been the same in these systems: pacification by way of substances. Yet to medical humanities I am a person shaped but not defined by my maladies. My own interpretation of obsessive compulsive disorder, for example, is crucial in my treatment. Unlike medical sciences, the humanities spectrum views individual narrative as the channel to the 9 Joys: being, physical (the body), meaning, hope, peak experience, blessings, artfulness, study and service. Patient narrative, the backdrop to optimizing the human condition, is at the core of medical humanities.

The *British Medical Journal* explains the connection between narratives and treating illness. “Understanding the narrative context of illness provides framework for approaching a patient’s problems holistically, as well as revealing diagnostic and therapeutic options. Furthermore, narratives of illness provide a medium for the education of both patients and health professionals and may also expand and enrich the research agenda” (Greenhalgh). We might look at this alternatively and posit that medical humanities combine micro- and macro-analysis. That is, illness is explored by its

consequences both directly to the individual as well as to his or her way of life and surrounding environment. This allows narrative medicine to have what I would call a “pay it forward” approach. Patients seek healing through self-expression and interpersonal activities, creating platforms for other patients to interpret, expand on, and cultivate anew. Similarly, this approach to healing provides medical professionals more insight into cognitive roles of illness in patients, roles that are otherwise difficult to measure. Clearly, expression is critical to medical humanities (Columbia).

My personal connections to expressive healing have been largely self-led. When I was sixteen, I became deeply enamored of a nineteen-year-old heroin addict while in the midst of his rehabilitation. I was both attracted to and intimidated by his addiction, a years-long melee that carried with it a pending criminal charge for possession. Ironically, our meeting was only possible because of his addiction as I had met him while visiting my friend in rehab. His brief time in my life, while stimulating, was also volatile and emotionally draining. The contours of our friendship were murky, due largely to my pause to date an addict, and he vacated my life when our friendship failed to evolve into anything resembling romance. As summer of that year drew to a close, he prematurely withdrew from his recovery program and migrated some fifty miles north. He left without giving me any closure and my head spun with questions. *Why was I so hard to love?*

Around this time I worked with a psychiatrist, but I received closure independent of my doctor. Rummaging the shelves at Barnes & Noble, I was drawn to a slim journal decorated with a tree and an inspirational quote. I don’t actually remember the quote, but I replace it in my mind with a different one credited to Charles R. Swindoll: “Life is ten percent what happens to me and ninety percent how I react to it.” I remember this journal in particular because it became a linchpin to my healing. During my nightly battles with insomnia I would unlatch the journal’s magnetized fold and confide in its pages. My early entries were fictitious but nonetheless spoke a great deal about my real life. I would write detailed storylines about the nineteen-year-old who left me questioning why it was easier to abandon me than to break down the walls I had put up for my protection. There was a noticeable pattern in my earliest short stories: he returned to my city, to my life, to me.

As I began healing with the passing time, these stories became less fictitious and the endings featured him in diminishing quantities. This pattern occurred in direct proportion to my rising self-esteem and healing. In retrospect, I began expressing myself on paper because the paper never judged me or ridiculed my pain. Those journal entries placated me just as much as, if not more than the anti-depressants I had been prescribed. Months later, I felt empowered to share my writing with others. To this day, writing is my most powerful tool for defining and expressing my hurt and my pleasure, my regrets and my blessings. Self-expression continues to free me.

As I study medical humanities I return to that quote by Swindoll that somehow appears on my journal in my memory, though I know the quote doesn’t rightfully belong in the same memory as my journal. I think that quote defines medical humanities superbly. We have little control over a great many events that shape our lives, but we can summon control over our reactions to these events. The aftermath, in other words, can be optimized from a cultural, artistic and humanities

approach, known formally and increasingly as medical humanities. Forming strong bonds between those within the medical community, medical humanities' broad contexts reach survivors far and wide, opening doors of communication and expression that have been closed for too long. Ultimately, the events in our lives are relatively unsubstantial; what really matters is how these events resonate with us, change us and empower us.

Works Cited

Greenhalgh, Trisha, and Brian Hurwitz. "Why Study Narrative?" Ed. Trisha Greenhalgh. *British Medical Journal*, 2 Jan. 1999. Web. 11 Sept. 2015.