Published in final edited form as:

JAAPA. 2013 December ; 26(12): 8. doi:10.1097/01.JAA.0000437751.53994.94.

Narrative medicine: Caring for the sick is a work of art

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In the spacious Rothko Room at the Tate Modern in London, eight near-monochromatic large-format oil paintings hang in muted light. Long, backless wooden benches are lined up along the middle of the long dimension of the room, letting visitors sit while gazing at the paintings. Mark Rothko painted these paintings to be gazed at.

I visit these paintings with my friend Craig, a colleague in the narrative medicine program at Columbia University in New York. We quietly notice things for one another about the paintings. “The frames painted inside the painting make them feel like windows, like you’re being pulled into the painting and then out the other side.” We both love how the colors look like a uniform red or uniform purple, but as you gaze with attention, you discover swirls of associated colors, giving depth and movement that might escape a casual viewer, and in the oddest way, giving the viewer wings.

We are in London for a conference our program has cosponsored with King’s College London. “A Narrative Future for Health Care” is an ambitious symposium timed to launch the International Network of Narrative Medicine.¹ Originating at Columbia University in 2000, narrative medicine is a growing and deepening field of healthcare that equips clinicians with capacities of attentive listening and deep recognition of patients and self. We teach clinicians the skills of close reading, reflective writing, and slow “looking,” all means to attune oneself to that which is seen or heard or read. Based on theories from literary studies, aesthetic theory, and phenomenology, narrative medicine provides a sophisticated means for clinicians to absorb attentively what they witness in healthcare and to come to understand something of the meanings of the events in which they participate.

Representation is a cornerstone of our method, for we understand that experience remains chaotic and formless until given form. The high-stakes, emotionally charged situations we experience around illness and death are particularly resistant to simply being undergone and understood on their own. We need to tell, perform, write, paint, sculpt, compose these complex experiences in order to see them, and we need readers or viewers or listeners to help us understand what we ourselves have created. For what is represented does not emerge from the creator but rather from what is seen—or, as art theorist John Berger says, “What seems like creation is the act of giving form to what he has received.”²

Narrative medicine believes that creativity is at the heart of healthcare, that the care of the sick is a work of art. The encounters that occur in our clinic offices or EDs or ambulances are not bureaucratic or technical encounters, but creative, singular, exposing human experiences. The two persons involved—the patient and the clinician—are irreplaceable in the event. What happens as a result of their meeting will never happen again. And so the duty of each person is to be there, fully present, eyes wide open, self on loan to the other to attend to the matter at hand, to perceive as fully as possible, to absorb, to brood on, and to join the other in trying to make things better.

With deep attention, aided by the envisioning powers of representation, the therapeutic goal of healthcare is within sight—affiliation with the patient as partner, advocate, one who accompanies and witnesses the suffering of the other. Whether meeting for the first or hundredth time, patient and clinician have a shot at joining in mutual recognition, coming to see and accept and support one another. Philosopher Hans-Georg Gadamer writes that “the joy of recognition is ... knowing *more* than is already familiar. In recognition what we know emerges, as if illuminated.... it is grasped in its essence.”³ As we settle in to luxuriate in Rothko’s paintings, Craig and I sit back-to-back on one of the wooden benches. We let ourselves be summoned by the paintings, and then a small muscular movement allows our backs to lean, gently touching, then firmly sharing mutual support as we sit. We complete one another—another act of narrative medicine.

References

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