Linguodidactica XXVII

DOI: 10.15290/lingdid.2023.27.09

mgr Aleksandra Łukaszyk-Spryszak
Uniwersytet w Białymstoku
Wydział Filologiczny, Katedra Językoznawstwa Porównawczego i Stosowanego
tel. 85 745 74 46
e-mail: a.lukaszyk-spryszak@uwb.edu.pl
ORCID ID: https://orcid.org/0000-0002-1867-9141

NARRATIVE MEDICINE – A TOOL TO RESHAPE YOUR ESP CLASS

ABSTRACT

Narrative medicine has become an independent field of medical humanities, which applies the practical principles of analyzing literature in the context of interpreting patients' personal narratives in order to improve patient-centered care and restore contemporarily fragile doctor-patient relationships. Although its practical application can already be observed in a growing number of doctor-oriented courses supported by many academic centers around the world, its didactic potential as an innovative approach to teaching English as a foreign language, especially to medical students, seems yet unnoticed. The aim of this article is to provide a broader insight into the main original concept of narrative medicine, yet with particular attention being drawn to its application as an innovative practical didactic tool to transform the ESP courses attended by Polish students of medical faculties.

Key words: narrative medicine, ESP, medical English, foreign language didactics, higher education

ABSTRAKT

MEDYCYNA NARRACYJNA JAKO SPOSÓB TRANSFORMACJI METOD NAUCZANIA SPECJALISTYCZNEGO MEDYCZNEGO JĘZYKA ANGIELSKIEGO

Medycyna narracyjna uznawana jest za niezależną dziedzinę humanistyki medycznej, która stosuje zasady analizy literatury w kontekście interpretacji osobistych narracji pacjentów, co ma z kolei na celu poprawę jakości opieki i przywrócenia nadwątlonych współcześnie relacji lekarz – pacjent. Choć jej praktyczne zastosowanie można już zaobserwować w coraz większej liczbie kursów oferowanych lekarzom przez liczne ośrodki akademickie, potencjał dydaktyczny medycyny narracyjnej jako nowatorskiego podejścia do nauczania języka

angielskiego, w szczególności studentów medycyny, wydaje się jeszcze niezauważony. Celem niniejszego artykułu jest przedstawienie pierwotnej koncepcji medycyny narracyjnej, ze szczególnym zwróceniem uwagi na jej potencjał jako innowacyjnego praktycznego narzędzia dydaktycznego, które stwarza szansę na udoskonalenie obecnych kursów medycznego języka angielskiego realizowanych przez polskich studentów kierunków medycznych, zwłaszcza kierunków lekarskich.

Słowa kluczowe: medycyna narracyjna, ESP, język angielski medyczny, dydaktyka nauczania języków obcych, szkolnictwo wyższe

1. Introduction

Narrative medicine has been a present and rapidly evolving idea in the world of multidisciplinary science for more than twenty years. The concept of applying the principles of analyzing literature, especially patients' narratives, in order to bring back the lost aspect of humanity into the contemporary healthcare system and revive the doctor-patient relationship is being approached by scholars representing multiple fields of literature, linguistics and psychology. Placed on a crisscross of disciplines, narrative medicine can be perceived as a complementary, yet fully definable, field of medical humanities intertwined with biopsychosocial medicine and patient-centered care. Although its practical application can already be observed in a growing number of doctor-oriented courses or narrative medicine sessions supported by many academic centers around the world, not many have seen its didactic potential in teaching English to medical students as a part of their obligatory medical English courses. The aim of this article is to provide a broader insight into the main original concept of narrative medicine, yet with particular attention being paid to the relatively novel idea of implementing it as a didactic tool to enrich ESP courses attended by Polish students of medical faculties.

2. Narrative medicine – from theory to practice

Narrative medicine has become an international discipline encompassing humanities and clinical practice, with conceptual foundations in narratology, phenomenology, and liberatory social theory[1]. In order to discern its true fundamentals, it is best to follow Rita Charon, Columbia University, NY, who is

1 *Columbia University Department of Medical Humanities and Ethics*, 2022, [online], https://www.mhe.cuimc.columbia.edu/division-narrative-medicine, [retrieved: 17.08.2022].

the founder of the field of narrative medicine and its foremost active exponent, and her lyrical definition: "narrative medicine is a commitment to understanding patients' lives, caring for the caregivers, and giving voice to the suffering"[2]. Accepting and applying Charon's novel approach to taking patient's history and consultation means stepping forward towards a deeper doctor-patient relationship. It lays foundations for a very different vision of the doctor's role in a medical interview by making him/her the most active and attentive listener. Charon continues to explain, stating that it is (...) "medicine practiced with the narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness... Along with their scientific expertise, doctors need the expertise to listen to their patients, to understand as best as they can the ordeals of illness, to honor the meanings of their patients' narratives of illness, and to be moved by what they behold so that they can act on their patients' behalf"[3]. Practicing narrative medicine aims at improving the quality of health care as it restores value to patients' subjective suffering and pain concealed within their actual "patient's history".

The basic conceptual principles of narrative medicine encompass – attention, representation and affiliation, which are further translated into various methods, strategies and skills prerequisite for clinicians to help their patients be genuinely heard and diagnosed[4]. The first component – attention – addresses the need for undivided interest, "(...) a combination of mindfulness, contribution of the self, acute observation, and attuned concentration", which (...) enables the doctor to register what the patient emits in words, silence and physical state[5]. Attentive listening means devoting these few crucial minutes, sometimes even seconds, to attuning to the patient story's wavelengths after asking the "correct" inviting question. By demonstrating an open and welcoming position, instead of straightforwardly beginning the routine interview's questionnaire, the doctor may obtain more crucial information than ever expected. The following undistracted *attention* devoted exclusively to the patient has surprisingly become a challenge, especially among the representatives of younger generations. Feeling constantly pressed for time due to the usual consultation's time restriction, they underestimate the fact that by simply putting aside the medical records and leaning from behind the screen on their desks, they are more likely to establish the key initial rapport. What is more, it is only then that the pa-

2 R. Charon, *Narrative Medicine: Honoring the Stories of Illness*, New York 2006.

3 Ibidem, p. 3.

4 R. Charon, *What to do with stories: the sciences of narrative medicine*, "Canadian Family Physician" 2007, 53 (8), pp. 1265–1267.

5 Ibidem.

tient is truly likely to unveil the hidden story eventful of concealed symptoms and diagnostic clues. The second attribute – representation – encourages the creation of expressive media in a clinical context. The accounts of the disease and suffering shall find reflection in descriptive forms, varying from personal reflective writing of different genres to visual arts. It is a mistaken belief that this stage shall only pertain to patients in order to involve them in the contemplative process. Caregivers are encouraged to equally participate in the writing to explore how, or whether, they are able to decipher the meaning of these accounts. Representations of patients may appear different depending on how the patients are being perceived by each of these groups: medical colleagues, family members, or the patients and caregivers themselves. Charon emphasizes the significance of this process, stating that: "until the writing, there are two isolated beings – the doctor and the patient – both of whom suffer, and both of whom suffer alone. By virtue of the writing, there is hope for connection, for recognition, for communion"[6]. Finally, the third component – affiliation – invisibly buckles the first two. It bridges the gap between all the people involved in patient care, resulting in clinical reflection and actual collaborative actions of the joined team of doctors and nurses. The essence of this threefold process echoes within Charon's final quote:

> Instead of lamenting the decline of empathy among medical students or the lack of altruism among physicians, narrative medicine focuses on our capacity to *join* one another as we suffer illness, bear the burdens of our clinical powerlessness, or simply, together, bravely contemplate our mortal limits on earth[7].

3. Narrative medicine – a rationale for practicing

The patients' need to verbalize their stories of either suffering, pain or a lyrical battle fought over a degenerative or terminal disease found its reflection in literature long before Rita Charon coined the concept of narrative medicine. Reflecting over the ancient biblical *Book of Job*, Camus' *The Plague*, and García-Márquez' *Love in the Time of Cholera*[8] can be treated as a prelude to some contemporary works about the human struggle in combating illnesses. An American writer, Anatol Broyard, wrote in his novel *Intoxicated by my illness: and other writings on life and death*:

[6] Ibidem.

[7] Ibidem.

[8] A. Hudson Jones, *Literature and medicine: an evolving canon*, "The Lancet" 1996, p. 1360.

> There's a paradox here at the heart of medicine, because a doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity that compensates us for all the speechless machines. When a doctor makes a difficult diagnosis, it is not only his medical knowledge that determines it but a voice in his head. Such a diagnosis depends as much on inspiration as art does. Whether he wants to be or not, the doctor is a storyteller, and he can turn our lives into good or bad stories, regardless of the diagnosis. If my doctor would allow me, I would be glad to help him here, to take him on as my patient[9].

Within this short fragment, Broyard, being a terminally ill patient himself, manages to capture the elusive essence of the patient's longing behind his illness – to be heard, but also to *teach* the doctor *how* to talk to his patients. Although the author expresses his willingness to independently take on the educational challenge, the accentuated need for what we contemporarily define as teaching communication skills hasn't changed much since the publication of his book in 1993, and continue to echo in numerous contemporary research programs and publications.

However, before embarking on discussing this widely considered most important ability of many healthcare professionals[10], it is inevitable to determine the underlying "cement", which modern doctor-patient communication skills and narrative medicine inseparably share, namely empathy. The demand for shaping empathic skills in medical professionals' training is rising, and more and more research attention is being devoted to it[11]. It is fully understandable when we scrutinize the data presented by Małgorzata Łosiewicz and Anna Ryłko-Kurpiewska in their detailed study "Public perception of healthcare personnel in Poland and some other European countries in view of selected studies" from 2015[12]. The presumably commonly highly-valued doctor's profession and its highly-ranked widely respected place in the public eye appears to have changed drastically, especially in Poland. According to the data presented in their article, a quoted survey measuring the degree of confidence put in doctors by their patients, as well as the satisfaction level with the most recent visit, (study conducted as part of the International Social Survey Programme in 2011–

---

9 A. Broyard, *Intoxicated by My Illness and Other Writings on Life and Death*, 1st ed., New York 1993.

10 Z. I. Taghizade, A. Rezaiepour, A. B. Mehran, Z. Alimoradi, *Communication skills application and its relation to clients' satisfaction*, "Hayat" 2006, 12, pp. 47–55.

11 I. Kahrima, N. Nural, U. Arsal, M. Torbas, G. Can, S. Kasim, *The effect of empathy training on the empathic skills of nurses*, "Iranian Red Crescent Medical Journal" 2016, 18, pp. 1–10.

12 M. Łosiewicz, A. Ryłko-Kurpiewska, *Public perception of healthcare personnel in Poland and some other European countries in view of selected studies*, "International Business and Global Economy" 2015, 34, pp. 198–209, [online], https://doi.org/10.4467/23539496IB.13.016.3989, [retrieved: 25.08.2022].

2013 in 29 countries). Switzerland, Denmark and Netherlands were ranked with the highest positions. Poland took the last, 29th, place and was preceded by the Russian Federation and Bulgaria, which were located with the 28th and 27th position, respectively. Only 23% of the surveyed Poles could express their satisfaction upon leaving the consultation. Summing up the report, the authors mutually arrive at rather sad conclusions:

> The reading of reports on the public image of healthcare in Poland gives no grounds for optimism. Most surveys show a declining authority of doctors, while the perception of other medical professions (like nurses or carers) is less favorable than in other European countries[13].

Further data presented and analyzed in the paper point to, and allow the conclusion that it is the combined limited access to public healthcare followed by lack of empathy and effective communication skills which can be classified as the key determiners for Poland's poor classification place. It is also worth underlining that the evaluation was mostly performed by senior patients, who remain the most frequent recipients of healthcare services in Poland. Hence, the assumed correlation between poor communication skills and absent empathic attitudes among the staff, especially in this vulnerable and sensitive age group, appears to prove positive.

Similar worrying signals concerning the declining empathy level in healthcare students were reflected in the longitudinal study conducted by Małgorzata Dziubak among Polish students of nursing[14]. According to the obtained data, the level of empathy in nursing undergraduate students in subsequent years showed a declining tendency. Consistent with other literature and research results, the author arrived at the conclusion that the closer to the professional environment the students were, the less emphatetic the attitudes they expressed. With no professional personal role models to look up to, deficiencies in communication skills in clinical settings, coupled with occasionally negative experiences with other non-medical hospital workers, the future nurses clashed with the reality of the system, which directly resulted in diminished empathy levels. Furthermore, it was pointed out that they often felt overwhelmed and pressed for time, as well as being afraid of making a mistake in either a clinical context or when using advanced technology[15]. The current teaching programs, which seem to fail at developing life-long empathic attitudes among students,

---

13 Ibidem.

14 M. Dziubak, *Empatia i jej zmiany u studentek w toku kształcenia na kierunku pielęgniarstwo*, "Sztuka Leczenia" 2017, 2, pp. 9–20.

15 Ibidem.

translate into developing newly graduated healthcare professionals who lack basic foundations for empathetic communication skills. A comparable study with a matching conclusion was conducted in a group of medical students in Boston University School of Medicine, USA[16]. According to his research team, "self-reported empathy for patients, a possibly critical factor in high-quality patient-centered care, wanes as students advance in clinical training, particularly among those entering technology-oriented specialties". The obtained results show consistency and bear close resemblance to the situation of Polish students of medical professions. It seems that although the need for shaping empathetic demeanors among healthcare undergraduates has already been observed, and what is more, already incorporated into many curricula e.g., within courses of medical professionalism, the outcomes, especially in Poland, remain unsatisfactory.

Charon's vision of narrative medicine articulated in many of her works strongly advocates values which are shared and present not only in the discipline of medical humanities, but constitute a ground framework for the teaching of multiple disciplines where people's mutual understanding, enhanced interpersonal communication forged with empathy and sensitivity, put the human being and his/her personal story in the foreground. This vision seems to perfectly bridge the "empathy gap" that is being witnessed not only among active and working medical practitioners, but already among young medical school trainees. By attempting to teach the vision of medicine fortified by narrative skills, educators may significantly contribute to shaping a new generation of sensitive, patient-oriented healthcare workers. Narrative medicine, when incorporated into standard state Polish university medical training programs, could open an array of teaching opportunities of unprecedented potential, a potential that hasn't been yet fully recognized by foreign language teachers.

4. Narrative medicine and English for Specific Purposes

The concept of narrative medicine, although relatively novel, is already present in the Polish tertiary education system. The first conference fully dedicated to the idea of NM was organized in 2018 by the University of Warsaw (*Medycyna narracyjna. Wartość opowieści o doświadczeniu choroby w praktyce klinicznej, badaniach i edukacji*), and as a result brought together many scholars, ed-

[16] D. Chen, *Characterizing changes in student empathy throughout medical school*, "Medical Teacher" 2012, 34.

ucators and enthusiasts of the field[17]. Since narrative medicine's objectives are mainly addressed to future clinicians, medical schools became the first obvious choice to initiate promoting and teaching NM. Twenty-one universities and higher education institutions (including private ones) offer medicine programs for both national and international students. Charon's ideas have already been implemented in courses offered by some academic centers in Cracow (Jagiellonian University Medical College, Cracow) and Warsaw (Medical University of Warsaw) in the form of electives and other types of extra-curricular classes, followed by other initiatives and events organized by higher education schools in Bydgoszcz, Wrocław and Łódź. However, since these educational offers are targeted mostly at Polish students and young healthcare professionals, they are also held in the national language.

Medical English is an obligatory subject present in all state funded programs at all Medical Faculties in Poland. The course conventionally encompasses approximately one hundred teaching hours, usually divided into four terms, which take place during the first two years. Implementing the conceptual elements of narrative medicine in these courses constitutes a unique opportunity to reach out to young undergraduates and familiarize them with strategies for shaping empathetic patient-oriented attitudes. Since the main goal of these classes is to familiarize students with medical vocabulary and jargon, the authentic materials in various forms of patients' stories open a new, almost infinite, "library" of resources to be used in EMP classes (English for Medical Purposes).

5. Tips and strategies for implementing patient narratives in ESP classes

Narrative medicine, with its conceptual principles often expressed by various writing and reading techniques and exercises, can be easily incorporated into an EMP lesson plan. Since one of the core components of teaching narrative skills is "close reading" – learning how to thoughtfully and critically analyze a text, it prompts students to carefully look for suggestive clues hidden in-between the lines of the text to develop empathetic listening skills and be able to fish out similarly expressed information in the real-life clinical context. "Close reading" sessions are often preceded by reflective discussions involving the active participation of the whole class. Correspondingly, an open vivid debate about a fragment of a book telling the story of a cancer survivor, or from

[17] M. Chojnacka-Kuraś, *Medycyna narracyjna. Opowieści o doświadczeniu choroby w perspektywie medycznej i humanistycznej*, Warszawa 2019, p. 7.

the diary of a nurse working in a nursing home, can provide an insight into "the world of medicine" they have not had an opportunity to experience yet. Moreover, it may also trigger reflective thinking, awakening the emotional, yet very practical side of the chosen career path, which some of the students may have probably underestimated before. Narrative medicine applies diversified writing exercises, which entails self-reflection as well as an ability to comprehend the patient's perspective. In the context of English language teaching, asking students to interpret a narrative in written form enables them to practice the writing skill itself, as well as implement the vocabulary absorbed from the authentic source texts. Furthermore, reflective writing can also be expressed in the form of blog posts, poetry, comics or other modern forms of visual arts. Patients around the world often express their stories by means of the newest technology, sharing them via YouTube channels, podcasts or within Facebook patient communities' groups. By adapting these authentic materials to suitable teaching resources, educators have a unique chance to create vivid lesson plans based on often original, high-quality native English vocabulary, structures and expressions to be found in various forms of patients' narratives.

6. Resources database

Nowadays, the internet offers the easiest and fastest access to open-source materials, which in the case of searching for authentic patients' stories also seems to satisfy the demand remarkably well. The internet site https://medhum.med.nyu.edu – a literature, arts and medicine database, is an example of a rich online collection of book titles and their reviews, as well as free online resources such as medicine-related podcasts. Its database encompasses numerous links to artistic events, in particular theatre plays or art exhibitions, which are all devoted to the topic of medicine. By visiting https://www.graphicmedicine.org one is confronted with a very rare interpretation and expression of medicine-related literature works. A community of academics, healthcare workers and artists together explore the common theme, creating unique comics and visual arts. Finally, a wealth of authentic materials can be found in blogs or Facebook community groups which provide emotional and psychological support for patients and their relatives who are struggling with severe diseases. Diana Bosse, who is a cancer survivor herself, first created an online profile (https://www.facebook.com/perksofhavingcancer/) to share information about her health with her distant relatives and friends, which later grew into a community of supporters. The author's posts were written in an exceptionally light and witty style, which attracted even more followers

who finally provided enough financing to allow her to publish the book, titled "The perks of having cancer". All of these websites include an abundance of authentic materials, which, when combined and adapted to selected principles of narrative medicine, can significantly help to build and develop advanced English language skills among students at medical faculties in Poland.

7. Conclusion

The concept of narrative medicine continues to gain worldwide recognition. Its principles, which underpin shaping empathetic attitudes and fostering patient-centered care, lay perfect foundations for creating modern didactic tools to be implemented to enrich medical English courses attended by undergraduate students of various healthcare-related university programs. Charon's suggested techniques of attentive listening and reflective writing, combined with authentic language originating from patients' personal narratives, further adapted to unique English teaching resources, may significantly help to reshape contemporary syllabi of obligatory medical English courses attended by Polish students of medical faculties. Implementing this novel attitude in standardized course teaching creates a unique opportunity to finally address the growing demand to develop empathetic future healthcare professionals.

Bibliography

Broyard A., *Intoxicated by My Illness and Other Writings on Life and Death*, 1st ed., New York 1993.

Charon R., *Narrative Medicine: Honoring the Stories of Illness*, New York 2006.

Charon R., *What to do with stories: the sciences of narrative medicine*, "Canadian Family Physician" 2007, 53 (8), pp. 1265–1267.

Chen D., *Characterizing changes in student empathy throughout medical school*, "Medical Teacher" 2012, 34.

Chen D. C., Kirshenbaum D. S., Yan J., Kirshenbaum E., Aseltine R. H., *Characterizing changes in student empathy throughout medical school*, "Med Teach" 2012, 34 (4), pp. 305–311, [online], https://pubmed.ncbi.nlm.nih.gov/22455699/, [retrieved: 17.08.2022].

Chojnacka-Kuraś M., *Medycyna narracyjna. Opowieści o doświadczeniu choroby w perspektywie medycznej i humanistycznej*, Warszawa 2019.

Columbia University Department of Medical Humanities and Ethics, 2022, [online], https://www.mhe.cuimc.columbia.edu/division-narrative-medicine, [retrieved: 17.08.2022].

Dziubak M., *Empatia i jej zmiany u studentek w toku kształcenia na kierunku pielęgniarstwo*, "Sztuka Leczenia" 2017, 2, pp. 9–20.

Hudson Jones A., *Literature and medicine: an evolving canon*, "The Lancet" 1996.

Kahrima I., Nural N., Arsal U., Torbas M., Can G., Kasim S., *The effect of empathy training on the empathic skills of nurses*, "Iranian Red Crescent Medical Journal" 2016, 18, pp. 1–10.

Łosiewicz M., Ryłko-Kurpiewska A., *Public perception of healthcare personnel in Poland and some other European countries in view of selected studies*, "International Business and Global Economy" 2015, 34, pp. 198–209, [online], https://doi.org/10.4467/23539496IB.13.016.3989, [retrieved: 25.08.2022].

Taghizade Z. I., Rezaiepour A., Mehran A. B., Alimoradi Z., *Communication skills application and its' relation to clients' satisfaction*, "Hayat" 2006, 12, pp. 47–55.