CHAPTER 9

Creativity

WHAT, WHY, AND WHERE?

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Creativity in Our Everyday Lives

What is the most creative thing you've done so far today?

I ask this of a group of Narrative Medicine graduate students and then of a group of healthcare professionals at an intensive weekend workshop held in New York City. They write for three minutes, and then a handful of people share what they have written with the group. The responses range wildly, from a description of the decision of which tie to wear to what makeup to put on, a shared moment with a stranger on the subway, the choice to enjoy the view from a New York City bridge, or an impromptu stop at a bodega to get orange juice. After we hear the writing, I ask them to use these responses as a springboard to brainstorm what we think creativity **is**—it's a word we all know when we hear it, but what does it really mean? Again the range is wide: thinking outside the box, being flexible, being open, breaking down boundaries, coming up with new ideas. One participant says: "The nature of life." So, okay, I ask them then, if creativity is all of these things, and if we can see it in our lives in all of these ways, then why do people so often, especially in the world of healthcare, say that they are not creative? Why is creativity so often thought to be foreign, other, not-me, not this? Why has the word *creativity* become so scary to so many people?

The question is a complicated one, with very deep roots, not to be answered in a brief exploration with a large group of people nor, for that matter, in this chapter; for our purposes here it is enough to simply state that healthcare in particular has a vexed relationship to the notion of creativity. This vexed-ness exists for many reasons, many of them valid, many of them concerned with the

serious nature of the work of health and illness and the perceived need in that work for the maximum amount of control. People in the healthcare world are far more willing to embrace the phrase "reflective writing" than they are "creative writing," for example, even though these two categories are closely related (more on this in a bit). People get nervous around the notion of a creative doctor—I have heard trained professionals and lay people alike say things like "no one wants a doctor who makes things up" or "I don't want my doctor getting creative with my care," as if the ability to think creatively means that you act unethically at your job. This kind of thinking reveals a misunderstanding of what creativity is and how it works in all of us.

It should be acknowledged that the word *creativity* is quite in and of itself flawed, as it has come to mean so many things to different people. It is one of those words that seem too big and broad, and in fact should probably be broken into a number of different words. Whole books, whole sections of libraries are devoted to what this word means. Many artists, those involved in the making of art, believe that a "creative act" specifically refers to the moment when something is made that previously did not exist—those that believe this might be right to argue about whether buying an unexpected orange juice at a bodega constitutes creativity. But these recounted moments are ones where participants' minds were engaged in acts of thinking differently than usual, in acts that quicken the spirit—and it is this that I mean in this chapter when I use the word creativity. Psychologist Rollo May, author of *The Courage to Create*, writes: "When we engage [in looking at] a painting . . . we are experiencing some new moment of sensibility. Some new vision is triggered in us by our contact with the painting; something unique is born in us. This is why appreciation of the music or painting or other works of the creative person is also a creative act on our part."[1] I use the word creativity here in a similar fashion; new moments of sensibility and vision can be born in us in a myriad of different ways. Acknowledging that the word is flawed, our purpose here is to interrogate this word so that it might be seen to be as expansive as it is, and so that more people can and will see the ways they are already using it in their lives.

Let's think about the average patient/doctor encounter: the patient tells the doctor (or other healthcare provider) a narrative of what has been happening in his life, what symptoms and troubles have brought her to seek help. The provider listens and then examines the patient, gathering more evidence to feed the diagnosis and the treatment plan that will follow. In performing this process the doctor must necessarily listen for certain details that mean more than others, thinking through what may not be being said and asking follow-up questions to fill in those gaps. This work—performing a differential diagnosis based on the evidence at hand, determining what further evidence

is needed, weighing the things that can't be known, and understanding the possibility that certain things are wrong or misleading—this work *is in itself creative*. It necessitates a form of thinking that is complicated and is, as is explored elsewhere in this book, narrative in nature. Kathryn Montgomery Hunter, in her book *Doctor Stories*, writes that "medicine is fundamentally narrative":

> "Physicians take [a patient's] story, interrogate and expand it, all the while transmuting it into medical information. Sooner or later they will return it to the patient as a diagnosis, an interpretive retelling that points toward the story's ending. In this way, much of the central business of caring for patients is transacted by means of narrative."[2]

And, I would add to this, in the creation and interpretation of narrative the central business is transacted by means of creativity. It is akin to reading a mystery novel (Montgomery Hunter herself uses Sherlock Holmes as an ongoing example in her book), gathering the clues to guess at how the plot turns out, forming a hypothesis that may or may not match reality. This kind of information gathering, synthesizing, and hypothesizing is creative work.

Dr. Stuart Firestein, a professor of neuroscience at Columbia University, has written a book called *Ignorance: How it Drives Science* (Oxford: 2012), in which he argues that scientists are in fact driven by ignorance rather than by facts—ignorance here meaning "a particular condition of knowledge: the absence of fact, understanding, insight or clarity about something."[3] He writes that conducting science is in fact something like searching for a black cat in a dark room—very difficult, especially when it often turns out the cat isn't even there—and argues that "a tolerance for uncertainty, the pleasures of scientific mystery and the cultivation of doubt"[4] should be embraced by more people and understood to be part of all scientific projects. The argument for uncertainty and ignorance that Firestein puts forth is again an opening into a much bigger discussion, one that is necessarily occurring with greater frequency and urgency as healthcare training in our country becomes more and more "evidence-based" and numbers-driven. Ambiguity, doubt, uncertainty, and, as Firestein argues, ignorance: like it or not, these are facts in the healthcare world, creeping around every corner and chasing every decision. In part this is where the creativity enters in, as we need the human mind to place the puzzle pieces together.

Of course all of us wish we were always dealing in absolutes when it comes to our own health. But knowing this is not the case, my guess is we would all choose a provider with a depth of understanding, a tolerance for ambiguity, and a capacity for seeing more than one possibility in a patient's presentation.

Isn't it better to acknowledge the uncertainties than to pretend they don't exist? Of course I don't mean that a doctor should bring every uncertainty into a room with the patient, or even always acknowledge all of them to him/herself—but acceptance, on some level, of the preponderance of doubt in the work is, I would argue, a necessity for strength in the face of it.

Over the years in narrative medicine we have come to see more and more that our work is about reawakening the creativity that lives in all of us. When we go into a room and lead others in an exercise of reading and writing, we are encouraging everyone in that room to be creative: to put down their rigidly held convictions and engage in an exercise where there is no "right" answer, to allow themselves to be swept into something different, something they may not be able to see the end result of. Ultimately we hope that in doing so, and in then examining what they have done, participants in such exercises might realize and reconnect to the creativity they use and express every day in their work and their lives and thereby bring this creativity to other endeavors and to other encounters.

Toward what end, you ask, is this creativity being awakened and being spread? This is what I will explore throughout this chapter. I will focus most specifically on the reasons why we write as we do in the clinical context, but it should be said that the underpinnings behind the writing we do can (and should) be applied to any other sort of applied creative work as well.

In *The Courage to Create*, Rollo May writes: "Whereas moral courage is the righting of wrongs, creative courage, in contrast, is the discovering of new forms, new symbols, new patterns on which a new society can be built. Every profession can and does require some creative courage. . . . The need for creative courage is in direct proportion to the degree of change the profession is undergoing."[5] This quote seems to me to summarize everything else I might have to say about the use of creative work in healthcare, a field made up of many professions undergoing enormous change.

What is Creative Writing For, Particularly in the Clinical Context?

Among the many formats available for narrative medicine work, one of the most common is for a group of people to read a short piece of writing together—a poem or very short story or prose excerpt—and then, after closely examining that piece of writing together, to write for a few minutes to a prompt that arises from the piece that has just been examined. After writing, participants are invited to share what they have written with one another and to respond to what they hear in one another's work.

There are of course many variations on this format—the work can be done using visual art, film clips, music, really any form of expression—but one thing that does not change is the need for writing to be done. And often it is the writing that people are most perplexed about—reading together, talking about a work of art together, this people can more easily grasp, but the writing part is less immediately understood. So this has become the question that I find myself most often trying to answer: Why writing? Why should doctors, or medical students, or anyone in the healthcare community know anything about how to write?

Writing is, at root, an externalizing act. When we write, we bring what is inside to the outside; we put words, however indirectly or metaphorically or imperfectly, to what's inside of us, feelings or experiences that previously were not concrete. Language *is* the realization of thought—it is how thought comes to be in the world, and it is the way that one recognizes it (this idea is taken up in more detail in Chapter 4). As Miguel de Cervantes once said, "The pen is the tongue of the mind."[6] The byproducts of the act of writing are manifold. One, by moving what is internal to the external, particularly in the case of experiences that trouble us, that diminish the space inside of us, we create more room where new experiences can live. Two, by externalizing our experiences we create literal objects, text on a page, that can then be examined at different angles, as an X-ray can be held up to a light: does this accurately represent my experience or what I wanted to say? Does this look like what I expected, or do I see things here that I am surprised to see? Three, by externalizing we allow others to share in our experiences, not just in the events as they happened but as they *felt*, to us as individuals, through our particular and specific lenses. We also, then, invite others to bring their lenses to our experience, to show us things about ourselves that we did not already know. What do others see in this object that I don't yet see?

My colleague Craig Irvine has written about an experience that is exemplary here. He worked with a student, Ashley, in the second half of her fourth year of medical school, who wrote a story for him about a time she'd been moved by a patient's suffering. Craig writes:

> Ashley's story was about an experience she'd had almost two years earlier, as a third-year medical student, on the first morning of her first inpatient rotation. Early that morning, a patient named Mary was admitted to Ashley's hospital floor. Mary, who was not much older than Ashley, had been hospitalized with sepsis, caused by immune suppression from chemotherapy. Shortly after arriving on the floor, Mary developed Acute Respiratory Distress Syndrome. The entire team ran to her room, and the Chief Resident told Ashley to sit by the bed and encourage Mary to relax. For more than five hours, while residents and attendings ran in and out of the room doing everything

> in their power to arrest Mary's respiratory decline, Ashley held Mary's hand, repeating, over and over again, "Just breathe. Relax, it's going to be okay. Breathe. Please try to relax. We're all here for you. Just breathe." When Mary stopped breathing, the Chief Resident pushed Ashley away from the bed, and he and the rest of the team began the code. Death was declared several minutes later. The team abruptly left the room, leaving Ashley alone with Mary's battered body. No one ever spoke to her about Mary's death.
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> When Ashley finished reading this story to me, she looked up and said, through her tears and without irony, "I just wish I'd been able to do something for Mary, like everyone else. I felt so helpless. Just useless and in the way."[7]

Ashley did not see, until she wrote her story and shared it with others, the centrality of her role with the patient whose death she attended to. It was only by externalizing this narrative and allowing others to peer at it, and tell her what they saw, that she was able to see this troubling experience in a different light than the one she had been carrying around with her. What seemed so obvious to others had been far from obvious to Ashley, in large part because the story had not yet been externalized. And when it only lived inside Ashley, it could not be adequately *seen*. The story needed to leave her, to become an object that could be examined and inspected; she, Ashley, needed to become a *character* in her own portrayal, someone whose story she could see from the outside as others would.

Another dividend to writing and sharing is that almost always, sharing something we have written makes us feel more vulnerable than it does when we tell the same story orally and informally. This tends to be true even if what we are writing and sharing is not particularly personal, or not even true at all. Why is it that sharing what we write makes us feel so vulnerable? I would venture that it is in part because we are forced to commit to something, to one version of the way it was, to one way of telling one thing. You can't as easily "take it back" after it is written down; you have to present it one way, in one form, and then you have to show others this form. This is not at all to say that there only *is* one story or one form for a story—one can go back and go back and tell the same story an infinite number of times, and tell it differently every time. But when we write something down, it becomes calcified in a way and because of this, in the quickly generated form of writing that we work with most commonly in narrative medicine workshops, it is a more raw, less mediated, less comfortable presentation that we are inviting others to see.

It is loss of control, then, that we are wrestling with when we offer up these little pieces of ourselves; not only telling other people a story about our experience but openly asking them to respond to it—inviting them into the

space of it. This is both why it is difficult and why it is valuable, for we are often surprised with what we've written and then with the responses to it. In a group of people writing spontaneously, the work of connection is done far more quickly, for the vulnerability that we feel when sharing puts us at each other's mercy—open and available to be heard, misunderstood, judged—and then the responses we receive, often insightful and surprising, build our trust. Quite often in these groups there are disparities of power, privilege, race, and gender, and so this shared vulnerability can be quite delicate and fraught—the byproduct of this, though, is that when connection is forged it is all the more powerful and important to improved practice and communication among the group.

Again, here, we are talking about the uncertainty with which we started this chapter—that feeling of unknowing that is difficult for some health-care providers to accept. Frequently students coming into medical school believe that they can simply learn enough to be certain—that banishing ambiguity and doubt, and thereby remaining less touched by the emotion of the work, is a matter of how much you take in and how hard you work. Surgeon Pauline Chen, in her book *Final Exam: A Surgeon's Reflections on Mortality*, describes this process in terms of the medical student experience in the anatomy lab:

> Aspiring physicians face death directly in the form of the cadaver. And then they tear it apart. Each detail of the cadaver—every bone, nerve, blood vessel, and muscle—passes from the world of the unknown into the realm of the familiar . . . in knowing the cadaver in such intimate detail, we believe that we are acquiring the knowledge to overcome death.[8]

Narrative medicine exercises like the ones discussed above, where students are asked to reveal themselves in a controlled way and are exposed to the views and responses of their peers, can be a helpful tool on the road to accepting the myriad vantage points and possibilities that always surround us and to working through the realities of the work at hand.

Also, not to put too fine a point on it, this vulnerability mimics in a small, controlled way the vulnerability of a patient asked to put her most delicate self in the hands of strangers. Where is trust more essential than among teams of caregivers? This is part of why I believe these exercises to be important for young clinicians-in-training to get familiar with doing: learning to trust and rely on one another, as well as learning to be open with themselves, are some of the most important skills for them to learn.

The novelist Richard Powers, in an interview with the magazine *The Believer*, said the following: "Story is the mind's way of molding a seeming

whole from out of the messiness of the distributed, modular brain. At the same time, shared stories are the only way anyone has for escaping the straightjacket of self. Good medicine has always depended on listening to histories. So any attempt to comprehend the injured mind naturally inclines toward all the devices of classic storytelling . . . Only inhabiting another's story can deliver us from certainty."[9] This idea, that in inhabiting another's story we are delivered from certainty, is a crucial one and is at the root of everything we do in narrative medicine. It is also, of course, connected to the fear that I touched on above. What happens if we get too far into another's story, the fear says, if we get too invested, too connected? What happens if we get too familiar with uncertainty, so that we realize that the decisions we make are always imperfect?

I suppose I would answer to this: Yes, what happens then? If we follow this fear to its logical conclusions, what is it we are ultimately afraid of? That we will care too much, that our hearts will break? That we will have to face our limits, our mortality, the mortality of those we love? That we won't be able to do the work anymore because the emotional toll will be too great? Again, this is the opening to a larger conversation—but my instinct is that a good healthcare provider will go through all of these things in the course of his/her work, that these things are an intrinsic *part* of the work. What does the avoidance of these things cost the provider? What does the embrace of them cost? I'm not sure there are straight answers to any of these questions, as they are very individually pitched, but I do think it is a conversation worth having.

Forms and Dividends of Creative Writing

There are, of course, many different ways of writing, and many of the dividends of the act change depending on the form, the intent, and the audience. As a fiction writer I have found particular solace and freedom in the act of making things up—changing my own experience so that it looks *and is experienced* other than the way it was for me, which then allows me to see ways that it could have been different. I have also enjoyed the obscuring of what is "true" and untrue, a distinction whose blurriness comes to light easily in the wake of a work of fiction. It is no exaggeration for me to say that writing fiction changed my life, and that my use of craft has been central to my health. This is my particular version of narrative medicine, and I believe strongly in its potential even for people who have no inclination toward writing at all.

When I was young, suffering from a series of tragedies that befell my family, I used writing to process what had happened and what I felt; for me, at that time, writing was a far more comfortable act than speaking. When I was in fifth

grade, the oldest of my three brothers became severely mentally ill. Five years later, when I was a sophomore in high school, I lost my father and my youngest brother within six months to brain tumors. I had always been a writer, but in the wake of these tragedies I relied on writing in a new way. For many years I could not speak about what happened because I felt that any words I expressed were inadequate. Writing was the only way I processed any of it for a long time. Finally, 10 years later, it was the writing of my first novel, *The Cure for Grief*, that really allowed me to loosen my hold on the story that was holding me prisoner. I used craft in such a way that it was central to my health.

When attempting to write about my own experiences in a "true" and formal way, I always felt hung up on the fact that no matter what I wrote I could not adequately translate my *exact* experience, my total "truth." Words were inadequate for that, and I couldn't get past that knowledge. Writing fiction, then, and writing about my experiences as if they happened to someone else, allowed me to objectify my "truth" and freed me to triangulate my experience, so that I was not gripping the reality of it quite so tightly. (I put the word "true" in quotes, here, because of the tricky slipperiness of that word—we all often have an expectation that there is a right, straight version of events, but in fact every story is necessarily filtered, narrativized, refracted through many different lenses. The idea that fiction is "untrue" and nonfiction "true" is sometimes a problematic one. More on this below.)

To illustrate this, I'd like to share part of an exercise that I did in graduate school, given to me by the great writer Mark Slouka in a craft seminar. After years of struggling with how to write about my own experiences, it was this exercise that gave me the courage and the voice to do it—an endeavor that became my first novel, *The Cure for Grief*. The assignment was to write a memory as nonfiction and then to write it as fiction—this is an exercise that I now do often on the first day of my writing courses, for I find that it immediately unsettles the students in the best possible way, freeing them to look at their memories, as well as their conceptions of writing, in very different ways.

Here is the nonfiction piece I wrote:

> I don't remember what I did the day my oldest brother came home from college crazy, but I know that after that day, my whole life was different. I don't remember the bus ride to school, if the quadruplets from the up the street were particularly rowdy, if we were on time for homeroom. I don't remember what we were learning in school, if maybe that was when we were doing the Egyptian timelines, or maybe we had sex-ed that day; if we had a spelling bee that day or not. I don't remember if Michael Safran talked to me that day, though I'm pretty sure I wanted him to; I don't remember what we had for lunch though I imagine it was pizza, the rectangle kind, with the option of chocolate milk.

That day, up until the moment that my father approached where I was waiting for the bus after school, was just like any other day before then—a happy, normal, fifth-grade day—and therefore indistinct. It is interesting, then, how vividly I can remember my father that day, in his suit, a bit rumpled from the office, approaching the line where I was waiting for the bus. I don't remember what he said as he held out his hand to me, or whether his face really did look grave, as I imagine it did, or if he made a real effort to hold back his sadness and fear, which I imagine he must have. But I remember the confusion I felt, my father suddenly materializing at my school, a territory he almost never frequented. Did he just want to see me? Did he just get home from work early today? I remember taking his hand and leaving the line.

If I had to pinpoint the moment that my life changed, it would be that moment: taking my father's hand and walking away from that line of children. After that moment, I was not like those kids anymore; suddenly, I was a kid with a secret; I was a kid with a family coping with tragedy; I was a kid with an older brother who was out of his mind.

And then here is the fiction version, which ended up nearly verbatim in the novel:

The day her brother came home from college crazy, Ruby won a spelling bee. The entire fifth grade class had gathered in the auditorium that morning, and Ruby had stayed on stage the whole time, as one by one her classmates misspelled words and Mrs. Henderson, the school secretary, rang the tiny, hand-held bell to signal that they were eliminated from the competition. Ruby's final word, the one that won her the giant trophy that she held in her hand as she made her way out the doors of the school towards the waiting school bus that day, just before her father walked up the long drive toward her, had been profligate, a word she had never even heard before but somehow managed to spell. Prof-li-gate; the word came apart nicely, Ruby's favorite kind of word. It divided itself in front of her, so she could see the letters as she spelled them out. Ruby was in the zone, that morning, the words floating before her, cooperating, dividing themselves into neat little sections she could easily read. Mrs. Butterworth, her teacher, sitting at the front table next to Mrs. Henderson, had a smile on her face whenever Ruby stood before the microphone. Mrs. Henderson would say the word, and Ruby would repeat it back, and she would look at Mrs. Butterworth and Mrs. Butterworth would smile, and nod, and the word would float up before Ruby and divide itself. It was almost effortless.

After the spelling bee, the day was a blur, the trophy burning a hole in the floor next to Ruby's backpack. She couldn't wait to surprise her parents with it; she kept imagining their faces, their mouths like Os, her dad saying "my buttons are popping," her mother making Swedish meatballs for dinner to celebrate. When she thought of

> the spelling bee, it felt like a dream, and she couldn't quite believe it had been her up there, conquering those words as if she were on horseback, swatting them out of the air with a long sword.
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> When the day was over, however, and Ruby was making her way to the school bus, walking in the line of children down the walk outside the school, cradling the trophy in her arm like she did her favorite stuffed animal, Bear, whom she had won at a fair, her father was coming up the walk towards her, and the expression on his face was not curious or proud but grave, and he barely looked at the trophy as he took her hand and walked her away. Her friends called out to her—*bye Ruby*!—and she was walking away from them with her father in his suit but this wasn't the way she had pictured it, not at all, and she couldn't remember the last time her father had picked her up from school; had he ever? No, she was pretty sure he never had.

When I wrote the nonfiction version, as you can see, I was hung up on the idea that I couldn't remember it exactly as it was. So much of the piece is the phrase "I don't remember." This bothered me; it made me feel I couldn't possibly do justice to the experience, it brought me very uncomfortably close to understanding the question: *What's the point of writing*? Writing that nonfiction version didn't release or transform the experience for me, it only made me frustrated that I couldn't do it *right*. The fiction version, however, allowed me to externalize the memory, which then allowed me to imagine how it *might have been*, and to accept that as enough. When I gave the moment to my character, Ruby, I could play God in a way; I could declare *this is how it was*, and then it would be so. Interestingly, it is hard for me now to look back on that memory and not think of it the way it was for Ruby—the way that I created it. This is an act of power, of course, of taking hold of an uncomfortable moment that happened to me and making it, rather, a moment that I created, which then puts it under my control.

Of course creating fiction from my experiences does not change any of what actually happened, and what actually happened is central to who I am in a way that the created fiction is not. But by creating a narrative of my experiences, fiction *or* nonfiction, I alter just slightly my *relationship* to these facts, so that I can find in them a different kind of "truth"—not just the truth of facts, but the truth of experience.

Charles Anderson and Marian MacCurdy, in the introduction to their coedited book *Writing and Healing: Toward an Informed Practice*, write:

> By writing about traumatic experiences, we discover and rediscover them, move them out of the ephemeral flow and space of talk onto the more permanent surface of the page, where they can be considered, reconsidered, left, and taken up again. Through the dual possibilities of permanence and revision, the chief healing effect of writing

> is thus to recover and to exert a measure of control over that which we can never control—the past.
>
> As we manipulate words on the page, as we articulate to ourselves and to others the emotional truths of our pasts, we become agents for our own healing, and if those to whom we write receive what we have to say and respond to it as we write and rewrite, we create a community that can accept, contest, gloss, inform, invent, and help us discover, deepen, and change who we have become as a consequence of the trauma we have experienced. . . . [H]ealing is neither a return to some former state of perfection nor the discovery of some mythic autonomous self. Healing, as we understand it, is precisely the opposite. It is change from a singular self, frozen in time by a moment of unspeakable experience, to a more fluid, more narratively able, more socially integrated self.[10]

In his essay in the same volume, Professor T.R. Johnson from the University of New Orleans speaks specifically about how this sort of writing can and should be thought of as creative, while acknowledging that because of the connotations of the word *creative*, using it to describe this trauma writing risks undermining the very serious, very "real world" truth that the work seeks to generate. "If we intend to take the notion of healing seriously," he writes, "we must problematize the easy line between 'creative' writing and writing that purports to be 'factual'; we must understand both more complexly . . ." He writes that if we can learn to see ourselves as moving and changing beings, then we can loosen ourselves from trauma and its consequences, in turn creating a reason to hope. He concludes, "We might thus see writing that heals as writing that . . . helps us to recover the strength to awaken to the flux and flow, the multiplicity of the world."[11] In my experience, this description is exactly right. My own trauma lived quietly and unspeakably within me for many years, and it did a lot of damage. It was only when I allowed it to move outside of me and to change apart from me that I was able to accept it and to accept who I might be without it.

But this same work is valuable for all of us, even with all of our daily disruptions, the traumas that are not so great that they disrupt the flow of our lives. It does not seem a stretch to say that every caregiver, even in training alone, experiences many traumas. And it is not uncommon for traumatic events to come to the surface very quickly in response to a writing prompt—I have never done a workshop with medical professionals where at least one vivid traumatic event has not poured onto the page in the 3-minute window they have to write. I am always amazed at the memories that are called back in response to a writing prompt, decades-old memories leaping to mind and to the page in less than a minute.

In a workshop with pediatricians at Presbyterian Hospital, the prompt we gave was in response to the short story "Axolotl," by Julio Cortazar, where a man becomes so engaged with watching these small creatures at the zoo that by the end of the story he becomes one of them. We asked the participants to write about a time when they were influenced by "another way of seeing." Here was one woman's response:

> I was in the examining room and saw this child unable to talk, to see, with involuntary movements, breathing through a trache and feeding through a tube.
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> Next to her was an exhausted mother overwhelmed by the care of this child and about to give birth to another one.
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> I felt full of sorrow, empathy, fear that I could be in her feet.
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> I offered a respite program. A place where she could place this child for a few days. (A child that should probably not even be alive.)
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> She looked at me with big eyes and with horrific surprise she said to me: "she is the light of my eyes, my princess. Would never part with her. . . . This is what God gave me."[12]

After she read this, she revealed that this was an event from more than 10 years before, and that she now saw this was a transformative moment for her. "Ever since then," she said, "I have been different with the mothers."

The poet Gregory Orr, author of a book called *Poetry as Survival*, speaks about the sense of order that writing creatively can bring to us: "We often experience the world as confusing and chaotic, especially during crises," he writes. "Our day to day consciousness can be characterized as an endlessly shifting, back-and-forth awareness of the power and presence of disorder in our lives and our desire or need for a sense of order. Most of us live most of our lives more or less comfortably with the daily interplay of these two awarenesses, but in certain existential crises, disorder threatens to overwhelm us entirely."[13] For Orr, survival begins when we "translate" this suffering into language—he writes, "in the act of making of a poem at least two crucial things have taken place that are different from ordinary life. First, we have shifted the crisis to a bearable distance from us: removed it to the symbolic but vivid world of language. Second, we have actively made and shaped this model of our situation rather than passively endured it as a life experience."

* * *

"To me, writing, the writing of literature, is partly an act of protest and defiance, and even rebellion, against . . . the temptation to entrench myself, to set up an almost imperceptible

barrier, one that is friendly and courteous but very effective, between myself and others, and ultimately between me and myself." – David Grossman[14]

Keith Oatley, a professor of cognitive psychology at the University of Toronto, has conducted a number of experiments looking into the effects of reading fiction on the social cognition and emotional perception of adults. In one study published in 2006, he and his research partner found that that "the more fiction people read, the better they were at perceiving emotion in the eyes and, to a lesser extent, correctly interpreting social cues."[15] A year later, his research partner Raymond Mar published evidence showing that a group of adults assigned a piece of fiction to read, as opposed to a group assigned a nonfiction essay, performed better on average on a social reasoning test, suggesting that "even a brief bout of reading fiction can temporarily improve a person's social skills."[16] Oatley writes, "Our accumulating findings are providing increasing support for the hypothesis that reading fiction facilitates the development of social skills because it provides experience thinking about other people. That is, we think the defining characteristic of fiction is not that it is made up but that it is about human, or humanlike, beings and their intentions and interactions. Reading fiction trains people in this domain, just as reading nonfiction books about, say, genetics or history builds expertise in those subject areas."[17]

What I particularly appreciate about Oatley and his colleagues' work is the proof that the value of fiction lies not necessarily in the "made up" aspect of it, in the fantasy, but in the ways that it is always tied to what it means to be human. I often encounter first-time fiction writers who think very seriously that in order to write fiction they must write something wild and fantastical—the breakthroughs come when people explore their fiction with an eye toward expressing something about the human condition. And I believe that everything Oatley and his colleagues have proven and will continue to prove applies just as much to writing fiction as to reading it. The difference may lie only in the frequent truth that when one writes fiction, as opposed to reading it, one learns more about one's own humanity in its relation to others.

A student of ours in the masters program who graduated a few years ago had an inspiring breakthrough along these lines. She is a doctor from Canada who had never in her life written fiction before. Inspired by the nonfiction / fiction exercise in my class, she attempted to write about a memory from her childhood centered around her parents' divorce as fiction and in the second person. She was amazed by the responses to her piece that she received from me and her classmates—the second person worked on more levels than she knew, for it was clear to readers of her piece that she was speaking to herself, and that

she had much that she wanted to say to that younger version of her. She said she had only put the piece in second person because she felt the first person was too close and the third person too hard. When she saw the unanticipated dividends of what she had done, she was amazed.

The key here is really about craft—it's about *how* the stories are constructed as much as about their literal content, and beginning to recognize elements of craft in our written narratives can help us begin to recognize the craft in our oral ones as well. Now *craft*, again, is a tricky word—most artists would argue here that craft is always something intentional, worked on, hence *crafted*. I concede this, but I am not quite sure what other word to use to refer to the form and shape of our stories, what we make that is automatic and inherent, not always something purposeful and directed. The graduate student I just mentioned did not put her piece in the second person purposefully, because she thought that would "work" best—she did it unconsciously, because another way of doing it felt too difficult, and her choice there ended up with surprising results. Everything we write is crafted—as soon as we write it down, it takes on a shape, a mode of delivery. This is true for our oral stories as well. Look back at the piece of writing by the pediatrician about the mother with the disabled child that I quoted above: do you see any "craft" there? To me, what is interesting about those few lines of writing is the way the writer manages to turn the child in the piece into a creature much like the Axolotl in the story that she was writing in response to—something otherworldly, not quite human—which then allows her to give the great payoff at the end when the mother reacts to her sentiments with such horror. In just a few lines, dashed off in less than 5 minutes, there is great, and unintentional, craft. This recognition of craft, form, language choice—however it is best referred to—whereby the choice of how the story is told reveals something about its meaning, is the kind of work that can be particularly beneficial to a clinician, who is tasked with hearing stories all day long.

As an element of a month-long elective for fourth-year medical students, I teach a fiction-writing workshop, and at the end of the month I always ask the students to write something about a true medical school experience using the fictional techniques that we have been studying all month long. The very first time I asked the students to do this exercise, a student wrote about a patient experience that had long been troubling her. This patient had been terribly mean to her while he was in the hospital, humiliating her in front of his family and even making her cry. In her piece, she imagined the scenario from the patient's point of view as well as from that of different members of his family. After reading it to the class, she exclaimed with disbelief that she finally felt she understood why the patient had been so rude. Even though what she had written was her invention, the act of attempting to get inside the

man had released something for her, she said, and she finally felt capable of letting go of the experience.

Here is the response to the same exercise from one of my more recent students:

> He is a sturgeon pulled onto the fisherman's boat. Flopping, flailing, wrestling to hold onto life while surrounded by a crowd of fisherman, deck hands, first mate. He cannot breathe here, his lungs slowing filling with blood, gasping, coughing, sputtering. The bipap machine, unable to open his airways, was doing no good. It is the pole with hook piercing his cheek, a device to yank him to the deck. He is not meant to be on dry land. He cannot breathe here. When I would pass his ICU bed, I saw him trapped in a web of fishing line, floating to the surface where they are connected to different medications.
>
> They were giving him just enough to sustain him out here, to prevent him from drying out. I saw his bony, armor-like plates along his spine, his scutes, and above his toothless grin a thin moustache, his barbel, which, when he is not here, drag along a river's murky depths. When I entered his room, his tail occasionally flapped under his hospital sheet and blanket when he gasped, reminding me yet again that this is not his natural habitat. He begged us to let him go, to throw him back, that he's not a keeper, but longs to return to the cool independence that water provides him. I prefer the catch and release method when possible, but I am not the captain. I take orders, and so I supported the team's decision for a few more days of high dose steroids. One last effort to transform his lungs into ones compatible with life out here. Then I heard over the loud speaker, "Arrest Stat, CCU, Arrest Stat, CCU", booming ominously. I sprinted down two flights of stairs, knowing it was him, again resisting our interventions against nature.[18]

By inventing an image for the patient she wrote about, this student was able to articulate more clearly the way she felt about his death; by placing him in a creative, imagined context, she could more accurately portray her own true feelings as well as imagine his.

Writing is a way of exploring our particular way of seeing, and of experiencing our thought in real time; as I touched on earlier, it is a way of accessing aspects of our mind and our experiences that we had no access to previously. The fiction writer William Gass writes:

> Language, unlike any other medium, is the very instrument and organ of the mind. It is not the representation of thought, as Plato believed, and hence only an inadequate copy; but it is thought itself. The rationalist philosophers were not right when they supposed that the structure of language mirrored the structure of reality (language and reality bear little resemblance and come from different families); but they were

> right when they identified it with thinking itself . . . In reading what the character sees, the reader sees; but what the reader sees, of course, is not the thing but a construction. Since we know that we are witnessing a perception, we are, in effect, seeing an act of seeing, not merely an object, which might be seen in a number of ways, because in the text there are no more ways than are written.[19]

This gets back to what I spoke of before—the act of control inherent in writing of all kinds, and the particular kind that comes in fiction writing. When we write, we present our way of seeing; when we write fiction we dramatize that sight, we create a whole world that represents it. It is as Norman Mailer has written, in an essay called "At the Point of My Pen": "The only time I know the truth is at the point of my pen."[20]

Another reason to write in the clinical context, even if we are not writing fiction, is that writing allows our experiences to become universal, to become simply *human*, which in turn helps us loosen our grip on the sense that they are ours and ours alone. We can share our experiences through writing in various ways, whether it's with someone we invent, with a common image, or with ourselves seen from a different perspective. Sometimes this is in service of the knowledge that we don't have to undergo our experiences alone; in the case of the clinical world, this can be hugely important not only for the writer but for his/her colleagues as well. A written narrative can allow a nurse, doctor, and social worker to recognize their shared experience with a particular patient in a way that might be difficult to do candidly in the everyday context of their lives. Going further, if this mutual recognition occurs and the shared experience is "seen," then the team can hopefully loosen their individual grips on their "ownership" of a particular moment or understanding. This can only result in better care of the patient, for s/he is no longer a battleground for blinding professional concerns.

Writing can also, as another dividend, offer clinicians a safe place to question the way they are taught and the way the medical system encourages them to practice. As an example, I'd like to share with you the recent writing of a second-year medical student who had just finished her Narrative Medicine elective. All medical students at Columbia are required to complete a 6-week narrative medicine selective as part of their "Foundations of Clinical Medicine" course—they choose among a dozen or so different seminars on a wide range of topics including nonfiction and fiction writing, meditation, three different museum courses, a film course, life drawing, philosophy, and graphic art. A few years ago the courses added a final assignment, tailor-made for the particular subject the students were studying, that asked them to apply the skills they had been learning in their Narrative Medicine course to a particular clinical encounter. The results of these assignments were astounding

from their very first iteration—they give proof that we are doing something that really has an impact. Here is an excerpt from a piece by one student who took the nonfiction writing seminar:

> What I wrote was: "The patient has a prior history of falling when trying to cross the street."
>
> What I wanted to write was: "Ms. W, who is 90, was jaywalking in NYC while returning to her apartment from the liquor store. She "must not have seen an indentation in the road" when she tripped and fell into the street, as her newly purchased bottle of Chardonnay rolled away from her. Ironically, though she endured indurations and scrapes all over her face and arms, the wine bottle remained miraculously intact, untarnished, and ready to drink. Ms. W laughed at the irony of the situation in telling the story, and noted that she had retrieved the bottle before returning to her apartment.
>
> What I wrote was: Patient's MSE was significant for 0/3 objects recalled after 3 minutes.
>
> What happened was: I asked Ms. W if it would be alright to test her memory, given that she'd noticed difficulty finding words over the past year. She replied, "I know, one of them's going to be soldier, right?" "Sure, it can be," I replied, grinning, falling into her infectious rhythm. "Let's make it soldier, apple, and pen." She repeated the three words. She thought hard about them. But when it came time to remember, she could not. "Do you remember that you suggested one of them to me?" I asked, rooting for her. "Soldier!" she said, triumphantly.
>
> What I wrote was the problem list, an assessment, an abbreviated, adulterated, formulaic version of the rich encounter I had had. I was "schooled" numerous times by this waifish, comedic, lovably difficult woman, but here I was leisurely breaking her down to finger, arm, eye, head, from a lofty spot miles away. Deleting the character, leaving the complaints. I know this patient. But who else will?[21]

* * *

Creative Writing and Reflective Writing

> *Writing, like life itself, is a voyage of discovery. The adventure is a metaphysical one: it is a way of approaching life indirectly, of acquiring a total rather than a partial view of the universe. . . . It is a turning inside out, a voyaging through X dimensions, with the result that somewhere along the way one discovers that what one has to tell is not nearly as important as the telling itself. It is this quality about all art which gives it its metaphysical hue, which lifts it out of time and space and centers or integrates it to the whole cosmic process. It is this about art which is "therapeutic": significance, purposelessness, infinitude.*
>
> *—Henry Miller, "Reflections on Writing"*[22]

I'd like to take a moment to think about the phrases "reflective writing" and "creative writing" and how they are used in the world of healthcare. As I spoke about at the start of this chapter, the reasons for using the word *reflective* rather than *creative* are more complex than a simple definition of terms, and may reflect a certain stigma or discomfort with the vexed concept of creativity. Regardless of what it's being called, more and more medical schools are using writing in their curricula as a tool to get students to explore their complex journeys toward being doctors (many other healthcare professions are also using writing, but for simplicity's sake here I will stick to medical schools).[23] But when the focus is on "reflection" rather than on "creation" some simple but important aspects of the gift of writing are often distorted. Students in schools for health professions are generally in rigorous and regimented curricula, receiving grades and ratings at every turn—it is natural for them to expect that the writing they are asked to do will be assessed in the same ways. Part of the job of the instructors dealing with student writing is to show them this is not the case. Ideally, the writing they do (outside of the regular curriculum, such as papers or statements for applications, etc.) should be offered to them as a place where they can stretch and breathe, a place where they can explore freely what they are experiencing, where they can uncover what they think and feel. To rate or grade a piece of "reflective" or creative writing, as is often done, is to distort the very idea of what writing in these contexts is ultimately for—discovery.[24] How can you rate something as being more or less reflective? If a student brings a memory of his grandfather into a reflection on a patient encounter and another doesn't, does that prove that he was reflecting better or more deeply than the student that didn't include such a memory? If so, why? These kinds of questions seem dangerously subjective to me—one person's judgment of satisfactory reflection may not be someone else's—so in addition to being unhelpful they are potentially inconsistent. The fact that rating rubrics are being developed in this area makes the creative work seem all the more urgent.

One of the complexities here is that these students need readers in order for their work to be seen, heard, validated, and reflected back to them so that they can better see, as we have explored, what there is to be learned. The reader/receiver is crucial. But when the reader is a person in a position of authority to the student, and particularly in an environment where the student is accustomed to being assessed and ranked at every turn, this can be tricky, for the student is then at risk for writing toward what they think their reader wants to hear, aiming for a "right answer" when in fact there is no such thing. It is important that the readers/guiders of the writing do not reward this or feed back into it by upholding rating metrics of any kind in this arena. The only way to prevent this kind of work in students is for us as teachers to encourage them not

to write toward any one conclusion but rather to explore their own unknowing, to allow their wrestling with what they are learning to be transparent and often inconclusive.

In many ways this encouragement—the encouraging of what is creative and expansive in student reflection rather than a mere rote recounting of facts—is a radical act in the healthcare environment, and isn't easily done. Readers need to be trained in the techniques of reading and responding to student work, and this can be quite intimidating for those with no background in the humanities or writing (more on this in the following chapter). But it is doable, and it is worth it. Even though this work will not be graded or assessed, through proper introduction and with proper support and guidance students will soon cherish the opportunity to stretch and explore their horizons in a safe and sanctioned way.

For what is reflection, really, but creation? If we are truly reflecting, deeply reflecting, as no doubt all those who ask students to write reflectively are hoping, then we are examining our experiences in a light aimed toward discovery. Creative work is just the same—in fact, you could perhaps equally argue that creative work is reflective work. As the writer Pat Schneider writes: "When we write deeply—that is, *when we write what we know and do not know we know*—we encounter mystery."[25] This sense of mystery may be what the word "creative" adds that "reflective" does not have, at least not in the context of the reflective writing most often done in medical school. "Mystery" may be a frightening word for those in the medical world, as "creativity" tends to be, but both of these words are crucial ones. As Schneider continues,

> Each of us has a private inner life, and in that life there are secrets that drive us to be who we are. Writing is not the only way for a pilgrim to identify, name, and find his or her way through the dark night of the soul. But writing, I suggest, is where we humans most make our own minds visible to ourselves and to others. There, on the faint lines of our pages, we can take down our masks. Ironically, even when we think we are building masks, creating entirely fictional characters, our very mask-making reveals us. In writing, we see, sometimes with fear and trembling, who we have been, who we really are, and we glimpse now and then who we might become.[26]

It should be said that in many ways the terms we use to describe the "voyage of discovery" that is writing are quite irrelevant—it is the spirit with which we use the tool that is most important, and the way that we receive it. Just as form is an automatic byproduct of putting words to paper, creativity is as well, in the sense that something has been born that wasn't there before. This is a fairly magical thing and ought to be treated as such, with respect for the process and for the consequence, which can often be unexpected and exciting and

mysterious, no matter the subject being explored. To respect this process entails not only the proper tools to encourage the discovery and exploration, but also the proper training for those who receive it, so that the gifts can be maintained all the way through the process.

The Israeli writer David Grossman gave a talk soon after he lost his son in the second Lebanon–Israeli war. His words say a lot of what I've been trying to in this chapter, speaking directly to many of the reasons to write in the clinical context. I will end with his words:

> "When we write, we feel the world in flux, elastic, full of possibilities—unfrozen. Anywhere the human element exists, there is no freezing and no paralysis, and there is no status quo (even if we sometimes mistakenly think there is; even if there are those who would very much like us to think there is).
>
> I write, and the world does not close in on me. It does not grow smaller. It moves in the direction of what is open, future, possible.
>
> I imagine, and the act of imagination revives me. I am not fossilized or paralyzed in the face of predators. I invent characters. Sometimes I feel as if I am digging people out of the ice in which reality has encased them. But perhaps, more than anything, the person I am digging out at the moment is myself.
>
> I write. I feel the many possibilities that exist in every human situation, and I feel my capacity to choose between them. I feel the sweetness of liberty, which I thought I had lost. . . .
>
> I write, and I feel that the correct and accurate use of words acts like a medicine."[27]

Notes

1. May, *Courage to Create*, 11.
2. Montgomery Hunter, *Doctors' Stories*, 5.
3. Blakeslee, "To Advance."
4. Blakeslee, "To Advance."
5. May, *Courage*, 21–22.
6. Cervantes, *Don Quixote*, 568.
7. Irvine, "Ethics of Self Care," 129.
8. Chen, *Final Exam*, 8.
9. Powers, "Richard Powers."
10. Anderson and MacCurdy, "Introduction," 7.
11. Johnson, "Writing as Healing," 86.
12. The writer has granted permission to reprint this text.
13. Orr, "Poetry as Survival," 3–4.
14. Grossman, "Desire to be Gisella," 36.
15. Oatley, "In the Minds," 2.
16. Oatley, "In the Minds," 2.
17. Oatley, "In the Minds," 3.
18. The writer has granted permission to reprint this text.

19. Gass, *Finding a Form*, 36.
20. Mailer, "At the Point," 4.
21. The student has granted permission to reprint this text.
22. Henry Miller, "Reflections on Writing," 180–1.
23. See Shapiro, Kasman, and Shafer, "Words and Wards"; Wald et al., "Reflections on Reflections"; Wear et al., "Reflection in/and Writing"; Boudreau, Liben, and Fuks, "A Faculty Development Workshop"; Mann, Gordon, and MacLeod, "Reflection and Reflective Practice."
24. See Aronson et al., "A Comparison of Two Methods"; Wald et al., "Fostering and Evaluating."
25. Schneider, *How the Light*, 10.
26. Schneider, *How the Light*, 99.
27. Grossman, "Individual Language," 65.