**The Women in Medicine Legacy Foundation**

**The Renaissance Woman in Medicine**

**Oral History Project**

**Rita Charon, MD, PhD**

**One Interview Session, 18 November 2016**

**Interview Profile**

Dr. Rita Charon[[1]](#footnote-1) (b. 28 July 1949, Providence, Rhode Island) is Professor of Clinical Medicine and Director of the Program in Narrative Medicine at the Columbia University College of Physicians and Surgeons. She has a specialty as a general internist with a primary care practice in Presbyterian Hospital. She took a Ph.D. in English when she realized the central role that storytelling and listening to stories play in the work of doctors and patients. She directs the Humanities and Medicine curriculum for P&S and teaches literature, narrative ethics, and medical interviewing. She is editor-in-chief of the journal Literature and Medicine and Principal Investigator on research projects that study patient-physician communication and the outcomes of narrative training for medical students and health professionals. She has earned many awards for her work in narrative medicine. She was awarded the Alma Dea Morani Renaissance Woman in Medicine Award in 2006.

The interview (approximately 5.5 hours) was conducted at Dr. Charon’s home in New York City.

Dr. Charon speaks about her family and education, including her early interest in languages and literature. She covers her participating in the activist spirit of the 1960s and its impact on her sense of social justice and current interest in transforming healthcare. She speaks in detail about the organic process in which she came to develop the field of narrative medicine in collaboration with others in work groups, workshops, and research projects.

Dr. Charon is an interdisciplinary thinker and she is skilled at encouraging individuals from different fields and hierarchical levels within a professional environment to work together. Her discussions of work with colleagues and students provide an interesting portrait of leadership in collaborative contexts.

**Rita Charon, MD, PhD**

Table of Contents

One Interview Session, 18 November 2016

Note: For easy navigation of transcript and audio files, chapter entries include the transcript page number, and approximate audio file in-time.[[2]](#footnote-2)

**Morning Session: 18 November 2016**

Interview Identifier

[00:00:02]; p. 6

Chapter One

***Family and Heritage: Learning about Sickness and Voicelessness***

[00:01:35]; p. 8

Chapter Two

***An Ambitious Student Longs to Leave a Small Town***

 [00:10:33], p. 13

Chapter Three

***Participating in the Social Revolution of the Sixties***

[00:26:23], p. 22

Chapter Four

***A First Job Reflects College Experiments with Learning***

[00:38:36], p. 30

Chapter Five

***Renewing Medical School Plans***

[00:00:01], p. 36

Chapter Six

***Views on Feminism***

[00:16:14], p. 43

Chapter Seven

***Medical School, Renewed Intellectual Excitement,***

***and a New Mentor***

[00:22:44], p. 45

Chapter Eight

***A Focus on Primary Care and a First Research Project***

[00:37:14], p. 50

Chapter Nine

***Narrative Medicine Starts to Evolve***

[00:51:56], p. 56

Chapter Ten

***The Value of Narrative Medicine at a Time of Crisis in Healthcare***

[00:00:02], p. 67

Chapter Eleven

***A PhD and a Turning Point for Narrative Medicine***

[00:18:00], p. 73

Chapter Twelve

***Collaborative, Interdisciplinary Groups as ‘Leader Incubators***

[00:41:12], p. 87

**Evening Session**

Chapter Thirteen

***Creating and Teaching Narrative Medicine: A Tool to Alter Encounters***

[00:00:02], p. 95

Chapter Fourteen

***Narrative Medicine Workshops and Growth of the Graduate Program***

[00:17:38], p. 103

Chapter Fifteen

***A Research Project on Pediatric Oncology***

[00:29:40], p. 108

Chapter Sixteen

***Another Research Project; Creating the Columbia Commons***

[00:42:02], p. 114

Chapter Seventeen

***Narrative Medicine Workshops: A Forum for Creativity and Listening*** [00:53:31], p. 120

Chapter Eighteen

***The Dividend of Listening: On Listening and Spirituality***

[01:15:45], p. 130

Chapter Nineteen

***About Connection: Mentors, Mentoring,***

***and Teaching People to Teach Narrative Medicine***

[00:05:16], p. 135

Chapter Twenty

***Working on the Future of Narrative Medicine***

[00:26:05], p. 144

Chapter Twenty One

***Bringing the Visual into Narrative Medicine***

[00:44:37], p. 154

**Rita Charon, MD, PhD**

**Chapter Summaries**

**Morning Session: 18 November 2016**

***Interview Identifier***

[00:00:02], p. 6

**Chapter One: *Family and Heritage: Learning about Sickness and Voicelessness***

[00:01:35], p. 8

\* Mentoring [00:05:20]

Dr. Charon begins by talking about her family, noting her French-Canadian roots and the fact that her father (as well as other family members) was a doctor with an office in the family home. Dr. Charon explains that the household “revolved around sickness,” and seeing her father’s schedule taught her that “the patients come first.” She talks about her family’s emigration from Canada to the U.S., settling in Providence, Rhode Island (where she was born).

Next, she talks about reading the novels of David Plant, a French-Canadian author: this raised her awareness about “voicelessness,” a characteristic of French-Canadian emigres experience in Providence.

**Chapter Two: *An Ambitious Student Longs to Leave a Small Town***

[00:10:33], p. 13

\* Mentoring [00:11:44], [00:13:01], [00:13:01], [00:17:59]

\* Sexism [00:19:53]

In this chapter, Dr. Charon sketches her early educational background and the origin of her desire to become a doctor. She begins by noting her “very Catholic upbringing.” She explains that she was very observant. Though she attended a very small all-girls high school where the education was not particularly strong, she was encouraged to take her education seriously. She says that her father, “picked me” to go to medical school; he echoed a sentiment expressed by Mother Saint Stephen, a science teacher, who said, “I can see you going to medical school.”

Dr. Charon talks about her love of schoolwork, her ambition and diligence and shares memories of high school.

She explains that her parents wanted son and talks about the gender climate in her home.

She next talks about her decision to go to college and the “deal” she made with her parents that she could go to New York City if she attended a Catholic institution.

She went to Fordham University (1966-1970; B.A.) as a pre-med student and was immediately caught up in the social upheavals of the sixties. She describes the faculty, the intellectual environment, and the activist atmosphere.

**Chapter Three: *Participating in the Social Revolution of the Sixties***

[00:26:23], p. 22

\* Leadership [00:28:33], [00:30:08]

\* Sexism [00:32:13]

 In this chapter, Dr. Charon provides a portrait of her activist spirit and sketches the movements she took part in while in college: she notes that she was “part of the revolution from the beginning,” first taking part in the anti-war movement.

Next, she explains, her English teacher and others decided to start an experimental college [Bensalem, The Experimental College of Fordham University] with thirty students and faculty. The intent was to “find new ways of learning” in a “radically collaborative” context with different power dynamics. Dr. Charon explains that this college was a formative experience that enabled her to “live an experiment” of upended authority.

Dr. Charon next explains that the learning experiments took place simultaneously with the anti-War activities: buses to Washington, DC, to protest the Vietnam War. SEXISM She talks about the male domination of the anti-war movement, recalling a poster that said, Chicks Say ‘Yes’ to Men Who Say ‘No.’” She notes that there was no women’s movement at the time on campus.

At this time, Dr. Charon explains, she withdrew from the pre-med track. She felt it was wrong to pursue a profession she thought was elitist in the face of the injustice of the war and her awareness of social inequities.

**Chapter Four: *A First Job Reflects College Experiments with Learning***

[00:38:36], p. 30

In this chapter, Dr. Charon talks about her first job teaching at the Children’s Community Workshop School. She explains that her values aligned with the school charter –to provide community based, egalitarian education to a racially mixed student body. She taught there for five years and is still in touch with some students she taught to read. She talks about her personal and political action.

**Chapter Five: *Renewing Medical School Plans***

[00:00:01], p. 36

In this chapter, Dr. Charon explains how her living situation in the early 70s inspired her to refocus her goals on medical school. She also talks about the process of applying to Harvard Medical School (1974) and offers her view of her early years there.

She begins by explaining that she was living in Rockland County with a group of people who taught at the Community School. This was a progressive and artistic group, she says, but the lifestyle was too aimless for her and she recalls feeling, “I can do more with my mind.” Because she had abandoned pre-med studies in college, she explains, she needed to take some basic courses. She enrolled in courses at Rockland Community College and supported herself as a school bus driver. She describes the group recommendation letter her teachers wrote for her.

Dr. Charon explains that she continued to be very anti-elitist and went through a period wondering if she should go to an elitist school such as Harvard. She talks about why she decided to go, noting that Harvard “is different from anything else.” She explains that there were many New York City “expats” at Harvard, which also had a policy of admitting a percentage of activists at the time.

**Chapter Six: *Views on Feminism***

[00:16:14], p. 43

\* Situation for women—a subject throughout this chapter, but in particular: [00:21:12]

\* Sexism [00:18:59]

In this chapter, Dr. Charon talks about her exposure to the organized women’s movement on the Harvard campus. She explains, however, that she has always identified more strongly with other facets of the progressive movement that focus on social justice, rather than women’s rights. She sketches her reasons for not viewing women MDs as different from male MDs. She talks about how women’s action through feminism has improved medicine.

**Chapter Seven: *Medical School, Renewed Intellectual Excitement, and a New Mentor***

[00:22:44], p. 45

\* Leadership [00:27:13],

\* Mentoring [00:31:01]

In this chapter, Dr. Charon explains how medical school expanded her intellectual horizons.

She begins by noting that medical school brought back the intellectual broadening she first experienced as an undergraduate. She explains her non-mechanistic, holistic view of the body and health that took shape at this time, connected to her passion for “the beauty of science.” She talks about her growing interest in primary care, then explains how she and other students put together courses on pharmacology and death and dying.

Next, Dr. Charon talks about meeting Elliot George Mishler during her first year when he gave a lecture on labeling patients during a psychiatry course. Her enthusiasm for his work began an important mentoring relationship. Dr. Mishler’s work enabled her to see how to bring language analysis back into her medical practice. She tells anecdotes that illustrate their mentoring relationship.

**Chapter Eight: *A Focus on Primary Care and a First Research Project***

[00:37:14], p. 50

In this chapter, Dr. Charon explains that primary care attracted her because it enabled her to focus on many facets of the whole patient. She speaks in depth about her residency in Social Medicine at the Montefiore Hospital and Medical Center in the Bronx (1978 - 1981). She explains the experimental dimension of the residency, which enabled her to spend 50% of her time in the clinic, and brought her in touch with a very activist staff and patient population. She notes that her education included psychology, cultural sensitivity and family and social dynamics.

Next, Dr. Charon talks about the research project she completed during this period: a documentary on the training of doctors, “To Be a Doctor” (1981). She sketches the important questions the film engaged and notes that she was interviewed by Tom Brokaw after it was completed.

**Chapter Nine: *Narrative Medicine Starts to Evolve***

[00:51:56], p. 56

\* Mentoring [01:14:41]

Dr. Charon begins this chapter by explaining how in 1981, she became involved with the Society for Health and Human Values, a group of medical professionals and innovative literary scholars committed to improving health care. She recalls the excitement of the first conference the group sponsored. She began to teach at Columbia College of Physicians and Surgeons (instructor, 1982; assistant professor, 1983) and from the beginning integrating reading and writing into her courses.

Next, she talks about the formative NEH Summer Seminar she attended in 1982, "Literary Perspectives on the Clinical Encounter." Dr. Charon explains how engaging her imagination allowed her access to information about the patient she didn’t know she knew. That experience changed how she organized her courses. She talks about the innovations she integrated and explains how the success of the classes influenced the Columbia curriculum.

Next, Dr. Charon talks about how she decided to pursue a Masters in the English Department.

**Chapter Ten: *The Value of Narrative Medicine at a Time of Crisis in Healthcare***

[00:00:02], p. 67

In this chapter, Dr. Charon notes that narrative medicine and clinical medicine ‘go hand in hand,” and she explains the impact of narrative medicine on healthcare practice, noting how important its effects can be at a time when healthcare is in crisis.

She explains how she has used writing in her clinical practice to facilitate good communication with her patients. (She notes that she closed her practice in 2015.)

Dr. Charon sketches the increasing pressures on physicians that get in the way of spending quality time with patients. She talks about healthcare economics, which have a huge impact on the patient visit: “you can’t fault a person for lack of empathy,” she concludes, adding that “that’s the dark part of the story.” She tells an anecdote to demonstrate pressures on physicians.

**Chapter Eleven: *A PhD and a Turning Point for Narrative Medicine***

[00:18:00], p. 73

\* Situation for women [00:18:23], [00:19:15], [00:36:07]

In this chapter, Dr. Charon gives an overview of the development of her career at Columbia (clinical faculty are non-tenured) and the evolution of the field she created. She explains that her progress was slow because she was a graduate student and working in an entirely new field.

Dr. Charon next says that when her PhD was conferred in 1999, she began to ask the question, What should I make of all of this; how do these new skills make care different? She then explains how she and colleagues got together to apply for an NEH grant to support a group that would consider these questions. The activities of this group (supported by the NEH and by a Guggenheim) led to the publication of the first book on narrative medicine.

Dr. Charon also discusses why she includes visual representation as well as writing in narrative medicine and in teaching. She tells anecdote about a presentation to medical students. Next, Dr. Charon sketches the situation for women in medicine at Columbia University.

**Chapter Twelve: *Collaborative, Interdisciplinary Groups as ‘Leader Incubators’***

[00:41:12], p. 87

\* Situation for women [00:44:26], [00:46:30]

\* Leadership [00:41:52], [00:51:15]

\* Mentoring [00:48:52]

In this chapter, Dr. Charon talks about her ability to bring interdisciplinary groups of people together. She briefly talks about her second marriage and the challenges of a two-career couple. She then goes on to capture the innovative spirit of the narrative medicine group: creative; composed of committed idealists who made a commitment, in turn, to the group and to the idea of improving medicine. She explains how this group became a “leader incubator” and offers anecdotes to show the creativity and flexibility of the group as well as how it created a unique context for communication.

**Evening Session**

**Chapter Thirteen: *Creating and Teaching Narrative Medicine: A Tool to Alter Encounters***

[00:00:02], p. 95

In this chapter, Dr. Charon offers a snapshot of a new field evolving through an organic process. She notes that in 2001, she published “Narrative medicine: A model for empathy, reflection, profession, and trust” in JAMA to lay out the territory of “what we could do in medicine with the skills of narrative medicine.” She explains that these skills enable clinicians to create a new kind of encounter that alters the diagnostic routine as a new kind of relational routine. This model would have implications for relations with patients, with colleagues, and with team members. Dr. Charon offers several anecdotes to demonstrate the impact.

Next, she talks about the process of naming the new field that she was developing in collaboration with her idea group. She notes that the field evolved out of teaching and experimenting with basic concepts as they were formed, and then perfecting that process. She talks about the use of writing in workshops and to facilitate communication in relationships and tells the story of the first Narrative Medicine Conference in 2003.

**Chapter Fourteen: *Narrative Medicine Workshops and Growth of the Graduate Program***

[00:17:38], p. 103

In this chapter, Dr. Charon sketches how offering narrative medicine (by 2006) workshops lead to the creation of a graduate program in the field. She outlines the format for the workshops and summarizes the content. She notes that the workshops “got the word out” nationally and internationally about the field. She tells an anecdote about one workshop participant who worked with AIDS patients. She notes that she now places most f her energy on developing the graduate program.

**Chapter Fifteen: A Research Project on Pediatric Oncology**

[00:29:40], p. 108

Dr. Charon describes an ongoing research study among clinicians who work on a pediatric oncology floor. The study was created to investigate whether weekly 1-hour sessions of reading and writing reduce participants’ stress and burnout level, and stimulate their imaginations so they could imagine their situations differently. She summarizes the outcomes, then explains that her group is now running a more rigorous version of the study with funding from the Macy Foundation. She describes some of the creative activities the participants take part in. She talks about plans to expand the study.

**Chapter Sixteen: *Another Research Project; Creating the Columbia Commons***

[00:42:02], p. 114

\* Leadership [00:43:45], [00:47:13]

\* Situations for women [00:48:37]

Dr. Charon begins this chapter by talking about the next phase of Macy Foundation funding for narrative medicine. She explains that when they realized that narrative medicine could be used for team building, they funded a planning grant (2010) for a group to explore these uses. (The group is now called the Columbia Commons.) Dr. Charon talks about the interdisciplinary group she formed then talks about discoveries the group made about team building by running sessions in clinics. One example shows the operation of hierarchies between doctors and nurses. The group continues to work together, and Dr. Charon explains that its value was recognized when deans of the schools of nursing, public health, medicine, and social work decided to support the continuation of the project. Dr. Charon explains that the Program in Narrative Medicine is now in the process of developing a certificate program.

**Chapter Seventeen: *Narrative Medicine Workshops: A Forum for Creativity and Listening***

[00:53:31], p. 120

This chapter begins with a discussion medical education, creativity, and visual thinking. Dr. Charon then concludes that both creativity and doubt are essential for her work and she describes how the atmosphere in narrative medicine session helps people take creative risks. She notes that some people have been participating in sessions for 10 years: “They enjoy being makers,” she says, and “they see one another in different ways.”

Next she tells a story about a visit to the New York Zen Center, where she observed an interesting community. She notes that after incidents of police killing unarmed black men, her group reached out to schools to encourage students to tell their story. She explains that people trained in how to talk and listen have something to offer in situations of political tension.

**Chapter Eighteen: *The Dividend of Listening: On Listening and Spirituality***

[01:15:45], p. 130

Dr. Charon begins this chapter by discussing what listening entails and how the doctor-patient relationship is a divide to be bridged. She gives an example of how different facets of a patient’s life enter the patient interview. The then talks about “the dividend of listening” –the affiliation that occurs between two people.

After noting that “I worry we end up sounding like ministers,” Dr. Charon talks about the ways in which listening is spiritual. She says that she is an atheist and not religious, but her sense of the spiritual in this practice “goes deeper than that.”

[The recorder is paused]

Next, Dr. Charon talks about the process of adding a course focusing on spirituality and healthcare to the Program curriculum, a proposal from a chaplain that she first rejected. She explains why she changed her view. This course is now being taught, based on questions patients ask.

**Chapter Nineteen: *About Connection: Mentors, Mentoring, and Teaching People to Teach Narrative Medicine***

[00:05:16], p. 135

\* Mentoring [00:05:23], [00:08:24], [00:10:11], [00:14:16], [00:20:43]

Dr. Charon begins this chapter by noting the pleasure she takes in working with young faculty and students. She also observes that she has kept up her relationships with all of her own mentors. She tells a story about supporting a faculty member to attend a conference. She tells another story about a student she taught 15 years ago who still practices medicine according to the values of narrative medicine. Commenting on her work of cultivating students, Dr. Charon concludes, “That feels like my ministry.”

Next she talks about a 6-credit course on “The Methods of Narrative Medicine” designed to train students to teach narrative medicine to a wide population. She also talks about the program’s narrative medicine fellowships that support research and sketches what the field can do for students going to medical school.

**Chapter Twenty: *Working on the Future of Narrative Medicine***

[00:26:05], p. 144

\* Leadership [00:26:23], [00:30:21], [00:13:17], [00:35:42], [00:38:10]

\* Mentoring [00:30:21], [00:13:17], [00:35:42], [00:38:10]

Dr. Charon begins this chapter by commenting that the ongoing evolution of narrative medicine has had an impact on the medical school at Columbia. She next tells a story about applying for a grant that demonstrates how leadership works in collaborative groups. She describes the brainstorming meeting at which participants offered ideas for a research project to be supported. She then tells the story of selecting a topic first dismissed by the group [weight bias among doctors]. She talks about the impact of this process on the team.

Dr. Charon and Dr. Rosolowski discussion of learning styles and how to encourage people to participate in discussion.

**Chapter Twenty-One: *Bringing the Visual into Narrative Medicine***

[00:44:37], p. 154

Dr. Charon begins this chapter with memories of first coming to New York and falling in love with the Brooklyn Bridge. She says “that was a religious experience” and then makes the connection to the art of Mark Rothko. She describes the connection she made between the feeling that art gives her, “being beside myself,” and the feeling she has when she has when she has a good interaction with a patient. She explains that this was the point when visual art became central to her understanding of narrative medicine work. She also notes she selected an image of Mark Rothko’s painting for the cover of her most recent book because she finds it “iconic” of the intersubjective relation. She tells the story of securing permission to use the image from Stephen and Alexandra Cohen then offers final comments about the sense of “zeal” she has when she sees students put narrative medicine to work.

1. Pronounced as “Sharon”. [↑](#footnote-ref-1)
2. Approximate time codes: A time code with a plus sign following it ([time stamp]+) indicates that the chapter begins a short time *after* the indicated time code. Conversely, a minus sign following the time stamp indicates it begins shortly *before* that position in the audio file. [↑](#footnote-ref-2)