The Women in Medicine Legacy Foundation

The Renaissance Woman in Medicine
Oral History Project

RITA CHARON, MD, PHD

18 November, 2016

Interviewed by: Tacey A. Rosolowski, PhD

Rita Charon, MD, PhD

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Evening Session

Chapter Twenty One

Bringing the Visual into Narrative Medicine

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Morning Session: *Interview Identifier*

T.A. ROSOLOWSKI, PHD:
[00:00:02]
And we are officially recording.
[00:00:03]

T.A. ROSOLOWSKI, PHD:
[00:00:03]
OK.
[00:00:04]

T.A. ROSOLOWSKI, PHD:
[00:00:04]
OK, It is 20 minutes after 9:00, on the 18th of November, 2016, I am at the home of Dr. Rita Charon, in New York City. This is our first session for the Foundation for the History of Women in Medicine Oral History Project. I just wanted to do just a few kind of high points of who you are, and then we'll just start. Dr. Charon is a Professor of Clinical Medicine and a direct -- good, so tell me what...
[00:00:40]

RITA CHARON, MD, PHD:
[00:00:42]
I don't know what bio you have there. It's a Professor of Medicine.
[00:00:46]

T.A. ROSOLOWSKI, PHD:
[00:00:46]
Of Medicine. OK, so Professor of Medicine and Director of the Program in Narrative Medicine at Columbia University, College of Physicians and Surgeons. OK. Your specialty? General internist?
[00:00:58]

RITA CHARON, MD, PHD:
[00:00:58]
Yes.
[00:00:58]

T.A. ROSOLOWSKI, PHD:
[00:00:59]
OK. With primary care practice in Presbyterian Hospital?
[00:01:01]

RITA CHARON, MD, PHD:
[00:01:02]
Mm-hmm.
[00:01:02]

T.A. ROSOLOWSKI, PHD:
[00:01:02]
All right. And you took a PhD in English when you realized that storytelling and listening was essential in the role of patients, and went on to found, basically, the field of narrative medicine.
[00:01:13]

RITA CHARON, MD, PHD:
[00:01:13]
Mm-hmm.
[00:01:13]

T.A. ROSOLOWSKI, PHD:
[00:01:14]
Yes. Very exciting. Well, I'll just say that you won the Alma Dea Morani Renaissance Woman in Medicine Award in 2011.
[00:01:23]

RITA CHARON, MD, PHD:
[00:01:23]
Mm-hmm.
[00:01:23]

T.A. ROSOLOWSKI, PHD:
[00:01:24]
All right. And we will talk about all the things that come in between and have come since.
[00:01:28]

RITA CHARON, MD, PHD:
[00:01:28]
Yes, thank you.
[00:01:29]

T.A. ROSOLOWSKI, PHD:
[00:01:29]
I wanted to thank you for making time in this very busy period to talk to me.
[00:01:33]

RITA CHARON, MD, PHD:
[00:01:33]
OK.
[00:01:34]

Chapter One
Family and Heritage: Learning about Sickness and Voicelessness

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.

T.A. ROSOLOWSKI, PHD:
[00:01:35]
Well, let's just start in kind of the traditional place. I wanted to ask you where were you born, and when, and tell me a little bit about your family.
[00:01:44]

RITA CHARON, MD, PHD:
[00:01:45]
OK. I was born in Providence, Rhode Island. It was 1949. I was the third of six girls. I hesitate, because the one right after me died at childbirth. So she was the shadow ghost sixth sister.
[00:02:05]

T.A. ROSOLOWSKI, PHD:
[00:02:07]
How old were you?
[00:02:08]

RITA CHARON, MD, PHD:
[00:02:08]
I was three. So even from the very beginning, there are mysteries. Providence, Rhode Island in the late '40s, '50s was a gritty, industrial, rather defeated city. There were factories for jewelry-making and tool-making, the Nicolson File Company. But it was mostly a town of immigrants: Italian, Irish, French Canadian, Polish. We were French Canadian. My parents were born in the States, but their parents were from near Montreal. One of my sisters, my oldest sister, looked into where did we come from, I don't know how true this is, but she tracked down that the first Charon came from a small town 25 miles east of Paris, called Meaux, M-E-A-U-X, in 1656.
[00:03:23]

T.A. ROSOLOWSKI, PHD:
[00:03:23]
Oh, wow.
[00:03:23]

RITA CHARON, MD, PHD:
[00:03:24]
Yeah. And they were Huguenots. They were French Protestants, and they were escaping the Papists and the Royalists, at the time, in France. They were being hounded for their faith. So they'd come to America. They'd come to New France, which was Canada. Came straight to Montreal. And apparently, there were many large migrations of people having to escape a pogrom, essentially.
[00:04:03]

T.A. ROSOLOWSKI, PHD:
[00:04:04]
So is that -- do you feel -- you obviously grew up with these family legend stories, sense of history. How does that play into how you think about yourself?
[00:04:13]

RITA CHARON, MD, PHD:
[00:04:14]
Well, we didn't find out about the 1656 until fairly recently. And the funny part about the story is, not long after they reached Montreal, they converted to Catholicism.
[00:04:29]

T.A. ROSOLOWSKI, PHD:
[00:04:30]
Oh, how interesting.
[00:04:30]

RITA CHARON, MD, PHD:
[00:04:31]
After all that.
[00:04:31]

T.A. ROSOLOWSKI, PHD:
[00:04:32]
Yeah.
[00:04:32]

RITA CHARON, MD, PHD:
[00:04:33]
Because apparently, there was no way to be born or die, or get married or baptized or buried, except in the Church.
[00:04:41]

T.A. ROSOLOWSKI, PHD:
[00:04:41]
So for bureaucratic reasons, almost.
[00:04:42]

RITA CHARON, MD, PHD:
[00:04:42]
Yes.
[00:04:42]

T.A. ROSOLOWSKI, PHD:
[00:04:43]
Wow. How interesting.
[00:04:44]

RITA CHARON, MD, PHD:
[00:04:44]
But the name "Charon," it had been spelled with two "R"s, very early on. "Charon" in French is a wheelwright, a carriage-maker. Somewhere -- we're not sure if it was getting to Montreal or crossing the Saint Lawrence -- because my grandparents then immigrated to New England -- we lost an "R" out of the name. And later on, we'll talk about what the name "Charon" means with just one "R."
[00:05:14]

T.A. ROSOLOWSKI, PHD:
[00:05:17]
So what did your father and mother do?
[00:05:19]

RITA CHARON, MD, PHD:
[00:05:20]
My father is -- was -- he died in 1989. He was a GP, a family doctor, as was his father before him. There's Dr. [Ernest?] Charon, and Dr. George Charon, and then me. Several other cousins. It's a very medically rich family. I have, in the next room, files that my father kept on his -- in his patients -- in the office.
[00:05:52]

T.A. ROSOLOWSKI, PHD:
[00:05:53]
Oh, really?
[00:05:53]

RITA CHARON, MD, PHD:
[00:05:53]
I'll show them to you when we break. They're handwritten in his blue-black ink. I read these things. This is from the '50s, '60s, in Providence. I read them; I see what was he doing all that time. Because as we grew up, he wasn't very much around. There were five kids in one pretty small house, in a kind of quiet, urban street in Providence. He was at his office hours in the morning, in the afternoon, in the evening. He made rounds at three different hospitals. The patients would call at home, of course. My mother was his nurse. So we kids would answer the phone, "No, [French]." Half the patients were French Canadian immigrants. That's kind of, I think, why he set up his practice in that town. So all the way growing up, there was just an absolutely inviolable -- the patients come first. And the vacations that were postponed until Mrs. Lambert has her baby. The whole -- our household revolved around sickness, really, when I think of it now. My mother dispensed an awful lot of medical advice. Because, I mean, there was the telephone.
[00:07:26]

T.A. ROSOLOWSKI, PHD:
[00:07:27]
Exactly.
[00:07:27]

RITA CHARON, MD, PHD:
[00:07:27]
That was it. I mean, people sometimes showed up at the door.
[00:07:30]

T.A. ROSOLOWSKI, PHD:
[00:07:31]
Your mom's name?
[00:07:31]

RITA CHARON, MD, PHD:
[00:07:32]
Noella.
[00:07:32]

T.A. ROSOLOWSKI, PHD:
[00:07:36]
And your dad was Ernst? Ernest?
[00:07:38]

RITA CHARON, MD, PHD:
[00:07:38]
No, that was my grandfather. My father was George.
[00:07:39]

T.A. ROSOLOWSKI, PHD:
[00:07:40]
George. With the "S" or no "S"?
[00:07:41]

RITA CHARON, MD, PHD:
[00:07:42]
With the "S" in Canada, but --
[00:07:44]

T.A. ROSOLOWSKI, PHD:
[00:07:44]
Canada, and then lost it in the States, yeah.
[00:07:45]

RITA CHARON, MD, PHD:
[00:07:45]
-- not really here. So we've had a lot of changes to the way our name is actually spelled. I think that's meaningful, because we really did cross these cultures.
[00:07:55]

T.A. ROSOLOWSKI, PHD:
[00:07:55]
Right.
[00:07:55]

RITA CHARON, MD, PHD:
[00:07:56]
Now, it wasn't until I read the novels of David Plante that I began to appreciate the contribution of the French Canadian part of my history. Because we as kids were encouraged to speak English, and French was not spoken very much at the home. We did go to school with French-speaking nuns, but we were not inculcated with a lot of French Canadian traditions, except maybe Christmas and New Years'.
[00:08:32]

T.A. ROSOLOWSKI, PHD:
[00:08:33]
And when were you exposed to David Plante's novels?
[00:08:36]

RITA CHARON, MD, PHD:
[00:08:37]
Oh, this was in college.
[00:08:39]

T.A. ROSOLOWSKI, PHD:
[00:08:39]
Oh, OK. All right.
[00:08:40]

RITA CHARON, MD, PHD:
[00:08:41]
He was French Canadian, and had grown up in Providence. And a fantastic writer. He now lives in London. He was a very influential novelist. I learned by reading his novels that he grew up in the same parish I did. I mean, he didn't name names, but I could see. He went to the same school I went to.
[00:09:12]

T.A. ROSOLOWSKI, PHD:
[00:09:13]
Wow.
[00:09:13]

RITA CHARON, MD, PHD:
[00:09:14]
He put into words things that I had experienced but hadn't quite captured, or hadn't even quite acknowledged, about the defeat of the French Canadian. He calls it a silent community. That there's no voice. The Italian community in Providence, Rhode Island was very rowdy. They ran the place. The Irish community. But the French Canadian -- It's not just in Providence -- were really a silent group. They did not articulate who they were, what they stood for, what their worth was. I've traced that to the kind of Catholicism -- French Canadian Catholicism was a Jansenist brand of Catholicism, with little of the joy, and lots of the dread. So you were a sinner, and you were fallen, and there wasn't much hope for you. So this was the kind of heavy upbringing.
[00:10:31]

Chapter Two
An Ambitious Student Longs to Leave a Small Town

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. Dr. Charon explains that 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.

T.A. ROSOLOWSKI, PHD:
[00:10:33]
So was your upbringing heavily Catholic, or what was your spiritual background?
[00:10:38]

RITA CHARON, MD, PHD:
[00:10:39]
It was. Oh, indeed. It was Our Lady of Lourdes Church, and we would go once a week, and we had to go to Confession and Communion. I was quite observant as a little girl. You know, that Lent is a time that Catholics have to do particular kind of penance. There were years I would go to church every day. So it was quite important to me, all the way into high school, which was also in Providence, also with the Catholic nuns, and all girls. Very tiny. I think my high school class had 32 students in it. My grammar school class had 16.
[00:11:29]

T.A. ROSOLOWSKI, PHD:
[00:11:31]
How was the education, looking back?
[00:11:32]

RITA CHARON, MD, PHD:
[00:11:33]
Not very good. Quite poor.
[00:11:36]

T.A. ROSOLOWSKI, PHD:
[00:11:38]
What was the attitude about education in your family, and particularly education of this family of daughters?
[00:11:43]

RITA CHARON, MD, PHD:
[00:11:44]
Well, we were encouraged. One of my sisters went on to nursing school. One went on to -- two went to nursing school. One became a journalist. One was -- the oldest one was just more kind of a homemaker, wife, mother. When she worked, it was taking care of children in, like, preschool. And my father kind of elected me -- I never quite was sure how this worked, but he kind of picked me as the one who would go to medical school.
[00:12:28]

T.A. ROSOLOWSKI, PHD:
[00:12:29]
And what's your birth order?
[00:12:30]

RITA CHARON, MD, PHD:
[00:12:31]
I'm third. So the middle of the surviving. And...
[00:12:37]

T.A. ROSOLOWSKI, PHD:
[00:12:38]
Why do you think that was, that he picked you?
[00:12:40]

RITA CHARON, MD, PHD:
[00:12:41]
Well, I think I did best in school of all of us. I was kind of -- you know. I was a good student, and got the awards at graduation, and things like that.
[00:12:55]

T.A. ROSOLOWSKI, PHD:
[00:12:55]
So what was your attitude when your dad kind of visualized that future for you? Did you...
[00:13:00]

RITA CHARON, MD, PHD:
[00:13:01]
Well, it wasn't something I hadn't thought about. From this tiny little high school, there was a -- you asked before about mentors. There was a science teacher who was unusual in that she was not French. She was very kind of energetic. She was the basketball coach and the science teacher, and didn't have anything to do with the religious stuff. It was she, before my father, who said, "I can see you going to medical school." This is when I was a junior in high school. And she was also unusual because she did not grow up in New England. She was not from these parts. She had grown up in New York. So it was through her first that I had the idea that, oh, maybe, maybe there's a bigger world. My other sisters went to school nearby. Rhode Island College, you know. And between this biology teacher and my father, they

kind of opened a path.
[00:14:21]

T.A. ROSOLOWSKI, PHD:
[00:14:21]
Yeah. Do you remember what her name was?
[00:14:23]

RITA CHARON, MD, PHD:
[00:14:23]
Her name was Mother St. Stephen.
[00:14:25]

T.A. ROSOLOWSKI, PHD:
[00:14:27]
And what was the name of the high school? I think I missed it.
[00:14:29]

RITA CHARON, MD, PHD:
[00:14:30]
The high school was St. Charles Borromeo High School. And the grammar school was Our Lady of Lourdes. I did contact this biology teacher much later. She had left the convent. She had become a teacher and principal. And we had some marvelous meetings just to say, "You did this for me." And she was just so filled with, like, wow, look what you've done. It was stunning. It was stunning.
[00:15:11]

T.A. ROSOLOWSKI, PHD:
[00:15:11]
That's a great gift. She gave you a gift, and then you gave it back.
[00:15:14]

RITA CHARON, MD, PHD:
[00:15:14]
Well, yeah. Yeah.
[00:15:16]

T.A. ROSOLOWSKI, PHD:
[00:15:16]
Yeah.
[00:15:16]

RITA CHARON, MD, PHD:
[00:15:18]
Yeah. It was really very pivotal.
[00:15:20]

T.A. ROSOLOWSKI, PHD:
[00:15:20]
That's very cool.
[00:15:21]

RITA CHARON, MD, PHD:
[00:15:21]
I was happy to be able to remake contact, just to say, "You did this for me."
[00:15:29]

T.A. ROSOLOWSKI, PHD:
[00:15:31]
Now, when you look back at that young woman, that girl, what are the gifts and talents that you see emerging? I mean, even in this situation, where maybe education wasn't so great, but what were your strengths that you were starting to show at that moment?
[00:15:47]

RITA CHARON, MD, PHD:
[00:15:50]
I don't know.
[00:15:52]

T.A. ROSOLOWSKI, PHD:
[00:15:53]
And what did you like?
[00:15:53]

RITA CHARON, MD, PHD:
[00:15:54]
I was ambitious. I read a lot. I read all the time. I took very seriously my schoolwork. My mother would sit up with me to type, on the old Underwood typewriter, my papers.
[00:16:10]

T.A. ROSOLOWSKI, PHD:
[00:16:10]
So you really persevered.
[00:16:11]

RITA CHARON, MD, PHD:
[00:16:12]
So -- I can remember, even, sitting at the kitchen table doing my homework until real, real late, and just taking it very seriously. I think I loved it. Papers for English class, for history class. Papers on classical Rome. I remember a paper on *The Idiot* of Dostoyevsky, when I was in high school. It's very urgent. Urgent. I remember one night, I'm sitting at the kitchen table, deep in all this stuff. It might have been the Dostoyevsky, I don't know. I go into the living room. There's my father, sitting there. I said, "What are you doing up?" It was like 2:00 in the morning. "What are you doing up?" He says, "Just to be with you."
[00:17:03]

T.A. ROSOLOWSKI, PHD:
[00:17:05]
Wow. That's so cool.
[00:17:08]

RITA CHARON, MD, PHD:
[00:17:09]
I guess I was kind of the egghead in the house.
[00:17:12]

T.A. ROSOLOWSKI, PHD:
[00:17:13]
And encouraged to be so.
[00:17:13]

RITA CHARON, MD, PHD:
[00:17:14]
Yeah.
[00:17:14]

T.A. ROSOLOWSKI, PHD:
[00:17:14]
Yeah.
[00:17:15]

RITA CHARON, MD, PHD:
[00:17:15]
Books like this from the library.
[00:17:17]

T.A. ROSOLOWSKI, PHD:
[00:17:17]
Yeah, yeah. Huge stacks. Yeah.
[00:17:20]

RITA CHARON, MD, PHD:
[00:17:21]
I mean, not that my sisters did not take it seriously, but I think I was kind of really just consumed. In high school, tiny, tiny -- you know. I mean, they didn't have much depth at all. When it was time for me to take trigonometry, which you should take in high school, they had to send out for a workbook that I could learn trigonometry on my own.
[00:17:55]

T.A. ROSOLOWSKI, PHD:
[00:17:56]
But they actually did that for you?
[00:17:57]

RITA CHARON, MD, PHD:
[00:17:57]
But they did that.
[00:17:57]

T.A. ROSOLOWSKI, PHD:
[00:17:58]
Yeah.
[00:17:58]

RITA CHARON, MD, PHD:
[00:17:59]
There was one point where they said, "Well, you've taken all the courses we offer, so in the fall, you can take home economics," and my mother blew her stack.
[00:18:11]

T.A. ROSOLOWSKI, PHD:
[00:18:13]
So what'd she do?
[00:18:13]

RITA CHARON, MD, PHD:
[00:18:13]
She came in and she said, "Uh-uh. My daughter is going to college. She's going to" -- and that's when they got the trigonometry workbooks.
[00:18:21]

T.A. ROSOLOWSKI, PHD:
[00:18:22]
Wow.
[00:18:22]

RITA CHARON, MD, PHD:
[00:18:23]
Yeah. Then I'd have to go to summer school. I had to take physics in summer school at the local public school. So it was -- I told you, the French Canadians are kind of defeated and diminished, and they didn't think of themselves as in the world.
[00:18:42]

T.A. ROSOLOWSKI, PHD:
[00:18:42]
Yeah. But not your family. Your parents.
[00:18:45]

RITA CHARON, MD, PHD:
[00:18:45]
They had an idea that there was something beyond this.
[00:18:48]

T.A. ROSOLOWSKI, PHD:
[00:18:48]
Yeah. That's pretty cool. So what were the messages you got, being a girl at this time, being an egghead? I mean, were your parents worried about your future as a woman, as can happen?
[00:19:03]

RITA CHARON, MD, PHD:
[00:19:06]
There was always a feeling in the family that they kept getting pregnant because they really wanted a boy. I remember hearing my father's buddies, the other doctors at the hospital, "Oh, sorry, George, maybe next time," when still another baby girl was born. When I realized it, even the child who died was a girl. And that was -- this was the early '50s, and certainly, I think, for professional men, for a doctor, your heir is supposed to be carrying your name and all of that.
[00:19:49]

T.A. ROSOLOWSKI, PHD:
[00:19:49]
What was your reaction when you realized that?
[00:19:51]

RITA CHARON, MD, PHD:
[00:19:53]
Well, I think it was rather formative, that a son would have been more welcome than still another daughter. But that was the case in that time. I don't think that's the case anymore. But it was certainly the case at that time. My mother went to high school. I think she had a couple of courses in some commercial school, and she was like a secretary. Then she got married, had a lot of kids, and worked for no pay as my father's kind of secretary, billing clerk.
[00:20:45]

T.A. ROSOLOWSKI, PHD:
[00:20:45]
So she wasn't -- you said earlier she was your dad's nurse, but she had no formal training?
[00:20:50]

RITA CHARON, MD, PHD:
[00:20:50]
She wasn't really a nurse, no.
[00:20:51]

T.A. ROSOLOWSKI, PHD:
[00:20:51]
Yeah, OK, interesting.
[00:20:53]

RITA CHARON, MD, PHD:
[00:20:52]
She functioned in that way.
[00:20:53]

T.A. ROSOLOWSKI, PHD:
[00:20:53]
Interesting. Yeah.
[00:20:54]

RITA CHARON, MD, PHD:
[00:20:54]
But always, always in the shadow, in the shadow. And my father is very gregarious, and she was kind of

always in the shadows. There was definitely a gendered -- not so much power as climate. And she kept the ship going, and he was out working dawn to dusk.
[00:21:26]

T.A. ROSOLOWSKI, PHD:
[00:21:31]
Tell me about the process of going to college. That must have been interesting.
[00:21:37]

RITA CHARON, MD, PHD:
[00:21:37]
Well, I had to make a deal with my parents. I told you, this biology teacher was from New York. Well, she got into me the desire to go to New York, that this is what I wanted to do. I was ready to leave Providence. I was really ready to leave Providence. And at the time -- when we say Providence today, you think of Brown and the East Side, and the beautiful river front that they've done, and this new -- well, back then, it was a very segregated town. Not only black and white, although that for sure, but class-wise, and even -- Catholics didn't go to the East Side. And we never, in our circle -- I never, until I went to college, knew someone who was not white and Catholic. You didn't go to the East Side, because you weren't Jewish. I mean, it was very, very segregated. So the idea of being in New York, where -- *whoosh*. And this, by now, was 1966. I made a deal with my parents that I would go to New York, as long as I went -- they said, "You can go, as long as you go to a Catholic school." I went to Fordham. I went to Fordham as a premed. I'd looked into other colleges, like Boston College, I looked into, but girls were not allowed to be premed. This was in 1966.
[00:23:20]

T.A. ROSOLOWSKI, PHD:
[00:23:20]
Yeah.
[00:23:20]

RITA CHARON, MD, PHD:
[00:23:22]
Got it?
[00:23:22]

T.A. ROSOLOWSKI, PHD:
[00:23:23]
Mm-hmm.
[00:23:23]

RITA CHARON, MD, PHD:
[00:23:28]
I came to New York in 1966, and don't you know, there was a revolution starting. All right?
[00:23:34]

T.A. ROSOLOWSKI, PHD:
[00:23:35]
Oh, yeah. So tell me about that.
[00:23:39]

RITA CHARON, MD, PHD:
[00:23:39]
And boy, did things change. It changed very dramatically. The first -- when I first went to Fordham, I was in St. Thomas More College, which was the girls' college, separate from Fordham College. We had our own classes. We did not have class with the boys. It was a segregated college inside. I don't know how many there -- a couple of hundred. It was new, it was fairly new, that there were women at all on the Fordham campus. And of course, all the deans and the teachers were all Jesuit, so there were -- I don't remember any -- there was one biology teacher who was a Filipina, a woman scientist from the Philippines.
[00:24:31]

T.A. ROSOLOWSKI, PHD:
[00:24:34]
Interesting.
[00:24:34]

RITA CHARON, MD, PHD:
[00:24:35]
And the others, many of them were priests. I look rather lovingly at that one year. It was the year before the storm. It was rather enclosed. I was living in the home of somebody that we were introduced to by the nuns. You know, sharing a bedroom somewhere. I was the top of my class in this St. Thomas More, I was -- now I was finally learning for real – I was reading Shakespeare for the first time, and poetry, [T.S.Eliot, Wallace Stevens,] Hart Crane. It was just so thrilling. Even the -- we were forced to take theology, but even that, it was not just doctrine. It was Rudolf Otto, *The Idea of the Holy*, and Martin Buber, and real philosophical, theological thought, I could just feel my mind kind of booming. I don't -- I was taking biology. I was thrilled. It was a comparative anatomy course, I remember, and we were dissecting little snakes and worms, and then little piglets. It was just stunning. I got it into my mind, in that first year, I was going to become an oceanographer. It was so exciting. And -- but there was a revolution coming. And...
[00:26:21]

Chapter Three
Participating in the Social Revolution of the Sixties

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. She explains that 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. 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.

T.A. ROSOLOWSKI, PHD:
[00:26:23]
So tell me about that.
[00:26:23]

RITA CHARON, MD, PHD:
[00:26:24]
There was an SP -- what was it called? SPU, Student Peace Organization -- SPU -- Student Peace Union -- was on campus. We started organizing.
[00:26:43]

T.A. ROSOLOWSKI, PHD:
[00:26:43]
So you were part of that?
[00:26:44]

RITA CHARON, MD, PHD:
[00:26:44]
Because -- absolutely. Right. We were organizing. Then there became an SDS chapter later on. There became a Get ROTC Off-campus movement, a very powerful draft resistance movement. In the inter-- after that first year, in the closeted girls' college, my English teacher, who I mentioned -- he taught me Shakespeare -- he and several other faculty started an experimental college.
[00:27:25]

T.A. ROSOLOWSKI, PHD:
[00:27:25]
I noticed that, yeah.
[00:27:26]

RITA CHARON, MD, PHD:
[00:27:26]
And they were -- this was the very progressive Jesuits. Leo McLaughlin, who was the president of Fordham, he understood what the times were, and he understood, in a progressive Catholic way, the responsibility toward justice, toward peace. I'm sure he knew the Berrigan brothers. He and a group of senior faculty started this experimental college.
[00:27:58]

T.A. ROSOLOWSKI, PHD:
[00:27:59]
The Bensalem?
[00:28:00]

RITA CHARON, MD, PHD:
[00:28:01]
Bensalem.
[00:28:01]

T.A. ROSOLOWSKI, PHD:
[00:28:01]
Bensalem.
[00:28:02]

RITA CHARON, MD, PHD:
[00:28:02]
Which is the name of the island in Francis Bacon's novel *New Atlantis*. It is the place of freedom and...
[00:28:11]

T.A. ROSOLOWSKI, PHD:
[00:28:12]
I had forgotten that.
[00:28:12]

RITA CHARON, MD, PHD:
[00:28:12]
Yes. And so it was a small college, 30 students, 6 faculty, living in one apartment house, experimenting with ways of knowing.
[00:28:28]

T.A. ROSOLOWSKI, PHD:
[00:28:28]
What was the philosophy? Then tell me about your days there.
[00:28:32]

RITA CHARON, MD, PHD:
[00:28:33]
The philosophy was to find new ways of learning, to not be restricted to traditional classroom. It was kind of like Summerhill for college students, that you learn by doing, that you learn collaboratively, that we as students and faculty not separate into the faculty have power and we students just do what they say, but really a kind of radical, collaborative experience. So when my English teacher, Harvey Chertok, asked me would I like to come join the new college, I was thrilled. So that was the end of the little

Catholic girls' college-- we were on the same campus. We were still with the same other student body and teachers, but we were living an experiment. For example, right from the beginning, we decided everyone was going to learn something that no one knew. This the faculty had figured out, because they had to hire the teacher. So we all learned Urdu, and for a period in my life, I could read and write Urdu. But the idea was that we would all be together in the common room, learning a new script from scratch.
[00:29:57]

T.A. ROSOLOWSKI, PHD:
[00:29:58]
Wow. So what was the impact of -- when you were going through it, what did you see happen as a result of sitting in a room with faculty who were learning something from scratch with you?
[00:30:08]

RITA CHARON, MD, PHD:
[00:30:08]
Well, it just upended the conventional ideas about authority, about what is learning for. There were no grades. There were no real classes. I was reading Dante with one professor, and Herbert Marcuse with another. We could take classes if we wanted to, so I continued taking classes. I was taking a lot of French classes, by then kind of existential philosophy classes. I kept taking biology classes, because I loved it. But we were very self-consciously not just thinking about, but really probing and examining, what happens when you learn. What does it mean? How do you -- how does it happen that you learn? You can hear already, I hope, that we became very interested in how children learn. I spent years teaching children how to read.
[00:31:19]

T.A. ROSOLOWSKI, PHD:
[00:31:20]
Interesting.
[00:30:20]

RITA CHARON, MD, PHD:
[00:31:20]
Many of us --
[00:31:22]

T.A. ROSOLOWSKI, PHD:
[00:31:23]
Yeah, I noticed that you -- is this correct? When you got your B.A., in 1970 your specialties were biology and child education.
[00:31:30]

RITA CHARON, MD, PHD:
[00:31:30]
Yeah. So a number of us -- not the whole group, but a number of us -- committed ourselves to learning about how we learn. In order to do that, we were taking courses at teachers college, in kind of early childhood education, and we ended up teaching in similarly experimental schools for kids.
[00:31:54]

T.A. ROSOLOWSKI, PHD:
[00:31:56]
Well, I'm obviously seeing emerging a person who was interested in intentionality, and self-awareness,

and connecting experiential and theoretical knowledge. I mean, all the things that were going to become really important later on.
[00:32:13]

RITA CHARON, MD, PHD:
[00:32:13]
That's interesting, yeah. It was kind of a blur because of the movement. So as we were doing these courses and educational work, it feels, in retrospect, that we were on a bus to Washington every other week to go get tear-gassed once again at the Pentagon. There's a lot of tear gas. There were -- I was arrested only once, and that was up in New York, but we were all kind of in -- ah. We all knew that these were dangerous times, and that we had to stand up against this war, against this draft. The men in our group were draft resisters-- some went to Canada, [some risked going to jail]. The draft board was very close in the Bronx. We would go with our signs about draft resistance. We would go to Whitehall Street, which was the major draft office for New York. There was a big, big movement. It was male-dominated.
[00:33:37]

T.A. ROSOLOWSKI, PHD:
[00:33:38]
I was going to ask about that.
[00:33:39]

RITA CHARON, MD, PHD:
[00:33:39]
Oh, yeah. The poster I never forget is the one that said "Chicks say yes to men who say no."
[00:33:49]

T.A. ROSOLOWSKI, PHD:
[00:33:51]
Oh, wow.
[00:33:51]

RITA CHARON, MD, PHD:
[00:33:51]
Got it?
[00:33:52]

T.A. ROSOLOWSKI, PHD:
[00:33:52]
Yeah, I know.
[00:33:52]

RITA CHARON, MD, PHD:
[00:33:54]
And the leadership at Fordham -- there was, by then, an SDS. The leadership was all men. There was no women's movement in college, except for -- except very informally among women friends, but we didn't have a -- that I remember. There was no feminism movement at that time.
[00:34:21]

T.A. ROSOLOWSKI, PHD:
[00:34:22]
Now, you said high school --
[00:34:22]

RITA CHARON, MD, PHD:
[00:34:22]
It took a while. This is ’65.
[00:34:24]

T.A. ROSOLOWSKI, PHD:
[00:34:24]
You said high school. Did you mean college?
[00:34:26]

RITA CHARON, MD, PHD:
[00:34:26]
No, I meant -- I said high school about what?
[00:34:29]

T.A. ROSOLOWSKI, PHD:
[00:34:29]
You said there was no feminism in high school. You meant college?
[00:34:32]

RITA CHARON, MD, PHD:
[00:34:32]
No, I meant college. Thank you.
[00:34:33]

T.A. ROSOLOWSKI, PHD:
[00:34:34]
OK. I just wanted to make sure I was clear on that.
[00:34:35]

RITA CHARON, MD, PHD:
[00:34:35]
In fact, we now read the histories of where, in fact, the women’s movement came, It came belatedly, after the movement against the war, It was --
[00:0034:49]

T.A. ROSOLOWSKI, PHD:
[00:34:50]
No room when there were men’s needs.
[00:34:51]

RITA CHARON, MD, PHD:
[00:34:52]
That’s right. Exactly.
[00:34:53]

T.A. ROSOLOWSKI, PHD:
[00:34:56]
Interesting. So you said this was all kind of a blur. Did that blur kind of go on all four years or -- you graduated in ’70, so how did things --
[00:35:11]

RITA CHARON, MD, PHD:
[00:35:11]
Yeah. There was still a war going on.
[00:35:12]

T.A. ROSOLOWSKI, PHD:
[00:35:12]
There was still a war, sure.
[00:35:13]

RITA CHARON, MD, PHD:
[00:35:13]
That was Haiphong Harbor, was ’70, and Kent State.
[00:35:16]

T.A. ROSOLOWSKI, PHD:
[00:35:16]
Right. Yeah. So how did things evolve? You’re taking all these mind-blowing courses, and yet still keeping on in the premed track. So --
[00:35:32]

RITA CHARON, MD, PHD:
[00:35:32]
Well, no. No, I wasn’t actually keeping up with the premed track.
[00:35:36]

T.A. ROSOLOWSKI, PHD:
[00:35:36]
Interesting, OK.
[00:35:36]

RITA CHARON, MD, PHD:
[00:35:38]
Rather early on in the experimental college, I withdrew from the premed track, because in the face of the injustice of this war, In the face of the awareness we were all developing about the power asymmetry of this time, I felt that to pursue a profession was just too elitist, that that was not right for this time, which was a time of solidarity and a time of collective action, and to keep on a track of going to prepare for a rather high-paying, elite profession felt wrong. I had to have a meeting with the organic chemist who was the head of the premed committee. I remember I had a great deal of difficulty telling him that I was withdrawing from the premed. I don’t know how he knew that I spoke French, but he did. He said, “So tell it to me in French.” Isn’t that something?
[00:37:03]

T.A. ROSOLOWSKI, PHD:
[00:37:04]
Very smart.
[00:37:04]

RITA CHARON, MD, PHD:
[00:37:05]
I did. So it was a very seminal, pivotal decision, It was years later that I kind of went back to the idea and realized, well, maybe my father knew something. But it took, I don't know, eight years or so before I went back to that. Not quite eight, but...
[00:37:28]

T.A. ROSOLOWSKI, PHD:
[00:37:29]
I'm curious. Obviously this man knew that you would find it easier to speak that truth in French, but why was it easier for you in French?
[00:37:43]

RITA CHARON, MD, PHD:
[00:37:43]
Well, I think it was a hard thing to admit that I was departing. I knew my father would be very disappointed, but that I could not continue just because of his desire.
[00:38:03]

T.A. ROSOLOWSKI, PHD:
[00:38:04]
Sure, but why did French make it easier to tell?
[00:38:07]

RITA CHARON, MD, PHD:
[00:38:07]
I don't know. I don't know. It was the language I was born into. So even though my fluency kind of waxes and wanes, depending on how long I stay in Paris in a given year, it was the first language.
[00:38:29]

T.A. ROSOLOWSKI, PHD:
[00:38:30]
Yeah. It's an interesting --
[00:38:32]

RITA CHARON, MD, PHD:
[00:38:32]
You know?
[00:38:32]

T.A. ROSOLOWSKI, PHD:
[00:38:33]
Yeah, interesting how --
[00:38:33]

RITA CHARON, MD, PHD:
[00:38:33]
But I don’t know how he knew that. That was the thing.
[00:38:36]

Chapter Four
A First Job Reflects College Experiments with Learning

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.

T.A. ROSOLOWSKI, PHD:
[00:38:36]
Interesting how your identity shifts in different languages. So how do you want to tell the next piece of the story? Because you said there's this hiatus before you went back to medicine.
[00:38:50]

RITA CHARON, MD, PHD:
[00:38:52]
So we ended up, a number of us from this college, even after graduation, teaching. I was a teacher for several years. I taught in a school called the Children's Community Workshop School, which was on the Upper West Side. It was a private school with public contributions that was at the time -- this was on 88th Street, between Columbus and Central Park, which now is a very stately block with beautiful, renovated brownstones and private school at the end of the block. Well, in 1970, it was inner, inner city.
[00:39:43]

T.A. ROSOLOWSKI, PHD:
[00:39:44]
Oh, OK.
[00:39:44]

RITA CHARON, MD, PHD:
[00:39:44]
It was Puerto Rican and black. It was abandoned buildings. It was not safe. It was to become a grounds for the whole crack epidemic. This is a little earlier than that. But it was a really rundown part of town.
[00:40:03]

T.A. ROSOLOWSKI, PHD:
[00:40:03]
What was the age group you were teaching?
[00:40:05]

RITA CHARON, MD, PHD:
[00:40:05]
I had five-year-olds, five to eight. For a while, I had eight to elevens.
[00:40:09]

T.A. ROSOLOWSKI, PHD:
[00:40:09]
OK, so a wide range.
[00:40:10]

RITA CHARON, MD, PHD:
[00:40:10]
Yeah, yeah, yeah. And so the charter of the school is that we would keep the ratio of black, Puerto Rican, white within the school as there was within the neighborhood. So it was very mixed. There was no tuition, because it was privately -- it was kind of a public private thing. There was no tuition for students. It was very open classroom, so when I taught the eight to elevens, I was in charge of the science teaching, and we were growing things, and building bridges, and digging in the backyard to make a map of Africa, and things like that. We had a fantastic model of the Brooklyn Bridge. It was to die for.
[00:41:02]

T.A. ROSOLOWSKI, PHD:
[00:41:03]
You get very energized when you're talking about that --
[00:41:04]

RITA CHARON, MD, PHD:
[00:41:04]
Oh, it was great.
[00:41:04]

T.A. ROSOLOWSKI, PHD:
[00:41:05]
Sounds like --
[00:00:00]

RITA CHARON, MD, PHD:
[00:41:05]
I'd bring my little -- my little band would go to the hardware store. OK, now what do we need for the bridge? Go to the hard-- that kind of thing. The school was run by two fantastic women, Anita Moses and Ruth Messinger. And Ruth became very well-known. She was the borough president of Manhattan. She ran for mayor, I think, and didn't make it, but she became very influential in New York City politics, and she now is the Global Ambassador of [the American Jewish World Service]-- it's a Jewish worldwide social justice foundation They do a lot of international health-related, education-related work. And...
[00:42:06]

T.A. ROSOLOWSKI, PHD:
[00:42:07]
So how long did you teach at that school?
[00:42:09]

RITA CHARON, MD, PHD:
[00:42:10]
Maybe about five years. Yeah. Oh, it was a real commitment.
[00:42:16]

T.A. ROSOLOWSKI, PHD:
[00:42:16]
Yeah.
[00:42:16]

RITA CHARON, MD, PHD:
[00:42:18]
And we all really developed ways to help children learn, It was both a political and an educational commitment. Very parent-based. There were lots of sharing of power with parents, a lot of parents in the classrooms. We got to know these kids very well. I'm now in touch with 55-year-old people who I taught how to read.
[00:42:52]

T.A. ROSOLOWSKI, PHD:
[00:42:52]
Wow.
[00:42:52]

RITA CHARON, MD, PHD:
[00:42:53]
You know?
[00:42:53]

T.A. ROSOLOWSKI, PHD:
[00:42:55]
That's very cool. So, really, education is part of the community in a very deep way.
[00:43:00]

RITA CHARON, MD, PHD:
[00:43:00]
Very much so.
[00:43:01]

T.A. ROSOLOWSKI, PHD:
[00:43:01]
Yeah.
[00:43:01]

RITA CHARON, MD, PHD:
[00:43:02]
Very much so. And this was when, already, there were very glitzy private schools. [A private school on 88th St. and Central Park West] Walden, I think -- I don't remember. So this was definitely a taking-the-community-back political act, It was also a statement on the state of public schools, which were not addressing the needs of immigrant kids.
[00:43:29]

T.A. ROSOLOWSKI, PHD:
[00:43:31]
When did you become aware of the fact that you see your individual action in a much broader social, and even historical, context?
[00:43:42]

RITA CHARON, MD, PHD:
[00:43:44]
It was really on coming to New York. Because life in Providence was life in Providence. That's a good question, because it was having to escape there toward a bigger world. Yeah. But then it was the big, big world.
[00:44:09]

T.A. ROSOLOWSKI, PHD:
[00:44:09]
The big, big world, yeah.
[00:44:10]

RITA CHARON, MD, PHD:
[00:44:10]
Because things were happening in Vietnam that had to be stopped.
[00:44:16]

T.A. ROSOLOWSKI, PHD:
[00:44:17]
It was also a very interesting time, because suddenly -- I mean, that whole "the personal is political; the political is personal," I think people felt an opportunity to see individual action as something which could make a difference.
[00:44:35]

RITA CHARON, MD, PHD:
[00:44:35]
That's right.
[00:44:35]

T.A. ROSOLOWSKI, PHD:
[00:44:35]
And that's something that's really lost now, I think. People have a harder time seeing that.
[00:44:39]

RITA CHARON, MD, PHD:
[00:44:42]
Really?
[00:44:42]

T.A. ROSOLOWSKI, PHD:
[00:44:42]
I think so, certain generations. Maybe younger generations not so much.
[00:44:47]

RITA CHARON, MD, PHD:
[00:44:47]
I think -- well, I say, "Really?" because I think that has been the case. There was a real dive down in a sense of social accountability or responsibility, and everybody was going to work on Wall Street, and kind of -- but what we're seeing -- I mean, we'll get to this, I'm sure -- what we're seeing now among both the

medical students and the graduate students, and even undergraduates, is quite different.
[00:45:20]

T.A. ROSOLOWSKI, PHD:
[00:45:20]
Yeah, I think younger generations, yes.
[00:45:22]

RITA CHARON, MD, PHD:
[00:45:22]
Yeah. But you're right, there was that -- I guess pre-millennial, I'm not sure. Very selfish. So when the Iraq War started, when Bush starts, I kept saying, well, when are the college kids going to get busy? Do you remember that?
[00:45:45]

T.A. ROSOLOWSKI, PHD:
[00:45:46]
Oh, yeah, I do. Yeah.
[00:45:47]

RITA CHARON, MD, PHD:
[00:45:47]
And there was nothing.
[00:45:48]

T.A. ROSOLOWSKI, PHD:
[00:45:48]
There was nothing.
[00:45:48]

RITA CHARON, MD, PHD:
[00:45:49]
There was nothing.
[00:45:49]

T.A. ROSOLOWSKI, PHD:
[00:45:50]
And any -- well, that's a whole other [special?]. Yeah, I -- yeah. Interesting, OK. Yeah, I mean, it's the whole activist aspect of what you do. Because when I was looking at the issue of narrative medicine, on the surface, it doesn't really seem like it would engage any of that, but then you think more deeply about the issues that are involved, It's extremely -- to me, it's extremely activist, and obviously you see that it is what it's about. Do you mind if we take a really quick break --
[00:46:31]

RITA CHARON, MD, PHD:
[00:46:31]
Yeah, no, please.
[00:46:31]

T.A. ROSOLOWSKI, PHD:
[00:46:31]
-- at this point? OK.
[00:46:32]
[The recorder is paused.]

Chapter Five
Renewing Medical School Plans

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 describes how she filled that lack and talks about the recommendation letter her teachers wrote in support of her medical school application. Dr. Charon also 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.

T.A. ROSOLOWSKI, PHD:
[00:00:01]
OK. So we're recording again after just a little quick break. I'm just trying to write down approximate times here. It helps me divide things up. OK, so what's the next part of the story? When did you make the decision to go back to that original plan for medical school?
[00:00:29]

RITA CHARON, MD, PHD:
[00:00:30]
So after four or five years teaching -- and there were a band of us. We had been together -- even some of us from the experimental college. We were young, white, socially active, interested in teaching for various reasons, and we became very close, this group of six of us who taught together at the school on 88th Street.
[00:01:03]

T.A. ROSOLOWSKI, PHD:
[00:01:04]
Who are these folks?
[00:01:05]

RITA CHARON, MD, PHD:
[00:01:07]
Well, one was an historian. One had been teaching already in kind of middle school for a while. One was a filmmaker. One -- actually, two filmmakers. But we all found our way to teaching in this school. So after teaching there for a while, we decided to move together out of the city. We moved to Rockland County. Lived in a big house together. Which was kind of a paradise. It was a big house. It had been, in fact, it had been an open school. It was a paradise for that time of life, with an organic garden, a dark room, a pottery studio, a kiln, a film editing room --
[00:02:12]

T.A. ROSOLOWSKI, PHD:
[00:02:13]
Oh, wow.
[00:02:13]

RITA CHARON, MD, PHD:
[00:02:13]
-- a piano, a Martin guitar, a Gibson guitar, a banjo. We made beer in the basement. It was part of a larger community in Rockland County of activists. There were several of the people from Black Mountain College, which was one... So with ties to Merce Cunningham and Rauschenberg. I mean, they weren't there, but several of the people in this smaller community had studied with them at Black Mountain College. So it was not as much a politically resistance movement as it had been during the war, but it was a progressive, artistic movement. It was during that time that I gradually came back to my father's idea. Because it was thrilling, and there'd be late night conversations and lots of music being made, but there was something a bit too aimless about it for me. It was aimless. It was exciting, but we didn't even have the kind of, every week you go the draft board. It was post-that. I wasn't at the time -- I didn't consider myself a writer. I certainly wasn't an artist. I was doing -- I learned how to do pretty good work in the dark room. That's the point at which the idea of going back to premed came to me. I said, I'm not using my brain. This was the summer of Watergate. All right?
[00:04:19]

T.A. ROSOLOWSKI, PHD:
[00:04:19]
Yeah.
[00:04:19]

RITA CHARON, MD, PHD:
[00:04:20]
So think about the contrast between, we've got to stop a war, to Watergate. I remember long, sultry summer afternoons of just watching those hearings on black-and-white televisions. So then the idea came back. I said, well, I can do more with my mind than kind of hanging out and learning how to pot. Which I loved, I learned how, but... I had not done premed, so I enrolled at Rockland Community College, which was down the street, I supported myself during that time by being a school bus driver, which was a delightful way to make a living. I had my bus. My bus was number 37. It was a big, yellow school bus I would pick up the kids. The elementary school run -- starting at, like, 7:00, you'd pick up the elementary school run, you'd pick up the junior high school run, you'd pick up the high school run, bring them all to their school, and then I'd drive my school bus to the parking lot of Rockland Community College.
[00:05:43]

T.A. ROSOLOWSKI, PHD:
[00:05:43]
Oh, that's so funny.
[00:05:44]

RITA CHARON, MD, PHD:
[00:05:44]
Where I'd take my physics class, and my microbiology class, and my organic chemistry class. I remember one time -- what was his name? His name was -- I think it was Professor Siegler. Somebody comes into the physics class and whispers something to the professor, and the professor says-- "Rita, you

left your lights on." It was a whacky time.
[00:06:18]

T.A. ROSOLOWSKI, PHD:
[00:06:19]
God, no kidding.
[00:06:19]

RITA CHARON, MD, PHD:
[00:06:20]
But just the idea of being somebody's school bus driver-- in fact, I'm still in touch with somebody who was on my school bus
[00:06:26]

T.A. ROSOLOWSKI, PHD:
[00:06:26]
Oh, that's so funny.
[00:06:27]

RITA CHARON, MD, PHD:
[00:06:27]
And she introduces me, "This is my school bus driver."
[00:06:29]

T.A. ROSOLOWSKI, PHD:
[00:06:29]
Oh, that's hysterical.
[00:06:30]

RITA CHARON, MD, PHD:
[00:06:30]
In fact, through this whole thing, I'm still deeply engaged with the English teacher from first year of college, who taught me Shakespeare for the first time. He and his wife stayed with me -- and this is a small apartment, but they stayed with me for a whole week just this past summer.
[00:06:53]

T.A. ROSOLOWSKI, PHD:
[00:06:53]
Wow.
[00:06:53]

RITA CHARON, MD, PHD:
[00:06:54]
They live in Israel now. So we have a habit, when they're in town, they come stay at my place.
[00:06:59]

T.A. ROSOLOWSKI, PHD:
[00:06:59]
And his name?
[00:06:59]

RITA CHARON, MD, PHD:
[00:07:00]
Harvey Chertok. He's now Haim, H-A:-I-M. He immigrated to Israel soon after we were together in the experimental college.
[00:07:11]

T.A. ROSOLOWSKI, PHD:
[00:07:11]
And what's his wife's name?
[00:07:12]

RITA CHARON, MD, PHD:
[00:07:13]
This is his second wife. It's Maggie. But these connections really, really stayed. I mean, I told you about the biology teacher who I re-found. As we think about themes of development and mentoring and guidance -- I just saw, in October, Elliot Mishler, who was my mentor in medical school. We haven't gotten to him yet, but he's now in his mid-90s, and he has had such, such formative influence. He's now very, very frail. Very frail. But when I'm in Boston, I go -- it's like paying tribute. Right? I really hope everyone has such connections. That English teacher of mine, he changed my life. Were it not for him... So, driving a school bus, going to my physics class, my chemistry class. When I -- then I started -- you know, I had to prepare for the medical test.
[00:08:36]

T.A. ROSOLOWSKI, PHD:
[00:08:36]
The board, yeah.
[00:08:0370]

RITA CHARON, MD, PHD:
[00:08:37]
The MCAT. When I asked them to write me a letter -- they had to write a letter for me to get into medical school-- they said, "Well, we've never done this." I remember the three of them, the physics teacher, the chemistry teacher, and the microbiology teacher, together, wrote a committee letter from Rockland Community College, which was a two-year junior college, for somebody to get into medical school. They were as thrilled as I was when I got into Harvard. They said, "Wow! We did that!" It was so cool. It was wonderful. And so, you know, it was a really good choice, I was ready for the next step. My partner at the time I moved from this house up to Boston, in part with the hope that I would get into one of the schools up there, I did. It was kind of like going from one island to another, because in Boston, there was a whole group -- it was almost like ex-pats from New York.
[00:09:54]

T.A. ROSOLOWSKI, PHD:
[00:09:54]
Oh, interesting.
[00:09:55]

RITA CHARON, MD, PHD:
[00:09:56]
It was some of the same people who we had been with, and there was just a migration. Boston was cheaper. There was a lot of family connections up there. Even as I was preparing to start medical school, there were still kind of -- not remnants, but continuation of previous life. We still had these big softball

games on Sunday afternoons, and there were still -- bring your guitar and we're going to sing together. A lot of music. So even though it was kind of hopscotching around from Manhattan, then up to Rockland County, then further on to Boston, there was still a continuity.
[00:10:43]

T.A. ROSOLOWSKI, PHD:
[00:10:44]
Yeah, interesting.
[00:10:44]

RITA CHARON, MD, PHD:
[00:10:46]
Including a lot of the same people.
[00:10:48]

T.A. ROSOLOWSKI, PHD:
[00:10:48]
Yeah. Obviously community is also really important to you.
[00:10:53]

RITA CHARON, MD, PHD:
[00:10:53]
Yeah. Yeah. Yeah. I don't think I even mentioned that in college, a number of us moved -- do you know where City Island is?
[00:11:02]

T.A. ROSOLOWSKI, PHD:
[00:11:02]
Mm-mm.
[00:11:02]

RITA CHARON, MD, PHD:
[00:11:03]
It's this little island off the Bronx. It's like a fishing village, under the Whitestone Bridge, kind of across the bay from LaGuardia. It really is a fishing village. There's a bridge. The only way to get there is the City Island bus. We rented a house, a bunch of us from the experimental college, including Harvey. There were about six of us in this big, five-story house. We ran a little store on the first floor. We gave lessons to the kids. We put on plays. I was tutoring. I was -- so it's really been a series of work, life, work, life, all in one.
[00:11:56]

T.A. ROSOLOWSKI, PHD:
[00:11:57]
Yeah, interesting. So tell me about medical school.
[00:12:00]

RITA CHARON, MD, PHD:
[00:12:03]
Well, I continued to feel anti-elitist, I remember when I got accepted, I was concerned about joining the other side. I wondered -- I remember consulting with someone who was already in medical school himself, "Should I say yes to Harvard? Because I could go to BU." I had other acceptances. He said,

"Are you crazy?" He said, "They let you into Harvard. You go." It wasn't until I got there that I realized the impact. Harvard is different from anything else, and -- [00:12:48]

T.A. ROSOLOWSKI, PHD:
[00:12:48]
How so?
[00:12:48]

RITA CHARON, MD, PHD:
[00:12:56]
Well, it opens doors that nothing else opens. It's the top. Certainly in medical education. Maybe not everyone would agree with me. Places like Stanford and Hopkins and even Columbia are also close to the top. But there is something genteel, assured. The Boston Brahmin spirit of "we are the cream" is really evident.
[00:13:43]

T.A. ROSOLOWSKI, PHD:
[00:13:43]
It changes people's personas when they don't have to prove themselves. There's something already proven about who they are. Well, you know what I'm saying.
[00:13:52]

RITA CHARON, MD, PHD:
[00:13:52]
You still have to prove yourself. Don't think otherwise.
[00:13:56]

T.A. ROSOLOWSKI, PHD:
[00:13:56]
But the idea that we're part of a community of people who have achieved a certain level.
[00:14:00]

RITA CHARON, MD, PHD:
[00:14:01]
But again, this was a time -- this was -- I started in '74. They had gone out of their way, the admissions committee, to accept a number of activist students who had been doing things in the world. So some of my colleagues -- and we found one another right away -- they had been in the Peace Corps or doing activist work, urban politics. I don't know who was to thank for that, but it was very wise. We're still in touch, a number of us from that class. And we remain a very progressive bunch. People doing international work, occupational health and safety, quality improvement, kind of improving the -- we've been hearing lately -- we have a LISTSERV, and we write to one another about news. Quite a few of my classmates have retired from their practice and are now doing [ ] socially-needed work in cities or abroad. So our little cohort there, mid-'70s, I don't know that we made a mark on the school, particularly, but we did keep alive for one another the commitments to social justice. We had -- this was early in the abortion wars, and we were very active. There was a physician at Boston City Hospital, Kenneth Edelin, who had been indicted or charged with murder because of an abortion. We were the ones at the Xerox machine, getting people out to demonstrations in his support. And by then, finally, there was a women's movement.
[00:16:12]

T.A. ROSOLOWSKI, PHD:
[00:16:12]
I was just going to ask you about that. So tell me --
[00:16:14]

Chapter Six
Views on Feminism

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.

RITA CHARON, MD, PHD:
[00:16:14]
Mary Howell was the dean of women. She was an activist I had met in New York. She did not stay very long as the dean of women, because she found that it wasn't a very powerful position, and she was a figurehead, or a token. But there was at least the sense, among the women students, that we had power, if we made it. Then, in medical school, I was part of an organized women's movement, and we had -- we met regularly. We found faculty who were -- Carol Nadelson was one of the people who became very much supportive of the women students. Many of us were doing work with clinicians other than doctors, so there were nurses, social workers, people working in the emergency room. There was a movement for mental health rights, which actually turned bad, because this group of activists, Boston-wide, ended up arguing for the rights of mental patients to refuse care. Right? And characterized the mental hospitals as institutions of torture, which led -- I think this was all engineered—it led to the closure of mental institutions, which was a disaster, because then the promise of community care, of course, evaporated, and people ended up on the streets. And as we look back at that, we say, either we were pawns in some smart person's game, or nobody knew better. So, you know, it doesn't always work, and what you think is the right thing to be working toward can sometimes be not the right thing.
[00:18:35]

T.A. ROSOLOWSKI, PHD:
[00:18:36]
What were some of the thing -- going back to the women's movement -- because I'm interested in how your own consciousness evolved in this area. What were you experiencing at the time that made you say, yes, I want to be part of this?
[00:18:51]

RITA CHARON, MD, PHD:
[00:18:59]
Well, it wasn't really a very primary part. I mean, it was important. We were helping do things like improve how medical students were being taught how to do a pelvic exam as one example-- you know. Because the way people used to -- and still do in some places -- learn how to do a pelvic exam is on anesthetized women in the operating room, with or without their consent. OK? So that was one thing that we did in the medical school. But I have identified more with other aspects of activism than with the women's movement. Not that I was outside of it, but it was not my -- never has been, is not now -- my primary position. It's much more a social justice position than a women's rights position. I never quite saw the wisdom of some of these efforts to groom the woman physician as if she's really that different from the men. And when women come and say, "Oh, I need a woman mentor," I say, "Well, why?" I think, in some ways, because -- because -- maybe because medicine is actually so deeply misogynist, that

-- I mean, I don't believe this, but this is one way to look at it. That medicine is so deeply misogynist that you'd better not identify yourself only with the girls. That's one way to look at it. You can see that.
[00:21:09]

T.A. ROSOLOWSKI, PHD:
[00:21:10]
I do, and there are some people who are very explicit about that.
[00:21:12]

RITA CHARON, MD, PHD:
[00:21:12]
Yeah. I think, for sure, there are ways in which women's demands have improved medicine across the board, and there are now paternity leaves where there weren't paternity leaves, It is now not looked down upon for a faculty to take a real interest in their kid's grammar school and become the PTA chair or the coach of the soccer games. So this has become important and rewarded, where years ago, it was anathema. If a woman were going to say, "I'm the PTA chairman; I have to go to a meeting," they'd say no. I think it's very complicated in terms of what one's primary identification is, or whether indeed one has a primary. When I put it in terms of social justice, or in health care terms, kind of health disparities and diversity and race and violence and justice, those are the themes that my current colleagues I respond to more than the more parochial women's right.
[00:22:38]

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

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.

T.A. ROSOLOWSKI, PHD:
[00:22:44]
So tell me how your perspective and abilities began to evolve in medical school. What was that all about?
[00:22:50]

RITA CHARON, MD, PHD:
[00:23:01]
Well, it was, in part, a continuation of those early college days. *Oh*. You know? I had not had a very good science education. In fact, I had very little science education. So all that I was learning about, biochemistry and pharmacology, it was all new. It was hard. I was one of the kids who would sit up front and really take notes, because I hadn't gotten it in college. I had a pretty rusty grasp on calculus. Stuff like that. So it was demanding. It was hard. And...
[00:23:45]

T.A. ROSOLOWSKI, PHD:
[00:23:46]
But you have a big grin on your face. You like that.
[00:23:47]

RITA CHARON, MD, PHD:
[00:23:47]
Well, but it was all the books again. I remember, I was living not far from the medical school, I was creating a map above my desk, the study desk. I was creating a map of the organs, because I knew -- first you'd study the lungs, and then you'd go study the kidney, and then you'd go study the gut. I just knew that when I knew enough about it, it would all be connected. I had these little scraps of paper with what the lung is doing with the CO2 and the oxygen, and how that changes the pH of the blood, and then I knew, and sure enough, that the pH of the blood was then going to go down and say something to the kidney, and the kidney was going to do something in response to that, and that would feed back to -- it was like, wow.
[00:24:46]

T.A. ROSOLOWSKI, PHD:
[00:24:48]
You always wanted a vision of the whole person.
[00:24:50]

RITA CHARON, MD, PHD:
[00:24:50]
It was the whole thing. I mean, even in physiology. I've got my father's old physiology books. I have his notebook from anatomy. I mean, that -- I feel bad for some of the students now, who just feel they have to kind of shlog through it and pass Step One of the Boards. I meet with lots of pre-medical students now, and they show me their personal statement to get into medical school. They read the statement, it's all about their wanting to help people, integrated care, and justice, I have to say, what about the science? Does the science interest you? Because if it doesn't, you're not going to do well. If it does, you damn well better say so in your personal statement. It was the beauty of it. You know? Sadly, it wasn't taught exactly in that way. We all had to kind of put the pieces together. Even now, diagnostically, more and more, it's gotten to be rather hard to think well within science, within clinical medicine, because it's all very compartmentalized, and the pulmonologist will take care of the lungs, and the nephrologist will take care of the kidneys. I just hope that our students are getting this deep, deep gratitude at how the whole thing works. It ain't a machine, so nobody knows how it was put together. That's what we're figuring out. I think the "it" is not restricted to the physiology of the body. Right?
[00:27:04]

T.A. ROSOLOWSKI, PHD:
[00:27:06]
When did that become a real theme for you within your medical practice and medical thinking?
[00:27:11]

RITA CHARON, MD, PHD:
[00:27:13]
When I was in medical school, there was such a thing as primary care. We -- a group of us started two different courses that didn't exist before. One was a pharmacology course that -- it was a pharmacology course taught by somebody who loved the science of it and was able to teach -- apparently, the pharmacology course that they had at the time, there had been a lot of complaints about. So we found somebody who was able to teach it much more conceptually. That's the only way I can put it. There were a group of maybe 15 of us, and we'd meet on the upper floor of Countway Library and have a pharmacology course that wasn't a lecture by a different person every day. Then another group of us did the same for a course that didn't exist, on death and dying. We got Ned Cassem, who was this brilliant -- he was a psychiatrist, but he might also have been a Jesuit. I'm not sure. I think he had religious training. He was at the Mass General. He became really influential in kind of palliative care. He came. There were like a dozen of us, and he came once a week, and he taught us this course. So even at medical school, this band of us were kind of making things happen. I think that -- and then I'll get to the primary care part, but...
[00:29:04]

T.A. ROSOLOWSKI, PHD:
[00:29:05]
Who was the person who taught the pharmacology course, do you --
[00:29:07]

RITA CHARON, MD, PHD:
[00:29:08]
David [Doody?], I think was his name. [Doobie?].
[00:29:110]

T.A. ROSOLOWSKI, PHD:
[00:29:11]
Doobie?
[00:29:11]

RITA CHARON, MD, PHD:
[00:29:12]
I think. I don't know how I'd find that.
[00:29:15]

T.A. ROSOLOWSKI, PHD:
[00:29:16]
I'll put a question mark.
[00:29:16]

RITA CHARON, MD, PHD:
[00:29:16]
But Ned Cassem for sure, It's C-A-S-S-E-M, Cassem. There was still kind of the open classroom part of, we have to make our own education. Now I can tell you about Elliot [Mishler]. In my first year of medical school, we had a psychiatry course, It was, like many of the others, a round of visits, and a different person would come every week and give a talk. One week, it was Elliot, who was a sociologist, trained as a linguist, who was appointed in the Department of Psychiatry. Had an office in Massachusetts Mental Hospital. He gave a talk on labeling of patients, especially with psychiatric disease, and what it means to give someone a label. The particular study he described was of retardation, and what are the consequences of calling a child retarded. I remember just being absolutely riveted to hear someone talking from the angle of social justice, and the social/cultural/political implications of medical actions.
[00:30:54]

T.A. ROSOLOWSKI, PHD:
[00:30:55]
Well, it's connected so deeply with all your own work with children and with learning.
[00:30:59]

RITA CHARON, MD, PHD:
[00:30:59]
Yeah.
[00:31:00]

T.A. ROSOLOWSKI, PHD:
[00:31:00]
Yeah, you could really see it.
[00:31:01]

RITA CHARON, MD, PHD:
[00:31:01]
Yeah. I remember that my classmates on either side of me were kind of dozing in their seat, I'm, like, at

the edge of my seat. So that was in the first year, I followed Elliot, and from that beginning, when I had an elective month or whatever, I continued to work with him. He's the one, in 1984, published a book called *The Discourse of Medicine*, and the subtitle is *The Dialectics of Care*. I have it on my shelf. He was the first one to simply tape-record and transcribe ordinary conversations, ordinary doctor visits, and study them with very fine linguistic methods. He was the center of a whole nucleus of social scientists, linguists, anthropologists, also some medical people. The impact of that book was stupendous, because by looking just very carefully at how they talked to one another, who interrupts whom, who decides what are we going to talk about, what topics get ignored -- so he talked about it as two voices, the voice of medicine and the voice of the life world. And after that, all through the rest of the '80s, '90s, it continues. There have been fantastic studies, kind of doing the same thing in different settings, with different kind of goals, but he kind of started a serious, consequential investigation of language in medicine. I guess it was kind of getting back to the Shakespeare and the Dostoyevsky in me, that this was a way to bring the language back. There was no such thing as medical humanities or literature in medicine, although that was to come. But Elliot's presence, and his continued presence for me, brought language back. And we talked before about what happens when you tell somebody else about something that happened. I would just barge into his office. As a third-year student, things would happen on the wards that were horrible. In GYN clinic, once, a woman comes in, and someone had stitched her vagina shut, and she didn't know why. I mean, it was horrible. This was -- something was done about it, but the fact that that had happened. I remember, that same day, just walking across the quadrangle and going to Elliot's office, and he dropped whatever he was doing, and he let me in. He'd be smoking his pipe, I would just get to tell him what happened. Years later, I wrote him a note saying how extraordinary that was for me. You know, when something so beyond words horrible, and then I had to tell it to somebody, and that I kind of figured he'd let me in. He said, in return, he thought his only task was to not scare me away. So you see the power.
[00:35:03]

T.A. ROSOLOWSKI, PHD:
[00:35:06]
I'm just thinking about some of the memoirs I've read from doctors who are recalling the professionalization process that goes on in medical school, internships, residences, and how, often, when they have an extreme emotional reaction to situations like the one you just described, they're hazed or they're ridiculed for having that.
[00:35:29]

RITA CHARON, MD, PHD:
[00:35:29]
Right.
[00:35:29]

T.A. ROSOLOWSKI, PHD:
[00:35:29]
Instead of finding someone who will witness and accept.
[00:35:32]

RITA CHARON, MD, PHD:
[00:35:32]
Right. Right. The power of it was -- yeah.
[00:35:37]

T.A. ROSOLOWSKI, PHD:
[00:35:37]
Yeah. So it confirms you, in your own reaction to this terrible event that's taken place with this patient.
[00:35:45]

RITA CHARON, MD, PHD:
[00:35:46]
Yeah. Yeah.
[00:35:47]

T.A. ROSOLOWSKI, PHD:
[00:35:46]
Humanizing. Very humanizing moment.
[00:35:49]

RITA CHARON, MD, PHD:
[00:35:49]
He was also a model for what you do with that, because all of his work is very politically powerful, and he -- he moved then to Cambridge Hospital, which is a very progressive -- or more progressive. But always kind of at the vanguard of peace and justice. And so influential on so many of us. There's a coterie of us that are like siblings in having been trained by Elliot.
[00:36:31]

T.A. ROSOLOWSKI, PHD:
[00:36:31]
Interesting, yeah.
[00:36:32]

RITA CHARON, MD, PHD:
[00:36:32]
I was just with one of them in Seattle last week. We were both at a medical meeting, and we made time to have breakfast together. Rich was a graduate student in sociology, working with Elliot, I was this second-year student at Harvard, and we joked, because there was some sibling rivalry along the way. But he was just such a kind of magnet for a tribe. And even as he got frailer and frailer, people would still go to his house for the narrative meetings, you see. So...
[00:37:13]

T.A. ROSOLOWSKI, PHD:
[00:37:13]
Wonderful.
[00:37:13]

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

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.

RITA CHARON, MD, PHD:
[00:37:14]
Yeah. And the primary care part, it was allowable to not pick an organ system, because at Harvard at the time, the Harvard Community Health Care Plan -- I think that was starting then -- but there were Divisions of General Medicine in the major teaching hospitals. I did my medicine at the Beth Israel, which was smaller than the Mass General and the Brigham, more community related, community engaged. I did a couple of months in General Medicine, with progressive physicians who understood the importance of taking care of the whole person, who were developing ways to make sense of, what does a person need in addition to the lungs and the -- just the very basics of primary care. How to bring in issues of culture and family, emotion. I was well-taught. Tom Delbanco was the head of the Division of General Medicine there. I worked with Mark Aronson, who was a mensch. I did a whole month just with him in the office. Then I do remember doing a month -- I went way into Western Massachusetts, Greenfield, I think, and did a month with a family physician, because I wasn't sure -- that was my decision, whether to do general medicine or family medicine. It was a whole month in this tiny little town, I was delivering babies, and kind of -- we didn't go on house calls, actually, but seeing lots of patients in this office. Kids, and he was doing some minor surgery. It was like a country doctor. I ended up not doing that, mostly because I could never foresee myself living in a country town, I knew that there wasn't, at that point anyway, a lot of room in big cities for family medicine. I was glad I did that month. Got a glimpse of a life that was not to be mine.
[00:39:44]

T.A. ROSOLOWSKI, PHD:
[00:39:45]
Now, that was an internship?
[00:39:46]

RITA CHARON, MD, PHD:
[00:39:46]
That was in fourth year of medical school. So then when I applied for residencies, it was in primary care, I ended up at Montefiore, in the Bronx, because it was the most progressive. It, too, was a kind of experimental residency.
[00:40:10]

T.A. ROSOLOWSKI, PHD:
[00:40:11]
I noticed that. So what was experimental about it?
[00:40:14]

RITA CHARON, MD, PHD:
[00:40:14]
They -- the most telling thing is that we spent half our time in the clinic. Most interns, as you know, are in the hospital, day in, day out, If they're lucky, they get a half a day a week, or a half a day every other week, in the clinic. So this one was built with half your time is at Martin Luther King Clinic, on 3rd Avenue in the South Bronx, where we would each develop our own panel of patients. [ ] They paired us up. So as an intern, I had a partner, and together, the two of us occupied one slot. So if Lynette was in clinic that day, I was up at the hospital doing the hospital stuff, and then the next day, Lynette would be at the hospital, I would be at the clinic. So not only did it mean that we, from the beginning, got deep experience in having our own patients and taking care of them; it also meant that we were on call half as much time as the others. So it was a humane way to go through training.
[00:41:33]

T.A. ROSOLOWSKI, PHD:
[00:41:34]
Wow, yeah. I'm just looking at dates that I wanted to get for the recorder. So you did your -- you were at Montefiore Hospital. That was '78 to '81?
[00:41:43]

RITA CHARON, MD, PHD:
[00:41:43]
Right.
[00:41:43]

T.A. ROSOLOWSKI, PHD:
[00:41:43]
OK. OK, just wanted to make sure we had that on the record. And you got your M.D. In 1978?
[00:41:50]

RITA CHARON, MD, PHD:
[00:41:50]
Mm-hmm.
[00:41:50]

T.A. ROSOLOWSKI, PHD:
[00:41:50]
OK. Just wanted to make sure I had those numbers right.
[00:41:53]

RITA CHARON, MD, PHD:
[00:41:54]
Yes.
[00:41:54]

T.A. ROSOLOWSKI, PHD:
[00:41:55]
So how else was this Montefiore formative for you?
[00:41:59]

RITA CHARON, MD, PHD:
[00:41:59]
It included, in the official education, aspects of psychology, social dynamics, cultural -- this was now -- this was in a New York that was, by now, very, very non-white, and we were taking care of mostly minority patients. This was a poor part of the Bronx. This was the South Bronx. This is South Bronx. There was a social scientist -- I think she was a psychologist, I'm not sure -- who gave us weekly seminars on family dynamics, and how to be poor and sick. All of the kind of entitlement, and how do you manage. There was internal medicine, family medicine, and pediatrics in the same small program. I think there were six medicine interns -- yeah, six in medicine, per year, and about the same in the others. My residency director was Jo Ivey Boufford, a woman -- Jo, J-O, I-V-E-Y, B-O-U-F-F-O-R-D -- who's now the president of the New York Academy of Medicine. I hadn't noticed until I started telling you how I've kind of accrued and not let go of some of the people who taught me. Jo I do things together.
[00:43:44]

T.A. ROSOLOWSKI, PHD:
[00:43:45]
That's neat.
[00:43:45]

RITA CHARON, MD, PHD:
[00:43:46]
You know?
[00:43:46]

T.A. ROSOLOWSKI, PHD:
[00:43:46]
Yeah.
[00:43:47]

RITA CHARON, MD, PHD:
[00:43:49]
So residency was not as cruel as it can be, I'm very, very grateful for that. I did not spend as much time as other people in intensive care units, or running cardiac arrests, or in the emergency room, but I think for what I ended up doing, that really deep time in the clinic was much more what I needed. Any way you slice it, it was very hard. This was at a time before there were limits on how many hours a resident can -- so it was -- you'd just stay up for 40 hours. You'd just do it. You'd just stay up for 40 hours and you'd do the work. It was very hard. It was very hard. I remember falling asleep at the gas station. The guy's filling.
[00:44:52]

T.A. ROSOLOWSKI, PHD:
[00:44:53]
Wow.
[00:44:53]

RITA CHARON, MD, PHD:
[00:44:54]
So -- and -- but yeah. I know you look back It was all golden, I can say now, as I watch the residents, they don't sleep in the hospital anymore. They work until eight o'clock, and then the next shift comes on, In the mornings, it gets to be ten o'clock or eleven o'clock, oh, the intern has to go home. Duty hours. I don't know, but you don't see things through, It can be quite risky when there's nobody in the hospital who knows this patient. Oh, well, that one signed out to me, and that one signed out to her, and that one signed out to -- and there's no continuity, and there cannot be the sense of possession that we had. You know, this is my patient, because you're there through the whole bloody thing. So it really -- I mean, it can't be really decided what the relative value of those things are.
[00:46:12]

T.A. ROSOLOWSKI, PHD:
[00:46:15]
Now, your next step was to actually formally enter academic medicine. Did you ever consider private practice?
[00:0046:23]

RITA CHARON, MD, PHD:
[00:46:23]
No.
[00:46:23]

T.A. ROSOLOWSKI, PHD:
[00:46:24]
Why?
[00:46:24]

RITA CHARON, MD, PHD:
[00:46:25]
No, didn't interest me at all. I was -- during residency, we all had to do research projects, so I made a movie. At the time, I was living with a filmmaker, a documentary filmmaker. We since separated. But he wanted to propose a documentary about the training of doctors, because he had seen what I was going through. We wrote a treatment together, and he pitched it to a big producer, and the producer pitched it to Tom Brokaw at NBC reports, It became a movie. It was shown on NBC. What is the word? Tom Brokaw was the -- do you remember him?
[00:47:16]

T.A. ROSOLOWSKI, PHD:
[00:47:17]
Oh, yeah, of course.
[00:47:17]

RITA CHARON, MD, PHD:
[00:47:18]
He was the on-camera host, It was fantastic. It was called *To Be a Doctor*, and we shot it at Penn, and followed a number -- we followed a third-year medical student. We had a surgical intern. We had a neurosurgery sequence. We had a young woman who was just starting, like, second year, just so wide-eyed. I think -- and this for a general audience. It really did give a portrait of the complexities of the training itself, and what you're being trained to do. This was in 1981. But even then, there were questions about end-of-life care, the ethics of a heart transplant. Kid, young boy, either falls off or is

pushed off the roof in an inner city neighborhood Is brought to the emergency room, and he's got major head trauma and major body trauma, broken bones, organs bleeding, and this is seen through the eyes of a surgical intern, who's like, gaga at all this disease, all at once. He says, "I couldn't decide, did I want to be with the neurosurgeon doing the head, the operation on the head, or did I want to be with the abdominal surgeons looking into the belly?" He was like -- it was just so exciting, all this trauma. It was gripping, because meanwhile, here's a young African American boy who's clearly not going to make it.
[00:49:28]

T.A. ROSOLOWSKI, PHD:
[00:49:28]
Victim of terrible violence.
[00:49:29]

RITA CHARON, MD, PHD:
[00:49:30]
There was no -- we don't know, was it a suicide? Did something -- that was never made clear. So we kind of followed that case through the operating room, and then up into the intensive care unit, and there's this scene where they get the stretcher inside the elevator. The film crew was outside the elevator. The doors to the elevators close. The people inside the elevator don't realize they're still miked, and they say, "Great case." Got it?
[00:50:04]

T.A. ROSOLOWSKI, PHD:
[00:50:05]
Oh, yeah.
[00:50:05]

RITA CHARON, MD, PHD:
[00:50:07]
So the final scene of that is that the boy is declared brain-dead. The intensive care doctor talks to the family to see if they're willing to donate his organs for transplantation. Then Tom Brokaw interviews the family, and asks, like, "Did you know what was going on during this time? Were they informing you about what was going on?" The young woman -- it wasn't his mother. It was maybe his aunt or something. It wasn't his mother. She says, "Well, this is a teaching hospital, so automatically they're experimenting on you." Which is a common -- right?
[00:50:58]

T.A. ROSOLOWSKI, PHD:
[00:50:59]
Mm-hmm.
[00:50:59]

RITA CHARON, MD, PHD:
[00:51:00]
Then Brokaw asks the elderly man, the grandfather, "Was there anything you wanted to ask those doctors and you couldn't?" This elderly black man, Southern accent, says, "Yeah." He says, "I just wanted to know was he going to be OK."
[00:51:19]

T.A. ROSOLOWSKI, PHD:
[00:51:22]
A basic question.
[00:51:23]

RITA CHARON, MD, PHD:
[00:51:23]
So -- and that's the work. You know?
[00:51:30]

[Redacted 00:51:30 - 00:51:36]

RITA CHARON, MD, PHD:
[00:51:37]
So, I mean, back then, it was clear what the tensions and conflicts --
[00:51:46]

T.A. ROSOLOWSKI, PHD:
[00:51:46]
Absolutely.
[00:51:46]

RITA CHARON, MD, PHD:
[00:51:47]
-- and lesions were.
[00:51:52]

Chapter Nine
Narrative Medicine Starts to Evolve

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.

T.A. ROSOLOWSKI, PHD:
[00:51:56]
Now, I noticed -- and here, I'm just kind of thinking about our strategy for telling your story, because I noticed that in 1983 to 1985, or in 1983 and 1985, you were involved in this intensive course on teaching the medical interview, I was curious about that. But then, of course, there's a story about getting into academic medicine and advancing, and then there's also the story of you developing this perspective on narrative medicine. So what's -- I really leave it to you. What's the best way to tell those two stories side by side?
[00:52:36]

RITA CHARON, MD, PHD:
[00:52:38]
Well, they're united.
[00:52:41]

T.A. ROSOLOWSKI, PHD:
[00:52:42]
OK.
[00:52:42]

RITA CHARON, MD, PHD:
[00:52:43]
Because I mentioned the name of Jo Ivey Boufford. She was my residency director. After I did the movie, or while I was doing the movie, she says, "Rita, you might be interested in this group. They're having their annual meeting in New York. It's called the Society for Health and Human Values." She says, "I think you'd enjoy finding out what this group is doing." She herself was on the board of this organization. Well, it was the beginning -- this was the beginning of my engagement with literature, because it was a group of philosophers, historians, literary scholars, religious chaplains, anthropologists, all of whom were committed to improving health care through their disciplines. This I had not seen. This was kind of new. So some of the work was kind of medical ethics, and the philosophers and the lawyers,

but the more innovative parts were the literary scholars. I don't think we had visual artists at the time. That came later. But here was a Virginia Woolf scholar who was dedicating her life as a literature teacher to medical students. It was just the beginning of the journal called *Literature and Medicine*. I didn't know such a thing existed. I went to this -- it was a meeting at the -- Waldorf? It was one of the big, eminent downtown hotels. I was just going -- I remember going from paper session to paper session, and hearing this philosopher, Loretta Kopelman, from East Carolina University, something like that, just talking so eloquently about mental institutions and the rights of mental patients. Then meeting Kathryn Hunter -- she was Hunter then -- she's now Montgomery -- who was an 18th-century scholar, literary scholar, who wrote about satire. And to hear her talk about how doctors tell stories, and that, as a literary scholar, she was able to understand -- she was at Morehouse at the time -- she was able to see some of what it was that we were trying to say, or not to say. And...
[00:55:34]

T.A. ROSOLOWSKI, PHD:
[00:55:36]
My pen just ran out of ink, so I...
[00:55:38]

RITA CHARON, MD, PHD:
[00:55:39]
I've got plenty if you need.
[00:55:40]

T.A. ROSOLOWSKI, PHD:
[00:55:40]
That's what I'm doing. I'm getting a new pen.
[00:55:42]

RITA CHARON, MD, PHD:
[00:55:44]
Oh, good. OK. I remember, I was so entranced that -- and this was winter -- that I left one paper session to go to the next, having left my brand-new down jacket behind. I went back -- oh! And somebody took my beautiful, new down jacket.
[00:56:07]

T.A. ROSOLOWSKI, PHD:
[00:56:07]
Oh, no.
[00:56:08]

RITA CHARON, MD, PHD:
[00:56:08]
And Loretta Kopelman lent me her woolen coat so I could get home. It was just -- see?
[00:56:17]

T.A. ROSOLOWSKI, PHD:
[00:56:18]
Being embraced.
[00:56:18]

RITA CHARON, MD, PHD:
[00:56:19]
See that? And so --
[00:56:21]

T.A. ROSOLOWSKI, PHD:
[00:56:22]
So this was in 1981 or...?
[00:56:24]

RITA CHARON, MD, PHD:
[00:56:25]
Yes, it was toward the end of residency. So then when I had found this organization, I became involved, I subscribed to the journal, I started going to some of the other meetings. I was just so excited there was a group of people, with the kind of education that, in a way, I wished I had had, because I finally did relent and go to medical school, but that meant leaving the Shakespeare and the Dostoyevsky behind. Then I remember, when I was working with Elliot, that the idea came to me that someday I'm going to have a PhD. I just didn't know what it would be in. And for a while, at the beginning, I thought it would be linguistics. But then, when I came across this band of iconoclasts, just the idea that one could actually study literature, really, was, like, stunning. And Harvey, in college, was probably the only English teacher I had up until then.
[00:57:36]

T.A. ROSOLOWSKI, PHD:
[00:57:37]
Oh, interesting.
[00:57:38]

RITA CHARON, MD, PHD:
[00:57:38]
Yeah. That's where this started kind of percolating. I went right from residency to Columbia. I've been at Columbia since the very beginning.
[00:57:52]

T.A. ROSOLOWSKI, PHD:
[00:57:52]
Yeah, because you began Columbia in '81. Yeah.
[00:57:55]

RITA CHARON, MD, PHD:
[00:57:55]
So that was -- Columbia is my only job.
[00:57:58]

T.A. ROSOLOWSKI, PHD:
[00:57:58]
Yeah, OK.
[00:57:59]

RITA CHARON, MD, PHD:
[00:58:00]
And so, from the beginning, I was the one to bring some of the ideas into Columbia, and as I was starting to teach in some of the courses for the medical students -- the Introduction to the Patient and things like this -- that I would bring some writing and reading into the courses, I kept learning and kept learning. The one formative thing that's maybe on your list is that I spent a whole month at a National Endowment for the Humanities summer seminar in literature and medicine, It was taught by a real giant. She was amazing. She died not too long ago. [Joanne Trautmann Banks]. She was thrilling. We had a whole month with Jo. It's Trautmann, and then she married a Banks. It was maybe 20 of us. Doctors, nurses, psychologists, all health workers in one way or another. We had a whole month with this brilliant teacher of literature, reading novels, stories. She made us write. She made us write. "Write about one of your patients." "Why?" "Just write." "Well, I don't know what really happened." "Doesn't matter. If you don't know what happened, make it up. I just want you to write it." And that was stunning to me. It opened something up.
[00:59:21]

T.A. ROSOLOWSKI, PHD:
[00:59:21]
What did it open up?
[00:59:22]

RITA CHARON, MD, PHD:
[00:59:22]
I realized how my imagination gave me access to things I knew, but I didn't know I knew. She really -- she made us pick a patient that you've seen in the past, whatever, X weeks, and write about what happened. I did that, I chose -- I don't know if I want to -- I don't know how to budget our time on all these different things, but you're in charge of that. I remember very specifically, I've written about this since, that I had seen this young woman right before I left for this month. She was young. She was maybe 20, 21. She was healthy, except for an iron-deficient anemia, which every woman who's menstruating has, so I told her to take some iron pills. Then she comes in, It was the day that I was leaving for this month away, and she kind of comes into the clinic and says could I please sign this form, It was a form for disability. I said, "Well, what's your disability?" She said, "Well, I'm anemic." I said, "Well, that's not grounds for your -- you won't qualify for getting monthly disability payments because of the anemia, because that's going to get better with the iron. It's probably better already." I said, "I can't sign it." This was at the front desk of the clinic. It wasn't my office hours. It was just as I was picking up some papers, she found me and said, "Will you sign this?" I said, "I'm sorry, I can't, because it won't work. They'll deny it to you." Then I left.

[1:01:11]
In thinking back on it, I felt bad that I hadn't at least brought her into an empty room somewhere -- we could probably find an empty room -- and explain more. I felt embarrassed or ashamed that I had been so curt with her. I wrote about that, I gave her a name; I knew some things about her. I knew where she lived. I knew how many people in the house. I knew some things. I made up a reason. I made something up. In the story, I say, really what happened was she had an aunt in the city who was like a talent agent, and said, "Move to the city. I can get you audition" -- she was beautiful. She was a beautiful Dominican woman. Move to the city. I can get you a job as a model." This was -- I completely made this up. That's why she wanted the disability. So then, after the month, I'm back in the office I see her again, I say, "Well, I've been thinking about you, because I didn't understand what that was about, I felt bad that I was so rushed and didn't really give you time. So tell me more about what..." Well, so I was right I was wrong. I knew that she had to leave where she was. The reason she wanted the disability is that her father and uncle had been abusing her for a long time, and she wanted to take her sisters out of

that house.
[01:02:53]

T.A. ROSOLOWSKI, PHD:
[01:02:53]
Wow.
[01:02:53]

RITA CHARON, MD, PHD:
[01:02:54]
That was why. So, right away, I got the social worker from the domestic violence unit, and eventually the sisters and the mother moved to Manhattan. Now, imagine. I knew -- so I had it that she was coming to New York for something, and what it really was is that she was escaping something. And had I not written it, I would have forgotten that little instant, in a minute. I wouldn't have invested any thought, any -- and that's why I say imagination. What could she be going through? That's what was the task. What could she be going through? I was dead wrong, but I was dead right.
[01:03:51]

T.A. ROSOLOWSKI, PHD:
[01:03:52]
That there must have been a what-if.
[01:03:53]

RITA CHARON, MD, PHD:
[01:03:54]
That's right. And that -- but even more enduringly, that it was in the writing of it that I discovered what I had some vague idea about, but it had to be written before I understood that there was something going on here. This was not just a lazy kid who wanted -- do you see?
[01:04:20]

T.A. ROSOLOWSKI, PHD:
[01:04:20]
Yeah. Writing really slows you down. It makes you say, OK, if I'm going to make a puzzle here, I have to see what the pieces are.
[01:04:27]

RITA CHARON, MD, PHD:
[01:04:27]
That's right.
[01:04:27]

T.A. ROSOLOWSKI, PHD:
[01:04:28]
And so asking those what if, I have to figure out the maybe here, it really does force you to pay attention.
[01:04:37]

RITA CHARON, MD, PHD:
[01:04:37]
Yeah. And even the function of fiction, that it's not just journalism. It's fiction. It's letting go, to say, what in the world could this be?
[01:04:53]

T.A. ROSOLOWSKI, PHD:
[01:04:55]
Being curious in a way that people often don't have time for.
[01:04:58]

RITA CHARON, MD, PHD:
[01:04:58]
Yeah. Yeah.
[01:04:59]

T.A. ROSOLOWSKI, PHD:
[01:04:59]
Interesting.
[01:05:00]

RITA CHARON, MD, PHD:
[01:05:00]
Yeah.
[01:05:00]

T.A. ROSOLOWSKI, PHD:
[01:05:01]
So this was a key mo--
[01:05:04]

RITA CHARON, MD, PHD:
[01:05:04]
I'm going to just take a minute. (overlapping dialogue; inaudible)
[01:05:05]

T.A. ROSOLOWSKI, PHD:
[01:05:05]
Sure. Let me put pause on here.
[01:05:07]

RITA CHARON, MD, PHD:
[01:05:08]
All right.
[01:05:08]

[The recorder is paused.]

T.A. ROSOLOWSKI, PHD:
[01:05:10]
OK, we're back recording again. So obviously, this was really a critical moment of putting all this together, the power of writing, and --
[01:05:19]

RITA CHARON, MD, PHD:
[01:05:19]
Yes.
[01:05:19]

T.A. ROSOLOWSKI, PHD:
[01:05:20]
So how -- what was the process of beginning to really leverage this and turn it into something?
[01:05:26]

RITA CHARON, MD, PHD:
[01:05:27]
So when I got back from that month, I was all the more zealous in bringing some reading and writing to our students, I remember I was put in charge of one of these medical -- the doctor/patient relationship kind of course(inaudible). I started something where I would bring some of my own patients in to meet with the students. These were small groups of students, like eight or ten, something like that. I would bring patients in to these groups to really just tell -- these are first-year students, or second-year, maybe -- what they had been going through, and what it was like to get care at this hospital, and how -- the lived experience. These were patients with chronic illnesses. These were not "great cases," like in the elevator. This was routine hypertension, diabetes, a stroke, cancer. One of the things we did was one of the students in the group would be asked to be kind of the interviewer, and kind of -- and then after the patient left, we just asked -- I asked everyone to write what they heard. Just write what they heard. Sometimes we did it taking the patient's voice, or sometimes just write what you heard. Then when they came the next week, they'd read what they had heard, and they were kind of stunned that they all heard different things. They, like -- "No, that's not what she said." They heard different things. I think it was very troubling for them that there was no kind of one-to-one correspondence. So what I had learned now, with my new community of literature and medicine and this institute, was really the power of language and how to impart that to students. I was the first one at Columbia to bring in -- I'm almost sorry I did now, because it's been taken over -- but to bring actors in to help students learn how to talk to patients. It's gotten kind of out of hand by now, to the point that they don't interact much with real patients. Anyway. But we did that kind of thing. Then, very, very kind of under the radar, I brought in -- just as elective, pilot, no pressure, just if you want to do this kind of thing, we had a seminar in short stories, and there was a seminar in the novel. I think I had a seminar in some ethics topics. Very, very gradually, one or two a year, just to see what would happen, and which students signed up to take these things even if they didn't have to.
[01:08:43]

T.A. ROSOLOWSKI, PHD:
[01:08:44]
And?
[01:08:44]

RITA CHARON, MD, PHD:
[01:08:44]
And they did. They did. Gradually, I got -- let me think. At the beginning -- it's kind of hard to remember what they were. But they were people within the medical center who had something to teach. One was a very early form of mindfulness. One was this kind of standardized patient, learning more about interviewing. I taught any number of short story courses. I had someone teaching poetry. I can't remember who. I had someone teaching the philosophy of death, and they would read Ivan Illich and things like that. Gradually, there got to be enough of these humanities seminars that I could introduce this to the whole class. So it took several years, but soon enough, I had, like, 10 or 12 of these seminars, and

so we made it a requirement. You just have to pick one.
[01:10:02]

T.A. ROSOLOWSKI, PHD:
[01:10:02]
Right.
[01:10:02]

RITA CHARON, MD, PHD:
[01:10:03]
And by then, there was enough interest in it, and people had had a good time doing it, that there was no pushback. See?
[01:10:12]

T.A. ROSOLOWSKI, PHD:
[01:10:13]
Yeah, I was going to ask if it was controversial.
[01:10:15]

RITA CHARON, MD, PHD:
[01:10:16]
Well, no.
[01:10:170]

T.A. ROSOLOWSKI, PHD:
[01:10:20]
Lucky you.
[01:10:21]

RITA CHARON, MD, PHD:
[01:10:22]
Because we did it really slowly, and all of it was road-tested, so that we knew how a seminar would fly before we did it. One was on illness narratives, where the students were actually kind of telling their own, or writing their own. So soon enough -- I, by then, had a kind of associate director of this thing, so -- this was a young woman, also a general internist, who joined me in putting these things together. I remember kind of -- we would have 150 students with their -- what did they want to take? Because there were 12 seminars. You had to pick your top three. At the beginning, before we could do it on an Excel spreadsheet, we would be on my living room floor, "OK, we'll put that one there. We'll put that one there." It was like --
[01:11:19]

T.A. ROSOLOWSKI, PHD:
[01:11:19]
That's fun.
[01:11:19]

RITA CHARON, MD, PHD:
[01:11:20]
-- cottage industry.
[01:11:21]

T.A. ROSOLOWSKI, PHD:
[01:11:21]
So by what year were you kind of formalizing it with the curriculum?
[01:11:25]

RITA CHARON, MD, PHD:
[01:11:29]
By around ’85, ’85 or ’86. I think we had enough of these seminars that it became a requirement in the second year class.
[01:11:41]

T.A. ROSOLOWSKI, PHD:
[01:11:40]
And who was the person who was helping you as assistant director?
[01:11:43]

RITA CHARON, MD, PHD:
[01:11:44]
This was Susana Morales, S-U-S-A-N-A. I think it was just one “N.” M-O-R-A-L-E-S. She’s now at Cornell, at New York Hospital. She’s still in general medicine. More of an activist than I. Then, around about then, I got the idea -- oh, and there were other things, but I can’t tell you everything. Around about then, I found myself being asked to write things about literature. I got invited, by my old dean from the experimental college, would I be interested in writing an essay for the journal *Literature and Medicine* on a particular novel of Henry James? Now, how did she know that I had just read that novel accidentally? I picked it off the sidewalk. Someone had thrown away a very good copy of *Wings of the Dove*, I read the whole thing. It was a summer break. I had a little house on Fire Island, or Shelter Island. I read the whole thing in, like, three days. I had no idea a person could write like that. This was my introduction to James. I picked up...
[01:13:06]

T.A. ROSOLOWSKI, PHD:
[01:13:07]
Off the sidewalk.
[01:13:07]

RITA CHARON, MD, PHD:
[01:13:07]
A copy of *Wings of the Dove* that somebody had thrown away. I still have it. I can show it to you.
[01:13:12]

T.A. ROSOLOWSKI, PHD:
[01:13:12]
That’s so funny.
[01:13:13]

RITA CHARON, MD, PHD:
[01:03:14]
I got back from that, I said, can I take a course in English? Because here’s my dean saying, “Will you write an essay?” I didn’t know how to write an essay on a novel. Fortunately, by then, I had some friends who were literary scholars. I call somebody. I say, “How do I do this? Who’s written anything about this novel?” So she gave me a couple of names. “Go look for Dorothea Krook. Go look for Oscar Cargill.” I

go into the stacks in Butler Library. I had never been in that library. I've been at Columbia for years.
[01:13:57]

T.A. ROSOLOWSKI, PHD:
[01:13:57]
It must have blown your mind.
[01:13:58]

RITA CHARON, MD, PHD:
[01:13:58]
I got up to the PS2128 shelves, It was like this, It was all stuff either Henry James had written or people had written about him. I got symptoms. My heart starts pounding. I got symptoms. I was just physically like [gasps]. I write that paper, and then I say, OK, now can I just come to the English Department and take a course? I'm going to take an English course. The person who was helping me in this, he says, "No, don't take a course. Take a master's." I said OK.
[01:14:40]

T.A. ROSOLOWSKI, PHD:
[01:14:40]
Who was this person?
[01:14:41]

RITA CHARON, MD, PHD:
[01:14:41]
By then -- Steven Marcus, who became my dissertation supervisor. He was in the English Department. He became chair of the English Department. A Victorianist, a scholar of psychoanalytic approaches to literature. Trained at the Psychoanalytic Institute himself. He had been doing some work up at the medical school, trying to bring some humanities. He's the one who was my guru. He says, "Don't take a course. Take a master's." [We both were working with the historian David Rothman, and he too really encouraged me to do some graduate training.] And so, yeah, they let me in, It was last minute, here. So that September, I'm a graduate student. I didn't plan it, exactly. I just thought I'd, like, audit a course. But it worked out, I had -- I was on some fellowship, I had time. I was half-time in the graduate school, in the English Department, and the other half up at the hospital. I remember taking a Virginia Woolf seminar with Carolyn Heilbrun, who was [the most eminent and influential Virginia Woolf scholar at that time] [ ].
[01:15:51]

T.A. ROSOLOWSKI, PHD:
[01:15:51]
Oh, yeah.
[01:15:51]

RITA CHARON, MD, PHD:
[01:15:53]
I mean, amazing. Then a course on narrative theory [with Michael Seidel] that really marked me. And...
[01:16:04]

T.A. ROSOLOWSKI, PHD:
[01:16:06]
Because you were being introduced to a whole different way of thinking about things.
[01:16:08]

RITA CHARON, MD, PHD:
[01:16:09]
Completely.
[01:16:09]

T.A. ROSOLOWSKI, PHD:
[01:16:09]
In a very systematic way.
[01:16:10]

RITA CHARON, MD, PHD:
[01:16:10]
Completely.
[01:16:11]

T.A. ROSOLOWSKI, PHD:
[01:16:11]
So how did that start to gel with you?
[01:16:15]

RITA CHARON, MD, PHD:
[01:16:18]
You know what, we have to take another pause.
[01:16:19]

T.A. ROSOLOWSKI, PHD:
[01:16:19]
Sure.
[01:16:20]

RITA CHARON, MD, PHD:
[01:16:20]
I'm sorry, but one of these emails I got really needs -- I'm distracted by it.
[01:16:24]

T.A. ROSOLOWSKI, PHD:
[01:16:24]
OK, let me just pause, I'm pausing at about 11:33.
[01:16:29]

[The recorder is paused.]

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

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.

T.A. ROSOLOWSKI, PHD:
[00:00:02]
All right, we're back again after a quick pause, It is 11:41. OK, so talking about how your mind is expanding with this new way of thinking. So how did it begin to make you think differently about clinical practice? What's that dialectic going on?
[00:00:28]

RITA CHARON, MD, PHD:
[00:00:28]
Well, they were at the same time. I didn't stop the clinical work.
[00:00:32]

T.A. ROSOLOWSKI, PHD:
[00:00:32]
Right, right.
[00:00:32]

RITA CHARON, MD, PHD:
[00:00:33]
I -- I was writing about medical things. I remember a paper I wrote for the narratology course about kind of how narrative considerations were opening up ways of thinking about patient care, just in -- I mean, the simplest kind of how -- what do these interviews look like? And how do -- I wish I could -- it was a long time ago. I don't quite remember what the point of the paper was, but I was trying to put to use some of the narrative theory that I was learning. It was helpful. It was really -- it illuminated parts of what we do in talking to patients and touching patients, in even thinking about what might be wrong. I was happy that I was doing them both at the same time, because I could see that the English training was having a mark on what I did with patients and with teaching. I wasn't sure yet whether it went in the other direction, but it ended up going in the other direction, because the concerns of literary theory and narratology became of great interest to literary scholars, because it became an instance in the real world where language matters. See?
[00:02:22]

T.A. ROSOLOWSKI, PHD:
[00:02:23]
Yup.
[00:02:23]

RITA CHARON, MD, PHD:
[00:02:23]
So it was just lucky that these two things were happening at the same time, and that I could really see them as reciprocal, and that I could experience that the more I learned about literary theory and literary language, to my mind, the better a doctor I became, although there's no way to actually prove that. But a different kind of doctor. And that, right from the beginning, there was more and more writing within practice, either just simply writing what had happened in an office visit, and then giving it to the patient the next time I saw -- this is what I remember we did last time, and did I get it right? And they would often read what I wrote, and they'd say, "Well, you got the names of my kids wrong" or something like that, but then they'd say -- this happened -- it was not just once -- they'd say, "Well, we left something out." Then I would learn about really seminal things -- trauma, a miscarriage, losses -- that had not come up, probably would not have come up. Right?
[00:03:42]

T.A. ROSOLOWSKI, PHD:
[00:03:42]
Mm-hmm.
[00:03:42]

RITA CHARON, MD, PHD:
[00:03:43]
On the second visit with a patient, I'd learn about these things. So it seemed almost too powerful. You know? But really a force. Then patients started bringing me things they had written.
[00:03:58]

T.A. ROSOLOWSKI, PHD:
[00:04:00]
About...?
[00:04:00]

RITA CHARON, MD, PHD:
[00:04:01]
One was a book of poems she had written in prison. That's the one I remember best. Then, as things went along, I ended up just turning the keyboard around in the office and letting patients just write straight into the medical record. I mean, that was --
[00:04:21]

T.A. ROSOLOWSKI, PHD:
[00:04:22]
That's pretty revolutionary.
[00:04:23]

RITA CHARON, MD, PHD:
[00:04:23]
That's where it ended up. Now, I closed my practice just last year, because the -- first of all, I had been

doing it for 35 years, but also because the demands of creating this discipline were just -- I felt duty-bound to accommodate. I just was doing a lot of traveling, a lot of visiting professorships, and being a zealot for what we ended up developing, and they just didn't work together. It was really too much of a burden on my partners, who had to cover me while I was gone, and for my patients, who couldn't reach me. I, with sorrow, and relief, closed the practice. The sorrow was that I had been these people's doctors, some of them, for all that time. We kind of grew old together. It's stunning what it is that a doctor might learn about you over a long period of time. And so that had -- so there were things that my patients I could do together -- I think this is true of anyone who is in practice for a long time -- that's kind of unimaginable to someone who's just in practice a few years. You just don't know how patients either -- it's not so much rely on you, but know you're somewhere in their corner. Right? Not --
[00:06:06]

T.A. ROSOLOWSKI, PHD:
[00:06:06]
It's a person that's part of your history in a very intimate way.
[00:06:08]

RITA CHARON, MD, PHD:
[00:06:09]
Yeah. You go through things together. So the sorrow was in sacrificing that, even though I still see and am in touch with some of these people who I've known for so long. And the relief was I had no idea -- and others who have closed practices have the same experience -- you have no idea how hard it is until you stop it. In that first piece of time, that first few months, it was like, I don't have to worry about Lucy. Somebody else is worrying about Lucy. And this tremendous sense of never-ending worry about so many. And, oh, I forgot to -- oh, I should have -- oh, why didn't I -- that, or the middle of the night, oh, but maybe it's that -- you know? So a lot of self-critique. Because you can never do everything. Then for that to stop is like, oh. It was a kind of freedom.
[00:07:40]

T.A. ROSOLOWSKI, PHD:
[00:07:40]
Right. I was going to ask. I mean, you suddenly have a lot of emotional and mental energy available.
[00:07:45]

RITA CHARON, MD, PHD:
[00:07:45]
Yes. It's a kind of freedom that I didn't know, I don't think any doctor knows.
[00:07:51]

T.A. ROSOLOWSKI, PHD:
[00:07:52]
Interesting.
[00:07:52]

RITA CHARON, MD, PHD:
[00:07:55]
And for this record, it's important to say this also, that by then -- this is just last year, year and a half ago -- by then, the practice of general medicine -- I think it's true of others, too -- had become so onerous, so onerous, with the external demands on increase in productivity, speeding up, doing all your own clerical work. The introduction of the electronic health record was really a ploy to get the doctors to do the work of the clerks. So we're the ones who do all the ordering, and the forms, and the when did she last have

her mammogram, and do you use your seatbelt, and all of this clerical work, so that it's not the doctor's fault if they spend 50% of the time looking at the computer. It's because -- so they kind of dumped all this work on the doctors, because doctors never complain. They just submit, and the powers that be know that. And just the whole neoliberal, corporate, revenue-hungry forces coming from not only the hospitals themselves, but the insurance industry, pharma, and device manufacturers, who manufacture the standards of practice, who decide which disease is worth investing into. How do they decide that? What disease comes to people who are generally well-off enough to pay? So all of that has gotten just intolerable. I remember actually timing to the month when I closed the practice, so as not to have to deal with ICD-10. Do you know what that is?
[00:10:11]

T.A. ROSOLOWSKI, PHD:
[00:10:11]
Mm-hmm. The codes for insurance codes, yeah.
[00:10:14]

RITA CHARON, MD, PHD:
[00:10:15]
Knowing that it would be months of much more onerous -- which was the case in general medicine. In some departments, it wasn't so bad, I've heard, but in general medicine, it just took months for people to re-code all this stuff, so that every visit would be three minutes with a patient, and eighteen minutes with...
[00:10:40]

T.A. ROSOLOWSKI, PHD:
[00:10:41]
Right. Yeah, I was mentioning that conference I took part in last week on -- and there was a woman who teaches at the Baylor College of Medicine, and she was giving a presentation, and she brought in screenshots from the electronic medical records, just to demo the information overload that comes with physicians having to sit with a patient and have to sort through these variants of a condition to try to find exactly the right code.
[00:11:12]

RITA CHARON, MD, PHD:
[00:11:11]
Yes, right. Right, right.
[00:11:12]

T.A. ROSOLOWSKI, PHD:
[00:11:13]
Yeah, it was just one instance. She said, "Imagine having to do this 5,000 times a day."
[00:11:18]

RITA CHARON, MD, PHD:
[00:11:18]
That's right. That's right.
[00:11:19

T.A. ROSOLOWSKI, PHD:
[00:11:19]
So talk about onerous.
[00:11:21]

RITA CHARON, MD, PHD:
[00:11:21]
And we know. It's a cynical view, but the electronic medical record came into use in George W. Bush's administration, and there were federal regulations that were requiring the use of computerization, and Bush, or his, I guess, HHS cabinet -- but it was Bush -- had a chance to decide, well, who was going to create these electronic medical records, and should it be the Public Health Service? Should it be the Center for Medicare and Medicaid Services? Should it be within the health community or not? And they went for not, and they shopped it out to corporate vendors of software platforms, and where did the software platforms come from on which to design our electronic medical records? It came from patient billing. Their account -- patient accounts. Their financial platform. So the whole thing has been structured around the goal of charging as much as one can for a visit. That's what they're for.
[00:12:47]

T.A. ROSOLOWSKI, PHD:
[00:12:47]
And what isn't charged for basically doesn't exist, and there's no time for it.
[00:12:51]

RITA CHARON, MD, PHD:
[00:12:52]
Yeah. So then we get very dark and cynical about the state of US health care, with or without the Affordable Care Act. Then we get even darker as we know even what's going to happen to the good parts of the Affordable Care Act. But that's cynicism. It's a deep cynicism, that however much those of us -- within the mainstream -- I'm not a marginal crank anymore. I am within the mainstream. But I know that those really making the decisions about what happens are motivated by questions of profit and power, and by industries quite separate from health care, like the insurance industry. Why should they have gotten to be so powerful? But they are. So what do we do with that? Because it's very hard to say to a general internist, who has 15 minutes a patient, 12 of which are occupied with all this nonsense, to say, "Where's your empathy?" And you're hard put to fault someone for finding a private practice situation that's going to at least pay them for the time it takes. I see doctors in the clinics -- everybody does this by now -- taking home the computer documentation that they didn't have a chance to do during the day. So they're adding another two hours of work in the evening on the same computer monitor, choosing the same ICD-10 code. If they don't do them by the next day, they get dinged, and they get these alerts, and you have 23 hours to go, and you have 22 hours to go. So this is the dark part of our conversation, because even though there are these tremendous ideas from great banks of human learning about how to understand the lived experience of illness, and how we can join with patients, even as they're dying, how we don't have to be so convinced that we're not going to die -- as we're moving in some very, very profound ways toward an alliance with patients -- I had a nephrologist from Hamburg in my office the other day. He says, "Well, my goal is that the patients not be afraid of me."
[00:15:52]

T.A. ROSOLOWSKI, PHD:
[00:15:55]
It's kind of like what Elliot said to you.
[00:15:57]

RITA CHARON, MD, PHD:
[00:15:57]
What Elliot said, yeah.
[00:15:58]

T.A. ROSOLOWSKI, PHD:
[00:15:58]
Yeah.
[00:15:58]

RITA CHARON, MD, PHD:
[00:16:00]
So -- and then the same nephrologist said, "Well, I know that there's not really that much difference between me and them. I'm a little healthier now than they are, but that won't be for long." He was saying, we're really -- we share a human mortality. We share a human condition, and that that's the basis on which his practice exists. Then when he said, "I just want my patients not to be afraid of me," it just seemed so modest and beautiful, that that's the aim, to be in an equal situation, not governed by fear. That's the practice of medicine. See?
[00:16:49]

T.A. ROSOLOWSKI, PHD:
[00:16:49]
Mm-hmm.
[00:16:50]

RITA CHARON, MD, PHD:
[00:16:53]
And so all of this other cynical stuff doesn't allow for a medicine without fear. And those who stand up to their hospitals -- this was in Vancouver, where I was earlier in the summer. Somebody stood up to the hospital administration and said, "Well, these patients are too sick. They really, really need more than that 12 minutes, I can't, in good conscience, continue to do this." That physician thought that his colleagues were behind him, and they weren't, and he was let go. So we are at a very serious pass here.
[00:17:49]

Chapter Eleven
A PhD and a Turning Point for Narrative Medicine

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.

T.A. ROSOLOWSKI, PHD:
[00:18:00]
I imagine we'll circle back to this over and over as we continue to talk about narrative medicine, but I thought before we have to break this morning, maybe we could take a quick look at your progress through the academic medicine track, just to kind of do that, and then we can focus on the fun part, the development of the field.
[00:18:22]

RITA CHARON, MD, PHD:
[00:18:23]
I proceeded slowly. I think it took me eight or ten years to go from assistant to associate, in part because I was a graduate student in English, I wasn't doing much publishing in kind of more scientific things. But also, the interests that I had were never quite the stuff of *New England Journal of Medicine*.
[00:18:51]

T.A. ROSOLOWSKI, PHD:
[00:18:51]
Exactly.
[00:18:51]

RITA CHARON, MD, PHD:
[00:18:52]
And so it was not a surprise that I was not quickly promoted.
[00:19:00]

T.A. ROSOLOWSKI, PHD:
[00:19:01]
Did it take a while for people on the committees, the review committees, to kind of get that this had an impact?
[00:19:07]

RITA CHARON, MD, PHD:
[00:19:07]
Yeah. Yeah.
[00:19:08]

T.A. ROSOLOWSKI, PHD:
[00:19:09]
So what was the process like of convincing them or showing credibility?
[00:19:13]

RITA CHARON, MD, PHD:
[00:19:15]
You know, I was publishing. I wasn't publishing kind of clinical trials, but I was publishing essays. I guess all along, I was writing more personal essays than anything else. I was also publishing in literary studies. And throughout the whole time, I've made sure to be publishing in *The Henry James Review*, or *Narrative*, or one of the humanities journals. I think I kind of -- I think I assured myself that even though it wasn't a straight path, it was a wide path, I was kind of proceeding slowly through two different ones.
[00:20:04]

T.A. ROSOLOWSKI, PHD:
[00:20:05]
Well, it's really tough when you work in an interdisciplinary way, but you're in an academic setting where there are boxes.
[00:20:11]

RITA CHARON, MD, PHD:
[00:20:12]
Yeah. Yeah.
[00:20:12]

T.A. ROSOLOWSKI, PHD:
[00:20:13]
Yeah.
[00:20:13]

RITA CHARON, MD, PHD:
[00:20:14]
I think my strategy was always kind of, until recently, just kind of under the radar, do what you do. I knew from the start that clinicians didn't get tenure at Columbia, so it wasn't like that was a surprise. I managed -- I would get these awards from societies, the Humanism Award from the American -- whatever -- Internal Medicine Society or something. There were enough kind of outside recognitions that my own chiefs and chairs were happy. Then, when we did kind of break through -- let me see what year. Let me get the year straight. Yeah, so when I finally got my PhD, that was 1999, It was then -- I finished my dissertation. Steven Marcus was with me until the end. I wrote a dissertation on James. Then I said, oh, well, I'm done. No more seminars, no more chapters, no more defense. And that was the point at which my buddies I said, OK -- or mostly I -- now what am I going to make of all this? And by then, there were plenty of kind of programs in literature and medicine. We had the journal. By then, I was the editor of it. I was intent to not lose sight of how do all these new skills, derived from the humanities, make the care different. I think, in some of the other centers, it was enough to write scholarly essays about what did Milly Theale die of in *Wings of the Dove*, but I wanted to make it much more seamlessly enter the

practice. I got a few colleagues together, one from the English Department, one a philosopher, one a psychoanalyst, one a novelist -- David Plante, the same novelist -- I didn't tell you the end of that story.
[00:22:44]

T.A. ROSOLOWSKI, PHD:
[00:22:45]
No.
[00:22:45]

RITA CHARON, MD, PHD:
[00:22:45]
It turned out my father was his doctor.
[00:22:47]

T.A. ROSOLOWSKI, PHD:
[00:22:47]
Oh, how amazing.
[00:22:48]

RITA CHARON, MD, PHD:
[00:22:50]
He was in my group. I got a grant from the NEH to pay some of their salary so we could sit and talk for two or three hours, two or three times a month, and together, exploring the question, how does this newfound knowledge from the humanities change practice? And that's where the concepts of narrative medicine came from. I changed the name. I had been calling it humanities and medicine. I changed the name to narrative medicine, because to my mind, it wasn't even just the humanities. It was social sciences. It was activism. It was efforts toward justice. I was in a Department of Medicine, so I kind of had to keep the "medicine" word. But that was a thrilling couple of years, because --
[00:23:52]

T.A. ROSOLOWSKI, PHD:
[00:23:52]
I bet.
[00:23:52]

RITA CHARON, MD, PHD:
[00:23:52]
-- we really -- and the first book I wrote on narrative medicine kind of culminated -- derived from this two or three-year, real intensive, close -- it was more than a seminar. It was a deep immersion in one another's thinking.
[00:24:13]

T.A. ROSOLOWSKI, PHD:
[00:24:13]
Who were the other people involved?
[00:24:15]

RITA CHARON, MD, PHD:
[00:24:16]
Maura -- these people.
[00:24:17]

T.A. ROSOLOWSKI, PHD:
[00:24:18]
Oh, OK, all the people on the --
[00:24:19]

RITA CHARON, MD, PHD:
[00:24:19]
Almost all of them, except for the last two, who are more -- no. Danielle Spencer is a relative newcomer to us, as is the anthropologist.
[00:24:28]

T.A. ROSOLOWSKI, PHD:
[00:24:28]
Maura Spiegel.
[00:24:29]

RITA CHARON, MD, PHD:
[00:24:29]
But Sayantani is the pediatrician.
[00:24:31]

T.A. ROSOLOWSKI, PHD:
[00:24:32]
Sayantani DasGupta. Nellie Hermann --
[00:24:34]

RITA CHARON, MD, PHD:
[00:24:34]
Nellie Hermann is the novelist. When David Plante moved to London, Nellie took his place. Novelist. Craig Irvine is the phenomenologist. Eric Marcus is the psychoanalyst.
[00:24:46]

T.A. ROSOLOWSKI, PHD:
[00:24:48]
Yeah.
[00:24:48]

RITA CHARON, MD, PHD:
[00:24:50]
And we're still together.
[00:24:50]

T.A. ROSOLOWSKI, PHD:
[00:24:51]
And you're still together. Yeah.
[00:24:52]

RITA CHARON, MD, PHD:
[00:24:52]
And this was in 2002 or three.
[00:24:53]

T.A. ROSOLOWSKI, PHD:
[00:24:54]
Right. That's pretty amazing.
[00:24:55]

RITA CHARON, MD, PHD:
[00:24:56]
And we -- oh, before I got this grant, I had also gotten a Guggenheim, and that helped a lot, just in terms of stature.
[00:25:05]

T.A. ROSOLOWSKI, PHD:
[00:25:06]
Right.
[00:25:06]

RITA CHARON, MD, PHD:
[00:25:07]
People at medical schools don't get Guggenheims very often. I got a Guggenheim. I went for a month at Bellagio, which is the Rockefeller, and that's where I wrote the first book, pretty much. I mean, it was that period. But so the work that we did, starting with that question, what does all this literary, philosophical knowledge, what does it do in practice? And we came up with ways to describe -- one of our -- we have three kind of hallmarks. One is attention, the other is representation, and the third is affiliation. These came to me in the process of the -- whatever we called it -- our seminar. But the attention being -- well, I don't have to describe to you what attention is. Being fully present to another. Being a receiver of what the other transmits, however it's transmitted. And language is part, but it's not the only part. So all of the ways in which we come to understand something about another's subject position. Then, of course, the phenomenologist was there, so he would then lead us into a Levinasian way of thinking, or a Merleau-Ponty way of thinking, of not only is this clinical encounter the meeting between two minds, but it's the meeting between two bodies, and all the embodied aspects of what we were doing. But the notion has always been for me very guiding, of the donating of attention. This, too, came from *Wings of the Dove*. Do you know the novel?
[00:27:06]

T.A. ROSOLOWSKI, PHD:
[00:27:06]
I do, yes.
[00:27:06]

RITA CHARON, MD, PHD:
[00:27:06]
Wings of the Dove. So you remember when Milly goes to see Sir Luke Strett for the first time?
[00:27:10]

T.A. ROSOLOWSKI, PHD:
[00:27:11]
Mm-hmm.
[00:27:11]

RITA CHARON, MD, PHD:
[00:27:11]
She's in London. She's very ill. She doesn't have people who know her well. Somebody says, "Go see Sir Luke Strett." What the narrator describes Sir Luke Strett as doing when they first meet -- "So crystal clean, the great, empty cup of attention that he set between them on the table." See? And that image has been with me, although it has changed, because the cup is not rigid. The cup moves, the cup changes, as the patient's utterances pour into it. The self of the listener is not dispensed with. It's not empty of self. It's the self that forms the cup. See?
[00:28:05]

T.A. ROSOLOWSKI, PHD:
[00:28:06]
It's intersubjectivity in action.
[00:28:07]

RITA CHARON, MD, PHD:
[00:28:07]
Well, that's what it is.
[00:28:08]

T.A. ROSOLOWSKI, PHD:
[00:28:08]
Yeah.
[00:28:08]

RITA CHARON, MD, PHD:
[00:28:09]
I had literary ways of saying it, and then my phenomenologist would have Levinasian ways of saying it, and then Eric Marcus, the psychoanalyst, would have still other ways of saying it. So this is what went on. It was very fertile.
[00:28:25]

T.A. ROSOLOWSKI, PHD:
[00:28:25]
Yeah, it would have been.
[00:28:26]

RITA CHARON, MD, PHD:
[00:28:26]
Then we asked ourselves, so what about the writing part? Why do we make people write? Because by then, we were, very actively with our medical students, "Write what the patient said." We, again, gradually came to understand, mostly through the aesthetic theory of people like Nelson Goodman and Susanne Langer, that it's only when it is represented that it is perceived. And writers know that without being told, but not everybody does. So throughout the practice of narrative medicine, we have very intentionally made writing, or visual representation, part of every learning. I had two guest appearances yesterday to different courses. One was in the nursing school, one was in the undergraduate school. I'll

tell you about the undergraduate one. This is a bunch of college kids, mostly premeds. They're taking a course which includes their going once a week to a nursing home to meet with the residents, some of whom are very demented, some of whom are acutely dying, others of whom are just kind of chronically ill and will never go home. These college kids go there three or four hours a week, spending some time, each time, with one -- they call it "my long-term companion."
[00:30:06]

T.A. ROSOLOWSKI, PHD:
[00:30:08]
That's a nice way of putting it.
[00:30:08]

RITA CHARON, MD, PHD:
[00:30:09]
Yeah. So it's a funny course, because there's a different person who comes every week. I don't like taking courses like that, but anyway. They had read part of the narrative medicine book, and they had read some other narrative, so they had questions about what is this. We were talking, as I'm talking to you, about attention and representation and the kinds of partnerships that can be formed. Then I said, "OK, let's take a break at 5:00. When you come back, we'll do some reading and writing." I had brought a poem. It was a powerful poem by a contemporary British poet, Sharon Morris. Short, complicated. I taught the poem. It was two triplets and two couplets. Powerful poem. I taught the poem. The whole class. Why does she use this word here, and why does the line break there, and notice how the sentence -- and then I gave them a prompt to write to, It was an open-ended, rather evocative prompt. It wasn't an essay question. This is how we've come to do this. And gave them three minutes, four minutes, to write in response, and then invited them to read aloud what they had written. I wasn't surprised. I'm not surprised anymore, but they were stunned. "Look what I wrote in three minutes." And as they listened to one another, they were stunned at what each had produced, how different they were, how telling of the person they were. I meant to write these kids a note this morning -- I'll have time later in the afternoon -- just to say how moving it was to be with them as they gamely did this with me.
[00:32:27]

T.A. ROSOLOWSKI, PHD:
[00:32:28]
I think it's so amazing for students who've never had that experience to suddenly look around them and understand that they're part of a community of imagination.
[00:32:39]

RITA CHARON, MD, PHD:
[00:32:39]
Yes.
[00:32:39]

T.A. ROSOLOWSKI, PHD:
[00:32:40]
Or a community, and/or a community of intellect. They see themselves in a different way at those moments. It's so important.
[00:32:47]

RITA CHARON, MD, PHD:
[00:32:48]
Yes. Say more.
[00:32:49]

T.A. ROSOLOWSKI, PHD:
[00:32:50]
When I've -- because I've done a lot of teaching, too, and what I'd consider the kind of transformative teaching. Students go through ordinary courses, It's, OK, there's a rule. Here's how you produce, and this is what it should look like. Then, suddenly, if they're invited into a space where they have to step out of their comfort zone, with a community of other people, and suddenly they hear each other's voices in an entirely different timbre.
[00:33:20]

RITA CHARON, MD, PHD:
[00:33:20]
Yes, that's right.
[00:33:21]

T.A. ROSOLOWSKI, PHD:
[00:33:21]
It's like they become different people for each other.
[00:33:23]

RITA CHARON, MD, PHD:
[00:33:23]
They become themselves.
[00:33:24]

T.A. ROSOLOWSKI, PHD:
[00:33:24]
They become themselves.
[00:33:25]

RITA CHARON, MD, PHD:
[00:33:25]
Yes.
[00:33:25]

T.A. ROSOLOWSKI, PHD:
[00:33:25]
A whole new facet. You look to the person over there. It's like, wow, I had no idea that you had an ear for dialect. I had no idea you had a gift for poetic description. And they suddenly -- it's like, my gosh. It's like people suddenly are in more technicolor than they were before.
[00:33:41]

RITA CHARON, MD, PHD:
[00:33:41]
Yes. Yes. Yes.
[00:33:43]

T.A. ROSOLOWSKI, PHD:
[00:33:43]
Yeah. It's quite wonderful. And to suddenly have them respect themselves in that new way, like, I didn't know I had that inside of me.
[00:33:51]

RITA CHARON, MD, PHD:
[00:33:51]
Even the one who speaks. Exactly.
[00:33:53]

T.A. ROSOLOWSKI, PHD:
[00:33:54]
To me, that's what really teaching is about, is to get people to understand that, and understand that they can take charge of that process.
[00:34:01]

RITA CHARON, MD, PHD:
[00:34:01]
Yes. And just that it's within them.
[00:340:03]

T.A. ROSOLOWSKI, PHD:
[00:34:04]
Yes. Yeah. Help each other. It was really funny. I did a creative nonfiction course at Rice University, and taught it. Then it was a few months after I had stopped, I always teach critique as part of writing, I was in a restaurant, kind of a coffee shop kind of a place, just doing some reading and writing, and this person -- I see this person come up to me in my peripheral vision, and she goes, "Excuse me, excuse me." She says, "Professor Rosolowski, I don't know if you remember me, but I was in your creative nonfiction class. I just wanted to tell you, our critique group is still meeting. In fact, we're right over there." Yeah. They were still meeting.
[00:34:44]

RITA CHARON, MD, PHD:
[00:34:44]
Oh my gosh.
[00:34:45]

T.A. ROSOLOWSKI, PHD:
[00:33:45]
So that becoming a community --
[00:34:46]

RITA CHARON, MD, PHD:
[00:34:46]
Wow. Yes, yes, yes.
[00:34:48]

T.A. ROSOLOWSKI, PHD:
[00:34:48]
-- for one another is so powerful. I mean, that's what you've been talking about all morning, is that

community of people. In your case, activists and interdisciplinary thinkers. It's so important to sustain that. Yeah. To understand it when it happens, and to keep it going. It's very cool.
[00:35:07]

RITA CHARON, MD, PHD:
[00:35:07]
But to see those kids still together --
[00:35:10]

T.A. ROSOLOWSKI, PHD:
[00:35:10]
Yeah.
[00:35:11]

RITA CHARON, MD, PHD:
[00:35:11]
What a triumph.
[00:35:12]

T.A. ROSOLOWSKI, PHD:
[00:35:13]
Yeah, well, actually, they weren't kids. These were professionals.
[00:35:16]

RITA CHARON, MD, PHD:
[00:35:16]
Oh.
[00:35:16]

T.A. ROSOLOWSKI, PHD:
[00:35:16]
They had taken a course as sort of -- it was part of their adult education. But they were still working, many of them, but they were making the time to do this.
[00:35:25]

RITA CHARON, MD, PHD:
[00:35:25]
To do some writing.
[00:35:26]

T.A. ROSOLOWSKI, PHD:
[00:35:27]
Yeah, yeah, and to be supportive of one another. It was very key. So interesting.
[00:35:33]

RITA CHARON, MD, PHD:
[00:35:34]
Wow.
[00:35:34]

T.A. ROSOLOWSKI, PHD:
[00:35:34]
I didn't want to lose sight. I just wanted to kind of connect the dots, I am keeping an eye on the time, too. Now, you said that clinical people don't get tenure, but -- so you never did?
[00:35:47]

RITA CHARON, MD, PHD:
[00:35:47]
Mm-mm.
[00:35:48]

T.A. ROSOLOWSKI, PHD:
[00:35:48]
But you got to full professor?
[00:35:49]

RITA CHARON, MD, PHD:
[00:35:51]
But it still -- the clinical -- it's Professor of Medicine at Columbia University Medical Center. So no, tenure is reserved for the scientists.
[00:36:03]

T.A. ROSOLOWSKI, PHD:
[00:36:04]
The scientists.
[00:36:05]

RITA CHARON, MD, PHD:
[00:36:05]
OK. That's how it goes.
[00:36:06]

T.A. ROSOLOWSKI, PHD:
[00:36:07]
Now tell me a bit about -- because we're interested in the whole perspective of women competing for these sorts of things. Now, what was your experience -- here you are, a woman. How many female faculty are there who were kind of your colleagues at --
[00:36:27]

RITA CHARON, MD, PHD:
[00:36:28]
In general medicine, they're mostly women.
[00:36:29]

T.A. ROSOLOWSKI, PHD:
[00:36:29]
They're mostly women?
[00:36:30]

RITA CHARON, MD, PHD:
[00:36:30]
Mm-hmm.
[00:36:30]

T.A. ROSOLOWSKI, PHD:
[00:36:31]
OK.
[00:36:31]

RITA CHARON, MD, PHD:
[00:36:31]
Well, maybe half and half. There are a few women chairs, there are a few women division chiefs. There's efforts -- there's a Women in Medicine group that tends to form, It lasts six months or a year, and then it doesn't hold.
[00:37:01]

T.A. ROSOLOWSKI, PHD:
[00:37:02]
Interesting. Why is that, do you think?
[00:37:04]

RITA CHARON, MD, PHD:
[00:37:04]
I don't know. Maybe it seems a little futile. Columbia is a rather traditional organization. But I don't think it's any different from other places. What we were saying before, maybe the thing to hope for -- here's a thing to hope for. As women demanded more things like maternity leave, flexible hours, shared positions, they got them, and so did the men. So maybe the next stage in this work is going to be, with the women in the vanguard, to bring about a state of affairs where people don't have to work -- I work 100 hours a week. And maybe there will be a time when, in order to do well in this very demanding profession, you don't have to sacrifice so much. That would be true for the men and the women. I mean, you know. At MD Anderson, there must be people who effectively never leave their lab. Right?
[00:38:32]

T.A. ROSOLOWSKI, PHD:
[00:38:32]
Mm-hmm. Though I hear reports that the conversations with mentors and with division heads and department heads is changing, and that the scientists coming in now, and physician-scientists, and even clinicians coming in now, they want a family life. They want a life outside.
[00:38:50]

RITA CHARON, MD, PHD:
[00:38:50]
Yeah.
[00:38:50]

T.A. ROSOLOWSKI, PHD:
[00:38:51]
And so -- and they may have to make some compromises in terms of what they visualize as a future, career-wise, but there are different values. I mean -- yeah.
[00:39:05]

RITA CHARON, MD, PHD:
[00:39:05]
Yeah. When were we saying that? About -- well, yeah, it was about the paternity leave. I think this is not unique to medicine. I think the same might be the case in the rise to partner in law firms.
[00:39:26]

T.A. ROSOLOWSKI, PHD:
[00:39:26]
Oh, yeah.
[00:39:26]

RITA CHARON, MD, PHD:
[00:39:27]
The stay-up-all-night in the hedge fund world. Whatever the madness is in Washington. Don't you think?
[00:39:38]

T.A. ROSOLOWSKI, PHD:
[00:39:38]
Oh, yeah. Oh, yeah. I think we're starting to see some shift -- now -- I remember when I was a kid, we'd go out, you never saw fathers interacting with their children.
[00:39:50]

RITA CHARON, MD, PHD:
[00:39:51]
Right. Right.
[00:39:51]

T.A. ROSOLOWSKI, PHD:
[00:39:51]
You just didn't see it. Absent dad. Now, you see dads carrying children. It used to be men wouldn't even carry children, because it was emasculating. That's just not the case anymore. When you have men that are bonding with their kids, you have men that want to spend time with their kids.
[00:40:08]

RITA CHARON, MD, PHD:
[00:40:08]
That's right. That's right.
[00:40:09]

T.A. ROSOLOWSKI, PHD:
[00:40:09]
So that is changing.
[00:40:10]

RITA CHARON, MD, PHD:
[00:40:10]
That's right.
[00:40:11]

T.A. ROSOLOWSKI, PHD:
[00:40:12]
It's just culture change like that is really much slower than many of us would like to see.
[00:40:17]

RITA CHARON, MD, PHD:
[00:40:17]
Right. No, but you're -- it is the case. I think medicine will be one of the last ones to -- because the work itself, it's not like it lets up.
[00:40:32]

T.A. ROSOLOWSKI, PHD:
[00:40:32]
No.
[00:40:32]

RITA CHARON, MD, PHD:
[00:40:33]
And again, the person in a law firm, or a hedge fund, or in legislative -- you know, a congressman, a senator -- it doesn't let it up, It's not like the stakes are any lower in some of these other things. But I agree that there's inexorable movement toward more personal joy, satisfaction, gratification. So this is good.
[00:41:11]

Chapter Twelve
Collaborative, Interdisciplinary Groups as 'Leader Incubators'

In this chapter, Dr. Charon talks about her ability to bring interdisciplinary groups of people together. She briefly talks about her second marriage and divorce. 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.

T.A. ROSOLOWSKI, PHD:
[00:41:12]
It is good. It is good. I'm curious, too, that whole issue of working in an interdisciplinary way, in an institution that's based on boxes, with pretty crisp divisions. What were your conversations like as you're moving through assistant to associate to professor? Were there conversations about this interdisciplinary work? Were there questions about it? How did that play into the way you were perceived as a professional, as a person with credibility Impact?
[00:41:51]

RITA CHARON, MD, PHD:
[00:41:52]
Well, I think it turned out to be one of the things that I loved to do and was pretty good at, which was to bring together groups of unlike people. I had this circle for the NEH, and then around the same time -- I think it started in 2004 or five, I forget -- I got a big NIH grant to bring together people in the department -- not just Department of Medicine -- kind of through the whole medical center -- people who'd teach medical students how to do the interview, and the kind of ethics and values, and the social and cultural aspects of -- It was the same kind of thing, of having a big table. We even met in the same room that we used to meet in, with internists and gynecologists and pediatricians and psychiatrists, all of us committed to a particular teaching task. It was -- these courses for medical students are not unlike the open classroom, where it's not sitting down and giving a lecture, but a small group seminar, and you read together, and we're all doing writing now, but with a lot of peer learning and teaching. This was just a great pleasure to me, to bring people to these tables who didn't know one another, but would get to know one another, and the collegial aspect. This became -- this group that started with this one grant is still in operation. We meet once a week. It's really the -- [cell phone rings]
[00:43:41]

T.A. ROSOLOWSKI, PHD:
[00:43:41]
Whoopsie.
[00:43:42]

RITA CHARON, MD, PHD:
[00:43:42]
I've never heard that.
[00:43:43]

T.A. ROSOLOWSKI, PHD:
[00:43:43]
That's a really strange noise.
[00:43:45]

RITA CHARON, MD, PHD:
[00:43:49]
Oh, I see. It's --
[00:43:50]

T.A. ROSOLOWSKI, PHD:
[00:43:50]
Should I pause for a sec?
[00:43:51]

RITA CHARON, MD, PHD:
[00:43:52]
No, no, no. There's, like, 10 different dates of meetings that I have to go to, but they just come all at once. I'm sorry. That was interdisciplinary in another direction.
[00:44:06]

T.A. ROSOLOWSKI, PHD:
[00:44:06]
Now, did all these folks who were part of this know you, or -- so they did?
[00:44:11]

RITA CHARON, MD, PHD:
[00:44:12]
Yeah.
[00:44:12]

T.A. ROSOLOWSKI, PHD:
[00:44:12]
Yeah. I'm curious, because it would seem like it would also be an opportunity for you to get in front of people who might not see the full potential of what you do and suddenly witness it, like, oh my gosh.
[00:44:26]

RITA CHARON, MD, PHD:
[00:44:26]
Well, that's it, because these things are all very experiential. Meanwhile -- I haven't talked about my family at all. Meanwhile, I'm married. I inherit step-children.
[00:44:36]

T.A. ROSOLOWSKI, PHD:
[00:44:36]
Oh, OK.
[00:44:37]

RITA CHARON, MD, PHD:
[00:44:37]
I have a whole other kind of table.
[00:44:39]

T.A. ROSOLOWSKI, PHD:
[00:44:39]
And when did you marry?
[00:44:41]

RITA CHARON, MD, PHD:
[00:44:42]
Well, we were together since ’89. We married in ’93. We separated not too long ago. But it was 20 years worth of 20 people for Thanksgiving and Seder every year, and grandkids, and...
[00:45:02]

T.A. ROSOLOWSKI, PHD:
[00:45:03]
And your former husband’s name?
[00:45:04]

RITA CHARON, MD, PHD:
[00:45:04]
He -- Bernard is his name, Gross, G-R-O-S-S. He had three children from a former marriage. We had a whole household, with different circles around the table. He would come with me a lot to these medical meetings. We went -- he was with me at Bellagio.
[00:45:28]

T.A. ROSOLOWSKI, PHD:
[00:45:30]
Is he in medicine as well?
[00:45:31]

RITA CHARON, MD, PHD:
[00:45:31]
No, no, no, he was in the advertising business.
[00:45:34]

T.A. ROSOLOWSKI, PHD:
[00:45:34]
Oh, OK.
[00:45:34]

RITA CHARON, MD, PHD:
[00:45:35]
Yeah. Also a very good writer. So all of this was happening all at the same -- it’s like I was having Seder at the -- everybody read in turn, you know -- at the hospital. And there were a lot of times when he would say, “Come on, let’s go out to East Hampton.” We had a house out there. I would say, “I’ve got to stay here and do this work.” So even within the marriage, it was very tense at times, because the stuff -- and the more I was doing, the more I had to do.
[00:46:16]

T.A. ROSOLOWSKI, PHD:
[00:46:19]
Now, did he -- because what I have found is sometimes, with two-career couples, when there's someone who's academic and the other person isn't, the person who isn't, they just don't get the pressures. That was sort of what was going on?
[00:46:29]

RITA CHARON, MD, PHD:
[00:46:30]
Yeah, yeah. He would get very upset, for example, if he met some of my colleagues and they weren't all that interested in his work. He'd say, "What do they think I am?" It's the nature of these very intense -- I think academic even more than clinical. It's almost like we're not terribly polite to people outside of our little circle, and we gab away about who's writing this, and did you see her latest book. You know.
[00:47:08]

T.A. ROSOLOWSKI, PHD:
[00:47:08]
Yeah. I mean, I have to say, I experienced that. I'm a former academic, but once I became former, I fell outside the club.
[00:47:16]

RITA CHARON, MD, PHD:
[00:47:17]
Yeah. Yeah, yeah. And you don't see -- it's pinching when you're inside it. There was always something about these circles [in narrative medicine] that were a little whacky. They were not division meetings, and they were not, "OK, have you got the grant proposal in yet?" They were much more creative and freewheeling. I'm not the chair. People take turns kind of being the chair and organizing what we're going to do. The second one -- not so much this one, because that was outside of the medical center. These were mostly main campus faculty: English, writing, philosophy.
[00:48:18]

T.A. ROSOLOWSKI, PHD:
[00:48:19]
Just for the record, Dr. Charon is pointing to the book *The Principles of Practice of Narrative Medicine*. It just came out.
[00:48:25]

RITA CHARON, MD, PHD:
[00:48:25]
Yes, thank you. Whereas at the hospital, it was people who really live there, and especially the ones who volunteer -- actually, I made it happen that they get paid now -- but who teach these very demanding courses to medical students, where you meet with a group of 12 students once a week for a year and a half.
[00:48:50]

T.A. ROSOLOWSKI, PHD:
[00:48:51]
Oh, wow.
[00:48:51]

RITA CHARON, MD, PHD:
[00:48:52]
For a year and a half. Then, even beyond that, there's contact -- it's not every week, but these faculty member continue as preceptors for the whole four years. So these are major commitments. What they're teaching the students is not the pharmacology, but what does this work demand of you? What do you owe to it? What happens between you and patients? What happens to your own memories of sickness or death in your families? What's the right thing to do? And especially as these students then go on to the wards and see how it works, they become very cynical, they see terrible things being done, which are terrible only because their eyes are very naïve, but yet there they are. So all I'm saying is that these are really, really committed idealists, who want, through the education of the younger students, to bring about a better medicine, and they become the role models for the students. So this group has become kind of the breeding ground for leaders. From our little circle that meets once a week and feels very comfortable with one another, we have had clerkship directors, and course directors, and major grant-getters. It's the leadership stew. Not so much for the science NIH grant part at all, but for the clinician educator who wants a role in forming and shaping the education.
[00:51:05]

T.A. ROSOLOWSKI, PHD:
[00:51:06]
Now, how does the group serve that role? What does it provide that creates a leadership capacity?
[00:51:15]

RITA CHARON, MD, PHD:
[00:51:15]
We have nominal tasks. We're all teaching this course, that now, as I say, extends all four years. So different people have different pieces of it. There's a course director, which is not me. We started a program for medical students where they do have a portfolio, where they really are writing and saving their writing, I asked another young pediatrician to kind of run that. So different people have different roles. There's a marvelous pediatrician who's been teaching us motivational interviewing, which is another kind of approach. Over the years, whenever there's an opening -- you know what a clerkship is, right?
[00:52:06]

T.A. ROSOLOWSKI, PHD:
[00:52:07]
You should explain it. I don't know if I really do.
[00:52:08]

RITA CHARON, MD, PHD:
[00:52:09]
It's the training that a medical student gets within actual clinical work. For 12 months during the year, our students do five or -- I don't know how many there are -- six clerkships, which is the name for a very intensive, four or five or six-week period of time that they spend mostly in the hospital, in a particular department. So they'll do six weeks in internal medicine, in the hospital, under the supervision of internists, working very hard, interviewing patients, admitting them, doing the physical exam, writing the orders, presenting their case to the attending physician. Then they go do four weeks of pediatrics, OB/GYN.
[00:53:02]

T.A. ROSOLOWSKI, PHD:
[00:53:01]
So what they used to call rotations.
[00:53:03]

RITA CHARON, MD, PHD:
[00:53:03]
Rotations, same thing. Neurosurgery, emergency medicine, all the rest. So over the past many years, whenever there's an opening for the director of these things -- somebody leaves to go someplace -- they take somebody else from my group, that my group becomes the breeding ground. And why is that? Because even if you're not teaching the course that particular year, you're going to come. We still call it K07, which was the NIH grant that I got way back there. We come to K07, and bring their lunch, and sometimes we talk about the course. Last Wednesday, I had a guest. I was -- this is a good story. I get an email sometime, I don't know, early summer, from Tim Pedley, who's the former chair of Neurology. Very influential, kind of elder statesman clinician, neurologist. He was the chair of Neurology for, I think, 20 years. He sends me an email. "I got this from my colleague at Oxford, England. Do you think there's a way to fulfill her request?" It was an introduction to a woman who is like a patient advocate for people with encephalitis. She was the director of the Encephalitis Society of England, and she had just published a book, and she was on a book tour, and she was going to be in New York, Is there any way she could come present this work to a group of faculty or students? Now, as it -- well, anyway. So Pedley sends me this. He says, "Is there some way you could kind of arrange an audience?" Now, I don't care very much about encephalitis. I didn't know this woman, the writer. I didn't know the neurologist in Oxford. But Tim Pedley wants me to do something, I'd like to do that. It's an important thing to do, so I say sure. I brought her to this group, I arranged ahead of time, I sent excerpts from the book around. It interested me, because a lot of what we do with our students is to help them understand why the stories are important. So it was a good place to bring -- so people came. It had nothing to do with the course we teach, but it was another dimension of what we're really about, and there was fantastic, deep conversation about the implications of people putting their own stories of illness out into the public, and possibility for exploitation if doctors or somebody else takes the story. You have concerns about this, I'm sure.
[00:56:11]

T.A. ROSOLOWSKI, PHD:
[00:56:12]
Sure.
[00:56:12]

RITA CHARON, MD, PHD:
[00:56:14]
That's just an example of the kinds of things that this group might do. This was just purely for their own benefit. So Tim Pedley showed up. I had no idea he would himself. He showed -- he says, "Well, I figured I'm the one who" -- you know. He had never met any of these other clinicians, and before we started, I filled him in a little on what this course was. "Really? They're with the students for four years? They come here once a week?" It was lovely. Then toward the end of this hour-long seminar, where this woman is very earnestly telling us all this very moving stuff about people with encephalitis and how poorly understood they are and the disease is, and then Tim Pedley kind of leans forward and says, "Well, this is the case in neurology, because the disease is in the brain, and the brain is what makes the self so" -- he was, like, in this deeply philosophical -- leaning forward, and all my junior faculty are just, like, looking. It was stunning. So the --
[00:57:36]

T.A. ROSOLOWSKI, PHD:
[00:57:37]
And you felt that he was talking about this in a different way than he normally did, or...?
[00:57:41]

RITA CHARON, MD, PHD:
[00:57:41]
Oh, I don't know. This is the first time I actually meet him. No, it wasn't that, but he showed a very philosophical side of the senior neurologist. He does epilepsy research. But to see him kind of contemplating his own discipline --
[00:58:03]

T.A. ROSOLOWSKI, PHD:
[00:58:04]
Interesting.
[00:58:04]

RITA CHARON, MD, PHD:
[00:58:04]
-- was stunning. So we brought out the contemplative.
[00:58:10]

T.A. ROSOLOWSKI, PHD:
[00:58:12]
Yeah. Which is a nice mode for people to see, as opposed to the authoritarian, empirical --
[00:58:22]

RITA CHARON, MD, PHD:
[00:58:22]
That's it.
[00:58:22]

T.A. ROSOLOWSKI, PHD:
[00:58:23]
-- lab person.
[00:58:24]

RITA CHARON, MD, PHD:
[00:58:24]
That's it.
[00:58:25]

T.A. ROSOLOWSKI, PHD:
[00:58:25]
Yeah. Yeah.
[00:58:26]

RITA CHARON, MD, PHD:
[00:58:26]
We brought out the contemplative.
[00:58:28]

T.A. ROSOLOWSKI, PHD:
[00:58:28]
Very interesting.
[00:58:29]

RITA CHARON, MD, PHD:
[00:58:29]
See?
[00:58:29]

T.A. ROSOLOWSKI, PHD:
[00:58:32]
Should we break for this morning? OK. Is that...
[00:58:36]

RITA CHARON, MD, PHD:
[00:58:36]
Yeah.
[00:58:37]

T.A. ROSOLOWSKI, PHD:
[00:58:37]
OK. Then you can let me know.
[00:58:39]

RITA CHARON, MD, PHD:
[00:58:39]
Let me make sure that I put your --
[00:58:41]

T.A. ROSOLOWSKI, PHD:
[00:58:41]
Let me just say for the record, we are turning off the recorder at 20 minutes of 1:00.
[00:58:45]

Evening Session

Chapter Thirteen
Creating and Teaching Narrative Medicine: A New Field and a Tool to Alter Encounters

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 about the first Narrative Medicine Conference in 2003.

T.A. ROSOLOWSKI, PHD:
[00:00:02]
OK, we are recording, and for the record, I want to say it is about eight minutes after 5:00. We're doing our later afternoon session on November 18th, 2016, with Dr. Rita Charon. So, all right. So we had strategized a little bit before we started, turned on the recorder, and decided we wanted to focus really on the narrative medicine. I guess we kind of left off when you had started your group that was collaborating, and what's kind of the next development? Just from my own perspective, very interesting conversation, because it's sort of a window into the formation of a new field. So it's quite significant.
[00:00:51]

RITA CHARON, MD, PHD:
[00:00:51]
And we didn't know that we were creating a new field. First, it was just a name that came to me, narrative medicine, because I was writing a paper for JAMA, I didn't know what to call it. It was these thoughts that were forming in my mind. It almost was "The Narrative Hemisphere of Medicine," or "The Narrative Dimensions of Medicine," but those titles seemed too soft. So when the phrase "narrative medicine" came into my mind, I said immediately, that's much better, because it's a noun. It's a thing. I can practice narrative medicine, just like I practice internal medicine, or nuclear medicine. I appreciate it, literally because of its part of speech. That's what I called that essay, and that turned out to be the beginning of the field.
[00:01:51]

T.A. ROSOLOWSKI, PHD:
[00:01:52]
So the essay was called “Narrative Medicine”?
[00:01:54]

RITA CHARON, MD, PHD:
[00:01:54]
Mm-hmm.
[00:01:54]

T.A. ROSOLOWSKI, PHD:
[00:01:54]
OK.
[00:01:55]

RITA CHARON, MD, PHD:
[00:01:55]
“Narrative Medicine: A Model for” -- and there were four words after. Empathy, respect, profession, and trust, something like that. It was the first time that I set out the territory that this was a framework for fortifying all that we do in medicine with narrative skill. To listen, to recognize, to be absorbed into the story of another. To know what to do with that story. To learn more by writing. I conceived of it as something that could influence relationships of many kinds. First, the doctor/patient, or -- the more we worked, the more we widened this to clinician/patient, because we work a lot with nurses and social workers.
[00:02:49]

T.A. ROSOLOWSKI, PHD:
[00:02:49]
Sure. I’m sorry, what year is this published?
[00:02:52]

RITA CHARON, MD, PHD:
[00:02:54]
I think it was 2000, or maybe 2001. So it influenced, first off, the clinician/patient relationship, in very intimate ways, and ways already which I knew could alter what happened. That with a narratively competent encounter, different things were heard. Different problems were identified. If a patient is given leave to say what really is the matter, you learn different things, so that it alters the diagnostic routine, as well as does it alter the relational routine. But then it didn’t stop there, because there were narrative consequences for relationships with colleagues in teams -- I’m just going to turn this off.
[00:03:54]

T.A. ROSOLOWSKI, PHD:
[00:03:55]
Sure. I’ll just put it on pause while you do your tea. Or did you want to make it --
[00:03:59]

RITA CHARON, MD, PHD:
[00:03:59]
I’ll have it later.
[00:03:59]

T.A. ROSOLOWSKI, PHD:
[00:04:00]
OK.
[00:04:00]

RITA CHARON, MD, PHD:
[00:04:01]
So it's doctor/patient, it's doctor/colleague, and we foresaw, although we didn't foresee it clearly, that this framework, this way of thinking, this way of training, would influence health care teams. That it makes a big difference if a team of doctors, nurses, social workers, psychotherapists, clerical staff gather together, as we talked about this morning, reading something together, exposing a different frame of mind -- is something that you said -- writing, reading to one another. When we do this in teams, we discovered, there are real consequences.
[00:04:41]

T.A. ROSOLOWSKI, PHD:
[00:04:41]
And what are some of those consequences?
[00:04:43]

RITA CHARON, MD, PHD:
[00:04:44]
First of all, the team, even if they've been working together for a long time, are quite very separate. They say, "I didn't know that." People they've been working with for a decade. Because it's not official business, we're not talking about patient care or diagnostic lessons. We're talking about a poem we've just read together, which has something to do with dying, and we're writing about it, and we're reading aloud. And so the creativity arises, and so the colleagues see it. There are always tears. There are always kind of breakthroughs. "I haven't thought about that in 20 years." If you give a prompt about something having to do with care, invariably, somebody writes about the first patient who died, when she was an intern, and she's now in her fifties, with "I haven't thought about that since."
[00:05:46]

T.A. ROSOLOWSKI, PHD:
[00:05:47]
Now, I have a question, because when I've had conversations about this kind of collegial sharing, for example at MD Anderson, people immediately say, "That would really be a problem, because how would we relate to one another as professionals once we do that sharing?"
[00:06:08]

RITA CHARON, MD, PHD:
[00:06:08]
No, not to worry.
[00:06:10]

T.A. ROSOLOWSKI, PHD:
[00:06:10]
Well, I can't imagine that it would be, but that's -- has anyone said that to you?
[00:06:14]

RITA CHARON, MD, PHD:
[00:06:15]
Well, there are differences when we do this among strangers, as compared to when we do this in a workplace. So when we do this among strangers, we have these very intensive workshops. People come for a weekend, and then they go away. So they're strangers, although many of them stay in touch. But that can allow for even more risk-taking.
[00:06:40]

T.A. ROSOLOWSKI, PHD:
[00:06:42]
The whole *Strangers on a Train* kind of -- you know, we'll share, share.
[00:06:45]

RITA CHARON, MD, PHD:
[00:06:45]
When we -- we were considering doing a much deeper probe into why is it that doctors and nurses can't get along. What really are the forces that keep us apart? What are the assumptions we make about one another? That, we thought, we should not do among colleagues. If we wanted to open that kind of conversation, we should get kind of people from different hospitals together. So if it pertains particularly to the colleague, you're wise to not open something like that on an actual team. But otherwise, the narrative medicine work of reading together, talking about something, looking at a photo, a painting, listening to music, but always joining in looking, thinking, observing, wondering what is this about, and then doing some writing, that that kind of, almost magically, when they then start reading to one another -- "Look at what we did. Look at what we did." And there's this really kind of -- it's almost a childish joy. I say to them, "We're makers. We just made something." Right? We're makers.
[00:08:14]

T.A. ROSOLOWSKI, PHD:
[00:08:18]
Have you -- what have people told you about the impact of that outside that focus, narrative medicine experience, where they're actually doing that little creative work?
[00:08:32]

RITA CHARON, MD, PHD:
[00:08:33]
Well, then they say it spills out onto the wards. So now I will tell you about one piece of research we did. This was at -- I didn't finish the story.
[00:08:40]

T.A. ROSOLOWSKI, PHD:
[00:08:41]
Oh, I'm sorry.
[00:08:41]

RITA CHARON, MD, PHD:
[00:08:41]
I could have gone on and on, but --
[00:08:42]

T.A. ROSOLOWSKI, PHD:
[00:08:42]
You can -- please.
[00:08:43]

RITA CHARON, MD, PHD:
[00:08:44]
I don't know how you want to do this.
[00:08:47]

T.A. ROSOLOWSKI, PHD:
[00:08:46]
No, no, no, you tell me.
[00:08:47]

RITA CHARON, MD, PHD:
[00:08:46]
In order or not in order.
[00:08:47]

T.A. ROSOLOWSKI, PHD:
[00:08:47]
If you -- oh, please do continue the story.
[00:08:49]

RITA CHARON, MD, PHD:
[00:08:50]
Because, actually, there is an order to it. Because -- huh. So when I got the first group together at the very beginning, I had just come up with the name. I didn't know quite what it meant. [The National Endowment for the Humanities awarded us their biggest grant, the Exemplary Education Award, that funded this team for 2 years. Over those two years and beyond.] We met very intensely. There, we did develop some teaching programs. That group of us that I told you about from the different -- mostly humanities disciplines -- we started to understand something about the primacy of the writing, something about the primacy of the creative work, also of the spontaneity of it, that we did this as a group, sitting there together, in a kind of fertile silence as we wrote. It felt as if the companionship of the others was part of the experience. Then the reading aloud, with very great attention that we paid to, what does one say in response? This is the hardest thing to teach. You don't say -- or it's not useful to say, "I'm sorry that happened to you," or "So what did you do next?" or "What do you wish you had done differently?" or "The attending shouldn't have done that," or "Maybe it was asthma." These are all the things that can be said. Indeed when I try to train clinicians to do this in groups with their students, I have to train them out of saying, "Sounds like congestive heart failure." Or, "Don't worry, you'll do it better the next time." Or, "It wasn't your fault." That's not the point. The point is to treat the piece of writing as a piece of writing. It is text, and whenever the -- you just go back to the text, and you say, "Look at how the first paragraph is third person, and then where did the 'I' come from? How come it waited that long to come?" Or you say, "Look, your sentences here are so short, and here there's a three-line sentence with all those 'howevers' and 'wherefores.' What is that about?" Right?
[00:11:19]

T.A. ROSOLOWSKI, PHD:
[00:11:19]
Close reading.
[00:11:20]

RITA CHARON, MD, PHD:
[00:11:21]
It's close reading. It's kind of workshopping. It's treating the text as a text. Now, we didn't understand why. We knew it was important. We didn't quite know why. It's what we all found ourselves doing as we sat around the table writing. We would be -- now, we're all literary types. But there was nothing psychotherapish about it, because it was triangulated onto the text. That it was --
[00:11:50]

T.A. ROSOLOWSKI, PHD:
[00:11:50]
That always prevents that.
[00:11:51]

RITA CHARON, MD, PHD:
[00:11:51]
Mediated by the text. So that, what you say in response, becomes the difference between a support group and a narrative medicine session.
[00:12:06]

T.A. ROSOLOWSKI, PHD:
[00:12:07]
I see. OK.
[00:12:08]

RITA CHARON, MD, PHD:
[00:12:08]
All right?
[00:12:08]

T.A. ROSOLOWSKI, PHD:
[00:12:09]
Mm-hmm.
[00:12:09]

RITA CHARON, MD, PHD:
[00:12:10]
And there's always a lot of concern. It came up last night with my -- the PhD nursing seminar that I taught yesterday on narrative inquiry. They were talking about narrative interviews. Not exactly ethnographic interviews or open-ended, semi-structured interviews, but the kind of interview that the interviewer might ask one question, and then listen for 10 minutes, where the object -- It's quite similar to ours -- where the object is to hear an utterance whole, and to look, like I think you are looking in your work, for that which unifies it, that which makes the text a text, rather than the grounded theory approach, where you're coding, and you're counting themes, and you're percent-aging the themes. And as I was speaking with these nurses, I said, "It's not everyone who can do this." I'm not sure that even it should be done by researchers who are trying to answer research questions. That when it's a one-on-one in a clinical setting, interviewing patients about something, that the interviewer has to have something to give

back. There needs to be a return for the honesty and the forthrightness of the interviewee.
[00:13:49]

T.A. ROSOLOWSKI, PHD:
[00:13:49]
And how do you envision that?
[00:13:50]

RITA CHARON, MD, PHD:
[00:13:52]
Well, it's easy for us, because we're in health care. So the bonus, or the dividend, for the patient of the nurse or the physical therapist, is that their care is going to improve, or they'll not be afraid, so they'll be able to divulge more, learn more, take more part. But again, I divulge -- not divulge. What's the word?
[00:14:20]

T.A. ROSOLOWSKI, PHD:
[00:14:21]
Digress.
[00:14:21]

RITA CHARON, MD, PHD:
[00:14:21]
Because I want to make the story clear, that the first thing we did, as we realized using these methods ourselves, what made them useful, that it was reading something together, going seriously into what the text was, or the image, knowing how to write a good prompt, which is very hard -- and again, my clinician colleagues have a hard time not writing essay questions. Some of them with bullets in them. Whereas the best prompt is under 10 words. So by doing this ourselves, we kind of narrowed down what were the ingredients that made it work, and then we tried it. We got some money from [RC addition: the Milbank? Merritt? Maxwell? I have to go find the name of the] foundation, and we offered a training workshop. We designed it based on what had worked for us. The first one was in 2006. We put out little paper leaflets. This was before MailChimp and all the rest of it. Paper leaflets. We mailed them to people. We had already, by then, had one big meeting. We held a symposium in 2003, a narrative medicine -- I think we called it colloquium. It was at Columbia, on the main campus, It was kind of our unveiling in public. Again, we made these fancy brochures, and we mailed them all over the place and put them on websites and various things.
[00:16:12]

T.A. ROSOLOWSKI, PHD:
[00:16:12]
Who was involved in the colloquium?
[00:16:13]

RITA CHARON, MD, PHD:
[00:16:14]
My same crew were the planners, and then we invited some quite renowned people. We had Dominick LaCapra there. We had --
[00:16:27]

T.A. ROSOLOWSKI, PHD:
[00:16:27]
I took a course from him.
[00:16:28]

RITA CHARON, MD, PHD:
[00:16:28]
See? We had -- Jerome Bruner came. Steven Marcus. Chuck Anderson. James Olney, who edited a very seminal collection in autobiographical theory. [ ] Steven Marcus was there and gave a talk. Shlomith Rimmon-Kenan from Jerusalem. So it was a gathering of heavy-hitting narrative theorists [with an audience mostly made up of clinicians and scholars trying to learn how to inject narrative theories and methods into health care].
[00:17:11]

T.A. ROSOLOWSKI, PHD:
[00:17:11]
Yeah.
[00:17:11]

RITA CHARON, MD, PHD:
[00:17:12]
Trauma theory, narrative theory. Of course, Bruner with his, first, cognitive psychology, and then more a social psychology. There were -- like, 150 people came, It was magnificent. We had plenaries, and we had small groups. It was this kind of, what have we got here? It was the unveiling. See?
[00:17:37]

T.A. ROSOLOWSKI, PHD:
[00:17:37]
Yeah.
[00:17:37]

Chapter Fourteen
Narrative Medicine Workshops and Growth of the Graduate Program

In this chapter, Dr. Charon sketches how offering narrative medicine (starting 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.

RITA CHARON, MD, PHD:
[00:17:38]
So by 2006, we started giving these workshops. They were weekend, Friday, Saturday, Sunday. The first one we had, I think there were 30 people, or 40, something like that. It was first on the main campus. It was in the School of Social Work. And right from the beginning, people were coming from far away. So Shlomith comes in from Israel for this conference. There were people from inside Columbia, from other places in New York, and from kind of all over.
[00:18:15]

T.A. ROSOLOWSKI, PHD:
[00:18:16]
Now, were these workshops focused on people teaching narrative medicine or learning, or kind of both?
[00:18:22]

RITA CHARON, MD, PHD:
[00:18:22]
Well, both, because it didn't really exist very much. So they came because they were curious. Many of them were colleagues of ours from the medical humanities and literature and medicine, bioethics, and then some were teaching in medical schools and nursing schools, and some were just practicing, trying to find ways to make their practice better. So -- and with really the same things that we're doing today. We haven't changed it very much. We keep doing it two or three times a year. The last one we had, there were over a hundred people. But it stayed pretty much the same formula, of doing some kind of plenary talks. Craig gives a talk about the kind of phenomenology and the philosophical foundations of our work. Maura, who is a cinema scholar, in addition to a Victorianist, always brings the group through some films. She usually chooses films that depict scenes of witnessing. So it's really a talk about witnessing. Nellie Hermann, the novelist, talks about, don't you dare think you're not creative, and what happens when you make things up. She usually reads -- it's fantastic -- she reads one of her own published stories to the group, but she stops before the end.
[00:20:00]

T.A. ROSOLOWSKI, PHD:
[00:20:02]
That's fun.
[00:20:02]

RITA CHARON, MD, PHD:
[00:20:03]
And she says, "You finish the story." Yeah, so we do that. Then the small groups, very intense. We put eight people in a small group. They stay in the same group of eight for the entire weekend. Faculty rotate through, but they own the group. They go to the same room. They get their own -- they usually sit in the same seats. And we, the teachers, are just like visitors.
[00:20:27]

T.A. ROSOLOWSKI, PHD:
[00:20:28]
Hmm, interesting.
[00:20:29]

RITA CHARON, MD, PHD:
[00:20:29]
So over the two and a half days, they get very bonded, like your --
[00:20:36]

T.A. ROSOLOWSKI, PHD:
[00:20:37]
Yeah, the writing students.
[00:20:37]

RITA CHARON, MD, PHD:
[00:20:37]
-- writing group.
[00:20:37]

T.A. ROSOLOWSKI, PHD:
[00:20:38]
Sure. Now, in the small groups, what do they produce over the course of those days?
[00:20:43]

RITA CHARON, MD, PHD:
[00:20:43]
So each one gets a small red Moleskin. You know the...? We've gone through thousands of Moleskins. Nellie starts on the Friday evening. She reads a story, and she stops, and she says, "OK, you finish the story." She gives us five minutes. So that goes into the red book. Then from -- each one of the sessions has some writing. It's either reading something together and then writing to a prompt. Sometimes it's interviewing. We have them pair up, and they interview one another about significant elements in their lives. Then the one -- the interviewer then has to write down what they heard, and the person interviewed has to write down what it was like to be heard. Sometimes we do that in triads, where you can see the difference between what the two listeners hear. And at the end, on the last day, just before they leave, we have them read through the book. And there are plenty of other things. One is very simple, the first thing we do: write the story of your name. It's lovely, and very culturally rich.
[00:22:03]

T.A. ROSOLOWSKI, PHD:
[00:22:04]
Yeah. Yeah, I'm sure. I'm sure one of those lightning bolt things that reveals a lot of things to people

about each other that were not known before. If it's -- yeah.
[00:22:13]

RITA CHARON, MD, PHD:
[00:22:14]
If you haven't thought about it a lot, it can be very moving. So then they reread everything they've written, and they see things, even in that short period of time. We do this with our students, but it's over a whole semester -- the medical students. Read what you've got in your portfolio this semester, and tell us what you see. If your writing is a mirror, what do you see? And they see a lot. They see a lot. It's their long look back. And we do it at the end of every semester, so you're talking 12 months, 18 months, 24 months.
[00:22:51]

T.A. ROSOLOWSKI, PHD:
[00:22:51]
Wow, I'm sure people have gotten a real interesting view. I mean, everybody exists in a self that's a moving new normal, and so when you have something out there that's really a map of how you've been transformed, it's very revealing.
[00:23:07]

RITA CHARON, MD, PHD:
[00:23:07]
Ordinarily, when people do keep journals or whatnot, typically they're the only ones who read it. I don't believe in that. I think every writer needs a reader. So in this, as they're writing this stuff, they're reading it to one another. Not always the whole group, not always everybody. Sometimes we pair them up and have them read in dyads. But it's not something secret that you write to yourself and never read again. And so they will write what they see, and then they'll read that aloud, so that they're always getting this kind of confirmation, or not.
[00:23:52]

T.A. ROSOLOWSKI, PHD:
[00:23:53]
It's also an exercise in self-awareness --
[00:23:55]

RITA CHARON, MD, PHD:
[00:23:55]
Well, sure.
[00:23:55]

T.A. ROSOLOWSKI, PHD:
[00:23:56]
-- that some people may never have practiced before.
[00:23:57]

RITA CHARON, MD, PHD:
[00:23:57]
Right. Right. Right. So the workshops have -- we designed them early, but they have been the way that others have learned about our work. The word is out. There's a big following from the States, from Canada, from Western Europe, Eastern Europe, UK, Jerusalem, Turkey, Beijing, Tokyo, you know. And what has happened over the years is that those contacts, some of them, are now developing into more

robust programs elsewhere. But back home, we launched these workshops. We had a couple other kind of -- not meetings at home, but we had -- we produced a jazz concert, which was really fun, the jazz theatre "My Coma Dreams" by Fred Hersch [ ] [about this eminent jazz pianist's near death in an ICU of as AIDS-related illness]. But we realized, after a few rounds of the workshops, that people would go home after two and a half days and think they could go do this. [ ] [They would try to replicate what they had undergone with their colleagues or students on their own, but they were really not able to do so. It is much harder to do than it looks. And without a deep grounding in the theory and practice, we thought it was risky to have people trying to do this by themselves without adequate training.] So first, we had -- so then we started an advanced workshop, and that was five days, or four days, It gave more kind of training in the what do you do in the small group. But still, it was very little. That's when we decided we had to start a graduate school, because if you want to do this yourself, it's up to us to give you the training necessary to do it. So it's a year -- well, it's a 38-credit master's. Some people do it in a year. It's hard. Most of them take at least two years. We're now -- it started in 2009. So we've got some 150 graduates.
[00:26:07]

T.A. ROSOLOWSKI, PHD:
[00:26:07]
Wow.
[00:26:07]

RITA CHARON, MD, PHD:
[00:26:08]
And the people who come are either on their way into health profession school, and they do this in that year when they're applying to schools. So they graduate in May, and they start medical school or nursing school in August. Others are clinicians -- doctors, nurses, social workers, veterinarian, psychoanalysts -- and they come to improve their practice. They teach us so much, because they kind of -- one woman was an internist who was in an HIV/AIDS practice and had been trying to write a book about her practice, Dr. Susan Ball. She had been taking care of AIDS patients since the beginning, so she saw all those gay men die in New York. By the time she was in school with us -- this was 2010 or so -- it was a chronic disease. As long as you took your medication, you were OK. She had been trying to write -- she knew there was a story there, and she herself was a very good reader. She had never written a book. She tried. She sent her manuscript to some friend of a friend who had an agent, I don't know, and the reader says, "You better not quit your day job," which is a very unkind way to say. So she came into the program wanting to write this book, so she did. So she did.
[00:27:52]

T.A. ROSOLOWSKI, PHD:
[00:27:53]
Great.
[00:27:53]

RITA CHARON, MD, PHD:
[00:27:53]
And the book is exquisite. It was published by Cornell University Press a couple years ago, It is a luminous story of the patients and what it was like to be caring for them. The name of it is, *Voices in the Band: A Doctor, Her Patients, and how the Outlook on AIDS Care Changed from Doomed to Hopeful.* So the mid-career clinicians who come in have a lot of very urgent work to do. Then there are writers. We've had novelists, playwrights, memoirists, persons who want to learn how to use their literary skills to improve patient care. Then there are some who themselves have gone through some ordeal. Cared for a husband while he died of lymphoma. We discover, sometimes, after the students are enrolled that they have suffered a rape, a trauma. So the graduate school has become really the heart of the work now.

We've got quite a few medical students at Columbia who graduated from the program. We just got a new one yesterday who was admitted. It is thrilling to have -- the kids that I trained are now students, interns, residents, and they're doing things with the other students, and they're continuing this work. So it's very exciting.
[00:29:39]

Chapter Fifteen
A Research Project on Pediatric Oncology

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 and talks about plans to expand the study.

T.A. ROSOLOWSKI, PHD:
[00:29:40]
Now, what is the impact that you're seeing? I know you were saying that there isn't a lot of evidence-based reporting on what the impact is, but what's the impression?
[00:29:54]

RITA CHARON, MD, PHD:
[00:29:54]
Well, now I can tell you about that pediatric study.
[00:29:57]

T.A. ROSOLOWSKI, PHD:
[00:29:57]
Oh, good, yeah.
[00:29:57]

RITA CHARON, MD, PHD:
[00:29:58]
So this was on the pediatric oncology floor, and we did a simple -- I think we said, we're going to have weekly sessions, an hour, just an hour. We brought lunch and we invited the members of the team, who were the oncologists, the fellows, the residents, the chemotherapy nurses, the child life therapists, the social workers, and we would read and write for an hour, doing the same kind of thing. Mostly we did use texts that had something to do with health care. Ordinarily we don't, but here it was very kind of hospital-related. A lot of it came from poetry by nurses about nursing. We did surveys at the beginning and end to see if there would be a difference in their stress levels. There was a perspective-taking instrument that I liked. It kind of measured your ability to imagine what other people -- and the questions are like, when you go to a movie, do you travel through the movie with one pers-- something like that. You know, those kind of --
[00:31:19]

T.A. ROSOLOWSKI, PHD:
[00:31:19]
Interesting, yeah.
[00:31:19]

RITA CHARON, MD, PHD:
[00:31:21]
And a kind of burn-out scale. By the end -- by the time they had taken just six of these, there were differences in those surveys. The one that I was most impressed with was that there was a stress score, and they had to note -- they gave them a fancy scale of some kind, but they had to have them assess their levels of stress, and they had to assign a reason for the stress. Was it because the children were all dying? Was it because their colleagues were not doing their work? Was it because they felt the hospital was not behind them? Was it because the science wasn't good enough? They really had them kind of assign. What we saw -- the stress was all very high. This was a place where children were dying. So the stress level itself did not change from beginning to end. In fact, I think it went up a little bit. It was equal among doctors and nurses. These were the two biggest groups, so we looked at that. Equal level of stress of doctors and nurses. It did not diminish by the end, but what it did was -- at the beginning, the nurses and doctors assigned the stress to very different things, and by the end, they agreed on where the stress came from.
[00:32:59]

T.A. ROSOLOWSKI, PHD:
[00:33:00]
Oh, that's interesting.
[00:33:01]

RITA CHARON, MD, PHD:
[00:33:01]
So it wasn't the doctor saying the nurses aren't doing their work. They found consensus.
[00:33:09]

T.A. ROSOLOWSKI, PHD:
[00:33:10]
Oh, wow.
[00:33:10]

RITA CHARON, MD, PHD:
[00:33:11]
So that told us that there was some shared revelations over the course of the thing. And the perspective-taking went up also, which I was thrilled at, because that's one of the main goals: can you imagine what another person is going through? It's not exactly the same as empathy, which has too many meanings, but can you imagine what must it be like? What might it be like? So we were very happy with that. Then, in focus groups afterwards, we asked them, what was this like for you? What happened as a result? One of them said those words: "This spilled out onto the wards." Because they're all taking care of the same patients. It wasn't -- it was -- in part, it was, well, now I know, because the social worker said that the mother was going to be late tonight. It wasn't just that. It was that they -- how did they say it? That they were more together in the care. It spilled over.
[00:34:17]

T.A. ROSOLOWSKI, PHD:
[00:34:18]
I can see where you said there are implications for team-building.
[00:34:21]

RITA CHARON, MD, PHD:
[00:34:21]
Yes.
[00:32:21]

T.A. ROSOLOWSKI, PHD:
[00:34:22]
For sure.
[00:34:22]

RITA CHARON, MD, PHD:
[00:34:23]
Yes, and that was the beginning. So we're now doing a much more rigorous version of that. I can't give you the results, because we're about three-quarters of the way in. This is funded by the Macy Foundation. It's at three different clinics. One is Medicine, one is Pediatrics, and one is Family Medicine, all part of Columbia. These clinics have mandated team meetings, where, again, doctors, nurses, receptionists -- in one of them, the security guard goes. They have time when they all must go to these meetings, and usually what they do at the team meetings is either talk about problem patients or some practical situation with the clinic. There's not enough parking spaces, or the electronic medical record is not giving us the right information, or -- things like that. Who should be doing the weights in the -- yeah. So once a month, they gave us the team meeting for us to do narrative work. I let one of my associates – Deepu Gowda, he's an Associate Professor in Medicine, and he is now a student of mine in the master's program. He's gotten very good at this. It was his grant that got this. He designed a set of exercises. Some of the texts he uses are written, some are visual, some are music. And very, very varied, from the nursing assistant who may or may not have a high school diploma, who weighs the patients and does their blood pressure, and who lives in the neighborhood, and who speaks Spanish, and who knows a lot of the patients. And the receptionist, who sits behind the desk and does all that phone work, and all of that. They just have to be so skilled, because tempers rise --
[00:36:30]

T.A. ROSOLOWSKI, PHD:
[00:36:30]
And patient, yeah.
[00:36:31]

RITA CHARON, MD, PHD:
[00:36:31]
-- in waiting rooms. And they'd all look at a painting together, and they'd talk about it, and what did they see. What do you see? Simply that. What do you see? Everyone saw different things. "It looks like he's falling off the cliff." Then a simple prompt is -- I remember one. It was kind of a very, very wide, long, long shot landscape, and you saw a road with a tiny, tiny, little van. You could see the road, In the distance were snowy mountains. It was in Alaska. The prompt was, write about your road. As easy as that.
[00:37:11]

T.A. ROSOLOWSKI, PHD:
[00:37:11]
Yeah.
[00:37:11]

RITA CHARON, MD, PHD:
[00:37:14]
And they write for three or four minutes, and then he paired them up. You could see, this is going to be in a movie that a documentarist is making about why doctors write. I saw this little film clip, and they're just so animated in twos and threes, and they're (inaudible). And they start crying, and they start hugging. And the life in the room is so different from the life when they're sitting there talking about, what are we going to do with the parking space?
[00:37:48]

T.A. ROSOLOWSKI, PHD:
[00:37:48]
Parking spaces. God.
[00:37:50]

RITA CHARON, MD, PHD:
[00:37:50]
Right?
[00:37:51]

T.A. ROSOLOWSKI, PHD:
[00:37:52]
Oh, yeah.
[00:37:52]

RITA CHARON, MD, PHD:
[00:37:52]
And we didn't know if this was going to fly. Some of them don't speak that much English, so -- in fact, we did less and less text as time went on because of that. But right from the beginning, they would go into the medical director -- "Can we do that every week?" We're now doing this -- we did surveys at the beginning, and we're going to repeat them at the end. And we've got some of our graduate students working on this, taking field notes during the sessions, and transcribing those and coding them, and then also doing one-on-one interviews with some of the stakeholders, and then focus groups at the end. So we're going to learn a lot.
[00:38:42]

T.A. ROSOLOWSKI, PHD:
[00:38:42]
Yeah.
[00:38:43]

RITA CHARON, MD, PHD:
[00:38:43]
And this is over a year, not six weeks.
[00:38:44]

T.A. ROSOLOWSKI, PHD:
[00:38:45]
Yeah, this is amazing.
[00:38:45]

RITA CHARON, MD, PHD:
[00:38:45]
So it's once a month, over a year, three different sites.
[00:38:49]

T.A. ROSOLOWSKI, PHD:
[00:38:49]
Yeah.
[00:38:49]

RITA CHARON, MD, PHD:
[00:38:50]
I'm hoping that it gives enough evidence that we can then go for a much bigger grant and do this for a thousand people.
[00:39:03]

T.A. ROSOLOWSKI, PHD:
[00:39:03]
Yeah, absolutely.
[00:39:04]

RITA CHARON, MD, PHD:
[00:39:04]
See? That's where we're heading. The next -- when we have a big enough sample, we would want to do it with patient clinical outcomes.
[00:39:15]

T.A. ROSOLOWSKI, PHD:
[00:39:16]
There we go, yeah.
[00:39:17]

RITA CHARON, MD, PHD:
[00:39:17]
And we would have to choose a disease. It would probably be diabetes, or stroke, or something where -- stroke is not as good as diabetes, because something that demands patient engagement in the care. And we really could, if we have some -- some parts of the clinic are controlled, and some parts are experimental, and you do this for a year, and you work with the clinicians. You have clinician groups, too, and patient groups. You could watch the diabetes get better, I'm sure. That's what it's for. It's not enough that the clinicians enjoy it. I stopped, because the kinds of agencies who would give us money to do this are going to get closed down. PCORI, which is one of these agencies, it's going to get closed down. I just stopped out of horror.
[00:40:35]

T.A. ROSOLOWSKI, PHD:
[00:40:36]
Right.
[00:40:36]

RITA CHARON, MD, PHD:
[00:40:36]
You know?
[00:40:37]

T.A. ROSOLOWSKI, PHD:
[00:40:41]
I wanted to ask you, what's the name of the person who was -- had applied for that grant you mentioned --
[00:40:46]

RITA CHARON, MD, PHD:
[00:40:47]
Oh, yes, his name is Deepthiman, D-E-E-P-T-H-I-M-A-N. He goes by "Deepu." Gowda, G-O-W-D-A.
[00:40:59]

T.A. ROSOLOWSKI, PHD:
[00:41:02]
Thank you.
[00:41:02]

RITA CHARON, MD, PHD:
[00:41:04]
He came to Columbia as an intern. He was in medical school at, I think, University of North Carolina, or Duke, one or the other, and then he came as an intern. And right from the beginning, he I were woking together. He sought me out. He was doing a project in photography, and he was reading, and he -- I made him write during his internship. He had not been doing that, but I made him, It paid off for him. Then he started teaching when he was finished his residency. He got a job with us and started teaching in the courses, and being part of that group, this kind of breeding ground. Then he I -- I could go on. There's another whole --
[00:42:00]

T.A. ROSOLOWSKI, PHD:
[00:42:00]
Sure.
[00:42:01]

Chapter Sixteen
Another Research Project; Creating the Columbia Commons

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 and may create a Master's program.

RITA CHARON, MD, PHD:
[00:42:02]
So some of us from that group, once we realized that narrative medicine was good for team-building -- I was approached by the Macy Foundation, who had a big interest in health care team effectiveness. They said, "We're interested in that stuff you're doing." They came to me. It's a funny story. They didn't exactly come to me. I had given a commencement address at the University of Pennsylvania, in the Bioethics program, master's. It was late, it was dark. I was rolling my roller bag back to the train station, 30th Street Station, right? There's this big bus outside of a hotel, and people lined up, getting on the bus, and they all had name tags, so they were clearly at a conference, and the bus was taking them to a fancy place for dinner -- I don't know. And who do I see in the line getting on the bus but George Thibault, who was the president of the Ford -- of the Macy Foundation. I had never met him, but I had seen his picture, because he had recently been new president of the Macy Foundation. I said, what the hell? What's there to lose? I stuck my hand out. "Hello, Dr. Thibault. Congratulations. My name is Rita Charon. I'm at Columbia. I think it's wonderful that you're -- the best of luck in the Macy." He says, "Rita, I know you. I know what you're doing."
[00:43:38]

T.A. ROSOLOWSKI, PHD:
[00:43:38]
Oh, wow.
[00:43:40]

RITA CHARON, MD, PHD:
[00:43:40]
"Give me a call." That's what happens.
[00:43:43]

T.A. ROSOLOWSKI, PHD:
[00:43:43]
Cool.
[00:43:43]

RITA CHARON, MD, PHD:
[00:43:45]
And when we did speak, he said, "I think the work you're doing has implications for teamwork, I'd like to talk about it." And that led first to a planning grant of a year, and then we did something that, at Columbia, was very hard to do, which is we gathered people from the different disciplines. We started with Medicine, Nursing, Dentistry, and Public health. Those are the four schools. I got senior faculty, influential faculty, just two or three from each of the schools, I did include Deepu. He was junior, but I wanted him in this, because I had a feeling there was a future in it. I broke my own rule, included a junior person. Just like the other circles, we met every other week. It was twice a month. These eight or ten people, a couple of different -- not guests. They were kind of co-teachers with me -- Craig. Craig Irvine and Nellie helped me in teaching it. The very first thing we did, before we even said who we were, Nellie had chosen a story. It was by Dubus, Andre Dubus. I think that's his name. It was a very short story. We read it aloud, and just like in the other thing -- it was like a five-page story. So we read three pages aloud, and then we stopped and we said, "Finish the story." But this time, this was not people coming to a narrative medicine workshop. This was, like, dentists, and they said -- they told me later, they looked around to one another -- really? She wants me to do that? But, you know, they're polite and well-bred, so they did. And when they read aloud, that was their introduction to the group.
[00:45:58]

T.A. ROSOLOWSKI, PHD:
[00:45:58]
Wow, that's interesting.
[00:45:59]

RITA CHARON, MD, PHD:
[00:45:59]
As they read aloud. Some of them -- it was a story about a man in a wheelchair who'd been in a bad car accident at a birthday party for his daughter, and they decided kind of at the last minute to have the birthday cake out by the swimming pool. Well, they didn't realize that dad, who was visiting, couldn't get to the swimming pool in his wheelchair. And we stopped the story at the point where his strapping oldest son says, "Come on, dad, I can carry you."
[00:46:28]

T.A. ROSOLOWSKI, PHD:
[00:46:30]
Interesting.
[00:46:31]

RITA CHARON, MD, PHD:
[00:46:31]
Yeah. So they had to decide --
[00:46:33]

T.A. ROSOLOWSKI, PHD:
[00:46:33]
Yeah.
[00:46:33]

RITA CHARON, MD, PHD:
[00:46:34]
-- will the guy say no, will the guy say yes, will the son...
[00:46:36]

T.A. ROSOLOWSKI, PHD:
[00:46:37]
Drop him.
[00:46:38]

RITA CHARON, MD, PHD:
[00:46:38]
Drop him. And there was all of the above.
[00:46:41]

T.A. ROSOLOWSKI, PHD:
[00:46:42]
Right, right.
[00:46:42]

RITA CHARON, MD, PHD:
[00:46:42]
And one of them, the dentist, I remember -- he was the dean of admissions in the dental school -- writes it from the birthday girl's point of view.
[00:46:52]

T.A. ROSOLOWSKI, PHD:
[00:46:52]
Hmm, that's interesting.
[00:46:54]

RITA CHARON, MD, PHD:
[00:46:54]
You know?
[00:46:55]

T.A. ROSOLOWSKI, PHD:
[00:46:55]
Yeah.
[00:46:55]

RITA CHARON, MD, PHD:
[00:46:55]
So everyone just read aloud, and we were all just like this. None of them had ever done anything like that. So we just wanted to impress them, that this is not your standard meeting.
[00:47:10]

T.A. ROSOLOWSKI, PHD:
[00:47:11]
You succeeded.
[00:47:11]

RITA CHARON, MD, PHD:
[00:47:13]
And there had been lots of friction among the schools. We're on a small campus, always fighting for space, fighting for resources. The medical school always got the last word.
[00:47:29]

T.A. ROSOLOWSKI, PHD:
[00:47:30]
Oh, interesting.
[00:47:31]

RITA CHARON, MD, PHD:
[00:47:31]
The medical school was always on top. There were four deans, but only the dean of the medical school reported to the university president, so the three other deans had to report to him. So it was a very pyramidal -- It still is. That's the nature of a lot of these places, that medicine accrues more power than nursing or social work. There was hostility, there was distrust. One of the others, the senior vice dean of the nursing school, I, had tried, years before this, to bring the nursing students and the medical students together to learn something about how to do a medical interview. We figured they've got to start from scratch (inaudible). It didn't work. It was destructive. We had to stop doing it.
[00:48:36]

T.A. ROSOLOWSKI, PHD:
[00:48:37]
Wow.
[00:48:37]

RITA CHARON, MD, PHD:
[00:48:37]
Because the nurses, the little nursing students, first-year nursing students, came in already loathing doctors. And the doctors, the little medical students, were completely indifferent to what a nurse might say. So we stopped it. We thought it was making things worse. But this -- I did it very slowly. I made sure that there was real meeting, that there was contact, and we began to know one another in this small group as full, complicated humans, and we grew to love one another. And we're still working together. We now -- we had Macy funding for a few years. After our first year together, we then started giving courses for the students, and we have students from all four schools taking seminars. It was such hard work, because the place is not equipped to do this. So it had to be cross-registered by four different schools, and all the credits were different, and the units were different. For four schools, there were three different spring breaks.
[00:49:48]

T.A. ROSOLOWSKI, PHD:
[00:49:49]
Oh. Yikes.
[00:49:50]

RITA CHARON, MD, PHD:
[00:49:50]
So the scheduling of this was a nightmare. But the students wanted to do it. So we've done that since the beginning. We're just starting this year's now. The Macy funding ran out, so we had to change our name.

We can't be the Macy Project anymore. So we thought about the name for a while, and we call ourselves Columbia Commons. Columbia Commons: Collaborating Across Professions. So now there's more and more things that Columbia Commons is sponsoring. We have lectures, we have evenings, we have -- and these very rigorous courses. Almost this whole semester.
[00:50:31]
$$
T.A. ROSOLOWSKI, PHD:
[00:50:32]
When did the first Macy Foundation support come through?
[00:50:36]

RITA CHARON, MD, PHD:
[00:50:39]
Two thousand -- well, we just finished five years. So it was 2010, thereabout, 2011. And that's now -- and then -- so the funding ran out, and the deans of the four schools decided to support the continuation. So this is very telling.
[00:51:05]

T.A. ROSOLOWSKI, PHD:
[00:51:06]
Yeah. Yeah, now what do you think -- I mean, what do they see in it?
[00:51:14]

RITA CHARON, MD, PHD:
[00:51:20]
The dean of the School of Public Health says she ran into one of her students who was taking the seminar, and she says, "What are you getting out of that?" and he says, "Now I know how to talk to a medical student." I mean, it was that divided.
[00:51:40]

T.A. ROSOLOWSKI, PHD:
[00:51:41]
That's amazing.
[00:51:41]

RITA CHARON, MD, PHD:
[00:51:41]
And the students who do the seminar -- because now we have eight schools. It's those four that I mentioned, plus Occupational Therapy, Physical Therapy, Nutrition, and Chaplaincy. They're all on a very crowded campus, but they do not gather. There's one place that they do, I've been working with them, and that's the theater group. We have a very near-professional theater group. They put on off-Broadway-type productions. That's open to students from all the schools, and that's one place -- I had a session with them, asking, "What are you learning about teamwork here, working in Bard Hall Players, and does it have anything to do with what you do on the wards?" And they all said, "Are you kidding? If that lighting guy doesn't give me the blue spot at the right time, I'm sunk. I don't know how to do the lights. I can't do that myself. I need the lighting guy." So they got it.
[00:52:49]

T.A. ROSOLOWSKI, PHD:
[00:52:49]
Yeah, no kidding. Now, the theater group, is that part of the program in Narrative Medicine or --
[00:52:54]

RITA CHARON, MD, PHD:
[00:52:54]
No, no, no, that's part of the medical school.
[00:52:55]

T.A. ROSOLOWSKI, PHD:
[00:52:56]
Part of the medical school.
[00:52:56]

RITA CHARON, MD, PHD:
[00:52:56]
It's been there for a hundred years. It's a tradition, yeah.
[00:53:00]

T.A. ROSOLOWSKI, PHD:
[00:53:00]
Oh, interesting. Yeah, I'm thinking about how silos are such a huge problem, It sounds like the traditional format of education is basically training people to keep that going.
[00:53:15]

RITA CHARON, MD, PHD:
[00:53:15]
Exactly. Exactly. So this has to be undermined.
[00:53:19]

T.A. ROSOLOWSKI, PHD:
[00:53:19]
Yeah. Yeah, interesting.
[00:53:21]

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

This chapter begins with a discussion medical education, creativity, and visual thinking. Dr. Charon 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.

RITA CHARON, MD, PHD:
[00:53:31]
We're getting to the point that we may need to have other master's programs, because it's quite untenable to say there's only one way to really learn how to do this, and that's to get a master's in it, and there's only one place to get it. So we are now in the process of developing a certificate program that you can take mostly online, with a short on-site workshop, come for four days to New York in the spring or summer. So we're kind of halfway there with that. It should be launched maybe by next fall. And that will help, because although it's not going to go into all the literary theory and the narratology and the experiential work, which is so much part of this --
[00:54:27]

T.A. ROSOLOWSKI, PHD:
[00:54:27]
Which is so important.
[00:54:28]

RITA CHARON, MD, PHD:
[00:54:28]
Although -- because we've had a couple of pilots. We have a beta course of the Certification Program running now, with about 20 people from all over the place. They really have been in contact, because of the reading and writing. They don't see one another, but they read one another. We're now working with the kind of tech people, because there are some ways to do live, synchronous, sessions as well.
[00:54:56]

T.A. ROSOLOWSKI, PHD:
[00:54:57]
Right, which is so important.
[00:54:58]

RITA CHARON, MD, PHD:
[00:54:58]
Right?
[00:54:58]

T.A. ROSOLOWSKI, PHD:
[00:54:59]
I've been thinking about this, because the tradition, the old tradition, is that a physician learned about medicine through basically an apprenticeship.
[00:55:08]

RITA CHARON, MD, PHD:
[00:55:09]
Yes. Yeah.
[00:55:10]

T.A. ROSOLOWSKI, PHD:
[00:55:10]
And the benefit of an apprenticeship is that it's 100% experiential learning.
[00:55:15]

RITA CHARON, MD, PHD:
[00:55:15]
Yes, yes. Right.
[00:55:17]

T.A. ROSOLOWSKI, PHD:
[00:55:17]
Pretty much. And there are certain things that are simply not reducible to words.
[00:55:22]

RITA CHARON, MD, PHD:
[00:55:23]
Exactly.
[00:55:23]

T.A. ROSOLOWSKI, PHD:
[00:55:23]
I mean, you must be in a relationship, or you must be in the situation, in order to get that knowledge. Then what you do after it, after that, putting it into words is a whole different thing, but you don't originally get it in that form. So it's very, very key to have that element.
[00:55:41]

RITA CHARON, MD, PHD:
[00:55:42]
I would think -- I mean, the reason it fell out of favor is that there was no standardization, and whoever wanted an apprentice would get one, and there were no standards for what qualified as good medicine. [And, no matter how important the experiential learning is, good medical practice requires a great deal of very demanding intellectual and conceptual learning.] And that's when Flexner came and wrote his report. I discovered recently -- I was looking for the beginnings of liver transplant, I discovered that the first liver transplant was done in 1962, and for the first five years, everybody died who got a liver transplant, some of them bleeding out on the table. They all died.
[00:56:26]

T.A. ROSOLOWSKI, PHD:
[00:56:27]
Human experiments, basically.
[00:56:28]

RITA CHARON, MD, PHD:
[00:56:28]
It was Starzl, at Pittsburgh, who finally, in 1967, was able to transplant and have people live. But I wondered -- what I was wondering was, who had the idea first that you could take a dead person, whose liver was well-functioning, take it out of his belly, put it into the belly of a live person, whose liver had failed? What a breakthrough thought. Who had that thought? This was -- I was giving a talk on creativity, and that -- I couldn't imagine something more creative. You know who had the first thought? Abraham Flexner's brother, Simon.
[00:57:25]

T.A. ROSOLOWSKI, PHD:
[00:57:25]
Really?
[00:57:26]

RITA CHARON, MD, PHD:
[00:57:27]
He was at Rockefeller Institute. He was a pathologist. And there's a *New York Times* -- I saw it on microfilm, where Simon Flexner says, "I can imagine a time when we can replace the failed organs of a person with the healthy organs of someone." This was 1909.
[00:57:57]

T.A. ROSOLOWSKI, PHD:
[00:57:57]
Wow. I mean, creative thought comes in so many guises. One of the most interesting conversations I had -- I often ask people about visual thinking, because there's so little language for it, and medicine often selects for people who are visual thinkers, though they don't know that they are sometimes.
[00:58:15]

RITA CHARON, MD, PHD:
[00:58:15]
And we don't know that we're selecting for that.
[00:58:16]

T.A. ROSOLOWSKI, PHD:
[00:58:17]
Yes. So anyway, there was one man I was interviewing at MD Anderson, and he told me this incredible story. He ended up being a cosmetic dental --
[00:58:33]

RITA CHARON, MD, PHD:
[00:58:33]
Plastic -- oh.
[00:58:34]

T.A. ROSOLOWSKI, PHD:
[00:58:34]
Cosmetic dentistry. He said he had this complete revelation. When he was in his anatomy class as a first-year medical student, he was dissecting his cadaver, and his mind was already reconstructing it, visually.
[00:58:53]

RITA CHARON, MD, PHD:
[00:58:53]
Ooh.
[00:58:54]

T.A. ROSOLOWSKI, PHD:
[00:58:54]
I mean, it was just simultaneous.
[00:58:56]

RITA CHARON, MD, PHD:
[00:58:56]
Ooh.
[00:58:56]

T.A. ROSOLOWSKI, PHD:
[00:58:57]
Yeah. And people are wired in fascinating ways that turbo-charges a specific type of creativity that's unique to them. So it's very interesting when you get those tales.
[00:58:08]

RITA CHARON, MD, PHD:
[00:59:08]
What does that mean, wired? What do you mean, wired?
[00:59:10]

T.A. ROSOLOWSKI, PHD:
[00:59:10]
Well, I guess I kind of feel that some people, they come out of the womb and their brains are structured to process information in a certain way, in a signature way, that's uniquely them. Then there are other things that get layered on top of that, but that, to me, was such a unique thing --
[00:59:30]

RITA CHARON, MD, PHD:
[00:59:30]
That's fantastic.
[00:59:31]

T.A. ROSOLOWSKI, PHD:
[00:59:31]
-- the fellow had. It's an amazing story. So people have told me some interesting observations about themselves. I was interviewing, actually, Jordan Gutterman, who's of interferon fame.
[00:59:44]

RITA CHARON, MD, PHD:
[00:59:44]
Oh, yeah.
[00:59:44]

T.A. ROSOLOWSKI, PHD:
[00:59:45]
He's a painter as well, and he's a colorist, an amazing colorist. I was asking him about visual thinking. He's a biochemist in addition. I asked him, "Do you see molecules moving in three-dimensional space and kind of interlocking, and do you see all that going through the body in a flowchart?" He stopped and goes, "Yeah, I do."
[01:00:09]

RITA CHARON, MD, PHD:
[01:00:10]
Really?
[01:00:10]

T.A. ROSOLOWSKI, PHD:
[01:00:10]
I said, "And do you see it in color?" He goes, "No, I don't."
[01:00:15]

RITA CHARON, MD, PHD:
[01:00:15]
Oh my gosh.
[01:00:16]

T.A. ROSOLOWSKI, PHD:
[01:00:17]
Which was so amazing, because his painting is all about color. So it's very interesting, so many observations.
[01:00:23]

RITA CHARON, MD, PHD:
[01:00:24]
Well, I think it's the hallmark of either great art or great science. Why is it that we don't talk about it? We do. We talk about it a lot. I think my duty is to promote two things in my students: creativity and doubt. Those two things. They're related in a Möbius strip way. The creative person is able to venture into the unknown. Right?
[01:00:59]

T.A. ROSOLOWSKI, PHD:
[01:01:00]
Right.
[01:01:00]

RITA CHARON, MD, PHD:
[01:01:02]
And to tolerate doubt both requires and generates creativity. It's when you're out there, off the shore of the known, that you have to create. And when I think of the work of -- when I think of James writing one

of his novels, he's way out there, off the shores of the known. He doesn't know where he is. But his art, his creativity, allows him to tolerate being out there.
[01:01:39]

T.A. ROSOLOWSKI, PHD:
[01:01:41]
I think it's -- I don't know. Sometimes it's a chicken-and-the-egg thing. People like James, and other kinds of people, they have the temperament. They're eager to take the risk. It's like, take me to that place. For others, who may be a little more frightened, putting them into situations where they experiment in a safe way with creativity enables them to see, oh, I can tolerate the risk. I can maybe go a little farther the next time. Because that's really the challenge. What do you do -- the people who are ready to go anyplace with you are fab. That's great. But what do you do to build the lifelines for the people who want to go outside their comfort zones?
[01:02:26]

RITA CHARON, MD, PHD:
[01:02:26]
I think that's maybe what we're doing in these workshops and teaching methods.
[01:02:29]

T.A. ROSOLOWSKI, PHD:
[01:02:29]
I imagine so.
[01:02:30]

RITA CHARON, MD, PHD:
[01:02:31]
Because it's small steps at a time. You only have to tolerate it for three minutes. The climate is such that it's not competitive. It's not heavily judged. If somebody doesn't want to read something, they don't have to. And over the course -- I've got some groups I've been meeting with them for 10 years, for an hour a month, and they come. It means something. A bunch of pediatricians, a bunch of social workers. My colleague has been working with the child psychiatrists. I met, not long ago, with the anesthesiologists, who wanted to do some writing.
[01:03:19]

T.A. ROSOLOWSKI, PHD:
[01:03:19]
What brings people back over and over, year after year?
[01:03:22]

RITA CHARON, MD, PHD:
[01:03:23]
They love being makers. And because it's the same group, they come to really see one another. The social work group, they're from units all over the hospital. They don't work together. One's in organ transplant. The other one is in the public school program. They're all split apart. But they come together. They're all social workers, and they find this kind of identity confirmation. It's been brilliant writing from them, because they just see so much. But they -- if we have to skip --"Well, we're not going to meet because it's the day before Thanksgiving." "Oh, what do you mean we're not going to meet?" It surprises me --
[01:04:16]

T.A. ROSOLOWSKI, PHD:
[01:04:16]
It feeds them.
[01:04:16]

RITA CHARON, MD, PHD:
[01:04:16]
-- because it's just -- it's once a month, for an hour. It's so little.
[01:04:20]

T.A. ROSOLOWSKI, PHD:
[01:04:20]
But it feeds them in a basic way. I find people are so hungry for being seen and heard, producing something that has some kind of creative element to it, and experiencing some kind of community.
[01:04:37]

RITA CHARON, MD, PHD:
[01:04:37]
Mm-hmm. You want to belong.
[01:04:40]

T.A. ROSOLOWSKI, PHD:
[01:04:40]
And having a substantive conversation.
[01:04:42]

RITA CHARON, MD, PHD:
[01:04:44]
I was -- I presented a conference on palliative care just a couple weeks ago, and a retreat -- four-day Buddhist retreat. And there were a lot of pall-- there were mostly nurses and doctors in hospices in palliative care, and quite a few of them were Buddhist. There was a group of -- I think they were all nurses, and they were all members of this Buddhist -- what is the name of it? Sangha.
[01:05:16]

T.A. ROSOLOWSKI, PHD:
[01:05:16]
Oh, sangha, yeah.
[01:05:17]

RITA CHARON, MD, PHD:
[01:05:18]
In Chelsea. They would go to the sangha, like, once a week, It was -- this whole conference was sponsored by this. It's called the New York Zen Center for Contemplative Care.
[01:05:30]

T.A. ROSOLOWSKI, PHD:
[01:05:31]
OK.
[01:05:31]

RITA CHARON, MD, PHD:
[01:05:35]
So one of them was telling me a story that she had -- she lives in Nyack, which is up the Hudson, 45 minutes. A friend of hers had brought her to this sangha when she was -- I think she was getting involved in palliative care. So she came rather regularly to the weekend -- whatever -- it's not a service, but a meditation -- and found herself really getting more and more drawn into the Buddhist methods. So she figures, well, I'm going to find a sangha in Nyack and see if I can continue this. She went -- and there were several. Nyack -- do you know Ny-- it's a --
[01:06:27]

T.A. ROSOLOWSKI, PHD:
[01:06:28]
I don't know it well. Driven by it.
[01:06:29]

RITA CHARON, MD, PHD:
[01:06:28]
It was an old hippie town. It was an old hippie town, and now it's still kind of counterculture-ish. Old Victorian houses. So she went to a couple of them, and then she says, what am I doing? It's not a sangha I'm looking for. I want to be there. So she drives the 45 minutes, once a week, to go there. They were all almost sheepish, sitting around the lunch table, telling me, "Well, it's where we belong. We belong there. They know who we are." I think the Buddhist part might be a little incidental. What a strong, strong need. I was coming through Union Square, coming back from the afternoon. I hadn't been in the subway station in Union Square in a week. The whole -- there are long, long hallways. They are papered with colored post-its responding to Trump. Just the surface is plastered. And they're the little post-its, so it's not like... Thousands of post-its, saying things like, "The darkness must come, and then the light will come." Stunning. And a lot of people standing around taking pictures of them. That's a sense of belonging.
[01:08:05]

T.A. ROSOLOWSKI, PHD:
[01:08:06]
It is indeed.
[01:08:07]

RITA CHARON, MD, PHD:
[01:08:07]
It's, these are my people. I'm not the only one. If we're lucky, that's what will happen in this dark time, is that we're going to find one another. We're now doing work -- I wrote to a few of the other narrative groups in the city that we've worked with. One works mostly with public school kids. One is a freestanding -- it's like a business, where they teach people how to tell stories. How to tell their own story. They don't have a degree program, but they have kind of seminars and training workshops. Two of them have been teaching in our master's program. I gathered these different narrative people to say -- and this was before Trump. This was at the height of the police killings. Remember New Orleans, Minneapolis?
[01:09:15]

T.A. ROSOLOWSKI, PHD:
[01:09:15]
[sneezes] Excuse me. Goodness.
[01:09:160]

RITA CHARON, MD, PHD:
[01:09:16]
Then Dallas?
[01:09:17]

T.A. ROSOLOWSKI, PHD:
[01:09:17]
Yup.
[01:09:17]

RITA CHARON, MD, PHD:
[01:09:18]
That's when I started this round of calls. So we've met a couple of times, and we want to do -- and now that Trump has happened -- we want to do some listening. In the wake of the racial -- the killings, there were -- one of the guys from narrative says, "Everybody is talking. Let's -- whoever wants to talk about this come. Let's talk about this." He says, "There's no listening." This is -- so it felt to me, and to the others, that we who are trained in narrative methods of telling and listening might have something to offer to this fractured, bruised citizenry, where it's really, really hard to talk about guns, or police. Do you remember that week when it was "Blue Lives Matter" and "Black Lives Matter," It looked like there was going to be a showdown between? And we all know that if each side is heard out in good faith, there is something to be said for each side. The people -- I was in Austin, and the people there who are glad of the carry laws -- right? I mean, the Austin campus, they can -- what's the word? Open carry.
[01:11:08]

T.A. ROSOLOWSKI, PHD:
[01:11:08]
Open carry, yeah.
[01:11:09]

RITA CHARON, MD, PHD:
[01:11:12]
But if you listen to the suburban housewife who carries her pistol in her pocketbook, and ask her why, she has a reason. And for -- however this came about, she feels threatened when she's out of her home. She feels more confidence when she has her pistol. I mean, there's something there. The answer to "Why do you carry your pistol, ma'am?" is not necessarily "So I don't get raped by a black man." It's not that.
[01:11:53]

T.A. ROSOLOWSKI, PHD:
[01:11:55]
Maybe that's the first thing that someone would say, but if you push a little deeper, it probably goes someplace else.
[01:12:01]

RITA CHARON, MD, PHD:
[01:12:02]
And this can only be said, and then heard by the person saying it, in a particular climate, which is not judging, which is not hostile, which is accepting, which is curious, which grants credence. I keep saying, in teaching about how to listen to patients telling about their situation, sometimes you hear very kind of whacky, hard to believe, tall tales. Sometimes instead of listening, you might say something like, "Oh, how come you didn't go to physical therapy?" I mean, that kind of stuff. But we keep saying, as you listen, you have to grant at least provisional truth to what you're hearing. Doctors, when they listen, tend

to not believe patients a lot. I'm sure you know that. Whether it's disbelieving their report of how much alcohol they drink, or whether or not they use drugs, or whether or not they're having sex with men, or whatever, doctors have come to be rather suspicious creatures. So the injunction to grant at least provisional truth, at least for the time being take it as true, is very hard. And that's what you have to do with someone in a charged issue, like guns. The same would be true in a discussion about abortion. At least provisionally, accept that there is a serious, defensible, believable reason why this minister thinks that abortion is a sin and a crime. And that's the only way we grow. It's the only way we learn anything. I'm afraid that, with the polarization and polarization, that we're losing the chance to do that.
[01:14:31]

T.A. ROSOLOWSKI, PHD:
[01:14:33]
It's modeled less and less frequently, if at all, these days.
[01:14:37]

RITA CHARON, MD, PHD:
[01:14:37]
And there's just less and less contact. Do you have -- well, maybe in Houston, it's different. I don't know anybody in my entire life who owns a gun.
[01:14:45]

T.A. ROSOLOWSKI, PHD:
[01:14:47]
Yeah, I do.
[01:14:47]

RITA CHARON, MD, PHD:
[01:14:49]
I don't know anybody, personally, who voted for Trump. I mean, I could go on. And we know -- this is a commonplace, that even the search engines have segregated us into opinion categories. I don't watch Fox News. And somebody who watches Fox News is not going to read my *New York Times*. So we're all segregated, all the time. So however -- In medicine, that doctor/patient divide is a real one. That's what has to be scaled. Scaled? Crossed. Bridged. That divide.
[01:15:41]

Chapter Eighteen
The Dividend of Listening: On Listening and Spirituality

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."

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.

T.A. ROSOLOWSKI, PHD:
[01:15:45]
Now, what happens -- I think we've talked a lot about the workshop settings. Interactions with colleagues, but what about the doctor/patient relationship? What about the power issues? Do those go away? What's empathy?
[01:16:06]

RITA CHARON, MD, PHD:
[01:16:06]
No, they don't go away. We can't claim that they go away. But they can be observed. They can be acknowledged. It's like dissolving something when you hear somebody out, and when the clinician is willing to include in the meat of the visit, "My kid is in jail. My mother is getting more demented. Now I have to watch over my father, since my nephew ran away." All of that stuff. It's not necessarily just kind of chaotic personal lives. It could be -- I myself had a practice of poor people. I worked in a clinic. But it's not restricted to a class or a group, and anyone in a more upscale practice is going to hear different kinds of pressures, but not any less gripping. So the opposite of reductive means that people can really be witnessed. That in itself is healing. In an extreme, we call it psychoanalysis, where a person comes, four times a week, and talks with someone who's probably out of view, who listens, and who is absolutely committed to listening with that teller. So a doctor/patient is once every four months, or once every six months, or if somebody is sick -- some people come in every two weeks. But that's the dividend of this kind of listening, is not only you get the diabetes under better control, but there is an affiliation there, and a dependable regard. How valuable is that? I worry sometimes that what we end up sounding like is more ministers or priests than doctors, and that's not -- there's no belief or faith issue here, but it certainly is a spiritual issue. It's a fellow feeling. It's a being with. It's an accompanying. All of those things.
[01:19:12]

T.A. ROSOLOWSKI, PHD:
[01:19:13]
How would you say it's spiritual?
[01:19:14]

RITA CHARON, MD, PHD:
[01:19:16]
It's spiritual in an existential way, that it reaches toward the meaning of why we're alive, why we do things. Illness has a way of exposing those things. It's when people are ill that they start saying, who do I really love? Who loves me? What gives me hope? What gives me joy? What am I afraid of losing? All of that. And some of it can be very, very hard. The people who work in ICUs see families getting together, and the patriarch is dying. Which one of us did he love the best? These are the kinds of things. The envy, the competition, as well as who will care for him. What we struggle with so much is the disagreements about, do everything, do everything, stop his suffering, stop his suffering. It's most extreme there, at end of life, but it's true in chronic illness, too. How many families have I seen where the demented grandmother becomes the center of the home, and the kid comes home a little earlier from high school so that she can give grandma her bath? It's done not with fanfare. I mean, these are poor families. They can't afford live-in care. So they do it. They do it. It's years of it. Then when it finally ends, I think it's going to be with relief. It's just so much of a loss. I go to a lot of funerals. I see the families after the deaths. That's the dividend.
[01:21:16]

T.A. ROSOLOWSKI, PHD:
[01:21:17]
Do you have a sense of spirituality in doing this work? Or is that not the language you would use?
[01:21:23]

RITA CHARON, MD, PHD:
[01:23:23]
It's not the language. I'm an atheist, I think of it in existential terms, and that what I'm still trying to do is to join with persons who are simply more actively dying than I am, but with the knowledge that I, too, will go. And that's something that I have kept learning from patients as they face it, and then I see them facing it, and then I can stand with them in the glare of that. I can turn around and forget it the next day; they can't. I would hope that other physicians and nurses can start to -- It is a gift. This young man from Hamburg who said, "My goal is to let my patients not be afraid of me," that was the other thing he said. "They're closer to death than I am, but I'm right behind them." And that that enabled him to affiliate. I asked him was that spiritual, It was not religious. There's nothing religious about it. It's kind of deeper than that.
[01:22:54]

T.A. ROSOLOWSKI, PHD:
[01:22:57]
The human --
[01:22:57]

RITA CHARON, MD, PHD:
[01:22:57]
Why do we do this? Why do we do this? So it is a kind of devotion, I guess. Helicopter with a big spotlight. Wonder what he's looking for.
[01:23:24]

T.A. ROSOLOWSKI, PHD:
[01:23:24]
Oh, wow.
[01:23:24]

RITA CHARON, MD, PHD:
[01:23:24]
Yeah. I'm gravely worried about health care. We talked about this earlier. It's really getting worse. The corporatization, the emphasis on the money-making, the control over what's done by economic concerns. It's shocking. It's just going to get much, much worse. It's really -- we can't imagine. It's not just going to be that abortion is going to be illegal again. It's not just that, although that's horrible.
[01:24:38]

T.A. ROSOLOWSKI, PHD:
[01:24:40]
All the machinery of health care is going to become a whole lot more of what it is now, I think.
[01:24:45]

RITA CHARON, MD, PHD:
[01:24:46]
Yeah, with the profit being squeezed out of it by the shareholders of the insurance companies.
[01:24:53]

T.A. ROSOLOWSKI, PHD:
[01:24:56]
It's very concerning.
[01:24:57]

RITA CHARON, MD, PHD:
[01:24:58]
It's getting chilly. Let me just see if this... This is an old building, so we have to wait for the steam to come up.
[01:25:05]

T.A. ROSOLOWSKI, PHD:
[01:25:05]
Oh, that's funny. It's 6:30. Let me just pause the -- you know, for -- OK, just for --
[01:25:18]

[The recorder is paused.]

T.A. ROSOLOWSKI, PHD:
[00:00:00]
We're back after about a five-minute break, and we're talking about the courses that the students were requesting.
[00:00:06]

RITA CHARON, MD, PHD:
[00:00:07]
Well, not so much. I was with my Columbia Commons. This is the inter-professional group. We had three seminars that we had taught last year, and this is to these mixed groups of students from all the

schools. One was on the relationships and spaces of care, where they literally looked at the interiors, and had the students go to the hospice and emergency room. One of the teachers of that seminar is a nurse midwife.
[00:00:39]

T.A. ROSOLOWSKI, PHD:
[00:00:39]
Oh, interesting.
[00:00:40]

RITA CHARON, MD, PHD:
[00:00:40]
So the idea of the womb as a space of care was one of the governing images. Then there was a course on aging and end of life, and there was a course on health care justice. So this year, I wanted to add a fourth one, so what are some ideas? What's a -- so the chaplain says, "Can we teach spirituality in health care?" Now, I know that two years ago, I would have said, "We don't do that. This is a secular organization." I would have somehow batted that away as being too soft.
[00:01:13]

T.A. ROSOLOWSKI, PHD:
[00:01:13]
Oh, interesting.
[00:01:14]

RITA CHARON, MD, PHD:
[00:01:15]
But I've come to see, I came to see, through the teaching of my students, my graduate students, who complained, "How come narrative medicine doesn't talk about spirituality?" I'm the atheist, I say, "That's too fuzzy for me." They said, "No, you're wrong." They pushed me to open that up. Then I went two years in a row to teach at this Buddhist palliative care, contemplative care, and now I see the radical nature.
[00:01:58]

T.A. ROSOLOWSKI, PHD:
[00:02:01]
I was looking for a piece of scrap paper that had -- there was recently a psychotherapy and faith conference down in Houston, I went to that. Real interesting. Yeah.
[00:02:12]

RITA CHARON, MD, PHD:
[00:02:13]
There is -- spirituality is simply another avenue toward what I achieve through reading fiction, writing in the way I write, listening to music, playing the piano. These are ways that I achieve the states of awareness, of attention, of the focused self, or the forgotten self, the Buddhist non-self. Right? The high point of my visit to Japan was to sit at the rock garden in Tokyo, at the [Rhoan-ji] Temple, Buddhist temple. Just the starkness of that white gravel, with the boulders coming up. Not connected to one another. No bridges between the islands. But just their stark presence. Very powerful. So when the rabbi, the woman rabbi, says, "Can we teach a spirituality and health care?" I said OK. So she's now doing it with a pediatrician, who's the head of the pediatric palliative care service. They're just putting a remarkable seminar together, in part based on questions that patients have asked the chaplain. Those universal questions: why me? Why did God do this to me? Why has God abandoned me? The

pediatrician says -- or the parents in the ICU who say, "We're sure God will give us a miracle." How do you have the miracle conversation? But both of them -- and they're not just humoring me -- are saying, "We're talking about the same thing you're talking about when you say existential." That these zones of illness are where people have to face either the meaning or the meaninglessness -- and that happens. That happens a lot. Why should I bother getting better? Can't I stop now? You hear that a lot. So we are now embracing spirituality.
[00:05:00]

T.A. ROSOLOWSKI, PHD:
[00:05:01]
I'm sure it will add many interesting themes to the conversation. Yeah. You -- I'm sorry.
[00:05:13]

RITA CHARON, MD, PHD:
[00:05:13]
I was -- I forgot what it was we wanted to...
[00:05:15]

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

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.

T.A. ROSOLOWSKI, PHD:
[00:05:16]
You wanted to talk about some of the real satisfaction you get working with students.
[00:05:23]

RITA CHARON, MD, PHD:
[00:05:23]
Well, this is an example. This is a young woman -- the one who put this on the table, "How come?" I was irritated, because I saw that she had given a paper at a conference, a health care conference, and that was the topic of it, why doesn't narrative medicine have spirituality? I say, "Well, you could have asked us here before you went and gave a paper." But I forgave her, because she was right. In fact -- this is funny -- when I -- so I said, yes, I'll go give one of the talks at the Buddhist conference. It's held in this retreat house on the Hudson, in Garrison, New York, in a former monastery. So it's all these tiny, little, single-bed cots, and you share a bathroom down the hall. It's very spare. The sessions are held in the chapel, which is now a Buddhist chapel. So the lady organizing it says, "Well, we have some partial scholarships. Do you have any colleagues you want me to offer?" I said this woman, who is Ugandan, and just finished taking our master's. She graduated from the master's program. I said, "Offer one to" -- and the woman was thrilled, absolutely thrilled, at the chance to -- and she's very interested in palliative care -- at the chance of doing that, and was kind of happy that I thought of her. Then, like a week before it, or five days before the conference, I get this kind of regret from the organizer of the conference, who says, "Sadly, she's not able to come. She just can't come up with her part of the tuition," which was over 400 bucks. She just graduated from our master's, and she's -- so I paid it. I made sure she was there.
[00:07:29]

T.A. ROSOLOWSKI, PHD:
[00:07:31]
That's a really great example -- it's almost an extreme example -- of mentoring.
[00:07:36]

RITA CHARON, MD, PHD:
[00:07:37]
Well, I wanted her there.
[00:07:38]

T.A. ROSOLOWSKI, PHD:
[00:07:38]
Sure.
[00:07:38]

RITA CHARON, MD, PHD:
[00:07:39]
And so through the whole -- It was four days -- I could see her so intense, and others were so attracted to her. I made sure -- I even -- something came up in one of the workshops I was running. It was the nurse who runs the palliative care nursing service at another hospital in New York, and she said, "Could you come and do that for our -- could you come teach narrative medicine for our fellows?" "I can't, but I know who can," I took her by the hand.
[00:08:18]

T.A. ROSOLOWSKI, PHD:
[00:08:18]
Oh, yeah.
[00:08:19]

RITA CHARON, MD, PHD:
[00:08:19]
I think that might work. That's how you get things done.
[00:08:23]

T.A. ROSOLOWSKI, PHD:
[00:08:24]
Absolutely.
[00:08:24]

RITA CHARON, MD, PHD:
[00:08:24]
I have such a passion for putting my kids to work. I'm looking for jobs for them all the time. We've gotten quite a number of them appointed to medical schools, or one is working with an osteopathic school. One is on the faculty in the Department of Medical Education at Sophie Davis Medical School, which is part of CUNY. Somebody else was just hired at a University of Washington-related health campus. And they said -- they told me about this job, which is a job to develop the health care team, so that's why they wanted to know did I know of anyone who'd be good for this job. I had a graduate who lives very close by there and already kind of knew them, and, in fact, knew about this job coming up. But the head of this said, "No, it has to be a clinician," and this guy is an educator, but he's not a nurse, he's not a -- I kind of worked on the guy, slowly, to convince him that he was much better off with someone who was not a clinician, because he would have no loyalty to any one group, and they were trying to really get the whole groups (inaudible) and he got the job.
[00:09:48]

T.A. ROSOLOWSKI, PHD:
[00:09:49]
Oh, that's excellent. And that's a wise observation. It's more helpful, sometimes, if there's, quote, an "outsider."
[00:09:57]

RITA CHARON, MD, PHD:
[00:09:58]
You're not partisan.
[00:09:58]

T.A. ROSOLOWSKI, PHD:
[00:09:59]
Right.
[00:09:59]

RITA CHARON, MD, PHD:
[00:09:59]
Or it's not even partisan. You don't come in with the nurse's frame of mind, or the doctor's frame of mind. That's what we're trying to get away from. So we got him the job.
[00:10:10]

T.A. ROSOLOWSKI, PHD:
[00:10:11]
Yeah. So did you -- you had some great mentors, it seems like. Now, what did you learn from them, and did you -- how did you decide, this is the kind of mentor I want to be?
[00:10:25]

RITA CHARON, MD, PHD:
[00:10:26]
Well, I realized I never let them go. I told you about quite a few of them, including my high school biology teacher. One of them is now quite demented, but I still visit him. Ad he vaguely knows who I am, but I still visit him. He is as warm and loving as ever. I'm in the office the other day. I was on -- I was being interviewed by a newspaper about something that I had kind of second thoughts about. It was a course that was being given somewhere, I -- so I wasn't all that happy with how this conversation -- I didn't want to be hostile I didn't want to be negative, but I was kind of... Because it seemed to me that -- it was dicey. It was like this effort, this thing -- it was a course -- had kind of been misrepresented to the reporter, and the reporter saying, "Oh, well, I understand there's nothing like it in the whole country, It's so exciting." I had to say, "Well, you know, it's in a tradition, but there are others." I wasn't upset with the reporter, but I was upset with the people who had kind of misrepresented it. I didn't want to goof up their chance at being in the *Boston Globe*, but what they had said was not right, so I tried to kind of, with some diplomacy, say how special this was, It reminded me of another -- something like that. Then, in the middle of this call, there's a knock at the door, I just kind of -- you know, "Give me a minute." It was a student I had in medical school, like, 15 years ago. Fifteen years -- I look. "Daniel." He says, "I was just -- I just gave grand rounds in OB/GYN, I just took a chance that you were still here on PH9." I said, "Go sit over there. Go sit over there." I hurried off this phone call with the -- I said, "Thank you for including me. I'm glad. Is there anything else you'd like to know?" He comes in. He's an obstetrician/gynecologist. He had taken my -- I think, by then, it was called Narrative Medicine -- elective when he was a fourth-year student. He says, "I never forgot it, and that's how I've been practicing, I listen, I write, I'm having such a wonderful time." He says, "I'm not as productive as the

others. I'm not doing a lot of research." Well, he was here giving grand rounds.
[00:13:27]

T.A. ROSOLOWSKI, PHD:
[00:13:27]
Yeah.
[00:13:28]

RITA CHARON, MD, PHD:
[00:13:28]
I mean, he was no slouch.
[00:13:29]

T.A. ROSOLOWSKI, PHD:
[00:13:29]
No slouch. Yeah. But has a sense of meaning. Stayed connected to the sense of meaning.
[00:13:35]

RITA CHARON, MD, PHD:
[00:13:36]
And that his practice delighted him. And just that, to hear that something that he did easily 15 years ago were still with him. And that he identified it as "that thing you taught us." I was like, wow.
[00:13:57]

T.A. ROSOLOWSKI, PHD:
[00:13:58]
But he clearly is the kind of person that was going to make pretty serious decisions about how to set up his professional life so that he could keep doing it that way.
[00:14:09]

RITA CHARON, MD, PHD:
[00:14:09]
That's right. That's right.
[00:14:10]

T.A. ROSOLOWSKI, PHD:
[00:14:10]
I mean, that's pretty unusual.
[00:14:12]

RITA CHARON, MD, PHD:
[00:14:12]
Exactly.
[00:14:12]

T.A. ROSOLOWSKI, PHD:
[00:14:13]
Yeah, that takes a strong person, too.
[00:14:15]

RITA CHARON, MD, PHD:
[00:14:16]
Right, who has a vision of what -- not only what pleases me, but what constitutes good care. I'm very attentive. I've got these various -- they're people that I'm raising. Deepu is one. I've been his teacher since he's an intern, I have another one. I've got several who I've seen through something or other. Either they were doctors and then they said, "I'm thinking I want to get a PhD in English; how do I do that?" I'm not their supervisor, but I'm standing by, In these two that I'm thinking of who were both in the English Department at Columbia after getting their M.D., I was on their dissertation committees, and one of them is now at Stanford, I make sure that he gets invited to give talks. The other one, I helped him get a grant. That kind of thing. It's in the background.
[00:15:24]

T.A. ROSOLOWSKI, PHD:
[00:15:27]
I'm reminded of the story you told about the biology teacher and coach, the nun, who -- I'm sort of seeing maybe you're kind of functioning as she is. You're in this small town of medical school, and you're saying, there is another world out there.
[00:15:42]

RITA CHARON, MD, PHD:
[00:15:43]
Yeah. Right. "Go to New York." Yeah, yeah.
[00:15:47]

T.A. ROSOLOWSKI, PHD:
[00:15:48]
Yeah, just expand your mind. Yeah, very interesting. Do people ask you for advice, how to shape a career, or...?
[00:16:00]

RITA CHARON, MD, PHD:
[00:16:01]
A lot, all the time. Strangers.
[00:16:02]

T.A. ROSOLOWSKI, PHD:
[00:16:03]
What kinds of things do you tell them?
[00:16:04]

RITA CHARON, MD, PHD:
[00:16:04]
Strangers write me long emails.
[00:16:06]

T.A. ROSOLOWSKI, PHD:
[00:16:06]
Oh, really? Wow.
[00:16:07]

RITA CHARON, MD, PHD:
[00:16:07]
Of, you know, "I'm a premed, but I'm really a writer, I thought I had to make a decision between them, and then I heard you talk at the conference, and you made me think maybe I don't have to give one up. So now what do I do?" I have these long kind of email correspondences with people I've never met. Sometimes -- I've got so much to do. I mean, I've been -- ah, there's just so much that needs to be done. And yet somebody calls, a nurse, a palliative care nurse, after this retreat. "Could we have coffee?" I shift my schedule around, so I'm going to meet her in a coffee shop on 8th Street next Monday, I think, because she's reaching out. She was at this retreat, so I don't know if something I said in my talk made her think about something, or I don't know. But that feels like my ministry. Sometimes they're very intensely my students who I have raised. My graduate students, I get to know them very well. I get to know how they think, because I teach them how to read. I don't know if I mentioned -- we call it the methods of narrative medicine, and what it is, is a semester-long, intensive, four-credit -- six-credit -- course in close reading. Part of the course is they go out and teach it.
[00:17:59]

T.A. ROSOLOWSKI, PHD:
[00:18:01]
To whom?
[00:18:01]

RITA CHARON, MD, PHD:
[00:18:02]
To anything from premed students, senior social workers, staff members at a nursing home, OB/GYN residents, children. Do you remember Gilda Radner?
[00:18:18]

T.A. ROSOLOWSKI, PHD:
[00:18:19]
Yes, I do.
[00:18:19]

RITA CHARON, MD, PHD:
[00:18:20]
She has Gilda's Clubs, which are support houses for people living with cancer. So we're teaching children at Gilda's Clubs, who live with cancer, not necessarily who had it. And some of them are patient groups. So we supervise our graduate students in -- we place them in one of these sites, and then we supervise them as they learn about their learners, and then design a set of kind of reasonable goals for a six-week workshop, and then choose some readings or other exercises, and then they go do it. We hire some of our own graduates to meet with them in -- it's called the practicum. They meet with them weekly, very intensely, with two or three of the groups. They go in pairs. They say, "OK, what are you bringing? What's your prompt? What are you after? What were the problems last time? Did people come?" We pair them up so that one is the witness. They take turns being kind of the facilitator and the note taker witness, and they do a lot of writing process notes, the two of them, afterwards. It gives them a very good taste of how hard this is. This is -- now we know that you can't do this after one weekend.
[00:20:05]

T.A. ROSOLOWSKI, PHD:
[00:20:05]
Exactly.
[00:20:05]

RITA CHARON, MD, PHD:
[00:20:08]
But the seminar part of that course, the close reading part, is -- I have them read *To the Lighthouse* over the whole semester, like 30 pages a week, or 40. We pay very close attention to just the different features, the temporality, the spatiality, the metaphors, the voice, the narrative structure, all of that stuff. Because some, but not all, are English majors.
[00:20:42]

T.A. ROSOLOWSKI, PHD:
[00:20:42]
Right, they just don't have the language.
[00:20:43]

RITA CHARON, MD, PHD:
[00:20:43]
Some are just out of nursing school, or some have been, for 20 years, an internist somewhere. I have to kind of start from the beginning. Why is the time important? What are the signs of time in a short story? Everything from the verb tenses to those marvelous -- Flaubert does it all the time, goes from a -- [French] -- "They would go every day, every week, to the farm." This kind of ongoing, cyclic, organic, repetitive, mythic time. So that kind of stuff. And over the course of that semester, there's a lot of writing involved. They're writing, posting comments in between classes, I get to know how the minds work. You see it. It's thrilling. Then -- so one of my students, a couple years ago, Daniel, was taking the course between his third and fourth years of medical school at Columbia. He was a third-year student. Came downtown, took the master's. Brilliant -- Very smart. A little rigid. I got to know his mind. I really did. Then he came back, and he was a fourth-year student. He wanted to be a pediatrician, and he was accepted, so he's now at Columbia as a pediatrician. He now, as a resident, is doing all of this marvelous teaching to the pediatric residents.
[00:22:37]

T.A. ROSOLOWSKI, PHD:
[00:22:37]
Wow.
[00:22:37]

RITA CHARON, MD, PHD:
[00:22:39]
He just organized this whole day where he chose something to read with the residents, and of course, for residents, who tend to be very suspicious, except of one another, a resident is the only one who could have brought this. They took it from him.
[00:23:05]

T.A. ROSOLOWSKI, PHD:
[00:23:07]
Interesting.
[00:23:08]

RITA CHARON, MD, PHD:
[00:23:11]
I'm just watching this kid flower. When I asked -- I needed a suggestion of which of the pediatric residents should I ask. I had another program that I was running about health care teams, I needed the

perspective of a resident. I asked my planning group in pediatrics, "Who should I ask?" "Daniel. Daniel."
[00:23:38]

T.A. ROSOLOWSKI, PHD:
[00:23:39]
So they know.
[00:23:40]

RITA CHARON, MD, PHD:
[00:23:40]
He's really shown himself. Now, he would have without our master's, but we gave him tools, and he's now writing in ways that he wasn't writing before. That's very exciting to kind of -- because -- especially when they don't go far.
[00:24:01]

T.A. ROSOLOWSKI, PHD:
[00:24:03]
You get to keep tabs.
[00:24:04]

RITA CHARON, MD, PHD:
[00:24:04]
You do.
[00:24:04]

T.A. ROSOLOWSKI, PHD:
[00:24:05]
Yeah.
[00:24:05]

RITA CHARON, MD, PHD:
[00:24:09]
We have -- we give these narrative medicine fellowships at the end of the year, just to -- four or five thousand bucks, sometimes even less than that, to graduates. They apply, and we choose a few of the applications. Sometimes it's, "I wrote a really good paper for that course, I think if I had the summer to work on it, I can publish it in a Virginia Woolf journal." So we'll give somebody a couple thousand bucks to pay for cab fare or whatever, pay for books. And sometimes they're more ambitious. So we gave a good chunk of money to two of the graduates, whose research question is, what does narrative medicine training do for the student who then goes to medical school? Is there -- does -- what do you carry into medical school with you from this training? Many of our graduates finish our program and then start in a medical school as a freshman, whereas others, like Daniel, come to our program after three years, and then they go back. So one way or the other, we want to know, what impact does this training have on the [home] medical school? So these two graduates, we gave them funding. We made sure that we also funded a consultant anthropologist, so that they do it right. They're doing Skype or phone or in-person interviews with all the graduates who are in medical school, or who went from the program into medical school. I don't know what -- I have to check in on them.
[00:25:53]

T.A. ROSOLOWSKI, PHD:
[00:25:53]
Yeah. That will be very interesting.
[00:25:55]

RITA CHARON, MD, PHD:
[00:25:56]
But that's going to be important, to say, what does this amount to? Yeah.
[00:26:03]

Chapter Twenty
Working on the Future of Narrative Medicine

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.

T.A. ROSOLOWSKI, PHD:
[00:26:05]
What are your plans for the immediate future? How do you -- you said you're at a certain point right now, kind of programs -- there's interest in starting programs. You've just published this new book. What's kind of next on the horizon?
[00:26:21]

RITA CHARON, MD, PHD:
[00:26:23]
It's very fluid. I truly can't answer that. I can't answer that, just for -- I had to answer an email earlier today. That was my dean. But it is the case that the work we've done in narrative medicine has had an influence on our institution. The Medical Center is different by virtue of this work. The Commons work would not have been done. It's all narrative medicine. Another thing I got the Commons to collaborate on -- "I got" -- I mean, I helped happen -- was a little research project proposal, internal. They give small amounts of money to projects that are undertaken by persons of several different schools. They privilege the inter-professional part. You can't get one unless you represent at least two schools, and preferably more. I brought that to the Commons table. We should go for one of these grants. It's a little nothing money for the first three months, like a little planning grant, and then if they like what you do with the planning grant, they give you $75,000 for the second year, and then they help you as you're looking for real funding that could continue this work. So it's a very cool little thing. I just opened it up. What comes to mind that a group of us could do for one of these grants? One of the nurses I started talking about the journaling that our students do in different schools, and the nurse has had her students journaling for many, many years. It's very different from the kind of journaling we do in P&S, which is very collaborative. Hers is much more private. It's just between the nursing student and her, whereas ours is within this group, and they read aloud, and they read one another's. So one idea I had was, let's kind of find out what the narrative practices are in the different schools, and see if, are they the same goals? Are they not? Are they different methods? So that, I thought, was -- I was rooting for that idea. But there were some other ideas on the table. The nutritionist says, "I think we should do something looking into weight bias." Because all of us are influenced by implicit assumptions usually against people who are overweight, and...
[00:29:21]

T.A. ROSOLOWSKI, PHD:
[00:29:21]
Or profoundly suspicious of people who are underweight.
[00:29:24]

RITA CHARON, MD, PHD:
[00:29:24]
Yes. Yes. We know that it exists, but we have no idea about how to reach it, or make people aware of it, or even make it have less of a hold. It is so interdisciplinary. Think of the physical therapist with somebody who's 300 pounds and needs a total hip replacement. Well, they're going to say to themselves, "Lady, don't you know why you needed the hip replacement? I mean, don't you get it?" And that physical therapist is going to be less likely to push this person, because in the mind is this -- is it lazy? Is it no willpower? Right?
[00:30:19]

T.A. ROSOLOWSKI, PHD:
[00:30:20]
Mm-hmm.
[00:30:20]

RITA CHARON, MD, PHD:
[00:30:21]
So the nutritionist says that. I just didn't have very much to say about it. I don't know about this. In fact, I was kind of -- because I wanted the other one. I think there was another thing on the table. I forget what it was. So then we had kind of a roundup, and there was an email -- "So which one should we do?" One of the nurses says, "I think we should go with the weight bias, because that has some kind of clinical significance, where the students doing their journals is interesting to the educators, but it doesn't have clinical significance." I vote for the weight one. Then somebody else chimed in and said, "OK, so that's what we'll do." By now, it was, like, 10 days until the thing had to be sent in. I figured at least I should pull together a draft. It only had to be, like, five pages, but I had to pull together a draft. I did a -- it wasn't an all-nighter, but it was close to it. Just sitting here on my Google Scholar and my PubMed, learning about weight bias. Which I did. It's not hard. It's not hard. I learned enough over that night to write a five-page kind of proposal. It was fun, I got really aware of the magnitude. I mean, things like people who are overweight are less likely to be referred for screening, because people don't think they're interested in their own health. And people who are overweight, some of them, are indeed iller than others, and so have many more visits to health care providers. But then others, who are not iller, have fewer visits to health care providers, because they know when they come into see the doctor, they're going to be laughed at. They're going to be dismissed. They're going to be -- "Oh, you've gained since I saw you last. Didn't you see the nutritionist?" I find all this stuff. So then it became a real team, and we -- you know? And me and the nutritionist, who, at the beginning, said, "Well, I think it's a good idea, but I'm too busy. I can't really work on it." Ooh, did she. And only halfway into it, after I had kind of done the -- I didn't write the whole thing. I said, "OK, you do that part, you do that part." Then she says, "This has been my dream."
[00:33:12]

T.A. ROSOLOWSKI, PHD:
[00:13:14]
There we go.
[00:13:14]

RITA CHARON, MD, PHD:
[00:13:15]
I had no idea.
[00:13:16]

T.A. ROSOLOWSKI, PHD:
[00:13:16]
Yeah.
[00:13:16]

RITA CHARON, MD, PHD:
[00:13:17]
Because it was kind of tossed off. "Well, we can look into weight bias." She didn't say at the beginning, "This is what I've wanted to do." And she reached out to one of the national experts and got her as a consultant to the grant, and she's the one -- I made her be the PI. Part of this grant is mentoring, so we put one of her junior faculty in nutrition on the grant. I think we have a good shot at it. The grant is using narrative medicine methods to address weight bias.
[00:34:01]

T.A. ROSOLOWSKI, PHD:
[00:34:01]
Yeah, I was figuring that you were going to somehow combine them. It just seemed like a likely --
[00:34:06]

RITA CHARON, MD, PHD:
[00:34:06]
That's what it is. What we will do is this kind of sitting around in small groups, where the trust builds, and you're able to -- I mean, I'm sure it will entail talking about our own weight backgrounds, and family backgrounds, and times that we've been either the butt of it or the sender of it. And maybe there will be, I think -- I mean, I'm going to be running it. I mean, I'm going to be helping develop the methods. I would hope that for those who are in practice, there's a journaling, just to keep track of -- just a self-examination. At the end of the day, just notice -- I mean, what would you call it? Your fat journal. And maybe they'll start noticing how other people in the practice are -- "Her weight was 270!"
[00:35:12]

T.A. ROSOLOWSKI, PHD:
[00:35:13]
Right. Yikes.
[00:35:14]

RITA CHARON, MD, PHD:
[00:35:14]
Right? Like that. And the rolling of the eyes when somebody would say, "Yeah, she says she eats like a bird." Right?
[00:35:25]

T.A. ROSOLOWSKI, PHD:
[00:35:25]
Which she may, actually.
[00:35:26]

RITA CHARON, MD, PHD:
[00:35:27]
Well, now that we know enough about the [microbiome] and the -- you know.
[00:35:31]

T.A. ROSOLOWSKI, PHD:
[00:35:31]
And what happens to people's metabolisms with yo-yo dieting. Oh my gosh.
[00:35:36]

RITA CHARON, MD, PHD:
[00:35:36]
Yup. And too much Purell, which interferes with the good bacteria.
[00:35:40]

T.A. ROSOLOWSKI, PHD:
[00:35:41]
Oh my God.
[00:35:41]

RITA CHARON, MD, PHD:
[00:35:42]
So it may well be the case that they're -- anyway. That whole -- even if we don't get the grant, the thing was stunning. To see this per-- and then I realized -- I get my little crew involved, and they're doing all the heavy lifting in the background. They're cranking out the CVs, and they're putting the stuff in order. I forgot where I was going. Even if we don't get the grant, that it was this show of support to this nutritionist. I remember now, what we realized, me and my two -- I have a program director and a young woman, a graduate of our program -- actually, they're both graduates -- who we just hired to help us with the office work. And we realized that the nutritionist has probably been at this institution, being dismissed and diminished and not taken very seriously, because she's only a nutritionist. So it's not weight bias; it's another kind of bias. But she has been living with it. So if she said, kind of offhandedly, "Well, we could do, like, weight bias," she couldn't run the risk of showing how passionate she was about it, because she figured, well, they won't take my advice. Then we took her advice.
[00:37:12]

T.A. ROSOLOWSKI, PHD:
[00:37:13]
I think it's a great story about leadership in a collaborative context. You know, how do you do that? How do you lead collaboratively? It's sort of a parallel to how do you ascribe credit in team science, which is the issue.
[00:37:32]

RITA CHARON, MD, PHD:
[00:37:32]
Yeah, yeah, yeah, yeah.
[00:37:33]

T.A. ROSOLOWSKI, PHD:
[00:37:33]
How do you do that? How do you work with groups of people? Because you've talked so much about the themes of collaboration, community, I was thinking, well, it's kind of hard to ask about leadership in

that, but this is a great example of listening, you not saying no, or maneuvering away, of pushing the nutritionist to the sideline because your idea is really the best. But finding a way to bring it all together and let this young -- this woman shine.
[00:38:09]

RITA CHARON, MD, PHD:
[00:38:10]
Then she became the leader.
[00:38:12]

T.A. ROSOLOWSKI, PHD:
[00:38:12]
And she became the leader.
[00:38:13]

RITA CHARON, MD, PHD:
[00:38:13]
Because I made her the PI. I had to go up to her office, because we had to put it through her computer, because she -- you know. If she gets it, she's running it.
[00:38:24]

T.A. ROSOLOWSKI, PHD:
[00:38:24]
Yeah. That's a great story.
[00:38:26]

RITA CHARON, MD, PHD:
[00:38:26]
I tried to dissuade her from using "narrative medicine" in the title, because I said, "We may read all this background stuff and see how other people have approached this issue, and we may decide on another method. I'm not sure that it's going to be that." "No," she said.
[00:38:46]

T.A. ROSOLOWSKI, PHD:
[00:38:47]
Oh, interesting.
[00:38:47]

RITA CHARON, MD, PHD:
[00:38:47]
"This is what we're doing."
[00:38:47]

T.A. ROSOLOWSKI, PHD:
[00:38:48]
Oh, interesting. Interesting. That's very cool. That's a wonderful story. It really is. Great story about teams, and how -- another one of those things. You didn't even know this little pocket of energy was there.
[00:39:02]

RITA CHARON, MD, PHD:
[00:39:02]
Right.
[00:39:03]

T.A. ROSOLOWSKI, PHD:
[00:39:03]
And bang.
[00:39:04]

RITA CHARON, MD, PHD:
[00:39:04]
That's right. That's right.
[00:39:05]

T.A. ROSOLOWSKI, PHD:
[00:39:07]
Yeah, that's exciting. It really is. I love seeing that.
[00:39:10]

RITA CHARON, MD, PHD:
[00:39:10]
Yup. It's such a lesson, because of the holding back that she was doing. We talk -- when we get all the preceptors in a class, and they say, "How's your small group going?" I'll say, "Well, I've got a kid who's never talked. He hasn't talked the whole semester. What should I do?" You just don't know.
[00:39:42]

T.A. ROSOLOWSKI, PHD:
[00:39:42]
Yup. I remember when I was first in my academic job -- you know how it is in a classroom. You ask a question, and the same hands go up. I thought, let's just change it. I would say, "OK, I'm going to ask the question, but I'm not going to take answers right away. I'm going to give you a minute and give you some time to write down what's in your mind about this." Whole different set of hands started going up.
[00:40:11]

RITA CHARON, MD, PHD:
[00:40:12]
Really?
[00:40:12]

T.A. ROSOLOWSKI, PHD:
[00:40:12]
Because some people, they need processing time. I said, "If you want to read what's on your paper, that's fine."
[00:40:18]

RITA CHARON, MD, PHD:
[00:40:18]
Right, right, right.
[00:40:19]

T.A. ROSOLOWSKI, PHD:
[00:40:19]
Because they couldn't -- they were so -- they had performance anxiety, and so just speaking -- whole -- changed the classroom.
[00:40:26]

RITA CHARON, MD, PHD:
[00:40:26]
That's beautiful. And how many people? Was that a big lecture class?
[00:40:29]

T.A. ROSOLOWSKI, PHD:
[00:40:30]
No, this was in a small -- there were like 24 students, something like that. But in a big lecture class, I'm sure -- giving people the permission to do that.
[00:40:40]

RITA CHARON, MD, PHD:
[00:40:43]
Because some of the people whose hands shoot up, they don't know what they're going to say. They don't have an answer. They want to answer. And they figure out what to say in the time it takes to be -- but that's a strategy.
[00:40:58]

T.A. ROSOLOWSKI, PHD:
[00:40:59]
It is.
[00:40:59]

RITA CHARON, MD, PHD:
[00:40:59]
It's a strategy. It works sometimes, It backfires other times. But the other kids, who are too honest and won't put their hand up until they have something to say, never get called on. This is an idea of mine. I don't know that that's true. But if I were in -- I don't teach classrooms anymore. I teach seminars. But if I were in a classroom setting, I would ask the ones whose hands shoot up, "Did you know what you were going to say before you put your hand up?" Now, maybe they don't realize it. But don't you think?
[00:41:41]

T.A. ROSOLOWSKI, PHD:
[00:41:41]
I think there are all sorts of things going on. It's very interesting. I've had some very interesting interactions with students. The prohibition -- so much of it depends on a classroom. Students not feeling as though they can say something if they're worried about not saying it perfectly. There's that --
[00:42:09]

RITA CHARON, MD, PHD:
[00:42:09]
Ah, yes, absolutely.
[00:42:10]

T.A. ROSOLOWSKI, PHD:
[00:42:10]
-- kind of performance anxiety.
[00:42:11]

RITA CHARON, MD, PHD:
[00:42:11]
Absolutely.
[00:42:11]

T.A. ROSOLOWSKI, PHD:
[00:42:12]
Or not having the -- they think the idea is interesting, but it's not fully formed, and they're afraid of being laughed at, or being criticized.
[00:42:20]

RITA CHARON, MD, PHD:
[00:42:20]
That's right.
[00:42:20]

T.A. ROSOLOWSKI, PHD:
[00:42:21]
I think there are all kinds of things. Then you have students who, they may have something to say, I'm going to do little air quotes around "say," I won't go into it now, but I've had students say, "I can't tell you; I can draw it."
[00:42:38]

RITA CHARON, MD, PHD:
[00:42:39]
Oh.
[00:42:39]

T.A. ROSOLOWSKI, PHD:
[00:42:40]
Because they're visual thinkers.
[00:42:41]

RITA CHARON, MD, PHD:
[00:42:41]
Oh. Oh, that's [nice?].
[00:42:42]

T.A. ROSOLOWSKI, PHD:
[00:42:42]
I've said, "Come up and draw it," and then we talk about the visual image.
[00:42:46]

RITA CHARON, MD, PHD:
[00:42:46]
Beautiful.
[00:42:47]

T.A. ROSOLOWSKI, PHD:
[00:42:47]
So it's -- there are many different learning styles, and knowing how to tap that and recognize when somebody might be needing a different kind of invitation.
[00:43:01]

RITA CHARON, MD, PHD:
[00:43:01]
You've talked a lot about visual approaches. Are you yourself an artist?
[00:43:06]

T.A. ROSOLOWSKI, PHD:
[00:43:07]
I am not an artist, but I'm very strongly visual. When I was first in graduate school, one of my big issues with writing was that I could not write my papers. I could draw them. Literally, these incredibly complex systems would come into my head, and they were moving. They moved, and they had color. That was like, OK, how --
[00:43:31]

RITA CHARON, MD, PHD:
[00:43:31]
Like the molecules of your biochemist.
[00:43:33]

T.A. ROSOLOWSKI, PHD:
[00:44:33]
Yeah. How do you turn this into language? That was just a huge issue.
[00:43:36]

RITA CHARON, MD, PHD:
[00:43:36]
But were they conceptual or were they actual things?
[00:43:38]

T.A. ROSOLOWSKI, PHD:
[00:43:38]
Oh, yeah, it was all about concepts. No, it was --
[00:43:40]

RITA CHARON, MD, PHD:
[00:43:40]
So it was ideas floating around.
[00:43:41]

T.A. ROSOLOWSKI, PHD:
[00:43:42]
Yeah, concepts. How a system in a text worked. And so that was very instructive, because you learn, OK, I'm not the only person in the world who does this. I remember what I went through, having to try to put that into language. I knew there had to be students in my class that had this going on. And no wonder they were sitting there, mute. How do you talk about that? So to create a space in which you start suddenly speaking a different language. That's what you're doing in your workshops, too, telling these people who have come through a medical tradition, "Let's speak in a different language, or forge a different language."
[00:44:20]

RITA CHARON, MD, PHD:
[00:44:20]
That's right.
[00:44:20]

T.A. ROSOLOWSKI, PHD:
[00:44:20]
Because the language may not exist. Which is incredibly exciting to do.
[00:44:26]

RITA CHARON, MD, PHD:
[00:44:27]
Yeah,
[00:44:27]

T.A. ROSOLOWSKI, PHD:
[00:44:27]
Yeah.
[00:44:28]

RITA CHARON, MD, PHD:
[00:44:28]
So we're building the Brooklyn Bridge.
[00:44:29]

T.A. ROSOLOWSKI, PHD:
[00:44:30]
Build -- absolutely.
[00:44:31]

RITA CHARON, MD, PHD:
[00:44:31]
Out in the backyard.
[00:44:32]

T.A. ROSOLOWSKI, PHD:
[00:44:36]
That's really cool.
[00:44:36]

Chapter Twenty-One
Bringing the Visual into Narrative Medicine

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.

RITA CHARON, MD, PHD:
[00:44:37]
When I first came to New York, I fell in love with the Brooklyn Bridge. In the fall semester, in Harvey Chertok's course, we read Hart Crane. You know *The Bridge*?
[00:44:51]

T.A. ROSOLOWSKI, PHD:
[00:44:51]
Mm-hmm. Oh, yeah.
[00:44:52]

RITA CHARON, MD, PHD:
[00:44:53]
I would go down to that Brooklyn Bridge stop on the number six train and walk across the Brooklyn Bridge at sunrise, at sunset. I mean, it was a passion of mine. I would go across the bridge with the Hart Crane in hand. And remember, he talks about the soaring of the wires in that Ave Maria part? It was -- that was a religious experience.
[00:45:21]

T.A. ROSOLOWSKI, PHD:
[00:45:22]
Was it?
[00:45:22]

RITA CHARON, MD, PHD:
[00:45:22]
I mean, it's like Rothko now.
[00:45:23]

T.A. ROSOLOWSKI, PHD:
[00:45:23]
Yeah, yeah. The sublime.
[00:45:25]

RITA CHARON, MD, PHD:
[00:45:26]
Yeah. You asked way at the beginning about Rothko. I don't know when I actually first saw a Rothko, but I know it was when I was in the Tate Modern. Oh, I do know where it is. There's a Rothko Room in the Phillips Collection, It's a small room. It's dimly lit, like Rothko insists, and there's a bench, I know there's a kind of orange and red one on one wall, and there's a green and blue one on the other. That was the first time. I didn't know who Rothko was, but I was in -- because, on and off, I have a lot of meetings in Washington, D.C., so sometimes I've got two hours before the train. I just sat in front of the blue and green one. The orange one was too orange. But the blue and green one, I said, what is this? It was levitating. Then I was in the Tate Modern. The first time was -- I don't know when the Rothkos got there, but it was 10 years ago, and *whoo*.
[00:46:46]

T.A. ROSOLOWSKI, PHD:
[00:46:47]
Yeah.
[00:46:47]

RITA CHARON, MD, PHD:
[00:46:47]
Right?
[00:46:48]

T.A. ROSOLOWSKI, PHD:
[00:46:48]
Yeah. Well, that was what they were aiming for. So the edges of the --
[00:46:53]

RITA CHARON, MD, PHD:
[00:46:53]
Start moving. Right? And you sit there long enough that the paintings come to life.
[00:46:58]

T.A. ROSOLOWSKI, PHD:
[00:46:58]
It invades your consciousness.
[00:46:59]

RITA CHARON, MD, PHD:
[00:47:00]
And as he says, as Rothko said for that installation, that he wanted the lights dim and he wanted the seating in the center, so that the viewer can absorb the painting. That was his word, "absorb." I always felt that I was absorbing the painting, and the painting was absorbing me. That I was just summoned -- summoned -- into it, and got lost into. For 45 minutes, you sit in front of -- the one in the Tate Modern that is most impressive to me is the purplish mist background with a very black -- looks to me like window frame. I feel I'm being summoned into this window, out onto the beyond. It's kind of scary, it's kind of deathlike, being summoned out through the aperture, into the beyond.
[00:48:02]

T.A. ROSOLOWSKI, PHD:
[00:48:05]

That's another instance of kind of giving yourself up to a radical relationality.
[00:48:10]

RITA CHARON, MD, PHD:
[00:48:10]
Yes. Well, yeah. Then what happened -- It was with Rothko that I had most extremely that experience, although what happened also, in front of Cézannes, or in front of other works, but most extremely with these Rothko bars of color. Then I started realizing that that was the feeling I had in the office when there was a well-going session with a patient. That I was summoned out of my ordinary self by their situation, by their presentation, I started to say, is it that my patient has become a work of art? Is there a sense of beauty here? What am I responding to? Because it was the same feeling of being beside myself. Then I found a description of it in Richard Zaner, who's a phenomenologist. Used to run the program in bioethics at Vanderbilt. He talks about ecstasia, which is the summoning out of yourself. He describes, in a visit with a patient called Tom, exactly this sense that he was called toward. So --
[00:49:30]

T.A. ROSOLOWSKI, PHD:
[00:49:30]
I believe I know what you're talking about.
[00:49:31]

RITA CHARON, MD, PHD:
[00:49:32]
So then I took that seriously, and that's the point at which, for me, visual art became so central to our work. It's after I realized that that was the feeling, that was the phenomenon, that we were trying to develop for ourselves and for our students. It's something more muscular than beholding.
[00:49:58]

T.A. ROSOLOWSKI, PHD:
[00:50:00]
Absolutely. Keeps the subject separate from the object.
[00:50:04]

RITA CHARON, MD, PHD:
[00:50:04]
Yeah. It's transformative.
[00:50:05]

T.A. ROSOLOWSKI, PHD:
[00:50:06]
Yup, yup. You know Richard Elkins' work?
[00:50:09]

RITA CHARON, MD, PHD:
[00:50:09]
No.
[00:50:09]

T.A. ROSOLOWSKI, PHD:
[00:50:10]
Oh, he -- yeah.

[00:50:10]

RITA CHARON, MD, PHD:
[00:50:11]
Who is...?
[00:50:12]

T.A. ROSOLOWSKI, PHD:
[00:50:12]
He's on the faculty of the art school of the Art Institute of Chicago. I'll give you a citation for him. He's just got some amazing stuff about looking that would totally fit with this. Yeah, you'd be very interested in his work.
[00:50:26]

RITA CHARON, MD, PHD:
[00:50:26]
I read John Berger a lot, and his *Ways of Seeing*.
[00:50:30]

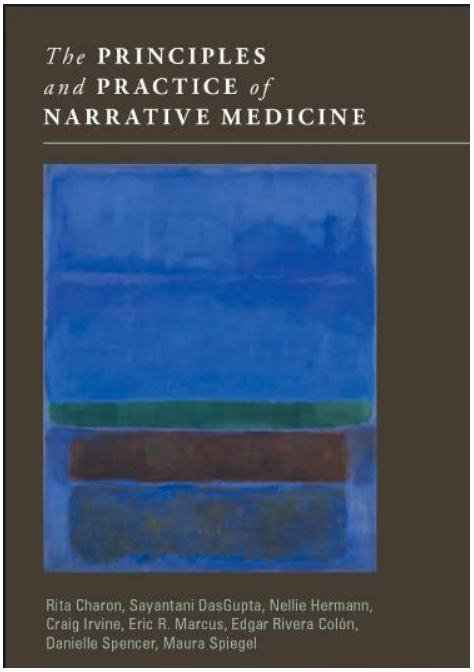
T.A. ROSOLOWSKI, PHD:
[00:50:31]
You'll enjoy Richard Elkins.
[00:50:33]

RITA CHARON, MD, PHD:
[00:50:33]
Good. So when it came to picking -- oh, and then I started using a lot of Rothko, just slides in talks I was giving, I would just put a Rothko up, and at the beginning, I would just have one slide. I'd say, "I just want you to look at the Rothko. You don't have to listen to what I say. You're much better off just looking at the Rothko until it starts moving." Then I started -- I just heard -- somebody just wrote me yesterday, "Have you seen the Rothkos at the Pace Gallery on 25th Street?" Check it out.
[00:51:09]

T.A. ROSOLOWSKI, PHD:
[00:51:09]
All right, yeah.
[00:51:10]

RITA CHARON, MD, PHD:
[00:51:12]
Then I started visiting a couple of them at the Met. And this one, I have not ever seen, but I saw reproductions of it, It was more beautiful than the others, somehow, and the earth colors down here were just so active, and the kind of feeling of a horizon, maybe, here. There was some way in which the balance and the saturation were just singularly perfect.
[00:51:46]

T.A. ROSOLOWSKI, PHD:
[00:51:47]
Can you send me a screenshot or a -- of the book cover? Because I can put it right in your transcript.
[00:51:53]



RITA CHARON, MD, PHD:
[00:51:53]
I did.
[00:51:54]

T.A. ROSOLOWSKI, PHD:
[00:51:54]
Do I have the picture, though?
[00:51:55]

RITA CHARON, MD, PHD:
[00:51:55]
Mm-hmm.
[00:51:55]

T.A. ROSOLOWSKI, PHD:
[00:51:56]
I have the picture? Oh.
[00:51:57]

RITA CHARON, MD, PHD:
[00:51:58]
I think I sent the cover art.
[00:51:59]

T.A. ROSOLOWSKI, PHD:
[00:51:59]

I think I just have text.
[00:52:00]

RITA CHARON, MD, PHD:
[00:52:00]
Oh, all right.
[00:52:01]

T.A. ROSOLOWSKI, PHD:
[00:52:01]
But anyway, I'm asking because I can put it right in the transcript, so that people can see what you're talking about.
[00:52:07]

RITA CHARON, MD, PHD:
[00:52:09]
So then I decided, and my team was very much with me -- I mean, we had different ideas. We got the thing from Oxford. OK, you've got to choose the cover art. So we had one of these sessions. These are my -- Craig and Maura and Nellie and Danielle are my kind of directors. So we considered other things, and there was an African American woman artist who we all really liked. So we went back and forth, but the Rothko won out, because it has become iconic for our way of talking about the attention that we try to develop, and the reciprocity of absorbing the painting, being absorbed by the painting, in the way that you can in what becomes an intersubjective relation. I set to work. I had one of my graduate students in my office for something else, I said, "OK, we have to find out how to get permission to use this." This graduate student had done something like this. So we both get on the phone. I knew that it had, at one point, been owned by Andrew Mellon. So we call the Mellon Foundation, and they said, "Oh, yeah, we remember that painting, It was sold long ago. If you call Sotheby's, maybe they'll know who" -- so my graduate student called Sotheby's, and sure enough, they give her the name of the person who bought the painting.
[00:53:51]

T.A. ROSOLOWSKI, PHD:
[00:53:51]
That's so cool.
[00:53:51]

RITA CHARON, MD, PHD:
[00:53:52]
Somebody called Steven A. Cohen bought the painting, some, I don't know, five or ten years ago, and he lives in Greenwich, Connecticut. I said, "Well, OK. Now how are we going to find Steven A. Cohen?" I'm at an awards dinner the next night for the students' honor society, sitting with a pediatrician, I tell her this story. I said, "Well, at least I know the guy's name. His name is Steven A. Cohen, and he lives in Greenwich." And Annie says, "I was just at his house for dinner last week." So she puts me in touch with the owners.
[00:54:36]

T.A. ROSOLOWSKI, PHD:
[00:54:36]
Oh my gosh, that's a great story. Talk about the degrees of separation.
[00:54:39]

RITA CHARON, MD, PHD:
[00:54:40]
I mean, imagine. He's one of these hedge fund guys, wealthy as all hell. Got kind of charged with insider trading, and had to withdraw from the profession for 10 years or something like that, and has a massive collection.
[00:54:57]

T.A. ROSOLOWSKI, PHD:
[00:54:57]
Oh, wow.
[00:54:57]

RITA CHARON, MD, PHD:
[00:54:58]
I haven't yet seen the painting, but I did correspond with his wife, Alexandra, who was very helpful, because -- I've learned so much about getting permissions. I had to go through the Artists Rights Society to get to the estate, to get the formal permission. So the Artists Rights Society put me in touch with Christopher and Kathleen. It's Christopher Rothko and Kathleen Rothko Prize l... I was corresponding with them by email, and they said, "Well, what's narrative medicine, and why are there so many authors on this book?" Because I had sent --
[00:55:44]

T.A. ROSOLOWSKI, PHD:
[00:55:45]
Right.
[00:55:45]

RITA CHARON, MD, PHD:
[00:55:56]
-- the request. I had to, in an email, to his children, describe what's narrative medicine, what does Mark Rothko have to do with it, and why are there so many authors on this book.
[00:55:58]

T.A. ROSOLOWSKI, PHD:
[00:55:58]
Interesting.
[00:55:59]

RITA CHARON, MD, PHD:
[00:55:59]
So they gave us the permission. But then -- I wasn't finished -- I needed a high-resolution photograph of the painting itself, and the Artists Rights Society didn't have it. They said, "Oh, go to these two websites. They have all the" -- well, they didn't have this painting. I had to go back to the owners --
[00:56:16]

T.A. ROSOLOWSKI, PHD:
[00:56:16]
And see if they would give it to you.
[00:56:17]

RITA CHARON, MD, PHD:

[00:56:17]
And the owners put me in touch with their art manager.
[00:56:20]

T.A. ROSOLOWSKI, PHD:
[00:56:20]
Right, right.
[00:56:21]

RITA CHARON, MD, PHD:
[00:56:21]
Who said --
[00:56:23]

T.A. ROSOLOWSKI, PHD:
[00:56:23]
For insurance purposes? [I'm sure they had?] --
[00:56:24]

RITA CHARON, MD, PHD:
[00:56:24]
-- "Yes, of course," and they sent me what they said was a high-resolution photograph. I remember getting it, I was so excited, because we were so behind schedule, I sent it off to Oxford. But then I looked at it again. I said, there's something funny about this. It's purpler than it should be.
[00:56:42]

T.A. ROSOLOWSKI, PHD:
[00:56:42]
Oh.
[00:56:42]

RITA CHARON, MD, PHD:
[00:56:44]
It was purpler than it should be. I had to write back to the art manager and say, "Was this not color corrected or something?" And she looked -- "Oh, I sent you the wrong one." I had to stop the presses at Oxford.
[00:57:04]

T.A. ROSOLOWSKI, PHD:
[00:57:05]
Oh, that's funny.
[00:57:06]

RITA CHARON, MD, PHD:
[00:57:06]
Send them the right one. Then it turns out that Alexandra and Steven Cohen are big philanthropists to Columbia, and their name is on the new pediatric emergency room.
[00:57:19]

T.A. ROSOLOWSKI, PHD:
[00:57:19]

Oh, wow.
[00:57:19]

[Redacted 00:57:20 - 00:59:10]

T.A. ROSOLOWSKI, PHD:
[00:59:10]
So is there anything else you'd like to say?
[00:59:18]

RITA CHARON, MD, PHD:
[00:59:19]
You know, I don't think so. Boy, we really talked about a lot of things.
[00:59:24]

T.A. ROSOLOWSKI, PHD:
[00:59:25]
We have, I know.
[00:59:25]

RITA CHARON, MD, PHD:
[00:59:25]
Including some I haven't thought about in 30 years. You know, all that Providence, Rhode Island part. No, I just hope you see the -- it's really a sense of zeal here. It's when the students come back and have been doing this and using it, and they realize the differences made. That's extraordinary. That's what it's for. And so, if we can get the research to the point that the patients will come back and say, I don't know what it was, but Dr. Charon really helped me this time quit smoking. That's what we want.
[01:00:12]

T.A. ROSOLOWSKI, PHD:
[01:00:13]
Yeah.
[01:00:13]

RITA CHARON, MD, PHD:
[01:00:15]
Or lose weight. Or take my medicine.
[01:00:17]

T.A. ROSOLOWSKI, PHD:
[01:00:17]
Right.
[01:00:17]

RITA CHARON, MD, PHD:
[01:00:18]
Or gather up the courage to take the MRI.
[01:00:21]

T.A. ROSOLOWSKI, PHD:

[01:00:21]
Or cope with my new reality after cancer.
[01:00:24]

RITA CHARON, MD, PHD:
[01:00:25]
Yeah.
[01:00:25]
T.A. ROSOLOWSKI, PHD:
[01:00:29]
Yeah. Wow. Well, it's been a pleasure talking to you.
[01:00:32]

RITA CHARON, MD, PHD:
[01:00:33]
Well, same here. I learned a little bit about you, too.
[01:00:37]

T.A. ROSOLOWSKI, PHD:
[01:00:39]
I normally don't talk as much during interviews as I did, but this one, we had a little overlap in our background, yeah.
[01:00:44]

RITA CHARON, MD, PHD:
[01:00:44]
Yes, how do you teach somebody how to read? Wow.
[01:00:47]

T.A. ROSOLOWSKI, PHD:
[01:00:47]
Yeah, I know. I know. Well, I want to thank you for your time.
[01:00:50]

RITA CHARON, MD, PHD:
[01:00:50]
OK.
[01:00:51]

T.A. ROSOLOWSKI, PHD:
[01:00:52]
Yeah. I am turning off the recorder at 20 minutes of 8:00. Oh, wow.
[01:00:58]