

ANIMAL LOCOMOTION. PLATE 93

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The Changing Narrative Medicine Workshop: Finding New Uses for and New Ways to Use Narrative Medicine

The narrative medicine workshop, as a structure and method, differentiates narrative medicine as an applied discipline within the larger field of the health humanities. In the narrative medicine Master's programs at Columbia University and the University of Southern California, students take courses in narrative medicine workshop methods, in which they learn how to design, facilitate, and evaluate workshop-based narrative medicine interventions. There is some writing, for example in *The Principles and Practice of Narrative Medicine*, about what happens in these workshops and how they “work,” but, arguably, not enough. There is a need for both further theorization and research, especially regarding what happens at the interface between the workshop structure and method on the one hand and the intra- and intersubjective experiences of participants on the other. This work is necessary if we want to deepen our understanding of how narrative medicine, as well as the health humanities at large, contributes to healthcare and healthcare education across specialties, disciplines, and spaces.

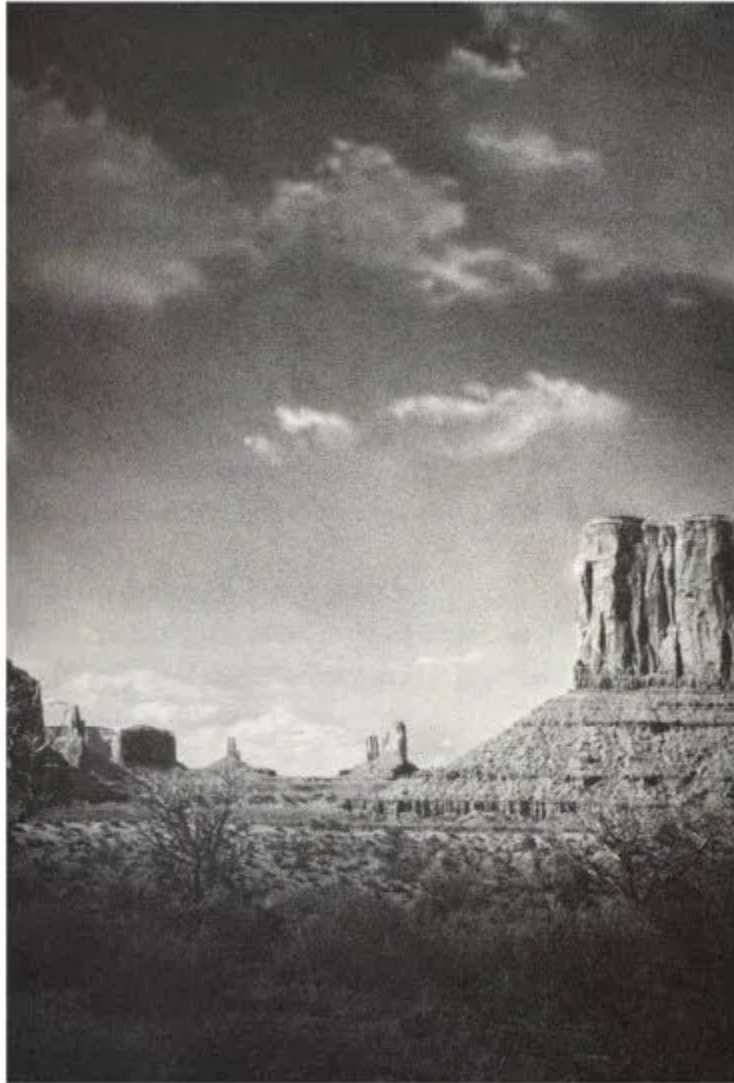
At the same time, when we look at the narrative medicine research literature, we see that “the narrative medicine workshop” no longer describes a single methodology, but rather a collection of practices, which may share a basic shape but can vary greatly in terms of purpose, composition, structure, and design. This is in large part thanks to graduates of the Columbia and USC Master's programs, who take what they have learned wherever they go, modifying and building upon, even as they carry forward the overarching affective and ethical frameworks that serve as the field's foundation. Ultimately, the changing narrative medicine workshop is a reflection of how in

narrative medicine we attend to the intersubjective, co-creative processes by which we come to feel, think, and act in service of others. In a world that is changing, there is a need and an opportunity for adaptation and innovation. **Elsewhere** I have written about the effects that the pandemic is having on our sense of self and other, with implications for how we think about racial violence and trauma. I link this to the recent interest in using narrative medicine methods to bridge divides and strengthen and empower communities. We are faced today with a challenge to use narrative medicine where it is needed most.

This semester, I am co-teaching the methods and pedagogy course in the narrative medicine Master's program at USC. In the course of preparing for and now teaching this class, I have had to think critically about what it means to teach the narrative medicine workshop, how to teach it, and what it is in the first place. How do we communicate the tension between deeply understanding how workshops work (which often requires defining a "standard" workshop structure) and teaching an approach to workshop design and facilitation that emphasizes flexibility, creativity, and collaboration? How much do we talk about community-based participatory methods, which might give students the inspiration and tools needed to pursue narrative medicine interventions in community-based settings? How do we help students develop the openness to process, capacity for sitting with uncertainty, and attunement to affect which might be said to define good workshop facilitation? What is perhaps most interesting to me is how these and other questions bring into the classroom larger conversations about not only the changing narrative medicine workshop but also the changing field of narrative medicine, asking students to situate themselves within this shifting discourse.

Finding new uses for and new ways to use narrative medicine begins with rethinking which works—a term I use rather than "texts" to encompass visual art, film, music, and other forms of creative expression—we choose for our workshops and by extension our syllabi. It is crucial that we see this only as the beginning, since each choice of a new work must be followed by a question about the workshop structure and how it interacts with the chosen work to create an experience for participants. To be closed off to the possibility of adapting the workshop structure to the work would be to forget how the narrative medicine workshop is a structure and method that was built upon a specific set of texts, theories, and histories. Instead, each new work must be allowed to exert its effects on the structure of the workshop and the method of facilitation. Only when we see how the structure and method can be chosen, just like the works can be chosen, do we begin to recognize that it is the interaction of the work, the structure, and the method that determines what the workshop is able to accomplish.

In the second part of this essay, I share an example of a novel narrative medicine workshop method using a new work. My hope is that this will serve as an illustration of some of the points discussed in the essay thus far.



In her seminal essay “The Generation of Postmemory,” Marianne Hirsch writes about the notion of *postmemory*: “Postmemory describes the relationship that the generation after those who witnessed cultural or collective trauma bears to the experiences of those who came before, experiences that they ‘remember’ only by means of the stories, images, and behaviors among which they grew up. But these experiences were transmitted to them so deeply and affectively as to *seem* to constitute memories in their own right” (106-107). How is it that we come to identify with events which we did not witness but which have nonetheless radically shaped who we are, who we feel we can be, and our sense of belonging to certain groups, communities, and the world? While Hirsch draws primarily upon the field of Holocaust studies, she notes that the concepts of postmemory, “the second generation,” and transgenerational transmission of trauma can be understood and applied across geographical and historical contexts. At its core, postmemory is about the genetics of narrative—how our narratives are not only our own and not static objects, but actively formed in relation to others, inherited, transmitted, and shared. Hirsch is careful to note that postmemory is not without its risks: “[t]o grow up with such overwhelming inherited memories, to be dominated by narratives that preceded one’s birth or one’s consciousness, is to risk having one’s own stories and experiences displaced, even evacuated, by those of a previous generation” (107). What can narrative medicine do to help us articulate our relationship to history and historical trauma? How might this help us relocate ourselves in time, to recover our “own stories and experiences,” while still honoring the ways in which those stories and experiences have

been shaped by historical trauma? What implications for our ability to care for others, both on the individual level and on the community level?

When we use this image in narrative medicine workshops, we purposefully choose to present it first *in vacuo*, that is, out of context, with no information about where it comes from, what it depicts, or who took it. This is a common technique in narrative medicine workshops, meant to focus participants on the work in front of them as opposed to allowing context or background information to influence their observations. Unsurprisingly, participants begin by commenting on what they see. The desert, the sandstone buttes, the clouds and sky, the shrubbery. Gradually, participants move from commenting on specific elements to observing how these elements are situated in the image in relation to each other, creating spaces, distances, and correspondences. This is accompanied by a kind of activation or acceleration of the workshop group's interpersonal process—we see more participants “jumping off of” each other's comments, building on each other's points, and even picking up words and ways of speaking about the image. Comments made here by the workshop facilitators that draw connections between participants' observations help to facilitate these parallel relational processes. Other participants, as if responding to an opposite impulse, find themselves drawn to observing not the resonances but the tensions in the image created by opposing elements—how, for instance, the linearity of the rock forms contrast with the roundness of the clouds or the curving gradient of light. These kinds of comments become an opportunity for us to invite participants to reflect on their own as well as others' *affective* experiences of the image. These have often already begun to be shared and can be as numerous as the number of participants in the group, ranging from feelings of loss, emptiness, loneliness, and deprivation, to feelings of hope, peace, possibility, and awe. Just as the image is able to hold tension between opposing visual elements, the image does not clearly privilege one affective “reading” over another. This is something that we observe explicitly with the group, and which we follow with an invitation to consider the possibility that they have in fact found their way into a space that lies between readings and between all of them, a kind of intermediate, third space, a space for contemplation.

At this point, we transition to the reflective writing portion of the workshop, which we frame and facilitate in the usual manner. We use a writing prompt that plays on the multiple meanings and uses of the word “gather,” which can be interpreted both externally, in relation to the world and others (e.g., gather in, gather together), and internally, in relation to the self (e.g. gather one's thoughts). This kind of prompt reveals the wide range of experiences and memories that the image evokes for participants, which shaped how they engaged with the image as well as each other. We hear not only about the important relationships in participants' lives and the places where those relationships have been lived out, but also about the spaces (both literal and figurative) where participants go to be alone and the value these kind of spaces offer to them. We often hear about participants' families, their complexity as well as their deep importance.

There is another reason why we choose to first present the image on its own, removed from its context, which is that it allows us now to reframe the image for participants. Whereas the standard narrative medicine workshop method would have us end here, after participants have had an

opportunity to share their responses to the prompt, we now share that the image comes from the memoir *The Grave on the Wall*, written by yonsei poet, writer, and teacher Brandon Shimoda. We tell participants about the book, which chronicles Shimoda's journey across the United States, to Japan, and into the archive, in search of his grandfather, Midori Shimoda. We also tell participants that the image is a photograph of Monument Valley Navajo Tribal Park, and it was taken by Midori Shimoda, who was one of more than 100,000 Japanese Americans forcibly displaced, detained, and imprisoned in Japanese internment camps during World War II.

When we invite participants to now return to the image, what we discover is that a whole range of new thoughts, feelings, and readings have suddenly become available. The fact that the image is a photograph of a national park evokes how Japanese Americans were interrogated about their allegiance to the United States. In its wordlessness as well as in the vastness that it captures, the image communicates the very inability to speak freely experienced by those interned by the U.S. government during World War II. We might mention to participants how Fort Missoula, where Midori Shimoda was incarcerated, was an "open fort," a fort without walls, or rather a fort where the walls were assumed because they were formed by the landscape itself. The image takes on new affective dimensions of mourning, grief, and melancholia. It turns out to be an incredibly complicated depiction of "home," evoking both attachment, investment, and affiliation, as well as something closer to terror, fragmentation, and alienation.

It is remarkable, and at times uncanny, how close participants' observations during the close looking exercise and their responses to the writing prompt get to this context and their re-historicized readings of the image. Once, when we used this image in the methods and pedagogy course in the Master's program at USC, one student, who said initially that she did not recognize the place in the image, nonetheless responded to the prompt by describing a time when she drove from Los Angeles to Utah amidst a family crisis and how the rock formations that passed along the way "rose like grandfathers." We observe such moments with the group now, and invite them to reflect on not only what they have gained from learning the image's historical context, but also what role their initial readings and written reflections played in helping them appreciate and make sense of that history. As Hirsch writes: "postmemory's connection to the past is thus not actually mediated by recall but by imaginative investment, projection, and creation" (107). In this workshop method, we temporarily suspend the image from its historical context to give participants the opportunity to see, feel, and articulate their "own stories and experiences." But we also take care to put the image back into its context so that participants see what is theirs in light of what they inherit, and how these can be held in relation to each other, separate but interconnected.

Ultimately, delineating what is ours and what is ours because it was given to us is something we must do whenever we are asked to join with another—in memory, in collaboration, or in care. To honor the lives and stories of others does not mean to become lost in them, but to see instead how we have been changed by them, which is as much about the past as the present, as much about the other as the self. As one student in the course at USC said in reference to the gradual process by which she is coming to understand the stories told to her by her great-grandmother, herself a

survivor of the Japanese internment camps: “I am learning to see.” What we stand to gain is not only a sense of agency and involvement in the shaping of our own narratives, but also perhaps the sense that we *can* do something about the past. Perhaps, this can lead to both a deeper and more evenly distributed commitment to healing the pain caused by historical trauma, which implicates all of us, generations after.

References

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