
THE WRITER'S QUEST

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A playwright and actor who teaches in the Master of Science in Narrative Medicine graduate program at Columbia University told me about the new Russian-language production of Chekhov's "Cherry Orchard" at the Brooklyn Academy of Medicine. "I told all my Narrative Medicine students to go see it, even if the director decided to leave out the first act. It is pure Chekhov." And then she reminded me of the last words of the play, the last words that Chekhov wrote before he died. The dying house-servant who refuses to leave the estate, knowing it is about to be destroyed, says to himself as curtain falls, "Oh, you old good-for-nothing."

Whatever the connection between Chekhov's doctoring and his playwrighting, it is the case that doctors can—if they choose to and are gifted to—see things others do not see. Either our eyes are opened to the ultimate mysteries of mortal life or we are attracted to doing this work because the ultimate mysteries beckon. Either way, those of us doctors who gingerly place our hands on other people's intestines in the midst of abdominal surgery or those of us who listen, as we sit in the semi-dark behind the patient, to memories that are recalled only because they are being told to us are all privileged and cursed to see straight into the face of the radical doubts of life.

I recently announced a Creative Writing Workshop for Faculty on the health sciences campus at Columbia. Within a few days, I had 4 or 5 times as many applications as positions in the workshop. The applicants were nurses, public health professionals, psychologists, physicians, environmental science professors, clinical researchers, and psychoanalysts. Some said they wanted to improve their writing. Others said they had for years harboured a secret desire to write but never thought they'd find a way to do so. Many said simply, "What else can I do with all the stories I see and hear but write them down? How else can I be faithful to what I know?"

I will suggest to the participants another dividend to their writing when I meet with them. Not only can their writing keep fresh the memories of patients' stories and confirm the gravity and power of these stories. By writing them, they will also perceive them. The better we can represent what we see, the better we perceive it. Time and time over, as I teach close reading and creative writing to clinicians, I witness the profound epiphany of the writer who says, "I didn't know that until I wrote it down." They thus join the countless novelists and poets—Flannery O'Connor, E.M. Forster, Robert Frost, Joan Didion, George Orwell—who declare that they write in order to know what they think. As one writes creatively, freely, expansively, letting things happen in the writing that are not fore-ordained, he or she achieves a meta-cognitive experience

of whatever “knowledge” is. Using our imaginations and bodies and deeply stored hence unavailable memories, we create something *new* to ourselves. We surprise ourselves. We don’t know what we know until we represent it.

A corollary to this realization is that the writer needs a reader. In a writing workshop, the listeners tell the writer what he or she has written. The writer needs an *other* to read or listen to what has been written in order to be able to see what the writing holds.

As a doctor and as a writer, all these years, I think I have seen more about my patients by virtue of my writing and I have seen more about writing’s quest—those ultimate mysteries—by virtue of my patients. When the curtain falls, life’s good-for-nothingness might be seasoned by the satisfaction of having gotten some of it down in words.