



EDITORIAL

Pediatrics and Narrative Medicine

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I am honored and deeply appreciative for the opportunity to serve as Narrative Medicine section editor for *Pediatric Research*. By way of introduction, I'd like to tell you a story about my professional journey, and why this feels like a homecoming for me. When I graduated from Pomona College with a degree in English Literature, I headed to medical school with two competing emotions: I was thrilled to be a step closer to my dream of becoming a physician and terrified that, despite completing the pre-medical curriculum requirements, I did not have the same grounding in the sciences as my peers who had majored in biology or chemistry. After a semester at Mount Sinai School of Medicine, I realized that my college education had indeed prepared me to succeed in the basic sciences. It took a much longer period of time, though, for me to find my specialty, and even longer for me to understand that my affinity for literary studies had provided me with an invaluable tool for the practice of medicine.

During my clinical rotations, I fell in love with each discipline: I was awed by the surgeons who taught me the art of differential diagnosis and then could demonstrate the operative skills that confirmed a hypothesis; I marveled at the internists' hermeneutic tapestry, the elegant weaving together of pathophysiology and clinical evidence as they considered diagnostic dilemmas; on obstetrics, I cried at the miracle of birth (and in what was probably a sign, I always followed the baby after delivery). And sure enough, on pediatrics, I fell in love with the children and families in my care, and with the art and science of treating diseases and disorders of childhood and fostering healthy growth and development. When it came time for the residency application process, though, I struggled with my decision and wondered if I would miss hearing the stories of the older patients I'd met on internal medicine. But then in a chance encounter with one of my pediatric ward attendings, as I observed the quiet attention, the full presence that this gentle man donated to the young patient by his side, I realized that I just really liked pediatricians! They were my people—smart, warm, generous, playful, and compassionate.

When I discovered the field of narrative medicine—when I heard Dr. Rita Charon talk about the skills of close reading that could be trained in service of narrative competence, “the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness”—I understood that my two loves, medicine and literature, were grounded in the narrative work that underlies any study of the human condition, including the study of illness and healing.¹ And so I returned to a much deeper dive into literary studies, completing my PhD in literature and creative writing at USC. My study of narrators in nineteenth- and twentieth-century fiction has trained my narrative dexterity as well as my imagination—my current work examines how we might translate the narrative operations involved in representing shared consciousness to the work of clinical encounters. What kind of

storytelling and story-receiving will create the narrative space in our work that leads to co-created paths to healing?

Narrative medicine has evolved since its founding by Dr. Charon in 2000, and its interdisciplinarity and methodologic rigor have positioned the field to respond to the urgent issues facing the health of individuals and communities. In launching *Pediatric Research's* “Narrative Medicine” feature, Camden, Molloy, and Bearer acknowledge the role of the arts and humanities in “improving human health and our harmony with both nature and culture,” as well as the role of storytelling in cultivating empathy and perspective-taking.² Narrative medicine acknowledges the complicated work of shared meaning-making that is essential to compassionate clinical care and invokes literary studies, philosophy, anthropology, creative writing, the performing arts, as well as other fields, in training future and current health care professionals.

At Keck School of Medicine of USC, our Year I medical students study a poem together with their mentors in narrative medicine workshops, learning how to listen attentively, and with humility, to the stories of their patients. Keck's MS in Narrative Medicine began in the fall of 2020, online, in a pandemic, in a nation and a world reckoning both with the new plague of coronavirus disease and with the long-standing plagues of racism and social injustice. As we read Virginia Woolf, Claudia Rankine, and Lisa Kron, as we studied narrative theory, creative writing, ethnography, phenomenology, and critical race theory, we learned together that our field's tools—its interdisciplinary fields of inquiry that illuminate how individuals come to recognize each other across existential difference, its pedagogy that flattens hierarchies and makes space for voices not always heard—position our learners not only to provide narratively competent care to patients but also to advocate effectively for health justice, to become professors in the humanities or social sciences, and to educate the future custodians of our world's health and health systems.

As pediatricians, we observe our young patients acquire language, and we watch as they learn about the world through stories and find their own voices. Whether pre-verbal infants or articulate adolescents, our pediatric patients' stories are often mediated by or enmeshed with others, and a certain kind of narrative agility is required to attend to their stories, to care for their stories with humility and respect for how they fit in the larger fabric of their families and communities. Narrative medicine's movements and methods can foster this agility, and *Pediatric Research* will offer a variety of ways for readers and writers to engage. I hope that this space becomes a forum for creative expression about the work we do in caring for children, whether in our research, clinical spaces, or our teaching. We welcome personal essays about practice, research, or teaching; collaborative work that includes the voices of our young patients or their families; descriptions of educational modules or curricula that incorporate health humanities or narrative medicine's methods; short fiction, poetry, or visual art (paintings, drawings, graphic narratives). As you listen to and honor the emerging voices of our world's youngest citizens, please share your insights and

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imaginings, your struggles and inspirations, your heartbreak, and your joy. We look forward to reading.

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COMPETING INTERESTS

The author declares no competing interests.

ADDITIONAL INFORMATION

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