intima
a journal of narrative medicine

ACADEMIC | SPRING 2021

On Discovering the Applications of Narrative Medicine: An Autoethnography

By Rolando Rubalcava

Navigating the applications of narrative medicine is complicated, especially when you're not studying medicine. You're eager to apply the skillset it teaches, yet there's a whole body of knowledge that you don't have. How do you discuss improving on the practice of doctors when you've never had a patient to attend to or studied how to practice medicine? I asked myself this question almost every time I left my Introduction to Medical Humanities class during the first year of my doctoral program. It was during my second year when I started the teaching component of my program that made the applications of narrative medicine apparent. Five out of the twenty-four students in my first-year writing class were both English Language Learner (ELL) and International Students. Responding to their needs, as well as how they expressed them, required a skillset outside of what I was taught in my Teaching Assistant training. I had to think about where they were coming from, both geographically and linguistically, even as I had to make sure I could understand what they were asking for. I recognized that I was in a position of power with my students, but this was not a medical setting. It was when my students started visiting my faculty office hours (FOH) that I recognized that the skillset I needed to know and practice was the one that I had been learning through my study of narrative medicine. I needed to listen while observing and to shift from thinking of my students as "those with the ELL issues" to thinking of them as "people with stories." In developing these skills, I was able to help the students develop the ones the course was calling for, like how to extract their needs, listening while observing, and a kind of intersubjectivity.

The interdisciplinary nature of narrative medicine addresses the needs raised by ELL students in a way that focuses on the student articulating their needs while positioning the instructor as more than just a listener, but as an ethical listener. By practicing the features proposed by Rita Charon and other narrative medicine scholars, higher ed instructors can gain the skillset needed to address the needs of ELL students individually and respectfully through utilizing office hours while promoting a space that welcomes their participation. To test this hypothesis, I decided to chart my experience while researching the needs of ELL students in an effort to pursue researching this idea academically, turning FOH into a more practical resource for teachers with International and ELL students.

Overview

My ethnographic research came from applying Narrative Medicine to FOH after observing student behavior in my own class. Early in the semester, when I asked my ELL students to contribute to class discussion or work in groups, the looks on their faces suggested that I had just asked them to amputate a part of their body. They were always reluctant to share, and when they did, I could see their relief once they got it over with. I initially thought that I had to fix whatever problem existed that prevented them from opening up. At first, I

called on them more, but it did not take long to see how that problematic that was, showing a kind of favoring, or making them share when they clearly felt uncomfortable. As I was trying to figure out the solution, I then noticed that several of them started coming to my office hours much more frequently. When they sat down to discuss what they needed, I started to think about what my role was in relation to the help they were asking for. What they wanted was not someone who boosted their credentials or gave them answers. They wanted someone who would listen to them, and help them figure out what they needed in their own way. My first instinct was to resist such treatment, until I recognized that I was not being asked to extend my help to a group of students asking for preferential treatment or extra credit, but to a student population that is constantly performing extra labor just to meet the requirements of class.

The significance of these exchanges started early in the semester, revealing their value shortly after. The first student to show up was possibly the quietest student in the class, a young International student, who came to my office hours, with an expression of worry, the kind of worry students have when they are not sure if they are passing the class. She showed up with a working draft of her assignment and a tablet so we could look at the assignment prompt as she asked questions. As she asked questions and discussed her writing, I remembered addressing these concerns in class. The whole time I thought, why didn't she say something during class? But she was here now, so I did my best to address all of her concerns and helped her prep for the next assignment. In the coming weeks, her demeanor in class didn't change, but she also visited office hours more often. During one of our exchanges, she asked if her writing was improving. When I told her that it was, thanks to the work she was putting in, she confided in me that she wished was improving this much in her other classes. This was the epiphany that made me realize the potential of office hour exchanges. A student is confiding in me something most students only share with friends or classmates. I was helping her improve her writing, but something bigger was happening.

Methodology

My ethnographic research started with taking notes of the exchanges with my students, and reviewing the narrative features Charon describes in *Narrative Medicine: Honoring Stories of Illness*. I began to shape the questions I asked my students for the purpose of addressing their needs while making sure they felt heard. This process included taking notes that observed their participation in class, as well as what they shared during FOH. While the students had specific outcomes for themselves, my notes were interested in their engagement with the class and how they responded to reaching their writing goals. Each student sat in my office and discussed their progress, sharing their concerns about the class and their writing. I had five ELL students, and each had their own series of notes. Where their progress was most indicative was both in their writing and class demeanor. The notes that charted their performance helped shape the questions I applied to each student.

Applying the Features of Narrative Medicine

Deconstructing Charon's model of ethical listening produces a framing of the relationship between ELL students and composition instructors as "teller" and "listener". Positioning the two as teller and listener helps prioritize the stakes of such an exchange, as Charon states, "when a person urgently comes to face or question or embrace his or her identity" (111). The lessons about listening offered in Narrative Medicine are precisely those that can help provide the specific kind of help needed while acknowledging the extra labor demanded by ELL students. As soon as I started to adopt these principles, it made future

office hour exchanges an integral part of their classroom learning experience. I started to listen the way Charon advocates for: practicing a kind of intersubjectivity, acknowledging my positionality, and allowing a causality to exist, opposed to demanding expected outcomes. My student began frequenting my office hours, and soon, I was practicing a methodology that I once believed only belonged in a physician's office. After I started this new practice, all I could think about was the wave of students that would benefit from exchanges like ours. Akin to those who stop seeing their doctor, how many people have quit their academic goals because they weren't listened to? It's tragic, and I want to do something about it.

Once I adopted this approach, several things changed. First, more of my International Students started visiting office hours. It was difficult to tell if I made FOH a more valuable resource for them, or if the student from my first exchange shared her success, but for me, it was more opportunities to practice this new methodology, so I was grateful for it. The second change was that their writing aptitude was increasing. With every new student and a steady progression of writing skills, I became more confident that this approach was working. Nevertheless, when new students started showing up, I started to struggle with the application, torn between creating a template of questions ready to ask, or supplying the amount of time as I did with my first student, becoming overwhelmingly time-consuming. After revisiting how Charon envisioned what practicing Narrative Medicine looked like, the solution was a combination of both. I was interested in outcomes, yet I also needed to be their "listener", making sure I knew what they needed. The results were well-written assignments met by students grateful for the opportunity to ask their individual questions. The needs of ELL students are complicated and cannot be reduced to a one-size-fits-all set of answers. Practicing Narrative Medicine in composition classes prevents such a default, prioritizing the needs of each ELL student uniquely and successfully.

Applying narrative medicine to office hours worked really well in large part due to the face-to-face nature of the interaction. The teller is positioned no more than several feet away from the listener, and, if both participants are sitting, the teller and listener are at eye level, creating a kind of physical congruency. Charon describes an exchange as listener, recounting it as follows: "We sat together, close to one another, as she told in detail what she was going through and I listened—not taking notes, not filling the hospital chart, but doing my best to absorb her transmission…I wanted to let her hear herself tell of what the judgments were," (59). When I began research on the efficacy of FOH and its application to student success, it hasn't really been explored as a resource for ELL students. Conversely, when studying the needs of ELL students, faculty office hours are not considered a viable resource.

The Importance of FOH for ELL Students

One of the biggest problems about FOH is its severe under-utilization. In the article by Margaret Smith, Yujie Chen, et al. entitled *Office Hours are Kinda Weird: Reclaiming a Resource to Foster Student-Faculty Interaction*, they address its under-utilization, writing,

> Higher education institutions in Taiwan and mainland China, for example, have also started to implement office hours to promote student-faculty interactions and enhance effective student learning…But the resource itself is useless if few students actually use it. Instructors lament lonely office hours, and empirical research echoes their anecdotes. (15)

The solutions Smith et al. provide based on student surveys and observing faculty office hour exchanges include increasing "approachability" for instructors (22) and reminding students to "self-challenge" themselves (24). Whether or not these will work, they are designed to address

the overall utilization of FOH, but do nothing to address how this resource can acknowledge the specific needs of ELL students. This is a severe blindspot in student-faculty interaction studies as the actual needs of ELL students require an approach Narrative Medicine can target. Positioning instructors to listen to their students with a practice rooted in listening, allowing "tellers" to hear themselves, and fostering a space where questions are welcome, can revitalize the potential FOH has to become a learning resource.

The need for FOH as a resource aimed at ELL and International students is also an urgent one as student populations grow. Kataya A. Karathonos describes where ELL education is most affected, and what needs to change. In her research, she mentions the implementation of Writing Across the Curriculum (WAC) and its goals, addressing how writing is taught in Freshman Composition courses (1). WAC's original intentions were to provide instruction on reading designed to improve their writing skills that can be applied to any field. It has been in practice since the 80's, yet how it works with ELL students has recently become an issue. In her survey of ELL students in first-year writing classes, she learned that they perceived the feedback on their writing as offering too little encouragement and too much attention to their grammatical issues. Applying the principles of narrative medicine can address this instructional gap that sees students less as a list of grammatical errors and more like students who need to be heard. After applying Narrative Medicine to my office hour exchanges, my students felt heard and began to produce writing they enjoyed working on. This new approach addressed two concerns at once: it offered a resource aimed at addressing the needs of ELL students and turned FOH into a space where learning is happening.

Local and Global Implications

My goals for applying the features of Narrative Medicine to FOH are both local and global in the university structure. As instructors practice the features of Narrative Medicine during their office hour exchanges, students who utilize FOH will get to "hear out" their experiences, a term Charon uses to describe the literal, social, institutional, and personal acknowledgement of the self after sharing a narrative. At the global level, once this rapport is established, ELL students can feel less intimidated when asking for help from their instructors. It may not be likely that instructors from all departments will treat office hours the same, but if teachers of freshman composition students can implement this approach, it can begin to destigmatize the learning process taking place in the American university setting, ultimately making moving to new country to study a little less intimidating.

As I continued to refine this method and identify its strengths, I learned about "action research", described as "using a cyclic or spiral process which alternates between action and critical reflection…This reflective piece is essential to making conscientious decisions about what steps we need to take next in the process of educating children who are learning a second language" (Bassoff). This practice is adopted by many ELL instructors who concurrently teach students and use those teaching experiences to inform their research on ELL education. By applying action research to this new application of narrative medicine, I can continue pursuing the efficacy of this method while still working with students. My goal, be it in my class or on a university-wide level, is to shape a classroom experience that is as interested in the well-being of students as it is with their performance.

Conclusion

Once the semester wrapped up, I created a small list of notes to remind me of the success of this application, all inspired by the features of narrative medicine. They were notes intended on being shared, passed on, and, possibly at some point in my academic career,

turned into a book. They are part inspirational, part instructional, all rooted in one goal: to help students. They include phrases like "Let the story hear itself out" (*temporality*), "All stories deserve their individual attention" (*singularity*), "the answers lie within the story" (*causality*), "remember who you are as the listener" (*intersubjectivity*), and "everything will work out, even after the story is shared by the teller" (*coda*). I'm still working out what works and what doesn't with this application, but out of this process, a much needed resource was created out of weaving the features of one academic study with another. This intersection between narrative medicine and composition instruction grants students a space where critical engagement with their education is encouraged, unencumbered, fostering a new attitude toward their academic trajectory. I want to see this approach adopted by more instructors, but for now, my focus is on becoming the instructor my students need me to be.

Works Cited

Bassoff, Tobey. "Adjust Your Teaching Style for English Language Learners (ELL) in ESL/Bilingual Classrooms". *Teachers Network*. http://teachersnetwork.org/ntol/howto/eslclass/research.htm. Accessed 29 March 2021.

Karathanos, Katya A., and Dolores D. Mena. "Exploring the Experiences of Linguistically Diverse College of Education Student Writers." *Journal of University Teaching and Learning Practice*, vol. 11, no. 3, Jan. 2014. EBSCOhost, search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1048873&site=eds-live&scope=site.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press, 2006.

Smith, Margaret, Yujie Chen, et al. *"'Office Hours are Kind of Weird': Reclaiming a Resource to Foster Student-Faculty Interaction"* Insight: A Journal of Scholarly Teaching. Vol. 12, 2017. Pgs. 14-29, EBSCOHOST.

Rolando Rubalcava is a third-year doctoral student, studying literature at Ohio State University. His academic interests include graphic medicine, the intersection of graphic narratives and medical humanities. His academic accomplishments include presenting his research at the International Conference of Narrative and becoming a Global Humanities Fellow. Alongside his studies, he is also the Editor of QuePasa magazine, a student-run magazine focused on Latinx student life at OSU. A California native, he is also a first-generation academic and hopes to pursue a career applying his studies to community activism. To learn more about his academic trajectory, check out his blog "Seeking Infinite Jest: My Road to the PhD." seekinginfinitejest.com

---

© 2021 *Intima: A Journal of Narrative Medicine*