

Institute for Christian Teaching
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SYMBOLIC MODELS:
STORIES AS LIFE RESOURCES
FOR MEDICAL STUDENTS

by

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Introduction

My English teacher in my senior year of high school assigned my class to read Shakespeare's play, "The Merchant of Venice." I was not a fan of literature at the time, but as I read the play, I got caught up in the story of Shylock, a Jew who lends money to the merchant Antonio, stipulating (supposedly jokingly) that if Antonio does not pay him back, Shylock will collect a pound of flesh from him. In the course of the story, Shylock loses his daughter and some ducats (cash). It is unclear which he misses the more, but nonetheless, he suspects that Christians have done this to him. He berates Christians as being people of vengeance, and he determines to give certain Christians a dose of what he considers to be their own medicine by actually making good on his "merry bond," the threat of the pound of flesh. In doing this, however, he unwittingly moves into a trap. Three Christians—among them Portia and Antonio—devise a plan to smother Shylock with mercy.

Once Shylock demands the pound of flesh from Antonio, Portia informs the two men that because Shylock has threatened his life, Antonio has the legal right to take not only Shylock's wealth but also his life, whereupon Antonio lets Shylock off graciously. This, of course, makes Shylock quite uncomfortable, especially in light of all he has said about Christians.

As I read Portia's famous "mercy speech" and the rest of Act IV, I came to understand mercy in a moment of insight. I knew that the Gospel of Matthew presents Jesus as saying, "Blessed are the merciful, for they shall obtain mercy," but the embodiment of mercy in Portia and Antonio helped me to see what mercy looked like. Word became flesh for me that day.

This experience also gave me an opportunity to look at my own life. I realized that in some areas, I was not quick to show mercy. I had little time for classmates who didn't do well in school, for example. I assumed they were lazy: classes seemed easy enough to me. Now, however, I found myself reviewing that assumption and its attendant behaviors, and asking myself how I'd like it if someone treated me that way.

This was an early experience, then, with the way stories call readers to moral reflection. Several more experiences followed, and by the time I began teaching religion courses to medical students three years ago, I decided to structure the courses around stories. My experience teaching those courses leads me to believe that stories are important life resources for medical students because through participating in the realities of symbolic patients and physicians, medical students can become more morally aware and, in turn, more compassionate.

On Teaching and Defenses

I must explain the setting in which I teach. Loma Linda University is the only overtly Christian university in the United States that boasts a medical school. Like all medical students, Loma Linda medical students carry heavy courseloads, but unlike others, Loma Linda students are also required to take religion courses. However, these religion courses are graded on a S/U (Satisfactory/Unsatisfactory) basis, and neither these grades nor religion course content affects the students' class standing, scaled scores, or board exam results. As a result, many students do just

enough to pass these courses, and the level of student in-class involvement generally tends to be low.

To complicate matters further, these classes include students who have attended Seventh-day Adventist schools, taken required religion classes, and attended required worships for up to seventeen years already. Some of these students are clearly not eager to continue doing what they perceive to be “the same old thing.” A few are openly resentful, but more seem merely resigned—they may have heard it all before, but they don’t think speaking out will change things, so they aim to just “get it over with” and fulfill the letter of the law by warming a chair throughout the quarter. They don’t plan to get involved. For students such as these, a teacher craves methods and materials that will “entice”—that will call forth students’ engagement so appealingly that the students surprise even themselves by getting involved in one way or another.

At the same time, medical school religion classes often include students of quite a different stripe. They come to the classroom already strongly committed to particular viewpoints, and are biased against other views to varying degrees. A teacher wants to infect such students as these with a kind of dissatisfaction with the level of understanding they’ve already achieved, and a desire to keep looking—perhaps in places they haven’t, heretofore—for that which will stimulate their thinking and contribute to their growth. The teacher also desires to lead these students in seeking to understand *from the inside* views that differ from their own, as this will heighten sensitivity.

Stories quite often succeed in sliding past the defenses of both these groups, I’ve found. On the one hand, the stories I use are not “the same old thing.” Most medical students do not have the history with them that

they may have with the Bible or religion, so most are willing—some few are even eager!—to attend to the stories. On the other hand, the stories do not offer quick answers, but confront readers with the complexity of reality. Readers cannot simply fall back on their preconceived notions; they see the world through the eyes of characters who may have different experiences from their own, and whose worldviews, as a result, may differ from theirs, too.

It's likely that teachers in varied settings face challenges similar to those I meet. Prize-winning author and psychiatrist Robert Coles, for example, who teaches at Harvard University, says he would like a medical student of his to come to think of his/her neighbors as Jesus taught us to, and "would as soon stand up and read from the Gospel of Luke, but that would probably not work here," he says. "So I turn to the great literature that gets across that same message." He says "maybe Jesus wouldn't mind coming to that medical student through the medium of one of Flannery O'Connor's stories" (Yancey 20).

Turning to Great Literature

In his book *The Call of Stories*, Coles explains that in fact he uses great literature to teach students in various disciplines, not just those preparing for careers in medicine. For example, when he teaches in the Harvard Graduate School of Education, he wants to explore with his students how teachers and their work are regarded and evoked by fiction writers, so he reads with them Charles Dickens' *Hard Times*, Thomas Hardy's *Jude the Obscure*, and Flannery O'Connor's "The Artificial Nigger," all of which involve teacher characters.

Similarly, when Coles teaches in the Institute of Politics at Harvard's Kennedy School of Government, his seminar revolves around Robert Penn Warren's *All the King's Men*, a novel that explores the motivations of people in public service.

In Harvard Law School, Coles teaches a seminar called Dickens and the Law, in which he and the students read novels that contain lawyers and legal questions. These include *Bleak House*, *Great Expectations*, *Little Dorrit*, and *A Tale of Two Cities*.

Coles chooses works that deal with money and how it affects people when he teaches in Harvard Business School: Saul Bellow's *Seize the Day*, stories by John Cheever, including "The Bus to St. James," "The Housebreaker of Shady Hill," and "The Sorrows of Gin," F. Scott Fitzgerald's novels *The Great Gatsby* and *The Last Tycoon*, Walker Percy's essay "The Man on the Train," as well as his novel *The Moviegoer*, Leo Tolstoy's "Master and Man," and William Carlos Williams' so-called Stecher trilogy (*Paterson*).

Students in Harvard Divinity School read with Coles novels that contain spiritual themes, among them Georges Bernanos' *The Diary of a Country Priest*, Ignazio Silone's *Bread and Wine*, as well as works by Fyodor Dostoevsky, Francois Mauriac, Flannery O'Connor, Walker Percy, and Leo Tolstoy. Meanwhile, Coles might be reading Henrik Ibsen's *The Master Builder* with students in Harvard Graduate School of Design.

Coles also teaches Harvard freshmen in a seminar entitled The Literary Documentary Tradition. Here he looks at the way novelists and poets write about certain social and political issues, for instance James Agee in *Let Us Now Praise Famous Men*, and George Orwell in *Down*

and Out in London and Paris, Homage to Catalonia, and The Road to Wigan Pier.

In a lecture course (with discussion sections taught by graduate assistants) called A Literature of Social Reflection, Coles aims to help the students do moral and social inquiry through the use of such works as James Agee's poems and novels, Bermanos' *Diary*, Dickens' *Great Expectations*, George Eliot's *Middlemarch*, Ralph Ellison's *Invisible Man*, Hardy's *Jude*, O'Connor's stories, four stories by Tillie Olsen collected as *Tell Me a Riddle*, novels by Orwell, Percy, and Silone, and finally, William Carlos Williams' *White Mule*.

Having said all this, though, it was the list of works that Coles reads with his medical students that most interested me, initially, and that list includes works by physician-writers Anton Chekov ("Ward Six"), Walker Percy (*The Last Gentleman, The Moviegoer*), and William Carlos Williams (*The Doctor Stories*). Eliot's *Middlemarch* and Fitzgerald's *Tender Is the Night* contain doctors Lydgate and Diver, respectively, while from the other side of the stethoscope comes Tolstoy's novella "The Death of Ivan Ilych." To all these, Coles adds O'Connor's stories, "The Artificial Nigger," "The Enduring Chill," "Everything that Rises Must Converge," "Good Country People," and "The Lame Shall Enter First." Coles also slips in poetry by doctors (Dannie Abse, Jon Mukand, John Stone, and William Carlos Williams), patients (Richard Eberhart's "The Cancer Cells," Philip Levine's "The Doctor of Starlight," Theodore Roethke's "Infirmity," Karl Shapiro's "The Leg," and L. E. Sissman's volume of posthumously-collected poems *Hello Darkness*), and others (Peter Davison, the requiems of W. H. Auden, Jorie Graham's "At the

Long Island Jewish Geriatric Home," and poems on madness by Robert Lowell and Sylvia Plath).

The Nitty Gritty

Frankly, I'm amazed that Coles requires this amount of reading of his medical students. Maybe his classes run all year, or at least for an entire semester, or maybe they meet several times a week. Maybe they are not required classes, either, so that the students who enroll are eager to read. Or, maybe he is such an inspiring teacher that the students are eating out of his hand and will perform any task he sets them.

With my freshmen medical students, by contrast, I have only managed to read and discuss Tolstoy's "The Death of Ivan Ilych," William Carlos Williams' *The Doctor Stories*, Tillie Olsen's story, "Tell Me a Riddle," and the Gospel of Luke. I'd like to think that this has less to do with the fact that I'm not as inspiring as Coles than that my classes are eight to ten weeks long, meet twice a week for 50 minutes at a time, and are not elective courses.

I am under the impression that Coles' classes are large lecture classes, and that graduate students lead attached discussion sections. My class rosters boast 25 to 30 names at the most, and I do not prepare long lectures, but prefer instead to concentrate on preparing dense, provocative introductions and lots of probing "meaning-type" questions, aimed at helping a class engage in lively, in-depth examination and discussion of the issues a given reading selection (a story, that is) raises. The success of such a scheme depends, of course, on students having prepared for class by reading the story. I employ several strategies to try to insure that this happens.

For example, almost every time I assign a piece for reading, I simultaneously assign the students to respond to the reading in a page-long, informal journal entry. Most often, I leave this open-ended so that students can write about what strikes them as they read. Some students, however, want structure, a request I bow to occasionally by preparing a specific question to which I want them to respond.

Alternatively or in addition to that, I may actually read part of a given selection aloud to them to whet their appetites. This may sound ludicrous, since I deal with adult learners, but in many cases, the selections lend themselves well to a reader's theatre presentations, and some class members have commented that they understand pieces better when they hear them orally "performed." (I am aware that such comments could be thinly-disguised ways of attempting to get out of homework, but I choose to give students the benefit of the doubt here.) "The Death of Ivan Ilyich" is available in an abridged reader's theatre form, and I have used this on occasion. For pieces like this or Archibald MacLeish's play "J.B.," which I use with sophomore medical students, I have frequently assigned parts to class members ahead of time and had students present the play in class to each other. This can be quite hilarious as well as instructive.

Whole-class discussions, while preferable in many ways to the lecture format, do not insure that every student will get involved. This is more likely to happen in smaller students groups. In a discussion that I lead from the front, students may not feel it is appropriate to deviate from the line of questioning that I establish, so even if the story yielded up fresh insight for them, I might never know it. In the small-group format, however, students have a chance to express what the story meant to

them, and they are less intimidated about doing so because they are only speaking to four to six of their classmates, rather than 25 or 30. For this format, I simply instruct students to form about five small groups, provide them with discussion questions, and let them know that they are free to follow their own lines of inquiry, so long as the story is leading them. Five or ten minutes before the end of class, I ask for someone from each group to present the highlights of its discussion to the entire class. Sometimes, topics surface here that the class wants to spend another session discussing.

Occasionally, alas, when a big test in a “real” class, like Biochemistry, looms ahead, none of these strategies may work. Students are not discussing. There is awkward silence. No one has read. I now know to ask students at the beginning of a course when their biggest exams will be, and to plan around these in advance.

Back to the Bigger Picture

However challenging it may be logistically, sharing reading experiences with medical students has taught me that symbolic models (see Ormrod) met in the reading can become important and helpful parts of these students’ lives. This is the process, as Coles puts it, of “...a character becoming imbedded in their mental life” (Coles 138), of people in novels becoming for the students “persisting voices” (162).

For example, when aspiring teachers encounter in Thomas Hardy’s novel *Jude the Obscure* “Jude’s disenchantment with the intellectual life he witnessed at Christminster (Oxford)...” (Coles 78), they may begin to “talk” with Jude about their own experiences and futures in education. Similarly, business students reading Dickens’ *Great Expectations* watch its

major character, Pip, become “all too entranced with London’s upper class life,” (Coles 78, 79) and have a chance to contemplate their own relation to wealth.

One of Coles’ students in Harvard Business School commented on K, the major character in Franz Kafka’s novel *The Trial*:

We see him. We imagine what he looks like. We put ourselves in his shoes. He lives in us—and he might even make a difference in my life, because he’s part of what it is that’s in my head that remembers and decides and is loyal to this and doesn’t like something else. He is part of my mind’s life. (Coles 129)

It was Dr. Lydgate, Eliot’s character, who stayed in the mind of Gerard, another of Coles’ students. Gerard had been out of medical school for five years and had just finished his surgery residency. Though he had forgotten the finer details of the plot of *Middlemarch*, he did not equivocate on its doctor character: “I’m not ashamed to say that I can talk to that Dr. Lydgate. He’s someone I know...Dr. Lydgate warns me that I might become a society doctor...” (Coles 160, 161). Clearly, symbolic models have staying power.

Lydgate was a touchstone for a younger student, as well. He asserted that “...that character in *Middlemarch* was meant to challenge other doctors,” and was bold enough to ask Coles whether, like Lydgate, he had changed with respect to his goals and purposes as a physician in the course of his life, and if so, how and why? (Coles 78).

Coles often invokes his late physician-writer friend William Carlos Williams, and at one point in *The Call of Stories*, he lets Williams speak

of one of his own symbolic models, who puts before medical students and other readers questions about some very real things:

Dr. Dick Diver, that forlorn shrink of *Tender Is the Night*, has a lot to tell us doctors about what can ruin us in our work...‘How’s your marriage going? How are your kids doing? Are you keeping up with the bills? With the Joneses?’ (Coles 117)

For my students and me, William Carlos Williams has himself become a symbolic figure, because as the central character in *The Doctor Stories*, he keeps these concerns with marriage, kids, bills, prestige, and many other things always before us. His style as a writer goes back to his dictum: “No ideas but in things,” and it is just such groundedness in the mundane that makes Coles say of him:

In his poetry and short stories he introduces a doctor who is himself: a busy, burdened, vigorous person, able and effective one moment, vulnerable the next. He wants the reader to know this doctor, warts and all—his irritable outbursts, his petulant and peremptory moments, as well as his conscientious, caring side. He wants to warn himself, or the reader, that failure in medicine is not only a matter of illnesses unsuccessfully treated: ‘I can recall times when I made the right diagnosis, wrote the right prescription, and was awful with the patient.’ (Coles 106)

Because Williams is so candid about such morally embarrassing moments—because he *will* not idealize himself—my students are initially taken aback when reading his stories. In fact, some of them wonder aloud whether he might be overstating, for shock value, his “warts,” as Coles calls them. Coles never hints that Williams is anything but honest.

This doctor, in story after story, admits to moments (and longer) of pettiness, impatience, annoyance, anger, outrage, disgust, prejudice; and also to times when he is frightened, anxious, or, yes, excited, even aroused, by a patient's appearance, or manner of speaking, of standing, of responding to him. (108)

These are not topics medical students and doctors at Loma Linda (or probably anywhere else) tend to discuss in casual conversation. As important, though, if not more, than the notes they received today in Immunology or the number of patients they admitted last night are the gestures of a doctor's hand, and his or her tone of voice when talking to a patient. Behind these lie attitudes that one of Coles' students called "the great unmentionables of everyone's everyday life" (Coles 108). They are that, and at the same time, they are the small moral moments of all our lives. Williams allows to us experience them with him.

Phil, a 15-year old who would lose the use of both his legs due to polio, once was Coles' patient. Understandably, Phil was sullen. One of his teachers visited him in the hospital and left him a copy of Mark Twain's *Huckleberry Finn*, which he read. Phil later told Coles:

I joined up with Huck and Jim; we became a trio. They were very nice to me. I explored the Mississippi with them on the boats and on the land. I had some good talks with them. I dreamed about them. I'd wake up, and I'd know I'd just been out west, on the Mississippi. I talked with those guys, and they straightened me out! (Coles 35, 36)

Phil's experience illustrates how a symbolic model found in a story can indeed be a life resource, if a reader is open to such a possibility.

Conclusion

Not all teachers are like Phil's. Not all know the evocative power of story, but some students discover this power in spite of their instructors. Coles mentions Gordon, for example, yet another of his students who

counts among his 'friends' characters in certain novels. He denies any distinctiveness or originality in that kind of friendship: many of his high school buddies, he reminded me, 'would talk about Holden [Caulfield, of J.D. Salinger's novel *Catcher in the Rye*] as if he was one of us.' Having said that, he asked me a rhetorical question, well worth a pedagogical conference or two, I think: 'Why don't you guys [college professors] teach that way?' What way, I wanted to know. 'As if Holden was—I mean *is*—as real as you or me.' (204)

Gordon has put his finger on the real issue. Medical educators (and, of course, others) have at their disposal a resource that many have not tapped. It can help them and their students to see their work and themselves through new eyes. Characters—symbolic models—can become real friends to both teachers and students, and can help to sharpen their understandings of the challenges—both internal and external—that patients, doctors, and all people face. In great literature we experience the complex nature of reality and the mixed motivations of human beings. When we see ourselves or the person we could end up being in some character in a story, we pause, reflect, and—if we choose—move in new directions.

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