

Medicine, Art, and the Power of Stories

How the Narrative Theory of Art Can Inform and Shape Modern Medicine

By Aidan Crowley



“Ten-blade,” the surgeon calmly asks, extending her hand for the gleaming metal tool. Her face is hidden behind a mint-green surgical mask, covering everything but her eyes, which shine with a mix of anticipation and concentration. As her hand wraps around the stainless steel instrument, her heart rate speeds up as she contemplates the reality of what she’s doing. This is her job — this is what she does. Every time she begins another surgery, she experiences the same internal flutter. She is saving a person’s life.

He came into the hospital a year ago, presenting with a pain in his abdomen that confounded doctors at first. After countless tests and scans, he was eventually diagnosed with cancer. He has a wife of sixteen years and two children, a twelve-year-old daughter and an eight-year-old son. A construction worker for a home-building company, he has a steady job and a comfortable life, and this diagnosis came out of nowhere for him. He simply wants to be happy and healthy again.

In the field of medicine, it is all too easy to forget this central concept: behind every patient is a story. It’s much easier to be detached, to view each patient as a list of symptoms, a black-and-white case to solve with surgical instruments. Damien Hirst’s artwork *Still* (1994) forces us to take a step back and rethink this notion. Made of stainless steel, nickel, and brass, Hirst’s carefully arranged surgical equipment glistens within the confines of a six-and-a-half- by eight-foot glass case mounted on a wall of the Art Institute of Chicago.

Hirst forces us to look at medicine in a new light by placing medical instruments in a novel perspective, presenting them as art. These tools are normally seen in the context of an operating room, but instead they are being displayed purposefully arranged in a museum. Art can be thought of as telling a story, causing the viewer to contemplate issues beyond the painting or sculpture that is physically in front of them. Analogously, *Still* tells the story of medicine itself,

especially with regard to the patient-physician relationship. The stark media of glass and steel connote a precise and clear-cut approach, but the fact that this instrument cabinet is actually a work of art speaks to the fact that there is an art to medicine, to understanding the patient's story. It forces us to think critically about the purpose of medicine, analyzing the manner in which physicians view and treat their patients. The surgical tools of *Still* remind us that each of these instruments holds its own story within, and by crossing the perceived barrier into the narrative approach to art, medicine too can become more holistic and appreciative of the value of patients and their stories.

In terms of the story of *Still*, it is best to go back to the beginning by examining the beliefs of the artist and the creation of the work itself. When he was sixteen years old, Damien Hirst began visiting Leeds Medical School to spend time drawing in the anatomy department, which is what sparked his initial fascination with the challenge of accepting death in life and using art to bridge the gap. He has now been creating art since the late 1980s, using a mixture of sculptures, drawings, paintings, and installations to examine the complicated interplay between art, life, and death; as he emphasizes, "Art's about life and it can't really be about anything else ... there isn't anything else." His goal is to work through art to examine the mysteries of life, unraveling "the tensions and uncertainties at the heart of human experience" (Hirst 20-21).

Hirst is a strong advocate for the idea that art is meant to convey a message, remarking that its purpose is to "take the world as you know it and change it and represent it to you in a way that you don't expect it. Art always has that power to make you think twice, to think again, to not know where you are, to lose your bearings" ("Explore Damien Hirst"). This view is strongly reflected in *Still*, in which the surgical instruments are displayed quite differently from how they are usually seen. Typically, one would think of medical tools as a way to accomplish a

straightforward task — they cut away the “bad;” they are a means to an end. However, seeing these instruments displayed as art in a glass case causes the viewer to reevaluate the process of medicine. It causes us to critically reflect — can medicine be more than a pure science? Should it be?

This reflection was exactly Hirst’s goal in creating *Still*. He points out that “[people] were believing in medicine in exactly the same way that I wanted them to believe in art. They were looking at shiny colors and bright shapes and nice white coats and cleanliness and they were going right — this is going to be my saviour. And it didn’t ring true” (“Explore Damien Hirst”). Hirst clearly believes that a view of medicine as a stark, black-and-white solution to a problem is not always how things work in the real world, and he uses his artwork to convey that idea. Human life is more complicated than the science of the body alone, and it is therefore important in medicine to view the patient as a whole person rather than simply a list of symptoms to be fixed. Hirst’s artwork causes the viewer to take that extra second to ponder this relationship between the science of medicine and the complexity of what it means to be human.

This approach of viewing artwork as something that tells a story is referred to as the narrative theory of art. According to this theory, in order to establish something as art, one must “tell a certain kind of story about the work in question, namely an accurate historical narrative about the way in which the candidate came to be produced as an intelligible response to an antecedently acknowledged art-historical situation” (Carroll 50). In other words, according to this view, we can better understand the story that an artwork tells by examining its *own* story of its creation and the problem to which it intends to respond.

By evaluating this “narrative explanation of how the work emerged” (Carroll 50), we can better appreciate its message and implications, as we are able to do with Hirst’s *Still*. For

example, now that we understand Hirst's view of the interplay between art and the fine line between life and death, we can better tie the artwork back to its implications for the field of medicine. This allows us to critically examine the medical field and the physician-patient relationship, which, upon closer inspection, may be more artistically inclined than one may initially think. One aspect of this can be found in the practice of diagnosis, in which the doctor has an "unconscious and inarticulate conversation with the situation, where ... the practitioner's repertoire of examples, images, understandings, and actions — rarely made explicit in action — embraces a capacity for dealing with unique situations and individuals" (Malterud 398). The art of diagnosis is something that many doctors cannot exactly articulate. It is simply a sense that, with time, grows stronger based on experience and a certain intuition. These "interactional, interpretive, and normative elements of clinical medicine" are things that simply cannot be represented by numbers alone (Malterud 398). Especially when making a diagnosis or considering treatment plans, it is important for physicians to remember that the patient has a story impacted by countless sociocultural factors, much more than the list of symptoms with which they may present.

The danger of overemphasizing the curative capabilities of medicine is also articulated by Hirst's fear as exemplified in *Still*. If we overestimate the ability of medicine and surgical instruments to fix anything, to cut away any problem, we dig ourselves into a very dangerous hole. If we become obsessed with the supposed cure-all power of medicine without taking the time to step back and view the bigger picture of the patients' personal narratives, we risk missing out on the important idea that medicine is more than just a pure science. This is perfectly analogous to what happens in Jorge Luis Borges' short story "The Library of Babel." The unchecked desire to discover the ultimate "truth" in one of the innumerable books of the

hexagonal library starts off optimistic, with the belief that “there was no personal or world problem whose solution did not exist” (Borges 2007, 55). This is similar to the idea that medicine can be a pure, scientific, black-and-white answer to “fix” people, that surgical tools can solve the problems. However, the people of the library soon realize that it would be nearly impossible to ever find this book, and “this inordinate hope was followed by an excessive depression” (Borges 2007, 55). This is the danger of what could happen in medicine if we view it as something that can make people healthy with a purely cut-and-dry approach of addressing a list of symptoms.

Instead of assuming that medicine can directly solve problems in a simple and concrete way, we should take the example of Borges’ library in context with Hirst’s *Still* to remember that medicine is simply one aspect of helping people, rather than the solution in and of itself. A drug or a surgical tool is not always the ultimate solution — it is more complicated and multifaceted than that. Rather than focusing all of our energies on searching for the perfect answer as the people of the library did, we should instead place medicine into context and remember that there is a certain art to it, a certain inexplicable quality that can be found by taking the patient’s personal narrative into account.

In telling the story of medicine, Hirst’s *Still* reminds us that “passions, existence, and matters of personal actuality are not empirical objects and cannot be communicated by objective statement; they require a different mood, orientation, and usage in order to be conveyed and understood” (Mitchell 1990, 33). This “different mood” can be found through literature and art. It is important to remember that medicine deals with *human beings*, each a complex relationship between mind and body. Therefore, our minds are just as important to care for and incorporate in any healing, as our mentality shapes our recovery. If the patient is truly motivated to get better

and feels that the physician really cares, she will actually heal faster. However, if the physician simply thinks that the surgical tools can fix everything and doesn't take the patient's whole narrative into account, then a crucial aspect of the patient's story can get lost in the process.

This is where medicine can benefit from an interplay with art, and this is exactly what Hirst invites us to do by framing medical tools in an artistic way. Medicine and the natural sciences usually focus on identifying uniform patterns to shape understanding. This is not inherently wrong, but if we want to focus on the patient's individual story, we should approach the patient through the "whole-person perspective," centered on uniqueness rather than on predictable patterns. Medicine can be enhanced through art and literature because:

whereas science proceeds by induction from specific instances to generalised patterns, literature explores unique situations which may include conflicts of value, thereby [enabling] us to acquire insights into universal human predicaments. We learn from literature through being made to enter into unfamiliar situations or to see points of view other than our own. Learning of this kind is generative of a deep understanding which is essential to humane doctoring (Downie 95).

This whole-person perspective, which Downie argues can be learned through literature, is crucial for obtaining a more holistic approach to medicine. By incorporating an artistic and literary understanding, physicians can better shape their "sympathetic imagination," because literature gives us the opportunity to become more involved in and aware of situations that do not include ourselves.

Furthermore, the emotional aspect of art can help doctors better understand the internal

conflicts and emotions that are an intrinsic part of the patient-doctor-family relationship. This focus on the patient's feelings is of the utmost importance, as "good doctoring involves a human relationship, and literature helps us to become sensitized to the anecdotal information and soft data which are essential to the two-way communication of human relationships" (Downie 98). Building this emotional empathy is critical for holistic care, because taking the patient's emotions into consideration will result in a more comprehensive and thorough treatment.

Another benefit that medicine can gain from art is the fact that literature often generates evocative moral questions. Many times, whether intended by the author or not, we learn something from a story that causes us to reconsider our values and engage in ethical dialogue about central human beliefs and questions. Ethical practice is something that is essential to medicine, and art and literature can "force us to look beyond the false finality of a calculus and challenge us to refashion our ambiguous attitudes toward illness. When this happens, we find ourselves reconsidering the quality of our care and the nature of our social attitudes" (Downie 96). Moral dilemmas constantly arise in healthcare: should we keep prescribing this patient more painkillers? Should we let that Jehovah's Witness die without a blood transfusion? Should we treat this three-year-old even though the parents are against what they deem to be "extreme" medical intervention? These questions never have a clear black-and-white answer, as some physicians may be tempted to seek through science. By learning how literature and art handle questions of morality, healthcare practitioners can better understand how to approach these ethical quandaries with a broader and more integrative perspective, incorporating the patient's whole narrative rather than making a numbers-focused decision based on what they think is "objectively" best for the patient.

Overall, what medicine can gain from art and literature by synthesizing these empathetic,

emotional, and moral aspects is a “whole-person understanding” (Downie 95). Through incorporating all of these non-medical aspects into the diagnosis and treatment of a patient, physicians can better understand that each patient is more than their illness. Their list of symptoms may be what brought them into the hospital, but they each have a story, and their illness is part of that story. Author Jorge Luis Borges suffered from hereditary blindness that slowly worsened over time. However, he embraced his blindness and used it to inspire his subsequent writings and poems, and it became an integral part of who he was. It shaped his creative work and gave him a completely different perspective on the world, as he related,

A writer, or any man, must believe that whatever happens to him is an instrument; everything has been given for an end. This is even stronger in the case of the artist. Everything that happens, including humiliations, embarrassments, misfortunes, all has been given like clay, like material for one's art. One must accept it. If a blind man thinks this way, he is saved. Blindness is a gift (Borges 483).

If a doctor simply went through the logical thought process that her patient was blind and she should therefore do everything she could to fix it, she would be missing out on an integral part of the story — the patient’s attitude toward his own blindness. Every patient’s illness is part of their story and does not occur in isolation, and by taking this into context, we can better help the patient heal both physically and emotionally in a more holistic way, rather than assuming that the tools can fix everything while setting the patient’s expectations aside. Picasso’s *Old Guitarist* is a key example of understanding how each person’s illness fits into their narrative. Looking at this blind old man sitting on a street corner, we can tell that Picasso took the time to paint him in

detail. He could have focused his painting on regality or upper-class luxury; instead, he depicts a sightless and downtrodden old man, bent around a guitar. This image provokes the viewer to ask critical questions: what is this old man's story? How did he end up here on the street? How does his blindness affect him? What impact does music have in his life? Like a viewer contemplating the subject of a work of art, these are all questions that a physician should also ask before treating this old man, because it is crucial to understand the context of his narrative in order to form a better whole-person understanding and treat the complete patient.

Art can give medicine this ability to appreciate the patient's whole story by simply providing a different approach to the patient-physician relationship. Physicians don't necessarily have to change *what* they do — they just have to change *how* they go about doing it. The arts can give medicine “insight into shared human experience, insight into individual differences or uniqueness, and enrichment of language and thought” (Scott 5). By shifting how we view illness in the context of the patient's life, we can better grasp the complete picture. This will allow us to treat the patient in a more holistic way, as “an important relationship between art and medicine is one that enables the moral imagination of the practitioner to be stimulated and developed in such a manner that sensitive, compassionate, constructive care is the likely result” (Scott 6).

Stepping into the patient's shoes to view the situation from their perspective is a key aspect of understanding their story. Analogous to Italo Calvino's shifts in perspective between first, second, and third person throughout *If on a winter's night a traveler*, a good physician must be able to shift their own perspective to that of the patient. The fragmented nature of the mini-novels that comprise Calvino's work demonstrates that a fraction of a story is not enough to paint the entire picture. Calvino even discusses this directly, writing, “The lives of individuals of the human race form a constant plot, in which every attempt to isolate one piece of living that has a

meaning separate from the rest must bear in mind that each brings with himself a texture of events, environments, other people” (Calvino 153). He recognizes this need to take into consideration each person’s history in order to better understand their whole story, as attempting to view one piece in isolation can leave out crucial insight into the patient as a person.

Unfortunately, the fast-paced nature of our modern society does not lend itself as easily toward this whole-person understanding; as Calvino laments, “It seems to me that in the world there now exist only stories that remain suspended or get lost along the way” (Calvino 257). However, by learning something from art, medicine can shift back into a mindset of appreciating each patient’s complete story. Dr. Katy Shorttle, a general practitioner in the United Kingdom, has actually incorporated this art-medicine synthesis in her practice, using the act of drawing to reflect on her experiences in healthcare. She raves about art’s power in medicine, explaining,

It allows me to debrief and reflect following challenging medical experiences, and the skills that I learn from that process, for example, empathy and understanding, help me to be a better doctor. I hope that my artwork can benefit patients and healthcare professionals by providing new, engaging material which both challenges and furthers people's understanding of health, disease and medicine (Shorttle 1).

Dr. Shorttle isn’t saying that all physicians should take up painting or sculpting, but what can be learned from her example is that an appreciation for the value and implications of art can teach physicians a more holistic approach to patient care.

Looking back at Damien Hirst’s *Still*, we can now approach this artwork from an entirely new perspective. What may have originally appeared to simply be a glass case filled with metal

surgical instruments has sparked a conversation about the value of art in medicine, stemming from the narrative theory of art and the whole-person understanding of each patient. This is a characteristic example of how art tells a story — it provokes us to think deeper, to critically reflect on its implications, and reevaluate its meaning. As the artist wields his paintbrush, so the surgeon wields her scalpel, but it is important to remember that the paint on canvas is only one part of the artwork — there is much going on beneath the surface that begs to be understood.

When the surgeon with her mint-green mask and her ten-blade finally slices away the last of the construction worker's tumor, the operating room goes up in cheers. All that is visible of the surgeon's expression are her eyes, but they crinkle at the corners in a smile as she knows that this man can now return to his home, to his job, to his family and his children. This illness was a part of the man's story just as this surgeon was a part of it, and she didn't merely save a life — she saved a *human* life, with its own story to tell.

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