Engage360 Episode 125 | Narrative Medicine; Dr. Eva Bleeker

Don Payne: [00:00:00] Friends, welcome to Engage360 at Denver Seminary. My name is Don Payne. I'm your host and thanks for taking a bit of time to spend with us for another conversation where we try to explore from a lot of different angles what it looks like to engage the needs of the world with the redemptive power of the gospel and the life changing truth of scripture. That's our mission here at Denver Seminary.

Well, a good friend of mine owns a used bookstore here in Denver, and a few months ago he and I were reflecting on that intriguing treasure hunt experience in used bookstores. You never know when you're going to happen across a book you never heard about, but you pick it up and it changes your life. [00:01:00] And my fellow bibliophiles know exactly what I'm talking about.

Well, there are similar experiences when we come across an expert in a field of study that we never knew existed and it opens up a dimension of life that infuses something really unique and animating into us. And our guest in this episode is Dr. Eva Bleeker who serves on our faculty as assistant professor of pastoral care and chaplaincy. Eva, it is good to have you here.

Eva Bleeker: I'm happy to be here.

Don Payne: Prior to Eva's doctoral work at Baylor University, she earned, I think, the same number of master's degrees that I have total degrees.

And I'm still trying to process how I feel about that. One of those degrees, however, from Columbia University was in a field called narrative medicine, something I had never heard of before meeting Eva a few years ago. And of course, the fact that I've never heard of it doesn't necessarily say very much but I have a hunch that it [00:02:00] may be unknown to lots of people.

Eva, first, tell us a little bit about yourself, if you would, and your background, and then let's talk a little bit about narrative medicine.

Eva Bleeker: Well, that sounds like a good order for us to get started. And I loved that analogy about finding something in the bookstore. But regarding my background, I studied creative writing as an undergrad. Well, I studied a bunch of things and then I graduated with a degree in creative writing. So school is something that I enjoy. I do think I might be done going to school officially at this point in time, but this theme, this drumbeat of the power of narrative goes all the way through not just my academic life, although certainly it shows up there, but my whole lifelong, I have had a passion for reading, for that sense of the way that God meets us in story, in different characters and different places, and that [00:03:00] has probably been the most powerful shaper of my life of faith, which hopefully precedes and exceeds my life as an academic, but I did go to seminary and studied there with an absolute passion for the biblical narrative and felt the way that that infuses theology, infuses our practice of ministry, that this story of what God is doing in the biblical text is so epic and yet so tender and personal at the same time, redemptive in every direction.

I just went bananas for the story of the biblical text while I was studying in seminary. And then when I graduated, my career felt like it sort of fell down a long flight of stairs. And at the bottom, I found myself in a heap in front of a little door that said Hospital Chaplaincy. So [00:04:00] I didn't even know that hospital chaplaincy was a viable vocation when I was studying at the graduate level for my master's degrees from seminary.

But I felt this invitation into clinical pastoral work. And so, I learned how to be a hospital chaplain. That's a different podcast. But I found myself in this narrative rich environment because chaplains get to spend time with people's stories in ways that other clinicians cannot. And that's not because they don't want to or they don't know how, but because so many of the disciplines that are active in clinical spaces are limited by time, or they have really specific tasks that they need to accomplish. And the chaplain has this luxury of following the needs of the patient. And a colleague of mine has coined a term, she calls us the story [00:05:00] catchers.

Don Payne: Love that.

Eva Bleeker: Isn't that so great?

Don Payne: Yeah.

Eva Bleeker: And I will say that her feeling around describing us as the story catchers is not a predatory catching. It's this regard for every little piece of narrative that might be active in the room and to collect up those strands that maybe, even the teller doesn't know that she or he is spinning out into the world, but really need attention. And so, the chaplain gets to catch these little pieces of story.

Don Payne: All the things we're telling that we don't know we're saying.

Eva Bleeker: That's a nice way of putting it. Yeah, that maybe we don't even know are part of our stories until someone willing to listen has heard us into speech. So, in that time that I was in the hospital, I was at a big hospital in Texas for five years, a colleague of mine came and said to me a little group of sentences that do take place in my story once in a while. He said, I bought a book. [00:06:00] I don't like it, but every time I read it, I think of you. And so here it is. I'm giving it to you.

Don Payne: Is there a compliment in there somewhere?

Eva Bleeker: Perhaps. I took it as a compliment. And his transfer of this book to me, was a pivotal moment in my life. So, the book that he put in my hands is by a pioneer named Rita Sharon. Dr. Sharon is both a physician and a PhD in English. And she wrote this book called Narrative Medicine: honoring the stories of illness. And I did feel like you described when you're in the bookstore and you find this treasure that feels like it was waiting for you.

I felt like someone had collected up all of these intellectual and clinical ideas and compiled them to make me a better chaplain. [00:07:00] So I started using Dr. Sharon's ideas in my clinical work. The biggest idea being that the stories that patients tell about themselves are really important, and that those stories need to be given extraordinary honor and exquisite attention by everyone in the clinic.

So, I started incorporating her ideas into my practice of chaplaincy. And I'll just name what some of the important ideas are since part of your introductory question to me is, what are we talking about when we're talking about narrative medicine? I will say it's important to parse narrative medicine as a discipline away from narrative therapy, which is a clinical mental health discipline, okay, and from some of the other narrative oriented helping skills. Narrative medicine thinks of itself as an [00:08:00] academic discipline. And it was conceived there at my alma mater at Columbia University to help physicians listen well to the stories of their patients. So, this is following what we call the

narrative turn, this idea that the account of self-given by a participant, whether that's in research or medicine, that matters as much as any other kind of data.

That the story of the patient matters as much as what the lab results say or what the doctor's opinion is. This way of honoring the personal account, so.

Don Payne: And is that why the term narrative is put together with the term medicine?

Eva Bleeker: Oh, that's a great question. So, this discipline is called what it is because it is meant to help clinicians receive and then act on the story of a patient [00:09:00] with skill. So, it is the space within the world of Western medicine, which does not have a great history of honoring the personal accounts of patients, especially those of marginalized or underprivileged groups, to take their stories seriously in the plan of care. So, there were a couple places where I really resonated with what Dr. Sharon was writing even in my budding identity as a clinical chaplain. So, she was moving me through an understanding of what I was doing when I was listening to a story. She's saying, you start by donating yourself, by giving this incredibly focused attention to the story of the patient, and then we move to representation of that story to the broader medical team.

Maybe I'm writing [00:10:00] something in the chart, or maybe I'm sitting at a multidisciplinary meeting where we're planning what should happen next with the patient. So, I'm representing the story that I paid such great attention to on that patient's behalf. The patient's not there. Just me. And then we move to affiliation.

So, we want to identify as closely as we can with the patient and act with benevolence and ethical practice on their behalf. So that movement that she was describing that can be the foundation of medical provision made sense to me in the provision of spiritual care. And then she talked about this concept that she calls the active transport of love, the active transport of love. Isn't it lovely?

I had never considered that the work of a physician could fall in the domain of love. But I [00:11:00] knew that for me, I am under a command of love. And so, it was just so easy for me to lovingly appropriate what she had written for her clinical colleagues into the space of chaplaincy and pastoral care. And so that's how I got started on narrative medicine and within a few years I found myself then enrolled in the program at Columbia in New York City.

Don Payne: Wow. Well, maybe at a real a real practical level, why is it important for anybody to know about this? I mean you, you referenced modern Western medical culture, maybe even beyond that in the Western arena. What does this add that we are so missing and maybe don't even know it?

Eva Bleeker: I'm going to call on one of my primary theorists to answer this question. A hero of mine, Paul Ricoeur, and [00:12:00] he coined this lovely phrase, informative and powerful phrase, and he calls us people whose lives are in quest of narrative. So, to answer a question like, why does this matter in our present day and current time, I might say something like each of us is looking for a way for our story to align with the narrative, whether we know it or not.

This moves us into some other theoretical territory, but I might touch back to what I said about the narrative turn, this sea change that happened across academic disciplines starting maybe in the 60s and the 70s in the social sciences. So, if we think about where we are culturally there in the modern

era, where the empirical sciences, this way [00:13:00] to enact the scientific method and have data validate data is really changing what medicine can do. It moves a doctor from sort of a two-bit hack with a saw in his bag to the most respected, the highest place in the social hierarchy, and certainly one of the best paid occupations in our whole culture. All of that happens in this scientific revolution that says the most important things that we can know are things that we can know empirically by repeating the scientific method.

The narrative turn takes place as, especially the social and behavioral sciences began to say, it is the self-given and self-directed account of a patient or a participant that should help us interpret what we're seeing empirically. It has to matter [00:14:00] alongside. So that took place in the social sciences.

Narrative medicine is a recognition of the narrative turn in the medical world. And I hope to be part of perhaps a similar revolution where we are recognizing personal narrative in our provision of pastoral care as well.

Don Payne: Can you say a little bit more about how this functions in your work as a chaplain?

Eva Bleeker: Ooh, sure. Choosing a story among so many. I think at the sort of quotidian, day to day provision of chaplaincy in a hospital, a way that it might make a difference is for the chaplain to believe that when he or she is sitting at bedside or sitting in a surgical waiting room and listening to a story, that is the work of God, [00:15:00] that receiving that story with respect, honor, believing the account that's being given, that is the work of God. At a broader level, we can use strategic interventions that are narrative based in the provision of care. For example, when I was still working at this teaching hospital where I started my chaplaincy practice in Texas, I got to work for a number of years as the chaplain for an acute headache program.

So, the patients who are enrolled in this program would come and spend a week with us as inpatients in the hospital. And usually, they were there because their pain was intractable, and no one knew what to do to help their pain. So, every single one [00:16:00] of these migraine patients came into our space with a repeated experience of being disbelieved in the medical space and also with a sort of a cultural ether surrounding their experience, which caused the medical establishment to sideline that kind of pain and that kind of story.

So, the history of migraine is a gendered history. It is very hard to get an accurate diagnosis for people with intractable migraine. And so, we on the team of people providing support for these patients started to use narrative interventions. As part of their plan of care, we would invite their story through different kind of writing prompts.

We would sit around a table, specifically so that their account of pain could be told. And some of the [00:17:00] clinical outcomes were astonishing, the way that patients might put together a story that they had never established as linear in their whole lives. And some of the pastoral and spiritual outcomes were equally powerful in the lives of these patients to sit in a room with other people who were telling the same kind of story.

I'll just tell you, Don, I had a repeated statement made to me during those years of working with acute migrainers, and it went something like this. I would rather have cancer because even though that disease might kill me, my doctor would know what to do and my family would believe that I'm sick.

So, the embedded story around different patient populations in the hospital [00:18:00] make these narrative oriented interventions that can be enacted by the chaplain, very powerful and very healing. So those are just a couple of the ways that it became really my whole orientation for chaplaincy for the provision of spiritual care in the clinical space.

Even before I had studied formally what narrative medicine is and can do, I had this narrative lens. And then participating in the program just bolstered what I thought I might have been doing beforehand.

Don Payne: From what little I know, Eva, narrative medicine uses some terminology related to identity, like narrative identity, right? And there's some components to that, related to the ways we make sense of our own identity. Tell us about that.

Eva Bleeker: I encountered the work of Paul Ricoeur first at the Narrative Medicine Program, and narrative identity is [00:19:00] a term that he coined himself. But the ways that those two words have taken on life in different disciplines is pretty interesting to track. So, narrative identity theory is a psychological theory, and it's one of my main areas of research. So, when we move Ricoeur's concept of narrative identity out of the philosophical sphere and really embed it in the world of clinical mental health, narrative identity theory can be codified and defined. So, a person's narrative identity within the domain of the theory sounds something like a person's reconstructed past and imagined future, and the way that those two things come to bear to make meaning and purpose in the present. So, when we talk about a person's narrative [00:20:00] identity in that subgroup of theory, we're talking about the way that we remember, the way that we project ourselves into the future, and how that causes us to make decisions and think about the self in the present.

And like some of these other themes we've already touched on, those things are happening whether we feel conscious of them or not.

Don Payne: So that suggests that identity is a pretty complex phenomenon. Lots of layers, lots of angles, lots of components. Any concept like identity that gets popularized, as I think it has in some respects in our culture, even in Christian culture, it tends to be distilled maybe to one or two dimensions.

The way you're talking about that, that makes me aware that what's going on in our sense of self, our sense of who we are, is quite complex, both mysterious and wonderful, [00:21:00] but quite complex.

Eva Bleeker: For sure, and not just complex, but also hopeful. So, something I love about narrative identity, certainly what you're saying is true, identity is complex. And even in the small domain of the theory of narrative identity, when we are looking into the past and into the future, it is complex, and it is unique to each person and needs the same kind of care and love that I spoke of before.

So, for example, narrative identity becomes activated in what we call an adaptive phase. So that's a technical term. And I would propose that coming to seminary is an adaptive phase. It's this time when [00:22:00] narrative identity sort of lights up, it gets activated all over the place. And so, this is where I get to use what I learned about story in the clinic and in church spaces and bring it into higher education.

So, in my opinion, for me as a professor, when I'm looking at students who are sitting in my classroom for their first semester of graduate school, an ethical way for me to love my students is to have an imagination that every anxiety provoking experience that they have had in a high school math classroom, that would be my own story.

Or how they changed schools so much and felt like an outsider all the time. Or they felt like they [00:23:00] were never smart enough. All of those anxieties get activated when we come into a classroom. That's the reconstructed past. And also when I'm looking at those students and I'm thinking about their imagined futures, and here we get to bring God into the story, that each one of these students is sitting in my classroom because the Holy Spirit has given them an imagination for what their future might be if they align their story with the story that God is writing in the world, and they are imagining what they might be called into, what kind of sacrifice might be required of them, and why do they need a graduate degree to do that.

So, bringing those things together, and to then use the classroom itself as that meaning making incubator, this place where, all of that reconstructed educational [00:24:00] past and reconstructed spiritual story comes together with the hope for change and a vision of the future where they get to use the equipping that they receive at Denver Seminary.

Those things have to merge in the classroom, because that's what learning is. That's what transformation takes place. And so, my hope as an educator is to keep in mind that is a very disorienting experience. It can be disappointing. It can be frightening. It can become competitive. There are all of these ways that I want to monitor what might be true for my students, and then to constantly be enlivening the imagined future. To constantly be asking questions like, who are we learning for today? Who will get to [00:25:00] benefit from you paying attention in this class today instead of being on IM the whole hour while I'm lecturing. To whom are you responsible? Who are you going to be teaching in the next five to 50 years who will never have the money to pay tuition at Denver Seminary but gets to learn from you?

So always bringing those things together in a narrative rich classroom environment where that meaning making for the present takes place by bringing past and future together.

Don Payne: What I'm thinking as you're describing that Eva is, where were you when I was in seminary? Wow, that could possibly have saved me no end of agonizing vocationally. And probably speaking for many. I do want to get your thoughts on something that's probably going through any number of listeners minds when they're hearing you talk about identity and the way that's formed and our [00:26:00] perceptions of that, because, with our commitments to the authority of scripture, one common conversation point among a lot of Christians has to do with identity and the way that often gets parlayed is with the notion of identity in Christ. And in a lot of ministry circles, a lot of ministry relationships, that is somewhere on the table because of the struggles so many people have with, how do they find their identity? Or in what? Or in whom do they find their identity? And of course, the traditional Christian response that we think is very biblically anchored is, we find our identity in Christ. Our identity is an objective thing. It's a given. It's not something we manufacture for ourselves, contra what the prevailing cultural winds will tell us. So how does that fit [00:27:00] together? How does narrative identity help us think even Christianly about our identity as a given that is located in God through Christ? Or are we talking about identity in different ways?

Eva Bleeker: What I find is that if I can give honor to the story of the person who needs to be heard Then what we end up doing in that pastoral conversation or mentoring conversation or student to

professor conversation is that the Holy Spirit does this work of aligning the story to God's story. That this is something that happens when we move from, so we started with narrative medicine, we talked about narrative and teaching.

When I think about what [00:28:00] narrative can do in pastoral care, whether we're working for a church or we're here in the seminary context or wherever we may find ourselves, we can still hold this idea, which is very contrary to the way that I felt a conversation about God should be ordered prior to learning how our brains work around story, that giving that story time to be born, then it can grow into a story that aligns with the work of God. And there's a place in the New Testament where I see this challenge held out to me when the couple is walking down the road to Emmaus, and they have had a very traumatic weekend and they're talking it through, and they're joined [00:29:00] by a third walker along the road who knows from a very specific vantage point what has actually happened. He lets them tell the story from their perspective. He is the only one who knows that he is the answer to every question that they're asking, that he is now in a glorified body. That he can fix every problem that they are encountering, and yet what he does is he lets them tell what their weekend has been like in Jerusalem and what they have experienced.

He makes room for all of it. And then they keep walking. And they go somewhere and eat. And then they figure out why their hearts were burning. Their story gets aligned to the story of the risen [00:30:00] Jesus. Even when he's explaining things to them, they don't even realize that it's him. And so, there's this model there for me when I think of myself as a narrative practitioner, wherever I am, in my classroom, in a clinic, at my church, that I am not doing a disservice to the gospel to allow another image bearer to give account according to their experience. And I trust that the Holy Spirit is going to bring that story into alignment with the story that says, Jesus is Lord to the glory of God the Father.

It puts more trust in the mysterious work of God and less trust in me having the right answer doctrinally or authoritatively. That is [00:31:00] not to take anything away from the need for a solid biblical foundation and a theological structure that we get when we're doing what we do at Denver. And, If Jesus can take time for that story to come out without adjusting it until it's full, then so can I.

So, when I think about what you're saying about identity, it is complex, and I want to hang right in that place where the meaning is getting made, instead of jumping forward to where the person can sign my doctrinal statement.

Don Payne: What I hear you moving toward, Eva, is maybe a helpful answer to the question, how do I find my identity in Christ?

It's not whether that is the [00:32:00] case or whether I should, but I, at least in my own experience, I hear far more exhortations to do that than I do any really helpful and clear guidance as to how to do that or what that means to do that. You know, it's as if there's some kind of a mental switch, you just choose to flip and say, okay, my identity is in Christ.

But it never seems to be that simple to just do that. And I think the way you've articulated that; it gives through narrative identity. And I love your word alignment. It is a way of bringing our own sense of identity into alignment with the objectivity of those theological givens. Is that fair to say it that way?

Eva Bleeker: It's fair. If we give our dialogue partner the opportunity to look into their reconstructed, past, that teller might discover that the resurrected Jesus is actually walking next to them. The other thing that's [00:33:00] true in what you're saying about how this happens is that the way that the story catcher receives the story has very powerful effect on the new iteration of narrative identity. So those of us who have doctrinal authority because we teach somewhere or somewhere pays us or we're on a church staff, by virtue of that positional power, we can do incredible harm when we fail to make room for the story that needs to be told. And when we do that, what happens to the teller is that person's new iteration of narrative identity tells the self, my story doesn't matter, I'm never going to get through to the people that I want to love me.

Whereas if we make room for it, and give it [00:34:00] credence, the new iteration of identity might be something like there might be the love of God available for me in this person and in this place. I didn't expect that to be true. It goes back to what I was saying before about the active transport of love.

Don Payne: Yeah, great phrase.

Eva Bleeker: If that can be true for a physician, let's hope that it can be true for the people of God.

Don Payne: Hear, hear. I'd love to hear a couple of your thoughts briefly on how does this inform how we train students at Denver Seminary? Perhaps for those who are considering chaplaincy or pastoral care ministry of some sort.

Eva Bleeker: It's a great question. And a wonderful thing that is true about learning how to be a chaplain, pastoral caregiver, is that much of the work is about giving honor to our [00:35:00] own stories. So, the way that we learn clinically to be a chaplain, the way that we've designed pastoral care internships at Denver Seminary is rich with personal narrative and with the narratives of the people to whom we are providing care. So, assignments and writing and classroom conversations and the things that we read are meant to help us understand the self as a primary tool for ministry and to do that requires, it's called Narrative Critical Reflection on Assumptions. The idea is to slow down long enough to apprehend that story that we're telling ourselves, how that drives us when we think we're doing ministry, and to let our [00:36:00] trustworthy peers and educators also speak into that. So, the training ground for chaplaincy and pastoral care is full of narrative work so that when we graduate, we can become the kind of story catcher that is doing this work of the Lord.

Don Payne: Beautifully put. Is there a resource you would recommend to anybody if they want to learn a little bit more about this, prior to enrolling to study under you?

Eva Bleeker: Please come.

Don Payne: Yeah, please come. But you know, where would you point people from here?

Eva Bleeker: I'll name two resources. Certainly, the seminal works on narrative medicine from Dr. Sharon and the people who were my teachers. The original work, which is called narrative medicine and then a subsequent work called The Principle and Practice of Narrative Medicine, that's a 2017 publication.

So that's aimed toward the clinical side but can certainly [00:37:00] be read by anyone who enjoys a philosophical and pedagogical take on this kind of work. And for those of us in the ministry sphere, probably my favorite resource on this is by a retired professor from Emory named Karen Scheib. And she has a really, really well researched, synthetic book called Pastoral Care, Telling the Stories of Our Lives.

And it is a work that integrates Ricoeur and the concepts of narrative medicine and Dan McAdams narrative identity theory. But then asks the question, what does the church do? How can all of us together create a community and practices as a community that honors story and uses the story of all of us together to be the people of God.

Don Payne: That's a good way [00:38:00] to put a bow on it.

Eva Bleeker: It's a great little book.

Don Payne: Dr. Eva Bleeker, assistant professor of pastoral care and chaplaincy here at Denver Seminary. You can find out a little bit more about Dr. Bleeker on the faculty page of DenverSeminary.edu, and you can also get more information there about our chaplaincy and pastoral care programs. I'd love to have you investigate those or recommend those to someone who you think is gifted and maybe called into that arena of ministry. This is what they'll be learning and who they'll be learning from.