

Reading *Eucalyptus*: Reflections on Narrative Education in Medicine and Health Sciences

By Christy Di Frances Remein, PhD, MA

I discovered Murray Bail's *Eucalyptus: a Novel*¹ while undertaking a creative writing course in Australia just after completing my undergraduate degree. Published in 1998, the novel received both the Commonwealth Writers' Prize and Australia's prestigious Miles Franklin Literary Award. In the years since I first encountered the text's unique blend of the realistic and fantastical, serious and ludic, my thoughts have returned often to *Eucalyptus* as I ponder the ways in which it offers keen observations that are surprisingly relevant to education in academic medicine and health sciences.

Bail's story is set in an imagined Australian past, where a widower named Holland promises his daughter Ellen's hand in marriage to any suitor who can correctly name the thousands of eucalyptus species growing on his vast property. *Eucalyptus* may, and probably should, be read as a fable open to various interpretations. As is the case with most good fiction, it invites us to extrapolate beyond the immediate storyline, to navigate themes that transcend plot. At first glance the book seems rather like a contemporary fairy tale, and closer investigation does indeed reveal

astute sociological insight lurking beneath its seemingly whimsical veneer. Thus, Holland's mysterious admonition that his daughter "beware of any man who deliberately tells a story" (p. 53) may be read as a subtext with broad cultural implications.

Healthcare Education and Narrative

Like the cautious father in *Eucalyptus*, healthcare education at times emanates subtle warnings about stories, which are by nature equivocal. Notwithstanding a rich history of medical humanities that prefigured the more recent narrative medicine movement, in both overt and tenuous ways a bio-medical curriculum rooted in Enlightenment tradition sometimes looks askance upon the abstractions intrinsic to narrative.² Stories are, after all, so liminal, so terribly apt to resist definition and classification: they possess an uncanny power to affect learners in unpredictable ways. Nevertheless, we identify with the comforting, re-orienting powers of narrative when, like the novel's heroine, we too feel "frail at the edges, at

times curiously elongated” (p. 221).

In *Eucalyptus*, the narrative act, or process, can be viewed as being personified in a character referred to as the “stranger,” who succeeds, initially, in gaining Ellen’s trust and, ultimately, in healing her undefined illness through his imaginative recounting of stories. Ironically, the reference to this man as a “stranger” seems an intentional misnomer: of all characters in the book he is perhaps the most *familiar*—however curious he may seem.

The stranger’s luminous tales offer glimpses of life beyond the confining geographical boundaries of Ellen’s context, encouraging her to reflect and gain new perspectives. Thanks to him, she allows “the world, which was his and far beyond, to come to her. His roundabout way of telling one story after another depended on imagination and a breadth of experience” (p. 159). At first Ellen perceives the stranger’s narratives as being arbitrary. Only later does she realize that the motifs which repeatedly surface through his storytelling are anything but random, their focus becoming “more and more directed at her” (p. 166) and the complexities of her unique situation and illness.

A wonder of memorable stories is their universality, the transferable potential of literary themes that have stood the test of time. Eventually, the narratives become for Ellen a source of strength and newfound independence amidst a physical and emotional context that seems to have spiraled beyond her control as an unwanted suitor closes in on naming all of Holland’s eucalypts. Ellen’s feelings of helplessness might be read as reflecting the situation of a beleaguered medical student, an exhausted resident, a burned-out physician, nurse, surgeon, or researcher.

Health Science and Storytelling

Eucalyptus highlights cultural aspects of health sciences that I have observed first-hand as an educator working in academic medicine, particularly as director of the Narrative Writing Program at Boston University Medical Campus, where I have helped clinicians and other professionals to employ writing as a means of processing difficult emotions and voicing their unique stories. Often, I notice that, like Ellen, my colleagues prefer learning and being known through stories¹ rather than through the rigidly delineated world of taxonomical structures inhabited by most characters in *Eucalyptus*, who ascribe to a paradigm wherein *knowing* frequently becomes conflated with *labeling*. As literary scholar John Attridge points out, Bail’s novel highlights a subliminal cultural conflict between classification and narration.³

Through my work I have realized just how true it is that today’s medical and health sciences professionals operate in a context marked by an “emphasis on facts, almost an obsession. We are not comfortable if a thing we have seen isn’t attached to a name. An object can hardly be said to exist until it has a name, even an approximate name” (p. 251). Yet the technical knowledge symbolized by such “naming” often is insufficient for the achievement of professionalism and personal resilience, thus generating a philosophical dilemma at times when the painstakingly acquired (and socially lionized) quantitative “know-how” ultimately falls short.

As I consider the challenges faced by my colleagues, I wonder if our cultural dependence upon “naming” explains why Bail’s fictional physician is unable to facilitate the healing process for Ellen, a failure that

seems not to arise from any lack of knowledge but rather from an inability to contextualize her ailment apart from its elusive name. In this case, routine medical exams and procedures, however adeptly performed, prove entirely ineffectual (p. 215). “Every morning,” Bail’s narrator conveys, “the doctor arrived, but still he couldn’t give a name to the illness” (p. 232). A simple enough formula: no name, no cure. Yet somehow we are hardly surprised to read that, despite the fictional physician’s best efforts, “day after day Ellen lay gradually fading” (p. 218).

Interestingly, the physician’s perspective can be read as mirroring that of the novel’s “suitor” characters, particularly the relentlessly technical Mr. Cave. Symbolically, he possesses “ways of knowing,” which vie with narrative (the “stranger”) for Ellen’s attention—and by extension for our own. Mr. Cave’s interactions with Ellen and her eucalypt-filled world resemble attempts to categorize and conquer, whether this means successfully passing Holland’s tree-naming test or delineating and defeating his daughter’s mysterious illness. Such actions illuminate a practical as well as theoretical elevation of empirical knowledge, which—in this scenario—crowds out narrative as a complementary way of knowing.

Naming Vs. Knowing—and Healing

Unfortunately for Ellen, scientific acumen alone simply won’t do to help her: “she could only be brought back to life by a story” (p. 234). Thus, what might be conceptualized as Mr. Cave’s attempted use of empirical solutions devoid of narrative contextualization backfires: his efforts to aid Ellen’s recovery lack efficacy because he neither understands nor relates to her as a unique individual. Indeed, to Mr.

Cave she embodies “a complete mass of confusion and mystery” (p. 233). Thus, “on the seventeenth day Ellen still lay in her room,” (p. 240)—suffering from an unknown illness that readers infer to be connected as much to her heart as to her body. “No one had told a story to bring her back to life. If anything Mr. Cave’s story only made matters worse” (p. 240). Despite much well-intentioned effort, “Ellen’s decline became steeper. No one could do anything (p. 233)”—or so we despairingly assume.

Re-enter the stranger—in this reading, the allegorical personification of narrative. His adept employment of creative inquiry provides Ellen with the freedom to let down her guard and engage in open and honest dialogue. Almost without realizing it, she begins to establish trust: in another human being, in the stories, in herself. We might say that she enters into a dialogue which eventually brings healing—so the narrator is quite right in observing that Ellen is brought “back to life” through storytelling, which succeeds in curing her “illnesses without a name” (p. 234).

Eucalyptus serves as a poignant reminder that the realms of the empirical and theoretical are not dichotomous but fluid, their boundaries shifting and overlapping in mysterious ways and at unpredictable times. We humans are tethered body and spirit, so it is hardly surprising that narrative should be linked to both physical⁴⁻⁶ and psychological wellness,^{7,8} which is so critical to foster amidst the current epidemic of depression and burnout in medical students, trainees, and faculty.⁹⁻¹⁶

I have been fortunate to experience first-hand the powerful ways in which narrative can promote self-reflection and resilience among healthcare professionals. Although sometimes viewed as a “stranger” in the world of traditional medical

education, storytelling can provide a framework for cultivating self-reflection, communicating knowledge, fostering connections in ways that align rather than alienate, and listening for meaning that exists beyond the immediately observable.

Certainly there is a need for more scholarly exploration of the intersection between narrative's uniquely equivocal nature and the cultivation of holistic approaches to education in academic medicine and health sciences. Thankfully, literature like *Eucalyptus* reminds us of narrative's ability to provide a generative space for reflection, exploration, and healing—even, or perhaps especially, amidst our increasingly technologized healthcare system. And that, I think, is a story worth sharing.

References

1. Bail M. *Eucalyptus: A Novel*. 1st ed. New York, NY: Farrar, Straus, and Giroux; 1998.
2. Katz Y. Against storytelling of scientific results. *Nat Methods*. 2013;10(11):1045.
3. Attridge J. Detourism: Murray Bail's Photographic Fiction. *J Commonw Lit*. 2004;39(3):69-91.
4. Robinson H, Jarrett P, Vedhara K, Broadbent E. The effects of expressive writing before or after punch biopsy on wound healing. *Brain Behav Immun*. 2017;61:217-227.
5. Koschwanez HE, Kerse N, Darragh M, Jarrett P, Booth RJ, Broadbent E. Expressive writing and wound healing in older adults: a randomized controlled trial. *Psychosom Med*. 2013;75(6):581-590.
6. Weinman J, Ebrecht M, Scott S, Walburn J, Dyson M. Enhanced wound healing after emotional disclosure intervention. *Br J Health Psychol*. 2008;13(Pt 1):95-102.
7. Van Emmerik AA, Reijntjes A, Kamphuis JH. Writing therapy for posttraumatic stress: a meta-analysis. *Psychother Psychosom*. 2013;82(2):82-88.
8. Johnson DR. Transportation into a story increases empathy, prosocial behavior, and perceptual bias toward fearful expressions. *Pers Individ Dif*. 2012;52(2):150-155.
9. Zhang YY, Han WL, Qin W, et al. Extent of compassion satisfaction, compassion fatigue and burnout in nursing: a meta-analysis. *J Nursing Manage*. 2018.
10. Dugani S, Afari H, Hirschhorn LR, et al. Prevalence and factors associated with burnout among frontline primary health care providers in low- and middle-income countries: a systematic review. *Gates Open Res*. 2018;2:4.
11. Rotenstein LS, Ramos MA, Torre M, et al. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: a systematic review and meta-analysis. *JAMA*. 2016;316(21):2214-2236.
12. Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. *JAMA*. 2015;314(22):2373-2383.
13. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clin Proc*. 2015;90(12):1600-1613.
14. Tjebkink JK, Vergouwen AC, Smulders YM. Emotional exhaustion and burnout among medical professors; a nationwide survey. *BMC Med Educ*. 2014;14:183.
15. Ishak W, Nikraves R, Lederer S, Perry R, Ogunyemi D, Bernstein C. Burnout in medical students: a systematic review. *Clinical Teacher*. 2013;10(4):242-245.
16. Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012;172(18):1377-1385.

About the Author



Christy Di Frances Remein, PhD, MA, is an Assistant Professor of Medicine and was the inaugural Director of the Narrative Writing Program at Boston University School of Medicine. Previously, she worked at Harvard Medical School's Brigham and Women's Hospital, where she created and directed the Narrative Medicine Initiative for faculty and trainees. Christy studied literature and creative writing in Scotland and Australia. Her academic and research interests include medical humanities, literature and medicine, narrative writing, and medical education—and she has an abiding interest in Scottish and Australian literary studies. She has published work in various humanities-related journals, including the *Journal of the Surgical Humanities*, *Hektoen International: A Journal of Medical Humanities*, *Transnational Literature*, *Studies in Scottish Literature*, and the *International Review of Scottish Studies*. Her forthcoming paper in the *Scottish Literary Review* considers narrative competence in medical professionals as portrayed in two nineteenth-century novels.