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AN OVERVIEW OF AN ELECTIVE COURSE ON MEDICAL HUMANITIES

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Abstract: *We still lack a tradition of courses on medical humanities designed for medical students, though medical schools in the United States or Western Europe included such courses in their academic curricula more than half a century ago. Such courses have proven their effectiveness in the training of a future doctor, providing them with better abilities to communicate, observe and develop empathy towards the patient. This paper wants to address the problem of the need to deliver such courses that would be even more welcome if all the interdisciplinary topics would gather to give their worthy opinion and perspective on the problem of medical humanities. Such an attempt is still far from being accomplished; therefore, the paper is going to present an attempt to develop an elective course devoted to the topic of medical humanities. With foreign language teachers in charge, such a course could only offer a limited perspective, using fiction as a tool to deal with the students' cultural training, development of communication skills and understanding of the role of storytelling in medicine. The paper is going to present some examples that can be used in such an elective course on medical humanities in order to reach the above-mentioned goals.*

Keywords: *medical humanities, medical students, cultural studies, ESP, foreign language teaching.*

It is no longer a matter of debate whether the study of medical humanities would be of any use for medical students. Medical schools in the United States and Western Europe started to introduce such courses on medical humanities more than half a century ago and all the studies that have been made since then have proven the efficacy of such a training in the development of a future doctor. The Romanian system still lacks a coherent structure in this respect, though attempts to introduce such topics have been already made probably at all the medical schools in the country. It is obvious we still lack a tradition in this respect, but we are happy for any effort that is done in this direction. As foreign language teachers we can only give a restricted perspective on what medical humanities really are, as a topic that is being studied at a medical university, therefore we do hope that in the future we will have more attempts coming from other interdisciplinary topics that are also part of a medical school's curriculum, so that medical students would get a more complex and detailed perspective upon this field that can enlarge their perspectives on the complexities of human beings. Moreover, as Patricia Sexton put it, "The amount of scientific and medical information students are expected to master is ever

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increasing. This may draw attention away from the human aspect of medicine – the reason most enter medical school in the first place. Medical humanities may help students remain empathetic, self-aware and reflective as they work to become excellent physicians. At the same time, studying medical humanities may facilitate the development of some skills that are so important in a doctor's career" (Sexton 2018). A doctor should not be able to just treat a disease, but heal the patients in their whole complexity, being able to understand things beyond the mere illness that sometimes has its roots in some deeper levels of the human psyche. We do believe that it is important for all these interdisciplinary topics to find a common path to approach the subject of medical humanities in the attempt to give our students a thorough look at all the possibilities to better understand the human being. As foreign language teachers we can only use some specific tools that belong to our field, in order to approach the subject of medical humanities. This paper is going to address some of these attempts that have been done in this respect at the "Grigore T. Popa" University of Medicine and Pharmacy Iași, where 1st and 2nd year students are already exposed to such topic-related subjects. Since the number of foreign language classes for medical students are quite limited, we have envisaged the possibility to propose an elective course on medical humanities seen from the perspective of the study of fiction.

Our students do benefit from the existence of a foreign language course in their first two years of training. It is here where they start learning about the basic principles that we consider compulsory today for any student attending a foreign language course at the academic level. We have referred to this subject before, methods are no longer that new. Thus, in the general foreign language course our students learn about the connection between language and culture, up to the extent to which they are able to understand that when learning a foreign language, it is equally about learning a second culture (Garza 2010). This is an important thing to understand as this is going to be the first attempt to perceive the idea that knowing about a different culture enables you to understand that people's mentality and, thus, have access to deeper layers of comprehending the human behavior. According to the various contexts we might find ourselves in, and knowing, of course, that our health choices are also culturally dictated, we can justify or understand better how humans try to cope with their diseases and later on how they respond to the treatment (based on their compliance). We believe this is a major step in understanding the future concept of medical humanities (dealing with fiction) as literature is part of the so-called Big C Culture (Garza 2010). In order to survive in a different cultural background, one needs to become familiarized both with Big C Culture and little c culture (Garza 2010) that are essential in the process of learning a foreign language for communicative purposes. Likewise, it is important for our students to understand the basic principles of the communication process. At this level these notions are not only important to understand things from the perspective of a better relationship with the patient (being able to establish a coherent and professional dialogue with the patient), but also to understand some more complex things that have to do with the function of literature, basically its purpose to communicate a message to the reader (though still part of an elective course, medical students at the "Grigore T. Popa" University of Medicine and Pharmacy Iasi, do get the possibility to develop their communication skills with the patient, using the English language by attending such a course that explains the most important features of the doctor-patient encounter, going through the most important stages). However, at this level, besides the immediate purpose of learning about the communication process, students should be notified that they are going to discover some other ways in which they can use these tools when studying about fiction.

Thus, it is inevitable that we get to ask ourselves, at one point, what the purpose of literature is, overall. To perceive the act of reading as a mere pastime would be limiting or too restrictive. Surely, it may start off as a hobby once we learn to read as children. At a young age, we can enlarge the surrounding world (as big as it already seems – and is – to us) and

consider ourselves best friends with various characters. We end up loving or disliking them, we establish who could be a role model, we learn what is deemed to be good or not. Literature, at this stage, does come off as a means of temporarily escaping reality, while also learning about it. Awareness – or even self-awareness – presupposes a gradual process, for children get to understand in time that plenty of characters resemble people that they come across on a daily basis. The more their "social circle" expands, the clearer it becomes that other individuals seem to mirror heroes and villains, as well; we all (un)consciously copy behaviors which we witness, eventually. If reading was a playful and joyous hobby at first, it progressively becomes a necessary tool in an educational environment. However, it is vital for teachers to keep up the beauty of literature and not limit it just to an artificial exercise of figuring out what the writers have tried to convey in their works. Evidently, it is necessary for students to realize that books can reveal general traits not just about human beings, but also about the characters' historical and social contexts. Much of the real historical timeline can be traced in some of the world's literary masterpieces, after all. The teaching process can become even more compelling if such masterpieces are accompanied by discussions on other seemingly overlooked works, which still provide great insight into how the world unfolds and functions. It is a matter of broadening a certain literary canon, which ought to become more inclusive in this day and age, with additional access to viewpoints written by women, people from various racial and ethnic groups, talking about the mistreatment they've undergone for centuries.

Undoubtedly studying literature is very empowering and it allows you to have a more complex perspective upon the world. Before this attempt to propose an elective course on medical humanities we have tested our students' response towards the idea of coming into contact with this territory. Before the pandemic our Center of Foreign Languages and Cultural Integration hosted literary events such as the ones organized by FILIT and ALECART, which meant our students were able to meet both Romanian and foreign contemporary writers, attend their speeches and conferences. We could notice the high interest and good response to such activities in which the direct contact with the writers meant students were able to ask questions and get answers. More than that they became familiarized with the works of these contemporary writers who are not (yet) part of the high school curricula (we consider this detail important as students may develop a natural reluctance for such writers whose literary works are part of their compulsory school curriculum). Besides such events that we only hosted, we have constantly organized extra-curricular activities meant to enlarge students' horizons and we basically had in view to bring guests from different areas of interest (arts included) with relevance in the medical field. During the pandemic we have not stopped doing this thing in order to promote mainly the dialog between medicine and the arts. Once again, the feedback received as a result of these activities has been a very good one and this has been the main reason for which we thought that an elective course on medical humanities would come as a good addition to the students' possibilities to choose from some courses that are not part of their core studies.

Medical humanities are about getting to know yourself, enlarging your horizons and possibilities to understand the world around you. A first line of discussion would be in the area of cultural training. A cultural training is also needed as it is an important tool to access different psychologies and mentalities. Being able to observe and contrast, at this stage, is essential in trying to delineate boundaries and barriers between cultures. Though most of the specialists today say that it is important to rather focus on things that are similar among cultures rather than those that differ, separate us from each other, we believe it is important to be aware of differences, especially not to cause unwanted offense. A second area of discussion is that of taking the example of literature. By studying literature, students get to understand the human psychology better, they can become better observers and, undoubtedly, develop greater empathy. Literature has a lot to offer for a future healthcare professional. Besides the mere

experience of illness (going through all the stages, denial, accepting, compliance), there is today a lot of emphasis on the narratives of medicine (the role of storytelling in the medical office, the doctor-patient relationship). An elective course on medical humanities (dealing with the study of literature) would have to deal with both directions in order to cover all the above-mentioned aspects.

As we have already stated, our students' cultural training begins before, in the 1st year. Actually, during their first foreign language course, in their 1st year, they are exposed to these theories (with which most of them are not familiar, unfortunately) that language and culture are interrelated. They are given examples to be able to understand how this idea is manifested in the act of using the language in the absence of the cultural elements (they are triggered to remember their own experiences when, though being able to communicate with someone from a different cultural background, their communication collapsed, at a specific point, because of some "cultural" misunderstanding that may have occurred). Talking mainly about the English language, students are mostly exposed to British and American cultural elements, but, at this stage of the conversation, they may provide examples coming from any cultural background. Students also learn about the ways in which they can improve their cultural knowledge (reading, using the Internet, watching movies, preparing presentations on various cultural elements, having a foreign guest in class). We encourage all these activities, and, in time, we have used them all, each proving its own benefits if rightly guided and managed by the teacher. Among the most successful activities mention should be made of the ones in which we had guests in our classes (one such guest living in the US, a patient in their medical system, suffering from a chronic disease, described her experience of the American medical system and the whole heart operation that she had undergone two years previously), when students presented cultural elements belonging to different cultures, exchanging very interesting information, and especially when watching movies meant to display these cultural differences. Such differences may result into cultural clashes once one travels abroad without being ready to cope with these challenging aspects. One example in this respect is watching a movie and discussing it exactly from this perspective of noticing differences. Bringing the movie *Wonder Boys* in class, to talk about the American campus had been a worthy experience in the last decade. Though the movie was made more than 20 years ago, it still displayed so many differences in the ways the academic system works, how the teacher student relationship is shaped. Nonetheless, as the years passed, it has become obvious that, though we were still behind the possibility to fully comprehend the American academic system, the American campus might have undergone its own changes and it was right on time that the Netflix TV series, *The Chair*, had come out, as it gave us the possibility to add something fresh from the American campus. Once we had the new Netflix series, besides focusing on the same cultural differences between the Romanian and American system, we could have an inner and refreshed look at how the American campus had undergone its changes throughout the 20 years that had passed from the release of *Wonder Boys* to *The Chair*. Students become thus alert to the fact that things change, they are not for ever the same and the need to adapt and adjust, especially in a profession that deals with the healthcare system is compulsory. In the 20 years that separate the two movies, the American campus has been confronted with major changes. The power has been symbolically passed to women (the introductory scene of the Netflix TV serial speaks for itself – Professor Kim (Sandra Oh), the new chair of the English Department, going to her new office, passes through a hallway with pictures of male figures that undoubtedly had held important positions in the academic system). Nonetheless some people are still skeptical about the idea of having a woman in charge and the group of old professors whose courses need an urgent update, prove the fact that old traditions are hard to die. The new American campus is also confronted with financial problems (that are not ever mentioned in the older movie, *Wonder Boys*) and, obviously, in this new society people (students) are less likely to dream and

be creative. Students in Letters (!) no longer read their compulsory bibliography and task assignments for classes are made available online (to be more specific, on social media). The world has become very diverse, and professors are being hunted with video cameras, while their innocent gestures are taken out of context and become viral on campus. Though we are still far from there, these movies may show to the Romania student the kind of world we are headed towards and the kind of tolerance and understanding we have to show, no matter the context. Not being exposed to such everyday realities in the US or Western Europe may result into our graduates' ill adjustment in these foreign cultural contexts. Moreover, today, we no longer need to travel or choose to carry out our professional activities abroad in order to face cultural challenges, our system already challenges us, if not from the point of view of diversity (in terms of race), at least from the point of view of different mentalities (the old mentalities vs the new ones).

Cultural training may also contain details about urban culture or the culture of cities, therefore another good exercise that can be practiced is that of trying to compare two books that refer to the stories of two cities that are equally important for us, Romanians. One is the capital of our country, Bucharest, with reference to the collective volume published by Humanitas Publishing House, *Bucurestiul meu*, and the other one referring to the fascinating city of New York, through the book edited by Alessandra Mattanza (2015), *My New York. Celebrities talk about the city*. These two books that give an account of these two cities, through the perspectives of some celebrities, are worth being read in order to discover not only some amazing things about the two cities, but also in order to get a glimpse on both the Romanian and American mentality. Though all these discussions take place during a course that is delivered in the English language, this does not necessarily mean that we should restrict ourselves to noticing details about English-speaking environments. Contrasting all these details to the Romanian cultural background may result into a better understanding of our own cultural mentality and psychology. This is a worthy attempt, we believe, as most of our students will carry out their professional activity in the Romanian system, i.e., they are going to be confronted with Romanian patients whom they need to understand as well. The stories of the two cities are told in different tones. Most of the American celebrities that give their account of New York are best representatives for the so-called "American dream", people who have made it there, in the great city of New York. Robert de Niro defines New York as being the only place "where you can have such energy" (Mattanza 2015). At the same time, "New York represents my home. There are times when I find I am willing to stay at home feeling the need to spend time with my family. And there are times when, as one of the most beautiful cities in the world, New York beckons to me to explore. There is no other place where you feel this same energy, this pulse of life" (Mattanza 2015). Lidia Bastianich, the New York chef says that the city "is continuously changing, evolving and ultimately surprising me, inspiring me to do something that I might never have thought would be possible. And that's what I love about New York City" (Mattanza 2015). All celebrities eventually come to identify themselves with the city. It is exactly what the creator of the famous TV serial, *Sex and the City*, says in the same book: "You can hate or love New York, but you can't live without it. Especially after it gets you're your blood and becomes part of you" (Mattanza 2015). Thus, all their stories are glamorous, they live along with the city that has become part of each and everyone's life.

The stories of Bucharest are, by far, gloomier. Though published almost 20 years after the Romanian revolution, most of the writers invited to contribute, share their experiences during the communist years or at least compare the present-day Bucharest to the old one, during the communist era. This example might show to us how overwhelming the communist era was for most of us. It still affects our lives and especially the lives of those who experienced it. Since, by the time our students graduate, most of the middle aged people are likely to become patients in the Romanian healthcare system, maybe a fictional trip during those years is

worthwhile, being the easiest way to get to know / understand this generation. Andrei Pleșu, describing Lipscani, he actually links the misery to the agony of the Romanian people itself: "Noaptea târziu, pe Lipscani și pe străzile dimprejur, capitala agonizează vesel. Capitala? Nu cumva poporul român însuși? Dacă umbli printre gunoaiele, ruinele și dezmoșteniții locului, îți pierzi orice încredere în viitorul comunității autohtone, betegită de nesimțire, incapabilă să-și locuiască cuviincios orașele, să-și respecte tradițiile, să iubească protector ceea ce a mai rămas de iubit în imediata ei vecinătate. Lipscanii anticipează un scenariu posibil dâmbovițean, vom cădea, semiadormiți, sub nivelul pitorescului, vom bea ultimul șpriț lângă zidul unei vespasiene improvizate, vom asuda printre dejecții, legănați de manele, în interminabile, toride nopți de vară. O să ne placă. Ne vom savura asfințitul ca pe o formă de libertate. Vom bâgui ceva despre Europa și-i vom întoarce definitiv spatele, căutând răcoarea incertă a vreunui perete igrasios" (Pleșu 2017). For Ioana Nicolaie who, as a child, wanted so badly to visit the „Ateneu", the trip to Bucharest is linked to a bad memory which is the unsuccessful attemp to go to this amazing place: „ – Nu trecem nici acum pe lânga Ateneu? Am îndrăznit să întreb într-un târziu, când Arcul de Triumf rămăsese în urmă. – Ce ți-a cășunat cu Ateneul ăsta? m-a repezit tovărășul Doboș. N-ai văzut destule azi? Mie-mi plesnește capul de oboseală și văd că tu ai chef să te întorci în oraș. Deci asta fusese excursia?Pentru muzel Tovarășului și magazinul București străbătuserăm noi țara? Pentru asta îi luasem eu mamei o parte din banii de mamă eroină? Pentru mazărea cu sos și pentru răul continuu pe care nu aveam să îl uit niciodată? Pentru Antipa în care, deși mi-am dorit atât de mult, nu am putut intra? Pentru ctitoriile în construcție și pentru șoselele pline de Dacii? Pentru intersecții semaforizate, case ale scânteii și case ale poporului? M-am simțit deodată grozav de obosită, de inutilă, numi puteam aduna gândurile, ce-aveam să povestesc eu despre capitală?" (Nicolaie 2017).

With Mircea Cărtărescu, we witness the change towards something that would recall a mixture between pleasure and pain, love and hatred: "Un complex de dragoste-ură mă leagă de orașul în care mi-am trăit întreaga viață, ca de orice obiect pe care îl recunosc ca neavând realitate, ci existând cu totul în adâncul creierului meu. Uneori, întinderea asta de teren de construcții și șosele îmi pare hidoasă, asemenea aparatului de metal pe care Freud l-a purtat timp de unsprezece ani in gură, în loc de palat, alteori văd în el o Mandală peste care mă aplec cu atâta concentrare, încât simt cum antenele și paratrăsnetele din vârful Televiziunii, Interului și Casei Presei îmi zgârie retinele. Odată, mă gândeam zâmbind autocompătimitor: lui Joyce i s-a dat Dublinul, lui Borges Buenos Aires, lui Durrell Alexandria" (Cărtărescu 2017). After all, even in this mixture of love and hatred, we can find more pain as it is a sort of disappointment that the city is not up to the greatness of other cities. The most serene perspective is given by Ioana Pârvulescu. There is a sense of joy that is linked to the former beauty of the city: "Bucureștiul meu e un oraș tânăr, cel puțin în comparație cu bătrânul Paris, cu venerabila Londră, cu antica Romă sau cu străvechea Atenă. Are numai o jumătate de mileniu, abia depășită. Memoria lui e de piatră. Oamenii beau cafeaua în București de mai bine de trei secole. Eu, de mai bine de trei decenii. E un ritual matinal cu care mă leg de trecutul lui, de cei care fac parte acum din pământul capitalei. Mirosul cafelei lor se amestecă în aroma cești mele. E primăvară, acum când scriu și sorb din cafeaua pe care mi-am făcut-o mai tare ca de-obicei, iar în Cișmigiu verdeața e cărnoasă, culorile tari, lucioase, perdele cu bănuți de frunze atârnă de copaci, lalele galbene și roșii smălțuiesc iarba și o pancartă îți recomandă să te abții de la tentația de a le culege" (Pârvulescu 2013). These fragments are all suggestive for the ways in which the two cities are described. Even though the tone is different, when discussing these with medical students, it is important to draw their attention on the depth of the message in each case. Our history may have been more challenging and may have forced us to have a rather pessimistic view upon life itself. Such details might be important for a future doctor to know.

Eventually, the purpose of such a course is mainly that of teaching students how to listen to a patient's story by using literature to develop some of these skills. The easiest way to deal with that is to provide them with pieces of fiction that do speak about the experience of illness. There are plenty of books that focus on this theme, so they could read directly how patients have accepted their suffering and have gone through all the challenges. However, though a valid approach, this perspective would be rather simplistic, when our students could discover by far more sophisticated ways to deal with fiction as a means to discover the complexities of the human nature. We have seen before how most of the contemporary writers choose to use the 1st person narrative, i.e. they choose to write about their own experiences. Most of the times they use this technique to deal with their own issues and traumas, as we could see the example of Romanian writers such as Radu Vancu, in *Zodia Cancerului*, tries to cope with the death of the father who committed suicide. We notice, just like in the case of another writer, Florin Irimia, the tendency to describe the traumatic event in detail: "Tata s-a omorât nu în State, ci în România, dar între 11 fără 5 și 11 și 5 dimineața, deci aici se potrivește doar că era sâmbătă, așadar în asta ar contrazice statistica" (Vancu 2017). Florin Irimia who tries to deal with the trauma of the childhood – the divorce of his parents in *Misterul mașinuțelor chinezești* – deludes the reader by saying that day went by almost unnoticed, "Nu-mi amintesc nimic din ziua în care părinții mei au divorțat." (Irimia 2017), when, in fact, he puts down all the details of that traumatic day. Likewise, Dana Bădica, coping with the death of her younger brtother, in her novel entitled *Părinți* „Nu-mi amintesc nimic înainte de Florinel, aveam puțin peste un an când s-a născut. Copilăria mea a început abia dupa moartea lui" (Bădica 2019). All these narratives are endowed with the possibility to show to the reader how meaningful a story can be, how you can discover, beyond the mere words, all sorts of feelings, emotions and fears. Indeed, „Narrative knowledge is how we understand and make sense of the meaning and significance of stories that patients tell us. This provides us with a deeper, richer and more effective understanding of their situation and contrasts sharply with our 'medical' understanding of a person. Medical knowledge is essential but is dispassionately scientific and is applied acrossthe board to many different situations and people. So, for example, we know the symptoms and signs of acute appendicitis but we have to use this factual knowledge within the context of the individual sitting with us complaining of abdominal pain. Doing this within the context of thepatient's story allows us to make more accurate judgements about the likelihood of this pain requiring surgery. Alternatively, by sitting, listening and bearing witness to their current life situation in which they feel trapped and which has caused a flare-up in their irritable bowel syndrome the outcome may be much improved for the patient" (Robetson 2017). Likewise, a story needs a listener, the same way the patient needs to be listened to while presenting his / her complaint: „Telling a story requires a listener, it is a two-way process and so we should not be surprised when patients feel deeply unhappy if they feel thatthey have not been heard. Many complaints about doctors stem from an initial communication failure from which the relationship between the doctor and patient never fully recovers. True engagement transforms both ofus forever. The change may be small and subtle but it is present. Once fully engaged with the patient's story we can much better understand their experiences " (Robetson 2017). Undoubtedly the study of such literary pieces will endow our students with multiple possibilities to develop better relationships with their patients. The same way they will start looking fior the significance and meaning of the literary text, the same way the patient's story will be perceived, the doctor knowing that, before any additional medivcal tests are done, he / she will have to give meaning to the story told by the patient in the first part of the interview. If the cultural discussion wants to go on, then students can also have a look at the same type of 1st person narratives with American or British celebrities who also chose to tell the story of their traumas (we have also wrote before about the topic with reference to Elen Degeneres's book (*Seriously… I'm Kidding*), Demi Moore (*Inside Out*), Drew Barrymore (*Wildflower*) and

Mara Wilson (*Where am I?)*, students may choose to compare how stories are told, who reaches acceptance more rapidly and, by and large, who is prone to a faster healing and why. Mara Wilson admits she found comfort in writing: „From the time I broke up with Hollywood (more on that later) and moved to New York City, I've devoted myself to stories, as a playwright, oral storyteller, and host of my own storytelling show. And now, here I am, once again telling my stories to anyone who will listen. Mostly, my stories are about being young and a little out of place. It's how I've felt most of my life" (Wilson 2016). For Drew Barrymore, the process of writing about her own experience helps her to find herself, to find a purpose: „maybe now it's about telling the occasional story that I really believe in and think would be good to put out there into the world. But as I look back, that crying woman taught me how to approach everything in life" (Barrymore 2015). It is basically the same idea that we find in Demi Moore's book, that also speaks about the struggle a woman has in order to mingle both sides of her life, being a mom and a celebrity at the same time. Adopting a playful style, Ellen Degeneres talks about failure as being the best way to learn a lesson in life: „But it's failure that gives you the proper perspective on success" (Degeneres 2011). Are Western patients more trained to be better story tellers, do they share personal information with their doctors in a faster and less rigid way? All these questions could be discussed with our students during such elective courses.

During such elective courses, students may get to develop all the above-mentioned skills. Taking into account that this is an elective course and, supposedly, a student chooses to attend it or not, we do believe that students would get a good response when being exposed to all these pieces of writing. If needed, taking into account the busy schedule of a student in medicine, a teacher could always make students choose what book to present during class, so as the others would understand what everything is about. However, we do believe that most students would choose to read the required bibliography on their own, After all. as a school student or a university one, it is indeed important to see the reading act as way of understanding the world from multiple critical lenses. Simultaneously, teachers need to preserve a balance and remind their students that they can always still "read for pleasure", as the famous phrase goes. What we can gather from this is the idea that people should not forget where they started from: namely, from literature providing them with role models and typologies of characters. This is what children require, as they still lack enough personal experience. Throughout the years, however, our repertoire grows, naturally, and we get to contribute to our own stories. We also learn that neither of us is just a hero or a villain, as it might have looked like when we were younger; we come from more complex backgrounds which dictate our good and bad decisions constantly. Given these circumstances, how may an individual feel when reading a novel of any sort? If they are open or uninhibited enough, they may have the stark revelation that literature exists so as to validate some of our past events, be they fortunate or traumatic ones. It is often the case when we might feel misunderstood or even devalue or scold ourselves if we are not satisfied with our "performance" in a certain context. But once we turn to literature, there may be moments of clarity (and of catharsis, as well), highlighting that our own feelings are more common than we might believe. It occasionally takes a complete stranger to adequately capture life's intricacies through writing and remind other people that their paths and mistakes hold actual meaning. We no longer just appreciate literary characters, but we also learn to refine and credit ourselves more, while we also develop additional tolerance towards ourselves and others. To a certain extent, literature helps us remember that some experiences are universal; we may all function within distinct environments, but we do reach the same outcomes at an emotional level. It is fascinating to uncover what both differentiates and brings us all together, what has truly changed across centuries and what keeps reoccurring, regardless of the context we are operating in.

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