The Center for the Study of Writing
in conjunction with the 25th Annual Conference of the
International Society for the Study of Narrative
Presents

Medical Humanities Research:
Challenges & Opportunities

A lunchtime workshop with

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Director of the Program in Narrative Medicine

Thursday, April 8, 2010

11:30 a.m. – 1:00 p.m.

Holden Room (Conference Level)
Renaissance Cleveland Hotel
24 Public Square, Cleveland, Ohio 44113

For more information about the sponsoring organizations, please visit: http://www.case.edu/narrative and http://www.case.edu/writingweek
Guiding Questions

Over the ninety minutes we have together, our goal is to consider some of the challenges and opportunities for research that traverses the disciplinary boundaries of medical, humanistic, social scientific, artistic, and literary inquiry. The following questions provide a framework for our discussion, but need not be addressed in order or in their entirety. On the pages following these questions, participant abstracts suggest the range and richness of medical humanities research at Case Western Reserve University. We hope that the conversations we begin here will only be the start of future collaborations.

On behalf of the Center for the Study of Writing, thank you for your participation!

1. What are the most exciting current opportunities for cross-disciplinary research and collaboration among humanities, social sciences, and medical researchers?

2. What are the biggest challenges for such cross-disciplinary research and collaboration?

3. What do humanities/social sciences researchers need to know about the field(s) of medicine in order to make their own work more legible to medical and health professionals?

4. What can medical and health professionals learn from scholars in the humanities and social sciences?

5. How can the research we do in our various disciplines – and in cross-disciplinary collaborations – enhance our teaching?

6. What local, regional, and national organizations exist to help promote research in medical humanities, medical rhetoric, and related disciplines? What are some of the journals, conferences, and associations that connect scholars across disciplines in the social and cultural studies of medicine?

7. What is the future of cross-disciplinary research and/or teaching that is rooted in medical and public health questions?
My dissertation looks at peer suicide bereavement. Data is drawn from 25 in-depth interviews with peer suicide survivors. Over 31,000 Americans commit suicide every year in the United States. Whether bereavement resulting from suicide represents a distinctive loss is the dominant focus of suicide bereavement scholarship. From the coding process, narratives of suicide loss and mental illness among this previously unexplored population are identified, including cognitive, affective, activist and suicide awareness responses. Additionally, how these emergent subtexts converge or diverge from social theories of grief more generally are also considered.

My second potential research topic involves developing a paper on pharmaceutical drug, Premarin. With over 46.9 million prescriptions, Premarin was the single most prescribed drug during the mid 1990s, and from 1966 to 2006 Premarin has remained in the top 50 pharmaceuticals. Prescribed for hormone therapy (HT) in post menopausal women, the Premarin family of drugs contains estrogen extracted from pregnant mare urine. This paper examined the competing corporate, medical, patient, and animal activist discourses surrounding Premarin and I have several angles for data I would like to explore within this topic: 1) The North American Menopause Society (NAMS) (whose physician members disclose payment for speaking engagements, etc by the makers of Premarin) is located in Cleveland, I was thinking of interviewing the key physician stakeholders about what they know about Premarin’s production, their relationship with the makers of Premarin, their thoughts about the framing of menopause, and their attitudes about the use/abuse of horses. 2) Using visual sociology methods, I would like to gather visual data in direct-to-consumer Premarin advertisements and analyze the medicalization of menopause and gender discourses. For example, advertisements for Premarin essentially constructed and promoted the disorder of “estrogen deficiency” in menopausal women for half a century.
While I am new to the field of medical humanities, I recently read *Narrative Medicine* and was inspired by Dr. Charon’s work. My research and teaching experiences to this point have largely included work with non-native speakers of English. I have worked with both undergraduate and graduate students from a variety of fields, including medicine and nursing. From these experiences, I have become interested in the intersections between L2 writing and medical writing, particularly from a pedagogical perspective. I would like to further explore the ways that L2 writers acquire genre knowledge in the health professions while simultaneously gaining language proficiency and navigating the disciplinary demands of American academic culture.

I am currently developing a research proposal entitled, “Writing Centers as Sites of Accumulated Genre Exposure: The Intersections Between Writing Center Practice and L2 Learning.” I plan to study how writing centers can extend the work done in writing classrooms to provide the repeated genre exposure critical for sophisticated levels of knowledge development. I am looking specifically at nursing students at CWRU who visit the designated nursing tutor for help with their writing. While I would like to focus on one specific genre, I have not yet firmly decided on one; however, I am leaning toward evidence-based practice papers since those are commonly assigned in students’ coursework.

Questions that will inform my study include: What are L2 learners’ needs and expectations for the tutorial? What are some common challenges for students when writing evidence-based practice papers (or another selected genre)? What beliefs do they hold about the genre and its purpose? Do students perceive themselves as authors of a rhetorical genre or reporters of neutral facts? How do these perceptions affect their writing process?

This study is thus pedagogically centered, with the goal of developing writing center initiatives to assist L2 writers in genre knowledge development. With such aims in mind, I would like to consider ways that narrative can be used in tutorials both to develop the tutor-student relationship and also to help students reflect upon their clinical experience and classroom learning.

Questions to explore would include: How can narrative help bridge the cultural gap between tutor and tutee? How can narrative help students move from novice to expert within the disciplinary practices of their field? These ideas are vague at this point, but I feel they warrant further exploration as fresh angles into the study of writing center pedagogy, particularly in relation to L2 writers.
I first became interested in Dr. Charon’s work through a narrative theory class last semester. I found Charon’s claim that every seriously ill patient has a story to tell a compelling one. One of my classmates in that course reviewed Charon’s *Narrative Medicine* as part of her final project, and I was compelled to read it. This semester, I assigned my ENGL 150 class two of Charon’s articles and taught them alongside Sacks. We discussed what was similar and different in each of their projects, and particularly what was different in their approaches to storytelling. Some of the issues that came up were regarding what the politics and dynamics are of telling someone else’s story. My students were particularly interested in how collaborative storytelling becomes so essential to narrative medicine.

I am personally most interested in Charon’s concept of affiliation—the idea that if one attends appropriately and represents appropriately, one can become positioned to affiliate is quite instructive for any educator. One of the things I’d like to hear more about is the kind of training Charon would like to see in medical schools. Specifically, I’d like to know whether Charon thinks English departments could work collaboratively with med schools, what kinds of classes should be offered, whether these classes should be compulsory, and who would teach them. I think it would be so fascinating to have a partnership where we could teach narrative and close reading skills in med classes, but I wonder whether we as composition and literature teachers are qualified to address the psychological aspect of narrative medicine or whether someone who particularly deals in health communications should be involved.
Direct-to-consumer advertising (DTCA) has existed nearly as long as commercial pharmaceuticals and health aides. Initially taking the form of print advertisements, the most prominent form today involves DTCA on television and radio. In both broadcast and print advertising, advertisements are directed at a “target” market based on the product involved. For instance, nearly any newspaper sports page or sports magazine for men contain advertisements for erectile dysfunction (ED) pharmaceuticals. Likewise, women’s magazines, or newspaper entertainment or living sections will often feature advertisements for contraceptives or anti-depressants. For either men or women, these advertisements are aimed at a population capable of inquiring about a drug for a specific personal condition or perceived need.

In researching DTCA, I have considered various aspects of pharmaceutical advertising in America. I have looked at the social construction of cervical cancer, the hidden risks of adolescent-focused products pitched to parents, and the fledging attempts of the FDA to keep up with the rapidly expanding drug market. My next project will consider the gendered messages of pharmaceutical DTCA, particularly in the case of reproductive, sexual, or contraceptive products. DTCA can be seen as a modern form of storytelling, effectively narrating what it means to be a woman or a man. DTCA for the Humanpapilloma Virus (HPV) vaccine highlights what it means to “protect” one’s daughter, whereas ED advertisements emphasize that men must be ready at any moment for a sexual encounter. My research will involve print and broadcast advertisements, as well as relying on both scholarly and news publications.
My interest in medical humanities lies in the intersection of autobiography and medical discourse. More specifically, my interest is in terminally ill patients’ writing of their experiences with medicine, medical personnel, and the medical environment (e.g., hospitals, clinics) during their final months. Currently, I am working on two related projects. The first is my dissertation, which focuses on autothanatography (the writing of one’s own dying) and the rhetoric and influence of risk in a sociomedical context. This project uses published literary texts as a basis for examination, and it addresses medical discourse and interactions from the point of view of the patient. The second project, now in the earliest stages of research and preparation, is focused on first-hand oral, written, and video expressions of terminally ill patients at the Hospice of the Western Reserve in Cleveland, Ohio. This project, too, focuses on patients’ points of view and experiences with medical care and treatment. However, unlike the subjects and texts of my dissertation research, the Hospice group is not comprised of published authors and recognized artists and so has little to no opportunity to publicly tell stories of dying.
I’m interested in the medical humanities from both a research and a teaching perspective. My dissertation topic is relevant to the field and I have teaching experience in the medical school here at CWRU. Right now I’m working with a group of narratives written by people with bipolar disorder and exploring the ways in which the illness itself can challenge the narrativity of the text. Bipolar disorder is a narrativity nightmare, in that it lacks causation and/or closure and stymies narrative coherence. The texts I’m working with try, in various ways, to increase their narrativity to offset the damage done by the illness. I have a strong interest in psychology and psychiatry and I like the opportunity within the medical humanities to combine those fields with textual work.
My dissertation focuses on the psychology of self-control in Victorian fiction. Although I’m mostly studying the work of nineteenth-century physiological psychologists rather than medical doctors, I think my project fits in the medical humanities because there is so much overlap between the history of medicine and the history of psychology. Medical doctors, for example, were especially involved in defining insanity and “nervous” diseases like hysteria and neurasthenia. Some physicians expressed great confidence in the power of self-control. John Barlow even argued that the difference between sanity and insanity consisted in the amount of control individuals exercised over their thoughts. The physician John Connolly effectively advocated a more humane approach to caring for the mentally ill called moral management, which was designed to help mentally ill people manage their symptoms through living in a carefully scheduled, self-controlled manner. Moreover, the same advances in anatomy and physiology that shaped the future of medicine (for example, by allowing doctors to locate diseases within improperly functioning organs and cells in the body) also profoundly influenced psychology by allowing psychologists to identify the mind with the physical activity of the nervous system. This shift to a more materialist view of the mind also called into question the ability of individuals to exercise self-control. My research explores how Victorian novelists responded to (and influenced) these questions about the psychological feasibility of self-control. In my first chapter, I write about parallels between Alexander Bain’s treatise The Emotions and the Will and Charles Dickens’s Little Dorrit. Both works reveal an understanding of the mind as an energy system and are really pessimistic about the physical and psychological costs of self-control and about the inability of individuals to really understand their motives and emotions. My second chapter pairs George Henry Lewes’s Problems of Life and Mind with George Eliot’s Daniel Deronda. I argue that Eliot applies Lewes’s theory that the emotions are a type of intelligence to show that moral self-control can actually develop out of emotions as unstable as irrational fear. My third chapter will pair Samuel Butler’s psychological work with his novel, The Way of All Flesh, and will show how he incorporates ideas about embryology into his portrayal of Ernest Pontifex’s development.

I’m also especially excited about the possibility of being able to participate in this workshop because I’m teaching a SAGES class right now on literature and medicine. We are talking about how the doctor-patient relationship has changed over time (borrowing from Lillian Furst) and also about how important it is for doctors to really listen to their patients’ stories and to reflect on what their experiences with patients and medicine are teaching them. I love this class and am excited about taking my research in this direction more in the future.
Attention Deficit Disorder (AD/HD) affects 4.4% of adults. While sociological research has examined the impact of specific chronic disease diagnoses on both daily life and identity, there has been little effort in understanding the lived experience of adults diagnosed with AD/HD.

Therefore this study aims to:

1. Ascertain how an AD/HD identity is constructed and maintained in adults.
2. Depict the beliefs and coping strategies of adults with AD/HD.
3. Identify the impact of social factors on AD/HD experience.

These aims will be accomplished using a modified version of grounded theory. Participants in this research project will be self-identified and recruited through snowball sampling or advertisements in local newspapers and websites. Only adults between the ages of 18-65 and were diagnosed with AD/HD in adulthood will be included in this study. Sampling will continue until a point of theoretical saturation is met. All participants will be interviewed using qualitative semi-structured interviews designed to identify issues leading up to diagnosis, the degree to which AD/HD affects daily life, and the beliefs surrounding the disorder. All interviews will be tape recorded and transcribed. Data collection and analysis will occur simultaneously to refine the research project, sampling, and to handle emerging themes.

This study will characterize the process of AD/HD identity construction and maintenance in adults, looking beyond individual psychological and biological explanations. The findings will lead to a greater understanding of how adults with AD/HD have come to see themselves as sick and cope with the disorder.
Center for the Study of Writing Faculty

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