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THE MEDICAL HUMANITIES AND COLLEGE ENGLISH

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The Medical Humanities: An Overview

Since the new millennium, the medical humanities have become an international phenomenon. Universities worldwide are instituting medical humanities programs for the benefit of their students seeking education to prepare for medical professions, and organizations supporting medical humanities programs have likewise burgeoned. For example, in 2006 the litany of new medical humanities programs included Hacettepe University in Turkey. Four years earlier, the Medical School of the University of Birmingham established an Association for Medical Humanities serving all of Ireland and the UK. Medical humanities programs in the US have burgeoned since the early 1980s.

Without a doubt, this medical humanities movement affects college English departments and instructors who seek or are asked to participate. As faculty are becoming increasingly aware of options available for teaching texts or entire courses addressing health-related issues in works of literature and in film, the time is ripe for an article in this college English forum discussing teaching the medical humanities. This article will briefly define the emerging field of medical humanities, including its impetus, theories, approaches and methodologies, and its leading institutions, journals and resources. The article will conclude with the recounting of a personal experience as a pedagogue with a scholarly background in English developing a medical humanities program. Collectively, these elements shall provide an introduction for English pedagogues interested in medical humanities endeavors.

Medical humanities programs are often initiated by professors and administrators in medical fields at universities, some of whom have themselves pursued humanist education. This year, Rita Charron, a leading figure in medical humanities, has directed two “Narrative Medicine” workshops sponsored by Columbia University's College of Physicians and Surgeons. The goals of these workshops included helping active health care professionals gain a “singular knowledge of the patient,” supporting the “competence and commitment of the

physician," and nurturing the "bond of trust" between the two. Charron, who holds both a PhD in English and an MD, lends her depth of understanding as both a medical professional and a humanist to the growth and maturity of the medical humanities field.

Several journals currently serve the field, each with a different focus and audience. *The Medical Humanities Review* is a semi-annual publication of the Institute for Medical Humanities (IMH) at the University of Texas Medical Branch (UTMB) in Galveston. *Literature and Medicine* is edited by the aforementioned Rita Charron and by Maura Spiegel; rhetoretician Wayne Booth is on the editorial board. This journal, cosponsored by the IMH and the departments of Medicine and English and Comparative Literature at Columbia, is published by Johns Hopkins. While the *Journal of Medical Humanities* also treats specifically the interests of the discipline, other journals, like *The American Journal of Bioethics*, overlap with medical humanities interests. Texts like *Teaching Literature and Medicine* (published by MLA in 2000) also serve as valuable resources.

Exactly when, where and how medical humanities programs first began is difficult to trace. Allen Share, lecturer in the department of humanities at the University of Louisville, reports teaching a medical humanities course through the Medical School in the 1960s. The aforementioned IMH in Galveston is probably also one of the oldest full-scale programs in medical humanities. Terri Premo, who assisted in instating the multi-section medical humanities course at the University of Cincinnati (about which I will speak in the second half of the article), served a research contract in the academic year 1983 to 1984. Tom Cole, historical scholar on ageism, was at that time a new hire. Since its inception, the IMH at UTMB program has added to its credentials some specific firsts. In 1988, it became the first to offer a PhD in medical humanities. The graduate program there also includes an MD/PhD combination and a PhD/JD combination. The endeavors sponsored by the IMH have facilitated the development of other programs, including at Dalhousie in Nova Scotia.

The "program rationale" for UTMB's IMH graduate program defines, in language both precise and extensive, what it means to become a medical humanist:

> What does it mean to become a medical humanist by studying at the Institute? This question cannot be adequately answered abstractly or in advance of the experience itself, but some useful things can be said. Becoming a medical humanist is not simply a matter of taking an array of interdisciplinary courses in the medical humanities or of acquiring the knowledge and skills of a clinical ethicist. Becoming a medical humanist includes more than curricular and professional development. Formal humanities knowledge and clinical competence must be personally integrated so that they become *humanistic*—a word with so many meanings and (often negative) connotations that it is rarely used today in scholarly discourse.
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> By *humanistic*, we refer to knowledge (not necessarily in the humanities), clinical competence, or practice that is informed by the ancient ideal of *humanitas*. The original meaning of the Latin word *humanitas* was human feeling; the word gradually became associated with an educational ideal that blended knowledge, humane feeling, and compassionate action. It is this wonderful and elusive mixture of knowledge, feeling, and action—the humanist educational ideal in Lionel Trilling's terms—that we are trying to recapture and refigure in a contemporary health-care setting. Humanistic knowledge is more difficult to achieve than cognitive knowledge alone, because it demands heightened awareness that all knowledge resides in particular individuals who are embodied, embedded in social relationships, and limited. Humanistic knowledge requires attention to the context of knowledge making and to the practical needs and problems of any given situation. It requires a depth of self-understanding, which allows both detached discernment and personal engagement, depending on the human needs of any given situation and the scholarly, clinical, or pedagogical aims of the knower…
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> By and large, humanities scholars in contemporary academic life are cut off from this strenuous holistic ideal and from its ancient and Renaissance humanist origins. Especially since the late nineteenth century, academic

humanists have been encouraged to take up permanent residence within the boundaries of a particular humanities discipline and to pursue specialized research and teaching. Without devaluing the necessity of specialized research and teaching, the IMH faculty believes that becoming a medical humanist—and striving for humanistic knowledge and competence—require a strong historical and conceptual grounding in the humanist educational ideal in the West. This effort to connect graduate education in the medical humanities with the humanist tradition is what makes our program unique.

In essence, the IMH provides the ideological foundation upon which other full-scale medical humanities programs may build.

The medical humanities officially launched in Canada in 1992. In this year Jock "J.T." Murray of Dalhousie University in Nova Scotia recognized and fulfilled a need for medical humanities programs at his institution. In his 2002 article in *MacLean's,* John Demont profiles this academic icon:

Murray, 64, is also an expert in the history of medicine and the maladies of famous historical figures. In July, he delivered a lecture in London on the medical references in *The Count of Monte Cristo*. He returned last month to speak on the medical ills of the 18th-century man of letters Samuel Johnson. But don't mistake him for just another guy with an eclectic collection of hobbies. Murray is the living embodiment of a philosophy that connects all the seemingly disparate elements of his career. "People often think of medicine as just a science," he says. "But I think medicine is a very broad concept. It has relationships to society, to history, art, philosophy and theology. To be a good doctor you really have to understand this."

This understanding of medicine as a very broad concept is why he created Canada's only official medical humanities program, at Dalhousie, in 1992. Then dean of the medical school, he knew students were being well taught in the science of medicine. What worried him was that universities continued to turn out doctors who treated their patients as "cases" to be examined, diagnosed and operated on, rather than real people with feelings and fears. For too long, Murray felt, the human side of medicine had been ignored. "A medical textbook will tell you about the anatomy of a person," he says. "But if you really want to understand the human condition—how people feel about themselves, their lives and their illness—then you are better off reading the poems of William Carlos Williams or looking at the paintings of Robert Pope."

Though he approaches the medical humanities from a different angle, Murray echoes many of the interests of the IMH at UTMB. The IMH is clearly interested in realizing a true humanities—or more precisely *humanitas*—endeavor, even in a climate of disciplinary pigeonholes. In her article “Why not Medical Humanities?” Mary White, an IMH graduate, writes, “Although a graduate of such a program at times wonders what kind of hat to call his own…the medical humanities can promote a kind of intellectual freedom not available to those schooled in a single discipline.” White admits that she felt less than fully prepared for some of the specific clinical questions her medical students have posed to her, although she does stress that the IMH now offers more of this clinical training for the development of its medical humanists. More importantly, she claims that the advantages of such a humanist endeavor outweigh the temporary disadvantages. Affirming this stance, Murray, like Rita Charron, perceives that the humanist endeavor readily translates into improvements in patient care. Understanding “the human condition” and sympathizing with patients' feelings and self-perceptions (as Murray suggests above) can indeed help improve the “bonds of trust” between patient and caregiver which Charron highlights.

In a manner of speaking, medical humanities programs should not exist. That is to say that given recent trends affecting the university, a humanist agenda championed by medical professionals may strike us as doubly

singular. That the University of Louisville and presumably other universities offered medical humanities courses in the 1960s when liberal arts programs and interdisciplinary studies were on the rise is commendable, but not surprising. At that juncture, the nineteenth century's perceived distinction between the science and the arts, marked by the likes of Edgar Allen Poe in his poem “To Science,” and systemically realized through the creation of a number of independent “disciplines” at the turn of the century, was at least partially reconciled with a commitment to liberal arts inquiry. At some institutions during the 1960s, John Newman's concept of “learning for learning's sake,” expressed in his *Idea of the University*, became a mantra. Developments including Great Books programs at the University of Chicago and the St. John's College campuses in Annapolis and Santa Fe in large part defined an ideological epoch in higher education. Yet since then the growth of schools of business and other “vocational” programs on university campuses and the development of “service” programs in English departments, simultaneous with budget cuts for programs for the major, indicate a trend among universities to follow a corporate rather than humanitarian model. The appeal from educators in medical fields for the expertise of humanists, including (and in many cases especially) literary scholars, represents, then, an attempt to shore real patients against the ruins of the modern university.

Teaching Medical Humanities as a College English Educator

The college English educator assumes a formidable responsibility when taking on a medical humanities course. Just as John Demont recognizes that J.T. Murray is not “just another guy with an eclectic collection of hobbies,” it is important for English educators, as for others, to recognize that a course in medical humanities is not simply a “topics in literature” class. Since the medical humanities may be regarded as their own branch of the humanities and arguably even their own discrete interdisciplinary field, each English educator wishing to teach in the medical humanities must educate herself in the development, theories, and methods of medical humanities. This article only claims to offer a partial map. Yet the credentialed college English educator is typically regarded as qualified to teach the medical humanities by those in authority to make such decisions, whereas her counterpart in medical fields may not be regarded as qualified because of lack of training as a humanist. For college English educators interested in medical humanities, then, the questions tend to concern acquisition of broad theoretical principles and specific knowledge in the medical humanities and of useful pedagogical approaches. Fortunately, ample resources, including on-line materials through the New York University medical humanities database, facilitate the acquisition of the practical concerns. Moreover, much of the scholarship which informs the medical humanities field comes from literary scholars (for example, Leslie Fiedler and Elaine Scarry). Undoubtedly, after strategic research, the college English pedagogue will feel at home.

NYU's medical humanities website, http://medhum.med.nyu.edu/, established in 1994 and maintained by Felice Aull, is an infinitely valuable tool for teaching medical humanities and has facilitated the growth of the movement. The website features a “Literature, Arts and Medicine Database,” which holds “annotations of works of literature, art and film relevant to the illness experience, medical education and practice—fiction; poetry; memoir, biography, autobiography; literary, cultural and social criticism; visual art; film; drama.” Significantly also, NYU offers an email listserv called “Lit-Med” and posts medical humanities syllabi from several institutions.

My own experience as a medical humanities pedagogue at the University of Cincinnati arose from a simultaneous interest on the parts of the deans in the College of Allied Health and the College of Arts and Sciences and a professor of Nursing. This coincidence led to the development of a recurrent multi-section course. The adventure has been engaging, even as it has illustrated the complexity of the medical humanities endeavor.

I confess that I had never heard of the medical humanities before 2005, despite having worked as a secretary in the educational services department of a local hospital during the rise of medical humanities programs in the US. However, Maxanna Lucas, University of Cincinnati clinical professor of Nursing, had become motivated to research and plan a syllabus and course pack to be used for a medical humanities-related nursing elective course she was scheduled to teach in the Winter of 2006. She was also seeking out an English professor who

would teach a concomitant humanities course using many of the same materials she had already collected for her course. A colleague made the connection between us. Professor Lucas's vision for a medical humanities program at the University of Cincinnati was developing simultaneously with the UC Dean's Circle's decision to require an upper-division humanities elective for its many students seeking an online bachelor's degree in Allied Health. Professor Lucas and I approached Gisela Escoe, then Dean of the College of Arts and Sciences, with our petition to offer a medical humanities elective within a week of Dean Elizabeth King's appeal to her on behalf of the College of Allied Health . I was approved to teach a face-to-face, single-section pilot course under the College of Arts and Science's “interdisciplinary” (“INTR”) designation concurrently with Professor Lucas's medical humanities-inspired nursing elective. Terri Premo, Academic Director of Interdisciplinary Studies at the College of Arts and Sciences and former researcher at the IMH at UTMB, was instrumental in working out the details of implementation. After careful consideration of the students' best interests and the pragmatic ways to serve them, I was asked to become the course director for a multi-section online medical humanities course to be taught approximately every seven quarters.

The following course description for the course, which I will run for the first time in multiple sections in the summer of 2008, incorporates ideas from UTMB's and Dalhousie's web pages, various syllabi in NYU's medical humanities database, and experience with the pilot course I taught in Winter 2006:

Scientific training is mandatory to the development of a health-care professional; yet humanist inquiry is likewise essential in training excellent health-care providers. This course provokes humanist inquiry into health-related issues. 15 INTR 300, ‘Issues in the Medical Humanities,' educates students pursuing training in health care professions to analyze texts through an integrated liberal studies approach. The literature and films forming the curriculum of this course explore social and ethical issues pertaining to physical and mental health. Themes include patients' illness experiences; illness and family; race, class and gender in medicine; genetic engineering; patients' rights; children's rights; romanticizing war wounds; the stigma of mental illness; autism; anorexia and bulimia; cancer narratives; AIDS; the ethics of the cure; and others.

It is important to consider a point J.T. Murray stresses: students taking upper division courses in medical humanities are very likely to be well educated in their own discipline. At the University of Cincinnati, where the medical humanities program will benefit students in the Allied Health Sciences rather than the School of Medicine, age and experience also deserve credit. As Linda Graeter, Department Head of Analytical and Diagnostic Sciences and Director of Clinical Laboratory Science Program for the College of Allied Health Sciences, explains, the Allied Health Sciences bachelor's degree program is based on a 2 + 2 model, meaning that students who enroll in the bachelor's program already have an associate's degree in a field complementary with the Allied Health Sciences. Graeter elaborates that the average age of the students in the online bachelor's program is 35, and many of the students have actually had several years of experience as health care professionals. Yet like the doctors and other health care professionals who enroll in Rita Charron's workshops, these students still look for specific approaches to help them hone and realize humanitarian proclivities.

The following is an example of how a medical humanities course can operate thematically. Students in the University of Cincinnati's online course will begin by exploring a section on “disease, dismemberment, and disfiguration.” The first reading is Leslie Fiedler's introduction in *the Tyranny of the Normal*. In this text Fiedler introduces us to our obsessions with the “abnormal” or “freakish,” and, more to the point, with “normalcy.” Through this challenge, students can call into question assumptions about what it means to be “normal,” and they can consider whether and when the desired end in the care of the physically and mentally ill is, in fact, “normalcy.”

Two units within this section, “The Stigma of AIDS” and “The Romanticization of Heroic Wounds” suggest that health care for many diseased, dismembered, or disfigured individuals is predicated on moral platitudes. Social

consensus on the “worthiness” and “unworthiness” of the diseased, dismembered and disfigured ironically leave patients in both categories neglected. Randy Shilts's nonfiction text *And the Band Played On: People, Politics and the AIDS Epidemic* argues that AIDS, a debilitating and sometimes disfiguring disease, became an epidemic in the United States precisely because of the social stigma associated with it. Shilts makes a case that certain politicians and scientists and certain factions of the gay community in San Francisco stonewalled efforts and fundraising for research and public education about AIDS. The first five years, Shilts argues, were critical ones for efforts to identify the scientific nature of the disease, educate the public about the transmission of the disease, and find a cure. The film of the same name based on this book and starring Alan Alda may also effectively engage students in this dilemma of the medical realities affecting socially stigmatized patients.

Yet ironically those deemed by social consensus to be most “worthy” of social sympathy for their disease, dismemberment or disfigurement fare little better. In an article addressing both former soldiers and disabled children in England at the end of WWI, Seth Koven evokes Elaine Scarry's concept of “remembering and forgetting” to demonstrate the way that “cripples,” including “heroes” and “poor brave things” tended to receive insufficient medical attention. The term “crippled” was the standard term during and after WWI for individuals, child or adult, who had lost a limb or the function of a limb, often as a result of war or poverty. An actual “Society for Poor Brave Things” existed at this time to assist “crippled” children. However, the very linguistic coding of “poor brave things” insured the neglect of this group of children in the sense that it provokes able-bodied adults first to pity, then to admire, and finally to dehumanize. These cognitive gaps ultimately led to rejection and dismissal of the children. Meanwhile, “heroes,” a term then and now commonly applied to former soldiers, is likewise paradoxically damaging to those of this constituency needing medical care. War wounds may be romanticized, but this by no means ensures that real individuals who bear these wounds will be honored with an abundance of sustained medical care and attention. The British writer John Galsworthy calls attention to this fact in his editorial in *Reveille* in August of 1918.

Scholar Michael Fried recalls Stephen Crane's portrayals of war and disfigurement in the author's most famous novel *The Red Badge of Courage*. Crane's novella *The Monster* offers a yet more provoking example of heroism and disfigurement. Crane exposes in this text the social mechanism by which a disfigured hero is ultimately left to his own devices. In this work, the supporters of the reputable and formerly wealthy Dr. Trescott have deserted him. When no one will come to his wife's party or to his operating room, Trescott wonders if he has done the right thing in saving the life of the African-American man who was severely disfigured in the process of saving his son Jimmie Trescott from a fire. As well as commenting generally on the “remembering and forgetting” of the heroically disfigured, the text reveals how the sentimentalization of African-Americans (the cult of Black heroism, if you will) actually contributes to racial inequities, including disparities in medical attention.

Confounding the prospects of the diseased, dismembered or disfigured “hero” is the cultural premium on sacrifice . Crane creates the standard for his disfigured characters in his first novel, *Maggie: a Girl of the Streets*, but then effectively intersperses this theme with the sacrifice motif in the two later works aforementioned. As Susan Mizruchi reminds us in *The Science of Sacrifice*, that which is sacrificed or allows itself to become a sacrifice is viewed as separate from humanity. These sacrifices may be honored or scorned (or, as in *The Monster'* s hero Henry Johnson's case, sequentially both), but they are ultimately exempted from human sympathy. Students in the online medical humanities course will read *The Monster* as the most compact and directly relevant illustration of Fiedler's principle of “the tyranny of the normal,” Scarry's motif of “remembering and forgetting,” and Mizruchi's point about cultural detachment from sacrificial heroes.

A practical tactic for engaging reluctant readers in the medical humanities is the use of popular and highly accessible texts. Jodi Picoult's 2002 novel *My Sister's Keeper* not only tops bestseller lists and makes its rounds at library book clubs but also provides an opportunity in the medical humanities classroom. While, medically speaking, the text narrowly focuses on one form of cancer and its various symptoms, themes range more broadly from parenting and illness to patient illness experience to genetic manipulation to the ethics of the cure. Other “accessible” texts include Sylvia Plath's *The Bell Jar*, stories about obesity and eating disorders by Raymond Carver and Andre Dubus, and Margaret Edson's play *Wit.* Recognizing that the distinction is somewhat arbitrary, I recommend a mixture of “high” and “popular” literary texts and films.

While popular and accessible texts pose certain disadvantages, they help students enter the conversation and begin writing about the issues involved in medical humanities. Picoult's text, for example, is too facile in blaming the mother for her three teenaged children's problems: Kate, the cancer patient, is overprotected; her older brother, who could not be a donor for Kate, is grossly neglected; and Anna, the little sister who was genetically engineered on Kate's behalf, is loved only for her properties, not her personhood. Yet the numerous complex medical and ethical issues presented by the text make it meaningful for this class.

Certainly, the popular and accessible texts, like their "high" literary counterparts, are controversial. And yet isn't a text's potential for controversy—and therefore dialogue and critical scrutiny—one of the best reasons to present it? Should an Appalachian text drawing characters who are angry because they are dying from black lung or lymphoma, for instance Denise Giardina's *Storming Heaven*, be avoided out of concern that such a text engages current and controversial social and political issues? Should the nonfiction narrative *The Treatment* by Martha Stephens be avoided because it (like the critiques of the Tuskegee studies) exposes an instance of experimentation without the consent of the human subjects? It seems unlikely. As English educators, we undoubtedly recognize that (to misquote the 1970s feminist mantra) "the medical is political." This is just one of many insights that we as English educators have to offer to medical humanities pedagogy.

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