

## English 361, Narrative and Medicine

5 credit hours

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Monday 12:00-1:30; Tuesday 2:00-3:30 and by appointment

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### Course Objectives:

English 361 is a five credit-hour course designed to (1) lead students through an examination of the intersection between the domains of narrative and medicine by examining diverse representations of medical issues, (2) to deepen students' understanding of disease and its treatment and of our culture's attitudes toward these issues, and (3) to sharpen students' response, judgment, and evaluation skills, and to increase their abilities as readers of and writers about narrative.

This course satisfies **GEC Category 2. Breadth: C. Arts and Humanities (1) Literature.**

**Goals:** Students evaluate significant writing and works of art. Such studies develop capacities for aesthetic and historical response and judgment; interpretation and evaluation; critical listening, reading, seeing, thinking, and writing; and experiencing the arts and reflecting on that experience.

### General Expected Learning Outcomes:

1. Students develop abilities to be informed observers of, or active participants in, the visual, spatial, performing, spoken, or literary arts.
2. Students develop an understanding of the foundations of human beliefs, the nature of reality, and the norms that guide human behavior.
3. Students examine and interpret how the human condition and human values are explored through works of art and humanistic writings.

### (1) Literature Expected Learning Outcomes:

1. Students learn to analyze, appreciate, and interpret significant literary works.

2. Through reading, discussing, and writing about literature, students learn to understand and evaluate the personal and social values of their own and other cultures.

#### Relationship of Course Objectives to GEC Expected Learning Outcomes:

1. Students will analyze questions of “interpretation and evaluation,” since the illness narratives themselves thematize issues of interpretation (diagnosis and treatment) and evaluation (the consequences of those interpretations). Thus, the students are asked to interpret and evaluate representations of interpretation and evaluation.
2. As a result, students will develop abilities as enlightened observers of the rhetorical and written arts. The course will focus on the relation between the social and cultural issues connected with illness and medicine and the exploration of those issues in narrative.
3. Students will focus on the sequence of topics which emphasize the variety of perspectives—those offered by the disciplines of narrative and of medicine as well as those offered by doctors and patients—needed to explore the complexities of illness and medicine. This variety also underlines the value of comparison, judgment, and synthesis in dealing with complex problems.
4. Students will enhance their abilities as readers, thinkers, and writers through engagement with the readings of “significant works of art” and secondary readings which provide models of deep reflection on the social and cultural issues surrounding illness and medicine.
5. Through the juxtaposition of fiction and non-fiction readings, students will develop their abilities to reflect on the distinctive ethical burdens—and the distinctive aesthetic potentials and achievements—of works in the two broad genres.

#### Written Assignments

1. First and Second Papers: The papers will provide a way to assess how well the students are developing their skills of interpretation and evaluation, by requiring them to perform close readings and to build on those close readings toward larger conclusions.
2. Midterm: The midterm will consist of several short essays asking students to synthesize key concepts from the first half of the course.
3. Reading Journals: The journal assignments give the students the opportunity to explore informally aspects of the readings and discussions that they find most intriguing.
4. Agenda Setting: The agenda setting encourages the students to use their judgment about what the class as a whole needs to focus on for a given class session.
5. Participation: Both quantity and quality of students’ contributions to whole class and small group discussions will be assessed.

#### Grading:

First Paper: 30%

Midterm: 15%

Final paper 30%

Agenda Setting & Reading Journal 15%

Attendance and Participation: 10%

Typical Grading Scale used in evaluating student progress:

A: Superior mastery of course content; ability to do justice to both narrative and medical issues raised by the course; demonstration of first-rate writing skills and significant contributions to class sessions

B: Above average mastery of course content; demonstration of sound awareness of both narrative and medical issues raised by the course; demonstration of above average writing skills and consistent contributions to class sessions

C: Average mastery of course content; demonstration of some awareness of both narrative and medical issues raised by the course—or of strength in one area but weakness in the other; demonstration of average writing skills and occasional contributions to class sessions

D: Poor mastery of course content; demonstration of below average grasp of narrative and medical issues raised by the course; demonstration of inadequate writing skills and few or perfunctory contributions to class sessions

E: Poor mastery of course content; failure to complete assignments; below average grasp of narrative and medical issues raised by the course; demonstration of inadequate writing skills and few contributions to class sessions.

### **Academic Misconduct:**

It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term “academic misconduct” includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct ([http://studentaffairs.osu.edu/info\\_for\\_students/csc.asp](http://studentaffairs.osu.edu/info_for_students/csc.asp)).

**Plagiarism** is the representation of another's works or ideas as one's own: it includes the unacknowledged word for word use and/or paraphrasing of another person's work, and/or the inappropriate unacknowledged use of another person's ideas. All cases of suspected plagiarism, in accordance with university rules, will be reported to the Committee on Academic Misconduct.

**Students with disabilities that have been certified by the Office for Disability Services will be appropriately accommodated and should inform the instructor as soon as possible of their needs. The Office for Disability Services is located in 150 Pomerene Hall, 1760 Neil Avenue; telephone 292-3307, TDD 292-0901; <http://www.ods.ohio-state.edu/>.**

## Schedule of Readings and Discussions

### Weeks 1-2: Introduction: What Narrative and Medicine Can Do for One Another

Rita Charon, selections from *Narrative Medicine*

H. Porter Abbott, *Cambridge Introduction to Narrative*

Lars-Christer Hyden, "Medicine and Narrative," *Routledge Encyclopedia of Narrative Theory*

Shlomith Rimmon-Kenan, "The Story of 'I: Illness and Narrative Identity'" *Narrative* 10 (2000): 9-27.

### Unit 1: Weeks 3-4 Narratives of Disease and Death

Narratives: Leo Tolstoy, *The Death of Ivan Ilyich*;

Tillie Olsen, *Tell Me a Riddle*

Margaret Edson, *Wit*

Theoretical Perspectives:

Larry Churchill, "The Human Experience of Dying: The Moral Primacy of Stories over Stages," *Soundings: An*

*Interdisciplinary Journal* 62 (Spring 1979): 24-37;

Julia E. Connelly, "The Whole Story," *Literature and Medicine* 9 (1990): 150-61;

Joanne Trautmann Banks, "Death Labors," *Literature and Medicine* 9 (1990): 162-71;

### Unit 2: Weeks 5-6 Doctor-Patient Relationships

Narratives: William Carlos Williams, "The Use of Force" and "A Face of Stone," in *The Doctor Stories*, comp. Robert Coles (New York: New Directions, 1984), 56-60, 78-87;

Richard Selzer, "Brute," in *Letters to a Young Doctor* (New York: Simon and Schuster, 1982), 59-63;

Anton Chekhov, "A Doctor's Visit"

Theoretical Perspective:

Nancy M. P. King and Ann Folwell Stanford, "Patient Stories, Doctor Stories, and True Stories: A Cautionary Reading,"

*Literature and Medicine* 11 (Fall 1992): 185-99

### Unit 3: Weeks 7-9 Medical Training and Practice

Danielle Ofri, *Singular Intimacies*

Atul Gawande, *Better*

### Week 10 Conclusion: Narrative and Medicine Revisited