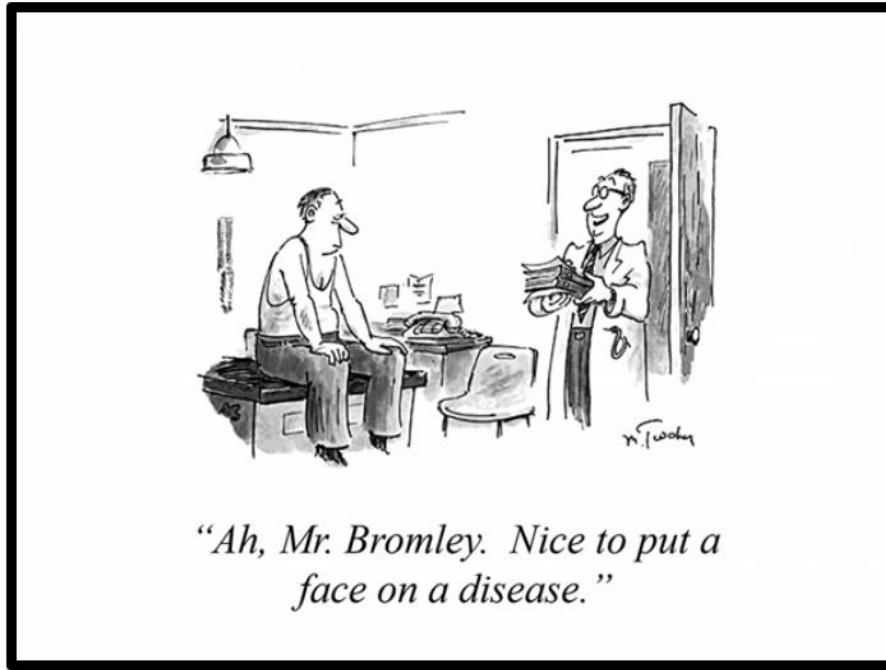


Hvordan læsning af skønlitteratur og kreativ skrivning kan bidrage til sundhedsfaglige uddannelser og til rehabilitering af kronisk syge



*"Ah, Mr. Bromley. Nice to put a
face on a disease."*

Adjunkt på Institut for Kulturvidenskaber, SDU,
Anders Juhl Rasmussen

Narrativ medicin på SDU

Obligatorisk kursus på medicinuddannelsens 1. år siden 2017.

Tilbagevendende **valgfag** på de sundhedsfaglige kandidatuddannelser (sygeplejerske, fysio- og ergoterapeut, iordmoder) siden 2016



Columbia University Medical School



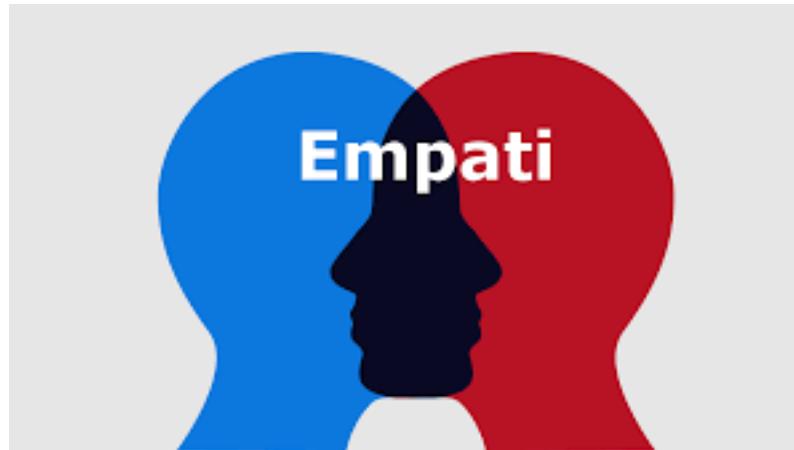




© Alamy Stock Photo

Et fald i empati blandt medicinstuderende

Melanie Neumann et al, “Empathy Decline and Its Reasons. A systematic review of studies with medical students and residents” *Academic Medicine*. 2011 Aug; 86(8):996-1009.



Praktiserende læger i Danmark har varierende grad af empati med deres patienter

Justin A. Charles et al. "Empathy Variation in General Practice: A Survey among General Practitioners in Denmark" *Int. J. Environ. Res. Public Health* 2018, 15(3), 433;

Korrelation mellem litteratur og empati?

George Eliot: "Den største rigdom, som vi kan takke kunstneren for, hvad enten det er en kunstmaler, digter eller romanforfatter, er udvidelsen af vores sympati med andre mennesker." (1856)

Rishi Goyal: "Ved at læse og diskutere forskellige stemmer udvider vi vores sympatier – eller empati, om man vil. På en måde er romanen som genre et virtual reality-apparat, der gør os i stand til at træde direkte ind i en andens bevidsthed."

(Juhl Rasmussen 2017, 37)



Evidens for korrelationen mellem læsning af skønlitteratur og graden af empati?

If anything exists, it exists in some amount,

If it exists in some amount, it can be measured.

(E. L. Thorndike)

*Ikke alt, der kan tælles, tæller,
Og ikke alt, der tæller, kan tælles.*
(Albert Einstein)

David Comer Kidd og Emanuele Castano: Reading Literary Fiction Improves Theory of Mind" (*Science*, 2013)

Scienceexpress

Report

Reading Literary Fiction Improves Theory of Mind

David Comer Kidd* and Emanuele Castano*

The New School for Social Research, 80 Fifth Avenue, New York, NY 10011, USA.

*Corresponding author. E-mail: kidd303@newschool.edu (D.C.K.); castanoe@newschool.edu (E.C.)

Understanding others' mental states is a crucial skill that enables the complex social relationships that characterize human societies. Yet little research has investigated what fosters this skill, which is known as Theory of Mind (ToM), in adults. We present five experiments showing that reading literary fiction led to better performance on tests of affective ToM (experiments 1 to 5) and cognitive ToM (experiments 4 and 5) compared with reading nonfiction (experiments 1), popular fiction (experiments 2 to 5), or nothing at all (experiments 2 and 5). Specifically, these results show that reading literary fiction temporarily enhances ToM. More broadly, they suggest that ToM may be influenced by engagement with works of art.

The capacity to identify and understand others' subjective states is one of the most stunning products of human evolution. It allows successful navigation of complex social relationships and helps to support the empathic responses that maintain them (1–5). Deficits in this set of abilities, commonly referred to as Theory of Mind (ToM), are associated with psychopathologies marked by interpersonal difficulties (6–8). Even when the ability is intact, disengagement of ToM has been linked to the breakdown of positive interpersonal and intergroup relationships (9).

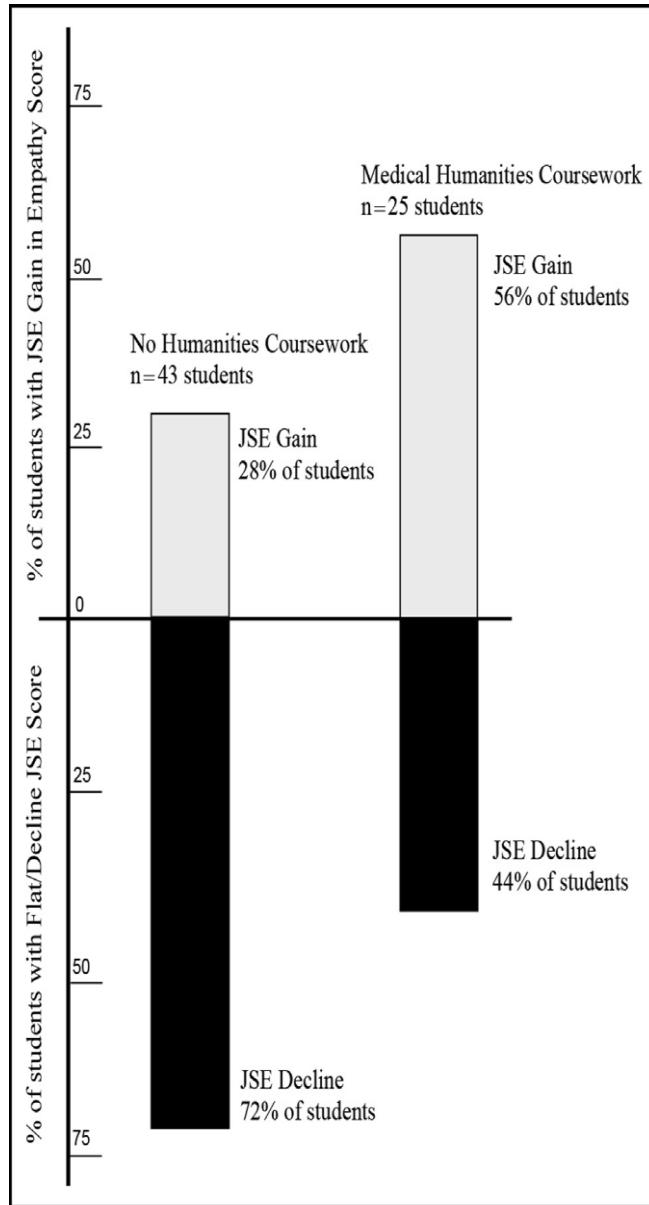
Researchers have distinguished between affective ToM (the ability to detect and understand others' emotions) and cognitive ToM (the inference and representation of others' beliefs and intentions) (7, 8). The affective component of ToM, in particular, is linked to empathy (positively) and antisocial behavior (negatively) (7, 8). It is thus not surpris-

Although readerly texts, such as most popular genre fiction, are intended to entertain their mostly passive readers, writerly, or literary, texts engage their readers creatively as writers. Similarly, Mikhail Bakhtin (19) defined literary fiction as polyphonic and proposed that readers of literary fiction must contribute their own to a cacophony of voices. The absence of a single authorial perspective prompts readers to enter a vibrant discourse with the author and her characters.

Bruner (20), like Barthes and Bakhtin, has proposed that literature engages readers in a discourse that forces them to fill in gaps and search "for meanings among a spectrum of possible meanings" (p. 25). Bruner argues that to elicit this writerly stance, literary fiction triggers presupposition (a focus on implicit meanings), subjectification

[depicting reality "through the filter of the consciousness of protagonists in the story" (p. 25)], and multiple perspectives (perceiving the world simultaneously from different viewpoints). These features mimic those of ToM.

Our contention is that literary fiction, which we consider to be both writerly and polyphonic, uniquely engages the psychological processes needed to gain access to characters' subjective experiences. Just as in real life, the worlds of literary fiction are replete with complicated individuals whose inner lives are rarely easily discerned but warrant exploration. The worlds of fiction, though, pose fewer risks than the real world, and they present opportunities to consider the experiences of others without facing the potentially threatening consequences of that engagement. More critically, whereas many of our mundane social experiences



“Medical Humanities Coursework Is Associated with Greater Measured Empathy in Medical Students”
 Jeremy Graham, DO, MA,^a
 Lauren M. Benson, MD,^b
 Judy Swanson, MD,^b Darryl
 Potyk, MD,^c Kenn Daratha,
 PhD,^d
 Ken Roberts, PhDa

The American Journal of Medicine, Vol 129, No 12,
 December 2016

Kvantitativ måling med afsæt i **Jefferson-skalaen** for empati blandt medicinstuderende:

Angivelse af navn, alder, køn og hvilket specialeområde, det påtænkes at studere.

- Jeg mener ikke, at en forståelse for patientens livshistorie spiller en rolle for diagnosticering og behandling af sygdom.
- Jeg holder ikke af at læse skønlitteratur, se film eller billedkunst.
- Jeg mener, at empati er en vigtig terapeutisk faktor i medicinsk behandling.
- Patienter værdsætter en læge, som er i stand til at sætte sig i deres sted.

Besvares på en skala fra 1, stærkt uenig, til 5, stærkt enig.

Ann Jurecic: "Empathy and the Critic" (2011)

- 1) If we want our students to understand the potential as well as the problems of empathy, we should **neither assume students will become attuned to others simply by reading nor insist that readerly empathy is always illegitimate.**
- 2) **Empathy** is not simply a collection of individual components, but a complex and integrated experience and practice that, to date, **has defied measurement.**
- 3) In a hurried age, and with the constant distractions provided by instantly available entertainment, **a book provides a rare opportunity for sustained focus, contemplation, and introspection.** Literary critics and educators can encourage readers to take advantage of the invitation to dwell in uncertainty and to explore the difficulties of knowing, acknowledging, and responding to others.

Lecture by Ann Jurecic (Rutgers University): *Is Teaching Empathy Possible in Medical Education?*

19 November 2018 – 1.00pm to 3.00pm

Venue: The University of Southern Denmark, room Comenius, Campusvej 55, 5230 Odense M
Sponsored by the Welfare innovation project "Narrative Medicine"



Associate Prof. Ann Jurecic

Ann Jurecic is Associate Professor in the Department of English at Rutgers University and a leading scholar in growing field of Medical Humanities. Her book, *Illness as Narratives* (University of Pittsburgh Press, 2012), charts the emergence of personal writing about illness in the twentieth century. She recently co-authored a book about creative writing, *Habits of the Creative Mind* (Bedford/St. Martin's, 2015). Jurecic teaches nonfiction writing and courses related to literature and medicine.

Abstract: The for-profit company Empathetics performed a randomized clinical trial to confirm that their course improved physicians' empathy in three one-hour online modules, at a cost of \$400 per person. What their trial actually demonstrated is that the course improved "patient-rated empathy measures, the knowledge of the neurobiology of empathy, and the ability to decode expressions of emotion." Are these outcomes, which are focused on identifying nonverbal cues, equivalent to empathy? Only if we accept a highly reductive definition of the term. Empathetics and courses like it stand in contrast to medical humanities programs that use literature to enhance attention to the complexities of human lives. An experienced teacher doesn't need to do a randomized clinical trial to know that reading and discussing literature will not automatically render students more empathetic: empathy is more complicated than that. But regular practice with reading literature (or philosophy or history) can cultivate habits such as paying attention, questioning, exploring, reflecting, and persisting, all of which contribute to fostering thoughtful physicians.

Participation is by enrolment only. Please register your interest in attending the lecture no later than October 28, 2018 by using the link: <http://webpay.sdu.dk/system/lectur>
Participation in the lecture is free of charge.

For enquiries please contact Project Coordinator Pernille Hasselsteen: perha@sdu.dk

The lecture is arranged by the Welfare innovation project "Narrative Medicine" & the Niels Bohr Professorship "Uses of Literature. The Social Dimensions of Literature"



Welfare innovation - University of Southern Denmark, SDU



Workshop by Ann Jurecic (Rutgers University): *Creative Habits Minds in Medicine*

20 November 2018 – 1.00pm to 4.00pm

Venue: The University of Southern Denmark, room: Comenius, Campusvej 55, 5230 Odense M
Sponsored by the Welfare innovation project “Narrative Medicine”

Ann Jurecic is an Associate Professor in the Department of English at Rutgers University and a leading scholar in the growing field of Medical Humanities. Her book, *Illness as Narratives* (University of Pittsburg Press, 2012), charts the emergence of personal writing about illness in the twentieth century. She recently co-authored a book about creative writing, *Habits of the Creative Mind* (Bedford/St. Martin’s, 2015). Jurecic teaches nonfiction writing and courses related to literature and medicine.



Associate Prof. Ann Jurecic

Abstract: Twenty-first century medicine appears to belong to the clean, well-lighted place of fact and biology. This is why medical students spend years memorizing detailed knowledge about disease and the body. But doctors and patients do not meet in the laboratory; they meet in the clinic. In that less well-lighted place, medical practice is complicated by culture, language, history, economics, and politics, and the scientific habits of mind cultivated by years of medical training may not suffice in every situation. When ambiguities and uncertainties inevitably arise, physicians may need to draw on different habits of mind: curiosity, attentiveness, reflection, and a willingness to engage in open-ended exploration. In this three-part workshop about creative habits of mind, we will practice habits central to the liberal arts: 1) paying attention; 2) questioning, exploring, and persisting; 3) complicating and reflecting.
The workshop is not restricted to participants working in health care. We also welcome participants who have a general interest in creative habits of mind.

In preparation, participants are asked to read Rachel Aviv’s “What Does It Mean to Die?”, *The New Yorker*, Feb 5, 2018 (will be forwarded to the participants) and be ready to discuss the case and the many questions it raises. Participants should bring pencils and paper, laptops or tablets, and their curiosity.

Participation is by enrolment only. Please register your interest in attending the workshop no later than October 29, 2018 using the link: <http://webpay.sdu.dk/system/wsiurecic>
Participation in the workshop is free of charge – limited seats available.

For enquiries please contact Project Coordinator Pernille Hasselsteen: perha@sdu.dk

The workshop is arranged by the Welfare innovation project “Narrative Medicine” & the Niels Bohr Professorship “Uses of Literature. The Social Dimensions of Literature”

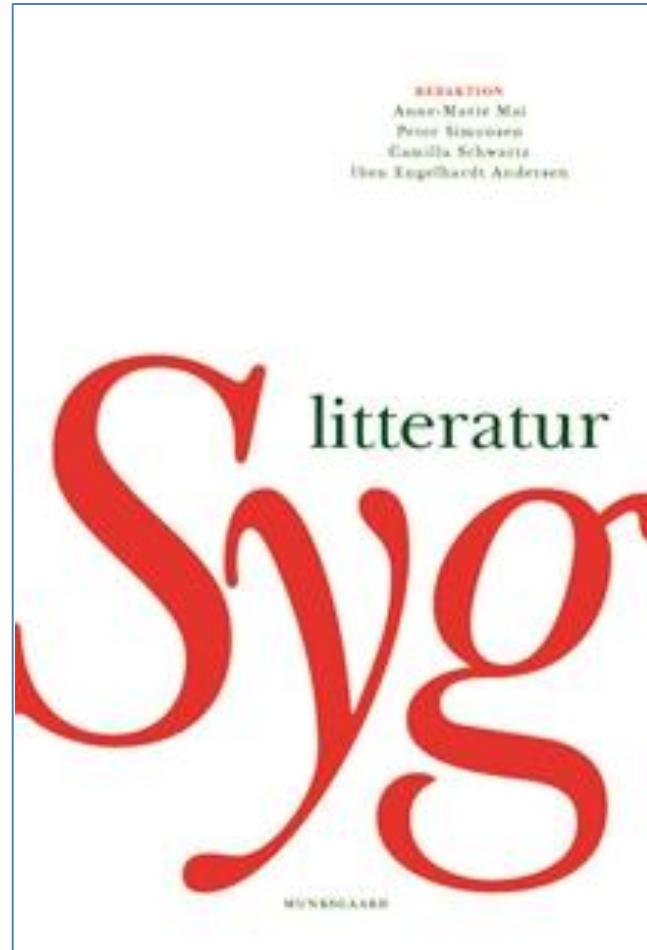


Welfare innovation - University of Southern Denmark, SDU



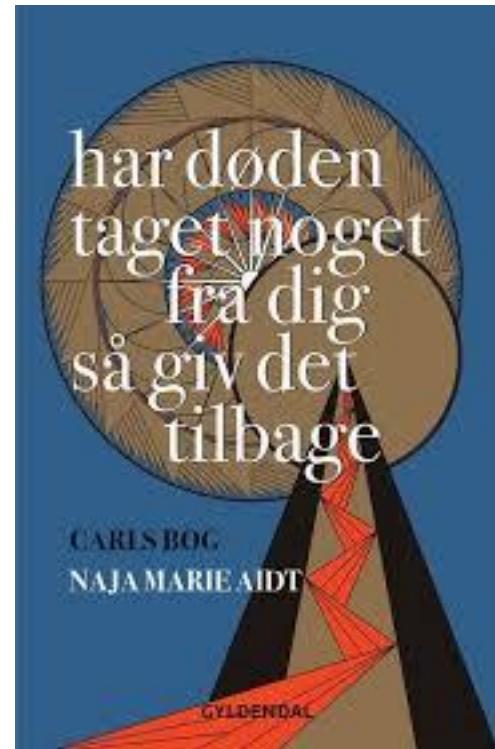
Syg litteratur

2. reviderede udgave (2018)



Naja Marie Aidt

Har døden taget noget fra dig... (2017)



Narrativ

Carl-Emil Heurlin Aidt (25 år) dør 16. marts 2015 i København efter at have indtaget hallucinerede svampe, som han har dyrket hjemme, og været i en **psykotisk** tilstand, der medførte en spring ud af vinduet fra 4. sal. Han bliver af lægerne lagt i en respirator på Rigshospitalet for at give forældrene en mulighed for at tage stilling til **organdonation**, inden de skal tage afsked med ham.

Uddragets form (s. 57-60 i *Syg litteratur*)

- Hvordan fortælles der om situationen i venteværelset og inde hos Carl, og hvorfor er netop den form valgt?
- Hvordan fremtræder moderen, dvs. fortælleren, og hvordan præsenteres lægen, der stiller spørgsmål om transplantation af organer?
- Agerer lægen **empatisk** og i givet fald over for hvem?

Pablo Llambías: Monte Lema, 2011

Poetik, s. 7-145

Angst, s. 149-295

L, s. 299-415



Det skal vel have en dato: 3. oktober 2009. Det er den sidste dag, hvor jeg er 'normal'. I aften tager jeg den første pille. Vil jeg være den samme? Vil jeg være sløv? Vil jeg være dummere? Vil jeg miste lysten til sex? Vil jeg blive tyk? Vil medicinen forværre min situation? Vil jeg ende som nervevrag?

Er det en slags dødsdom over mig? Over det 'jeg', som jeg kender? Hvem er jeg – den der er på piller, eller den der ikke er? Jeg er bange for at blive en anden. Jeg er bange for aldrig mere at kunne være den anden, jeg var engang. (s. 149)

Jeg oplever ikke mig selv som psykisk syg. Andre mennesker oplever mig (vistnok) ikke som psykisk syg (når man ser bort fra min kæreste og andre tidligere kærester,

der godt har kunnet spytte efter mig og kalde mig syg i bolden). Grænsen er ikke hårfin, men strækker sig over en gråzone, som de fleste mennesker har træk fra,

i det mindste i krise- eller grænse- tilfælde. Jeg bevæger mig rundt i gråzonen, hvor man kan kalde mig psykisk syg, kunstner eller normal. Betegnelsen ”psykisk syg” trækker uforholdsmæssigt meget over mod en demonisering. (s. 230)

Skriveøvelse

Skriv en 'sonet' (4+4+6 linjer) i tredje person med afsæt i spørgsmålet: "Hvem er jeg – den der er på piller, eller den, der ikke er?" (s. 175).



Asta Olivia Nordenhof



”Det er afgørende for patientsikkerheden, at psykiateren både i forhold til udredning og behandling har et opmærksomt og bevægeligt forhold til det sprog, man anvender til at skelne mellem normalt og sygeligt.”

- Asta Olivia Nordenhof

Principper for narrativ medicin

Lydhørhed [Attention]

- Hvad er det for en sygdomsfortælling, jeg hører fra patienten?
- Kan jeg træne min evne til lydhørhed over for og indlevelse i andre gennem nærlæsning af æstetiske narrativer?

Repræsentation [Representation]

- Hvordan skal jeg gengive det hørte, så det journaliseres mest præcist?
- Kan jeg træne min evne til at finde en form, der svarer til eller endda præciserer mine tanker, gennem kreativ skrivning?

Tilknytning [Affiliation]

- Hvordan skal jeg handle sammen med og på vegne af patienten?
- Kan jeg træne min evne til at handle omsorgsfuldt gennem engagerede diskussioner af skønlitteratur og højtlæsning for jævnbyrdige af mine personlige tekster?

Rita Charon på SDU



Hypotese i narrativ medicin

En **narrativ kompetence** [narrative competence] i at lytte opmærksomt til patienters sygdomsfortællinger skærpes gennem en træning i at aflæse æstetiske narrativer i litteratur, film, billeder mv.

Metode

Opnåelsen af denne kompetence går gennem **nærslæsning** [close reading] af skønlitteratur og **kreativ skrivning** [creative writing] i umiddelbar forlængelse heraf. Nærslæsning og kreativ skrivning er ideelt set led i en og samme (selv)refleksive proces.

Nær læsning som systematisk metode

- 1) **Stemme:** Hvem taler og til hvem?
- 2) **Tid:** Hvilken tidsoplevelse benytter fortællingen?
- 3) **Rum:** Hvordan repræsenteres rummene i fortællingen?
- 4) **Metafor:** Hvilke metaforer benyttes?



Kreativ skrivning som eksternalisering af det interne

Gennem en spontan skriveproces sker følgende:

- 1) Den skrivende **letter sig for et pres** og frigør plads til nye erfaringer, specielt hvis det skrevne omhandler vanskelige forhold.
- 2) Den skrivende kan **sammenligne** det skrevne **med sin indre erfaring**: Svarer det skrevne helt nøjagtig til, hvad jeg ønskede at udtrykke, eller ej?
- 3) Den skrivende kan gennem oplæsning **dele sin erfaring med andre** mennesker, og andres respons på ens egen skriftliggjorte erfaring vil ofte medføre en anden og dybere forståelse af denne erfaring.

Pablo Llambías

”Den almindelige måde, vi taler sammen på, er formløs, slatten, upræcis, doven, i-mangel-af-bobre, hurtig, nødtørftig. (...) Kunstsproget, det skønlitterære sprog, adskiller sig i sin bedste kvalitet fra talesproget ved at være anderledes præcist, anderledes følelsesstærkt, anderledes skønt, opløftende, knugende, åbenbarende – alt sammen gennem uhørt præcision, uhørt skønhed.”

(Juhl Rasmussen: 51-52).



"Det er jo ikke en samling symptomer, der kommer til legen, men en hel historie, et helt menneske."

Kim Brixen, Professor, Klinisk Institut,
Direktor for OUH

Med *Læse, skrive og hele* gives for første gang på dansk en række perspektiver på narrativ medicin. Bogen indeholder bidrag, der orienterer sig mod narrativ medicin i undervisning og forskning, samt bidrag, der omhandler læsning og skrivning med patienter. Den inddeltes af et interview med lektor og overlæge Rishi Goyal fra Columbia University i New York. Tidligere rektor på Fortifikationsskolen Pablo Llambías reflekterer dernæst i et essay over sin undervisning i kreativ skrivning for mennesker med kraft på REHPPA. Fra sundhedsvidenskab resumerer Anette Søgaard Nielsen og Rikke Hellum en kvalitativ evaluering af skriververkstedet i Alkoholbehandlingen, inden der bringes et interview med lederen af The Reader Organisation i England, Jane Davis. Fra humaniora skriver Anne-Marie Sondergaard Christensen om litterær representation af mennesker med kroniske sygdomme og Peter Simonsen om representationen af demente i litteraturen.

Læse, skrive og hele

Anders Juhl Rasmussen (red.)

Læse, skrive
og hele

Perspektiver på narrativ medicin

Creative writing workshops for chronically ill people

The aim of the project

Drawing on relevant previous trials, the research project aims to evaluate the impact of creative writing projects on a group of ill people, suffering from chronic alcohol dependence, post-polio, rheumatism, cancer, or multiple sclerosis. It is the hypothesis of the project that creative writing workshops will contribute to deepen self-understanding, improve communicative skills, and enlarge the life horizon of chronically ill people and thereby strengthen their quality of life and psychosocial coping potential in terms of diminishing anxiousness, tiredness, pain, and suffering.

Research group

Anders Juhl Langscheidel Rasmussen, Assistant professor in Narrative Medicine, Department for the Study of Culture, Faculty of Humanities.

Helle Ploug Hansen, Professor of Humanistic Research of Rehabilitation, Research Unit of General Practice, Faculty of Health Sciences.

Anette Søgaard Nielsen, Program Director, Associate professor, Unit of Clinical Alcohol Research, Clinical Institute, Faculty of Health Sciences.

Uffe Kock Wiil, Professor, Center for Health Informatics and Technology, The Maersk Mc-Kinney Moller Institute, Faculty of Engineering.

Hvorfor læse skønlitteratur på sundhedsvidenskabelige uddannelser?

Litteratur tilbyder ingen svar og løsninger på de store spørgsmål om liv og død, om mening og meningsløshed.

Fordi kunst og litteratur stiller spørgsmålene på en anden og mere præcis måde end almindeligvis, og fordi forfatternes ikke-svar tilbyder et særligt rum for udviklingen af de studerendes indføling, forestillingsevne, latter, skønhedssans, refleksion og selvrefleksion.

Dansk litteratur om sygdom

Amalie Skram *Professor Hieronimus, På Sct. Jørgen*, begge 1895. (Psykisk sygdom)

Tom Kristensen *Hærværk*, 1930. (Alkoholisme)

Peter Seeberg "Patienten", 1962. (Transplantationer)

Tove Ditlevsen *Ansigterne*, 1968. (Psykisk sygdom)

Tove Ditlevsen *Gift*, 1971. (Narkomani)

Kirsten Thorup *Ingenmandsland*, 2003. (Demens)

Jens Blenstrup *Gud taler ud*, 2005. (Pårørende til en døende far, kræft)

Pia Tafdrup *Tarkovskij's heste*, 2008. (Pårørende til dement far)

Pablo Llambías *Monte Lema*, 2011. (Psykisk sygdom, angst grænsende til psykose)

Hans Otto Jørgensen *Strange Days Indeed. En detektivhistorie*, 2012. (Knogleskørhed)

Amalie Smith *I civil. Samling*, 2012. (Pårørende til en kræftsyg kæreste)

Maria Gerhardt *Der bor Hollywoodstjerner på vejen*, 2014. (Brystkræft)

Sara Roepstorff *Min far er en tiger*, 2015. Pårørende til en døende far (kræft)

Bjørn Rasmussen *Ming*, 2015. (Psykisk sygdom)

Casper Eric *Nike*, 2015. (Spastisk lammelse)

Olga Ravn *Den hvide rose*, 2016. (Pårørende til en kræftsyg kæreste)

Maja Lucas *Mor*, 2016. (Fødselsdepression)

Michael Josephsen *Knæk*, 2016. (Psykisk sygdom, alkoholisme)

Klaus Lynggaard *Personfølsomme oplysninger*, 2016. (Lungekræft)

Maria Gerhardt *Transfervindue*, 2017. (Terminal brystkræft)

Ida Jessen *Doktor Bagges anagrammer*, 2017. (En praktiserende læges bekendelser)

Naja Marie Aidt *Har døden taget noget fra dig*, 2017. (Pårørende til en død søn, dødsårsag: psykose)

Johanne Kirstine Fall *Der er altid nogen at befri*, 2017. (Anoreksi)

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