CÂMARA CURRICULAR DO CoPGr

FORMULÁRIO PARA APRESENTAÇÃO DE DISCIPLINAS

# **SIGLA DA DISCIPLINA: SIGLA DO DEP.: DLCV**

**NOME DA DISCIPLINA:** HEALTH HUMANITIES IN A COMPARATIVE PERSPECTIVE: A CROSS-DISCIPLINARY LITERARY, MEDICAL AND CULTURAL FIELD OF STUDY

**ÁREA :** COMPARATIVE STUDIES IN LUSOPHONE LITERATURES [ESTUDOS COMPARADOS DE LITERATURAS DE LÍNGUA PORTUGUESA]

**Nº DA ÁREA:**

**VALIDADE INICIAL (Ano/Semestre): 1o/2019**

**Nº DE CRÉDITOS**:  **Aulas Teóricas:**

 **Aulas Práticas, Seminários e Outros:**

 **Horas de Estudo:**

***DURAÇÃO EM SEMANAS*: 12**

**DOCENTES RESPONSÁVEIS**:

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RUTH RICHARDSON – King’s College - Londres

Caso o docente já seja credenciado na área, indicar a data da aprovação do mesmo pelo CoPGr: \_\_\_/\_\_\_/\_\_\_

CUSTOS REAIS DA DISCIPLINA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Apresentar, se pertinente, orçamento previsto para o exercício, em folha anexa)

## PROGRAMA/SYLLABUS

Objetivos/Objectives:

* To develop a critical appreciation of the role and importance of the Medical Humanities in the context of contemporary healthcare, and of its relations with Literature, Arts and the Humanities in general.
* To analyse and interpret, through an interdisciplinary methodology founded in the Comparative Literature, Literary Theory, Philosophy and History, among other aesthetic and humanistic fields of knowledge, literary texts, films and other materials (clinical cases, clinical reports, (auto)biographical narratives, etc.), in Portuguese and English, in a broad time span.
* To offer to and discuss with the participants critical-philosophical apparatuses that allow the consideration of discursive issues configured in and by the clinical encounters and the illness different textualities;
* To offer the participants basic means for identifying and interpreting literary patterns (connotation, ambiguity, dramatic tension, irony, paradox, genres, narrative forms, etc.) within different textualities produced from health conditions and relations.

Justificativa/Rationale:

The Health Humanities enquires into past and present understandings of illness through the lenses of literature, history, medicine and cultural studies. It is a meeting ground for new conversations deploying the analytical tools of the arts and humanities to examine beliefs and presuppositions about health and illness. It is a pluralistic field whose key concepts include embodiment, personhood, identity, self, subjectivity, genre, suffering, care, affect, voice and audience. Its chief materials include expressive literary, visual and imaginative texts, such as memoir, poetry, essays, fiction, drama, visual media, medical writings and case reports, anecdotes, caricature, film and performance.

This Introductory Course will set out the scope, possibilities and vibrancy of the Health Humanities combined with the perspectives of Literary and Trans-Disciplinary Comparatism through a series of conferences and seminars, addressing key concepts and methods that demonstrate the interoperability of illness experience across arts, humanities and health disciplines.

Conteúdo/Contents:

1. Narrative, language and healthcare: history, bases and frontiers of a field of knowledge

2. The Health Humanities: what it is and why it matters

3. What does narrative stand for in medicine today?

4. Clinical case reports - ancient and modern

5. Metaphors and medicine

6. Literary works

7. Filming illness

Observações/Observations:

The course will be taught mostly in English.

Avaliação/Assignments**:**

The student must have a minimum of 70% of attendance in the classes and activities of the course and present a final written essay (10-15 pages, in English or Portuguese) to obtain the credits.

Bibliografia/References:

**ARISTOTLE**. Poetics. New York/London: Penguin; 1997.

**AUSTIN, John Langshaw.** How to do things with words. 2 ed. Cambridge/Massachusetts: Harvard University Press; 1975.

**CANGUILHEM, Georges**. O estatuto epistemológico da medicina. In *Estudos de história e de filosofia das ciências*: concernentes aos vivos e à vida. Trad. de Abner Chiquieri. Rio de Janeiro: Forense, 2012, p. 453-472.

[**CARELLI, Fabiana Buitor**](http://lattes.cnpq.br/1900517942738970)**.** Eu sou um outro: narrativa literária como forma de conhecimento. Via Atlântica (USP), v. 1, p. 17-49, 2016.

[**CARELLI, Fabiana**](http://lattes.cnpq.br/1900517942738970)**.** How to change lives with words. In: 4th Global Conference: The Patient (Therapeutic Approaches), 2014, Praga. Conference Programme, Abstracts and Papers, 2014.

[**CARELLI, Fabiana**](http://lattes.cnpq.br/1900517942738970)**,** **LENS, Andréa,**[**OLIVEIRA, Amanda**](http://lattes.cnpq.br/4626915958678730)**,**[**SANTOS, Ariadne**](http://lattes.cnpq.br/7827004264432131)**, REIS, Mariluz,**[**POMPILIO, Carlos Eduardo**](http://lattes.cnpq.br/1900517942738970)**.** Hidra de duas cabeças: configuração ricoeuriana e narrador impuro numa narrativa do HC-FMUSP. Revista Internacional de Humanidades Médicas, v. 2, p. 15-38, 2013.

[**CARELLI, Fabiana**](http://lattes.cnpq.br/1900517942738970) **Buitor**; [**POMPILIO, Carlos Eduardo**](http://lattes.cnpq.br/1900517942738970)**.** O silêncio dos inocentes: por um estudo narrativo da prática médica. Interface (Botucatu. Impresso), v. 17, p. 1-6, 2013.

**CHARON, Rita.** Narrative medicine: honoring the stories of illness. New York: Oxford University Press; 2008.

**CHARON, Rita, WYER, Peter.** NEBM WORKING GROUP. Narrative evidence-based medicine. Lancet. 2008;371(9609):296–7.

**FERNANDES, Isabel.** Confronting the other: the interpersonal challenge in literature and medicine. In: Fernandes, I, editor. Creative dialogues: narrative and medicine. Cambridge: Cambridge Scholars Publishing; 2015. p. 21-39.

**Greenhalgh, Trisha; Hurwitz, Brian (Eds.)**. *Narrative based medicine*: dialogue and discourse in clinical practice. London: BMJ Books, 1998.

**HURWITZ, Brian.** Form and representation in clinical case reports. Lit Med. 2006;25(2):216-40.

**Hurwitz, Brian; Greenhalgh, Trisha; Skultans, Vieda (Eds.)**. *Narrative research in health and illness*. London: BMJ Books/Blackwell Publishing, 2004.

**HURWITZ, Brian, CHARON, Rita.** A narrative future for health care. Lancet. 2013;381(9881):1886–7. [**MARQUES, Davina**](http://lattes.cnpq.br/6790298942638957)**,** [**CARELLI, Fabiana Buitor**](http://lattes.cnpq.br/1900517942738970)**.** Healing Representations in Literature and Cinema. In: BRAY, Peter; BORLESCU, Ana Maria (eds.). (Org.). Beyond Present Patient Realities. 1ed.Oxford, United Kingdom: Inter-Disciplinary Press, 2015, v. 1, p. 35-48.

**POMPILIO, Carlos Eduardo.** Communication in healthcare: Habermas and Lévinas at the medical office. Via Atlântica, 2016. 29, 51-77.

**RICOEUR, Paul.** La Triple Memesis. Tiempo y Narración en el relato histórico. 1. Mexico: Siglo XXI; 2004. p. 139-68.

**RICOEUR, Paul.** Oneself as Another. Chicago: University of Chicago Press; 1992.

**RICOEUR, Paul.** Tempo e Narrativa: a intriga e a narrativa histórica. Translation: Berliner, C. São Paulo: Martins Fontes; 2010.

**What are the medical humanities and why do they matter?**

1. Bradley Lewis, ‘Call this a Medical Humanities? From Medical Humanities to Biocultures’, *Atrium*2009 7:9-10  <http://bioethics.northwestern.edu/docs/atrium/atrium-issue7.pdf>
2. James Lindermann Nelson. Provocation: There’s No Such Thing as Research in the Medical Humanities (And It’s a Good Thing, Too)*Atrium*2009; 7: 11-15  <http://bioethics.northwestern.edu/docs/atrium/atrium-issue7.pdf>
3. Catherine Belling,*Provocation: The Medical Humanities as Reading: Good Intentions and Semantic Rigor* *Atrium* 2009;7: 23-5   <http://bioethics.northwestern.edu/docs/atrium/atrium-issue7.pdf>
4. Catherine Belling,*Metaphysical Conceit? Toward a Harder Humanities in Medicine. Atrium* 2006 3:1-5 http://bioethics.northwestern.edu/docs/atrium/atrium-issue3.pdf
5. Miles Little, Perhaps Medicine Is One of the Humanities. *Bioethical Inquiry*2014 11:256-66.
6. Giskin Day & Matthew Rinaldi,*Should medical students be required to study the arts?* Student *BMJ* 2013; 21:f5055.
7. Brian Hurwitz. Medical Humanities: Origins, Orientations and Contributions. The first paper of a special issue of *Anglo Saxonica* devoted to medical humanities. 2015: <http://www.ulices.org/anglo-saxonica/anglo-saxonica-en.html>
8. Hooker, Claire and Estelle Noonan, “Medical Humanities as Expressive of Western Culture,” *Medical Humanities*37 (2011): 79-84.
9. Edmund Pellegrino. Educating the Humanist Physician: An Ancient Ideal Reconsidered (1974). In Brian Dolan  (ed) *Humanitas* University of California Medical Humanities Press 2015.
10. John Harley Warner. The Humanizing Power of Medical History: Responses to Biomedicine in the 20th-Century United States.*Procedia - Social and Behavioral Sciences* 77 ( 2013 ) 322 – 329 (attached below)
11. Stanley Fish. The Uses of the Humanities, Part Two.*NYTimes* Jan 13, 2008 9:30 PM   [file:///C:/Users/Brian%20Hurwitz/Documents/MSc/2018-19/The%20Uses%20of%20the%20Humanities,%20Part%20Two%20-%20The%20New%20York%20Times.html](file:///C%3A%5CUsers%5CFabiana%20Carelli%5CMSc%5C2018-19%5CThe%20Uses%20of%20the%20Humanities%2C%20Part%20Two%20-%20The%20New%20York%20Times.html)
12. Salvatore Mangione, Chayan Chakraborti, Jiuseppe Staltari, Rebecca Harrison, et al.  Medical. Students’ Exposure to the Humanities Correlates with Positive Personal Qualities and Reduced Burnout: A Multi-Institutional U.S. Survey. J Gen Intern Med 33(5):628–34 DOI: 10.1007/s11606-017-4275-8
13. Emily Yang Liu, Jason Neil Batten, Sylvia Bereknyei Merrell and Audrey Shafer The long-term impact of a comprehensive scholarly concentration program in biomedical ethics and medical humanities. *MC Medical Education* 2018 18:204 <https://doi.org/10.1186/s12909-018-1311-2>

**Narrative and Cases**

1. Martin Kreiswirth. Merely Telling Stories? Narrative and Knowledge in the Human Sciences. *Poetics Today* 2000:2; 293-318.
2. Holt T. Narrative Medicine and Negative Capability. *Literature and Medicine* 2004:23;2,318-333.
3. Shlomith Rimmon-Kenan. Conepts of Narrative. Studies across Disciplines in the Humanities and Social Sciences 1. Helsinki: Helsinki Collegium for Advanced Studies. 10–19. <https://helda.helsinki.fi/bitstream/handle/10138/25747/001_03_rimmon_>kena.pdf
4. Hurwitz B and Bates B. The Roots and Ramifications of Narrative in Medicine in *The Critical Medical Humanities* edited by A Whitehead and A Woods. Edinburgh: Edinburgh University Press 2016, 559-576.
5. White H. The Value of Narrativity in the Representation of Reality. *Critical Inquiry* 1980, 71;5-27.
6. Kathryn Montgomery Hunter. Remaking the Case *Literature and Medicine*, 1992, 11:1 163-179.
7. Brian Hurwitz. Form and representation in clinical case reports*. Literature and Medicine*2006 25:2; 216-40.
8. Brian Hurwitz. Narrative constructs in modern clinical case reporting. *Studies in History and Philosophy of Science Part A 2017; 62: 65-73.*<http://www.sciencedirect.com/science/article/pii/S0039368117300717>
9. Lauren Berlant. On the case. *Critical Inquir*y 2007:1; 663-72. Kathryn Montgomery Hunter. Remaking the case *Literature and Medicine*, 1992, 11:1 163-179.

**Metaphors and Medicine**

1. George Lakoff. Johnson M. *The Metaphors We Live By* Chicago and London: Chicago University Press 1981.
2. Sontag S. *Illness as Metaphor and AIDS and Its Metaphors.* Penguin Books 2004.
3. Shafer, A. ‘Metaphor and Anesthesia’, *Anesthesiology* 12 1995, Vol.83, 1331-1342. doi: http://anesthesiology.pubs.asahq.org/article.aspx?articleid=2323560