

Journal Of Narrative Medicine

Narrative medicine is a fresh discipline of health care that helps patients and health professionals to tell and listen to the complex and unique stories of illness. The Principles and Practice of Narrative Medicine expresses the collective experience and discoveries of the originators of the field. Arising at Columbia University in 2000 from roots in the humanities and patient-centered care, narrative medicine draws patients, doctors, nurses, therapists, and health activists together to re-imagine a health care based on trust and trustworthiness, humility, and mutual recognition. Over a decade of education and research has crystallized the goals and methods of narrative medicine, leading to increasingly powerful means to improve the care that patients receive. The methods described in this book harness creativity and insight to help the professionals in being with patients, not just to diagnose and treat them but to bear witness to what they undergo. Narrative medicine training in literary theory, philosophy, narrative ethics, and the creative arts increases clinicians' capacity to perceive the turmoil and suffering borne by patients and to help them to cohere or endure the chaos of illness. Narrative medicine has achieved an international reputation and reach. Many health care settings adopt methods of narrative medicine in teaching and practice. Through the Master of Science in Narrative Medicine graduate program and health professions school curricula at Columbia University, more and more clinicians and scholars have obtained the rigorous training necessary to practice and teach narrative medicine. This text is offered to all who seek the opportunity for disciplined training in narrative medicine. By clearly articulating our principles and practice, this book provides the standards of the field for those who want to join us in seeking authenticity, recognition, affiliation, and justice in a narrative health care.

From one of America's most celebrated psychiatrists, the book that has taught generations of healers why healing the sick is about more than just diagnosing their illness. Modern medicine treats sick patients like broken machines -- figure out what is physically wrong, fix it, and send the patient on their way. But humans are not machines. When we are ill, we experience our illness: we become scared, distressed, tired, weary. Our illnesses are not just biological conditions, but human ones. It was Arthur Kleinman, a Harvard psychiatrist and anthropologist, who saw this truth when most of his fellow doctors did not. Based on decades of clinical experience studying and treating chronic illness, *The Illness Narratives* makes a case for interpreting the illness experience of patients as a core feature of doctoring. Before *Being Mortal*, there was *The Illness Narratives*. It remains today a prescient and passionate case for bridging the gap between patient and practitioner.

Nothing short of a call to rework the psychiatric profession, *Narrative Psychiatry* advocates taking the inherently narrative-centered patient-psychiatrist relationship to its logical conclusion: making the story a central aspect of treatment.

From one of today's most brilliant and beloved novelists, a dazzling, epic family saga set across a half-century spanning World War I, the rise of Hitler, World War II, and the Cold War. Colm Tóibín's magnificent new novel opens in a provincial German city at the turn of the twentieth century, where the boy, Thomas Mann, grows up with a conservative father, bound by propriety, and a Brazilian mother, alluring and unpredictable. Young Mann hides his artistic aspirations from his father and his homosexual desires from everyone. He is infatuated with one of the richest, most cultured Jewish families in Munich, and marries the daughter Katia. They have six children. On a holiday in Italy, he longs for a boy he sees on a beach and writes the story *Death in Venice*. He is the most successful novelist of his time, winner of the Nobel Prize in literature, a public man whose private life remains secret. He is expected to lead the condemnation of Hitler, whom he underestimates. His oldest daughter and son, leaders of Bohemianism and of the anti-Nazi movement, share lovers. He flees Germany for Switzerland, France and, ultimately, America, living first in Princeton and then in Los Angeles. In a stunning marriage of research and imagination, Tóibín explores the heart and mind of a writer whose gift is unparalleled and whose life is driven by a need to belong and the anguish of illicit desire. *The Magician* is an intimate, astonishingly complex portrait of Mann, his magnificent and complex wife Katia, and the times in which they lived—the first world war, the rise of Hitler, World War II, the Cold War, and exile. This is a man and a family fiercely engaged by the world, profoundly flawed, and unforgettable. As *People* magazine said about *The Master*, "It's a delicate, mysterious process, this act of creation, fraught with psychological tension, and Tóibín captures it beautifully."

Seeks to restore the pivotal role of the patient's own story in the healing process • Shows how conventional medicine tends to ignore the account of the patient • Presents case histories where disease is addressed and healed through the narrative process • Proposes a reinvention of medicine to include the indigenous healing methods that for thousands of years have drawn their effectiveness from telling and listening Modern medicine, with its high-tech and managed-care approach, has eliminated much of what constitutes the art of healing: those elements of doctoring that go beyond the medications prescribed. The typically brief office visit leaves little time for doctors to listen to their patients, though it is in these narratives that disease is both revealed and perpetuated--and can be released and treated. Lewis Mehl-Madrona's *Narrative Medicine* examines the foundations of the indigenous use of story as a healing modality. Citing numerous case histories that demonstrate the profound power of narrative in healing, the author shows how when we learn to dialogue with disease, we come to understand the power of the "story" we tell about our illness and our possibilities for better health. He shows how this approach also includes examining our relationships to our extended community to find any underlying disharmony that may need healing. Mehl-Madrona points the way to a new model of medicine--a health care system that draws its effectiveness from listening to the healing wisdom of the past and also to the present-day voices of its patients.

Scientific, evidence-based medicine is increasingly seen as fundamental to providing effective healthcare, but narrative-based medicine sheds light on social and interpersonal aspects of the practitioner-patient interaction which can also greatly affect healthcare outcomes. The philosophies underlying these two approaches seem to contrast, yet those who can integrate both into their practice are among the most successful medical professionals. *Integrating Narrative Medicine and Evidence-based Medicine* provides answers to the key question of how medical practitioners can best put both approaches into practice. It anticipates a future where evidence-based practice will be expected of all medical professionals, but contends that the integration of a narrative-based approach will also be crucial, presenting a unique perspective on structuring the patient-professional encounter for optimum results. It develops a cultural analysis and socio-cultural theory of the science of healing, and describes an efficient method by which medical practitioners can find and use medical research at the point of care with current technology and skills. This addresses the need for translational science--moving research into practice--identified by the National Institutes of Health. This book will be essential reading for educators of medical students and postgraduate trainees, behavioral scientists, psychologists, social scientists working in medical settings, and health managers and administrators. Medical students and postgraduate trainees will also find it useful in their learning. --Publisher description.

Narrative-Based Practice in Health and Social Care outlines a vision of how witnessing narratives, paying attention to them, and developing an ability to question them creatively, can make the person's emerging story the central focus of health and social care, and of healing. This text gives an account of the practical application of ideas and skills from contemporary narrative studies to health and social care. Promoting narrative-based practice in everyday encounters with patients and clients, and in supervision, teaching, teamwork and management, it presents "Conversations Inviting Change," an established narrative-based model of interactional skills. Underpinned by an account of theory from narrative studies and related fields, including communication theory and systems thinking, it is written for students and practitioners across a broad range of professions in primary and secondary health care and social care. More information about "Conversations Inviting Change" is available at

www.conversationsinventingchange.com. This website includes podcasts, presentations and further teaching material as well as details of forthcoming courses, and is continually updated with information about the approach described in this book.

This book examines all aspects of narrative medicine and its value in ensuring that, in an age of evidence-based medicine defined by clinical trials, numbers, and probabilities, clinical science is firmly embedded in the medical humanities in order to foster the understanding of clinical cases and the delivery of excellent patient care. The medical humanities address what happens to us when we are affected by a disease and narrative medicine is an interdisciplinary approach that emphasizes the importance of patient narratives in bridging various divides, including those between health care professionals and patients. The book covers the genesis of the medical humanities and of narrative medicine and explores all aspects of their role in improving healthcare. It describes how narrative medicine is therapeutic for the patient, enhances the patient–doctor relationship, and allows the identification, via patients' stories, of the feelings and experiences that are characteristic for each disease. Furthermore, it explains how to use narrative medicine as a real scientific tool. Narrative Medicine will be of value for all caregivers: physicians, nurses, healthcare managers, psychotherapists, counselors, and social workers. “Maria Giulia Marini takes a unique and innovative approach to narrative medicine. She sees it as offering a bridge – indeed a variety of different bridges – between clinical care and ‘humanitas’. With a sensitive use of mythology, literature and metaphor on the one hand, and scientific studies on the other, she shows how the guiding concept of narrative might bring together the fragmented parts of the medical enterprise”. John Launer, Honorary Consultant, Tavistock Clinic, London UK

When I experience pain, who or what is the me that suffers? When I relieve another's pain, who or what is the other that I restore to well-being? Increasingly, these questions seem answerable only through an understanding of narrative. Studies of pain narrative focus not simply on engrossing tales, but on complex and subtle processes rooted in the neurobiology of self-representation, emotion, and social interaction. These processes shape how individuals and cultures experience and report pain. Studies of narrative in its broadest sense not only deepen our understanding of pain and suffering, but also teach us about meaning, motivation, and discourse as represented in the biomedical, human, and social sciences. This book embodies the path-breaking multidisciplinary perspective that was created when leading contributors in neurobiology, integrative physiology, anthropology, psychology, sociology, and clinical research joined with clinicians, writers, and journalists from developed and developing countries.

Together they have produced a unique volume that speaks to core issues integral to emerging pain research and humane health care in the 21st century.

The Literary Agenda is a series of short polemical monographs about the importance of literature and of reading in the wider world and about the state of literary education inside schools and universities. The category of 'the literary' has always been contentious. What is clear, however, is how increasingly it is dismissed or is unrecognised as a way of thinking or an arena for thought. It is sceptically challenged from within, for example, by the sometimes rival claims of cultural history, contextualized explanation, or media studies. It is shaken from without by even greater pressures: by economic exigency and the severe social attitudes that can follow from it; by technological change that may leave the traditional forms of serious human communication looking merely antiquated. For just these reasons this is the right time for renewal, to start reinvigorated work into the meaning and value of literary reading. Medical Humanities comprises disciplines as diverse as literature, the visual and performing arts, the history of medicine, bioethics. It claims a vast range of philosophical and political agendas, goals and purposes, including the education of medical students in areas of clinical empathy, critical thinking, ethical awareness, gender and race issues and cross-cultural medicine. Josie Billington argues that in so far as literature is offered as adding value to medical education in health training and practice, that defence tends to become instrumental in nature, whether consciously and explicitly, or otherwise. This book is interested, more widely, in the power of the arts as a remedial force. Following an introduction surveying the idea of the Medical Humanities, its history, and its development, the book's four chapters will look at illness and health as defined in medical terms and as complicated within the field of imaginative literature; at narrative and storytelling within the therapeutic meeting of medical and literary approaches; at reading groups and private reading, considering contemporary models of literary reading as a template for redefining literature's place and power not only within the discipline of Medical Humanities but within the wider world in relation to concerns of mental wellbeing that affect us all.

An important new study of the clinical conundrum surrounding the publication of patient material. The publication, presentation, and discussion of case studies are essential to the dialogue of psychoanalysis. However, presenting patient material to the public by either disguising the patient's identity or asking for the patient's consent presents a clinical dilemma. In a series of interviews, Judy Leopold Kantrowitz asks 141 analysts not only to describe their thoughts about disguising a patient versus asking a patient's consent to appear in a paper, but also their perceptions of the clinical ramifications of a patient reading the material, whether by accident or design. In first-hand accounts, both analysts-as-patients and patients who are not themselves analysts relate the experience of reading about themselves, and reflect on the impact that reading had on their view of their analysts, themselves, and the analytic work. Ethical concerns about confidentiality and decision making are examined both in theory and in the context of their clinical effect. Throughout the book, Kantrowitz examines the conscious and unconscious motives for analysts in writing about a patient, ultimately demonstrating that the conflict between the need to preserve patient privacy and the need for a literature including clinical material is not easily resolved.

This collection, edited by Kamran Afary and Alice Marianne Fritz and authored by contributors with experience as educators, artists, and licensed therapists, integrates communication, therapy, and pedagogy to explore the role and efficacy of expressive arts therapies.

Unlike any existing studies of the medical humanities, *The Chief Concern of Medicine* brings to the examination of medical practices a thorough—and clearly articulated—exposition of the nature of narrative.

The book builds on the work of linguistics, semiotics, narratology, and discourse theory and examines numerous literary works and narrative "vignettes" of medical problems, situations, and encounters.

Throughout, the book presents usable expositions of the ways storytelling organizes itself to allow physicians and other healthcare workers (and even patients themselves) to be more attentive to and self-conscious about the information—the "narrative knowledge"—of the patient's story.

This progressive resource brings the innovative power of narrative medicine to the forefront of community public health care. Chapters describe community involvement across a continuum of control, from health consultants describing problems and suggesting solutions to health committees designing programs and evaluating results. Narrative strategies to this end, including authentic dialogue and community mapping, are examined in the context of public health and fleshed out with examples of different levels of participation by community members. From the respectful collaboration modeled here, the principles of community public health care can potentially expand beyond the immediate community into other social domains on a greater scale. Included in the coverage: · Narratives, local knowledge, and world entry. · Community and narratives. · What is dialogue? · Storylines, causes, and locus of interventions. · Community mapping tells a story. · The politics of storytelling. *Narrative Medicine and Community-Based Health Care and Planning* gives health psychologists, sociologists, social workers, and public health administrators realistic practical insights for tapping into the unique resources communities and clients have to offer. This is the next step in the evolution of public health, toward large-scale improvements in care delivery, access to and relevance of services, and patient and community outcomes.

NAMED A BOOK OF THE YEAR BY THE ECONOMIST AND ONE OF THE BEST BOOKS OF 2021 BY THE TIMES AND THE SUNDAY TIMES "Irreversible Damage . . . has caused a storm. Abigail Shrier, a Wall Street Journal writer, does something simple yet devastating: she rigorously lays out the facts." —Janice Turner, *The Times* of London Until just a few years ago, gender dysphoria—severe discomfort in

one's biological sex—was vanishingly rare. It was typically found in less than .01 percent of the population, emerged in early childhood, and afflicted males almost exclusively. But today whole groups of female friends in colleges, high schools, and even middle schools across the country are coming out as “transgender.” These are girls who had never experienced any discomfort in their biological sex until they heard a coming-out story from a speaker at a school assembly or discovered the internet community of trans “influencers.” Unsuspecting parents are awakening to find their daughters in thrall to hip trans YouTube stars and “gender-affirming” educators and therapists who push life-changing interventions on young girls—including medically unnecessary double mastectomies and puberty blockers that can cause permanent infertility. Abigail Shrier, a writer for the Wall Street Journal, has dug deep into the trans epidemic, talking to the girls, their agonized parents, and the counselors and doctors who enable gender transitions, as well as to “detransitioners”—young women who bitterly regret what they have done to themselves. Coming out as transgender immediately boosts these girls' social status, Shrier finds, but once they take the first steps of transition, it is not easy to walk back. She offers urgently needed advice about how parents can protect their daughters. A generation of girls is at risk. Abigail Shrier's essential book will help you understand what the trans craze is and how you can inoculate your child against it—or how to retrieve her from this dangerous path.

Bridging memoir with key concepts in narratology, philosophy and history of medicine, and disability studies, this book identifies and names the phenomenon of metagnosia: the experience of learning in adulthood of a longstanding condition. It can occur when the condition has remained undetected (e.g. colorblindness) and/or when the diagnostic categories themselves have shifted (e.g. ADHD). More broadly, it can occur with unexpected revelations bearing upon selfhood, such as surprising genetic test results. Though this phenomenon has received relatively scant attention, learning of an unknown condition is often a significant and bewildering revelation, one that subverts narrative expectations and customary categories. How do we understand these revelations? In addressing this topic Danielle Spencer approaches narrative medicine as a robust research methodology comprising interdisciplinarity, narrative attentiveness, and the creation of writerly texts. Beginning with Spencer's own experience, the book explores the issues raised by metagnosia, from communicability to narrative intelligibility to different ways of seeing. Next, it traces the distinctive metagnostic narrative arc through the stages of recognition, subversion, and renegotiation, discussing this trajectory in light of a range of metagnostic experiences—from Blade Runner to real-world mid-life diagnoses. Finally, it situates metagnosia in relation to genetic revelations and the broader discourses concerning identity. Spencer proposes that better understanding metagnosia will not simply aid those directly affected, but will serve as a bellwether for how we will all navigate advancing biomedical and genomic knowledge, and how we may fruitfully interrogate the very notion of identity.

This volume is the outcome of work done in the groundbreaking field of Narrative Medicine by an interdisciplinary research team based at the University of Lisbon Centre for English Studies (ULICES) and devoted to the international project Narrative and Medicine since 2009. The articles and essays gathered here, heterogeneous as they may be (such is the natural outcome of research carried out across disciplines), are not only of high caliber when read individually, but also constitute an inval ...

Edited by two leading general practitioners and with contributions from over 20 authors, this book covers a wide range of topics to do with narrative in medicine. It includes a wealth of real examples of patients narratives and addresses theoretical and practical issues including the use of narrative as a therapeutic tool, teaching narrative to students, philosophical issues, narrative in legal and ethical decisions, narrative in nursing, and the narrative medical record.

This anthology brings together the personal stories of patients, physicians, policy makers, and others whose writings humanize discussions and deliberations about health policy. Drawn from the popular "Narrative Matters" column in the journal Health Affairs, the essays epitomize the policy narrative, a new genre of writing that explores health policy through the expression of personal experiences. Forty-six articles focus on such topics as the hard financial realities of medical insurance, AIDS, assisted suicide, marketing drugs, genetic engineering, organ transplants, and ethnic and racial disparities in the health care system. The narratives raise ethical and moral issues that are being studied in many of our nation's medical schools. This compelling collection provides important insight into the human dimensions of health care and health policy.

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Patient-centered medicine is not an illness-centered, a physician-centered, or a hospital-centered medicine approach. In this book, it is aimed at presenting an approach to patient-centered medicine from the beginning of life to the end of life. As indicated by W. Osler, "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has." In our day, if the physicians and healthcare professionals could consider more than the diseased organ and provide healthcare by comforting the patients by respecting their values, beliefs, needs, and preferences; informing them and their relatives at every stage; and comforting the patients physically by controlling the pain and relieving their worries and fears, patients obeying the rules of physicians would become patients with high adaptation and participation to the treatment.

This book explains how narrative medicine can improve evidence based medicine (EBM), making it more effective and efficient, giving patients better quality of life and offering more satisfaction to all health care providers. It discusses not only the disease experienced by the person who is ill, but also focuses on the context and the culture, and investigates how narrative medicine can make other disciplines around the globe more applicable, less manipulative, and more “scientific”. Only by integrating the narrative aspects, can EBM become more effective and efficient, with fewer uncured patients, more satisfied patients with a better quality of life, and satisfaction for all health care providers. Every chapter is divided into two main sections: the first presents the latest research in the field, with comments and interviews with experts, while the second section provides a list of practical exercises and tasks. The book is intended for anyone with an interest in caring for and curing patients: all care providers of care, physicians, general practitioners, specialists nurses, psychotherapists, counselors, social workers, providers of aid, healthcare managers, scientific societies, academics and researchers.

Narrative medicine emerged in response to a commodified health care system that places corporate and bureaucratic concerns over the needs of the patient. This book provides an introduction to the principles of narrative medicine and guidance for implementing narrative methods.

For a decade, Linda Clarke and Dr. Michael Cusimano had offices across from one another at St. Michael's Hospital in Toronto. She worked in Clinical Ethics and he was a staff neurosurgeon. They knew one another to say hello, to nod as they passed one another on the stairs, to wish each other a Merry Christmas. Michael's patients sat in the chairs along that shared hallway, waiting for their appointment with him. For ten years, Linda heard their talk outside her door, smiled at them as she passed by, tried to give them their privacy. She was always impressed by the things people endured. Ten years into her work, Linda got sick; she left her job and, weeks later, she sat in one of those hallway chairs, waiting for her appointment with Dr. Cusimano. In the blink of an eye, she was a neurosurgery patient and he was her surgeon. Linda and Michael wrote *In Two Voices* together: it is the intimate account of Linda's surgery with Michael as her surgeon. The story builds a piece at a time as Linda and Michael tell each other their experience and then respond to one another's writing. As the relationship shifts from one of patient and surgeon to one of Linda and Michael as colleagues and friends, they encounter surprises as their trust and mutual understanding develop. Here is an unprecedented view into the experiences of illness, care, and compassion, an intimate picture of the experiences, challenges, skills, and commitment of a

surgeon. The worlds of both surgeon and patient are framed by a most critical and delicate surgical procedure.

In healthcare, nurses often have a great deal of contact with patients on a 24-hour basis. They are in a position to hear the patient's stories not only while giving care, but also during more informal communication throughout the day. This puts them in a position to use their response to patients in a more conscious manner and realize therapeutic aims by exploiting narrative means in a methodological way. This book extensively describes how this can be accomplished, not only through a theoretical exposé, but also using case studies. In addition to this pragmatic focus, it explains how narrative relates to larger concepts such as self-management, shared decision making, recovery and person-centred care, and shows that narrative can be a vehicle to these desired outcomes. The book also considers organizational aspects of narrative-oriented healthcare by introducing a model in which narrative plays an important role. As such, it will allow nurses in the field to make a paradigmatic switch from a perspective dominated by delivery of care to one that is person-centred, recovery-oriented and dialogic in nature.

This book explores how digital storytelling can catalyze change in healthcare. Edited by the co-founders of the award-winning Patient Voices Programme, the authors discuss various applications for this technique; from using digital storytelling as a reflective process, to the use of digital stories in augmenting quantitative data. Through six main sections this second edition covers areas including healthcare education, patient engagement, quality improvement and the use of digital storytelling research. The chapters illuminate how digital storytelling can lead to greater humanity, understanding and, ultimately, compassion. This collection will appeal to those involved in delivering, managing or receiving healthcare and healthcare education and research, as well as people interested in digital storytelling and participatory media.

Suresh, Abraham Verghese, Otis Warren, Leana S. Wen, Charlotte Yeh

In recent decades, both medical humanities and medical history have emerged as rich and varied sub-disciplines. *Medicine, Health and the Arts* is a collection of specially commissioned essays designed to bring together different approaches to these complex fields. Written by a selection of established and emerging scholars, this volume embraces a breadth and range of methodological approaches to highlight not only developments in well-established areas of debate, but also newly emerging areas of investigation, new methodological approaches to the medical humanities and the value of the humanities in medical education. Divided into five sections, this text begins by offering an overview and analysis of the British and North American context. It then addresses in-depth the historical and contemporary relationship between visual art, literature and writing, performance and music. There are three chapters on each art form, which consider how history can illuminate current challenges and potential future directions. Each section contains an introductory overview, addressing broad themes and methodological concerns; a case study of the impact of medicine, health and well-being on an art form; and a case study of the impact of that art form on medicine, health and wellbeing. The underlining theme of the book is that the relationship between medicine, health and the arts can only be understood by examining the reciprocal relationship and processes of exchange between them. This volume promises to be a welcome and refreshing addition to the developing field of medical humanities. Both informative and thought provoking, it will be important reading for students, academics and practitioners in the medical humanities and arts in health, as well as health professionals, and all scholars and practitioners interested in the questions and debates surrounding medicine, health and the arts.

“Davies' collection of essays soars.... It's a memoir that locates the profound within the ordinary.” —Entertainment Weekly If you're looking for a typical parenting book, this is not it. This is not a treatise on how to be a mother. This is a book about a young girl who moves to a new town every couple of years; a misfit teenager who finds solace in a local music scene; an adrift twenty-something who drops out of college to pursue her dream of making cheesecake on a stick a successful business franchise (ah, the ideals of youth). Alone in a new city, she summons her inner strength as she holds the hand of a dying stranger. Davies is a woman who finds humor in difficult pregnancies and post-partum depression (after reading “Pie” you might never eat Thanksgiving dessert the same way). She is a divorcee who unexpectedly finds second love. She is a happily married suburban wife who nevertheless makes a mental list of all the men she would have slept with. And she is a parent who finds herself tested in ways she could never imagine. In stories that cut to the quick, Davies explores passion, loss, illness, pain, and joy, told from her singular, gimlet-eyed, hilarious perspective. *Mothers of Sparta* is not a blow-by-blow of Davies' life but rather an examination of the exquisite and often painful moments of a life, the moments we look back on and say, That one, that one mattered. Straddling the fence between humor and, well...not humor, Davies has written a book about what it's like to try to carve a place for oneself in the world, no matter how unyielding the rock can be.

First published in 2002. Routledge is an imprint of Taylor & Francis, an informa company.

A spine-chilling saga of virulent racism, human folly, and the ultimate triumph of scientific progress. For Chinese immigrant Wong Chut King, surviving in San Francisco meant a life in the shadows. His passing on March 6, 1900, would have been unremarkable if a city health officer hadn't noticed a swollen black lymph node on his groin—a sign of bubonic plague. Empowered by racist pseudoscience, officials rushed to quarantine Chinatown while doctors examined Wong's tissue for telltale bacteria. If the devastating disease was not contained, San Francisco would become the American epicenter of an outbreak that had already claimed ten million lives worldwide. To local press, railroad barons, and elected officials, such a possibility was inconceivable—or inconvenient. As they mounted a cover-up to obscure the threat, ending the career of one of the most brilliant scientists in the nation in the process, it fell to federal health officer Rupert Blue to save a city that refused to be rescued. Spearheading a relentless crusade for

sanitation, Blue and his men patrolled the squalid streets of fast-growing San Francisco, examined gory black buboes, and dissected diseased rats that put the fate of the entire country at risk. In the tradition of Erik Larson and Steven Johnson, Randall spins a spellbinding account of Blue's race to understand the disease and contain its spread—the only hope of saving San Francisco, and the nation, from a gruesome fate.

Tender Points is a narrative fractured by trauma. Named after the diagnostic criteria for fibromyalgia, the book-length lyric essay explores sexual violence, chronic pain, and patriarchy through lived experience and pop culture. First published in 2015, this new edition includes an afterword by the author.

Sixteen "lovely, nuanced" (The New York Times) linked stories from a potent new voice—a doctor with an M.D. from Harvard and an M.F.A. in fiction. *A History of the Present Illness* takes readers into overlooked lives in the neighborhoods, hospitals, and nursing homes of San Francisco, offering a deeply humane and incisive portrait of health and illness in America today. An elderly Chinese immigrant sacrifices his demented wife's well-being to his son's authority. A busy Latina physician's eldest daughter's need for more attention has disastrous consequences. A young veteran's injuries become a metaphor for the rest of his life. A gay doctor learns very different lessons about family from his life and his work. And a psychiatrist who advocates for the underserved may herself be crazy. Together, these honest and compassionate stories introduce a striking new literary voice and provide a view of what it means to be a doctor and a patient unlike anything we've read before. In the tradition of Oliver Sacks and Abraham Verghese, Aronson's writing is based on personal experience and addresses topics of current social relevance. Masterfully told, *A History of the Present Illness* explores the role of stories in medicine and creates a world pulsating with life, speaking truths about what makes us human.

ChArt Journal is an interprofessional, peer-reviewed/juried journal devoted to sharing the insights and experiences of the Phoenix biomedical community (students, staff, faculty and patients) through original works of personal expression, including original art, essays, motion media, photography, poetry and prose. The ChArt Journal is supported by: The Program for Narrative Medicine, Department of Bioethics and Medical Humanism The University of Arizona College of Medicine-Phoenix

"This book explores various individual user-driven strategies that assist in solving multiple clinical system problems in healthcare, using social networking to improve their healthcare outcomes"--Provided by publisher.

This book provides an important contribution to the new and growing field of 'narrative-based medicine'. It specifically addresses the largest area of medical activity, primary care. It provides both a theoretical framework and practical skills for dealing with individual consultations, family work, clinical supervision and teamwork, and offers a comprehensive approach to the whole range of work in primary care. Using a wide range of clinical examples, it shows how professionals in primary care can help clarify patients' existing stories, and elucidate new stories. It can be used as a training resource and includes exercises and summaries of key points to consider. It is based on, and describes, an established evaluated training method, and is of immediate and significant practical use to readers. It is essential reading for general practitioners, practice nurses and others in the primary care team, psychologists, family therapists, counsellors and other professionals attached to primary care. GP trainers, tutors and course organisers will find it a valuable educational tool. Professionals elsewhere in primary care such as pharmacists, dentists and optometrists, and academics in medical sociology and medical anthropology will also find it very useful.

This inaugural volume in the Graphic Medicine series establishes the principles of graphic medicine and begins to map the field. The volume combines scholarly essays by members of the editorial team with previously unpublished visual narratives by Ian Williams and MK Czerwicz, and it includes arresting visual work from a wide range of graphic medicine practitioners. The book's first section, featuring essays by Scott Smith and Susan Squier, argues that as a new area of scholarship, research on graphic medicine has the potential to challenge the conventional boundaries of academic disciplines, raise questions about their foundations, and reinvigorate literary scholarship—and the notion of the literary text—for a broader audience. The second section, incorporating essays by Michael Green and Kimberly Myers, demonstrates that graphic medicine narratives can engage members of the health professions with literary and visual representations and symbolic practices that offer patients, family members, physicians, and other caregivers new ways to experience and work with the complex challenges of the medical experience. The final section, by Ian Williams and MK Czerwicz, focuses on the practice of creating graphic narratives, iconography, drawing as a social practice, and the nature of comics as visual rhetoric. A conclusion (in comics form) testifies to the diverse and growing graphic medicine community. Two valuable bibliographies guide readers to comics and scholarly works relevant to the field.

In this pioneering volume, Peter L. Rudnytsky and Rita Charon bring together distinguished contributors from medicine, psychoanalysis, and literature to explore the multiple intersections between their respective fields and the emerging discipline of narrative medicine, which seeks to introduce the values and methods of literary study into clinical education and practice. Organized into four sections—contextualizing narrative medicine, psychoanalytic interventions, the patient's voice, and acts of reading—the essays take the reader into the emergency room, the consulting room, and the classroom. They range from the panoramas of intellectual history to the close-ups of literary and clinical analysis, and they speak with the voice of the patient as well as the physician or professor, reminding us that these are often the same. Book jacket.

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