

Introduction: Of Texts and Classrooms

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This special issue of the *Journal of Medical Humanities* takes as its motivation the following two assertions: texts matter, and what we do with texts in our classrooms matters. The critical essays and pedagogical examples presented herein testify to the importance of these assertions for medical humanities educators seeking to prepare their students to be engaged participants in the healthcare system.

Many of the pieces in this special issue began as conversations during a 3-day seminar at Hiram College's Center for Literature and Medicine in summer 2011. The Center has hosted such gatherings for over 20 years, bringing together educators, practitioners, artists, and students committed to constructive dialogue and the lively exchange of disciplinary perspectives on topics ranging from narrative bioethics and human enhancement technologies to aging and global healthcare justice. The initial support for these seminars came from a National Endowment for the Humanities grant. That early and crucial funding made it possible to establish Hiram College as a meeting place for the kinds of conversations that took place in 2011.

Those conversations grew out of three simple but fundamental questions—*Why?*, *What?*, and *How?*—we posed to seminar participants regarding medical humanities pedagogy generally and the role of texts within this pedagogy more specifically. Over the course of 3 days, we discussed the reasons, materials, and methods central to our roles as educators in medical humanities classrooms. In this issue, we include both theoretical examinations of medical humanities pedagogy—the *what*—as well as practical demonstrations—the *how*. During the summer seminar, participants found much value and inspiration in practical pedagogy demonstrations for the ways they focused attention on the payoff—the *why*—gained by meaningful uses of various kinds of texts across different educational settings. Our hope is that the pieces selected for inclusion in this special issue will prove equally useful for readers in healthcare education.

Close reading, as a common approach, unites the diverse genres and settings represented not only in the pedagogical examples but also in the critical essays. As Anne Hudson Jones

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reminds us in her critical review of three decades worth of efforts to improve healthcare through the study of literature, the 1978 call from Joanne Trautmann Banks for “reading in the fullest sense” still resonates today. Jones’s essay invites us to remember the history of literature and medicine, especially now as competing interests re-imagine the future of medical humanities education.

Just as Jones’s essay asks us to be mindful of our disciplinary past, Rebecca Garden’s piece cautions us against assuming the texts we bring to the classroom can always bridge differences between disparate individuals, especially when those individuals are under duress as is often the case in medical situations. Garden offers helpful examples of how she draws from cultural theory when teaching a text certain to challenge our best efforts for engendering empathy in resistant readers.

Where Garden and Jones draw attention to the process of reading closely, Jay Baruch challenges the premium we place on this activity in order to argue for including creative writing activities in medical humanities education. For Baruch, the texts we read in our classrooms may not always capture the improvisational dimensions of the therapeutic encounter. He argues that by paying more attention to the partnership between patient and physician, as coauthors of the medical narrative, we better prepare future healthcare providers to navigate the uncertainty and ambiguity riddling medical encounters.

The final critical essay by Catherine Belling is a methodological manifesto promoting a “poetics of medicine.” Arguing, like Jones, for attending more closely to the text and “reading in the fullest sense,” Belling demonstrates the applicability and value of this approach to texts other than those seen as literary. She applies the same methodology to a scientific journal article, a clinical case conference, and a dramatic text; the result is a model for reading that insists on the value of rigorous textual analysis across all healthcare settings.

Alongside these four critical essays are several shorter “pedagogical examples” that illustrate just what it is medical humanities educators are *doing* with texts in their classrooms. These insightful pieces speak to the diverse kinds of texts we use when we teach—not only poetry, prose and drama but also paintings, comics, medical textbooks, case studies and patient encounters—as well as the many kinds of classrooms in which we teach—those full of medical students, pharmacy students, public health students or undergraduates spanning many disciplines. By providing valuable practical strategies and exercises, these examples inform as well as inspire. Regardless of the directions our respective disciplinary affiliations take, what we do with texts in the classroom shapes the value of our work and the skills of our students.