

Reconstructing Illness Studies In Pathography

When a doctor gets sick, his status changes. No longer is his role defined as deriving from *doctus*, i. e. , learned, but as from *patiens*, the present participle of the deponent verb, *patior*, i. e. , to suffer, with all the passive acceptance of pain the verb implies. From *passus*, the past participle, we get the word *passion*, with its wide gamut of emotional allusions, ranging from animal lust to the sufferings of martyrs. It is the connotation, not the denotation, of the word that defines the change of status. When a doctor is sick enough to be admitted to a hospital, he can no longer write orders; orders are written about him, removing him from control of his own situation. One recalls a sonnet from W. H. Auden's sequence, *The Quest*, which closes with the lines: Unluckily they were their situation: One should not give a poisoner medicine, A conjuror fine apparatus, Nor a rifle to a melancholic bore. That is a reasonable expression of twentieth-century skepticism and rationalism. Almost all medical literature is written from the doctor's point of view. Only a few medically trained writers—one thinks of Chekhov's *Ward Six*—manage to incorporate the patient's response to his situation. Patients' voices were not much in evidence until well into the twentieth century, but an early example is John Donne's *Devotions upon Emergent Occasions* (1624).

Culturally powerful ideas of normalcy and deviation, individual responsibility, and what is medically feasible shape the ways in which we live with illness and disability. The essays in this volume show how illness narratives expressed in a variety of forms—biographical essays, fictional texts, cartoons, graphic novels, and comics—reflect on and grapple with the fact that these human experiences are socially embedded and culturally shaped. Works of fiction

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addressing the impact of an illness or disability; autobiographies and memoirs exploring an experience of medical treatment; and comics that portray illness or disability from the perspective of patient, family member, or caregiver: all of these narratives forge a specific aesthetic in order to communicate their understanding of the human condition. This collection demonstrates what can emerge when scholars and artists interested in fiction, life-writing, and comics collaborate to explore how various media portray illness, medical treatment, and disability. Rather than stopping at the limits of genre or medium, the essays talk across fields, exploring together how works in these different forms craft narratives and aesthetics to negotiate contention and build community around those experiences and to discover how the knowledge and experiences of illness and disability circulate within the realms of medicine, art, the personal, and the cultural. Ultimately, they demonstrate a common purpose: to examine the ways comics and literary texts build an audience and galvanize not just empathy but also action. In addition to the editors, the contributors to this volume include Einat Avrahami, Maureen Burdock, Elizabeth J. Donaldson, Ariela Freedman, Rieke Jordan, stef lenk, Leah Misemer, Tahneer Oksman, Nina Schmidt, and Helen Spandler. Chapter 7, “Crafting Psychiatric Contention Through Single-Panel Cartoons,” by Helen Spandler, is available as Open Access courtesy of a grant from the Wellcome Trust. A link to the OA version of this chapter is forthcoming.

Provides an inspirational, life-affirming collection of stories of children living with the challenges of HIV and AIDS and the family members, foster families, medical personnel, and social service people who care for them.

Many of the well-respected scholarly studies of autobiographical writing have little or nothing to

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say about mental illness. This book uncovers the mysterious relationship between mood disorders and creativity through the lives of seven writers, demonstrating how mental illness is sometimes the driving force behind creativity.

Reconstructing Illness Studies in Pathography Purdue University Press

This book is open access under a CC BY 4.0 license. This is the first book-length exploration of the thoughts and experiences expressed by dementia patients in published narratives over the last thirty years. It contrasts third-person caregiver and first-person patient accounts from different languages and a range of media, focusing on the poetical and political questions these narratives raise: what images do narrators appropriate; what narrative plot do they adapt; and how do they draw on established strategies of life-writing. It also analyses how these accounts engage with the culturally dominant Alzheimer's narrative that centres on dependence and vulnerability, and addresses how they relate to discourses of gender and aging. Linking literary scholarship to the medico-scientific understanding of dementia as a neurodegenerative condition, this book argues that, first, patients' articulations must be made central to dementia discourse; and second, committed alleviation of caregiver burden through social support systems and altered healthcare policies requires significantly altered views about aging, dementia, and Alzheimer's patients.

The essay seeks to establish illness as a serious subject of literature along the lines of love, jealousy and battle. Woolf writes, "Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to light...it becomes strange indeed that illness has not taken its

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place with love, battle, and jealousy among the prime themes of literature." Adeline Virginia Woolf (25 January 1882 – 28 March 1941) was an English writer, and one of the foremost modernists of the twentieth century. During the interwar period, Woolf was a significant figure in London literary society and a central figure in the influential Bloomsbury Group of intellectuals.

To these seven narratives of neurological disorder Dr. Sacks brings the same humanity, poetic observation, and infectious sense of wonder that are apparent in his bestsellers *Awakenings* and *The Man Who Mistook His Wife for a Hat*. These men, women, and one extraordinary child emerge as brilliantly adaptive personalities, whose conditions have not so much debilitated them as ushered them into another reality.

This volume explores cultural innovation and transformation as revealed through the emergence of new media genres. New media have enabled what impresses most observers as a dizzying proliferation of new forms of communicative interaction and cultural production, provoking multimodal experimentation, and artistic and entrepreneurial innovation. Working with the concept of genre, scholars in multiple fields have begun to explore these processes of emergence, innovation, and stabilization. Genre has thus become newly important in game studies, library and information science, film and media studies, applied linguistics, rhetoric, literature, and elsewhere. Understood as social recognitions that embed histories, ideologies, and contradictions, genres function as recurrent social actions, helping to constitute culture. Because genres are dynamic sites of tension between stability and change, they are also sites of inventive potential. *Emerging Genres in New Media Environments* brings together compelling papers from scholars in Brazil, Canada, England, and the United States to illustrate

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how this inventive potential has been harnessed around the world.

This book offers accounts of scholarly interdisciplinary practices and perspectives that examine and discuss the positive potential of attending to the voices and stories of those who live and work with illness in real world settings.

Fusing the disciplines of health care, spiritual care, and social services, this book examines the relationship between chronic illness and spirituality. Contributors include professionals working in traditional, holistic and integrative clinical settings, as well as religious studies scholars and spiritual practitioners.

By the acclaimed author of *The Rules of Engagement* and *Minus Time*, *Claire's Head* is a compulsive, psychologically charged new novel about a migraine sufferer and her search for her missing sister. On a quiet June morning, Toronto cartographer Claire Barber receives a phone call telling her that her sister Rachel, a freelance medical journalist living in New York, seems to have vanished. Last heard from while on assignment in Montreal, Rachel cancelled a trip to visit her six-year-old daughter, who lives with Claire's middle sister, in Toronto. Among the many fears that haunt Claire as she begins to track Rachel's whereabouts is that Rachel's worsening migraines have pushed her beyond her limits. As Claire disrupts her orderly life to follow news of Rachel to Montreal, to Amsterdam, to Italy, and, ultimately, to Las Vegas and Mexico in the company of Rachel's ex-lover, Brad, she enters a world of neurologists and New Age healers. Struggling with her own headaches, Claire embarks on what becomes an emotional journey, one that brings to the fore her parents' sudden death eight years earlier. It also reveals the heightening tensions in her relationship with her partner, Stefan, portraying along the way long-held secrets from the past as well as the uniquely complex and

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irreplaceable bond between sisters. What Claire comes to discover will set her life on a new course. Taking place over one summer, but delving back into the past, Claire's Head provides both a layered, engrossing story and a meditation on how we live with pain and what we will give up to be free of it, written with all the insight, intelligence, and storytelling artistry for which Catherine Bush's fiction has come to be known. With this, her third novel, she has once again proved herself to be one of Canadian fiction's most striking and original voices.

Stories accompany us through life from birth to death. But they do not merely entertain, inform, or distress us—they show us what counts as right or wrong and teach us who we are and who we can imagine being. Stories connect people, but they can also disconnect, creating boundaries between people and justifying violence. In *Letting Stories Breathe*, Arthur W. Frank grapples with this fundamental aspect of our lives, offering both a theory of how stories shape us and a useful method for analyzing them. Along the way he also tells stories: from folktales to research interviews to remembrances. Frank's unique approach uses literary concepts to ask social scientific questions: how do stories make life good and when do they endanger it? Going beyond theory, he presents a thorough introduction to dialogical narrative analysis, analyzing modes of interpretation, providing specific questions to start analysis, and describing different forms analysis can take. Building on his renowned work exploring the relationship between narrative and illness, *Letting Stories Breathe* expands Frank's horizons further, offering a compelling perspective on how stories affect human lives.

In this unique neurological memoir Siri Hustvedt attempts to solve her own mysterious condition While speaking at a memorial event for her father in 2006, Siri Hustvedt suffered a violent seizure from the neck down. Despite her flapping arms and shaking legs, she continued

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to speak clearly and was able to finish her speech. It was as if she had suddenly become two people: a calm orator and a shuddering wreck. Then the seizures happened again and again. The *Shaking Woman or A History of My Nerves* tracks Hustvedt's search for a diagnosis, one that takes her inside the thought processes of several scientific disciplines, each one of which offers a distinct perspective on her paroxysms but no ready solution. In the process, she finds herself entangled in fundamental questions: What is the relationship between brain and mind? How do we remember? What is the self? During her investigations, Hustvedt joins a discussion group in which neurologists, psychiatrists, psychoanalysts, and brain scientists trade ideas to develop a new field: neuropsychanalysis. She volunteers as a writing teacher for psychiatric in-patients at the Payne Whitney clinic in New York City and unearths precedents in medical history that illuminate the origins of and shifts in our theories about the mind-body problem. In *The Shaking Woman*, Hustvedt synthesizes her experience and research into a compelling mystery: Who is the shaking woman? In the end, the story she tells becomes, in the words of George Makari, author of *Revolution in Mind*, "a brilliant illumination for us all."

Since it was first published in 1995, *The Wounded Storyteller* has occupied a unique place in the body of work on illness. Both the collective portrait of a so-called "remission society" of those who suffer from some type of illness or disability and a cogent analysis of their stories within a larger framework of narrative theory, Arthur W. Frank's book has reached a large and diverse readership including the ill, medical professionals, and scholars of literary theory. Drawing on the work of authors such as Oliver Sacks, Anatole Broyard, Norman Cousins, and Audre Lorde, as well as from people he met during the years he spent among different illness groups, Frank recounts a stirring collection of illness stories, ranging from the well-

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known—Gilda Radner's battle with ovarian cancer—to the private testimonials of people with cancer, chronic fatigue syndrome, and disabilities. Their stories are more than accounts of personal suffering: they abound with moral choices and point to a social ethic. In this new edition Frank adds a preface describing the personal and cultural times when the first edition was written. His new afterword extends the book's argument significantly, writing about storytelling and experience, other modes of illness narration, and a version of hope that is both realistic and aspirational. Reflecting on both his own life during the creation of the first edition and the conclusions of the book itself, Frank reminds us of the power of storytelling as way to understanding our own suffering.

A medical sociologist who has been seriously ill twice explores illness from the patient's perspective and tells how he came close to death and how this allowed him the opportunity to examine how he was living. Reprint.

Uses of Literature bridges the gap between literary theory and common-sense beliefs about why we read literature. Explores the diverse motives and mysteries of why we read Offers four different ways of thinking about why we read literature - for recognition, enchantment, knowledge, and shock Argues for a new “phenomenology” in literary studies that incorporates the historical and social dimensions of reading Includes examples of literature from a wide range of national literary traditions

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

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Williams and MK Czerwiec, 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 Czerwiec, 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. This book focuses on the expressions used to describe Job's body in pain and on the reactions of his friends to explore the moral and social world reflected in the language and the values that their speeches betray. A key contribution of this monograph is to highlight how the perspective of illness as retribution is powerfully refuted in Job's speeches and, in particular, to show how this is achieved through comedy. Comedy in

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Job is a powerful weapon used to expose and ridicule the idea of retribution. Rejecting the approach of retrospective diagnosis, this monograph carefully analyses the expression of pain in Job focusing specifically on somatic language used in the deity attack metaphors, in the deity surveillance metaphors and in the language connected to the body and social status. These metaphors are analysed in a comparative way using research from medical anthropology and sociology which focuses on illness narratives and expressions of pain. Job's Body and the Dramatised Comedy of Moralising will be of interest to anyone working on the Book of Job, as well as those with an interest in suffering and pain in the Hebrew Bible more broadly.

The use of narrative methods has a long history in palliative care, pioneered by Dame Cicely Saunders, founder of the modern hospice movement, *Narrative and Stories in Health Care* provides a vibrant, multidisciplinary examination of work with narrative and stories in contemporary health and social care, with a focus on the care of people who are ill and dying. It animates the academic literature with provocative 'real-world' examples from international contributors, including palliative care service users and those working in the social and human sciences, medicine, theology, and the creative arts. *Narrative and Stories in Health Care* addresses and clarifies core issues: What is a narrative? What is a story? What are some of the main methods and models that can be used and for what purposes? What practical and ethical dilemmas can the methods entail in work with illness, death and dying? As well as highlighting the power of stories

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to create new possibilities, the book also acknowledges the conceptual, methodological and ethnical problems and challenges inherent in narrative work. As the hospice and palliative care movement evolves to meet the challenges of 21st century health care, this fascinating book highlights how narratives and stories can be attended to in ways that are productive, ethical, and caring.

This collection tells the story of the case study genre at a time when it became the genre par excellence for discussing human sexuality across the humanities and life sciences. It is a transcontinental journey from the imperial world of fin-de-siècle Central Europe to the interwar metropolises of Weimar Germany and to the United States of America in the post-war years. Foregrounding the figures of case study pioneers, and highlighting their often radical engagements with the genre, the book scrutinises the case writing practices of Sigmund Freud and his predecessor sexologist Richard von Krafft-Ebing; writers including Leopold von Sacher-Masoch and Alfred Döblin; Weimar intellectuals such as Erich Wulffen and psychoanalyst Viola Bernard. The results are important new insights into the continuing legacy of such writers and into the agency increasingly claimed by the readerships that emerged with the development of modernity.

Chapters describe how clinicians can work with what is openly discussed, and how to ascertain less conscious events and motives. A powerful clinical tool that enhances cooperation between the client and therapist, the model delineated in this volume can

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be used in a wide variety of settings and is easily integrated with a range of orientations. Providing complete guidelines for its clinical use, *Self-Narratives* is an ideal resource for psychotherapists and counselors alike. Teachers or trainers who want to educate students in self-knowledge and self-reflection will find here an ideal method for stimulating these processes.

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.

“A brave and illuminating journey inside the mind, heart, and life of a person with early-onset Alzheimer’s disease.”—Lisa Genova, author of *Still Alice* Wendy Mitchell had a busy job with the British National Health Service, raised her two daughters alone, and

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spent her weekends running and climbing mountains. Then, slowly, a mist settled deep inside the mind she once knew so well, blurring the world around her. She didn't know it then, but dementia was starting to take hold. In 2014, at age fifty-eight, she was diagnosed with young-onset Alzheimer's. In this groundbreaking book, Mitchell shares the heartrending story of her cognitive decline and how she has fought to stave it off. What lay ahead of her after the diagnosis was scary and unknowable, but Mitchell was determined and resourceful, and she vowed to outwit the disease for as long as she could. As Mitchell learned to embrace her new life, she began to see her condition as a gift, a chance to experience the world with fresh eyes and to find her own way to make a difference. Even now, her sunny outlook persists: She devotes her time to educating doctors, caregivers, and other people living with dementia, helping to reduce the stigma surrounding this insidious disease. Still living independently, Mitchell now uses Post-it notes and technology to remind her of her routines and has created a "memory room" where she displays photos—with labels—of her daughters, friends, and special places. It is a room where she feels calm and happy, especially on days when the mist descends. A chronicle of one woman's struggle to make sense of her shifting world and her mortality, *Somebody I Used to Know* offers a powerful rumination on memory, perception, and the simple pleasure of living in the moment. Philosophical, poetic, intensely personal, and ultimately hopeful, this moving memoir is both a tribute to the woman Wendy Mitchell used to be and a brave affirmation of the woman she has

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become. Praise for *Somebody I Used to Know* “Remarkable . . . Mitchell gives such clear-eyed insight that anyone who knows a person living with dementia should read this book.”—The Times (London) “A landmark book . . . The best reward for [Mitchell’s] courage and candour would surely be fundamental changes in the way people with dementia are treated by society.”—Financial Times

By chronicling the transformations of hospitals from houses of mercy to tools of confinement, from dwellings of rehabilitation to spaces for clinical teaching and research, from rooms for birthing and dying to institutions of science and technology, this book provides a historical approach to understanding of today's hospitals. The story is told in a dozen episodes which illustrate hospitals in particular times and places, covering important themes and developments in the history of medicine and therapeutics, from ancient Greece to the era of AIDS. This book furnishes a unique insight into the world of meanings and emotions associated with hospital life and patienthood by including narratives by both patients and care givers. By conceiving of hospitals as houses of order capable of taming the chaos associated with suffering, illness, and death, we can better understand the significance of their ritualized routines and rules. From their beginnings, hospitals were places of spiritual and physical recovery. They should continue to respond to all human needs. As traditional testimonials to human empathy and benevolence, hospitals must endure as spaces of healing.

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This is a provocative look at writing by and about people with illness or disability—in particular HIV/AIDS, breast cancer, deafness, and paralysis—who challenge the stigmas attached to their conditions by telling their lives in their own ways and on their own terms. Discussing memoirs, diaries, collaborative narratives, photo documentaries, essays, and other forms of life writing, G. Thomas Couser shows that these books are not primarily records of medical conditions; they are a means for individuals to recover their bodies (or those of loved ones) from marginalization and impersonal medical discourse. Responding to the recent growth of illness and disability narratives in the United States—such works as Juliet Wittman’s *Breast Cancer Journal*, John Hockenberry’s *Moving Violations*, Paul Monette’s *Borrowed Time: An AIDS Memoir*, and Lou Ann Walker’s *A Loss for Words: The Story of Deafness in a Family*—Couser addresses questions of both poetics and politics. He examines why and under what circumstances individuals choose to write about illness or disability; what role plot plays in such narratives; how and whether closure is achieved; who assumes the prerogative of narration; which conditions are most often represented; and which literary conventions lend themselves to representing particular conditions. By tracing the development of new subgenres of personal narrative in our time, this book explores how explicit consideration of illness and disability has enriched the repertoire of life writing. In addition, Couser’s discussion of medical discourse joins the current debate about whether the biomedical model is entirely conducive to humane care for ill and

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disabled people. With its sympathetic critique of the testimony of those most affected by these conditions, *Recovering Bodies* contributes to an understanding of the relations among bodily dysfunction, cultural conventions, and identity in contemporary America. This History explores the genealogy of autobiographical writing in England from the medieval period to the digital era.

A breast cancer survivor chronicles her experiences dealing with the disease, recounting real-life medical practices and her courage in the face of death

Focusing on the various intersections between illness and literature across time and space, *The Portrait of an Artist as a Pathographer* seeks to understand how ontological, phenomenological and epistemological experiences of illness have been dealt with and represented in literary writings and literary studies. In this volume, scholars from across the world have come together to understand how the pathological condition of being ill (the sufferers), as well as the pathologists dealing with the ill (the healers and caregivers), have shaped literary works. The language of medical science, with its jargon, and the language of the every day, with its emphasis on utility, prove equally insufficient and futile in capturing the pain and suffering of illness. It is this insufficiency and futility that makes us turn towards the canonical works of Joseph Conrad, Samuel Beckett, William Carlos Williams, Virginia Woolf, Kazuo Ishiguro, Miroslav Holub as well as the non-canonical António Lobo Antunes, Yumemakura Baku, Wopko Jensma and Vaslav Nijinsky. This volume helps in understanding and capturing the metalanguage of

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illness while presenting us with the tradition of 'writing pain'. In an effort to expand the definition of pathography to include those who are on the other side of pain, the essays in this collection aim to portray the above-mentioned pathographers as artists, turning the anxiety and suffering of illness into an art form. Looking deeply into such creative aspects of illness, this book also seeks to evoke the possibility of pathography as world literature. This book will be of particular interest to undergraduate, postgraduate and research students, as well as scholars of literature and medical humanities who are interested in the intersections between literary studies and medical science.

Describes the author's Italian family who immigrated to New Jersey next to another immigrant family, only to find their bodies and dreams destroyed due to the radiation and toxic waste in their new environment.

The book provides insights into spiritual healing practices and medical and theoretical research conducted by participants attending The Patient: Examining Realities: 5th Global Conference. The complex patient-doctor relationship is also discussed and literary and screened narratives are analysed.

This is the first manifesto for Health Humanities worldwide. It sets out the context for this emergent and innovative field which extends beyond Medical Humanities to advance the inclusion and impact of the arts and humanities in healthcare, health and well-being.

Learn the classic porcelain painting techniques from Meissen (Germany) that

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rank among the most beautiful and precious of all porcelain art. In many full-color, step-by-step illustrations, the author shows how the porcelain painter can create decorations in the Meissen manner. Especially popular are thirty-six flower motifs, the classic onion pattern, and green grapevine decorations.

For many doctors, their role as powerful healer precludes thoughts of ever getting sick themselves. When they do, it initiates a profound shift of awareness-- not only in their sense of their selves, which is invariably bound up with the "invincible doctor" role, but in the way that they view their patients and the doctor-patient relationship. While some books have been written from first-person perspectives on doctors who get sick-- by Oliver Sacks among them-- and TV shows like "House" touch on the topic, never has there been a "systematic, integrated look" at what the experience is like for doctors who get sick, and what it can teach us about our current health care system and more broadly, the experience of becoming ill. The psychiatrist Robert Klitzman here weaves together gripping first-person accounts of the experience of doctors who fall ill and see the other side of the coin, as a patient. The accounts reveal how dramatic this transformation can be-- a spiritual journey for some, a radical change of identity for others, and for some a new way of looking at the risks and benefits of treatment options. For most however it forever changes the way they treat their own patients. These

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questions are important not just on a human interest level, but for what they teach us about medicine in America today. While medical technology advances, the health care system itself has become more complex and frustrating, and physician-patient trust is at an all-time low. The experiences offered here are unique resource that point the way to a more humane future.

"This book provides the scientific evidence about the benefits of dog walking for both humans and dogs to manage weight"--Provided by publisher.

Anatole Broyard, long-time book critic, book review editor, and essayist for the New York Times, wants to be remembered. He will be, with this collection of irreverent, humorous essays he wrote concerning the ordeals of life and death—many of which were written during the battle with cancer that led to his death in 1990. A New York Times Notable Book of the Year “A heartbreakingly eloquent and unsentimental meditation on mortality . . . Some writing is so rich and well-spoken that commentary is superfluous, even presumptuous. . . . Read this book, and celebrate a cultured spirit made fine, it seems, by the coldest of touches.”—Los Angeles Times “Succeeds brilliantly . . . Anatole Broyard has joined his father but not before leaving behind a legacy rich in wisdom about the written word and the human condition. He has died. But he lives as a writer and we are the wealthier for it.”—The Washington Post Book World “A virtuoso

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performance . . . The central essays of *Intoxicated By My Illness* were written during the last fourteen months of Broyard's life. They are held in a gracious setting of his previous writings on death in life and literature, including a fictionalized account of his own father's dying of cancer. The title refers to his reaction to the knowledge that he had a life-threatening illness. His literary sensibility was ignited, his mind flooded with image and metaphor, and he decided to employ these intuitive gifts to light his way into the darkness of his disease and its treatment. . . . Many other people have chronicled their last months . . . Few are as vivid as Broyard, who brilliantly surveys a variety of books on illness and death along the way as he draws us into his writer's imagination, set free now by what he describes as the deadline of life. . . . [A] remarkable book, a lively man of dense intelligence and flashing wit who lets go and yet at the same time contains himself in the style through which he remains alive."—The New York Times Book Review "Despite much pain, Anatole Broyard continued to write until the final days of his life. He used his writing to rage, in the words of Dylan Thomas, against the dying of the light. . . . Shocking, no-holds-barred and utterly exquisite."—The Baltimore Sun

An honest and compelling memoir, *Girl in Need of a Tourniquet* is Merri Lisa Johnson's account of her borderline personality disorder and how it has affected

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her life and relationships. Johnson describes the feeling of "bleeding out" — unable to tell where she stopped and where her partner began. A self-confessed "psycho girlfriend," she was influenced by many emotional factors from her past. She recalls her path through a dysfunctional, destructive relationship, while recounting the experiences that brought her to her breaking point. In recognizing her struggle with borderline personality disorder, Johnson is ultimately able to seek help, embarking on a soul-searching healing process. It's a path that is painful, difficult, and at times heart-wrenching, but ultimately makes her more able to love and coexist in healthy relationships.

A patient's personal view of long term care. Seen through the eyes of a patient totally paralyzed with Guillain-Barré syndrome, this moving book takes you through the psychological and physical pain of an eleven month hospital stay. *BED NUMBER TEN* reads like a compelling novel, but is entirely factual. You will meet: The ICU staff who learned to communicate with the paralyzed woman - and those who did not bother. The physicians whose visits left her baffled about her own case. The staff and physicians who spoke to her and others who did not recognize her presence. The nurse who tucked Sue tightly under the covers, unaware that she was soaking with perspiration. The nurse who took the time to feed her drop by drop, as she slowly learned how to swallow again. The physical

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therapist who could read her eyes and spurred her on to move again as if the battle were his own. In these pages, which reveal the caring, the heroism, and the insensitivity sometimes found in the health care fields, you may even meet people you know.

Serious illness and mortality, those most universal, unavoidable, and frightening of human experiences, are the focus of this pioneering study which has been hailed as a telling and provocative commentary on our times. As modern medicine has become more scientific and dispassionate, a new literary genre has emerged: pathography, the personal narrative concerning illness, treatment, and sometimes death. Hawkins's sensitive reading of numerous pathographies highlights the assumptions, attitudes, and myths that people bring to the medical encounter. One factor emerges again and again in these case studies: the tendency in contemporary medical practice to focus primarily not on the needs of the individual who is sick but on the condition that we call disease. Pathography allows the individual person a voice - one that asserts the importance of the experiential side of illness, and thus restores the feeling, thinking, experiencing human being to the center of the medical enterprise. Recommended for medical practitioners, the clergy, caregivers, students of popular culture, and the general reader, *Reconstructing Illness* demonstrates that only when we hear both the

