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Off the shelf and into practice: creatively repackaging popular memoirs as educational resources in health disciplines

Abstract:

This article reports on a learning design project that encourages the creative (re)use of popular literature as educational materials by bringing together scholars and insights from diverse disciplines to engage learners and build the human(ising) skills needed in health professions. A capable health professional is one who has technical competence, interpersonal and critical thinking skills. They need to be able to understand and cope with complexity and ambiguity, human diversity, and the reality that people differ in the factors that assist them to become ready for change and stay well. Critics of the direction that health education has taken to prepare graduates indicate that there is a preference for technical skill development, whilst overlooking craft knowledge. Students still need to learn bio-technological knowledge, but they also need to understand the multiple social, cultural, and environmental contexts that can impact on a person's journey of change in health. The project reported in this paper outlines a novel process of engagement in case-based learning. Particular illness memoirs have been selected, and important plot lines within the stories extracted to depict variations of a person's health journey. A book club process, familiar to most people as a fun way to engage in multiple readings and perceptions about the merit of a text, is the medium through which these excerpts are discussed. Thus, the materials act as triggers, not solely for inquiry, but for the development of empathy and undestanding of different contexts, which are then aligned to clinical strategies assisting students to develop technical skills and interpersonal abilities.

Biographical notes:

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Citation for Outstanding Contributions to Student Learning in 2006. With a special interest in research writing and publishing, Donna is a member of the editorial advisory boards of a number of national and international journals, and Commissioning Editor, Special Issues, for *TEXT* journal. Past President of the national peak body, the Australasian Association of Writing Programs, Donna is widely published, with over 120 refereed scholarly publications.

Margaret McAllister is Professor of Nursing at Central Queensland University with degrees in nursing, arts and education. Her research and teaching focus for the past 20 years has been in mental health, nursing education and inter-professional learning. She has co-authored three textbooks: *Solution focused nursing* (2007), *The resilient nurse* (2011) and *Stories in mental health* (2013), and three self-help guides called *Seeking solutions to self-injury* (2010, 2013). Over her career, she has been the recipient of four awards for excellence in teaching, including in 2010 a national citation for outstanding contributions to student learning for the creation of a solution-focused nursing approach. She is the Associate Editor for the UK journal, *Nurse education in practice*, a board director for Australia's peak body for mental health nurses, the Australian College of Mental Health Nurses, and is pursuing a program of transdisciplinary research with Professor Donna Lee Brien on the issue of humanising social practices.

<u>Keywords:</u>

Creative writing – Memoir – Book club – Clinical case study pedagogy – Health professional training

Introduction

Now that there is a growing body of research interested in studying the role that textbooks play in student learning (Horsley et al. 2010, Richardson 2004, Stockton 1995), some academics have begun to reflect on a once taken-for-granted practice of routinely prescribing texts and not evaluating how well they are utilised, how they do, or do not, impact on student learning, and whether other alternatives could be used. Horsely, Knight and Huntly (2010) for example, argue that textbooks embody a community of practice discourse that reflects a shared understanding of a discipline, and how it has – or has not – developed over time. Others have stated that textbooks are changing in nature from being authorial canons that could retain their legitimacy for decades, to more cautious texts that reveal diverse views that invite the reader's critique and even input (Young 2013). Thanks to this work, educators have begun problematising the practice of textbook prescription and are taking another look at whether the discourse within them is advancing or constraining their disciplines.

While textbooks are, and have traditionally been, widely produced and commonly used source materials in some discipline areas in higher education in Australia, in other areas they are less common. In this paper, we focus on two traditionally separate disciplines – health and the creative arts. In the health disciplines it is commonplace for textbooks to be either prescribed or recommended reading in all courses. In the creative arts, they are rarely produced or used.

In this context, at least two problematic situations present themselves to academics working in the disciplines of health and creative arts in relation to the production, and prescription, of published educational materials in Australia. In terms of health education, the first of these has arisen as a result of the growth of the health service industry, which is reflected within universities, where health profession students of various disciplines comprise a high, and growing, percentage of student enrolments, and one of the largest market for textbooks (DEST 2006a, b). Despite this high – and increasing – demand for resources, the production and use of medical, nursing and allied health textbooks and their relevance to actual health care practice has rarely been investigated. In the absence of such enquiry, there is however a groundswell of support for texts that offer more possibility for student interaction (McKinsey 2009, GSMA 2011, Martin et al. 2012) and also, importantly, provide access to the lived experience of the health/illness concept addressed in such volumes (Charon 2006, Griner 2012). The days of such tomes as the well-known '*Gray's Anatomy*'[1] and other texts that aim to cover all content in a discipline are all but over. Yet, the bones of these dead (or at least dying) animals continue to be revivified and repackaged in smaller and modified versions.

Most textbooks in health continue to explore the body as if it is a passive container of pathology or disease and – as a result – readers are left wanting. This is because these books do not assist students in learning how to put this pure science into practice. Nor, with the proliferation of health professionals who do not locate themselves within the disease model – such as community nurses, midwives, occupational therapists and psychologists – are such textbooks particularly relevant. *Health* professional students – those aspiring to work closely with individuals and communities to maintain or

restore wellbeing – are, instead, both in need of, and asking for, textbooks and other educational resources that inspire the 'how-to' of health maintenance and rehabilitation, instead of an approach centred on disease and illness (Quill & Billings 1998, Hill et al. 1998, Ferrell et al. 1999, McEwan 2004).

Health education scholars have long argued that to be prepared for practice, students need to demonstrate an engaged understanding of, and ongoing thinking about the context, including the context of care and consumers' experience of health and illness and to be able to think critically to devise effective caring strategies (Diekelmann, 2001, Benner et al. 2009). How to actually develop graduates so that they enact an engaged understanding is part of the challenge of education. Diekelmann, a renowned curriculum expert in nursing, argued that there are two critical areas of concern for reform in nursing education: cultivating thinking and enacting concernful practices. In the term 'concernful practice', Deikelmann was referring to the communication and relating skills that demonstrate to a patient that their distress is acknowledged, and that there are intentions to help ease that suffering.

Developing interactive texts for mental health learning

Our current focus is on mental health, in which the contemporary 'recovery oriented' approach entails consumers, carers and clinicians striving to foster hope, wellbeing, adaptation, and fulfillment (Deegan 1988), rather than just controlling symptoms (Fukui et al. 2010). Learning these new skills requires significant repositioning from traditional 'case conferences' where cases are discussed objectively, to engaged, empathic understanding (Byrne et al. 2013). While students and clinicians ought to possess these skills, evidence suggests clinician-controlled care remains pervasive in mental health, and training continues to emphasise the development of objectivity and technical skills, rather than subjective exploration and humanistic skills (Happell et al. 2013). This creates interpersonal tension in the clinical field and impedes the implementation of consumer-centred health policies (Bennetts & Cross 2011).

Our approach responds to the paradigm shift in health service delivery that focuses on the insight and empathy that can be gained from appreciating the lived experience of the patient's health journey. This is grounded in two social reforms. The first of these is the rise of the so-called consumer movement within health, wherein patients are more knowledgeable about their health condition and more expectant of a client-centred customer focus from their health-care provider (O'Hagan et al. 2009). The second factor contributing to this shift is a growing disenchantment with neoliberal economic theory as the main driver in health education. Social critics suggest that neoliberalism has established an unhelpful separation between, and atmosphere of competition among, disciplines and, in the process, produced health professionals who may be technically competent, but not empowered, resilient or critical thinkers (Giroux 2002, Ball & Ball 2004, Nelson & Gordon 2006). These latter qualities are, moreover, principally what many suggest both the ailing health care system and its consumers need (Bradbury-Jones & Sambrook 2006, McAllister & Lowe 2011, Toofany 2006).

These broad social changes are creating an imperative for health professionals to be

knowledgeable about, and skilled in, the health consumer's personal experience of, and journey between, health, illness and recovery. In this environment, consumers want health professionals who will not only listen to their unique concerns but will also be able to customize health care plans that suit their individual life styles (Chunchu et al. 2012). Students in this field must, therefore, learn these skills and approaches and *Gray's Anatomy* and such volumes – no matter how important they have been in the past – clearly cannot meet this need. One solution has been posited – that health students can learn ways of feeling and demonstrating empathy, and being proactive and empowering, through the discerning use of humanities-based knowledge – and it has been suggested that the health services will significantly benefit from their presence (Ballat & Campling 2011).

In this context, literature (Charon et al. 1995), and specifically, the personal illness narrative in published book-length memoirs (usually autobiographical, but also biographical) can be an effective pedagogical tool, especially if it is used to foreground human interactions, diverse experiences and responses. As Donohue-Smith states:

> Personal accounts of … illness, told by those who lived it, can be powerful vehicles for educating mental health professionals. Rich in detail and emotionally compelling, memoir brings immediacy and 'life' to the constellation of symptoms commonly associated with established psychiatric diagnoses. This narrative voice – the voice of the sufferer – is critical in helping students and clinicians deepen their understanding of both the nature of mental illness and of 'what works' to promote healing (2011: 138).

Karnad, who used Jean-Dominique Bauby's powerful memoir of locked in syndrome, *The diving bell and the butterfly: a memoir of life in death* (1997) in an end-of-life care curriculum intervention for internal medical residents, found that appropriately chosen memoirs 'of the right length and content can have a profound impact on learning humanistic qualities and attitudes' (1999: 415).

Although such illness memoirs have not only attracted considerable popular, critical and scholarly attention as a sub-genre of life writing, and have been noted by, and incorporated into, the medical and psychological discourse as examples of, and resources for, various medical conditions (Brien 2013), they have rarely been utilised as core educational materials in the medical context (for exceptions see, Greenhalgh & Hurwitz 1999, University of Pennsylvania 2007, Master of Narrative Medicine, Columbia University). Where published illness memoirs have been successfully utilised in health personnel training, this has tended to be in small-scale, one-off projects, with a disappointing level of take up of the (albeit usually successful) outcomes (see, for instance, Karnad 1999, discussed above).

The second – albeit very different, although related in this discussion – problematic situation we have identified in relation to educational materials relates to the creative arts disciplines. While, in the health disciplines above, the problem is grounded in the use of unsuitable textbooks, our discussion in relation to the creative arts begins with the production of relevant educational materials. Although educational publishing, which comprises a substantial percentage of the Australian publishing industry's outputs and income, the creative arts represents only a very small percentage of

published Australian textbooks or other commercially available educational materials. Moreover, despite their obvious ability as writers and knowledge of the field, few of these materials are written and/or produced by academics from the field of creative writing. Although how-to manuals of creative writing and its specific forms (for example creative nonfiction and scriptwriting), appear regularly and are certainly used in the creative writing classroom, a small selection of books, including such volumes as Kate Grenville's *The Writing Book* (1990), David Lodge's *Art of Fiction* (1992) and Stephen King's *On Writing* (2000) are so well used that these are often described as the 'classics' of teaching writing. In contrast, educational materials utilising the considerable knowledge of many creative writing academics gained from both their own research and their teaching experience packaged formally as textbooks are extremely rare, and even more rarely used in disciplinary contexts outside creative writing. This means that creative writing academics are missing out on the professional recognition and other rewards that this important publishing market offers.

Implementing research and development in the innovative use of memoirs

Responding to these situations, we are currently conducting a program of transdisciplinary research investigating the acceptability, utility and scalability of innovative educational resources which will make use of published volumes of creative writing – in our first case popular illness memoirs – along with student and facilitator guides to become class textbooks for disciplines outside of creative writing (McAllister, Brien et al. 2013). The approach we have devised is based on learning design, where the focus is on the learning-teaching process that happens in a lesson or course. Essentially it is an innovation designed to align with case-based teaching, a common and effective strategy used to teach nursing and medicine, especially when prior content knowledge is present and the emphasis is on the cultivation of professional capabilities (Tanner 2009, Prideaux 2003). The process, a book-club, and the trigger material, memoir excerpts, provide a unique strategy for developing empathy for the unique experience as told by the author, as well as appreciation for the multiple possible approaches to facilitate turning points and recovery for clients.

Initially, materials are being developed and tested with health profession students in the area of mental health, to investigate the impact of these memoirs on students' empathy, hope-giving and facilitative skills. Specifically, we seek to utilise memoirs in such a way as to assist students to appreciate a fellow human being's suffering, and counter the tendency to dehumanise, judge or fail to care (Thornicroft et al. 2007; Bastian and Haslam 2010). They will also be used as source material from which students can draw and note interactions between consumer and health professional that were particularly helpful, or unhelpful, and to foreground elements that facilitate key points of treatment. Through engaging with narratives, students can be moved towards action rather than just understanding (Girard 2006): crucial benefits for applied mental health professionals (Diekelmann 2003). In this context, memoirs provide rich, individualistic expression of what it means, or feels like, to have a health issue (Brien 2013). Through these first-person narratives, learners thus come to

understand the psychological and emotional impacts of health disorders, and gain insight into clients' perspectives on treatment (National Eating Disorder Collaboration 2013). Awareness is also gained that understanding, empathy and motivation are skills as important to the clinician as knowledge of treatment options (Hanson 2012)

A survey of other uses of such memoir in the medical classroom has prompted us to ensure that this work involves more than selecting a suitable range of both memoirs and excerpts of those memoirs. The first key factor is developing activities to facilitate critical thinking around, and understanding of, these texts. Based on Long's bibliotherapy approach (2010), the memoir material activates learning in the student (by the act of reading) prior to face-to-face or online classroom contact, so students can proceed to theoretical application/extension (beyond theory description) (Anderson et al. 2001) and learning in the class situation is deepened (Herreid & Schiller 2013, Ullman 2013). This also mobilises an approach to pedagogy known as narrative pedagogy – 'a research based interpretive phenomenological pedagogy that gathers teachers and students into conversations wherein new possibilities for practice and education can be envisioned' (Ironside, 2006). Woodhouse suggests narrative pedagogy's advantages for learners include: securing attention quickly; experiencing moral dilemmas or problem solving exercises in a safe setting; developing a sense of shared humanity and community (Woodhouse 2007).

The second key element is the careful identification of a pedagogic setting in which student readers will most authentically engage with these texts. As part of a university funded project, we have settled on a guided reading experience modelled on the community group book discussion activity which is widely known as 'the book club' and which has recently become a subject of scholarly study (Rooney 2005, Driscoll 2008). Although most of this investigation has been around the book club as a way of increasing reading and literacy levels and skills at pre-tertiary level (see, Raphael and McMahon 1994, Raphael et. al 1997), as we are working with university students, we are approaching the book club format as a way of encouraging a deeper engagement with the texts being read, as when Kong and Fitch found that students engaged in such groups learned to 'make sense of texts by using contextual clues and connecting the reading to their own experiences' (2002: 352). In order to facilitate empathy and deep understanding, both our questions that guide the book club discussions as well as the guidelines for facilitators assist in fostering understanding of the experiences of the writers of the memoirs as characters in narrative dramas (McAllister, Johns et al. 2009, Ironside 2006).

Harnessing the book club's potential

Books' power to teach is not new (Riordan & Wilson 1989, Long 2010, Mathibe 2007, Zeilig 2011). Learners can both learn how to 'do things' and acquire valuable insights for that practice via the vicarious experience gained through reading and relating to characters in books (Giuffrida, Jordan, Saiz & Barnes 2007, Pehrsson & McMillen 2005). As Long states, learning through books is similar to the function of metaphor in learning – it helps the learner transfer new knowledge from one genre, the memoir for example, to another, in this case, clinical practice (2010). As learners, readers can

also experience a transformation in their perspective. Where once they may have felt helpless, overwhelmed, or out of their depth, a written narrative can give them assurance or insight that change is possible and that they can be a productive part of that change (Clifford & Norcross 1999). In terms of our project, when learners read about how an individual has been treated in the health system, they are challenged to think about their own professional roles, and to either emulate the practice or distance themselves from it (Long 2010).

Our illness memoir book club for nursing students is based upon some major premises. The first is that, while the very idea of reading is premised on the solitary consumption and contemplation of a text, our approach instead begins by seeking to harness the social, intellectual and emotional power of the group to deepen insight and promote more illuminated practices. In this case, the learning is guided and deepened by the presence of either an informed facilitator, or a defacto facilitator in the form of a series of pre-set questions that prompt group discussion. This approach also draws on research that suggests, in the therapeutic setting, engagement in storytelling and analysis reduces the distance between narrator and listener, subtly subverting traditional positioning of passive patient and expert clinician that dominates the medical model (Morris 2008).

The second of these is that students, as readers immersed in a book and its story, are engaged in that process. This is important, as learners' authentic engagement is a key and common performance indicator for both teachers and their universities as it improves learning outcomes (Carini et al. 2006). Selecting texts that will engage student readers (outside – but also sometimes within – such text-based disciplines as literature, history and creative writing (Brien 2001, Brien and Neilsen 2001) can often, however, present a challenge for educators. Our research suggests that the hundreds of published illness memoirs in circulation offer a range of such narratives on a number of particular health subjects (including, for instance, cancer, depression, eating disorders and addiction). As much as it is true that reading published books can provide a transformative learning experience for some students, they can also be disengaging for others. Some students are not strong readers and prefer visual learning modes (Gardner 2000). Having to read complete books, or even excerpts, may be off putting for students, lead to study overload or simply be unrealistic in some contexts. This is why the discerning selection of texts, and the careful design of activities likely to engage readers and excite learners, is of central importance.

Thirdly, we know that when students are engaged within a process of peer or group sharing, guided deconstruction and application to the world of practice, their learning is deeper and more authentic (Ghaye 2011, Smith 2002). The focus on stories and storytelling that characterises narrative pedagogy is also often cited as creating opportunities for authentic interaction among students and faculty (Fry, Ketteridge & Marshall 2003, McAllister 2007). However, as students enter these groups as individuals with their own biases, defences, insights, experiences and literacy capabilities (Corey 2011), the establishment of group values is another important step. This allows each member to realise that they have responsibilities as well as rights. The facilitator guidelines thus need to take into account current knowledge regarding group formation such as that groups do not spontaneously or immediately emerge,

and that members need to be encouraged to form into a unified entity (Alberto 1995).

Next steps and concluding remarks

After trialing the illness book club and its resources, we will proceed to a series of related projects. The book club model is a mode of learning that we believe could work equally well in a face-face or online environment as long as time is spent developing relationships, establishing ground rules, and ensuring that a process of deconstruction and application occurs, although an online version will obviously need further research before development. We will also design versions of these resources for use outside the classroom, so that – when these (and other) students graduate as health professionals – they can utilise clinician-client engagement with memoirs as a therapeutic tool to facilitate insight and change. There is also potential for the resources to be used directly by health care consumers themselves and the self-help buying public if they were presented in a suitable form.

We have, moreover, found that our multidisciplinary partnership has provided many levels of opportunities. It has not only allowed us to form a productive team around an area of immediate need, the process of working together has also led to each of us gaining deeper insight into our own discipline and disciplinary approaches. It has also provided a means for an arts researcher to tap into national priority areas of 'strategic' research and investigation that often include health areas but rarely mention the creative arts.

We believe this is a model that specialists in many areas of creative writing and publishing could utilise in order to extend their professional reach, as well as one that can be used by other multidisciplinary teams and include scholars and commercially available artworks from other creative art forms such as multimedia, and film and television. The project, as outlined, could also be used as a model for other academics seeking ways to resist the dominance of neo-liberalism and economic theories which, in universities are increasingly producing internal competition, specialist silos and the rending of important partnerships between such possibly cognate areas of learning, teaching and scholarship as the arts and health, the arts and science, and the arts and business.

Endnotes

1. Henry Gray's *Anatomy of the human body*, first published in 1918, is so beloved that its own biography has been written, Bill Hayes' *The anatomist: a true story of Gray's Anatomy* (2008), which utilising a creative nonfiction approach tells the story of both the creators of this volume (author Henry Gray and illustrator Henry Carter) as well as the body they so successfully described.

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