

DATE OF VALIDATION:

23.06.21

MODULE TITLE:

Imagining the Other: Death, Bereavement and Loss

MODULE CODE:

LEVEL 6

CREDITS 15

RATIONALE FOR MODULE

This module, “**Imagining the Other: Death, Bereavement and Loss**”, is the second stage in the successful partnership collaboration between Birkbeck, University of London and St George’s, University of London, in which medical humanities is taught to a joint cohort of students from the School of Arts (Birkbeck) and science and healthcare students from St George’s.

After two successful years of running the module ‘Finding a Leg to Stand On: Clinical, Critical and Creative Approaches to the Human Body’, “Imagining the Other” will further the aim of this innovation, to deliver fully cross-disciplinary teaching (all classes will be team-taught by clinicians, artists and academics) in which the humanities and biomedical science are brought together for the benefit of both humanities and healthcare/biomedical science students. The new module “Imagining the Other” was reviewed by the students on the SGUL Arts and Humanities Steering Group and was top ranked in terms of new Arts and Humanities modules for implementation in 2019.

As with “Finding a Leg to Stand On” this new module requires:

- Validation in both BBK and SGUL.
- Participating students to receive credits in their own institutions.
- Both institutions to create mirror Canvas/Moodle shells for each cohort of students.
- A Memorandum of Agreement signed by both institutions.
- An External Examiner appointed to audit the module across both institutions.

This collaboration is the first of its kind in the UK and is currently being written up as a research paper and presented at the AMH Annual Conference 2021. The module will sit within the UG programme of the School of Arts at Birkbeck and within the Openspaces programme at SGUL, maximising the availability of this resource at SGUL by being open to students on all taught courses as an extracurricular module.

PRE-REQUISITES

- SGUL UG students who have successfully completed 2 years of their course (with approval from programme directors)
- SGUL PG students (taught courses)

NB Birkbeck access criteria are specific to Birkbeck and are contained in their parallel course document.

MODULE LEADER

Professor Annie Bartlett (SGUL Module Lead)

KEY MEMBERS OF THE MODULE TEACHING TEAM

Dr Claire Spiller (SGUL)

Dr Rosie McLachlan (SGUL)

Professor Jo Winning (BBK Module Co-ordinator)

Dr David McAllister (BBK)

BRIEF DESCRIPTION OF THE MODULE

Loss, death and bereavement are three of the most extreme and difficult experiences anyone faces. For doctors and other health and social care workers these complex phenomena must be confronted on an almost daily basis. This has seldom been more true than in 2020 when the Covid 19 pandemic has asked so much of health and social care workers worldwide and left many people personally bereaved.

Clinical literature attempts to outline and advocate for the so-called 'good' death, this may be hard to achieve in practice and the lived experience of patients, carers, and their families may be very different. Clinicians should attempt to understand the experiences of those they seek to treat in a holistic way. This means reflecting on experiences of suffering and death which do not fit within a clinical management plan and are not in a textbook. Clinical literature is also rich in descriptions and advice about bereavement and recovery.

While the events of 2020 have brought loss, bereavement and death closer to home, it has also seen a surge in book buying and reading. There is and always has been a rich literature addressing the perennially important issues of death, loss and bereavement across time and across cultures. How does it feel to face your own death, and what drives people to chronicle this experience in writing? What can reading such works tell us about the human urge to communicate, and to leave a record of oneself behind? For those facing the loss of a loved one, how can life go on after death, and can anything positive emerge from this? Can there be humour in death, and how and why does loss sometimes lead to renewed creativity? As well as loss and bereavement around death, the module will consider other kinds of loss. How do those diagnosed with chronic illness cope with losing part of their

former identity? What is the mourning process for someone who has lost a limb, a sense, or the ability to form memory?

This module uses textual representations of loss, death and bereavement to explore these key issues, examining how far reading literature can help us understand the experiences of others i.e. to what extent and in what way can any of us “imagine the other”. Students will be able to choose from a broad range of literary texts on these themes, complemented by consideration of other art forms, and will compare these to carefully chosen and accessible examples of clinical literature and practice.

Students will be required to read extensively throughout the module and to write an essay based on their reflections. The module will include structured support for the development of extended writing skills, outside the delivery of the syllabus, with dedicated tutor sessions in which students construct an essay title of their choosing and work with the tutor on the development of their work plan.

DELIVERY: The module has been adapted to on-line delivery over 6 weeks in view of the impact of Covid19 on face to face teaching. The teaching sessions, delivered in the early evening, will include a short break, built in brief physical exercises and 10 minutes of reflective writing at the end of the session, both of the latter to be undertaken together. Pre-session teaching is indicated as Seminar Reading and students will, in addition, be expected to undertake Further Reading in line with their own interests in preparation for the module assessment.

AIMS:

This module aims to develop a complex understanding of experiences of loss, death and bereavement, as well as the positive potential of recovery. Literary texts will provide the primary means to explore these phenomena outside of the clinical environment, allowing students to gain insight into the lived experience of patients, carers and relatives and develop relevant academic critical skills. Class discussions will help prepare students for their future lives and careers: by enhancing the imaginative understanding of others in crisis, including compassion and empathy; by encouraging communication skills vital not only in work with patients but also more generally with family and friends at their most vulnerable.

LEARNING AIMS SUMMARISED:

- To develop a complex understanding of experiences of loss, death and bereavement, as well as the positive potential of recovery.
- To allow both humanities and medical students to gain insight into the lived experience of patients, carers and relatives and develop relevant academic critical skills.
- To help prepare students for their future lives and careers by enhancing the imaginative understanding of others in crisis, including compassion and empathy;
- To encourage communication skills vital not only in work with patients but also more

- generally with family and friends at their most vulnerable.
- To develop critical skills in a transdisciplinary setting substantially enhancing the learning experience.

LEARNING OUTCOMES:

On successful completion of the module, students will have:

1. A complex understanding of experiences of loss, death and bereavement (re Aims 1, 2 and 3)
2. An understanding of the lived experience of patients, carers and relatives as they negotiate multiple kinds of loss, bereavement and death (Aims 1, 2 and 3)
3. An understanding of the multifaceted nature of recovery, following personal experience of illness, loss, bereavement or death of a loved one (Aims 1, 2 and 3)
4. The ability to undertake a critical appraisal of literary texts in order to consider the representation of different kinds of loss, death and bereavement in literature. (Aim 5).
5. An enhanced capacity to develop an argument both verbally and in written form (Aims 4 and 5).

SYLLABUS

WEEK 1 Death and Bereavement: an Introduction

In this introductory session we will be exploring patterns of death (age, gender, disease patterns) and bereavement over time and over place. This will include definitions of death used in medicine and life expectancy variation. This will set the scene for a consideration of the roles of health and social care staff in relation to loss, bereavement, death and recovery versus those of family, carers and friends (workshop exercise). There will also be an introduction to critical theory and how literature can provide insights into the lives of others supplemented by workshop materials (literary and clinical) on the approach of death.

Teaching Materials

Introduction to the module

Introduction to each other

RCPsych CPD On line module on Bereavement and its consequences

Short poems touching on death and grief from slightly different perspectives. Small group working on particular poems with questions prompting exploration.

Imtiaz Dharker Poems: *Disappeared, The Conversation, Litter* from *Over the Moon*. Hexham Bloodaxe Books 2014

Elizabeth Bartlett *Disposing of Ashes and Ian: Dead of Polio* from *A Lifetime of Dying*. Liskeard Harry Chambers Peterloo Poets 1979

Siegfried Sassoon *The Death Bed* pp88-89 in the Penguin Book of Contemporary Verse (Ed K. Allot) 1962 Harmondsworth Penguin

Emily Dickenson *Because I Could not Stop for Death*

Seminar Reading

Virginia Woolf *How One Should Read a Book*

McManus, I. (1995) Humanity and the Medical Humanities. *Lancet* 346: 1143-45.

Claire Tomalin *Samuel Pepys The Unequalled Self: Death and Plague* pp162-178

Maggie O'Farrell *Hamnet* pp 257-299 2020 London Tinder Press

Further Reading

Robert Downie Medical Humanities: some uses and some problems *J R Coll Physicians Edinb* 2016; 46: 288–94 <http://dx.doi.org/10.4997/JRCPE.2016.416> © 2016 Royal College of Physicians of Edinburgh

Spicer, J. and Harrison, Debbie and Winning, Joanne (2013) The humanities in medical education. In: Walsh, K. (ed.) *Oxford Handbook of Medical Education*. Oxford, UK: Oxford University Press, pp. 233-243. ISBN 9780199652679.

Eagleton, T. (2013). *How to Read Literature*. Yale University Press.

Steiner, G. (1996[1961]). *The Death of Tragedy*. Yale University Press.

Forster, E.M. (2005[1927]). *Aspects of the Novel*. Penguin Classics.

Sigmund Freud Mourning and Melancholia

Parkes, C.M, Benjamin, B. and Fitzgerald,,R.G.(1969) Broken Heart: a statistical study of increased mortality among widowers. *BMJ* 1,740-73

Elizabeth Kubler Ross *On Death and Dying*. Re issued 2014 Scribner

Barnes, J. (2008) *Death* London: Vintage Minis

Jessica Mitford *The American Way of Death*

Katherine Mannix *Death and Dying in an Age of Denial*

Granta 27 (1989) *Death* Cambridge Granta Publications

WEEK 2 The Process of Dying

This week offers an opportunity to hear clinical perspectives on work with patients who are aware they are approaching death. There will be opportunities to consider different forms of loss depicted in different literary forms- loved ones, partners, parents, adults and children, strangers as they appear in fiction and memoir raising questions as to the nature of audience and authorial intent. There will also be a chance to consider how medicine plays a role in some deaths but not in others. So we will also look at accounts of the impact of sudden death, including in conflict zones.

Teaching Materials

Scheduled visit to a hospice or talk from specialist in palliative care and the process of dying, including how family, friends and carers are involved and the concept of a good death (Dr Rosi Lightstone). Discussion of the concept and definition of death.

Workshop sessions based on previously read literary materials relating to the death of partners, children and parents. Students will be allocated in advance and have their reading directed so that breakout groups are focused but lead to a plenary session where the group will benefit from the range of topics.

Seminar Reading

Max Porter *Grief is the thing with feathers* (partner)

Rio Ferdinand *Thinking Out Loud* (partner)

Antoine Leiris *You will not have my Hate* (partner)

Reverend Richard Coles: 'The loss of my husband is immense'

https://www.theguardian.com/society/2021/mar/28/reverend-richard-coles-the-loss-is-immense?CMP=Share_iOSApp_Other (partner)

Michael Rosen *Sad Book* (child)

Toni Morrison *Beloved* (child)

Louisa M Alcott *Little Women* (child)

Christina Lefteri *The Beekeeper of Aleppo* (child)

Simone de Beauvoir *A Very Easy Death* (parent)

Helen McDonald *H is for Hawk* (parent)

'Good' and 'bad' deaths: Narratives and professional identities in interviews with hospice managers Elena Semino, Zsófia Demjén, and Veronika Koller *Discourse Studies* 2014 16 : 5 , 667-685

Further Reading

Rachel Clarke *Dear Life: A Doctor's Story of Love and Loss* 2020 Little, Brown Book Group (*illness and death of a parent*)

Aleksandr Solzhenitsyn *Cancer Ward*

Julian Barnes *Levels of Life*

Emma Jane Kirkby *The Optician of Lampedusa (death of strangers)*

It is a Sin (TV series Channel 4) <https://www.channel4.com/programmes/its-a-sin>

Oscar Moore PWA: *Looking AIDS in the Face* Picador 1996 pp55-64 and pp163-167

Adam Mars Jones *A Small Spade* pp67-119 in *The Darker Proof: Stories from a Crisis* (Editors Adam Mars Jones and Edmund White) Faber 1987

Susan Sontag. *AIDS and its Metaphors* Chapter 5, pp 44-60

BBC News: The woman with HIV helping others have a 'good death'
<https://www.bbc.co.uk/news/stories-56282751>

WEEK 3 Death as a Rite of Passage

Cultural practices after death vary and have been much studied. Within the context of the UK space for specific cultural practices after death is an important aspect of a multicultural society with a range of religious traditions and different levels of religious adherence. There are at times tensions between the imperative of rapid burial versus the needs of the state to understand untimely death. The arrival of Covid has disrupted ordinary funeral rites.

In previous eras death happened at home whereas many people die in hospital as their end of life needs exceed the capacities of those closest to them. Alternative institutional settings, hospices and care homes are also common places of death. This session focuses on the variety of responses to death, both cultural and also personal including humour and ambivalence.

Teaching Materials

Possible visit to a funeral home

Examination of objects of mourning

Natasha Gordon Nine Nights Play Script (read by students)

Workshop breakout groups will rely on the previously read excerpts from Rohinton Mistry *1991 Such a Long Journey* London Faber and Faber pp217-255 depicting the funeral rites of a friend and Zadie Smith *On Beauty* ref depicting the funeral rites of a parent. Reflection will be developed in small group work and fed back to the whole group

Seminar Reading

Rohinton Mistry *1991 Such a Long Journey* London Faber and Faber pp217-255

Zadie Smith *On Beauty*

Further Reading

Evelyn Waugh *The Loved One*

Dave Allen <https://uk.video.search.yahoo.com/yhs/search?fr=yhs-GenieoYahoo-INTtraffichp&hsimp=yhs-INTtraffichp&hspart=GenieoYaho&p=comedians+talking+about+death#id=5&vid=dbb7f65cb4c1b0b4b19024333fe3a0bf&action=view>)

Brandy Shillace *Death's Summer Coat* 2015

WEEK 4 Doctors and Death

While all of us will probably come into contact with death and the dying before it is our turn, there are particular issues for medical practitioners and other healthcare workers who are not only privy to the dying of patients but have disturbing knowledge in relation to their own mortality. Proximity to death carries its own risks for health workers, never more clearly evidenced than in relation to the recent pandemic. Even without the risk of physical danger from rampant disease, death causes other casualties such as the loss of empathy and compassion or, its opposite, emotional overload and collapse. So this session focuses on both death from the point of view of doctors and reflections from doctors on facing their own deaths.

Teaching Materials

Anton Chekov *Sorrow*
John Keats *On Death*

Henry Marsh essay on covid. FT
<https://www.ft.com/content/00312c48-6e87-11ea-9bca-bf503995cd6f>

Remembering the UK doctors who have died of covid-19
<https://www.bmj.com/covid-memorial>

Cook T, Kursumovic E, Lennane S. Exclusive: deaths of NHS staff from covid-19 analysed. *Health Serv J* 2020 Apr 22. <https://www.hsj.co.uk/exclusive-deaths-of-nhs-staff-from-covid-19-analysed/7027471.article>.

Seminar Reading

Atul Gawande *Being Mortal Introduction pp1-10 2014 London Profile Books*
Paul Kalanith *When Breath Becomes Air*

Further Reading

John Shelton Death and Dying in Literature
Advances in Psychiatric Treatment , Volume 9 , Issue 3 , May 2003 , pp. 211 - 217
DOI: <https://doi.org/10.1192/apt.9.3.211>

Henry Marsh *First Do No Harm*

Daniel D. Matlock, MD, MPH,* Traci E. Yamashita,† Sung-Joon Min, PhD,‡
Alexander K. Smith, MD, MPH,§ Amy S. Kelley, MD, MSHS,k¶ and Stacy M. Fischer, MD
How U.S. Doctors Die: A Cohort Study of Healthcare Use at the End of Life *J Am Geriatr Soc* 64:1061–1067, 2016.

Ken Murray How Doctors Die It's Not Like the Rest of Us, But It Should Be
<https://www.zocalopublicsquare.org/2011/11/30/how-doctors-die/ideas/nexus/>

WEEK 5 Pandemics and the differences they make

Covid 19 is just the latest pandemic. It has ancestors: the Black Death of 1348, the periodic Plagues that afflicted much of the world in the centuries after that and which can now be treated with a cheap antibiotic, the Spanish Flu epidemic of 1918 and it has cousins: SARS, MERS and no doubt some in incubation in our fellow animals. The widespread nature of lethal illnesses, be it epidemic or pandemic, bring death closer to home in many cases and bring death sooner to vulnerable individuals. In a Global era, Covid has prompted discussions, inter alia, on the nature of knowledge of and belief in science and medicine, the state of health services, health inequalities within and between nation states as well as an overwhelming literature on the specifics of the illness and its myriad ways of harming humans, including different ways to die. This session considers some aspects of the events of the last year, offering insights into the experiences of patients, family and practitioners. It also touches on Spanish flu which offers a well documented comparison. We focus on three key questions: how will the pandemic alter how we think about death; what is the legacy; how do we live with Covid 19 and the threat of its friends going forward?

Teaching Materials

Epidemiology and clinical similarities and differences between Spanish Flu and Covid

Stories from the clinical coal face – interviews with ICU staff/respiratory physician

Seminar Reading

Alessandro Manzoni I Promessi Sposi (The Betrothed) pp375-414

Ali Smith Summer

Polly Bindman and Ruth Evans Death and mourning in the age of coronavirus *New Statesman* 30 April 2020

Kasun Wanigasooriya Priyanka Palimar David N Naumann Tariq Ismail et al Mental health symptoms in a cohort of hospital healthcare workers following the first peak of the COVID-19 pandemic in the UK December 2020 BJPsych Open 7(1):e24 DOI:10.1192/bjo.2020.15

Laura Spinney Pale Rider The Spanish Flu of 1918 and how it changed the world Chapters 11 and 12, The Hunt for Patient Zero and Counting the Dead pp153-171 2017 London Vintage

Further Reading

Daniel Defoe A Journal of the Plague Year

Gabriel Garcia Marquez *Love in a Time of Cholera*

Albert Camus *La Peste*

WEEK 6 Loss and Recovery

This final week of teaching will reflect on the relationship between death and bereavement and other kinds of loss as well as on the nature and possibilities of recovery, including from near death experiences. We will consider the limits of imagining others' experiences in the context of serious illness and death as well as the possibilities of creativity and connection that generate recovery in some form. Among the questions are: does loss change who you are? Can we ever imagine ourselves into other people's shoes? If communication becomes difficult how are we to know what people want and understand their daily experience of the world?

Teaching Materials

Watch and discuss interview from 'the two Andrews' (Andrew Marr and Andrew Johns – **to be made by A. Bartlett**) discussing recovery from stroke.

Michael Rosen on recovery from Covid <https://www.bbc.co.uk/news/av/entertainment-arts-54508302>

'I am not who I was': Michael Rosen on surviving Covid – extract
https://www.theguardian.com/books/2021/mar/13/i-am-not-who-i-was-michael-rosen-on-surviving-covid-extract?CMP=Share_iOSApp_Othe

Seminar Reading

John Bayley *Iris: A Memoir and Elegy for Iris*

Sandra Evans (1998) '*Beyond the Mirror: A Group-Analytic Exploration of Late Life and Depression*', *Aging & Mental Health* 2(2): 94-99.

Jane Rule *Memory Board* pp30-36 and 94-104 Pandora 1987

Ellen Newton *This Bed My Centre*

Atul Gawande *Being Mortal A Better Life* pp111-147

Maggie O'Farrell *Hamnet* pp299-329

Further Reading

Robert McCrum *My Year Off*

Lisa Genova *Still Alice 2007 (republished in 2009 New York Simon and Schuster*

Still Alice (dir. Richard Glatzer)

Iris (dir. Richard Eyre)

Edie 2018 (dir. Simon Hunter)

INDICATIVE TEACHING AND LEARNING STRATEGY

(To include a breakdown of the hours allocated for each teaching and learning activity)

Modelling the best of medical humanities practice, the teaching team for this module, as well as the student cohort, is drawn from clinical and academic backgrounds. This multidisciplinary teaching team will bring different knowledge and experiences to the classroom and work together to help students arrive at shared and more complex understandings of the loss, bereavement and death and the nature of recovery than is possible via a single discipline alone.

Modes of teaching will include critical appraisal of text independently and embedded in small seminar exercises and discussions, comparisons, where appropriate, between text based material and other media e.g documentary footage, external visits linked to the content of particular sessions, reflections on the transdisciplinary perspectives brought by staff and students, all supported by readings from clinical practice and literary theory and history.

In bringing together medical and humanities students, this module presents SGUL with a second opportunity in which medical students and humanities students will work together to explore different and shared conceptions of these important human experiences. Loss, bereavement and death are both part of life and part of every clinician's work: recovery is a key clinical outcome. Students will have the opportunity to share approaches to understanding, languages and concepts, and compare and contrast the impact and usefulness of knowledge gained from different discourses on these aspects of the human condition.

For all students, the module will introduce them to the core critical thinking and writing skills of practice-based medical humanities, which embed the critical practices of the humanities disciplines into the practice and analysis of medicine. Students who take this module will experience this new approach to teaching and learning at Birkbeck and SGUL, where the methods and practices of medicine, the humanities and the arts mutually inform each other to produce well-rounded graduates, who are able to reflect critically on some of the big questions of our age and apply these to urgent social, cultural and medical issues.

INDICATIVE ASSESSMENT STRATEGY

Assessment will encourage reflective practice and in-depth research and include both formative and summative elements.

Essay titles and topics will need to reflect the core texts and central themes of the module to promote in students a complex understanding of the experiences of loss, death, bereavement and/or the multi-faceted nature of recovery, positioning their own disciplinary

understanding within a broader context. Essay titles will address all five learning outcomes. The essay questions will be written to address learning objectives 1 – 5. The reflective writing component will encourage students to think and write reflectively, addressing learning outcomes 1, 4 and 5 and are intended to assist students in identifying what will be for them an appropriate essay title.

We will use the standard SGUL assessment template. In addition, the following criteria will be applied in assessing both the formal essay and reflective writing submissions. They are not used as a checklist, but as guidelines for the examiners to ensure consistency in the assessment process.

Criteria for Assessment for the essay (LO 1-5)

- Relevance of essay to the module's themes and topics.
- Research and content. Familiarity with material from a range of perspectives including those of the humanities, science and clinical medicine and the ability to bring them together.
- Structure and organisation of essay.
- Clarity, quality of writing and quality of expression.
- Quality of argument, analysis and critical evaluation
- Evidence of independent thought and originality
- Presentation and accuracy of academic apparatus (i.e. bibliography and end/footnotes). Is it correctly referenced? Are all images captioned/credited etc.

Criteria for Assessment for the reflective writing (LO 1,4,5)

- Evidence of ongoing and continuous reflection over the module and awareness of own personal learning journey
- Evidence of an ability to reflect critically and assess own strengths and weaknesses
- Openness to explore/participate in and engage critically with unfamiliar ideas and practices; willingness to try something new
- Evidence of engaging with and learning from both the humanities and clinical elements of the module and an attempt at bringing them together
- Ability to work with, discuss and learn from others co-operatively demonstrating evidence of collaborating sensitively and respectfully with fellow students and staff from different disciplines.

Marking guidelines

All summative work will be double marked to ensure consistency and standardisation. The reflective writing will be given comments and feedback. Summative marks will be agreed by the first and second marker for the essay. The first marker will provide student feedback. Only when all marks and comments have been finalised will the marks be released to the students.

FORMATIVE AND SUMMATIVE ASSESSMENT METHODS

1. Reflective writing 1: 1000-1500 words [formative assessment: feedback but not marked] – Week 4

2. 3,000 word essay – submission at the beginning of the next term

SUMMATIVE ASSESSMENT WEIGHTING

3,000 Word Essay 100%

ACHIEVING A PASS

Passing the summative assessment. Pass set at 40%

TIMETABLE

Total teaching hours 150

Teaching Contact Hours

18 hours of seminars (6 x3) plus one hour of Tutorial

17.5 hours of visits

4.5 hours of reflective practice and movement.

Sub Total 40 hours

Teaching Non Contact Hours

110 hours of pre-session Tasks/seminar preparation and reading/post session reading and reflective writing and essay preparation

OTHER LEARNING RESOURCES AVAILABLE TO STUDENTS

See indicative content above which includes external visits and the use of external experts by experience or professional expertise.