Sygdomsfortællinger og patienterfaringer i litteraturen og psykiatrien

Seminar 14. april 2026 ved
Forskningsgruppen MoSka på NORS

KØBENHAVNS UNIVERSITET

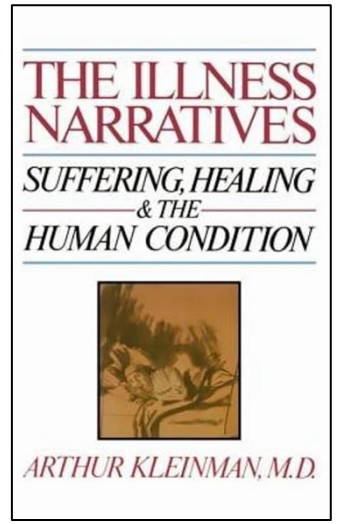
Medicinsk humaniora

Medicine is the most scientific of the humanities,

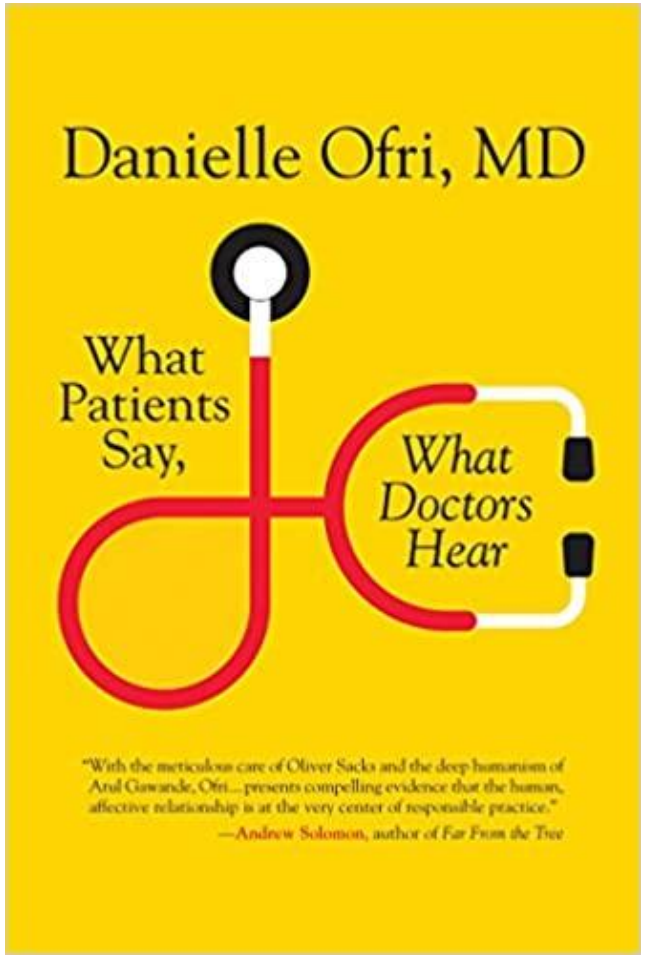
the most empiric of arts,

and the most humane of the sciences

(Edmund Pellegrino 1979)



Illness
(patienten)



Disease
(lægen)

Sickness
(samfundet)

Hvad bekymrer syge mennesker sig om? Hvordan lever de deres liv med deres sygdomme? Hvordan kan deres læger hjælpe dem med at finde mening i deres oplevelse af sygdom og derigennem tage del i behandlingen?

En rig kilde til viden om og erkendelse af menneskers oplevelser med sygdom er litteraturen. Ved at fremstille patienters oplevelser i en fuld, dyb og nuanceret individualitet, som sjældent er tilgængelig andre steder, udvider litterære tekster om sygdom den medicinstuderendes forståelse for realiteterne ved sygdom.

Rita Charon

Narrative Medicine

A Model for Empathy, Reflection, Profession, and Trust

Rita Charon, MD, PhD

The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called *narrative medicine*, is proposed as a model for humane and effective medical practice. Adopting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate 4 of medicine's central narrative situations: physician and patient, physician and self, physician and colleagues, and physicians and society. With narrative competence, physicians can reach and join their patients in illness, recognize their own personal journeys through medicine, acknowledge kinship with and duties toward other health care professionals, and inaugurate consequential discourse with the public about health care. By bridging the divides that separate physicians from patients, themselves, colleagues, and society, narrative medicine offers fresh opportunities for respectful, empathic, and nourishing medical care.

JAMA. 2001;286:1897-1902 www.jama.com

Ms Lambert (not her real name) is a 33-year-old woman with Charcot-Marie-Tooth disease. Her grandmother, mother, 2 aunts, and 3 of her 4 siblings have the disabling disease as well. Her 2 nieces showed signs of the disease by the age of 2 years. Despite being wheelchair bound with declining use of her arms and hands, the patient lives a life filled with passion and responsibility.

"How's Phillip?" the physician asks on a routine medical follow-up visit. At the age of 7 years, Ms Lambert's son is vivacious, smart, and the center—and source of meaning—of the patient's world. The patient answers. Phillip has developed weakness in both feet and legs, causing his feet to flop when he runs. The patient knows what this signifies, even before neurologic tests confirm the diagnosis. Her vigil tinged with fear, she had been watching her son every day for 7 years, daring to believe that her child had escaped her family's fate. Now she is engulfed by sadness for her little boy. "It's harder having been healthy for 7 years," she says. "How's he going to take it?"

The physician, too, is engulfed by sadness as she listens to her patient, measuring the magnitude of her loss. She, too, had dared to hope for health for Phillip. The physician grieves along with the patient, aware anew of how disease changes everything, what it means, what it claims, how random is its unfairness, and how much courage it takes to look it full in the face.

Sick people need physicians who can understand their diseases, treat their medical problems, and accompany them through their illnesses. Despite medicine's recent dazzling technological progress in diagnosing and treating illnesses, physicians sometimes lack the capacities to recognize the plights of their patients, to extend empathy toward those who suffer, and to join honestly and courageously with patients in their illnesses.[1,2] A scientifically competent medicine alone cannot help a patient grapple with the loss of health or find meaning in suffering. Along with scientific ability, physicians need the ability to listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient's behalf. This is narrative competence, that is, the competence that human beings use to absorb, interpret, and respond to stories. This essay describes narrative competence and suggests that it enables the physician to practice medicine with empathy, reflection, professionalism, and trustworthiness.[3] Such a medicine can be called *narrative medicine*.[4]

As a model for medical practice, narrative medicine proposes an ideal of care and provides the conceptual and practical means to strive toward that ideal. Informed by such models as biopsychosocial medicine and patient-centered medicine to look broadly at the patient and the illness, narrative medicine provides the means to understand the personal connections between patient and physician, the meaning of medical practice for the individual physician, physicians' collective profession of their

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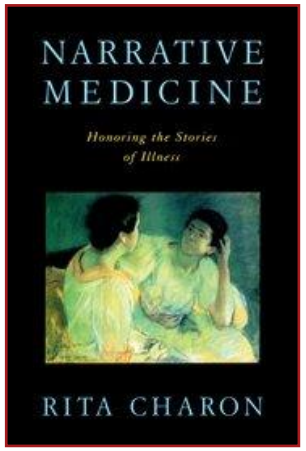


Narrativ medicin tilstræber at bidrage til udviklingen af et sundhedssystem, der sætter patientens stemme, perspektiv og historie i centrum ved at stille følgende spørgsmål:

- Hvordan kan vi forny og styrke sundhedsprofessionelles kompetencer til at forstå, reflektere over og handle på patienters erfaringer med deres sundhed?

⇢ Uddannelse på SUND

- Hvordan kan vi være med til at styrke patienters – og pårørendes – kompetencer til at håndtere sundhedsudfordringer og sygdomsforløb?

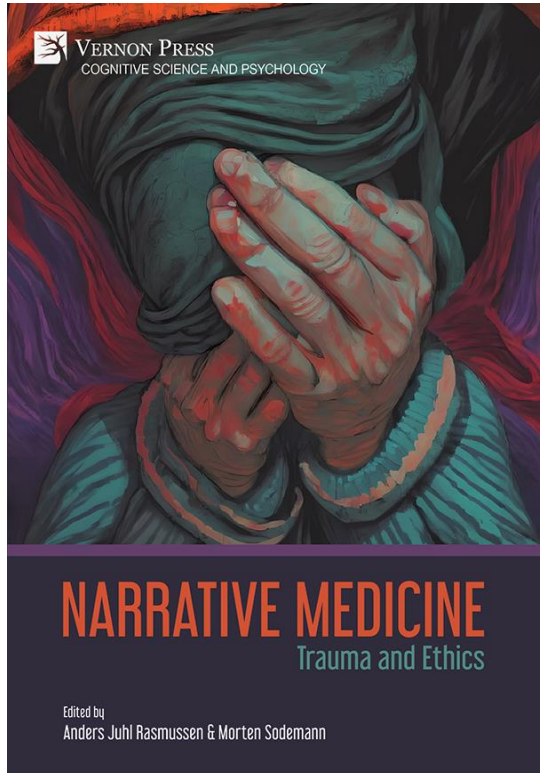
⇢ Tværfaglige interventioner

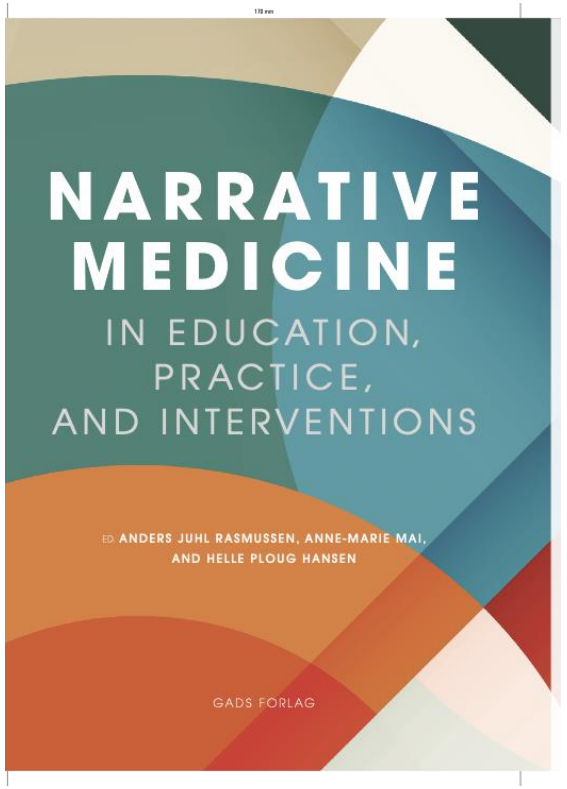
- Hvordan kan vi gennem analyser af bl.a. skønlitteratur, hverdagspraksisser og historie bidrage til en bedre forståelse af sygdom på et socialt niveau, herunder stigmatisering, skyld og skam?

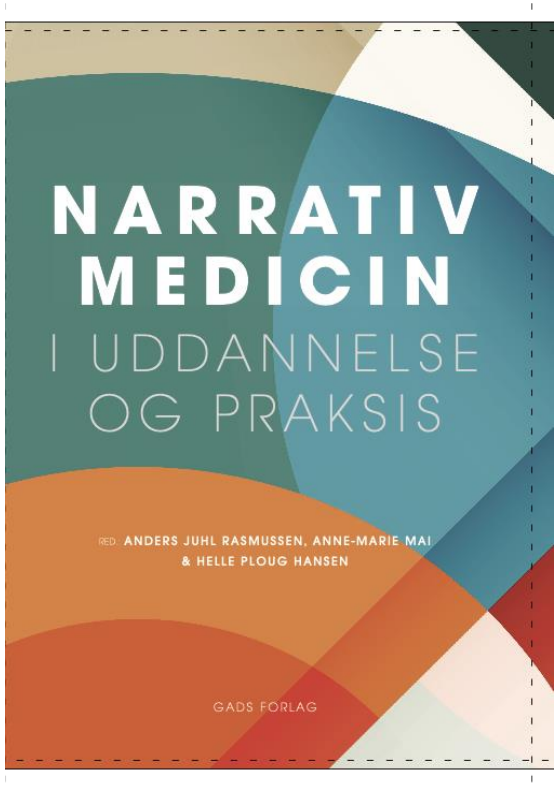
⇢ Uddannelse på HUM

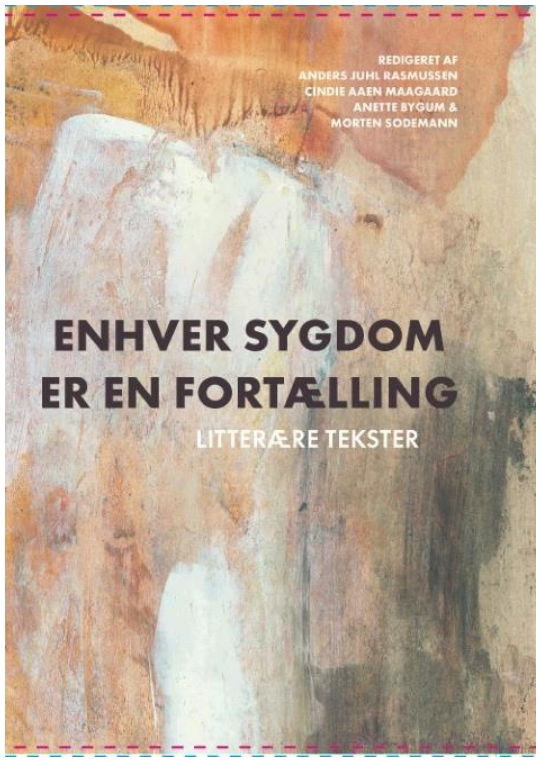
Se mere her:
https://nors.ku.dk/forskning/projekter/narrativ-medicin/

Narrativ medicin









Ny tilvalgsfagpakke ”Sundhedshumaniora” (2026) og nyt obligatorisk kursus på lægeuddannelsen (2029)

HUM

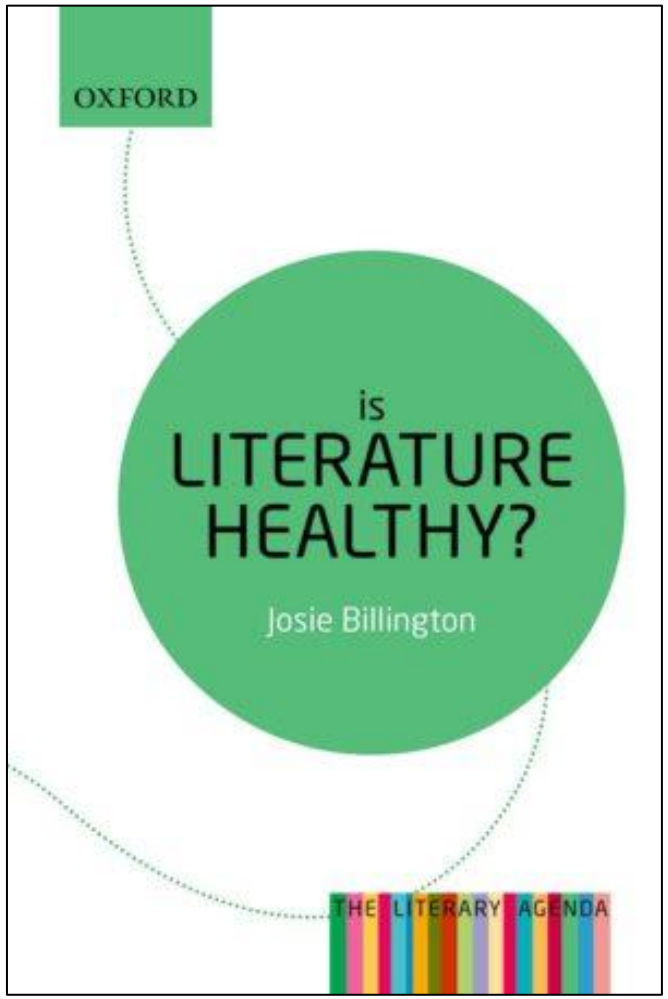
Helt ny tilvalgspakke (45 ECTS) om ”Sundhedshumaniora” på tværs af tre humanistiske institutter fra 2026. Fagområderne: litteratur, sprog, etnologi og filosofi.

SUND

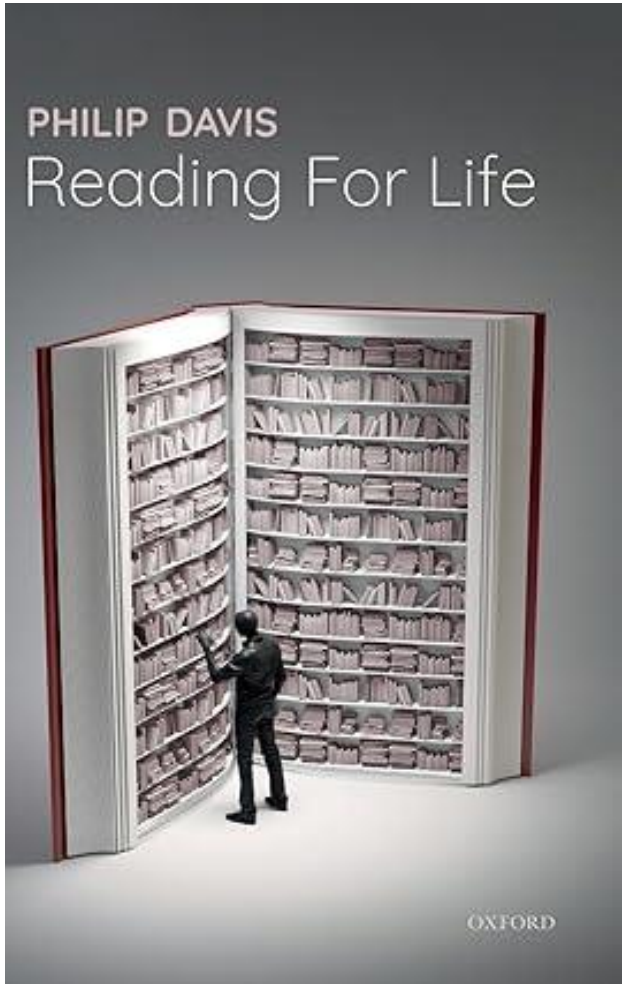
Et valgfag på KA: ”Etiske dilemmaer indenfor medicin” (5 ECTS) bliver et obligatorisk kursus: ”Kliniske beslutninger – etiske dilemmaer” fra 2029.

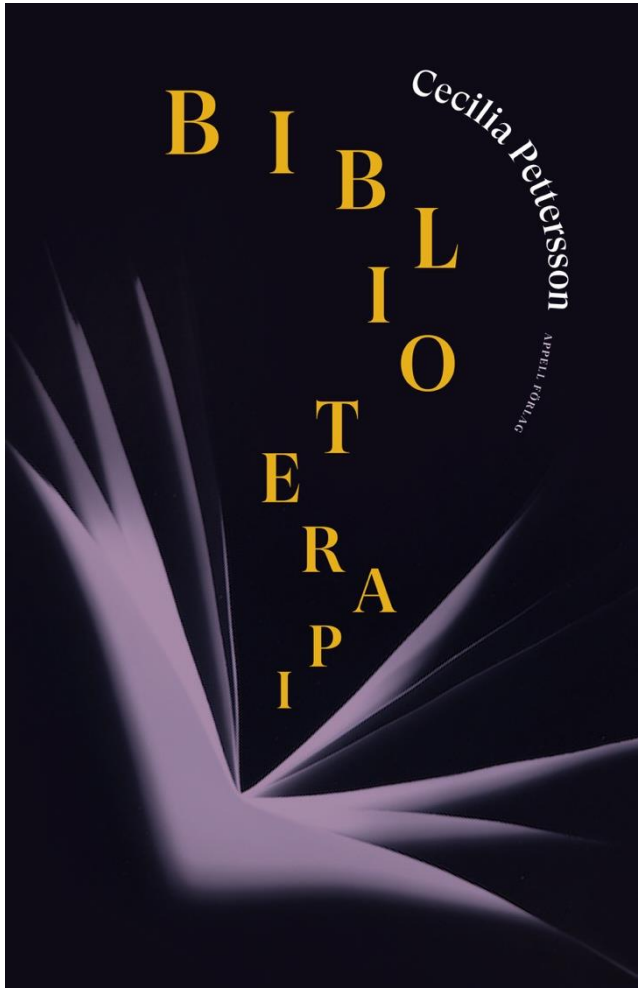
Den nye lærebog udgives til efteråret på FADL’s forlag.

Fælleslæsning som sundhedsfremme



University of Liverpool





Göteborgs Universitet

Institut for Nordiske Studier og Sprogvidenskab (NorS)

2. oktober 2025

Ny KU-hjemmeside giver stemme til mennesker i fertilitetsbehandling

SAMFUND

SKRIVEVÆRKSTED FOR MENNESKER I FERTILITETSBEHANDLING Narrativ medicin under Københavns Universitet har som led i et forskningsprojekt samlet kreative tekster skrevet af 12 personer i fertilitetsbehandling.

Det skrevne ord er efterfølgende bearbejdet med højtlæsning, animationer og grafisk design og giver dermed både sundhedspersonale og pårørende en sjælden mulighed for at forstå patienternes oplevelse indefra.

Narrativ medicin

Narrativ medicin er et interdisciplinært forskningsfelt, der arbejder for et sundhedssystem, hvor patientens historie og oplevelser sættes i centrum. Tanken er, at behandling ikke kun handler om diagnoser og tal, men også om

Log ind Prøv nu

Forside Live TV Kategorier

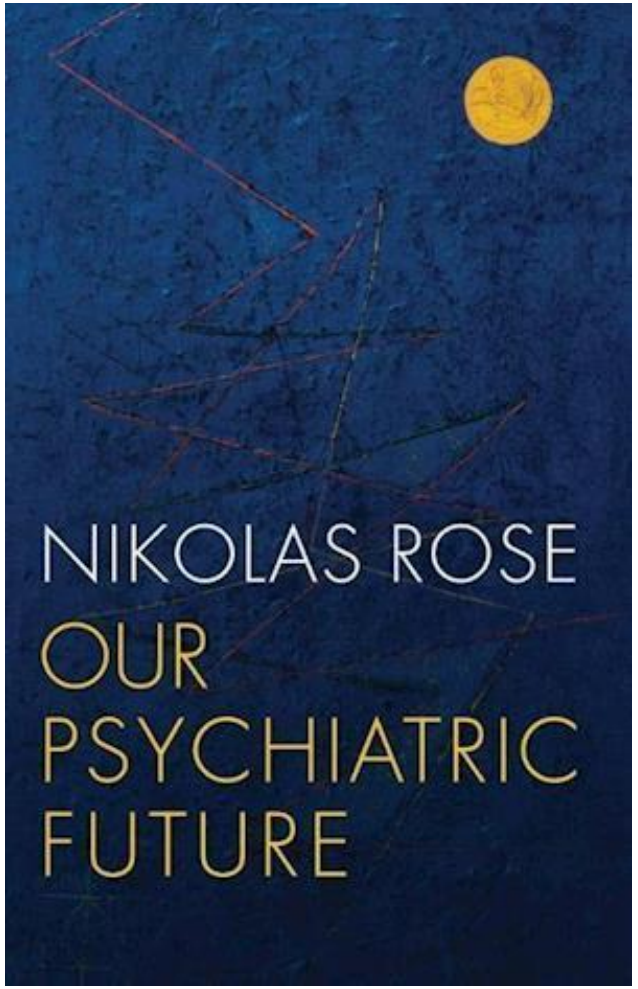
Skriveforløb blev afgørende for Anna og Mette

Mette Staehr og Anna Overballe deltog sidste år i et skriveværksted for patienter i fertilitetsbehandling. Ifølge dem fjernede det en ensomhed.

Prøv TV 2 Play*

Den psykiatriske diagnose etablerer en historie

"When a diagnosis is given, it reframes symptoms into a pattern that appears recognizable to both doctor and patient. […]. The diagnosis enables a story to be created about it – what has led to it, what it is, how it will be treated, what the outcome might be, how it can be spoken about with family, friends, employers and others" (Rose, 2018, s. 74)



”Det er er afgørende for patientsikkerheden, at psykiateren både i forhold til udredning og behandling har et opmærksomt og bevægeligt forhold til det sprog, man anvender til at skelne mellem normalt og sygeligt.”

Asta Olivia Nordenhof

Psykiatriens anvendelse af tvang: Patientens perspektiv og stemme

Tvangsindlæggelse er i praksis en balance mellem omsorg og magtanvendelse, eller som Fine Gråbøl udtrykker det i "Noter om tvang og tillid" fra antologien *Hjertet er en fold med heste* (2022):

"Behandling er en rutineret vaklen mellem omsorg og overgreb."

”Med ingen”. Tove Ditlevsen *De voksne* (1969)

Med ingen kan
man dele
de inderste
tanker.
Det vigtigste
i verden
er man
alene med.

Det er en
varig byrde
det er en
sagte glæde
at her kan
ingen nå dig
og ingen
lukkes ind.

”Psykiateren taler med mig i en halv time: (…) Nu er jeg i hans ords vold”

”Psykiateren taler med mig en halv time og giver mig en angstdiagnose. Obs på psykose. […] Om han tror på mig, det står ikke klart, i journalen kan jeg samme aften læse hans notat: yngre kvinde, forpint, paranoide vrangforestillinger. […]

Det manglende smil betød blot at han holdt mig strakt ud foran sig mellem to fingre, for at se mig grundigt an og kun akkurat rørte hvad han behøvede at røre ved, for at være i stand til at bestemme hvad jeg fejlede, hvad der var galt med mig. Hvordan og hvorfor jeg var forkert. […]

Nu er jeg i hans ords vold: opstået i forbindelse med fjernelse af tumor. Hun tror hun er blevet mor. Det er hendes klare overbevisning. Medicin og ro. Det er hvad han anbefaler. Psykiatrisk indlæggelse må overvejes hvis ikke tilstand bedres indenfor overskuelig fremtid.” (Lind, 2025, s. 125)

Program

9:15-10:00

Forfatter Fine Gråbøl, writer-in-residence, KU, NORS

”Ufrivillige fællesskaber i psykiatrien”

10:15-11:00

Cand.mag. i dansk Cæcilie Brøns-Hansen, KU, NORS

”Patientens narrativ i virkeligheden – om afvigende skildringer af psykiatrien i dansk litteratur hos bl.a. Bjørn Rasmussen”

11:15-12:00

Overlæge ved Børne- og Ungdomspsykiatrisk Center, Rigshospitalet, Louise H. Lundstrøm

”Ungeinddragelse i psykiatrien”

Frokostpause

13:00-13:45

Ph.d. i historie og postdoc Marie Meier, KU, KOMM

”Erfaringer med psykisk sygdom i velfærdsstaten”

14:00-14:45

Professor i filosofi Dan Zahavi, KU, KOMM

”Philosophy, phenomenology, psychiatry”

Snacks og vin

Seminaret er finansieret af MoSka på NORS