

Literature and Health: Viable Convergences ¹

Isabel Fernandes

University of Lisbon
isacrfernandes@sapo.pt

Abstract This paper aims at showing: 1) how the emergent areas of Medical Humanities and Narrative Medicine (NM) are related to the convergence movement of the academic fields of knowledge, where the humanities have been called upon to play a relevant role; 2) how the challenge posed by such interfaces in terms of method, has led to the recognition of the role played by close reading as the central method of literary studies and literary criticism, as recently revised and reevaluated not only as a creative and dialogical reading practice but also as a creative and dialogical writing practice and adopted by Narrative Medicine as its ‘signature method’; 3) how, in the fields of health care and education, close reading and the attendant reflexive or creative writing contribute to develop attention, representation and affiliation (the tripod of NM) and thus promote and improve therapeutic practices that are ethically aware.

Keywords: Medical Humanities, Narrative Medicine (NM), Literary studies, close reading, reflexive/creative writing

Invited paper.

Literary criticism [and literature itself] . . . should be credited with having something to say about questions that many people care about[,] from the ground and shape of conscious experience to interactions with designed and everyday environments.
(Jonathan Kramnick 2018)

0. Introduction

The new emergent field of Medical Humanities (Hurwitz 2015), a recently globalized area of studies that has increasingly attracted funding and research opportunities, is crucially characterized by interdisciplinarity and by a programme of studies not only aimed at furthering research across disciplines but also intent in providing education and promoting field work in health care settings, such as hospitals, patient associations and educational institutions. Its ultimate goal is to promote a better understanding of all relationships involved in health care and to improve the quality of medical treatment and health care by adopting a stance that goes beyond the merely biological dimension

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of diseases and that is receptive to «domains of thought and ways of telling that focus on language and representation, on the emotions and relationships which illuminate health care practice» (Hurwitz 2011: 73).

This tendency for collaboration among different fields of knowledge makes manifest a movement for convergence increasingly active in academia since the last decades of the 20th century. Even though the involvement of literary studies may seem at first sight as an implausible candidate for such venture, the truth is that from the start many have signalled and vindicated their relevance². Such is the case of the Italian literary scholar, Remo Ceserani, who, in the introduction to his book of 2010, *Convergenze. Gli strumenti letterari e le altre discipline*, not only described this new gregarious movement but noticed how: «molte discipline e campi del sapere, anche quelli che dovrebbero essere più chiusi e delimitati nel loro mondo specialistico e nel loro linguaggio tecnico [...] mostrano un bisogno molto forte di interloquire fra di loro e con il mondo della letteratura» (Ceserani 2010: 9). He emphasizes how the language of science has borrowed the rhetorical and structural devices of literature and, *mutatis mutandis*, how literary texts have absorbed terms and notions from science, philosophy or the law. Also of interest and worth of consideration for Ceserani and others has been the importance of the narrative impulse for making sense of human life and experience. This is especially relevant in the case of a situation marked by chronic or acute illness experienced as a life-changing event that thwarts hopes and expectations and demands a new narrative capable of accommodating a context of great vulnerability (Frank 1995). The need for narrative/s has been incorporated and taken into account not only in the humanities and in the social sciences in general, but also in other areas of scientific interest (Riessman 2008, László 2008). This interest in, and revaluation of narrative coincided with the last decades of the 20th century and was known as the «narrative turn» (Riessman 2008). In the case of Medical Humanities, the relevance of narrative and of literary tools and concepts in general has been championed by Rita Charon, since the 1990s, as evidenced first in her Program in Narrative Medicine, now become a Department in Medical Humanities, Ethics and Social Justice at Columbia University (Charon 2006, Charon *et. al.* 2017, Greenhalg, Hurwitz 1999: 48-50).

Accompanying this trend for disciplinary convergence, Lennard J. Davis and David B. Morris argued for what they saw as the interdependence between scientific knowledge and humanistic scholarship. In their article of 2007, «Biocultures Manifesto», they wrote:

To think of science without including an historical and cultural analysis, would be like thinking of the literary text without the surrounding and embedding weave of discursive knowledges active or dormant at particular moments. It is similarly limited to think of literature [...] without considering the network of meanings we might learn from a scientific perspective. [...] The biological without the cultural, or the cultural without the biological, is doomed to be reductionist at best and inaccurate at worst (Davis, Morris 2007: 411).³

² This type of relevance for medical education had already been recognised by the end of the 19th century, in face of the increasing demands in terms of scientific education and technical training. (Hurwitz 2015: 16 ss).

³ With this term, 'biocultures', they sought to cover, validate and consolidate a multiplicity of interdisciplinary experiences that were already under study at countless universities and which range from the medical humanities to the history of medicine, passing through public health, bioethics, epidemiology, identity and body studies, medical anthropology, medical sociology, philosophy of medicine, "queer studies", Afro-American studies, etc. (Davis, Morris 2007).

According to the authors, the reason for such a claim lies in the fact that we are all part of «a community of interpreters, across disciplines, willing to learn from each other» (*Ivi*: 416). Even if interpretation is not all that the disciplines do, it constitutes nevertheless «its massive common ground» (*Ibidem*) which should be seen as indispensable not only for interdisciplinary dialogues but also for an informed citizenship.

But the question still remains. How can the interface of what C. P. Snow famously called «the two cultures» be adequately bridged, bearing in mind the profound theoretical, methodological and procedural gap that separates the two fields of enquiry? In other words, how will the humanities, and among them the study of literature in particular, contribute to disciplinary interactions and negotiations and how to vindicate their right to become legitimate partners?

It is undeniable that the sustained professional practice of reading literary texts is a particularly fertile field for the refinement of interpretative skills. Reading literary texts as well as the ensuing written practice may no doubt favour the dialogue across disciplines (Antunes 2015) and the attendant shared learning envisaged by Lennard and Davis. But what has still to be proved is the soundness of the foundation of literary studies as a discipline able to interact with allegedly more solidly founded scientific areas. In other words, a clear definition of object and method is indispensable for the needed disciplinary credentials, before clarifying how literary studies can beneficially interact with health care in particular. In an academic scene still governed by the dominance of entrenched disciplines, inherited from a Kantian view of knowledge based on the model of the «university of reason» (Readings 1996, Kant 1798), literary studies are expected to state their object, their methods and their outcome, which, given their specificity, has proved to be a challenge (Clark 2002, Fernandes 2011: 29-45).

The truth is that without solid disciplines any interdisciplinary venture will fail. For literature and its study to become serious candidates for any research venture across disciplinary boundaries, we need to evidence what it is that distinguishes it and how its methods may contribute to valuable insights and innovating practices in other areas of knowledge. This is the main aim of this text.

As argued by Geoffrey Galt Harpham, in a not so far-off debate on the humanities and postdisciplinarity:

Postdisciplinarity is clearly not the most productive response to a crisis in traditional disciplinarity, since what is needed today is more not less discipline, and stronger not weaker disciplines. Scholars in the humanities must not confuse a hospitality to innovation and reconfiguration with an indifference to rigor and accuracy (Harpham 2005: 35).

On what can scholars in literary studies rely in terms of «rigor and accuracy»? The competence achieved especially during the past century in the field of literature and of literary criticism should here be invoked as enabling a knowledge, a terminology, a skill and a type of sensitivity acquired through textual interpretation; such competence should be cherished and valued across disciplinary borders. All these assets are decisive in giving literary scholars an in-depth understanding of how the so-called ‘form’ of a text impinges on its meaning-making, of how to discern thematic configurations and narrative patterns, of how to identify metaphors and other rhetorical devices, how to discern discursive strategies that support certain reading effects, how to identify recurrences of various nature and to recognise subtle connections, in short, it gives them the capacity to adequately welcome, register, convey, and substantiate the complexity put in place by literature as a result of the overlapping and merging of a symbolic system with a social system (Nünning 2005).

Also of importance for literary scholars is what they have learned by virtue of the so-called crisis in the humanities that afflicted the field in the second half of the 20th century, and drew attention both to the shortcomings and to the assets of its disciplines, thus allowing its practitioners to gain a much-needed theoretical and methodological self-awareness. Literature and its study were also part of this critical and self-reflective process, and one might venture to say that literary scholars gained also an increased conscientiousness of what should be salvaged in terms of skills and methods from the turmoil experienced then. Torn between the formalist / structuralist approaches of the first half of the 20th century and the post-structuralist attacks that opened up the so-called «culture wars» of its last decades (Knapp, Pence 2003, Ziarek, Deane 2000, Docherty 2002, Frow 2002), literature and its study became prey to an onslaught that almost put at risk what had hitherto been one of its assets: close reading and its attendant procedures of analysis and writing. It is therefore pertinent that we now proceed to an insight into, and re-appreciation of close reading in methodological terms.

1. Reconsidering the value and scope of close reading as a method in literary studies

In a recently published article, aptly entitled «Criticism and Truth»⁴, Jonathan Kramnick argues for the truth-value of literary criticism in view of the specificity of its method. And this method, he believes, has not yet been properly identified, let alone thoroughly addressed or qualified. Even though, in literary studies, method has been recently at the heart of so-called «method-wars» (Felski 2014), what has been missing from such debates, according to Kramnick, is method qua method and to do this we need «to consider how we make arguments and how our procedures of truth telling stack up against those of disciplines with which we sometimes imagine ourselves in conversation» (Kramnick 2021: 219). This, of course, is of utmost importance in times of increasing interdisciplinary ventures because «methods ground the authority of any discipline of study» (*Ibidem*).

Such an approach and clarification are therefore imperative before any epistemological credits may be claimed for the critical enterprise and for it to be duly assessed, especially when called upon to be of service in cross-disciplinary dialogues.

Even though close reading has been traditionally identified as literary critics' reading method *par excellence*, especially in Anglophone countries from the early decades of the 20th century, it should not just be viewed as a reading practice, especially devised for educational purposes, but as the critical method in itself, the method underlying any serious critical endeavour⁵. To that effect, we need to reconsider what we understand by close reading (Lentricchia, Dubois 2003, Fernandes 2019). It is true that the practice of close reading has been recognised as enabling the most productive acts of literary criticism, a fact acknowledged even by those one would least expect to see as its supporters (Eagleton 2007, Belsey 2011). What has not been sufficiently recognised is how the critical activity itself is determined by that reading practice; in other words, how a certain type of reading affects the sphere of writing about literary texts, defining a unique type of commentary, one «in which a critic writes about writing in order to pursue an idea or make a point or shed light on a topic» (Kramnick 2021: 222).

⁴ The title is reminiscent of Roland Barthes's book, *Critique et Vérité* (1966), where crucial questions about criticism, the study or "science of literature" and its method/s were addressed.

⁵ In spite of being under attack for its alleged lack of contextualisation, in the second half of the 20th century, close reading has survived and regained vigour and credibility as will be seen.

The reason why I am taking up Jonathan Kramnick's article is not so much to claim the potential truth-value inherent in literary criticism's procedures, which may still be open to epistemological debate, but rather the way in which it draws attention to the specific type of writing favoured and nurtured by close reading, something not always duly recognised.

Instead of viewing close reading as simply enabling a kind of particularly intense attention to the words of a text / message – something that usually passes as close reading most obvious (if not exclusive) feature and asset – Kramnick's article emphasizes and argues for what I would consider to be a maximized version of close reading. It claims that, as a dialogical, performative and creative reading act, close reading informs and fosters a particular sort of equally dialogical, performative and creative writing: a writing characterized by what Kramnick calls «in-sentence quotation» (Kramnick 2021)⁶.

Those involved in the teaching of literature at introductory level will instantly recognize this sort of practice, whenever they ask students to justify their reading of a text by using the words and phrasing of that text when substantiating their interpretive claims in any written assignment (that is, by invoking the text's grammar twists, its use of metaphors, its specific structure, etc.). In other words, we are asking them to take into consideration the particularities of the text's language or «the materiality of its representation» (Belsey 2011: 83) to support and make sense of their meaning-making strategy, thus avoiding «overcoming the limits of what is given» (Kramnick 2021: 233). One might say that, by such a sustained practice over time, close reading creates among its practitioners «a disciplinary habitus» (Saint-Amour 2018: 390), one that will eventually allow them to put into play almost unawares the kind of dialogical critical act Kramnick advocates as its writing counterpart: in-sentence quotation, «that is, [...] the practice of placing language from the text one is discussing inside the sentence one is writing in such a way that accommodates the formal economy of each» (*Ivi.*: 221). It is worth noting the dialogical nature of such writing, for the obvious reason that it might easily fall within the category of what Mikhail Bakhtin calls «double-voiced discourse», meaning any type of utterance «directed both towards the referential object of speech as in ordinary discourse, and toward another's discourse, towards someone else's speech» (Bakhtin 1929: 105-106). This is the type of discursive skill practiced by those with a dual agenda: to express a particular opinion, idea or interpretation and, at the same time, to adjust the way they speak to take into account and incorporate in their own speech another's words, views and concerns, to substantiate plausibly their own interpretation, idea or opinion.

Kramnick's type of argument seems to be particularly apt for justifying literary scholars' involvement in interdisciplinary approaches now. It emphasizes their ability to engage in a creatively productive dialogue with another's text. This involves the ability to bring out thematic questions, even though these may not be immediately manifest in the other's language and doing this without jeopardizing or overinterpreting that language or text (Eco 1992).

⁶ In an exercise of what they consider to be disciplined «minimal reading or minimal interpretation», Derek Attridge and Henry Staten have called attention to «that layer of reading that underlies the contextualization», thus highlighting «the boundary that divides what the poem in the most direct way authorizes the critic to say, and what belong to the context» (Attridge, Staten 2015: 3). Kramnick's and my own emphasis here is the opposite: to show how, in order to achieve a 'maximized' reading of a text (informed by whatever contextual agenda you may name: feminist, ecologist, post-colonial, health concerned, etc.), one needs first to rely on and to observe a minimal or close reading. A restrictive perspective of close reading *per se*, though productive for educational purposes, is relatively uninspiring for the sort of multi- and interdisciplinary enterprise valued here.

Moreover, it also highlights a dimension of close reading in general that goes beyond the act of attentive reading and that usually goes unnoticed: its corollary in writing and the attendant dialogic method, in-sentence quotation. Such dimension of close reading is particularly relevant for its use in the context of Narrative Medicine.

2. Close reading and Narrative Medicine

Invoking here Kramnick's article and the place close reading plays in its argument allows me to revise and enlarge the links between literature and health, namely in one of the fields where the role of literature has been most amply recognised and put to practice: Narrative Medicine (NM). Championed by Rita Charon and her programme of studies at Columbia, the field of NM has relied heavily on interdisciplinarity⁷ and on humanistic methods and tools and it has inspired similar programmes and projects around the world⁸. Of paramount importance for such an enterprise has been close reading, considered by Charon and her team as no less than «NM signature method» (Charon *et al.* 2017, Charon 2006).

The reasons for this have to do with the outcomes and advantages of adopting such a strategy when reading literary texts with medical students, doctors, other health care professionals, social workers and even in educational programmes with patients. Reading a text closely and attentively, slowing down the pace of reading, underlining words and / or expressions that have been felt as striking, all this contributes to promote a kind of attentive attitude capable of noticing the small detail and not just the overall meaning, capable of registering not only *what* is said in the text but also *how* it is said – thus enabling the features of a text to gain unprecedented salience and contributing to create a disposition that favours the kind of detailed attention adequate in the health care area. As Charon argues «close reading develops the capacity for attentive listening» (Charon *et al.* 2017: 166).

Promoting attention, however, is only part of the so-called NM triad, which also encompasses representation and affiliation. These are a set of conditions seen as indispensable for a conscious exercise of health care interventions (Charon *et al.* 2016: 2). While doing the close reading of a text in a reading group, as recommended by NM, the participants become aware not only of a series of features of the text, pointed out by each of the group's participants, but they gain self-awareness, as well as awareness of other people's viewpoints and their specific value. These two stages of the reading process⁹ – reading and discussion – set the ground for the next stage, the writing part of the NM lab. It consists of what Rita Charon terms «writing in the shadow of the text» (Charon *et al.* 2017: 174). As its starting point, the session facilitator gives the group members a prompt (it can be a word or sentence from the text, or some expression used by the participants during discussion) and a relatively short time limit for the writing exercise.

Writing in the shade of the text can be seen as a sort of propaedeutic stage, a stage antedating the professional act of critical writing proper, as understood by Kramnick, since its aims are not professionally oriented and much more circumscribed and modest in scope. It is, nevertheless, an invitation to write creatively in relation to or under the

⁷ On the role of interdisciplinarity in NM, Hurwitz argues: «[...] NM can make no claim to early notice of the place of narrative in Clinical Medicine. However, Narrative Medicine does take *new account* of it, by linking medical practice to other fields of enquiry such as narratology, psychology, ethnography, oral history, and communication studies» (Hurwitz 2011: 78).

⁸ Such is the case with the University of Lisbon Project in Health Humanities, previously named Narrative & Medicine Project.

⁹ Charon sees this type of reading activities as the NM laboratory (Charon *et al.* 2017: 123).

influence of a given: the text one has just read and the prompt derived from it. The proximity of the texts written by the participants to the primary text may vary a lot and participants are not instructed to engage in any sort of close dialogue with the text that has been discussed; nevertheless, its words, tone, allusions and cadence linger on and reverberate in most of what is written by the group members. Thus, in a way, we are nearing the notion, if not of an act of representation proper, at least of a mute, if unconscious, sort of primeval textual dialogue, marked by affect and not yet by reason/ing. When writing, the emergence of the speaker's most pressing (if often unawares) concerns are enmeshed in words or linguistic echoes derived from the text read before. In this way, what the act of writing unveils is very often a kind of unexpected self-revelation prompted by the mediation of a text and its discussion¹⁰.

Representation, the second vector of NM triad, responds to the need of doctors and other health care professionals to be able to aptly recognize and create an image of their patients and their disease to actually get to know them. Writing is instrumental to that effect:

How do perceived things become knowable or even known to the perceiver? [...] Philosopher Nelson Goodman reminds us that, when we look at an object, we look at a version or construal of that object. He then goes on to write that «[i]n representing an object, we do not copy such a construal or interpretation—we achieve it». Writing, as one form of representation, allows an individual to achieve his or her perception. To write is not only to report or record but also to discover. (Charon *et al.* 2016: 2)

Representation requires that one registers and assimilates what has been heard and witnessed, an act that goes well beyond the conventional clinical or medical record or chart¹¹, to enable doctors not only «to recognize more fully what their patients endure», but also «to examine explicitly their own journeys through medicine» (Charon 2006: 156).

Representation (both verbal and visual) is a much more complex process than the direct transposition or translation from the plane of reality to the order of discourse or visual image. It is not a one to one reproduction but rather a phenomenon of refraction and recreation (Mitchell 1995). Writing, as a means of representation, enables one to achieve perception and constitutes an act of self/discovery.

Attention and representation create the conditions for the third pillar of NM: affiliation, by enabling a relationship of sustained contact and trust to be established among clinicians and, more crucially, between doctor / carer and patient. According to Donald Moss: «Contact, taken to its limit, is [...] the sense that no matter what is about to be said, access to the object will not be lost» (Charon 2006: 150). Therefore, affiliation makes possible (therapeutic) action, since under these conditions the patient feels safe and believes that s/he will not be abandoned. Affiliation also contributes to team building in the case of multidisciplinary reading and writing groups in hospitals, as experienced in our practice in hospital settings with groups involving healthcare practitioners from different professional backgrounds.

One might say that the type of stance underlying NM practical procedures, as described above, is indebted to a belief in the decisive importance of the carer-patient relationship from a phenomenological perspective, one where the self-awareness of what goes on in both parties involved is crucial. «Selves become selves in relation to others. [...] the listener or reader or spectator is an active shaper to that which is told or written»

¹⁰ This type of strategy has been adopted also in the field of psychotherapy (László 2008).

¹¹ Charon argues for the need to create what she calls a “parallel chart” (Charon 2006: 155-157).

(Charon *et al.* 2017: 175). This kind of self-awareness is what enables a genuine relationship to be established and the act of writing is instrumental, since it involves very often a kind of unexpected but valuable self-revelation. The shared reading and writing activities reinforce professional self-awareness and strengthen cohesion.

3. Conclusion

Reading literature and writing in the shade of the text that has been read and discussed makes manifest the power of literature. If you are interested in gaining access to human singularity, to have some insight into how different human beings experience life and face their respective predicaments, you will have no better source than literary texts in general. Narratives, in particular, (including creative non-fiction and life writing) will unveil and illuminate, like no other written form, what goes on in people's mind while experiencing war, love, hate, famine, trauma, illness, any form of extremity or else the little pleasures of a routinely everyday life.

Novels and short stories, for instance, give you the opportunity of entering another's consciousness, sharing another's experience in either similar or in utterly different circumstances from your own; you will be able to experience the characters' feelings and fears, even getting a glimpse of their unconscious drives and desires. This is something only literature can do! In film, as in drama, you see the actors, listen to the direct speech uttered by them, you have dialogue, sound, you may even have, in some rare instances, a narrative device such as voice-over, but immediate access to the characters' invisible thought processes, reactions and emotions is denied and can at best be inferred from their interactions and body language. In a narrative, on the other hand, along with the ostensive dialogue among characters, one will also have narrative sections where one gains access to the inner world of a particular character, his/her views, opinions and thoughts about other characters, events or behaviours. You as a reader will even be able to share that character's secret dreams and expectations. At first sight, this apparently banal feature may seem negligible or matter-of-fact, because it is usually taken for granted, but it makes a huge difference in terms of the experience the reader is invited to share. It will open up for him/her a dimension no other artistic medium will be able to offer.

Henry James referred to characters in his narratives as «vessels of consciousness»; James Joyce and Virginia Woolf talked about and explored the «stream of consciousness» in their novels; D.H. Lawrence went a step further and gave us a glimpse of the metapsychological dimension of his characters, following the newly emergent interest in the unconscious at the beginning of the 20th century, under the influence of Sigmund Freud and others. They were all concerned with the inner experience of individual human creatures, ineluctably rooted in their historical circumstances; in other words, they allowed us access to the innermost recesses of human experience in the varied and variable spectrum of multiple worlds of experience.

Whereas a scientific treatise aims to bridge the gap between the particular and the general, in order to abstract universal rules from observable facts, literature is concerned with the singularity of the individual case. Characters in a narrative are rooted in a particular situation and so «everything is true in its own time, place, circumstance and untrue outside of its own place, time, circumstance» (Lawrence 1985: 172) For this reason, in the novel there are no absolutes, there is no absolute right or absolute wrong, «everything is relative to everything else» (Lawrence 1985: 179). Here the reader is given the opportunity of witnessing this simulacrum of life in action and of glimpsing life's impact on each one of the different characters, even in fantastic and science-fiction scenarios. Reading literature can therefore be a powerful means of getting to know what

it means to be alive among other individuals in different contexts. The cumulative effect of multiple readings, on the other hand, may stimulate a better knowledge of the human condition in the world, its challenges and its dilemmas, and even, as argued by Lawrence, to stimulate «an instinct for life» (Lawrence 1985: 198).

Those are no doubt some of the reasons why Jean Starobinski argued for the irreplaceable role of literature in medical education, when he asks this rhetorical question: «would not young doctors be better off if we would put before them, throughout their study years, some pages by Balzac and Flaubert, by Manzoni and Tolstoy, by Proust and Virginia Woolf or else Chekov, Valéry, Kafka, Thomas Mann? » (Starobinski 2001: 8).

However, arguing for the irreplaceable role of literature in medical education is not new. William Osler had the same concern back in the early years of the 20th century, recommending that medical students should read the classics on a daily basis, as the necessary complement to their scientific specialization and training¹².

This is not, however, what I am arguing for here. As may be inferred from what was said before, the inclusion of a reading list of literary texts in medical and nursing grades does not coincide with what is envisioned by present day programmes in Narrative Medicine and Medical Humanities. Narrative Medicine relies on a philosophical framework (based on a phenomenological approach to the doctor–patient relationship) and adopts a methodology (derived from literary studies' close reading) for a sort of intervention that aims at promoting a critical and self-reflexive attitude on the part of doctors, nurses and health care professionals in general towards their patients. This cannot be done by simply and uncritically enlisting the arts, and literature in particular, in healthcare study programmes, let alone using them as art therapy. Those are types of intervention different from those adopted by NM. Rather, its aim and objectives are more ambitious; they envision the consistent development of 'a disciplinary habitus', derived from the regular practice of reading and writing exercises of the sort exemplified above to foster the conditions for attention, representation and affiliation, as advocated by NM.

NM and Medical Humanities also argue for the cross fertilization of a cluster of humanistic disciplines and social sciences to produce a critical approach to health care that is both historically informed and aware of present day's challenges, including those posed by our ecological interdependence and globalization. This all-embracing project is being implemented not only in research and education, but also in clinical settings interventions aimed at multidisciplinary teams, and in patient associations bringing together health care professionals and patients¹³. In all these field actions, the methodology of close reading, as critically revised and revalued in recent years and as reconsidered here, has proved to be crucially productive and rewarding.

¹² Hurwitz gives other, even earlier, examples of this same concern for the inclusion of the Humanities in medical education (Hurwitz 2015).

¹³ In the case of our project, we have this type of intervention, for instance, at APDP (Associação Protectora dos Diabéticos de Portugal / Association for the Protection of Portuguese Diabetic Patients) and at MYOS (Associação Nacional Contra a Fibromialgia e Síndrome de Fadiga Crónica / National Association against Fibromyalgia and Chronic Fatigue Syndrome).

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