

Anglistentag 2023, Siegen

Section: Narratives of Health and Illness

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The medical humanities can broadly be defined as designating “any interaction between the arts and health” (Kirklin and Richardson 2001: vx). While an important sub-field gaining prominence in the past decades explores the value of literature in medical training and practice (e.g. Charon 2006; Charon et al. 2016; Montgomery Hunter 2006; see also the 2011 Anglistentag section on “The Writing Cure”), this section on narratives of health and illness focuses rather on the role of creative literature in therapeutic contexts, and as a participant in the societal discourse on health, illness, disability, and treatment.

Health and illness are relational terms: Health and wellbeing are often (mistakenly) equated and considered as the absence of illness. How and where, and to what (political) ends is this dichotomy construed – in medical discourses, in wellness and lifestyle discourses (Ehrenreich 2018), in public health programmes – and which literary or media narratives (such as, for example, Eimear McBride’s *A Girl is a Half-Formed Thing*) change, critique, or endorse this dichotomic thinking?

Transitions from health to illness or vice versa – narratives of healing and narratives of becoming ill – are bound up with rather fixed narrative patterns and temporalities. – Narratives of coping with or being affected by illness often follow narrative patterns of heroism and individual courage, trace processes of self-transformations or self-loss, or reconfigurations of social ties (Brody 2003). Which patterns can be detected in societal discourses of health and illness, and how do literary or literary-autobiographical texts (such as, e.g., J.M. Coetzee’s *Slow Man*, Christine Brooke-Rose’s *Life, End of*, Audrey Lorde’s *The Cancer Journals*) engage with them? Which kinds of illnesses seem more ‘narratable’ than others? Is health less ‘narratable’ than illness or disability? How might literary representations demonstrate and possibly influence how we perceive others and how society defines healthy bodies, minds and the condition of disability?

Finally, what kind of cultural work can literary narratives of illness and health achieve? Can literary texts convey a particular kind of knowledge about health and illness, and about their relationality – as regards e.g. the entanglement of physical and mental, affective and bodily states, and as regards the tensions between experiencing states of health/illness and the medically and socially accepted vocabularies and narrative patterns of what this experience entails or teaches (Scarry 1985)? How might representations of health and illness affect and potentially change readers’ perception of their own state of well-being or suffering? How are writing and reading exercises used in therapeutic contexts?

We particularly welcome interdisciplinary perspectives, and papers that position themselves within the fields of a poetics of knowledge, discourse history, affect studies, disability studies, and the medical humanities.

Papers may address the following topics:

- representations of health, illness, and disability as relational or transitional states
 - in literary works (also in comparison to medical texts)
 - in different periods and cultures (including re-readings of historical material)
- experiential knowledge in literature and / compared to other discourses
 - narrative patterns of health and illness and their interrogations
 - literary strategies used to convey cognitive-emotional experiences (e.g. temporalities of health, illness, and disability, also in relation to temporal experiences of reading)
- applications of narrative in contexts of therapy and self-care
 - therapeutic writing, reading for health and well-being
 - cognitive-emotional experiences and affective effects

Applications for joining the panel to be directed to alexandra.effe@ilos.uio.no, schuh@anglistik.uni-kiel.de and glaubitz@anglistik.uni-kiel.de. **The deadline for submissions is January 15, 2023.**

References

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- Ehrenreich, Barbara (2018). *Natural causes: an epidemic of wellness, the certainty of dying, and killing ourselves to live longer*. New York: Twelve.
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