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who suffer from some type of illness or disability and a cogent analysis of their stories within a larger framework of narrative theory, Arthur W. Frank's book has reached a large and diverse readership including the ill, medical professionals, and scholars of literary theory.

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The Wounded Storyteller is their collective portrait. Ill people are more than victims of disease or patients of medicine; they are wounded In At the Will of the Body , Arthur Frank told the

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The Wounded Storyteller: Body,
Illness, and Ethics: Author: Arthur W.
Frank: Publisher: University of
Chicago Press, 1997: ISBN:
0226259935, 9780226259932: Length:
213 pages: Subjects

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The Wounded Storyteller: Body, Illness, and Ethics ...

In *At the Will of the Body: Reflections on Illness*, Arthur Frank gave a moving account of his own troubles. Now, in *The Wounded Storyteller* he writes of the need (obligation, really) for sick persons to tell their stories in order to

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clarify their own illnesses. For Frank, the wounded healer and the wounded storyteller often turn out to be the same person; the tales of sickness give it meaning and create "empathic bonds" between the teller and listener (or reader).

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Since it was first published in 1995, *The Wounded Storyteller* has occupied a unique place in the body of work on illness. Both the collective portrait of a so-called “remission society” of those who suffer from some type of illness or disability and a cogent analysis of their stories within a larger framework of

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narrative theory, Arthur W. Frank's book has reached a large and diverse readership including the ill, medical professionals, and scholars of literary theory. Drawing on the work of authors such as Oliver Sacks, Anatole Broyard, Norman Cousins, and Audre Lorde, as well as from people he met

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during the years he spent among different illness groups, Frank recounts a stirring collection of illness stories, ranging from the well-known—Gilda Radner's battle with ovarian cancer—to the private testimonials of people with cancer, chronic fatigue syndrome, and disabilities. Their stories are more than

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accounts of personal suffering: they abound with moral choices and point to a social ethic. In this new edition Frank adds a preface describing the personal and cultural times when the first edition was written. His new afterword extends the book's argument significantly, writing about

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storytelling and experience, other modes of illness narration, and a version of hope that is both realistic and aspirational. Reflecting on both his own life during the creation of the first edition and the conclusions of the book itself, Frank reminds us of the power of storytelling as way to

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In *At the Will of the Body*, Arthur Frank told the story of his own illnesses, heart attack and cancer. That book ended by describing the existence of a "remission society," whose members all live with some form of illness or

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disability. The Wounded Storyteller is their collective portrait. Ill people are more than victims of disease or patients of medicine; they are wounded storytellers. People tell stories to make sense of their suffering; when they turn their diseases into stories, they find healing.

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Drawing on the work of authors such as Oliver Sacks, Anatole Broyard, Norman Cousins, and Audre Lorde, as well as from people he met during the years he spent among different illness groups, Frank recounts a stirring collection of illness stories, ranging from the well-known—Gilda Radner's

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battle with ovarian cancer—to the private testimonials of people with cancer, chronic fatigue syndrome, and disabilities. Their stories are more than accounts of personal suffering: they abound with moral choices and point to a social ethic. Frank identifies three basic narratives of illness in restitution,

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chaos, and quest. Restitution
narratives anticipate getting well again
and give prominence to the technology
of cure. In chaos narratives, illness
seems to stretch on forever, with no
respite or redeeming insights. Quest
narratives are about finding that insight
as illness is transformed into a means

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for the ill person to become someone new.

A medical sociologist who has been seriously ill twice explores illness from the patient's perspective and tells how

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he came close to death and how this allowed him the opportunity to examine how he was living. Reprint.

Stories accompany us through life from birth to death. But they do not merely entertain, inform, or distress us—they show us what counts as right

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or wrong and teach us who we are and who we can imagine being. Stories connect people, but they can also disconnect, creating boundaries between people and justifying violence. In *Letting Stories Breathe*, Arthur W. Frank grapples with this fundamental aspect of our lives,

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offering both a theory of how stories shape us and a useful method for analyzing them. Along the way he also tells stories: from folktales to research interviews to remembrances. Frank's unique approach uses literary concepts to ask social scientific questions: how do stories make life

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good and when do they endanger it? Going beyond theory, he presents a thorough introduction to dialogical narrative analysis, analyzing modes of interpretation, providing specific questions to start analysis, and describing different forms analysis can take. Building on his renowned work

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Illness And Ethics Second Edition exploring the relationship between narrative and illness, Letting Stories Breathe expands Frank's horizons further, offering a compelling perspective on how stories affect human lives.

Contemporary health care often lacks

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generosity of spirit, even when treatment is most efficient. Too many patients are left unhappy with how they are treated, and too many medical professionals feel estranged from the calling that drew them to medicine. Arthur W. Frank tells the stories of ill people, doctors, and

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nurses who are restoring generosity to medicine—generosity toward others and to themselves. The Renewal of Generosity evokes medicine as the face-to-face encounter that comes before and after diagnostics, pharmaceuticals, and surgeries. Frank calls upon the Roman emperor Marcus

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Aurelius, philosopher Emmanuel Levinas, and literary critic Mikhail Bakhtin to reflect on stories of ill people, doctors, and nurses who transform demoralized medicine into caring relationships. He presents their stories as a source of consolation for both ill and professional alike and as

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an impetus to changing medical systems. Frank shows how generosity is being renewed through dialogue that is more than the exchange of information. Dialogue is an ethic and an ideal for people on both sides of the medical encounter who want to offer more to those they meet and who want

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their own lives enriched in the process. The Renewal of Generosity views illness and medical work with grace and compassion, making an invaluable contribution to expanding our vision of suffering and healing.

Narrative medicine emerged in

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response to a commodified health care system that places corporate and bureaucratic concerns over the needs of the patient. This book provides an introduction to the principles of narrative medicine and guidance for implementing narrative methods.

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For most of literary history, personal confessions about illness were considered too intimate to share publicly. By the mid-twentieth century, however, a series of events set the stage for the emergence of the illness narrative. The increase of chronic disease, the transformation of

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medicine into big business, the women's health movement, the AIDS/HIV pandemic, the advent of inexpensive paperbacks, and the rise of self-publishing all contributed to the proliferation of narratives about encounters with medicine and mortality. While the illness narrative is

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Illness and the publishing industry, the genre itself has posed a problem for literary studies. What is the role of criticism in relation to personal accounts of suffering? Can these narratives be judged on aesthetic grounds? Are they a collective expression of the lost intimacy of the

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patient-doctor relationship? Is their function thus instrumental—to elicit the reader's empathy? To answer these questions, Ann Jurecic turns to major works on pain and suffering by Susan Sontag, Elaine Scarry, and Eve Sedgwick and reads these alongside illness narratives by Jean-Dominique

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Bauby, Reynolds Price, and Anne Fadiman, among others. In the process, she defines the subgenres of risk and pain narratives and explores a range of critical responses guided, alternately, by narrative empathy, the hermeneutics of suspicion, and the practice of reparative reading. Illness

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as Narrative seeks to draw wider attention to this form of life writing and to argue for new approaches to both literary criticism and teaching narrative. Jurecic calls for a practice that's both compassionate and critical. She asks that we consider why writers compose stories of illness, how

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readers receive them, and how both use these narratives to make meaning of human fragility and mortality.

What guides us when our world is changing? Discover the path to deeper meaning and purpose through depth psychology and classical thought. How

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did we get to this crossroads in history? And will we make it through—individually and as a species?

“We all assumed that learning, rationality, and good intentions would prove enough to bring us to the promised land,” says Dr. James Hollis.

“But they haven’t and won’t. Yet what

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we also do not recognize sufficiently is that this human animal is equipped for survival. In time, as we have seen of life's other insolubles, we grow large enough to contain what threatened to destroy us." Dr. Hollis's readers know him as a penetrating thinker who brings profound insight and

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sophistication to the inner journey. In Living Between Worlds, he broadens his lens to encompass the relationship between our inner struggles and the rapidly shifting realities of modern human existence. You will learn to invoke the tools of depth psychology, classical literature, philosophy, dream

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work, and myth to gain access to the resources that supported our ancestors through their darkest hours. Through these paths of inner exploration, you will access your “locus of knowing”—an inner wellspring of deep resilience beyond the ego, always available to guide you back to

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the imperatives of your soul. Though many of the challenges of our times are unique, the path through for us, personally and collectively, will always rely on our measureless capacity for creativity, wisdom, and connection to a reality larger than ourselves. Here you will find no easy answers or pat

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reassurances. Yet within the pages of *Living Between Worlds*, you will encounter causes for hope. “We can find what supports us when nothing supports us,” Hollis teaches. “By bearing the unbearable, we go through the desert to arrive at a nurturing oasis we did not know was there.”

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