# *Toward Intercultural Narrative Competence: Cultural Studies and Narrative Medicine for Affective Engagement and Care. A Higher-Education Pilot Project*

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ABSTRACT: The purpose of this paper is to explore the role of aesthetic reading and affective engagement with works of art and, more broadly, with stories of others in generating intersubjective encounters and other-oriented care. It also aims to illustrate a higher-education pilot project whose objective is to exploit the affective and intersubjective potential in artistic expression and in sharing stories. Firstly, we will address the issues of affect and care, focusing on how the sharing of stories—through cultural texts and intersubjective dialogue—can elicit affective responses and foster processes of care. Then, we will provide an empirical example of a higher education intervention, which integrates a literature module grounded in Cultural and Postcolonial Studies with a workshop embedded in Narrative Medicine, with the aim of strengthening what we define as 'intercultural narrative competence'.

KEY WORDS: affect; care; intercultural narrative competence; Narrative Medicine

## INTRODUCTION

The purpose of this paper[1] is to reflect on the role that aesthetic reading and affective engagement with works of art—and, more broadly, with the stories of others—can play in fostering intersubjective encounters and forms of care. Literature and the arts, in their capacity to elicit emotions, responses, and reflections, provide a fertile ground for developing sensitivity to difference and for nurturing an ethics of relationality. In this sense, the act of reading, viewing, or listening becomes more than a private experience: it can open up spaces of encounter where self and other meet, and where practices of affect and care can emerge.

Building on this perspective, the paper also sets out to illustrate a pilot educational project designed to draw on the transformative potential for affective encounters in both artistic expression and the sharing of stories. The project seeks to demonstrate how the integration of aesthetic and narrative practices into the educational context can contribute to shaping more responsive and caring forms of engagement among students.

To this end, the first part of the article addresses the intertwined notions of affect and care, paying particular attention to how the sharing of stories—whether through cultural texts or intersubjective dialogue—can prompt affective responses and foster processes of care. The second part presents an empirical example of a higher education intervention that combines a literature module, grounded in Cultural and Postcolonial Studies, with a workshop rooted in Narrative Medicine. Together, these two components aim to strengthen what we call 'intercultural narrative competence', a skill that enables students to approach cultural difference not only with analytical tools but also with empathetic and relational, or affective, awareness. Cultural and Postcolonial Studies, as well as Narrative Medicine, provide the theoretical framework for the workshop's pedagogical practices. Their shared commitment to positionality, reflexivity, and relationality results in teaching interventions that deconstruct dominant narratives, recognise cultural texts as embedded in socio-cultural contexts, and encourage participants to see how power and identity operate in representation.

## AFFECT THEORY, CULTURAL STUDIES TEACHING, AND KIM SCOTT'S *TABOO*

In recent decades, Affect Theory has become a central framework in the humanities, shifting attention from rational cognition to the relational and embodied forces that shape experience. Thinkers such as Gilles Deleuze and Félix Guattari (2003), with their idea of rhizomatic thought, offered a philosophical (and ethical) background that

[1] The authors discussed and conceived of the paper together and co-authored the sections "Introduction" and "Conclusion". Francesca Di Blasio authored the section entitled "Affect Theory, Cultural Studies Teaching, and Kim Scott's *Taboo*", Paolo Caponi authored the section "Storytelling & Care", and Maria Micaela Coppola authored the section "Workshop in Intercultural Narrative Competence".

undermines hierarchical and fixed structures in favour of multiplicity, deterritorialization, and generative desire.

Just like rhizomes in botany, brainstorm around the concept of "affection".[2] Try entering a few words branching out into consequential lexical connections. Start from the given prompt:

AFFECTION

Building on this philosophical groundwork, Affect Theory shares with Cultural Studies a concern for the ways discourses of power, identity, and representation shape experience, foregrounding how emotions and affects are not merely personal states, but are culturally and historically mediated forces that participate in the production and negotiation of meaning. In fact, Affect Theory incorporates these philosophical insights to underscore the productive and relational dimensions of affective encounters, which exceed individual psychology and open to ethical and political implications. This perspective has been expanded by Eve Kosofsky Sedgwick and Brian Massumi, and at the core of this analysis is Massumi's distinction between emotion and affect, together with Sedgwick's notion of reparative reading. While emotions are experienced as identifiable, codified feelings subjectively perceived, affect refers to intensities that pass between subjects, bodies and environments before they can be recognised or named. Affect is dynamic, neither owned nor fully knowable, yet capable of shaping relations and altering the terms of interaction (Massumi 1995, 2015). This emphasis on movement and relationality has important consequences for literary study, as it underscores how texts do not act solely through meaning but also through the intensities they carry (Hogan). Sedgwick's (2003) concept of reparative reading intersects with this view, offering a way of attending to literature's capacity to generate connection and renewal rather than focusing exclusively on exposure or critique.

Within the teaching of Cultural Studies, such an approach shifts how we conceive the role of students in the classroom. Instead of seeing them only as interpreters of cultural meaning, we can understand them as participants in affective processes that shape their learning. Literature, read through the lens of affect, is not simply a body of

[2] This and the following teaching activities were designed and implemented by Luigi Pendola, a secondary-school teacher of English (specialised at the Centro di Ateneo per la Formazione degli Insegnanti, University of Palermo, 2023-2024). This pedagogical component was developed and incorporated into the essay under the supervision of the volume editors.

knowledge but an encounter that can move readers and create resonances, while generating new forms of ethical awareness. Attentiveness to affective dynamics makes visible the openness and vulnerability that are part of academic practice, while also showing how cultural texts enact processes of care and repair. In this sense, teaching with attention to affect brings into the classroom the very possibility of transformation.

This perspective informed a master's level course on affect and emotion in literature, taught in the context of Australia's colonial and postcolonial history.[3] As part of the course, students read Kim Scott's *Taboo* (2017), a novel set in contemporary Western Australia that revolves around the creation of a Peace Park on the site of a nineteenth-century massacre of Indigenous people. The narrative brings together Indigenous and settler-descendant characters, each carrying their own histories of dispossession, survival, and inherited memory. In doing so, it exposes the long legacies of violence while also imagining the possibility of recognition and reconciliation. In class, *Taboo* quickly became more than a text to be analysed. Students responded to it as an 'affective' site in which history, land, and community were experienced as living forces. The novel insists on the land not merely as setting but as an active presence imbued with memory, grief, and the potential for renewal. This quality resonates directly with Massumi's notion of affect as intensity in circulation, irreducible to the bounded category of personal emotion. *Taboo* does not simply recount trauma; it conveys the movement of trauma across generations and communities, drawing readers into encounters that exceed cognitive comprehension and create the possibility of ethical reflection.

Sedgwick's idea of reparative reading helps to articulate this process. In approaching *Taboo* reparatively, one pays attention to how its narrative of violence is also a narrative of connection, where the act of storytelling itself functions as care. For students, this meant recognising that literature can serve as testimony while simultaneously creating conditions for repair. Their engagement with the novel suggested that reparative practices are not only interpretive strategies but also affective experiences that reorient how history is understood in the present.

The course also incorporated a series of assessments designed to measure students' narrative competence at three different stages of their learning and of the activities they were involved in. Although this part of the project is analysed elsewhere in this paper, it is worth noting that the results reinforced what classroom interaction had already shown: affective engagement with literature strengthened students' capacity to inhabit and reconfigure narratives. Here again Massumi's distinction was evident: while emotions could be identified in student responses, what was most transformative was the circulation of affect, moments of intensity that altered perception and provoked empathy before they could be neatly expressed in language, at times emerging instead through observable gestures in the intersubjective space of

[3] The authors wish to express their sincere gratitude to the students who took part in the course for their generosity, commitment, and willingness to contribute far beyond what was required in terms of time and energy.

the classroom, or subtler yet detectable bodily responses, marking the weight and resonance of those affective moments.

The experience of teaching *Taboo* demonstrates how Affect Theory can enrich Cultural Studies in the university setting. The novel invited students to confront the violence of colonisation and the persistence of its legacies, but it also allowed them to experience, on an affective level, what reconciliation might entail. Sedgwick's reparative perspective helps to frame this as more than an intellectual exercise: it is an engagement with narrative as a force of healing and as a practice of relation. More broadly, the course confirmed that teaching Cultural Studies requires attention not only to the cognitive acquisition of knowledge but also to the affective intensities through which students are moved, unsettled, and transformed.

This reparative orientation, as it emerged in the classroom through the affective reading of *Taboo*, points to a broader shift in critical and cultural practice. Rather than privileging suspicion or unmasking, it foregrounds the possibility of recognition and relational care. In this respect, the framework of Affect Theory intersects with wider debates in literary and cultural criticism about how we approach texts: whether through strategies of exposure and demystification, or through modes of reading that open to enchantment, empathy, and transformation. Rita Charon has made this connection explicit by aligning Sedgwick's hermeneutics of reparation with a critique of suspicion-driven approaches and by extending it into the field of Narrative Medicine, where attention, representation, and care become central practices. As Charon puts it:

> Eve Kosofsky Sedgwick, in *Touching, Feeling*, called for a hermeneutics of reparation to replace what Paul Ricoeur named the hermeneutics of suspicion, the deconstructionist form of criticism in which the critic undoes the text, going after the suppressed, the repressed, that which lies hidden under the surface of the text, exposing whatever the writer was "up to" with or without having known it. In her *Uses of Literature* and *The Limits of Critique*, literary scholar Rita Felski joins Sedgwick in challenging this suspicion-riddled doxa of literary criticism, proposing instead that "reading involves a logic of recognition; that aesthetic experience has analogies with enchantment in a supposedly disenchanted age" (Felski, *Uses* 14).
> Following the lead of Sedgwick and Felski, narrative medicine, too, seeks to replace mainstream medicine's hermeneutics of suspicion with a hermeneutics of reparation. (Charon, "Shock" 12)

Building on this perspective, the reparative orientation described by Sedgwick and further elaborated by Felski offers a productive hinge toward the notion of care. If reparation replaces suspicion with recognition, it does so by foregrounding the ethical and affective investments that reading entails. 'Enchantment', in this sense, is not an escape from reality but a heightened awareness of relation, an openness to being moved and altered by what one encounters. These dimensions resonate strongly with the centrality of care in narrative practice, where storytelling becomes inseparable from acts of attention and responsibility (Coppola 2020). To move from a hermeneutics of suspicion to one of reparation is to acknowledge that texts—and by extension, the stories of illness, trauma, or survival—demand not only interpretation, but also care: a willingness to listen, to witness, and to sustain the fragile ties that narratives establish between self and other. It is precisely within this reparative horizon that the following discussion of care and storytelling finds its place.

## CARE & STORYTELLING

Among the strongest forces behind narrative, alongside with the always-helpful love and adultery, 'care' has come to play a pivotal role. The idea of care, or healthcare, is not only supposed to involve a wide range of collaborative relationships between providers and healthcare professionals, but also gives rise to 'stories' related to that peculiar time and space travel that illness very often entails. Illness, like other life predicaments and even more so, has the power to elicit a report, and "[s]ick persons and those who care for them become obligatory story-tellers and story-listeners" (Charon, "Narrative Medicine" 261).

Interestingly, with the (ideal) birth of the novel also came the exploration, and the possible validation, of the basic tenets of auto-healing through writing. Stranded on a desert island, without a hint of a fellow company and greatly worried about his future, Robinson Crusoe finds relief in reading the Bible and, perfectly in touch with his Puritan upbringing, in keeping a diary, notwithstanding the paucity of writing instruments he has managed to save from the shipwreck. Shortly before the beginning of his "Journal", however, Crusoe also felt the need to state "very impartially, like debtor and creditor, the comforts [he] enjoy'd, against the miseries [he] suffer'd" (Defoe 54). Like contemporary "3 Good Things Exercise" or other "gratitude exercises" recommended by 'positive' psychology, Crusoe balances "the Evil" against the "Good", his being "singled out and separated, as it were, from all the world to be miserable" against the fact of being "singled out too from all the ship's crew to be spared from death" (54). The Journal provides him with a further, and deeper, occasion of insight, something he embraces in the written—and not aural—form, to the point of exhausting his reserves of ink. And, still attuned to contemporary theories, Crusoe's expressive writing does not need to be read by anyone, conceived as it is for himself as his one and only audience: "I drew up the state of my affairs in writing, not so much to leave them to any that were to come after me, for I was like to have but few heirs, as to deliver my thoughts from daily poring upon them […]" (53).

The same attitude can be seen in the first thoughts Robinson Crusoe notes in his journal, a tool for memory and venting (D. Defoe, *Robinson Crusoe*, The John C. Winston Company, 1925):

*September 30, 1659. I, poor, miserable Robinson Crusoe, being shipwrecked during a dreadful storm in the offing, came on shore on this dismal, unfortunate island, which I called the Island of Despair. All the rest of the ship's company were drowned, and I myself was almost dead. (p. 89)*

In light of your experience, can comfort be found in condemning adverse fate, just as Robinson does when he decides to put his thoughts down on paper, initially conscious and fearful that his memoirs may never be read by anyone? Give reasons for your answer.

Crusoe's hopelessly separative art, perfected in the forced seclusion of his refugium, encapsulates the tenets of Narrative Medicine without, however, the conjunctive principle that must accompany them, and long before the encoding of this process was to take place from a strictly scientific point of view. A turning point, in this respect, may be located in Sigmund Freud's literature, especially in *Bruchstück einer Hysterie-Analyse* (1905)—much better known as "Dora's clinical case"—where Freud not only struggles to find a new, "suitable form of 'telling'" (Hillman 5), but also recognises a symptom in his patients in the "inability to give an ordered history of their life in so far as it coincides with the history of their illness", a feature that Freud considers "not merely characteristic of the neurosis" but of "great theoretical significance" (Freud 31). Freud's magisterium may be, as many contend, convenient and arbitrary, but draws attention to a peculiar feature of the healer, who is supposed to listen, narrate and evaluate others' narration, and this to the extent that, pace the protocol image of the analyst behind a couch taking notes in his pad, he admonishes that he "cannot make notes during the actual sitting with the patient for fear of shaking the patient's confidence and of disturbing his own view of the material under observation" (24). Conversely, with another female patient capable of producing a clear and coherently arranged story in spite of the notable events it dealt with, "I told myself that the case could not be one of hysteria, and immediately instituted a careful physical examination. This led to the diagnosis of a fairly advanced stage of tabes" (31, no. 1).

This precocious intimation of 'narrative competence' also points to that typical quadrangular shape of contemporary Narrative Medicine, which advocates both a listening and a narrative proficiency in the healer and in the patient. Patient stories, shared with clinicians and other patients, can alter the perception of the experience of illness, drawing attention not only to the narrative aspect encased in the 'talking cure' but also to the inner quality of the patients' accounts, as in the Dora case. Nowadays, care, cure and storytelling are becoming more and more interrelated concepts in healthcare. Storytelling can feed, and be fed on, empathy and understanding, building stronger community connections, reinforcing self-esteem, and, on the other end of the line, facilitating more compassionate care: "Narrative medicine has evolved as a means to honor the stories of illness, whether told by the patient, family member, doctor, or nurse. More sharply, it has become a way to probe the *narrativity* of disease, of health, and of the relation between the sick person and the one who tries to help" (Charon, "Where" 25-26, italics in the original). All this has been put to a harsh test, however, in the latest trends of Medical Humanities, and particularly in that area of Narrative Medicine that has converged around the concept of trauma. Trauma is a nefarious, overwhelming experience that, like a two-faced Janus, both elicits speaking and imposes silence. On the one hand trauma denies, with its petrifying nature, the very principles of narration, and it clearly interferes with an open retelling of events: "How do you tell the story of something that might end all stories, destroy all who tell and all to whom the story might be told?" (Simon 121). On the other, a traumatic event can be classified as such only if symbolised as traumatic, i.e. only after it has been encoded as traumatic in the patient's psyche: "a trauma is not what happened but the way we see what happened" (Hillman 47), which implies at least a gathering of the events related

to trauma around a narrative monad. In literary terms, trauma is what marks the transition from epic to tragedy, from the fluid, "continuous telling of heroic tales, with virtually no interruption" (Simon 121) to the emergence of the unspeakable and silence in "a world in which things might come to an end, certainly within a particular family" (121). In the long run, the recovery from trauma may be signaled by the inverted passage from tragedy to epic, by the ability to generate a narrative frame to be imposed upon disruptive past events. The handwritten form, more than the oral or the typewritten one, seems to be beneficial, and biological effects, besides psychological and social improvements, have been registered in numerous studies conducted since the 1980s of the last century (Pennebaker 7-9).

In the film adaptation of F. Scott Fitzgerald's *The Great Gatsby* (1925), directed by Baz Luhrmann in 2013, there is a scene (00:13:32 - 00:14:30) where Nick Carraway is recommended by the Doctor to write down his most intimate thoughts in a journal, those he cannot say out loud. It was a habit that had given him comfort in the past.

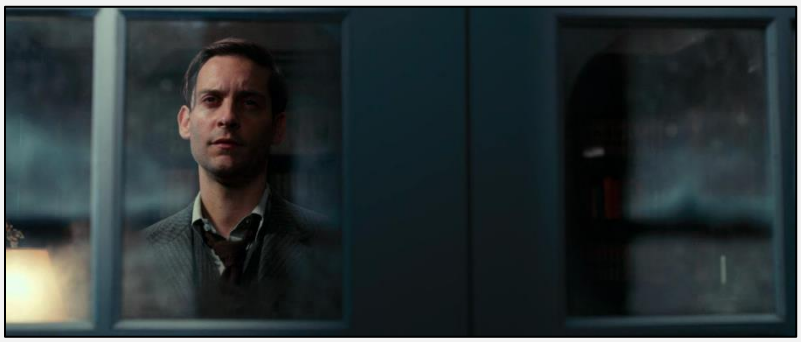

Fig. A. Luhrmann, Baz. 2013. "The Great Gatsby". https://www.imdb.com/it/title/tt1343092/mediaviewer/rm832952833/?ref_=ttmi_mi_66_2 (Accessed 22 Feb 2026).

Now, given the therapeutic function that writing can acquire, particularly in helping individuals explore and process their emotions, try to put yourself in the writer's position. Continue the first entry of this journal as if you were writing it yourself.

> October 4, 2025. Today is sunny, with a blue sky that seems almost contrived. I woke up feeling to do something different, but I'm not sure what...

"Scriva! Scriva! Vedrà come arriverà a vedersi intero" (Svevo 6) is the inventive piece of advice given to Zeno by Doctor "S.", where S may stand, *ça va sans dire*, for Sigmund but perhaps also for Svevo, in a possible, parallel attempt at auto-healing

through storytelling. If so, one cannot but register how Zeno's auto-therapy ends up in a debacle, vexed as it is by all that turbulence with his healer. Profoundly embittered by psychoanalysis ("L'ho finita con la psico-analisi. Dopo di averla praticata assiduamente per sei mesi interi sto peggio di prima", 380), Zeno the businessman finds relief, ironically enough, in the least obvious of places ("Fu il commercio che mi guarì", 411). To cap it all, Doctor S. will take revenge for his patient's premature interruption of the treatment with an unauthorized publication of his therapeutic memoir, "pronto", however, "di dividere con lui i lauti onorarii che ricaverò da questa pubblicazione" (3). Zeno's disillusionment must not be exaggerated, as it belongs to that *drôle de guerre* between analyst and analysand that permeates the novel from beginning to end. It does, however, alert the reader on the basic issues addressed in the story told, namely the concepts of health, care, and cure, and their surprising relativism, comically symbolized in Doctor S.'s final satisfaction with the treatment ("Ma per lui ero guarito, ben guarito", 387) counterbalanced by his patient's stubborn reluctance to accept it ("Sono intento a guarire dalla sua cura", 395). The ontological necessity of a cure, the continuous ruminating about health and its elusive nature, as well as the faith initially placed in the healing power of psychoanalysis, make Zeno the prototype malgré tout of the contemporary, materialistic *homo economicus*, much more at ease with his profit and loss account than with the meticulous written rendering of the significant incidents in his life ("questo libercolo", 410).

The venal aspect of human character when faced with the abstract nature of caring for oneself or others was already present in ancient entertainment literature. A striking example can be found in the words of Lord Randal's mother. In the famous medieval Scottish ballad, the woman, suspecting her son's condition, begins to investigate his recent past until she discovers that he has been poisoned by his 'true' love. But once she is convinced of this, rather than despairing over his imminent death, she begins to ask him what will become of his possessions after his death, in particular what he will leave to her, his sister, and his brother. Here, economic reasons take priority over affection, partly due to the Lord's social role. Read the following lines, taken from Lord Randal's ballad, and answer the questions:

21 O I fear you are poisoned, Lord Randal my son?
25 What d'ye leave to your mother, Lord Randal my son?
29 What d'ye leave to your sister, Lord Randal my son?
33 What d'ye leave to your brother, Lord Randal my son?

As far as you are concerned:
1) How important is it to take care of yourself? □ AGREE □ PARTLY AGREE □ DISAGREE
2) How important is it to take care of others? □ AGREE □ PARTLY AGREE □ DISAGREE
3) Do you agree that it is important to be remembered for the material possessions you leave to your heirs? □ AGREE □ PARTLY AGREE □ DISAGREE
4) Do you agree that in life, taking care of emotional well-being is more important than taking care of material possessions? □ AGREE □ PARTLY AGREE □ DISAGREE

More seriously than in the never-ending skirmish between Zeno and Doctor S., the potential dangers of expressive writing have been taken into consideration, alerting practitioners on a series of possible aftermaths ranging from the obvious risk of the manuscript falling into the wrong hands (Pennebaker 14), Zeno *docet,* to the more neurotic peril of making it a kind of a Sisyphean toil (14), a kind of never-ending task at the service of the Widerstand, in Freudian terms. Recently, the typical "sequence of 'begettings'" (Simon 120) that constitutes the very essence of narration ("this happened, which led to that happening, which in turn led to something else happening", 120) has been subjected to severe scrutiny as "narrative medicine's imperialism" (Bleakley 102). The bone of contention seems to be, among other things, precisely the hegemony of narrative in the representation of suffering, a hegemony that imposes a linearity, and an order of precedence, to events and symptoms that may reclaim an immanent, atemporal significance. Implied by narration is a structuring arch, an artificial selection and processing of events that can present themselves simultaneously and/or stubbornly resist diachrony: "such events need not be framed as linear, progressive and temporal. Rather, they may display as nonlinear and complex, messy, sporadic, and place-based" (102). Without becoming advocates of the soundness of poetry against prose in therapy, which would result in the most sterile of battles, poetry can be considered as a further resource against the rhizomatic, protean nature of illness. "Qualunque sforzo di darci la salute è vano" (412), Zeno remarked in the final, somber pages of his memoir. Right or wrong, we must believe that our private demons can be defeated.

## WORKSHOP IN INTERCULTURAL NARRATIVE COMPETENCE

In this section, we illustrate an educational intervention that complements a literature module informed by Cultural and Postcolonial Studies with a workshop drawing on Narrative Medicine practices. The latter will be discussed in detail below. Building on the theoretical concepts previously analysed, the learning objective is to explore the role of intersubjective and intercultural narrative encounters in generating affective responses and in fostering forms of other-oriented attention and care. More specifically, the workshop's aim is to foster what we term 'intercultural narrative competence' (INC), which conflates the concepts of intercultural competence and intercultural communicative competence with Narrative Medicine's definition of narrative competence.

### NARRATIVE MEDICINE AND INTERCULTURAL NARRATIVE COMPETENCE

The INC workshop bridges the shared pedagogical commitments of Cultural and Postcolonial Studies, as well as of Narrative Medicine, aiming to foster educational interventions that engage in critical and ethical transformation. On the one hand, it encourages political awareness and social justice engagement, and, on the other, it cultivates intersubjective dialogue, ethical responsibility, and other-oriented care. Thus,

participants are invited not only to analyse power and representation, but also to explore how those dynamics shape real encounters—in classrooms, in communities, and in their own lives.

Narrative Medicine was introduced by Charon and colleagues at Columbia University around 2000, to complement bio-medical healthcare models by integrating them with narrative-based and person-centred clinical practices. At its foundation lies narrative competence, "the capacity to skilfully receive the accounts persons give of themselves–to recognize, absorb, interpret and be moved to action by the stories of others" (Charon *et al.*, *Principles* 1). Although originally developed for medical education and professional training, Narrative Medicine interventions have quickly expanded beyond healthcare contexts, offering tools to anyone engaged in learning "what to do with stories" (Charon, "Stories" 1265), and in cultivating radical attention to the accounts of others. In Narrative Medicine, this commitment to the stories of others is understood as a form of care, whether it takes place within the clinical setting or beyond it.

Narrative competence involves non-judgemental listening, self-reflection, awareness, and affiliation. These are strengthened through practices of exposure to art inspired by narrative studies. The key educational tool is close reading (or slow looking or attentive listening) of diverse forms of art—literary, visual, musical, and performative. Such practices foster both critical and affective responses, aligning with John Dewey's concept of aesthetic experience as a transformative interaction between artwork, context, and perceiver (*Art as Experience*, 1934). Highly significant have also been contributions exploring the relationship between literature and relationality, or storytelling and care, alongside concepts from aesthetic and Affect Theory, such as affective response and narrative repair (Felski; Sedgwick). Focusing particularly on literature, Maura Spiegel and Danielle Spencer contend that Narrative Medicine interventions rest on active engagement with literary and creative texts, whether fictional or non-fictional. Such texts, they argue, can illuminate relationality and the seemingly ordinary yet strikingly complex dynamics of human interaction, offering an inexhaustible resource for observing, reflecting on, and discussing human experience at a profound level (Charon *et al.*, *Principles* 15-36). In Narrative Medicine we can also discern the influence of Cultural Studies pedagogy, since its interventions are not confined to a single medium or art form, nor restricted to canonical cultural texts, formal educational settings, or specific disciplinary boundaries (Giroux).

Although narrative competence remains central to its practices and training, Narrative Medicine has also taken into account the critiques of exclusively narratological approaches advanced by Cultural, Postcolonial, and Feminist Studies. Reading and engaging with texts is framed as a transformative process, at once ethical, relational, and affective, which reinforces principles such as action toward social justice, disciplinary rigour, inclusivity, tolerance of ambiguity, participatory and non-hierarchical methods, and intersubjective processes (Charon *et al.*, *Principles* 171-177).

Narrative Medicine is structured around three movements. The first, attention, is conceived as a heightened, non-judgemental focus on the stories of others, cultivated through close reading and conceived as a form of commitment and care (Charon, "Shock"). The second, representation, involves giving form to what has been heard—

through writing, drawing, or other creative expression—thereby acknowledging and reflecting, individually and collectively, on emotions and perspectives. The third, affiliation, arises from attentive listening and shared representation, enabling relationships of reciprocity and support between self and other. Together, these three movements frame narrative competence as a transformative practice that fosters other-oriented attention, reflection, and community-building within and beyond healthcare.

The INC workshop's learning objectives and strategies are grounded on this conception of the role of narrative competence. In addition, the INC workshop is informed by the idea that narrative competence is closely related to intercultural competence. This can be defined as "a set of cognitive, affective, and behavioral skills and characteristics that support effective and appropriate interaction in a variety of cultural contexts" (Bennet xxiii). To put it in a nutshell, intercultural competence encompasses the abilities needed for effective communication across cultures using one's native language; whereas intercultural communicative competence involves the set of skills necessary for effective foreign language use in intercultural encounters (Byram; Neuliep; Schauer). The relevance of intercultural competence in educational settings has been recognised internationally (UNESCO; Council of Europe). Likewise, the role of literature in fostering intercultural competence has been investigated, particularly with reference to the foreign language classroom (Bredella; Brumfit and Carter; Lazar; Nemouchi and Byram). In the context of our project, the affective dimensions of both intercultural competence and intercultural communicative competence are particularly significant. Referring to Michael Byram's five-element model (2021), first published in 1997, these comprise attitudes (*savoir être*) such as curiosity, openness, and readiness to suspend disbelief about other cultures and beliefs about one's own.[4]

The INC workshop is based on the notion that narrative competence and intercultural competence can be brought together, being affectively charged practices of attending to stories and cultures of others. Drawing on the definition of narrative competence that underpins Narrative Medicine, we define intercultural narrative competence as the ability to recognise, absorb, interpret, and be moved to action by the stories and cultures of others. In this pilot workshop, we address and enhance the aspects that bind together intercultural competence and narrative competence: attending to the individual and collective stories of others; receiving them with a non-judgemental attitude; being aware of one's subjective perspective and cultural framework; paying attention to resonances and engaging with differences; recognising that meaning is shaped by context, language, and cultural codes and is therefore shifting and contradictory; and interacting effectively and appropriately with others and across cultures.

[4] The other five components of intercultural communication competence in Byram's model are knowledge (*savoir*), skills of interpreting and relating (*savoir comprendre*), skills of discovery and interaction (*savoir apprendre/faire*); and critical cultural awareness (*savoir s'engager*).

## Methodology

Our educational intervention consisted of a literature module and a narrative-based workshop within a master's degree programme at the University of Trento (Italy). Data collected included three surveys with Likert-scale items and open-ended questions. The first survey was administered after the initial workshop session to all attending students of the literature module, in order to gain an understanding of their perception of intercultural competence and of the role of literature and culture in developing it. Two learning journals were administered to workshop participants—one (LJ#1) after the third workshop session and another (LJ#2) after the fifth and final workshop session—to obtain their reflections on activities and materials, and their evaluation of the learning experience. Data were collected anonymously, as no information that could lead to indirect identification of respondents was gathered. Respondents were informed that the collected data would be used for research purposes only.

Both the module lecturer and the workshop facilitator kept journals with observations and reflections from the lessons and sessions, which were shared among the three researchers. Participants' classroom discussions and written productions were not collected, in order to safeguard privacy and to foster a relaxed atmosphere, where everyone could feel comfortable sharing thoughts, opinions, and emotions without fear of being evaluated. For the same reason, the workshop did not involve a specific formal assessment. However, participants were awarded an additional score (3 points) towards the final exam of the literature module (maximum grade: 30/30). In what follows, we present data and reflections with the aim of illustrating the project's design, with particular reference to the pilot workshop, without claiming to offer a comprehensive evaluation of the course as a whole.

## Project's Design and Educational Context

As we have seen, the design of the project was guided by the theoretical framework and participatory practices of Cultural and Postcolonial Studies as well as by those of Narrative Medicine. It consists of a 30-hour master's degree module on English literature in English, integrated with a 10-hour workshop, delivered in the second semester of the 2024-25 academic year at the University of Trento, in Northern Italy, where the first language is Italian. The language of both module and workshop was English, which for most participants was a second language. Francesca Di Blasio served as lecturer for the literature module, while Maria Micaela Coppola acted as facilitator of the workshop in intercultural narrative competence.[5] Paolo Caponi, Coppola, and Di Blasio collaborated in the design of the entire project. Attendance in person at the literature module was compulsory for first-year students, whereas participation in the INC workshop was not

[5] Maria Micaela Coppola would like to express her gratitude to the instructors, facilitators, and participants of the course for the Certification of Professional Achievement in Narrative Medicine, Columbia University, 2022-2024, for the thoughtful feedback and reflections shared throughout the programme.

mandatory: at the end of March 2025, Coppola took part in one of the final lessons of Di Blasio's module, outlined the key principles and objectives of the workshop, and facilitated a session involving all attending students, who were subsequently invited to join the project, consisting of four additional sessions. These were held twice a week, in the first two weeks of May 2025, and lasted two academic hours each. Attendance varied from a minimum of 13 to a maximum of 17 students.

The literature module, entitled "'Our hometown was a massacre place': Space and the Postcolonial in Australia", forms part of the two-year master's programme in Euro-American Literatures, Translation and Literary Criticism of the Department of Humanities. The master's degree programme in Euro-American Literatures, Translation, and Literary Criticism aims at providing students with specialised linguistic and literary knowledge in two foreign languages (i.e. other than Italian), in order to deepen both the study of relationships among different cultural traditions and the analysis of literary texts in their thematic, formal, and critical dimensions. The expected learning outcomes are in-depth knowledge of literary traditions and cultural contexts, the ability to conduct textual literary analysis, and methodological and theoretical expertise. Di Blasio's English literature module fits within this educational context but is by no means focused solely on academic skills and literary awareness. As indicated above (section "Affect Theory, Cultural Studies Teaching, and Kim Scott's *Taboo*"), it also aims at engaging affective responses and processes of care through interaction with cultural texts. Focusing on a selection of texts from the postcolonial canon of contemporary Australia, the module devotes particular attention to the notion of 'space', understood in both its physical and emotional senses. Guided by Postcolonial and Cultural Studies, the module has a multifaceted learning objective: while deepening the knowledge of stylistic and structural literary devices, and of characteristic thematic issues in the literary works in English by contemporary Indigenous and non-Indigenous authors, it encourages students to broaden their understanding of literatures and cultures in English, and to reflect on and deconstruct the eurocentric and anglocentric power implications that inform the production and transmission of the literary canon and of mainstream cultural practices. Moreover, Scott's novel *Taboo* (2017) provided the empirical ground for reckoning with the violence of colonisation, experiencing affective engagement with narratives of trauma, and redefining forms of ethical awareness and care (Di Blasio 2021).

## Background: The Intercultural Competence Survey

The Intercultural Competence Survey investigated respondents' perceptions of intercultural competence. It was administered after the initial workshop session to all attending students of the literature module (16 respondents). Items from 1 to 12 were measured using a five-point Likert scale (1 = Strongly agree, 5 = Strongly disagree), while items 13-20 were open-ended questions allowing participants to elaborate on their views.

In relation to self-awareness, most respondents acknowledged being aware of their own cultural biases and the impact these might have on their interactions: 31,3%

strongly agree; 50% agree; 12% neutral; 6,3% disagree, 0% strongly disagree. A strong consensus emerged regarding the importance of intercultural knowledge, with nearly all participants agreeing that understanding other cultures is essential for both personal growth and professional development: 62,5% strongly agree; 25% agree; and only 6,3% neutral, and strongly disagree.

The open-ended question on definitions of intercultural competence yielded nuanced responses. Respondents described it as the capacity to *"go beyond one's own culture," "shift perspectives,"* and *"empathize with other cultural frameworks."* Others highlighted adaptability, effective communication, and awareness of stereotypes as core elements: it is perceived as *"a way to open your mind"*; *"being able to change different lenses to see reality"*; and *"the ability to go beyond one's own culture shifting perspectives and questioning one's own gaze towards the world."*

Several respondents indicated a change in perspective on other cultures since attending the literature module. Examples included gaining awareness of Indigenous Australian struggles and the trauma of colonisation, rethinking Western culture as non-normative, and reflecting on religious practices experienced abroad. Regarding the role of culture and literature in developing intercultural awareness, respondents consistently emphasised their crucial contribution to developing empathy, critical thinking, and openness. Literature was seen as a space for dialogue, imagination, and perspective-taking. One respondent reported: *"I think it can make people aware of different situations that otherwise would be difficult to come across and that are not usually discussed (both in education and in media)"*. Another wrote that culture and literature offer *"insights into diverse perspectives, traditions, and values. They provide a lens to understand societal norms and challenge stereotypes, fostering empathy and critical thinking. Literature bridges cultures, highlighting shared human experiences while celebrating differences."* Another argued: *"Reading and studying help people to become excellent listeners: reading a literary text means letting another person speak. [L]iterature helps us to imagine how other people feel on an emotional level in a specific situation and, in my view, changing our perspective is the basis of intercultural competence."* Finally, with respect to future development, respondents expressed a desire to enhance their intercultural competence by studying abroad, deepening their knowledge of lesser-known cultures, improving language skills, and cultivating the ability to navigate complex cultural misunderstandings. A general interest in encountering non-Western or mainstream cultures emerged.

## The INC Workshop: Texts and Strategies

In selecting the texts and authors for each session, we considered the participants' expressed interest–emerging from the survey–in engaging with works beyond the Western canon. We also took into consideration the intercultural orientation of the workshop as well as its relatively limited duration (five sessions). Then we considered that the workshop, in line with the literature module, was conducted through English. Furthermore, our intention was to work with cultural texts more broadly, rather than exclusively literary ones. The texts were selected for their capacity to represent cultures

beyond the Western canon (including anglophone contexts) and/or to address current issues from an outsiders' perspective. The aim was not to provide exhaustive coverage, but rather to offer possibilities for intercultural narrative encounters that could elicit affectively charged, narrative-based responses (such as curiosity, openness, other-oriented attention, and tolerance of ambiguity), and, potentially, stimulate an interest in pursuing continuous exploration beyond the classroom. For this reason, alongside the primary texts we provided supplementary references, which served as prompts for brainstorming (i.e. session iv) and as opportunities for further reading both during and after the sessions.

The selected texts for the five sessions were:

i. "Invasion Day" (2018), painting by the Biripi/Worimi painter Gordon Syron (Nabiac, New South Wales 1941- ).
ii. "Remember" (1983), a poem by Joy Harjo, writer and performer, citizen of the Muscogee Nation (Tulsa, Oklahoma, 1951- ) and 23rd Poet Laureate of the United States (from 2019 to 2022). Additional text: the song "Remember" performed by Joy Harjo from her album *I Pray for My Enemies*, released in 2021.
iii. "Fervor" (2000), a photograph from the two-channel video installation by Shirin Neshat (Qazvin, Iran, 1957- ). Additional text: a selection of photographs from the series "Women of Allah" (1993-97), by the same author.
iv. "If I Must Die" (2011), a poem (in the English version) by Palestinian writer, professor, and activist Refaat Alareer (Gaza City, 1979-2023). Additional texts: the music performance of the poem by Palestinian artist Bashar Murad (East Jerusalem, 1993-2024); and the painting "Blue Pieta" by Jenny Saville (Cambridge, UK, 1970- ).
v. "To Make Use of Water" (2017), a poem by Sudanese American spoken-word poet Safia Elhillo (Rockville, Maryland, 1990- ). Additional text: the poem "how to say" (2017) by the same author.

Another element that guided the selection of texts was their content: we chose works of art that exemplified the role of culture in addressing current challenging issues such as the relationship between human beings and nature, individual and collective trauma, and intersectional forms of diversity (for ex., cultural, linguistic, and gender-based). From a content perspective, we also took into account that participants were master's students in literature, therefore trained in the critical and comparative analysis of cultural productions. For this reason, we selected texts that we thought would be unfamiliar to them or not typically included in formal literary curricula. However, not only should texts be challenging from a thematic perspective but also in terms of form. This is not merely a vehicle for content but an active dimension of meaning-making. For participants to experience art in its full complexity, it is crucial that the texts remain open to interpretation–polysemous and multilayered. In this way, they can engage participants in an ever-evolving process of exploration, both individual and collective, where attention to form becomes integral to the affective response to art.

Each session involved the three movements of Narrative Medicine—attention, representation, and affiliation. Exposure to the primary artworks began with attention, that is close-reading, slow-looking or attentive-listening activities. Participants were

invited to read the poem, observe the painting or listen to the song at length, lingering on obscure details, surprising elements as well as familiar features. No piece of information on title, author, date, or context was initially provided. It was essential to elicit affective responses to the text, without the superimposition of prior knowledge or conditioning of the principle of authority, which in turn can be relevant in formal education settings. In this first phase, the exploration of narrative elements (such as voice, time, space, or metaphor) is crucial. However, we were aware that participants in the INC workshop were trained in analysing narrative features, and that, in the higher education context, critical investigation of textual and contextual aspects can prevail, therefore subordinating affective responses.

In line with the Narrative Medicine approach, the facilitator's role was not to impose a specific perspective, steer the discussion in a predetermined direction, or 'cover' a specific topic, but rather to encourage the expression of opinions, reflections, and emotions, using open questions and brief comments. The academic context and the conventional classroom setting with fixed furniture could have hindered the informal approach that characterises these interventions. So, we believed it important to acknowledge the possible contradictions and sense of displacement, and to navigate through them. Coppola sought to foster a non-judgemental, open, and inclusive climate, by means of both verbal and non-verbal language. Her task as facilitator was to gather and absorb the stories emerging from close reading, and to allow sufficient time to dwell on the multiple features of the text—on what it says, how it says it, as well as on what it leaves unsaid, and what it says to the other participants.

In sessions i and iii, the five questions of Narrative Medicine close-reading activities were given: when? where? what do you see? whom do you hear? how does it feel? Participants were asked to respond in written form and then to share their narrative interpretations of the visual texts, as well as to listen to and engage with those of their peers. The purpose was for each participant to experience the artwork both individually and collectively: when responding to the same text with no supplementary piece of information, participants created their own story, with features that could be simultaneously strikingly similar and utterly different from those of their peers. In session ii, we read Harjo's poem several times: first silently, then aloud, and finally listening to the poet's own interpretation. Each time, participants noticed different nuances, identified previously unheard pauses or rhymes, and offered interpretations of symbolism and imagery, even when these were unfamiliar, contradictory or tentative. The poem was, so to speak, unpacked and then recomposed into an intersubjective and dynamic composition. We then listened to the song version and discussed which aspects of the music seemed to enhance the impact of the lyrics. In this way, we examined the relationship between form, words, and meaning.

Participants were always invited to take notes and, when given a handout, to visually mark their responses to the text. This was also the case in our close reading of Alareer's poem "If I Must Die" (session iv), as well as in session v. In the latter, we listened to the poem in Elhillo's interpretation and subsequently read it silently, taking notes in two distinct moments: first in the left margin and then in the right, to indicate what we noticed, what puzzled us, which particular words caught our attention, which emotions

were triggered by specific lines, and which changes occurred (or did not occur) between the first and second annotations. We then worked in dyads, comparing the annotated poems and sharing our reflections with the group. These activities are characteristic of Narrative Medicine workshop sessions and are intended to heighten attention to the stories of others, whether conveyed by a fictional character, an artist, a cultural tradition, or the participants themselves.

The second movement of Narrative Medicine is representation, in which form is given to shared emotions and thoughts, both through individual writing and through the dialogic processes of listening and being heard. The workshop strategies associated with representation thus trigger a dual process of self-reflection and intersubjective discovery. Participants were invited to write to a prompt for 7 minutes. This activity, a form of spontaneous writing, is not aimed at reaching an ending, formulating complete thoughts, or producing a creative piece, but at responding impromptu. For this reason, the prompts should be short, evocative, and open to interpretation: each participant should be able to respond freely, drawing on personal memory, imagination, factual considerations, or on the close-reading text. Furthermore, the prompts should be connected to the text, though not in a direct or explicit manner. In Narrative Medicine, this practice is referred to as 'writing in the shadow of the text'. The prompts should also take into consideration the specific context of the workshop. For example, in the first session, we considered that the participants would not yet be familiar with this type of activity, which is uncommon in this academic settings. We also considered that this session was held as part of the literature module on Aboriginal literature, with Coppola acting both as lecturer (in the first part) and facilitator. Thus, the chosen prompt echoed the title and theme of Gordon Syron's painting: "Write about an arrival day". Once the title and author of the artwork were unveiled (after the slow-looking activity), it was not unexpected that the prompt's connections with the issues of the module 'resurfaced' in the participants' pieces, most of which centred on the trauma of the British colonists' invasion from the perspective of First Nations people. The session-ii prompt, "Write about relating to all living things", was also directly connected to the close-reading text—Harjo's poem—and to its mood. In retrospect, however, we can say that it was probably too dense and challenging, given the time constraint and for what was only the second session of the workshop. The prompts in sessions iii, iv, and v (respectively, "Write about breaking rules", "Write about an open wound", and "Write about a place called home") allowed for metaphorical or literal interpretations as well as for personal, imagined, or creative stories.

A third, pivotal part of the Narrative Medicine workshop occurs when participants are invited to share and respond to the prompt-writing pieces. Reading aloud what one has written ignites a process of self-discovery that continues as others provide their feedback. Participants are encouraged to listen attentively to each piece, focusing on elements such as language, mood, and other features of the written story–images, style of writing or reading, word choice, rhythm, repetitions, and so forth. Often, echoes of the close-reading artwork can be detected. In this way, multiple narrative encounters emerge, making evident that all aspects of the written texts and of the writing processes, including previously heard stories, contribute to shaping aesthetic

responses. Eventually, both tellers and listeners offer their attention and care to the stories of others. Through the narrative sharing of experiences, insights, and emotions, they develop affiliation, which binds "self and other into relationships that support recognition and action as one stays the course with the other through whatever is to be faced" (Charon *et al.*, *Principles* 3). As we have experienced in the INC workshop, affiliation between self and other can be achieved through processes of deep attentive listening, self-reflection, as well as intersubjective and—one might add—intercultural discovery and dialogue.

## The Learning Journals: A Comparative Discussion

Two Learning Journals were administered to workshop participants in order to obtain their opinions and overall evaluation: one (LJ#1) after the third session (11 responses) and one (LJ#2) after the fifth and final session (6 responses). The open-ended questions—some of them identical in LJ#1 and LJ#2—were specifically aimed at collecting respondents' feedback on their learning experience. A comparison of the two Learning Journals highlights both continuity and development in participants' reflections, showing a progression from initial surprise and discovery to more conscious and critical engagement.

In LJ#1, participants often described the experience as new and sometimes disorienting. Several emphasised their hesitation in sharing personal reflections, with one admitting: *"Even if I do not feel particularly comfortable sharing my own reflections, I appreciate the opportunity to get to know others and understand what they perceive."* This early stage was marked by curiosity and discovery, particularly when encountering unfamiliar cultural texts. As one respondent wrote, *"Many poets or artists were unknown to me, so it was an enriching experience."* The activities of slow looking and close reading were praised for creating a safe atmosphere: *"I do not feel judged and I feel free and comfortable to share my ideas with other students and the professor(s)."* Participants also reflected on the affective power of the workshop, noting surprise at their own emotional reactions: *"I was amazed by how much can be seen or felt when we take the time to look closely."* These comments suggest that LJ#1 captured the initial impact of the workshop, when discovery, curiosity, and affective engagement were at the forefront.

By contrast, the final evaluation survey (LJ#2) shows how these first impressions developed into deeper critical reflection. Participants continued to value the intercultural dimension, now describing it more explicitly as an opportunity to take the perspective of the other (*"I think the workshop is effective in helping us decolonising the way we think and make us develop a more open viewpoint on cultures other than ours"*) and to engage with minority voices. One participant highlighted *"the chance to learn more about the Native American Weltanschauung and to reinforce from the American continent perspective that important connection between land and culture."* The same respondent noted the safe space of the workshop: *"I enjoyed the chance to participate freely and with no pressure or judgement."* What had initially been experienced as surprise at multiplicity in LJ #1 was, by the end, understood as part of the richness of interpretation: *"In general I was surprised by the different interpretations of some of the texts."* Respondents also

stressed the imaginative dimension, as one remarked: *"This workshop made me re-discover the power of imagination."*

While overall evaluation of the INC workshop was very positive, some participants suggested improvements. The most frequent remark concerned the limited time available: several respondents wished for more sessions and time to continue discussions. One also recommended focusing on short poems or visual texts, which facilitated engagement more effectively than longer materials. Such comments reflect that, once the workshop's value had been recognised, participants were invested in its continuation and improvement.

Taken together, the two Learning Journals trace an evolution. In the first, participants discovered new cultural voices and recognised the affective dimension of intercultural encounters; in the second, they articulated more explicitly the transformative potential of those experiences, linking them to empathy, imagination, and the decentring of perspective. The journey from *"I was amazed by how much can be seen or felt"* to *"This workshop made me re-discover the power of imagination"* illustrates the movement from initial discovery to reflective consolidation, and from curiosity to a stronger sense of intercultural and narrative competence.

## CONCLUSION

This paper has examined the transformative role of affect, care, and intercultural narrative competence in teaching and learning within the framework of Cultural Studies and Narrative Medicine. Through Affect Theory, we highlighted how aesthetic encounters with art or literature—exemplified by the reading of Scott's *Taboo*—generate responses that move beyond cognition, fostering ethical awareness, and reparative engagement. In the discussion of care and storytelling, we showed how narrative practices create spaces of attention and responsibility, where listening to and sharing stories become inseparable from acts of care, and operate as integrative forces. Finally, the pilot workshop in intercultural narrative competence demonstrated how these dimensions can be operationalised in higher education, blending Cultural and Postcolonial Studies with Narrative Medicine to foster affective engagement, other-oriented care, and affiliation. Together, these perspectives underscore the importance of integrating affective, narrative, and intercultural approaches into academic teaching, affirming the transformative potential of stories not only to inform but also to connect, and care.

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