Journal of Medical Humanities (2023) 44:431–453
https://doi.org/10.1007/s10912-022-09780-z

"A Widely Applicable Model": Teaching Sarah Manguso's *The Two Kinds of Decay* Across Institutions

Sarah Boykin Hardy[1] · Elizabeth Starr[2] · Cindie Aaen Maagaard[3] · Shena McAuliffe[4] · Erin McConnell[5] · Krista Quesenberry[6]

Accepted: 2 November 2022 / Published online: 7 February 2023
© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023

Abstract
Many of those teaching at the intersection of medicine and the humanities are siloed within institutional spaces. This essay recounts the teaching of Sarah Manguso's *The Two Kinds of Decay* to students across different academic contexts and considers what we can learn when we put classrooms in conversation with each other. This essay argues for the value of texts like Manguso's, which explicitly hold the narrating subject and form of illness narrative up for critical examination. The authors call for more collaborative teaching, which has special resonance in the health humanities, where conversations already depend on bridging disciplines and listening to the stories others can tell.

Keywords Illness narrative · Teaching · Narrative theory · Health humanities · Sarah Manguso

Introduction

> The disease has been in remission seven years. Now I can try to remember what happened. Not understand. Just remember.
> Narratives in which one thing follows from the previous thing are usually imaginary.
> —Sarah Manguso, *The Two Kinds of Decay*.

✉ Sarah Boykin Hardy
shardy@hsc.edu

[1] Department of English, Hampden-Sydney College, Hampden Sydney, VA, USA

[2] Department of English, Westfield State University, Westfield, MA, USA

[3] Department of Language and Communication, University of Southern Denmark, Odense, Denmark

[4] Department of English, Union College (Formerly at Earlham College, Department of English), Schenectady, NY, USA

[5] Internal Medicine and Pediatrics, The Ohio State University, Columbus, OH, USA

[6] Department of English, Albion College (Formerly at Penn State University, Departments of English and Women's, Gender, and Sexuality Studies), Albion, MI, USA

As Sarah Berry, Therese Jones, and Erin Lamb (2017, 353–60) have observed, the last decade has seen the development of a "new era for health humanities," in which teaching and learning opportunities have expanded within undergraduate education as well as medical schools. Increasingly, we work in classrooms where, as Michael Blackie and Erin Lamb (2014, 290) put it, "medicine is the text but not the context." Approaches to the text of medicine from a wide variety of disciplines are creating a rich discursive and rhetorical space for professional and scholarly inquiry. As the Health Humanities Consortium website noted as recently as August 2022, health humanities programs are growing; however, many of us who teach at the intersection of medicine and the humanities often find ourselves siloed within institutional and disciplinary spaces, and this can be a particular challenge for those who teach outside of established interdisciplinary programs. This essay takes as its starting point the teaching of a single illness narrative, Sarah Manguso's 2009 memoir *The Two Kinds of Decay*, to students across different academic contexts. We consider what we can learn when we attempt to work across those spaces and put our classrooms in conversation with each other. As we explain below, this memoir turned out to be especially well-suited as a test case for teaching collaboratively in the health humanities, and our experience leads us to advocate for more collaborative pedagogical reflection in the field.

The Two Kinds of Decay unflinchingly traces Manguso's experiences with a hard-to-diagnose autoimmune illness over a number of years. It is told in fragmented and lyrical chapters that range from a single sentence to several pages, disrupting any comfortable continuity for the reader. As the passages that open our essay illustrate, this memoir insistently asks readers to consider what it means to look back and attempt to make sense of an illness experience. Yet as Arthur Frank (2011, 193) has noted, Manguso departs from conventional forms of illness narratives, marking a shift in 2009 in generational writing about illness; invoking metaphor only to insist on the literal, Manguso finds coherence, but not meaning, in its nonlinear telling. In 2022, we can see this as a precursor to similarly experimental texts like Amy Berkowitz's *Tender Points* (Berkowitz 2019). Manguso's is a particularly self-referential text, a striking example of how, as Frank puts it, "memoir may be the most self-conscious work of nonacademic narrative analysis" (Frank 2010, 16). Manguso herself often makes medicine both the text and the context, as she describes her relationships and interactions with a wide range of others in clinical settings: doctors, nurses, patient transporters, and other patients. Drawing attention to many failings and points of connection that occur within medical encounters, *The Two Kinds of Decay* presents itself as a useful site through which to consider the central project of narrative medicine, as Manguso's narrative serves as a potential training ground for medical providers and a means of practicing the kind of careful reading that enables empathetic listening and builds bridges between patients and those caring for them (Charon 2006). As a text that invokes Rita Charon's (2006, 51–55) assertion that narrative medicine is best practiced around texts that foreground intersubjectivity, Manguso's depiction of the family members, patients, and medical professionals she encounters also engages questions surrounding the ethics of representing others, such as one posed by Shlomith Rimmon-Kenan (2006, 253): "Do illness autobiographies have a privileged access to authenticity?". Scholarly treatments of Manguso's work attend to her artful use of language (Matthews 2018; Mitchell 2008), debate the extent to which Manguso uses narrative to restore a sense of order disrupted by illness (Frank 2011; Jacobi 2011), and consider what *The Two Kinds of Decay* might contribute to thinking through the affordance of narrative to represent pain (Frank 2011; Jurecic 2012).

Narratives like Manguso's compel and reward such close attention. They also, however, offer an opportunity for readers to consider how we attend to illness narratives in specific contexts over and against how we might engage with each other across those contexts. In

Illness as Narrative, Ann Jurecic reads *The Two Kinds of Decay* in light of how Elaine Scarry's *The Body in Pain* has been used to emphasize the unspeakable aspects of illness—how pain might elude language or make language seem impossible. Jurecic (2012, 44) argues that in Manguso's writing, "the question is not how to find words for pain, but rather, who will listen and what will they hear?". Manguso emphasizes the need for pain to be respected, responded to, and acknowledged, and Jurecic (2012, 63) suggests that "practicing acknowledgment entails recognizing the complexity of living among others, where one is always performing acts of social reading and interpretation. In contrast to knowing or judging, acknowledging also entails recognizing one's own ignorance and vulnerability, as well as the unpredictability of social encounters and relationships." Jurecic draws on Bruno Latour to pose a question that she suggests might help us bridge divides between literary study and the health humanities: "What might the study of narratives look like if the critic's task were to create intellectual arenas for the gathering of ideas, and to address matters of concern with care and compassion?" (Jurecic 2012, 17). In this essay, we take up Jurecic's question in terms of the work of teaching, a key site for gathering ideas amid often unpredictable social encounters and relationships. We argue that paying attention to how we work with illness narratives across institutional contexts can help us recognize our classrooms as just such an intellectual arena. In so doing, we are better able to attend to how classroom spaces and syllabi constitute what Frank (2010, 3) has described as "the relationships constructed around shared stories," how we might more carefully examine those relationships, and how we might extend and complicate them.

This project initially grew out of the 2016 Project Narrative Summer Institute (PNSI) led by James Phelan and Jared Gardner at The Ohio State University, which had as its theme "Narrative Medicine Across Genres and Media." Over the course of PNSI's 11 days, with theoretical framing from narrative theory, illness narratives made up a significant portion of the seminar readings; in this context, many of us encountered Sarah Manguso's *The Two Kinds of Decay* for the first time. After the seminar ended, eight participants decided to work *The Two Kinds of Decay* into our syllabi in the upcoming year; teaching a common text across a range of institutions and fields in the United States and Europe, we wanted to maintain the space for a conversation that we had created during Project Narrative about our diverse goals in health humanities teaching. Although we considered other texts from the institute's reading list, this one appealed to us for the conversations about illness and health, as well as the narratives it could open for our students. In particular, Manguso's choice to tell the story non-linearly, with loops and repetition and in fragmented anecdotes, challenges the idea that telling a story necessarily orders an experience (via plot and time) or that recovery equals closure. Over the course of the institute, we had also come to more fully appreciate how an important aspect of teaching illness narratives consists of making space to consider how they might speak to and, in Phelan's terms, implicitly contest each other; as Phelan (2008, 168) points out, "tellers are likely to construct their tales at least partly in response to or anticipation of one or more possible alternatives." With the conviction that Manguso's narrative was engaging with contesting illness narratives and memoirs, we wanted to locate this text alongside possible alternatives in our varied syllabi.

Charon's insistence that intersubjectivity is among the foundational principles of narrative medicine found a new resonance for us as we carved out an opportunity for interaction and exchange as instructors.[1] Our collective classroom contexts range from first-year writing courses to medical-student seminars, located at small private liberal arts colleges, large public research universities, and mid-sized regional public universities. In addition to teaching the memoir in different contexts, we also taught it at different times during that academic year and into the following semesters. Initially framing our

project around a pedagogy roundtable for the 2018 International Society for the Study of Narrative meeting, through much online discussion, we compared our teaching goals and considered how those goals were shaped by institutional context and student populations. We discussed how we tried to prepare our students (and ourselves) to encounter Manguso's memoir, with its substantial challenges of form and content. All of us attempted to address issues of form, temporality, and closure with our students. Our classes also grappled with the varied representations of encounters between patients and healthcare professionals. Ultimately, we were eager to compare what we were learning from our parallel teaching experiences.

This essay is the result of thinking and talking through our classroom practices together over what has turned out to be the course of several years. We borrow a phrase from Manguso herself when we say that our project aims to present "a widely applicable model" (Manguso 2009, 183)—or perhaps a series of them—not in comparison but in conversation, confluence, and collaboration. As we were in the process of revising, the COVID-19 pandemic was dramatically changing the spaces and structures within which we teach and write. The challenges of pandemic-era teaching slowed our process, and the importance of maintaining pedagogical discussion across institutions felt even more urgent as we moved forward into virtual and physical classrooms shaped by these events. In the short teaching narratives that follow below, we map out our goals and explore some aspects of teaching Manguso in the context of our courses, illuminating what was challenging, successful, and surprising.[2] We hope these brief explorations of our own teaching experiences will illustrate for colleagues across institutional boundaries some of the many opportunities for intellectual growth and connection that can open up when we embark upon a collaborative, rather than independent, practice of critical acknowledgment in our pedagogical strategies. The narratives are arranged in ascending order of course levels, beginning with first-year students and continuing up to graduate-level seminars. As we discovered, there are both overlaps and divergences that, in turn, continue to inform our health humanities classrooms in ways we will examine in our conclusion.

Structure, silence, and time in *The Two Kinds of Decay*

Sarah Hardy

- Institution and instructor's position: Hampden-Sydney College; Professor of English.
- Course details: Literature and Medicine (100-level course).
- Course composition and demographics: 15 students (a mix of first- and second-year students), many on a pre-health professions track.

The course in which I taught Manguso's text was an English course called Literature and Medicine, a 100-level course I offer every other year. At least half of my students were following a health sciences track and using this course to fulfill a literature requirement. Given the population I ordinarily see in this course, my goals were to introduce students to a range of techniques for reading literature in several genres using medical narratives as a focus while also introducing them to narrative medicine as an important dimension of their education in the health sciences or other fields.

My syllabus is divided into three sections, with the first set of readings dedicated to narratives from the perspective of medical caregivers, the second from the perspective of patients, and the third widening out to consider other witnesses, participants, or factors

in sites of medicine, such as family members or intervening technologies. I situated *The Two Kinds of Decay* at the end of the second section so that students would have as many tools as possible for reading the text. Some other readings that I hoped would help them included essays by Richard Selzer, especially "The Knife,"[3] because of his graphic but metaphor-filled depictions of the body; several Emily Dickinson poems about pain, which prompted discussions of how pain disrupts conventional understandings of time and space; and Margaret Edson's *W;t*, which introduced ethical questions about medical treatment while also challenging us with experimental approaches to voice and point of view. The day we started our discussion of Manguso, I gave the class a brief introduction to some ideas from Arthur Frank's *The Wounded Storyteller*.

Very quickly, the class focused on the disrupted timeline in Manguso's narrative. The class was able to pair this idea with Dickinson's poems (for instance, "Pain—has an Element of Blank" or "Pain—expands the Time") to consider this narrative about an acute, ongoing, but mysterious disease. Students noticed that both the poet and memoirist disrupted their texts' form as they confronted disruptions in chronology, in ways that could be analyzed as part of the message about pain or illness. Frank (2013, 55) provided a way to approach this: "The illness story is wrecked because its present is not what the past was supposed to lead up to, and the future is scarcely thinkable."

However, this context did not fully address students' concerns about Manguso's fragmented text, since they also perceived its disruptions as related to her specific illness. Hoping to help them tease out the narrative's uses of structure, silence, and time, I improvised a group exercise. Their assignment was to draw a representation of the memoir's timeline as they were experiencing it. I expected to see them trace lines that looped backward and forward on themselves across the blackboard, but each group drew something surprisingly distinct. The first group wrote out "Two Kinds of Decay" in Morse code, explaining that they wanted to show the stops and starts in the narrative and its uses of presences and absences to send messages to the reader. The second group carefully sketched an advertisement for Twix Bars, reminding the class of the marketing campaign that went with the image: "Need a moment?". These students told the class they were more interested in the pauses, breaks, silence, and reflection as central to the narrative for both author and readers (though further and perhaps less serious discussion developed the idea of layers of candy—or textual meaning—that could be distinct or blended in the experience of consumption). The third group drew the jagged line of a cardiogram to represent Manguso's ongoing story; they asserted that the spikes in the line depicted other experiences besides illness in the memoir but that the horizontal line was always there to be returned to, the longer narrative of illness that moved forward through time.

Although I was initially apprehensive about introducing this text into my syllabus, I was grateful that day that our collaboration induced me to do so. These representations exceeded anything I was expecting, and each was valuable for its insights into narrative engagement. The contrasts between the three propelled us into a discussion about how we read a text like Manguso's. The third group seemed more interested in the presences in the text, in the tensions between plotted events; the second group saw the text's interruptions as opportunities for engagement; the first group's representation insisted that only by combining these two aspects of the memoir and interpreting them together could it be made comprehensible. In the end, we decided that each approach was useful. At least some of these early undergraduate readers had started the course thinking that every empirical problem had a single right answer, while in the field of literature, all readings were subjective and need not be evidence-based. The combination of visual metaphors on chalkboards around the room was a reminder that our engagement with such narratives involves

individual emphases and experiences, even as the differing responses remained rooted in the text. In a later class discussion, as we returned to Frank's (2013, 55) formulations of the illness story as "wrecked," students offered their own corollary: the story that is wrecked or broken teaches about what is supposedly unbroken; learning about illness narratives, they asserted, also teaches us about representations of health. This bundle of realizations proved important for subsequent discussions of Manguso's complex memoir and also for the remainder of the course.

Complicating the conversation: *The Two Kinds of Decay*

Shena McAuliffe

- Institution and instructor's position: Earlham College; Visiting Assistant Professor of Creative Writing.
- Course details: Stories of the Body: Literature and Medicine (first-year seminar).
- Course composition and demographics: 12 to 15 first-year students with a mix of majors (half with pre-med aspirations [biology, chemistry, and psychology majors] and half with a mix of humanities and social science majors).

I taught Sarah Manguso's *The Two Kinds of Decay* in a fall course at a small liberal arts college (SLAC). My goals in the first-year seminar included introducing students to critical discourse, helping them develop close reading skills, and engaging in respectful scholarly discussion. I also wanted them to have a place to shape and share their own stories (my assignments include creative options and emulations of texts in addition to traditional literary analysis). I aimed to introduce my students to the field of narrative medicine and the intersecting roles—and often conflicting needs and desires—of healthcare professionals, patients, and family members/friends of patients. At a SLAC, community and interdisciplinary collaboration are key, and the first-year seminar centers and emphasizes these values early in students' college experiences. In this course, I hoped students would recognize that narrative medicine and associated literature can illuminate some of life's most challenging experiences—we are all caretakers and patients at some point in our lives. My students tend to recognize that stories of illness, healing, and death are points of profound human connection, as well as material for serious scholarly inquiry. For me personally, teaching a medicine-in-literature-themed first-year seminar has allowed me to discuss a genre of literature I find infinitely compelling, although it has not fit into my course load within the English department.

Because of the college-coordinated goals for these seminars, I spent more time than I might have otherwise building rapport with and between students, including co-developing discussion guidelines. During the first week, we compared the college's Principles and Practices (Community, Respect for Persons, Integrity, Peace & Justice, and Simplicity) with the Hippocratic Oath, considering what it means to commit, earnestly and verbally, to a shared set of values. Thus, the class began by considering how a healthcare provider's ideal commitment to their patients might overlap with our own efforts to build a strong learning community. While I did not explicitly state (and was perhaps not fully aware of) it at the time, a corollary benefit of beginning the course in this way was that it foregrounded listening, empathy, and respect in our classroom. The students in this course consistently impressed me with their empathy and respect for each other, which was helpful when

discussing texts that sometimes evoked powerful emotional responses and highlighted differences between students' experiences with illness and health.

The Two Kinds of Decay was one of the last texts we read. I scheduled it late in the semester because I expected its unconventional structure and achronological organization would present a challenge to my students and because I hoped the memoir would build on and complicate ideas introduced by earlier texts. Overall, the conversations we had surrounding this book were some of the most engaging and complex of the semester; the short sections seemed to invite some students to focus on a single, digestible incident, while others drew broader conclusions, making connections or tracing questions across the book as a whole. Even those students who had struggled with close-reading skills or textual analysis throughout the semester asked interesting questions and found productive ways to engage with the narrative.

My students exhibited a particular interest in Manguso's portrayal of and engagement with different healthcare professionals, noting that she presents a more balanced portrait of them than some of the other texts we had read, such as Edson's *W;t*, in which the doctors seem to value research over easing of suffering; or Gilman's "The Yellow Wallpaper," in which the husband/doctor disregards his wife's experiences or ideas about what might be helpful; or Williams's "The Use of Force," in which the doctor physically overpowers his young patient in order to obtain a throat culture. Manguso, too, features some healthcare professionals who seem to lack empathy or fail her in some other way, but she also includes scenes with professionals who exhibit kindness, competence, and helpful knowledge, as well as professionals whose behavior is more nuanced and cannot be simply labeled as "good" or "bad." Students noted, in particular, the figure of Manguso's primary care physician, whose teary pity spurs Manguso to find a new doctor (Manguso 2009, 83–84), demonstrating that a doctor's expression of emotion or sympathy is not always helpful and complicating our earlier ideas about "good" or kind doctors.

As this was one of the final texts of the semester, there were many previous texts alive in our conversations, and students successfully made connections to a number of previous readings. We had discussed Sontag's *Illness as Metaphor* immediately before Manguso's memoir, and students struggled with the abstraction and history of Sontag's ideas. However, now they found a connection in Manguso's exploration of metaphors surrounding her illness, asking, "Was the CIDP a physical manifestation of a spiritual illness?" and considering whether auto-immune diseases—in which the body "attacks itself" (Manguso 2009, 21)—are a form of suicide. They also found similarities between Leslie Jamison ("The Empathy Exams") and Manguso, noting both narrators' high level of education, interest in writing, and socioeconomic and racial (white) privilege, as well as both narrators' eventual struggles with addiction and depression. Finally, they connected Manguso's character to that of Vivian Bearing in *W;t*, noting that both characters discuss wryly the way that they are—or feel they are—distinguished by their illness. Among other similar statements, Manguso (2009, 20) states: "Of course I'd rather have the common disease that people know how to treat, but there were times that I cherished my rare disease for its irrefutable proof of my specialness."

As a creative writer, I am partly interested in *The Two Kinds of Decay* for its form—its use of white space and achronological organization. Students, too, were interested in the effects of Manguso's chosen method of organization. Together, we concluded that this structural choice conveyed the strangeness of "illness time," as well as the ongoing, cyclical nature of Manguso's disease (which, of course, continues to shape her life and choices after her illness is in remission). One of the more advanced students wrote a final paper on this topic and noted that Manguso frequently comments on all that she has forgotten

and tells us she took few notes during her illness (Manguso 2009, 3); the white spaces and refusal of chronology are ways that Manguso communicates the gaps and the lack of sense—of *plot*—in her experience of illness.

While not all of my students reached the same level of conclusion as this writer, Manguso's memoir elicited interesting and complex ideas from my students. I am drawn to the text for this sense of honesty and the way it resists resolution but still celebrates the importance of writing about and sharing illness experiences, of making art about them.

Form and perspective in *The Two Kinds of Decay*

Krista Quesenberry

- Institution and instructor's position: Pennsylvania State University; Postdoctoral Instructor of English.
- Course details: Narrative Medicine: Stories and Comics (upper-level special-topics seminar in English).
- Course composition and demographics: 7 students (a mix of sophomores, juniors, and seniors) with a mix of literature and STEM majors.

The first time I taught *The Two Kinds of Decay* at Penn State University, it did not go well. The class was a sparsely attended night class that met for three hours just once a week, and I assigned the entire memoir for a single class meeting—in the week before spring break. We discussed broad themes and why the book seemed so challenging, but none of my students shared my excitement for the text. I had put the memoir on my syllabus primarily because the author was visiting our campus that semester. She read from a later work, *Ongoingness: The End of a Diary* (2015), and gave an excellent talk that was well-attended—just not by my students.

When my fellow PNSI alumni reached out later that year to propose this project, and we selected *The Two Kinds of Decay* as our common text, I was excited to teach it again and determined to teach it better. The class was in many ways the same—Narrative Medicine: Stories and Comics was an upper-level special-topics seminar in English without prerequisites, geared toward advanced students in any major. Again, I had only about seven students enrolled, but we met three times per week and in the afternoons. I was also able to get the course cross-listed with Comparative Literature and did some heavy recruiting in the pre-medicine and pre-nursing programs, the School of Public Policy, and the colleges of Science and Health and Human Development. My goals in the course were to expose students (both pre-med-minded STEM students and English majors) for the first time to the fields of narrative medicine and health humanities and to provide basic skills for reading, discussing, and analyzing texts in a variety of formats on the subject of medical experiences with illness and disability. These goals were set by the institutional setting of a large research university with a range of pre-med undergraduate majors.

I began the semester with selections from Arthur Frank's *The Wounded Storyteller*, and just as Sarah Hardy mentioned earlier in this essay about her students, my students latched onto the idea that illness is an interruption that leaves writers with "narrative wreckage" (Frank 2013, 55). Like Shena McAuliffe (see above) and Elizabeth Starr (see below), I also wanted my students to attend to the form of the book and to be thinking about narrative structure, though I was hesitant to do so because that had been the biggest challenge for my class the previous year. With that in mind, in the week before reading *The Two Kinds of*

Decay, we spent our time discussing time—specifically, Virginia Woolf's 1926 essay "On Being Ill" and two "crip time" readings: an article by Ellen Samuels (2017) and an undated blog post by Anne McDonald. Together, these readings gave students vocabulary for discussing Manguso's representations of memory and time through form, and the students viewed the memoir's form as literalizing the far-reaching implications of a serious illness rather than simply as choppy and disorienting.

In her final aphoristic chapter, Manguso (2009, 183) reflects on the story itself and writes: "This is the usual sort of book about illness. Someone gets sick, someone gets well." I had read this as a throwaway line—a joke, or at least a winking oversimplification. For my students, though, this line illuminated the narrative structure: In the chapters like "The Wrong Symptom" and "Cavities," when Manguso was at the height of "getting sick," they found her to be looking inward—lonely, angry, misunderstood, depressed, and sardonic. In the chapters like "Iowa City" and "Just Visiting," when she was more focused on "getting well," they found her looking outward—excited, planning ahead, and wanting to help others. Significant chapters like "The New Neurologist" served as joints that connected those two perspectives and fueled our conversation. With this simple device, the events of the memoir could be slotted into a rough timeline based on Manguso's tone alone, even when they appeared out of order. Ultimately, my students viewed the lack of closure or a tidy narrative resolution as an opening up—an invitation to view this illness narrative in light of experiences beyond Manguso's own specific and idiosyncratic point of view.

In this analysis, my students argued for a perspective shift not unlike the one Woolf describes in "On Being Ill," from the regular motion of modern life to the stillness and introspection of illness (and, for Manguso, back again). A few weeks after we finished *The Two Kinds of Decay*, my students submitted projects in which they were required to narrate a medical experience from two distinct points of view, using any format or genre of expression they wished. One student dramatized a discussion between a recently diagnosed HIV patient and a public health worker through a series of emails, and she explicitly credited Manguso with inspiring her non-traditional narrative form. Another student, who was an EMT and aspiring physician, contrasted a patient's journal and a doctor's medical chart, fictionalized from personal experience. Like Charon's "Parallel Charts," these side-by-side narratives revealed much about the practice of medicine—and, like "Parallel Charts," they were deeply moving. Distinguishing the emotional self-reflection in the journal from the impersonal and action-oriented format of the patient chart, the student concluded that the doctor's treatment plan was incomplete because it did not sufficiently account for the patient's emotional needs—an important insight for a student who always tended to identify more with the doctors than the patients who appeared in our readings.

Form had gone from the top challenge to a major asset in my teaching of Manguso's memoir, with credit to the conceptual frameworks that Frank, Charon, Woolf, Samuels, and McDonald provided. Placed as it was around the two-thirds mark of the semester, *The Two Kinds of Decay* was both a disruption to students' expectations about medical narratives and an opportunity to test the productive concepts that the students had been gravitating toward all semester with a text that would not do the work for us. At least in part because of the critical framing and our focus on form, the students in this second class were also better able to grapple with, and even appreciate, Manguso's dedication to the contradictory and ambiguous aspects of illness—and of life and narrative—rather than wishing for a text that might be tidier and easier to grasp. I realized from that initial experience that I had to be more thoughtful and do more scaffolding. My second class was not markedly different

from the first in demographics or demeanor, but my syllabus planning was, and I attribute much of the success of my second round of teaching Manguso's memoir to those changes.

The Two Kinds of Decay as a gateway to critical conversations

Elizabeth Starr

- Institution and instructor's position: Westfield State University; Professor of English.
- Course details: Gateway to Advanced Literary Study.
- Course composition and demographics: 15 second- to fourth-year undergraduate students with English majors and minors.

I teach at a mid-sized regional university and used Sarah Manguso's text in a Gateway to Advanced Literary Study course with the theme of Literature and Medicine. A small seminar composed of English majors and minors, the gateway course is meant to build on the skills students have developed in previous classes and to help prepare them to move into upper-level coursework in literature. Rather than engaging future medical professionals, then, the theme of this class helps English majors consider the work of reading, writing, and teaching from varied perspectives across disciplines as part of the health humanities. We focus on five central texts, engage close reading strategies, and practice working with literary criticism before students begin an independent research project. By the point students encountered *The Two Kinds of Decay*, we had worked with two novels, Kazuo Ishiguro's *Never Let Me Go* and Toni Morrison's *Home*, so Manguso's text marked a shift from fiction to memoir six weeks into the semester. Because I had the opportunity to offer this class repeatedly over several semesters, by the fall of 2019, I realized how much I had benefited from thinking about my classroom practice in relation to my Project Narrative colleagues at other institutions and how I was building on what I was learning from them as well as from my students.

The gateway class is also designed to encourage students to think about what it means to enter ongoing critical conversations, so we spend significant time throughout the semester talking about the key concepts that we encounter in secondary sources, giving students practice representing these concepts to others in writing, and considering how students could then apply them to their reading of other texts. As we discussed Manguso and as students wrote informally in response to the memoir, three key concepts surfaced as points of connection between *The Two Kinds of Decay* and broader critical conversations.

We found Rita Felski's (2008, 23–50) chapter on "Recognition" in *The Uses of Literature* helpful in framing the discussion of a text that can lead some students to disclose that they have had their own experiences with chronic illness and other students to directly refer to their own lack of experience with illness. Putting this in the context of recognition in literary texts, we were able to consider what it means to read Manguso as an affirmation of readers' experience or as a lens onto illness experience, which for some students was a meaningful use of this text. More broadly, students noted that Manguso's age and geographical location (living in Massachusetts) meant that the text resonated with them as actual readers, even as her class and white privilege was jarring for many students.

At the same time, however, students noted how *The Two Kinds of Decay* poses direct challenges to recognition: they drew attention to a chapter in which Manguso rejects the sympathy of a physician, and they noted how Manguso's narrator uses detached, detailed

description and assessment rather than emotion to describe her experiences. This allowed us to build on students' immediate attention to the effects of the text's structure, which got much attention from my students, what one young woman in a past semester had described as Manguso providing readers her experiences in small doses. We had some rich discussions about this cultivation of distance in the memoir and what it means for this text to have Manguso narrate from seven years out and from a position of relative health, emphasizing her distance from her own immediate experience of illness.

Having previously read Maura Spiegel and Danielle Spencers' chapter arguing that *Never Let Me Go* can be a useful text for considering relationality in narrative medicine classrooms (Spiegel and Spencer 2017), students also brought up this concept and decided it was central to Manguso's memoir, as she describes the many encounters she has with medical professionals, family members, other patients, and people outside of medical encounters. In addition, a student suggested we consider the concept of *bearing witness*, which we had earlier identified within Evelyn Jaffe Schreiber's (2010, 8) argument that Toni Morrison's fiction bears witness to the trauma of black characters living amid anti-black racism in the United States. Some of my students had also discussed what it meant to bear witness to trauma in a Young Adult Literature class as part of their secondary education coursework and applied this to Manguso as well; witnessing could be a preferable alternative to claiming empathy, a student suggested. On the whole, however, students noted that Manguso's text represented many more examples of failures to bear witness.

On the one hand, using these concepts proved to be a particularly productive approach to Manguso's text in terms of the gateway class's goals: students were allowed to be authentic first-time readers of Manguso while also getting some critical distance on that reading by thinking about how others have provided concepts that draw attention to the ways texts work. But I believe this approach is only productive because I have learned to consider how to prepare students for these discussions in other ways as well. During our Project Narrative discussion of Manguso's text, Jared Gardner noted that when we work with medical narratives in the classroom, we are often helping young people think and talk about illness and health. If medical professionals face what Charon (2006, 6) identifies as the divides between illness and health within clinical encounters, there are also always divides within the classroom. In any group of students, some bring a deep understanding about what it means to live with illness into the room, and some will not have thought much about it. Cindie Aaen Maagaard's teaching narrative (included later in this essay) helped me think about how to anticipate and acknowledge students' responses to the illness narratives we encounter.

One approach I use in helping students prepare for these conversations is also informed by Rebecca Cox, who contends that college teaching is more effective when faculty make efforts to understand their students' experiences and expectations (Cox 2011, 164). Building on the practice of some of my colleagues at Westfield State University, I use a private beginning-of-the-semester questionnaire: I encourage students to answer questions selectively and to share only the things they want me to know about them, and this sometimes leads them to disclose their experiences with disabilities and illness.[4] I have also come to understand how important it is, early in the semester, to read materials with students that give guidance about talking about illness and health, including attention to the language of ableism. I have learned from Shena McAuliffe (see above) how an early class setting ground rules for discussion can also help students prepare to talk through difficult topics.

Teaching Manguso in the program From the Page to the Bedside

Erin McConnell

- Institution and instructor's position: The Ohio State University College of Medicine; Assistant Professor Internal Medicine/Pediatrics.
- Course details: From the Page to the Bedside (advanced competency for medical students).
- Course composition and demographics: 25 first- to fourth-year medical students.

Our particular setting for teaching Sarah Manguso's *The Two Kinds of Decay* was a large midwestern academic medical center with a strong focus on research. Thanks to having the godfather of narrative at our institution (a.k.a. Jim Phelan), we have a rich in-house program called From the Page to the Bedside, which is an advanced competency for medical students at The Ohio State University College of Medicine. Our class is composed of medical students from all four years. We hold a monthly class meeting in a seminar-type setting, and our group is limited to 25 students to facilitate discussion. Our goals with this class are severalfold: we hope to use the techniques of close reading and, more specifically, the precepts of narrative medicine to enhance students' appreciation of the storytelling inherent in medicine. An additional hope is that strengthening these mental muscles may offer a protective effect against the decline of empathy observed in medical students over the course of their training (and we are currently collecting data from this class in the hopes of demonstrating this).[5] For each class session, students are asked to read a primary text as well as some supplemental pieces and are then required to submit a reflection before the class meeting. These reflections often serve as the foundation of many of our discussions.

For our particular session, Manguso's text was paired with "A Sudden Illness" by Lauren Hillenbrand and "The Yellow Wallpaper" by Charlotte Perkins Gilman, which aimed to expose students to several different forms of illness narratives. The students' comments were very illuminating and varied from observations that various doctors were behaving badly to grappling with the narrative arcs of these three women, who were younger than many of the students and, yet, had already experienced so many health challenges. One of our pre-session reflections posed the question, "How can we show empathy to those whose present situation we can't understand? … In both [texts] a common theme is that another individual (the husband, the physician) was not understanding of the situation and suffering of the individual" (Mukund Mohan, class comment, December 5, 2017). As might be expected, the students were quite adept at analyzing the deficiencies between various doctor-patient interactions in Manguso's and the supplementary texts, but they also gained some insight into the grayer shades of these interactions, well-intentioned as they might begin. One of our students observed nuances of navigating the sometimes murky waters of the doctor-patient relationship as she remarked, "Here is a situation where a doctor, who clearly meant well, unwittingly lost touch with understanding what the sickness role meant to the sick patient" (Shweta Ravi, class comment, December 5, 2017). As she further explored this complexity, she opined, "I suppose wading through these waters is the experiencing of humanism in medicine" (Shweta Ravi, class comment, December 5, 2017).

An unexpected surprise with Manguso's work in this setting was that students were not fazed by her unique style—brief snapshots of her illness eschewing temporality and the poetic but somewhat fragmentary nature of her prose. Perhaps because this course

self-selects, our budding scientists had no issue with the back-and-forth nature of this text. As one of the students wondered in his pre-class reflection,

> [Do] these short abrupt chapters provide emphasis to the author's point, or a sense of realism to her experience, or was this more just used to be able to incorporate a large number of different experiences and provide some sort of environment where the author doesn't have to overly describe situations/experiences, as the reader becomes used to these short snippets? (Anthony Vargas, class comment, December 5, 2017)

Another student discerned, "the extremely brief chapters seem to convey a staccato-like effect, reminiscent of how memory retrieval may be: disjointed, fragmented and often unclear" (Jason Siu, class comment, December 5, 2017). A direct quote from Manguso that another student included as a starting point for his reflection is: "Narratives in which one thing follows from the previous thing are usually imaginary" (Manguso 2009, 30).

Overall, discussing Manguso's illness narrative, as well as pairing it with shorter pieces written in different styles, served to challenge students' perceptions of form and prime them for their future interactions with patients and the nuances of the doctor-patient relationship as well as the inherent importance of communication therein. I think one of the things I initially struggled with in teaching these illness narratives to medical students was that the majority of my population was lucky enough not to have experienced serious illness thus far in their lives. Working with this collaborative pedagogy, I found Elizabeth Starr's suggestions of "bearing witness" (see her essay above) particularly helpful: even if my students do not *understand* the suffering on the level that empathy might require, they can respectfully *stand* with their patients and bear witness to their pain. This provides a useful bridge between the kingdoms of the ill and the well, as Sontag (1978, 3) so eloquently puts it, as our students and clinicians get their sea legs, so to speak.

Roles of narrative and the power of story

Cindie Aaen Maagaard

- Institution and instructor's position: University of Southern Denmark; Associate Professor in the Department of Language and Communication.
- Course details: Narratives in Theory and Practice (graduate-level [MA] elective).
- Course composition and demographics: 12 graduate-level (MA) students with English majors and Comparative Literature majors.

Manguso's memoir was included in the graduate-level elective—Narratives in Theory and Practice—that I taught to English majors at the University of Southern Denmark. The course was designed to develop students' understanding of narratological theories and to use these to analyze and reflect on the role of narrative in identity, sense-making, and human interactions within contexts of organizations and medicine.

It was a class of 12 bright students who knew each other fairly well from their bachelor's degree program, and I had taught over half of them before. There was a friendly atmosphere and a culture of academic curiosity and seriousness in the classroom. Students were experienced readers and came prepared to discuss the readings and their implications. As English majors, they were preparing for work areas involving communication or teaching, and about half of the students expressed interest in pursuing post-graduate research. About half of the students were taking a concurrent course in Uses of Literature, inspired

by the work of Rita Felski (2008), and they repeatedly mentioned that the two courses had clear intersections in their examinations of how the humanities help us deal with the complexities of the human condition.

I had not taught illness narratives to English students before, so it was important for me as a teacher that we were equipped with an analytical framework for approaching Manguso's challenging text. But teaching *The Two Kinds of Decay* taught me that this is not always enough.

In working with theory, I presented students with classical and postclassical perspectives on narrative. On narrative and identity, for example, we read Paul Ricoeur (1991) on concepts of *emplotment* and *narrative coherence* and their role in the examined life as well as Alexandra Georgakopoulou and Michael Bamberg (2008) on identity as ever-emergent in the small stories we tell in face-to-face interactions. We addressed issues of form by considering narrative completeness instead of fragmentary forms that challenge narrativity (Page 2010). This was with the intent of understanding the flexibility of narrative across facets of experience.

These perspectives informed our preparation for Manguso's memoir. I wanted us to be able to consider the relation between form and experience in light of normative ideas about coherence and closure, as well as how narrative can be a means to discover—or impose—lessons in illness. In addition, we prepared specifically for narratives in medicine by reading Charon (2016) on close reading and on the principles of attention, affiliation, and representation as well as excerpts from Arthur Frank's *The Wounded Storyteller*, including the metaphor of being "shipwrecked" to describe the disruption of a life story by illness (Frank 2013, 54).

In class discussions, the students made astute observations about Manguso's experiences of time: the sense that illness is over but that its reverberations continue; that remembering illness is not the same as understanding it; and that episodic representations framed by space are ways of isolating moments within a larger narrative arc to examine them closely. The students also recognized the paradoxes in some of Manguso's (2009, 183) enigmatic concluding pronouncements—"There are two kinds of decay: mine and everyone else's"; "This is the usual book about illness. Someone gets sick, someone gets well"; "Most people consider their own suffering a widely applicable model, and I am no exception"—and how these are ways of conveying both the singularity and sharedness of experiences of illness. In light of these issues, I felt that our theory-based preparations had equipped students to deal with the difficult text.

I discovered, however, that the text was difficult for students in ways I had not prepared for. In focusing on the text as an object of analysis, I neglected to prepare students for not only encountering but also discussing with others in a public context a memoir that, for some, had a strong emotional resonance. As it turned out, some students were visibly moved by the text, and a few shed tears. I was taken aback—by my own lack of forethought and sensitivity, coupled with surprise that I could be taken aback. How could I *not* have been attuned to this side of reading, the side from which our reading as embodied human beings so often begins?

How could I respond "standing on my feet," as we say in Danish? First, I tried simply to reassure students that this was a perfectly normal reaction—that the memoir explores vulnerability, fear, pain, and bodies and that, as humans, it is good that we can be moved by the experiences of others. We then discussed our views on the tensions between acknowledging the power of the text and our responses to it and maintaining our academic approach to, among other things, how and why the text prompts such responses. How do these intersect, and when, if ever, do we need to keep them apart?

There was no conclusive answer. But students lingered afterward and said it was one of the best classes they had had. It had mattered to them. And on reflection, I came to understand that moment—discomfiting as it was—as a lesson in the tensions addressed by Jurecic (2012) and Felski (2008), both of whom argue for the legitimacy of reading with recognition, emotion, or curiosity about the experiences of others, as a counterpoint to critical suspicion. In subsequent discussions with my colleagues in this project, learning about other teachers' preparations for these types of responses has been one of the most helpful lessons of our collaboration.

Conclusion

> This is suffering's lesson: *pay attention*. The important part might come in a form you do not recognize.
> —Manguso, *The Two Kinds of Decay* (italics in original).

The Two Kinds of Decay's final chapter consists of 11 statements, building varied attempts to name "suffering's lesson" (Manguso 2009, 183). Here, Manguso makes the observation that informs her work's title: "There are two kinds of decay: mine and everyone else's" (183). "The End" also leads her to consider the relationship between self-examination and the wider contours of illness narratives. On the one hand, as Krista Quesenberry and Cindie Aaen Maagaard note in their stories above, Manguso asserts: "This is the usual sort of book about illness. Someone gets sick, someone gets well" (183), presenting her own experience as a common one as well as reminding us of the genre conventions that can powerfully shape which narratives get attention. But immediately after, Manguso pivots. She writes, "Most people consider their own suffering a widely applicable model, and I am no exception" (183), putting assertions of universal experience under scrutiny and troubling the narrative's move towards closure. This chapter's resonances bring us to the core of our argument as we consider the value of our undertaking.

First, we are making a case for the value of teaching texts like Manguso's, which explicitly hold the narrating subject and form of illness narrative up for critical examination. As should be clear from the preceding classroom stories, *The Two Kinds of Decay* makes it difficult to ignore many aspects of illness narratives that are important for teaching in the health humanities. Manguso's interest in a "widely applicable model" for reflecting on the representation of illness experience also parallels what we gained from making connections through our teaching: this project allowed us to hold our teaching models up for examination with sustained attention and to share what we were doing. Our students range from first-year undergraduates on a pre-med track to advanced English majors to master's students to medical students; we hold posts at small colleges and research universities, working not just in literature and narrative theory but in creative writing and medicine. Making connections across classrooms can bring all our students into a much broader conversation, whether implicitly or, as was the case for some of us, overtly (in some classes, students were quite interested to learn that they were part of a multi-institutional collaboration). Teaching in conversation, we suggest, can help us all respond to the call of the health humanities to engage ourselves and our students with the range of perspectives that come together across disciplines, subject positions, and social contexts. It demonstrates how our pedagogy can respond to Jurecic's query about how illness narratives might enable "critical practices that are grounded in everyday life, practices that are rigorous, compelling and,

at the same time, socially engaged and thoughtfully empathetic" (Jurecic 2012, 17; see also Health Humanities Consortium 2021).

Throughout our work with Manguso's fractured and segmented story, her injunction to pay attention held true: important parts did indeed come in forms we did not immediately recognize. The self-referentiality in "The End" illustrates Manguso's experimentation with form throughout the memoir, making *The Two Kinds of Decay* a good book for talking about narrative structure or storytelling, but even for a group of faculty invested in helping students pay attention to how narratives work, Manguso's layered text opened up spaces for students to surprise us. While many of us initially worried that this text would pose difficulties for our students or would prove to be off-putting, we found that our classes welcomed the invitation to consider the questions Manguso was raising about how she represented her illness experience. Those of us who worked with STEM-based readers found that *The Two Kinds of Decay* challenged those readers to pay more attention to forms, structures, and matters of arrangement. In a discussion of how Manguso's text counters prescriptive cultural master plots of coherence and triumph, Maagaard (2020, 330) asserts that Manguso "offers the paradoxes and contradictions of illness, but not a way to resolve them." Although some of us were working with early undergraduates and others with advanced majors or graduate students, with attendant variations in the critical tools our students were able to bring to the task of reading, this project led us all to conclude that we should not shy away from challenging texts and that, given preparation and guidance, our students were ready for advanced thinking about narrative. Indeed, our experience affirms that an experimental text can productively challenge the normativity that can be hidden in traditional narrative forms.

Because of the pervasive self-reflexivity of this illness narrative, we found that Manguso both invites readers to align themselves with her, as she shares her experiences as a patient, and leaves room for readers to critically examine the limitations of her perspective. Manguso's text anticipates many contemporary critiques of the medical profession's failures to address the problems patients, especially women, face in their experience of under-researched and inadequately understood chronic illness. As we have detailed in many of our class narratives and address more fully below, many readers in our classrooms found Manguso's account powerful and moving. Yet, we found that Manguso also makes use of what Sidonie Smith and Julia Watson (2008, 357) have identified as "the rich complexities of acts of self-narrating and self-representation" available in life writing, including the self-reflexivity of self-critique. At some moments, Manguso announces this critique overtly, as when she notes, "Those who claim to write about something larger and more significant than the self sometimes fail to comprehend the dimensions of a self" (Manguso 2009, 183). At other moments, our students identified situations in which Manguso seems less aware of her limitations and her own immersion in class and white privilege as well as harmful social norms. As Quesenberry pointed out in a subsequent group discussion, *The Two Kinds of Decay* "does a good job of both noting some power differentials in the patient experience and overlooking many others," which leaves room for students to "point out issues of power and privilege" (Krista Quesenberry, email correspondence, July 17, 2022). We found that *The Two Kinds of Decay*, in this way, overtly invites a complex blend of engagement and critical reading.

Teaching Manguso served to highlight differences not just across institutions but within a single classroom, and we found that this text can generate rich discussions about what readers bring to and find within texts. We were struck by some of the differing reactions from our students at different institutions, often dependent on course context. Quesenberry draws attention in her teaching narrative to how one group of students may value, for

example, the contradictions and disruptions in Manguso's representation of illness experience, while others might find the same aspect of the narrative difficult. Depending on the course's structure and goals, students might be more oriented to read illness narratives in conversation with each other, while some might be more fully drawn to focusing on individual moments within a narrative, as Shena McAuliffe notes. Sarah Hardy's students demonstrate how even within a single introductory-level classroom, we read and record a text's layers and disruptions in varied and nuanced ways. Students who saw themselves as being trained to become medical practitioners reacted very differently to Manguso than those who empathized with her narrative as a patient. Erin McConnell reports, for example, that in the setting of teaching future medical practitioners, the emphasis was not only on cultivating empathy for the patient isolated in the chaos of their illness experience—and the ways in which a provider can both enhance and undermine the therapeutic relationship—but also on the importance of not discrediting the patient when their symptoms do not fit the illness script. McConnell suggests that this is a cautionary tale for future providers, a lesson in humility, and an embodiment of the importance of narrative medicine and of listening to the story the patient is telling, not the one we might expect to hear.

Across our courses, *The Two Kinds of Decay* thus offered a particularly productive entry point into the multileveled communication Phelan (2007, 6) asserts as part of a rhetorical narratology, "involving the audience's intellect, emotions, and values (both moral and aesthetic), and [how] these levels interact with each other." This space was not always an easy one, however: the complexity of our students' responses pushed each of us to "court discomfort" in our classrooms, as Blackie and Lamb (2014) would put it. Citing Megan Boler's framing of a "pedagogy of discomfort" as they describe their own teaching experience in the health humanities, Blackie and Lamb note that students' initial ethical or emotional responses must serve as the beginning of a longer process of inquiry that promotes greater awareness of one's own perspective: "The possibility of seeing in multiple ways simultaneously—and of seeing oneself in relation to others, for Boler insists this must be a 'collective' process—requires that participants in this 'culture of inquiry' become willing to 'inhabit a more ambiguous and flexible sense of self'" (Blackie and Lamb 2014, 493). We found that engaging Manguso's memoir could be an emotionally challenging process for students, even if we had worked to build a culture of inquiry in our courses.

One striking difference among our students was that some found Manguso's encounters with illness and healthcare entirely unfamiliar; for others, it resonated deeply with a personal experience in ways that a different illness narrative may not have. These kinds of differing perspectives can certainly contribute to the collective process mentioned above. Amy Rubens, in considering the role the health humanities can play in undergraduate composition courses, points out that "perhaps to a greater degree than other disciplines that court controversy, the health humanities allow students to draw from their own experiences (as opposed to mediated ones) when discussing contentious topics. This likely creates more authentic social familiarity among students" (Rubens 2017, 365). Our students—in health humanities classrooms as well as other contexts—have a range of experiences including, but not limited to, that of patients and future practitioners, and an important additional vantage point that we need to consider as we teach illness narratives is the embodied experience we all carry with us into the classroom. The willingness of some of our students to talk about these added contexts further reminded us that, as teachers, we bring our own experiences (and discomforts) with illness and health to the discussion. Maagaard points out that we need to cultivate an awareness of how these combinations of experiences can add unanticipated dimensions to the pedagogical conversation, and Elizabeth Starr

accounts for how that awareness can lay the groundwork for bearing witness to illness narratives. Our participants' narratives suggest many ways we might help prepare students for thoughtful and critical engagement in these conversations. To return to Juricec's observations mentioned in our introduction, Manguso's challenging text enables not only critical engagement but also valuable opportunities for "practicing acknowledgment"—for both students and those who teach them (Juricec 2012, 63).

Our most recent revision of this essay introduced the need to add a timely coda to the previous point, for our project has spanned multiple years that included the COVID-19 pandemic. All of us were immersed in the pandemic and impacted by its effects even as we taught and discussed *The Two Kinds of Decay*, as were our students. Manguso's experiences with misdiagnosis could not help but resonate with the poorly understood, emerging global situation around us. McConnell, teaching her students from the front lines of medical training and practice, notes some striking overlaps between Manguso's rare illness and the new epidemic of Long Covid: "patients presenting with the 'wrong symptoms,' medical tests being limited in their ability to explain the pathophysiology, patients being shuffled from specialist to specialist—feeling unheard, disbelieved, and suffering terribly all the while … at least Manguso had her abnormal EMGs to testify to the veracity of her illness" (Erin McConnell, email correspondence, July 10, 2022). McConnell observes that for medical practitioners treating such patients, "part of the validation of the care we provide is bearing witness to their suffering, letting them know that their symptoms are *real*, that they are not alone, … that the normal test results are a limitation of Western medicine, and not a personal failure on their part to be 'really sick'" (Erin McConnell, email correspondence, July 10, 2022). Though most of us were not treating patients in our daily professional lives, the pandemic invited us and our students to practice acknowledgment in ways that extended beyond teaching, reading, and discussing Manguso's memoir.

Ultimately, our project itself resonated with the structure of our chosen text: as we worked before and then during the pandemic, through busy lives filled with career and life changes, our collaboration moved forward with fits, starts, gaps, and interruptions. The time that elapsed heightened our awareness of changes to our own teaching over time; it sensitized our attention to each other's evolving teaching narratives as well. This joint teaching exercise reminded us to anticipate a wider variety of students than the ones we might have before us in a given course or a given semester. This project thus allowed us to see ourselves through the perspective of several overlapping contexts: across institutions, with distinct student populations and teaching goals, and through adjustments to classroom practice—over time and with each other's earned wisdom in mind. For instance, after working with a single shared text, we have gained a sharper sense of how we all situate individual illness narratives in a company of voices throughout the course of a semester; our conversation also sharpened our own thinking about the frames we were providing for students and what effect that might be having. Though illness narratives can speak to each other either overtly or accidentally, we have found that students at all levels tend to read such narratives recursively, noticing new things about a narrative they read earlier in the semester only after they have read more, varied examples of the genre. Together, we began to cultivate this recursive reading, which was so productive in many of our classrooms, by providing students with narratives and theoretical frameworks that help them attend to these connections and contestations. The collaboration allowed us to realize that a complex text like Manguso's memoir could bring about—across our student populations—the "uncomfortable ambiguity" that Blackie and Lamb (2014, 491) ask us to foster in health

humanities teaching. However, we realized something else: our work together helped us acknowledge the extent to which, as Boler (quoted in Blackie and Lamb 2014, 495) insists, a pedagogy of discomfort is a "mutual transaction" that includes our own uncomfortable moments as educators. As we taught this text with our own sometimes faulty assumptions about how Manguso would—or should—fit into our courses and into our own visions of illness and health, we learned not only from our students but from each other that we, too, needed space to question and challenge our preconceptions. Our collaboration accelerated and amplified our appreciation of productive discomfort in our pedagogy.

We want to close this essay with a call for more collaborative projects that enable cross-institutional health humanities teaching. This opportunity, for us, came as we extended relationships we were able to form at the Project Narrative Summer Institute at The Ohio State University; like many other participants, we are both enthusiasts for and strong proponents of PNSI. But we also want to suggest that there is a broader need to cultivate spaces that bring faculty together for intentional and intense dialogue around health humanities pedagogy. While academic conferences increasingly make space for scholarly discussions of teaching, even these venues are rarer than they should be. In our view, our collaboration has a special resonance in the health humanities, where conversations already depend on an openness to bridge disciplines and listen to the stories others can tell. As the medical and health humanities continue to map their development and identity, we have more to learn from each other about how we might, as Jurecic suggests, follow Latour in seeing our field as a gathering or assembly of many different parts, including the disciplinary and institutional approaches we take to health humanities teaching across varied fields, in both graduate and undergraduate classrooms (Jurecic 2012; Latour 2004). As Blackie and Lamb (2014) have noted, the undergraduate health humanities classroom, in particular, continues to be an under-examined and under-represented space, and we conclude that there are concrete benefits to placing these spaces in conversation with graduate and medical school classrooms. Forming and maintaining these kinds of relationships requires that we work differently, against the grain of academic structures that often isolate pedagogy scholarship within individual institutions and classrooms.

In short, we are extending Jurecic's call "to create intellectual arenas for the gathering of ideas" to the work of pedagogy. By gathering around our teaching, we gained useful critical insight into our own individual practices and examined our teaching choices more carefully with the benefit of the collective information that goes beyond a solitary reflection after a class has ended. Through our collaboration, we pushed each other and ourselves to build something larger than we could accomplish on our own. As a result of this experience, we advocate for more opportunities for these connections through teaching. This essay serves as a record of what we learned in the process of working together. However, we want to acknowledge the limitations of our project: we recognize that while we are at different stages in our careers and represent a range of different institutions and fields, we carry many forms of privilege as a group, not the least of which was working with small classes and having access to resources, either self-funded or from our institutions, that allowed us to devote the time to attend PNSI and to maintain connections with each other afterward. As part of our call for more collaboration around teaching, we emphasize the need to question how we might gather in intellectual arenas that are more open, accessible spaces and to consider how we might form relationships with institutions and classrooms that we might otherwise consider out of reach.

Appendix

Table 1

Table 1 Compilation of further readings used in courses

Author	Course reading assigned	
	Title	Year
Rita Charon	*Narrative Medicine: Honoring the Stories of Illness*	2006
	"The Shock of Attention"	2016
	"Close Reading: The Signature Method of Narrative"	2016
Rita Charon et al. (eds.)	*The Principles and Practice of Narrative Medicine*	2016
Emily Dickinson	"After Great Pain"	1976
	"There is a pain—so utter"	1976
	"Pain—has an element of Blank"	1976
	"Pain—expands the Time"	1976
Margaret Edson	*W;t*	1999
Rita Felski	*Uses of Literature*	2008
Arthur Frank	*Wounded Storyteller*	2013
Charlotte Perkins Gilman	"The Yellow Wall-Paper"	1980
Laura Hillenbrand	"A Sudden Illness"	2003
Kazuo Ishiguro	*Never Let Me Go*	2006
Ann Jurecic	*Illness as Narrative*	2012
Anne McDonald	"Time"	undated
Toni Morrison	*Home*	2013
Paul Ricoeur	"Life in Quest of Narrative"	1991
Ellen Samuels	"Six Ways of Looking at Crip Time"	2017
Richard Selzer	"The Knife"	1996
Susan Sontag	*Illness as Metaphor*	1978
William Carlos Williams	"The Use of Force"	1984
Virginia Woolf	"On Being Ill"	1926

Acknowledgements We want to thank Jim Phelan, Jared Gardner, and all of our colleagues who were a part of the 2016 Project Narrative Summer Institute (PNSI). Anyone who has participated in PNSI knows how rewarding those two weeks can be, enabling a sustained dive into the study of narrative in shared reading and deep conversation. Moreover, we continue to see and learn from Jim, Jared, and our PNSI colleagues year after year and greatly value the collegial friendships we formed there. The authors would also like to thank the editor and the anonymous reviewers from the *Journal of the Medical Humanities,* whose valuable advice made this a much better essay.

Authors' Contributions All authors contributed to the study's conception and design. Material preparation, data collection, and analysis were performed by Sarah Hardy, Elizabeth Starr, Cindie Maagaard, Shena McAuliffe, Erin McConnell, and Krista Quesenberry. The first draft of the manuscript was written by Sarah Hardy and Elizabeth Starr, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding The authors did not receive support from any organization for the submitted work.

Data Availability Not applicable.

Code Availability Not applicable.

Declarations

Ethics Approval (Include Appropriate Approvals or Waivers) The classroom discussions described by the authors were used for non-interventional study and were part of materials generated during routine course offerings.

Human and Animal Rights and Informed Consent Additional declarations for articles in life science journals that report the results of studies involving humans and/or animals.

Consent to Participate N/A.

Consent for Publication N/A.

Conflicts of Interest/Competing Interests The authors have no relevant financial or non-financial interests to disclose.

Endnotes

[1] Charon has written and spoken about the intersubjective nature of narrative medicine in many places, and our group benefited from having her as a visitor towards the end of our time at the PNSI, with a public lecture that expanded on this idea, delivered in Columbus, Ohio, on July 13, 2016. See, also, Charon (2012, 334–41).
[2] Although we do not have narratives of their class experiences here, two others from the Project Narrative Summer Institute also took part in this project and shared their insights as part of our roundtable discussion. Jules Odendahl-James taught the memoir in a theatre class that centered on the theme of adaptation; her students adapted the text for performance at the end of the term, and she noted that "Manguso's text offered them a productive way to think about chronicity in illness, and the way it affects time, shape, and emotion." Jared Gardner taught the text to a class made up primarily of pre-med undergraduates and emphasized to them that "in the clinical encounter, stories will be told out of order, including contradictory and repeated elements—and rarely if ever as masterfully and poetically as Manguso."
[3] A compilation of readings we used in our courses is included at the end of this essay.
[4] Thanks to Andrew Habana Hafner, Floris Wilma Ortiz-Marrero, and Catherine Savini, who made the case for early-semester questionnaires and shared models as part of a workshop to advocate for inclusive and equitable pedagogy (June 2015).
[5] For related studies concerning issues of empathy in medical training, see Graham et al. (2016). See, also, Hojat et al. (2009).

References

Berkowitz, Amy. 2019. *Tender Points*. New York: Nightboat Books.

Berry, Sarah, Therese Jones, and Erin Lamb. 2017. "Editors' Introduction: Health Humanities: The Future of Pre-health Education is Here." *Journal of Medical Humanities* 38 (4): 353–60. https://doi.org/10.1007/s10912-017-9466-0.

Blackie, Michael and Erin Gentry Lamb. 2014. "Courting Discomfort in the Undergraduate Health Humanities Classroom." In *Health Humanities Reader*, edited by Therese Jones, Delese Wear, and Lester D. Friedman, 490–500. New Brunswick, NJ: Rutgers University Press.

Charon Rita. 2006. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press.

______. 2012. "At the Membranes of Care: Stories in Narrative Medicine." *Academic Medicine* 87 (3): 334–41. DOI: https://doi.org/10.1097/ACM.0b013e318244728c.

______. 2016a. "Close Reading: The Signature Method of Narrative." In *The Principles and Practice of Narrative Medicine*, edited by Rita Charon, Sayantani Dasgupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel, 157–79. New York: Oxford University Press.

______. 2016b. "The Shock of Attention." *Enthymema* 16:6–17.

Cox, Rebecca D. 2011. *College Fear Factor*. Cambridge: Harvard University Press.

Dickinson, Emily. 1976. *The Complete Poems of Emily Dickinson*, edited by Thomas H. Johnson. Boston: Little, Brown and Company.

Edson, Margaret. 1999. *W;t*. New York: Farrar, Straus and Giroux.

Felski, Rita. 2008. *Uses of Literature*. Malden: Blackwell Manifestos. Blackwell.

Frank, Arthur. 2010. *Letting Stories Breathe*. Chicago: University of Chicago Press.

______. 2011. "Metaphors of Pain." *Literature and Medicine* 29 (1): 182–93.

______. 2013. *The Wounded Storyteller*. 2nd ed. Chicago: University of Chicago Press.

Georgakouplou, Alexandra and Michael Bamberg. 2008. "Small Stories as a New Perspective in Narrative and Identity Analysis." *Text and Talk* 28 (3): 377–96.

Gilman, Charlotte Perkins. 1980. *The Charlotte Perkins Gilman Reader: The Yellow Wallpaper, and Other Fiction.* New York: Pantheon Books.

Graham, Jeremy, Lauren M. Benson, Judy Swanson, Darryl Potyk, Kenn Daratha, Ken Roberts. 2016. "Medical Humanities Coursework is Associated with Greater Measured Empathy in Medical Students." *The American Journal of Medicine* 129 (12): 1334–37.

Health Humanities Consortium. 2021. "HHC Curricular Toolkit." Accessed August 15, 2022. https://healthhumanitiesconsortium.com/publications/hhc-toolkit/.

Hillenbrand, Laura. 2003. "A Sudden Illness." *The New Yorker*, June 30, 2003, 56–65.

Hojat, Mohammadreza, Michael J. Vergare, Kaye Maxwell, George Brainard, Steven K Herrine, Gerald A. Isenberg, Jon Veloski, Joseph S. Gonnella. 2009. "The Devil is In the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School." *Academic Medicine* 84 (9):1182–91.

Ishiguro, Kazuo. 2006. *Never Let Me Go*. New York: Vintage.

Jacobi, Kathryn A. 2011. "Embodied Consciousness in Non-fiction Illness Narratives: A Phenomenological-sociological Approach." PhD diss., University of Louisville.

Jurecic, Ann. 2012. *Illness as Narrative*. Pittsburgh: University of Pittsburgh Press.

Latour, Bruno. 2004. "Why Has Critique Run Out of Steam? From Matters of Fact to Matters of Concern." *Critical Inquiry* 30 (2): 225–48.

Maagaard, Cindie Aaen. 2021. "Countering Prescriptive Coherence in Narratives of Illness: Sarah Manguso's *The Two Kinds of Decay* and Maria Gerhardt's *Transfer Window.* In *The Routledge Handbook of Counter-Narratives,* edited by Klarissa Lueg and Marianne Wolff Lundholt, 321–33. London and New York: Routledge.

Manguso, Sarah. 2015. *Ongoingness: The End of a Diar*y. Minneapolis: Graywolf Press.

______. 2009. *The Two Kinds of Decay*. New York: Farrar, Straus and Giroux.

Matthews, Graham J. 2018. "Illness Narratives and the Consolations of Autofiction." In *Autofiction in English*, edited by Hywel Rowland Dix, 125–43. New York: Palgrave.

Mitchell, Emily. 2008. "Sick Days." Review of *The Two Kinds of Decay*, by Sarah Manguso. *New York Times Book Review,* June 22, 2008.

McDonald, Anne. n. d. "Crip Time: Time." Anne McDonald Centre (from the Internet Archive). Accessed on December 7, 2022. https://web.archive.org/web/20180703132620/https://www.annemcdonaldcentre.org.au/crip-time.

Morrison, Toni. 2013. *Home*. New York: Vintage.

Page, Ruth. 2010. "Re-examining Narrativity: Small Stories in Status Updates." *Text and Talk* 30 (4): 423–44.
Phelan, James. 2007. *Experiencing Fiction: Judgments, Progressions, and the Rhetorical Theory of Narrative*. Columbus: The Ohio State Press.
______. 2008. "Narratives in Contest; or, Another Twist in the Narrative Turn." *PMLA* 123 (1): 166–75.
Ricoeur, Paul. 1991. "Life in Quest of Narrative." In *On Paul Ricoeur: Narrative and Interpretation*, edited by David Wood, 20–33. London: Routledge.
Rimmon-Kenan, Shlomith. 2006. "What Can Narrative Theory Learn from Illness Narratives?" *Literature and Medicine* 25 (2): 241–54.
Rubens, Amy. 2017. "Uniting the Pre-Health Humanities with the Introductory Composition Course." *Journal of Medical Humanities* 38:361–71.
Samuels, Ellen. 2017. "Six Ways of Looking at Crip Time." *Disability Studies Quarterly* 37 (3). https://doi.org/10.18061/dsq.v37i3.5824.
Schreiber, Evelyn Jaffe. 2010. "Trauma, Memory, and Subjectivity: The Healing Power of 'Home'." In *Race, Trauma, and Home in the Novels of Toni Morrison*, 1–31. Baton Rouge: Louisiana State University Press.
Seltzer, Richard. 1996. "The Knife." In *Mortal Lessons: Notes on the Art of Surgery*, 92–104. New York: Harcourt Brace & Company.
Smith, Sidonie and Julia Watson. 2008. "The Trouble with Autobiography: Cautionary Notes for Narrative Theorists." In *A Companion to Narrative Theory*, edited by James Phelan and Peter J. Rabinowitz, 356–71. Malden: Blackwell.
Sontag, Susan. 1978. *Illness as Metaphor.* New York: Farrar, Straus and Giroux.
Spiegel, Maura and Danielle Spencer. 2017. "Accounts of Self: Exploring Relationality Through Literature." In *The Principles and Practice of Narrative Medicine*, edited by Rita Charon, Sayantani Dasgupta, Nellie Hermann, Craig Irvine, Eric R. Marcus, Edgar Rivera Colón, Danielle Spencer, and Maura Spiegel, 28–34. New York: Oxford University Press.
Williams, William Carlos. 1984. "The Use of Force." In *The Doctor Stories*, compiled by Robert Coles, with an introduction by William Eric Williams, 56–60. New York: New Directions.
Woolf, Virginia. 1926. "On Being Ill." *The New Criterion* 4 (1): 32–45.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.