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and redeeming narratives in Renaissance Europe; 1. Introduction; 2. The physician's perspective: The other's pain; 3. Pain in itself: The therapeutic power of language  
4. Heinrich von Hutten's case5. Conclusions; References; Primary sources; Secondary Sources; Part II. Narrative practices in health contexts; Illness narratives in the psychotherapeutic session; 1. Introduction: Narrative and illness in the psychotherapeutic session; 2. The concept of 'illness' in the medical profession; 3. Narrative patterns in psychotherapy; 3.1 The 'illness career' as illness narrative; 3.2 'This is how things go' as an illness narrative; 3.3 The 'catastrophe' as an illness narrative; 3.4 The 'metamorphosis' as an illness narrative 3.5 The 'problematic ego' as an illness narrative3.6 The 'problematic other' as an illness narrative; 4. Conclusions; Acknowledgments; References; Narratives that matter. Illness stories in the 'third space' of qualitative interviewing; 1. Introduction: Experiences from the world of qualitative research interviewing; 2. Qualitative and narrative interviewing: Aims and contexts; 3. An example: Practical aspects and minutiae of qualitative interviewing in the DIPEX program; 4. Patients' identities in the medical world; 5. Positioning experiences in the context of qualitative interviewing  
6. DIPEX interviewing as identity work in a third space7. Conclusions; References; "I would suggest you tell this ^^ to your doctor"; 1. Introduction; 2. Theoretical background; 2.1 The discourse of online support forums; 2.1 "Small stories" (online); 2.3 Intertextuality and metacommunication (online); 3. Data and methods; 4. Analysis; 4.1 Asking information-seeking questions; 4.2 Paraphrasing and reframing; 4.3 Constructed dialogue; 4.4 Using the board's quotation function; 4.5 Pointing; 4.6 Advising; 4.7 Summary; 5. Discussion and conclusion; References  
A genre analysis of reflective writing texts by English medical students

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Sommario/riassunto

The benefits of incorporating narrative methods in teaching and learning in medical education are now widely accepted through the work of scholars including Rita Charon, Brian Hurwitz and Trisha Greenhalgh. In this chapter we consider issues that arise during the process of implementing the teaching of narrative medicine within a medical curriculum that is dominated by bioscience content and assessments that are largely based upon assimilation of factual knowledge and competency in a range of clinical skills. In this context the medical humanities have had a mixed reception. We consider how  
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