

Bridging Disciplines

On Teaching Empathy Through Fiction

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*In 2016, the Norwegian government announced that public health and life mastery would be an overarching topic in all the subjects in high schools. Empathy may predict mental health issues, and fiction can encourage empathy. This article illustrates narrative empathy through the Norwegian novel *Begynnelser* (Beginnings) (2017) by Carl Frode Tiller. The aim is, to give a theoretical account of combined methods and insights from literary studies and narrative medicine in order to investigate how narrative empathy can emphasize mental health and life mastery in Norwegian literature when taught in high school. The article draws upon the thoughts of Bloom, Nussbaum, van Lissa et al. and Bryant on empathy and its meaning, Suzanne Keen's theory of narrative empathy and pedagogical perspectives from the field of narrative medicine, represented by Rita Charon. *Begynnelser* connects to the concept of life mastery and through a close reading of the novel in a sociocultural context, students can learn to recognize important details in the text. Character identification and narrative situation are two main techniques in narrative empathy and in the novel by Tiller. This article reflects upon, how students can identify with the main character, in terms of both categorical and situational empathy, and how the narrative situation can show the reader why the character's life unfolded as it did. The teacher must adjust the texts and the tasks to the particular group of students, and remember that teaching should not be a therapy session.*

In 2014, The Norwegian Institute of Public Health (2014: 161) announced that about 20% of children and young people in Norway suffered from mental health problems that affected their daily lives. Statistics from 2018 show increasing numbers. Mental health is a key issue and many have argued that it should have a place in the Norwegian educational system. In 2016, The Ministry of Education and Research announced a revision of the national curriculum that would integrate 'public health and life mastery' into all high school subjects. Life mastery concerns how to live a good and healthy life, and how to function well in society. It is about life choices and their consequences for mental and physical health. Attitude, self-respect, sexuality and interpersonal relationships are keywords. The Ministry stated, that it is important to address life mastery because it has a close connection to the development of a learning community, psychosocial environment and prevention of bullying.

Medical humanities represent interdisciplinary cooperation between the humanities and healthcare. Central questions are how art can enhance patient care and healthcare professionals' knowledge about patients. The focus is on the clinical meeting between doctor and patient, where knowledge about personal experiences of illness can give the patient a stronger voice in the treatment (Bernhardsson, 2010). Narrative medicine is a field that focuses on the pedagogical perspectives of medical humanities. The aim is to train medical students to carefully listen, by learning to close read, in order to gain a more nuanced insight into an illness. Kaptein et al. (2018: 2) discuss, what reading novels can mean in the context of the medical humanities: "*Novels are an almost endless source of description of how patients, their family and friends, health care providers and society make sense of illness [...]*". This makes one wonder, if novels can improve treatment, be therapeutic, and develop empathy. The focus has been on how art can contribute to medicine, but this article addresses how narrative medicine can supply the field of literature in high school. In this way, the article will demonstrate the meaningful transference of knowledge and methods between literature and medicine.

Gammelgaard and Boström (in publication) argue that the reason why mental illness is a well-known topic of fiction is that it is both a reaction to and a consequence of the meritocracy. Literature addressing mental illness can complement the traditional diagnostic process to include subjectivity and existential perspectives. In their textbook for Danish high school students, Gammelgaard and Boström aim to combine psychiatry, literary studies and pedagogy to show students how literature explores the mad mind and challenges the concept of normality. The aim is to teach students about different mental illnesses without being a text-

book in psychiatry. However, Ekornes (2018) interviewed teachers about their health-promoting work. Many of the teachers said that it is important to shift focus from diagnosis, diseases and negatively charged vocabulary to well-being and health, not to pathologize students and to teach in a safe context. In narrative medicine, it is common to use texts that do not directly emphasize illness: *"It is arguably easier to teach non-medically inflected texts, since the clinical or illness-related dimensions of a text can sometimes deflect attention from considerations of form."* (Charon et al., 2017: 183).

This article will discuss how the uses of fiction in a Norwegian educational framework can have the potential to create knowledge and dialogue about empathy, mental health and life mastery within the perspective of narrative medicine. I will illustrate Suzanne Keen's theory of narrative empathy through the Norwegian contemporary novel *Begynnelser/Beginnings* (2017)¹ by Carl Frode Tiller. Another research question emphasizes, how methods and insights from narrative medicine and the educational use of Norwegian literature can be brought together to teach high school students about mental health and life mastery. The article draws upon the thoughts of Bloom, van Lissa et al., Nussbaum and Bryant on empathy and its meaning. Suzanne Keen's theory of narrative empathy, with its focus on character identification and narrative situation (consonant and dissonant narration), will be used in the literary analysis of *Begynnelser*. Finally, the article will discuss how close reading, with the emphasis on attention, representation and affiliation, the keywords of narrative medicine, can be combined with narrative empathy and used in the high school classroom. The aim of this study is not empirical, but rather to reflect on how close reading can be implemented in the teaching situation and lead the way to increased empathy or at least raise important questions concerning health.

Perspectives on empathy

Empathy has no clear definition, and there is an inconsistency between the academic and the everyday use of the term. In the latter, empathy and sympathy seem to melt together as synonyms. An academic understanding is, that empathy means to observe and understand another's mental or emotional state. This involves setting one's own feelings aside, with the intention to feel and think like the other. Empathy is also about responding to someone's feelings. When we feel sympathy for someone, the focus shifts from the other to ourselves, and we imagine how we

would feel in the given situation. It has been claimed, that sympathy rarely results in an act of caring that gives a significant meaning for the receiver (Wiseman, 1996). Professor of psychology Paul Bloom argues against empathy:

“Empathy is biased, pushing us in the direction of parochialism and racism. While empathy can motivate prosocial behaviour, [...] it can also spark atrocities. Even when it is put to good use, empathic distress can be an ineffective motivator, as it can lead to burnout and exhaustion.” (2017: 25)

With this view, Bloom shows that empathy cannot be an exclusive good, which the broader discussion of empathy also shows. In the case of narrative medicine, it has been argued to depart from the concept of empathy to focus more generally on human interactions (Charon et al., 2017: 41). Bloom’s argument, on the other hand, is a result of a quite specific understanding of empathy as an assumption of another’s feelings. However, empathy involves more than this. I argue, that empathy could be a fruitful term to use, especially in a high school setting, precisely because of its ambiguity. The term demonstrates perspectives on human interaction that can be of significance for life mastery.

Nussbaum (2016) emphasizes how literature can stimulate ethical reflection. By reading, we challenge our prejudices and we are exposed to different perspectives. By entering the role of *“the judicious spectator”* (2016: 11), we can create a personal, yet distant connection to literature. As a reader, one can feel compassion but at the same time remain analytic and critical. This supports, the argument that reading fiction contributes to the development of empathy, which also involves the ability to create a balance between close and distant.

Are readers already empathetic or does reading promote empathy? Van Lissa et al. studied how the narrative perspective affects readers’ empathy towards complex literary characters and found that *“[...] participants with greater dispositional affective empathy reported greater empathic concern for the protagonist. More experienced readers, on the other hand, reported less empathic concern for the character”* (van Lissa et al., 2016: 51). Even though, we cannot say that reading actually makes us more empathetic, we can say that it is a starting point for reactions and emotional responses and this can create conversations and discussions that lead to both knowledge and demonstrations of experience (Bernhardsson, 2010: 54).

According to Bryant (1987), empathy can predict mental health in children and adolescence. The empirical data shows that children with low reported empathy have a higher risk of mental health issues. Children showing high empathy are

likely to develop stronger social relationships, and also to talk about and seek help to cope with their challenges. If one believes that empathy is teachable, high school students might be able to gain the same effects by learning to be more empathetic.

Narrative empathy

Suzanne Keen (2007) discusses the relations between reading novels and empathy. The theory of narrative empathy addresses how literary techniques manipulate reader responses and how reading can lead to shared feelings and mental simulation. Can we create conversations and discussions about mental health, life mastery and empathy in the classroom by using narrative empathy? Keen considers character identification and narrative situation as the two main techniques. Character identification is a complex process that takes place inside the reader based on the descriptions of characters, their qualities and skills and whether they are reliable. The character's goals, motives and behaviour can also be important for the identification. Keen argues, that the structure of the plot in a novel may help to make the reader identify with characters and that this can lead to the feeling of empathy. Hogan (2001) has divided empathy into two categories: categorical and situational. Categorical empathy is about identifying with people that are similar to oneself, in e.g. gender, age or ethnicity. Situational empathy, on the other hand, refers to having similar experiences as the person one is feeling empathy towards.

Research states, that a first-person narrator and an internal perspective have the best potential to create a close relationship between character and reader (Keen, 2007: 96-97). Van Lissa et al. (2016: 52) found that the narrative perspective did not have a great effect on an empathetic concern, but they "[...] revealed that the third-person perspective engendered less perspective-taking than the first-person perspective for participants older than 17.44 and was not significant for younger participants [...]". They also stated "[...] it is legitimate to think that literary reading may help shape empathic competencies by exposing young readers to complex and [...] ambivalent social situations" (2016: 60). This argument is highly relevant for high school students.

Regarding the concept of narrative situation, the focus will be on consonant and dissonant narration. In consonant narration, the narrator has a close temporal link to the narrated story, for example through the present tense. In dissonant narration, there is retrospection and the narrator often judges or reflects on the narrated experiences. *"This kind of first-person narration may then contain sharply dif-*

ferentiated voices of the 'same' figure, the experiencing self and the retrospective self [...]" (Keen, 2003: 36). This technique can be effective to show how, or if, the character matures.

Carl Frode Tillers' *Begynnelser*

I will now illustrate character identification and narrative situation, through the novel *Begynnelser* from 2017 by Carl Frode Tiller². This novel is closely linked to the concept of life mastery, both in theme and structure. The book is about the first-person narrator, Terje, a Norwegian environmentalist, who is hospitalized after a suicide attempt. Through the novel, we follow Terje's life back in time, and we experience episodes from his adult life, his youth and his childhood. We witness a troubled boy, a tragic family story and a passion for the environment. Central themes in the novel are interpersonal relationships, life choices, existentialism and environmental problems. The timeline in the novel is backwards and shows how Terje's life develops from death to the beginning, reflecting the novel's title. The novel emphasizes, that life mastery is about seeing the personal and interpersonal consequences of the choices we make. We can also see the same expanded temporal aspect in the novel's structure as in the concept of life mastery. Mental illness, on the other hand, can be temporary and have a limited timeline, which can be fruitful to discuss with students.

Character identification

Terje's character can be difficult to comprehend. Throughout the novel, he reviews his life in retrospect and we learn that he has moved back into his mother's house after suddenly ending his marriage. He is often unsociable, rude and sarcastic. This has the potential to make the reader irritated, but the more one gets to know him, the closer one comes to understand the reasons for his behaviour. On the day before he leaves his wife, he wakes up in the middle of the night with a disturbing feeling: "[...] *it felt like my head was going to explode because of intense, white noise*"³ (Tiller, 2017: 75). Terje experiences this several times and it even lingers when he feels happy (Tiller, 2017: 103) and in the hours before he drives in front of a lorry to kill himself (Tiller, 2017: 21). This white noise may indicate that he is losing control

over his mind because he cannot sort out and process all the impressions from his emotions.

His wife, Turid, reacts badly to the breakup and takes it out on their daughter, Marit. In this situation, the reader's response can potentially shift because Marit is very important to Terje, and he is trying to be the father he never had himself, who left him and his family. The reader may now feel sympathy for Terje and anger towards Turid. Terje had a bad temper when he was younger, and he was sentenced to community service for physically assaulting two men for flirting with and insulting his girlfriend (Tiller, 2017: 246). The reader may identify with this provocation, but the shock of violence establishes Terje as a frightening and unpredictable character. Because of the reverse timeline, the reader knows that Terje has changed, at least on the outside. As an adult he is no longer violent. The reader understands, that he still gets angry but he expresses it in other ways, for example by being rude to the ones he loves. He turns his focus inwards and does not want anyone to know what he is thinking; slowly he loses himself to his thoughts.

Consonant and dissonant narration

Begynnelser starts with consonant narration, which implies a close temporal link between Terje's presence and the narrated story. Terje is in the hospital and finds that his mother and sister are in the room. This is a bodily experience at first; he opens his eyes, watching his family members. They cannot see that he is looking at them, and Terje starts to realize that he is dying. The name of the second chapter is *two days earlier* and from here the reader travels back in time through dissonant narration. This technique and structure functions as a search for reasons why Terje's life unfolded as it did, and opens up options of interpretation. Do we really have a choice, or is it simply nature vs. nurture? Terje chooses to break out of an unhealthy lifestyle, moving to another city to study. He creates a better life for himself but an inner struggle is still tormenting him. He knows that his behaviour hurts people around him but he is unable to say and do what he knows is right. For example, after a disagreement with his wife, she tells him that their life is going to get better. He understands that this is a situation where he can choose between right and wrong; his answer can actually help to make everything better. Despite this, he turns away from his wife, leaving her crying (Tiller, 2017: 181). Words are stuck inside him and he gets lost in his own mind.

Dissonant narration enables the first-person narrator to comment and reflect on situations. Terje does this in a shallow way, as if he is also shutting out the reader from his life. He digresses from the timeline to talk about the environment and these anecdotes create stories within the story. He is deeply passionate about the environment, and he loves his job as an advisor for nature conservation. He fears that humans will ruin the ecosystem. However, there is an underlying theme that nature will outlive humans, for example when he thinks about the saying to *love one's neighbour* and how this should be expanded and applied to all the species on earth: "[...] *we should live in a way that the other species will miss us when our species is gone from the earth*" (Tiller, 2017: 214). This makes us realize, that he has hope, maybe not for humans but for nature.

As we approach the beginning of Terje's life, we understand that we are also witnessing his death. The stories within the story and the split narration and timeline melt together towards the end of the novel. As a child, he often imagined himself as an animal or that he entered the minds of other humans. The last episode of his retrospective narration is from the day his father left the family, which creates suitable tension. In this section, one wonders if the fantasy of being an animal is a childhood memory or if it is the present and the retrospective narration melting together to describe the experience of dying. Terje is becoming one with nature. His senses start to change, he alternates between being himself and other humans and insects and his hearing intensifies. He can hear the intense, crunching sound when his mother opens and closes her eyes. This can be a cue to the reader that this is from the consonant perspective, as hearing is said to be the last sense we lose before we die. The scene shifts from the childhood home to the hospital. He can see the seasons changing outside the window, from summer, the actual season of the childhood memory, to winter, the present time of his death. His mother's face changes from a young face to that of an old woman. Suddenly, Turid and Marit enter both his memory and the hospital room, but Terje does not understand this: "[...] *was that Turid and Marit entering, but how was that possible, I haven't met Turid yet, I thought, and Marit hasn't been born yet*" (Tiller, 2017: 332). Then the childhood memory interrupts, allowing the reader to feel the tension in the narrative form and the tension between life and death. His father's voice appears, asking him if he is ready to go. Terje says he is ready because Turid and Marit have finally arrived. In the last lines of the novel, Terje becomes a sparrow and as he is flying, all the countries, the seasons, time, the human souls and the animal souls all become one under his wings. This is a picture of harmony, and in this we can find a glimpse of hope.

The narrative form allows the reader to see how everything is connected. This is done by small circular structures that can contribute to the readers' interpretation of why Terje's life turned out the way it did. A good example is the repeated dinner dialogue: Turid asks Terje what he would like for dinner. She is just being kind and caring but he answers her rudely. In the very last episode in the book, the exact same dialogue is repeated. This time Terje's father, in the same kind and caring way, asks Terje's mother what she wants for dinner. This indicates that a part of our behaviour is the result of inheritance. Terje's childhood was traumatic in many ways; he had to take care of his mother, whom suffered from depression and alcoholism and took it out on the rest of the family. Yet Terje starts to mistreat his own family, just as his mother did, and in the end, he also leaves his family, as his father left him. Another important repetition in the composition is when Terje ends his retrospective journey on the day his father left, parallel with the story of him leaving his own family.

Teaching narrative empathy with methods from narrative medicine

How can narrative medicine and the teaching of literature work together in a high school classroom to create knowledge and encourage conversations about mental health and life mastery through a focus on empathy? Complex texts are necessary to create discussion, but mental illness should not necessarily be the primary theme of the text. Reasons for this can be to prevent the pathologization of students and to avoid creating therapy sessions. Learning about mental health and life mastery is not about treating ill students or defining illness. It is about preparing the students for adulthood; enabling them to live an optimal life by taking care of themselves and others. A healthy state of mind is a combination and a balance between internal and external factors and empathy is an element that can be included in this discussion. However, the teacher must not become a therapist. The focus must be on how and why we respond to literature, and how we can experiment with being both analytically and personally involved in a text. *Begynnelser* is a dark novel in many ways, and the story involves suicide. Careful consideration is important before presenting this book in a high school classroom. On the other hand, the novel does not dwell on suicide and mental illness is not a direct theme. Terje has the potential to promote both categorical and situational

empathy. He lives in a typical Norwegian society and in parts of the novel; he is at the same age as the students. The novel allows for situational empathy by appealing to the experience of growing up, learning about yourself and making the right, or wrong, choices. There are also social aspects of e.g. arguing or fighting with parents and friends. To prevent an overly personal connection to the topic one should focus on staying within the text. In this way, the students are actively working on text-analysis rather than e.g. self-diagnosing.

It is important to encourage high school students to see the link between experiences and emotional responses from fiction and their own behaviour in society and the world (Keen, 2007: xv). Charon and her colleagues developed narrative medicine with the intention to “*fortify healthcare with the capacity to skillfully receive the accounts persons give of themselves – to recognize, absorb, interpret, and be moved to action by the stories of others*” (Charon et al., 2017: 1). Attention, representation and affiliation are three keywords for narrative medicine. Attention is about maintaining a firm focus on listening to the one who is telling a story. Furthermore, this story needs to be uncovered and interpreted. The next step is to make a representation of this interpretation and present it to the teller. Affiliation is the result of attention and representation and involves the development of a union and cooperation between teller and listener, which will later lead to recognition and better care for the one who is ill (Charon et al., 2017: 3).

Narrative medicine is interdisciplinary but close reading as we know it from New Criticism is the main method: “[...] *close reading can bring readers to a fresh curiosity about and aliveness to what occurs in interactions between flesh and blood characters [...]*” (Charon et al., 2017: 18-19). Close reading is transferable to real-life situations. The text is divided into sections and then into smaller pieces and fragments. The reader learns to pay attention to details such as verb tenses and descriptions, marking important passages in the text, reading aloud, listening to the pronunciation, and seeing textual connections. In addition to close reading, prompted writing and discussions are important. Empirical work by Charon, Hermann and Devlin (2016) show that close reading used in clinical settings enhances the quality of patient care. The method of close reading came originally from literary criticism and is, therefore, already familiar to teachers of literature. What is new, however, is the aim and focus from narrative medicine. This shows the fruitful transportation of elements between research fields that we can see in interdisciplinary cooperation, such as medical humanities.

The reading process in narrative medicine is set within a sociocultural context, often in reading circles, and students cooperate to combine personal and interper-

sonal interpretations by being aware of their own and other readers' responses. There is a hope that close reading can subsequently foster the ability to 'read' and understand the people we meet (Charon et al., 2017: 167). Thein et al. (2015) investigated the role of emotional rules in literature learning and interpretation. In reading circles, students are confronted with (in)attention and outlawed emotions, feelings that they might have avoided in more open settings. It is important for teachers to accommodate spaces where emotional rules can be disrupted.

"The goal of cultivating such spaces is not to accept all responses uncritically, but is instead to allow students to experiment with new ways of interacting with others and new ways of positioning themselves within these interactions, creating spaces for a wider range of discourses and interpretive possibilities to surface." (Thein et al., 2015: 218)

Jurecic (2011: 24) is critical of the thought, that reading literature makes us more empathetic yet she claims that reading literature matters because it slows thought down and "[...] provides a rare opportunity for sustained focus, contemplation, and introspection". This is connected to uses of reading circles in the classroom, where the students can be invited to "[...] dwell in uncertainty and to explore the difficulties of knowing, acknowledging, and responding to others" (ibid.).

By finding and exploring situations in the world of fiction, one can identify different perspectives and then come to the realisation that stories can be 'thick': "In other words, a gesture only exists within multiple relationships – to a particular moment, a particular person, and to other means of expression – and thick description begins to unpack such narrative elements." (Charon et al., 2017: 23). This relates to what Iser calls *indeterminacy* or *Leerstellen*, the opportunity for the reader to fill the gap. To be able to see these layers and nuances and to create room for interpretations, it is important to pay attention to a wide selection of narrative choices and not just focus on theme and plot (Charon et al., 2017: 48). The core of both narrative empathy and narrative medicine is the reader response and its implications for empathy and caring about others. In literature circles, high school students can learn to use the keywords of narrative medicine while reading. Attention is about learning to slow down and focus on what is really going on inside the text. Representation takes place when students together start to talk about and interpret the elements of the story to search for a deeper meaning. Through affiliation, the students can learn to see the implications of these insights on their own lives and relationships.

Begynnelser is a complex novel, both in its description of Terje and in its narrative form. The reader may feel anger towards Terje but perhaps also compassion for him. A close reading of Terje reveals, that he is not at all a flat character and the reader can see him maturing through the dissonant narration. Discussion prompts from this novel, in the spirit of narrative medicine and in a mental health and life mastery perspective could be e.g. to think of important life choices and their consequences, to reflect on forgiveness or the effect of how we use our everyday language. The teacher could also ask the students to think about something positive to do for the environment or encourage them to reflect on what is beneficial to life on earth.

Reading is an activity with great potential to evoke perceptions and strong emotions, regardless of theme. If one is addressing mental health in a classroom, one must also reflect upon certain ethical questions. It is important to know the students' background to be able to choose the right texts and to plan a session with a varied pedagogical approach that covers their circumstances and needs (Lauritzen & Nesby, 2016). In a narrative medicine context, Spiegel and Spencer write: "*In any setting we remain hypervigilant about privacy and do not probe into personal experiences, nor do we set any expectations for self-disclosure*" (Charon et al., 2017: 45). Giving the students a chance to read the text and note down a few words on their response beforehand can also be a good idea to prepare them for what is coming and give them a chance to inform the teacher if they think the exercise is going to be too difficult.

Conclusions: Bridging disciplines

This article illustrates narrative empathy through the novel *Begynnelser* (2017) by Carl Frode Tiller. The character identification of the main character, Terje, has the potential to create both categorical and situational empathy. The narrative situation complements this identification, and through consonant and dissonant narration, students can learn about Terje's life and reflect upon why things turned out as they did. Empathy may predict the development of social relationships and the ability to talk about problems. Insights from the bridging of narrative medicine and the teaching of Norwegian literature suggest that the close reading of fiction, with a focus on attention, representation and affiliation, may lead to a better understanding of people around us. The sociocultural aspect is important, and teachers must adjust the texts and tasks to the particular group of students.

This article aims to contribute to the educational debate on how public health and life mastery can become an interdisciplinary topic in high school and more specifically how Norwegian teachers can integrate the topic in Norwegian literature classes in a responsible and safe way. Further research on teaching methodology is required and action research can be a fruitful approach to provide empirical data in this connection.

Notes

- 1 The novel is not translated into English. The direct translation is *Beginnings*, but I will use the original title throughout the article.
- 2 Carl Frode Tiller (1970) is a Norwegian author who achieved a breakthrough in 2007 with the novel *Innsirkling*. His books have been acclaimed for their complex structures and convincing character descriptions.
- 3 The novel has not been translated into English, so the quotes from the novel are my translations.

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