



LITERARY NARRATIVES AS A THERAPEUTIC RESOURCE IN THE EXPANDED CLINIC

NARRATIVAS LITERÁRIAS COMO RECURSO TERAPÊUTICO NA CLÍNICA AMPLIADA

NARRATIVAS LITERARIAS COMO RECURSO TERAPÉUTICO EN LA CLÍNICA AMPLIADA



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ABSTRACT

The use of literary narratives as a therapeutic resource has gained prominence in clinical approaches focused on subjectivity, autonomy, and person-centered care, as proposed within the perspective of the expanded clinic. Through contact with stories, characters, and metaphors, individuals are invited to reinterpret their life trajectories, access affective contents, attribute new meanings to the experience of suffering, and reconstruct identities shaped by illness. This chapter presents the experience of using literary texts as a clinical tool in a medium-complexity service of the Brazilian Unified Health System (SUS), articulating theoretical foundations from psychology, collective health, and narrative practices. The results demonstrate that literature operates as a shared symbolic territory, mediating processes of subjective elaboration and strengthening the principles of humanization and the expanded clinic. It is concluded that incorporating narratives into psychological care broadens the possibilities for intervention and reinforces the ethical-political commitment to practices centered on the subject, bonding, and the production of meaning.

Keywords: Narratives. Therapeutic Resource. Humanization.

RESUMO

O uso de narrativas literárias como recurso terapêutico tem ganhado espaço em abordagens clínicas direcionadas à subjetividade, autonomia e cuidado centrado na pessoa, como ocorre na perspectiva da clínica ampliada. Ao entrar em contato com histórias, personagens e metáforas, os sujeitos se veem convidados a reinterpretar suas trajetórias, acessar conteúdos afetivos, atribuir novos sentidos à experiência do sofrimento e reconstruir identidades marcadas pelo adoecimento. Este capítulo apresenta a experiência de utilização de textos literários como ferramenta clínica em um serviço de média complexidade do Sistema Único de Saúde, articulando fundamentos teóricos da psicologia, da saúde coletiva e das práticas narrativas. Os resultados demonstram que a literatura opera como território simbólico compartilhado, mediando processos de elaboração subjetiva e fortalecendo os princípios da humanização e da clínica ampliada. Conclui-se que a incorporação de

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narrativas ao cuidado psicológico amplia as possibilidades de intervenção e reforça o compromisso ético-político com práticas centradas no sujeito, no vínculo e na produção de sentido.

Palavras-chave: Narrativas. Recurso Terapêutico. Humanização.

RESUMEN

El uso de narrativas literarias como recurso terapéutico ha ganado espacio en enfoques clínicos orientados a la subjetividad, la autonomía y el cuidado centrado en la persona, como ocurre en la perspectiva de la clínica ampliada. Al entrar en contacto con historias, personajes y metáforas, los sujetos son invitados a reinterpretar sus trayectorias vitales, acceder a contenidos afectivos, atribuir nuevos sentidos a la experiencia del sufrimiento y reconstruir identidades marcadas por la enfermedad. Este capítulo presenta la experiencia del uso de textos literarios como herramienta clínica en un servicio de mediana complejidad del Sistema Único de Salud (SUS), articulando fundamentos teóricos de la psicología, la salud colectiva y las prácticas narrativas. Los resultados demuestran que la literatura opera como un territorio simbólico compartido, mediando procesos de elaboración subjetiva y fortaleciendo los principios de la humanización y de la clínica ampliada. Se concluye que la incorporación de narrativas al cuidado psicológico amplía las posibilidades de intervención y refuerza el compromiso ético-político con prácticas centradas en el sujeto, el vínculo y la producción de sentido.

Palabras clave: Narrativas. Recurso Terapéutico. Humanización.



1 INTRODUCTION

The expanded clinic, a concept proposed by Campos (2000), widely used in the field of collective health, emerges as a counterpoint to the hegemonic model, centered on the fragmentation of care. It is an approach that shifts the focus from the disease to the subject, recognizing him as an agent of his own therapeutic trajectory. By advocating practices that value bonding, autonomy, singularity and the shared production of meaning, the expanded clinic reinforces that care is produced in the relationship and encounter between professional and subject, configuring an ethical-political field of practices committed to integrality (Campos & Amaral, 2007; Cecílio, 2011).

This model is aligned with the guidelines of the National Humanization Policy (NHP), which emphasizes that health is produced in the intersubjective space, through devices such as qualified listening, welcoming, co-responsibility, and the shared construction of unique therapeutic projects (Brasil, 2013; Benevides & Passos, 2017). The PNH advises that care should not be reduced to technical intervention, but should contemplate symbolic, subjective, and relational dimensions of the human experience, recognizing that suffering is not only biological, but also permeated by social, affective, and cultural determinants.

In this scenario, literature emerges as a privileged source of symbolization, as it allows intimate experiences to find expressive ways mediated by metaphors, characters, and plots. Literary narratives offer a safe space in which subjects can project conflicts, affections and personal stories, opening up possibilities of elaboration that are often not realized through direct language. The symbolic power of narratives is discussed in different fields, such as psychology, as a projective and resignifying resource (Ricoeur, 1997; White & Epston, 1990), in anthropology, as a cultural way of organizing meanings and transmitting experiences (Benjamin, 1994; Bosi, 2006) and, more recently, in clinical psychology and mental health guided by the cultural perspective and the humanization of care (Charon, 2017; Frank, 2019).

This articulation between clinic and literature is strengthened by the international movement called Narrative Medicine, which highlights the importance of the ability to recognize, interpret and be affected by people's stories, as a central element of comprehensive health care. Charon (2017) argues that professionals capable of listening to narratives tend to build more robust therapeutic relationships, better understand the subjective experience of illness and support more humanized care trajectories. Recent studies indicate that the clinical use of literary narratives contributes to the expansion of the subject's reflective and critical capacity, symbolic elaboration of experiences, strengthening of autonomy, reduction of stigma and social isolation, reorganization of the identity crossed by falling ill, and greater adherence to care practices (Greenhalgh & Hurwitz, 2021; Hydén,



2018; Jones et al., 2023; Thomas et al., 2020). In addition, research in the area of community mental health has shown that narrative devices facilitate the reconstruction of dominant stories marked by suffering, allowing subjects to produce alternative, plural, and powerful accounts, aligned with collaborative and person-centered approaches (Slade, 2017; McCormack & McCance, 2021).

From the psychological point of view, literature dialogues with the notion of transitional space proposed by Winnicott (1975), functioning as a bridge between the internal world and the shared reality. The literary text operates as an intermediary object that facilitates projection and affective management, creating a potential field in which the subject can experience emotions, reorganize memories and reconstruct personal narratives in a safe way. In other words, literature not only reflects experience, but transforms it, offering symbolic resources to re-inscribe pain in new contours. In this sense, the use of literature as a therapeutic resource is aligned with narrative practices (White & Epston, 1990), which understand that identities are constructed by the stories we tell about ourselves and the world.

Literary narratives allow the subject to see himself through metaphors, moving from the place crystallized by suffering and producing new possibilities of language, understanding and action. Mediated reading, by favoring displacement, identification and projection, broadens the clinical field and allows non-linear, non-pathologizing and deeply symbolic forms of subjective elaboration. Thus, this chapter discusses the incorporation of literary narratives in the psychological practice of a medium-complexity service of the Unified Health System (SUS), theoretically situating this experience, connecting it to the field of collective health and humanization, and analyzing its effects on clinical-narrative care.

2 METHODOLOGY

This is a qualitative study derived from psychological clinical practice in a specialized service for care for social diseases. The approach used considers that the clinical phenomenon related to the subjective experience of illness requires methods capable of accessing senses, meanings and narratives produced by the subjects in their historical and social context (Gadamer, 2011; Ayres, 2007). The interventions took place in the context of individual psychological follow-up, based on the expanded clinic and the principles of collective health (Brasil, 2013). This framework enabled the shared construction of unique therapeutic projects, aligning welcoming, bonding and qualified listening with the consideration of the social determinants that cross psychic suffering, especially in the care of people in vulnerable contexts.



Literature was incorporated as a therapeutic device in a process that articulated three main axes: i. selection of literary works according to the emerging demands in the consultations, considering moments of crisis, recurrent themes and subjective needs perceived in the therapeutic process. This choice was made in a situated and contextual way, respecting the rhythm and history of the subjects served; ii. mediated reading, with excerpts strategically chosen to promote identification, affective displacements and opening of meanings. The mediation comprised both reading aloud and the presentation of textual fragments that functioned as symbolic devices to access emotions, memories and conflicts. The scientific literature points out that mediated reading facilitates processes of symbolization by producing a transitional space that brings together imagination, subjectivity, and sharing (Winnicott, 1975; Charon, 2017); iii. clinical-narrative conversations, in which literary history functioned as a metaphor, symbolic mirror and axis for the reorganization of the subjects' experiences. This dialogue between text and life favored narrative reconstruction, allowing subjects to review their own stories under new meanings, a resource widely discussed in narrative practices in health (White & Epston, 1990; Frank, 2019).

The choice of works considered criteria such as symbolic power and metaphorical richness; linguistic accessibility, in order to ensure that texts were understandable and affectively mobilizing; thematic relevance and convergence with observed demands, such as stigma, bonds, resilience, autonomy and finitude; stylistic diversity, such as novels, diaries, short stories, letters, chronicles and contemporary literature; ability to operate as a projective and resignifying device, as widely discussed in contemporary bibliotherapy (Brewster, 2018; Haque et al., 2022). We sought to select works that dialogued with realities common to service users, whether through experiences of inequality, invisibility, overcoming or subjective reconstruction, understanding that thematic proximity favors empathetic and identification processes.

The analysis of the experiences took place from a cross-sectional perspective, of an interpretative nature, supported by reflective clinical records. The meanings attributed to the works and conversations were understood as shared constructions, emerging from the clinical encounter, and not as universalizable interpretations or disconnected from the social context. This methodological stance is in line with the ethics of collective health care, which recognizes the uniqueness of each subject and the impossibility of abstracting suffering from their material conditions of existence (Ayres, 2021; Cecílio, 2011).

The analyses prioritize procedural and comprehensive descriptions, and do not refer to the individual subjects.

3 RESULTS AND DISCUSSION

3.1 LITERATURE AS SYMBOLIC MEDIATION IN THE EXTENDED CLINIC

The consultations showed that the texts function as intermediate objects (Winnicott, 1975), producing a transitional space between the lived and the narrable. In this potential space, in which fantasy and reality coexist, the subject finds favorable psychic conditions to express conflicts, access pre-verbalized experiences and reorganize meanings about his own history. Literary mediation allows affections that are difficult to be named to emerge in an indirect, metaphorical way, favoring a less threatening and, at the same time, revealing communication. This transitional field functions as a facilitating environment, in which the literary narrative acts as a symbolic surface onto which it is possible to project fear, pain, desire, and hope.

As with playing, literature mobilizes imaginative processes that make psychic defenses more flexible and expand subjective repertoires, favoring the work of emotional elaboration. Recent studies have shown that narrative devices produce greater emotional openness and reflective capacity even in contexts of chronic suffering, trauma, and social vulnerability (Charon, 2017; Hydén, 2018; Brewster, 2019).

In the context of the expanded clinic, this phenomenon acquires specific relevance. Literature, by functioning as a shared symbolic territory, brings professional and subject closer together through a common aesthetic and narrative experience. Such sharing displaces the traditional asymmetry of the clinical relationship and favors the construction of more horizontal bonds, in which the subject is recognized in his uniqueness and in his capacity to produce meaning about himself. Narrative, in this sense, plays a fundamental role in the co-authorship of care, a central principle of expanded clinical practice and contemporary research that reinforces that fictional or autobiographical stories operate as interpretative frames that allow the reorganization of identities impacted by illness (Campos, 2000; Benevides & Passos, 2017).

Frank (2019), when discussing disease narratives, points out that stories work as devices for moral and emotional reconstruction, especially when the experience of falling ill threatens the subject's biographical continuity. Literature thus offers a possible language when everyday life is insufficient. Literary mediation also dialogues with the notion of narrative resignification described by White and Epston (1990). By coming into contact with characters, plots and metaphors, the subject expands his possibilities of reading himself and his own trajectory.

Clinical reports indicate that the texts function as symbolic mirrors that return to the reader aspects of their history in a displaced way, enabling the reconstruction of identities



previously marked by stigma, pain or silencing. These processes are in line with recent studies on alternative narratives and mental health, which highlight how symbolic production can reduce isolation, increase a sense of belonging, and favor subjective agency (Slade, 2017; Foster et al., 2021). It is important to highlight that literature, by introducing a third element into the clinical space, operates as a mediator of the therapeutic relationship. This symbolic third reduces direct emotional exposure and allows sensitive themes, such as violence, abandonment, death and fragility, to be addressed with greater psychic security. The literary narrative works, therefore, as a bridge to the unspeakable, facilitating subjective contents to be gradually integrated into the subject's discourse.

Next, the clinical use of each work and its articulation with contemporary theories are discussed, highlighting how different literary texts produce specific therapeutic effects and contribute to the construction of more meaningful and humanized care itineraries.

3.2 NARRATIVES OF RESISTANCE AND INTERSECTIONALITIES

The reading of Quarto de Despejo (2014) was used as a starting point for reflections on resistance in contexts of social vulnerability. The protagonist of the work provokes an immediate identification, enabling access to affections often silenced by the harshness of everyday reality. By narrating, in the form of a diary, her conflicts, fears, indignations and hopes, she offers readers a powerful symbolic mirror, capable of welcoming experiences marked by exclusion, precariousness and inequality.

In the clinical context, the work appears as a mediating device that authorizes the expression of previously encapsulated pains. Many of the contents that emerge during the reading, such as motherhood, female overload, structural violence, affective abandonment, everyday racism, become narrable because they were first presented in the author's words. As authors of narrative hermeneutics point out, the literary text can open cracks of symbolization capable of transforming what seemed unnameable (Ricoeur, 1997).

The reading of the excerpts from the diary produces a strong identification among women who experience social and affective vulnerabilities. In the clinical encounter, it allows the creation of a common territory in which issues of race, gender, poverty and motherhood emerge in a shared way. This experience is aligned with what the literature calls collective testimony, a process by which individual experiences are recognized as part of social structures of oppression, reducing the feeling of personal guilt and strengthening the perception of social injustice (Santos, 2018; Mbembe, 2019). The clinical effects dialogue with current studies on narratives of resistance, which recognize the role of stories in the reconstruction of dignity and in the elaboration of structural violence (Kilomba, 2019; Ribeiro,



2020). By recognizing themselves in the author's struggles and courage, women can then name experiences that were previously silenced. This naming process has been described as a fundamental step in subjective transformation, as restoring language to pain is also restoring agency (hooks, 2019; Crenshaw, 2020).

In addition, the work produces important displacements in relation to the notion of individual failure, often internalized by women who experience multiple oppressions. Collective reading favors the understanding that suffering, overload, and illness are not expressions of personal insufficiency, but consequences of structural inequalities that fall disproportionately on black and poor women, a central understanding for clinical practices aligned with collective health and intersectional approaches (Collins, 2019). By rereading their own stories in the light of Carolina Maria de Jesus, the women find themselves able to reinterpret their experiences, finding new meanings for trajectories previously marked by guilt and silence.

3.3 BONDS, TRUST AND AFFECTION

The Little Prince (2009) provides a symbolic displacement that allows access to relationships, the difficulty of trusting and establishing stable bonds, as well as experiences of loss, affective responsibility and care. Through a poetic and apparently simple narrative, the work operates as a powerful metaphor to understand the complexity of human bonds and the movements of approximation and distancing that characterize affective life.

The relationship between the prince and the fox, highlighted as the ethical core of the work, mobilizes discussions about reliability, fear of abandonment, the need for care, the importance of affective presence and the value of meaningful bonds. The process of captivating, described in the book as the gradual construction of intimacy, can be especially useful for working on topics such as time, patience, emotional responsibility, and the conditions necessary for a bond to flourish. This metaphor offers a safe language to talk about limits, expectations and frustrations in relationships, without the direct exposure that could trigger more rigid psychic defenses. From a clinical point of view, the work produces a favorable environment to revisit experiences of insecure attachment, affective ruptures, and feelings of loneliness, themes widely discussed in contemporary studies on interpersonal relationships, relational traumas, and emotional regulation (Mikulincer & Shaver, 2019; Cozolino, 2020). The passage in which the fox affirms the responsibility of what is captivated makes it possible to access ethical and emotional issues present in human relationships, a theme that is aligned with collective health discussions about care as a relational practice and everyday ethics (Ayres, 2004; Mol, 2008). The metaphor works as a narrative model to



reflect on the construction of intimacy and on the inevitable pain that accompanies every meaningful relationship. Recent research shows that literary metaphors facilitate emotional understanding and the development of socio-emotional skills, by making abstract concepts more accessible and experiential (Camargo & Silva, 2021; Johnson, 2019).

Pequeno Príncipe works as an intermediate language, allowing access to subjective layers related to intimacy, autonomy and bonding. This symbolic mediation reduces resistance and favors the expression of fragilities. The work also contributes to working on notions of self-care, since several excerpts address responsibility with oneself, courage to make internal crossings and the search for meaning in the midst of existential challenges. The prince's journey between different planets opens space for discussions about choices, personal values and relationships that sustain the subject in his trajectory, offering a rich metaphor to understand the uniqueness of human paths.

Finally, it operates as a device for the reconstruction of meaning, allowing subjects to revisit their relational histories and resignify experiences of pain, loss or vulnerability. The poetics of the work broadens interpretative horizons and reinforces the notion that care takes place in the encounter and in the possibility of building, together, new narratives about oneself and the other.

3.4 LOVE, FINITUDE AND CARE IN ILLNESS

Carta a D. (2007), a work in which André Gorz narrates his life alongside his sick partner, opened space for deep reflections on care, emotional dependence, affective solidarity and finitude. The narrative, written as a farewell letter, calls on the reader to access sensitive dimensions of the human experience, grow old alongside the other, follow the progressive illness, deal with announced losses and sustain love even when vitality is gone. In the clinical context, the text works as a mediator to address themes that are generally difficult to be directly enunciated, such as the fear of death, ambivalence in the face of dependence, guilt for not being able to offer all the care one desires, and anxieties related to the inevitability of time.

Gorz's intimate writing mobilized affections related to the fragility of the human condition, evoking a type of empathy that favored emotional openness and the expression of fears, desires, and expectations about the future. The narrative also made it possible to discuss care as a relational practice, and not just as a task or moral obligation. Authors of collective health and human sciences, such as Mol (2008) and Ayres (2004), argue that care is always a shared, situated, singular construction permeated by affections. *Letter to D.* reiterates this perspective by showing that care is not reduced to technical interventions, but

involves presence, tenderness, emotional availability, negotiation and, above all, mutual recognition. In addition, the work offers symbolic material to think about aging and vulnerability as stages inherent to existence, and not as failures or losses of value.

Reading causes important shifts, such as the understanding of one's own fragility as part of the human condition and favors more compassionate processes with oneself. In the contemporary scientific literature, care narratives have played a central role in understanding chronic illness as a biographical experience, that is, as a process that reorganizes identities, bonds, and ways of being in the world (Frank, 2019; Hydén, 2018). The reading of *Letter to D.* offers a narrative framework to reorganize one's own experiences.

Gorz's letter also makes it possible to discuss the impact of illness on marital and family dynamics, bringing up issues such as asymmetry in care roles, fear of becoming a burden to the other, affective readjustment in the face of bodily changes, renegotiation of intimacy and proximity, anticipatory grief. These themes emerge in a more fluid way because they are first presented in the work, allowing the subjects to talk about themselves mediating their emotions through the story of a literary couple. Another important element is that *Letter to D.* allows us to explore the ethical dimension of love, understood not as a romantic ideal, but as a daily commitment, as a repeated choice, as an effort to sustain each other.

Finally, the narrative brings to light the possibility of finding meaning in the face of finitude, dialoguing with existential authors such as Yalom (2020) and with contemporary approaches to care that emphasize the importance of producing meaning and dignity until the end of life (Kellehear, 2020). This interpretative movement helps subjects to deal with fears related to physical deterioration, isolation and the idea of ending cycles. Thus, *Carta a D.* functions not only as a literary work, but as a therapeutic device capable of expanding the subject's understanding of himself and his bonds, favoring processes of symbolization deeply aligned with the expanded clinic and the humanization of care.

3.5 AUTONOMY, SELF-ESTEEM AND COMPLETENESS

The missing part (2015), by Shel Silverstein, was used to work on themes such as autonomy, completeness, self-esteem and sense of identity, provoking reflections on what is missing – and what, in fact, can fill – the individual paths of each one. Despite its apparent graphic and textual simplicity, the book operates as a powerful existential metaphor, allowing access to complex subjective content through playful and accessible images. The narrative of the character who incessantly seeks the missing part mobilizes issues related to affective dependence, the feeling of emptiness, the expectation that another or another relationship will come to fill internal difficulties, and the challenge of developing emotional self-sufficiency.



In the clinical context, this metaphor facilitates the identification of relational cycles marked by patterns of compulsive search for approval, fear of abandonment, difficulty in perceiving oneself complete, and tendency to self-accuse when bonds fail, elements frequently observed in experiences of affective suffering.

The book is also especially useful for discussing psychic limits: what is possible to share with the other and what is up to the subject to elaborate with himself. The metaphor of the piece that adapts or not to the fit allows us to work on themes of compatibility, affective autonomy and freedom of movement, relevant to situations of abusive relationships, emotional dependencies and separation difficulties. Recent studies in metaphor-based psychotherapy demonstrate that literary images favor the exploration of rigid emotional schemes, facilitating access to core beliefs such as not being worthy of love, needing to be perfect to be accepted, or about the impossibility of being alone (Hayes et al., 2020; Stoddard & Afari, 2014). The Missing Part works as a visual and poetic resource to question these beliefs, allowing subjects to observe their own internal narratives with more detachment and kindness.

The character's journey dialogues with movements of advancement and retraction present in affective maturation. In clinical care, this symbolic aspect allows working on the right to time, process and contradictions that are part of the construction of a coherent and autonomous identity. Another important element is the exploration of the idea that completeness is not a state, but a process. Mediated reading opens space to problematize the fantasy of absolute completeness, articulating with collective health references that emphasize the need to recognize vulnerabilities, historicity, and limits as a constitutive part of human living (Ayres, 2014; Mol, 2008).

Finally, the work also contributes to strengthening self-esteem and a sense of self-worth, by allowing the perception that looking for missing parts is a shared, human, and legitimate experience. This recognition reduced feelings of inadequacy and favored greater compassion for themselves. The playful language of the book also reduced resistance, creating a welcoming emotional environment that facilitated access to sensitive topics.

The Missing Part operates as a versatile therapeutic device, allowing us to work on emotional dependencies, reconstruction of the *self*, autonomy and limits, fundamental themes in multiprofessional team care and in the practices of the extended clinic, which value singularity and the shared production of meaning.



3.6 INVISIBILITY AND RECOGNITION

The Hour of the Star (1998) can be mobilized to discuss the feeling of social and affective invisibility that crosses people's lives. The character Macabéa, marked by social erasure and lack of self-knowledge, becomes a powerful symbolic figure to address themes such as difficulty in recognition, existential loneliness and silent hope. Her trajectory, apparently simple, reveals deep layers of precariousness and resistance, inviting the reader to look at the humanity that persists even in the most silenced lives.

Clarice Lispector's narrative, with its lyrical, fragmented and introspective language, offers multiple possibilities of interpretation. This polyphonic character, highlighted by Bosi (2006), intensifies the potential of the work as a therapeutic device, since it allows different subjects to identify with specific nuances of the text: the feeling of not belonging, the desire to be seen, the protected naivety, the waiting for something that never arrives.

Mediated reading favors the expression of feelings muffled by contexts of social exclusion, structural violence and lack of recognition. Clinically, The Hour of the Star illuminates experiences of precarious subjectivity, a concept discussed by Butler (2016), which refers to lives considered less worthy of care, representation, and protection. This identification opens space for the naming of pains, the rescue of neglected histories and the understanding of suffering as a result of insymmetric social processes of marginalization.

The use of the work also favors the discussion of issues related to intersectionality (Crenshaw, 2020), since Macabéa is simultaneously crossed by poverty, gender, and regional inequality, dimensions that, combined, enhance its invisibility. By recognizing these layers of oppression in the character, it is possible to understand one's own experiences of exclusion as part of a broader context, reducing the internalization of guilt and broadening the understanding of oneself as historical and social subjects.

Macabéa's narrative also allows us to explore the theme of silent hope, a form of vague, almost imperceptible expectation that often sustains psychic survival in conditions of great adversity. This small, poorly articulated hope appears as a vital force that remains despite the lack of external recognition. Reading thus becomes a space to legitimize non-idealized forms of hope, as discussed by Pesavento (2019).

Another important element is the possibility of working on the idea of being seen, which is fundamental for the processes of subjectivation. The character embodies an existence that goes unnoticed by society, but which, when narrated, gains dignity and visibility. This literary gesture dialogues with the proposal of the expanded clinic, in which the therapeutic encounter is a space to restore the gaze, recognition and speech, essential dimensions to build autonomy and meaning (Campos, 2000; Ayres, 2017). By identifying aspects of their stories



in the character, it is possible to trace new paths of recognition and narrative reconstruction, breaking with discourses of devaluation that had often been introjected throughout life.

The Hour of the Star offers a potent metaphor for discussing how seemingly small or socially disregarded lives can carry great emotional and philosophical depth.

3.7 CREATIVE LONELINESS AND ELABORATION OF LOSSES

Letters to a Young Poet (2013), a work written by Rainer Maria Rilke, offers symbolic support to reflect on loneliness, time, creativity and the need to remain with what hurts. The correspondence between the poet and the young aspiring writer functions, in the clinical context, as an internal, welcoming, provocative and profoundly human other, which invites the subject to look inside himself and to inhabit his own interiority with less fear and more curiosity.

The letters mobilize reflections on the experience of loneliness, described by Rilke not as isolation or abandonment, but as a necessary condition for the flourishing of the *self*, creativity and authenticity. This approach can be liberating, as it allows us to understand loneliness as a space for self-care, affective reorganization, and reconstruction of meaning, especially in moments of mourning, affective breakups, illness, or existential transitions.

Clinically, the work is presented as a metaphor for the process of inhabiting pain, a concept also present in psychology (Yalom, 2020; May, 2015). Instead of avoiding or silencing suffering, Rilke invites the reader to welcome it as a constitutive part of psychic life. This opens space for discussions on how to deal with losses, uncertainties, and helplessness without immediately resorting to defense mechanisms that interrupt the elaboration process. This internal other, built by reading, works as a transitional support that makes it easier to revisit old wounds and name imprecise pains. Recent research shows that reflective writing, combined with the use of epistolary texts, favors processes of emotional self-regulation, narrative reorganization, and resignification of losses (Pennebaker & Smyth, 2016).

The reading of Letters to a young poet stimulates the resumption of diaries, notebooks or spontaneous writing practices, recognizing in this gesture a way to express affections and organize thoughts. Writing appears as a form of reencounter with oneself, as a therapeutic device and as a tool for the reconstruction of one's own history, coherent with narrative practices in health (White & Epston, 1990).

The work also allows us to reflect on time and internal maturation. Rilke reiterates that important processes in life cannot be rushed, but require waiting, patience and symbolic gestation. For those who experience social pressures, frustrations, or affective urgencies, this perspective offers relief and reorganization: they recognize that not every response needs to



be immediate and that certain subjective movements only reveal themselves over time. Another relevant point is the stimulus to authenticity: Rilke invites the young poet to seek his own answers, and not those of the world. Clinically, this invitation helps to differentiate between external expectations and internal desires, promoting greater emotional autonomy, a fundamental dimension in the extended clinic, which values the uniqueness and co-authorship of the subjects in their care process.

Finally, the cards reinforce the idea that suffering and beauty can coexist in the human experience. This gaze facilitates the elaboration of grief, the understanding of affective ambivalence, and the legitimization of pain as an integral part of psychic life, rather than something to be eliminated or hidden.

3.8 RECOGNITION OF VIOLENCE AND PSYCHIC RECONSTRUCTION

This is how it ends (2022), widely used in contexts of discussion about abusive relationships, proves to be a therapeutic resource to enable the expression of experiences by shifting pain to the fictional field. This symbolic mediation is essential in cases of violence and emotional abuse, in which the direct exposure of the experience can be excessively painful or generate intense feelings of guilt, shame and psychic confusion.

By following the trajectory of the protagonist, who alternates between affective ambivalence, it becomes possible to identify similar patterns in her own stories. Fiction, by offering a structured plot, allows the person to recognize himself in certain situations without feeling immediately threatened, favoring the resignification of traumatic memories and the gradual reconstruction of the psychic limits violated by the abuse. In the clinical context, the work works as a metaphor to understand cyclical dynamics of abuse, recognize subtle signs of violence, discuss ambivalence between the desire for permanence and the need for withdrawal, address the difficulty of breaking in relationships marked by emotional dependence, legitimize feelings of fear, shame and insecurity, and rescue autonomy and a sense of self-worth. In line with current studies on bibliotherapy and violence, fiction has been shown to be effective in externalizing pain and allowing the reconstruction of internal limits through identification with characters who live similar experiences (Hargrave et al., 2022).

The literary narrative operates as an intermediate surface, reducing resistances and reducing the immediate emotional impact, which is especially important in contexts of relational trauma. In addition, the work contributes to the understanding of violence as a structural phenomenon. By seeing in the story elements of control, emotional manipulation, isolation and *gaslighting*, people can recognize that many of their experiences fit into patterns



described in the literature on gender violence, reducing self-blame and allowing the construction of fairer narratives about themselves (Saffioti, 2015; Dutton & Goodman, 2020).

This is how it ends up favoring delicate conversations about guilt, fear, self-defense and autonomy, creating a safe environment for women to talk about risk situations, affective dependence processes, cultural pressures to maintain relationships, impacts on self-esteem and difficulties in accessing support networks. These dialogues are essential to strengthen coping strategies and enable articulation with services of the basic and specialized protection network, as well as care services for women in situations of violence. The work also allows us to discuss the cycle of violence and its maintenance by complex mechanisms of traumatic bonding. The author's narrative, which realistically describes the gradation of psychological violence to physical abuse, provided a concrete tool for patients to understand the progression of abuse, favoring prevention and protection interventions. Another important aspect is that This is how it ends gave support to work on topics such as: rebuilding self-esteem after abuse; bodily and emotional limits; financial and affective autonomy; recognition of manipulation signals; strengthening of the agency; social support as a protective factor.

The work also proves useful in addressing the generational perpetuation of violence, as the protagonist constantly reflects on her childhood and seeks to interrupt patterns she witnessed in her family. Thus, This is how it ends works as an essential therapeutic device to mediate issues of high emotional complexity, allowing clinical care to be more welcoming, safe, and sensitive to experiences of violence.

3.9 CROSSINGS, PERSISTENCE AND REINVENTION

One Hundred Days Between Sky and Sea (1999), an autobiographical narrative by Amyr Klink, can be mobilized as a metaphor for the crossing, persistence and construction of meaning even in the face of uncertainty. The author's account of crossing the South Atlantic alone, facing storms, technical failures, fear, isolation and physical limits produces a powerful parallel with the subjective paths of patients, often marked by challenges, ruptures, demands for reinvention and the need to find new directions in the midst of the unpredictable.

Klink's journey works as a symbolic image that crossing great psychic distances requires planning, courage, endurance and, above all, confidence in one's own ability to navigate life, identifying metaphors to deal with one's own processes: the sea as uncertainty, the boat as oneself, the equipment as internal resources, storms as emotional crises and the horizon as a possibility for the future. Clinically, this reading opens space for conversations about coping with adversity, decision-making at critical moments, patience and discipline as survival strategies, the need to adjust routes when life becomes unstable, the value of



planning, but also of openness to the unexpected, reconstruction of meaning after experiences of suffering or loss. The dialogue with contemporary theories on narrative resilience (Walsh, 2016; Neimeyer, 2019) allows us to understand how stories structured in journeys reinforce the ability to cope and redescribe one's own life.

Narrative resilience is not just about overcoming, but about the ability to reorganize one's personal history, give new meanings to difficult events, and integrate ruptures into the continuity of identity. In this sense, Klink's narrative serves as a model for the subjects to recognize their own crossings and understand that resistance is not the absence of fear, but a continuous commitment to move forward. In addition, reading makes it possible to work on the theme of productive loneliness, distinct from the deteriorating loneliness described in other literary contexts. The author's experience of being alone in the ocean can be interpreted as a space for self-reflection, inner strengthening, and discovery of personal resources. This perspective offers a new way of looking at moments of recollection as opportunities for subjective reconstruction.

Another important element refers to the role of the unforeseen: equipment failures, weather changes, and unexpected events reveal the need for improvisation and adaptability. This dimension can be significant for subjects who experience chronic illnesses, social vulnerability or family instability, as it allows reflection on how to deal with situations that cannot be controlled exclusively by will. The narrative also favors conversations about planning and responsibility, essential themes in therapeutic processes guided by the expanded clinic, which values autonomy and co-authorship. Klink's trip, carefully prepared but always open to the unknown, serves as a metaphor to discuss life plans, realistic goals and daily organization, aspects that are often challenging for people in situations of psychic suffering or structural vulnerability.

The work inspires reflections on subjective reinvention, showing that trajectories can be rebuilt even after major ruptures. Just as the author reconfigures his resources in the face of the contingencies of the sea, the subjects were able to recognize that, despite the challenges imposed by illness, poverty or traumatic experiences, there is always the possibility of creating new ways of existing. One hundred days between sky and sea works as a therapeutic device that articulates courage, resilience, sense and movement. Its use allows for expanding the space for elaboration and strengthening the therapeutic bond, promoting the co-authorship of care and the construction of more powerful narratives about one's own life.



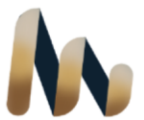
3.10 RECONCILIATION WITH PERSONAL HISTORY

The *Eternal Return* (2010), by Rubem Alves, can be used as a symbolic instrument to reflect on the cycles of life, the repetition of affections and the need to retell one's own story in new lights. Her chronicles, which combine philosophy, spirituality and poetry, offer a sensitive and deeply human language to address universal themes such as time, loss, rebirth, finitude and love — elements that cross health care and the process of subjectivation. The work can be especially powerful to work on the idea that experiences, even when painful, return in different forms throughout life, inviting the subject to resignify them. This return is not mechanical repetition, but an opportunity for narrative reopening. Clinically, this perspective allows us to discuss the concept of repetition of affects, widely described in contemporary relational approaches, in which emotional patterns reappear seeking symbolization and elaboration (Mitchell, 2000).

Rubem Alves' texts work as a support to explore life cycles and their inevitable transitions, affective repetitions that indicate unmet needs, reconciliation with one's own history, especially in subjects who carry feelings of failure, guilt or inadequacy, spirituality as an internal resource, not necessarily religious, but as a form of care for the soul, symbolization of difficult experiences, allowing the subject to translate into words what once seemed unspeakable. By articulating poetry, metaphor and philosophical reflection, Alves' work opens space for deep conversations about the meaning of life and death, the value of small experiences and the importance of tenderness and contemplation. These elements favor psychic elaboration and bring the literature closer to contemplative practices widely used in contemporary psychotherapy, such as mindfulness, journaling, and existential approaches.

Existential and poetic literature, according to Yalom (2020), has been widely adopted as a clinical tool for its ability to mobilize philosophical dimensions of living and dying, offering the patient a fertile symbolic field to explore their deepest concerns. The book also allows us to discuss the need to retell one's own story, a central movement both in narrative practices in health and in the expanded clinic. By recognizing that life is made up of returns, revisitations, and reorganizations, it is possible to identify inflection points in their trajectories, understand emotional influences that cross their cycles, and take an active role in the narrative reconstruction of themselves.

Another relevant aspect is the possibility of approaching spirituality in a broad, non-dogmatic way. Rubem Alves presents spirituality as an internal space of delicacy and meaning, which allows dialogues about faith, hope, transcendence or simply about the need for silence and introspection, dimensions often neglected in traditional care, but essential for integral health. The work also stimulates reflections on loving-kindness with oneself, one of



the pillars of self-care and emotional recovery. By showing that life is made of comings and goings, Alves invites the reader to treat themselves with kindness, recognize their limitations and welcome their failures as a constitutive part of the human condition.

Thus, The Eternal Return operates as a therapeutic device capable of integrating subjectivity, philosophy and spirituality, expanding the field of the clinic beyond the symptoms and including fundamental existential questions. Its use favors the construction of more compassionate narratives, reconciliation with the past and the expansion of symbolic capacity.

3.11 INTERPRETATIVE SYNTHESIS OF CLINICAL EFFECTS

The literature significantly expands the clinical field by allowing symbolic displacements, that is, internal movements that make it possible to look at one's own history from new, less threatening and more powerful angles. By introducing metaphors, characters and plots that function as symbolic mirrors, the literary narrative favors painful content to find indirect ways of expression, reducing psychic defenses and enabling access to affections that often remained silenced in everyday discourse.

This symbolic displacement contributes directly to the construction of alternative narratives, less marked by stigma, pathologization and the weight of illness. Instead of being defined exclusively by diagnoses, limitations or traumatic experiences, the subjects start to produce stories in which they appear as agents of their trajectory, capable of interpreting, reinterpreting and transforming their own experiences. This narrative production is central both to narrative practices in health (White & Epston, 1990) and to approaches to collective health that value autonomy, dignity and protagonism of the subjects.

The strengthening of autonomy is also highlighted. By recognizing themselves in the stories read and by re-signifying their own life events, subjects can expand their decision-making, planning and positioning capacity in the face of adverse situations. Autonomy here is not understood as absolute independence, but as the ability to produce meaningful choices, supported by bonds and accessible psychic resources, a perspective aligned with the expanded clinic and the principles of the National Humanization Policy (Brasil, 2013).

Literature also strengthens the therapeutic bond, by offering a third mediating element between patient and professional. The book, as a shared object, reduces traditional asymmetries of clinical practice and creates a common field of dialogue. From this shared symbolic territory, deeper, more spontaneous and less defensive conversations emerge, expanding trust and consolidating the therapeutic relationship as a space for welcoming and co-authorship. Another fundamental aspect is that literature enables the shared construction



of meaning, one of the pillars of the expanded clinic. Instead of imposing interpretations, the literary narrative invites joint reflection, the mutual reading of experiences and the creation of meanings that make sense to the subject. This narrative co-production reinforces the centrality of subjectivity in care and recognizes the ethical dimension of the clinical encounter. In addition, literary texts create a transitional space, in the Winnicottian sense, which facilitates the elaboration of difficult affects, such as shame, guilt, fear, abandonment, and emotional ambivalence.

In the transitional space, the subject can experience intense feelings with greater psychic security, as they are initially projected onto the text and can gradually be reintegrated into the story itself in an elaborate and symbolic way. These results are consistent with recent research that points to positive effects of the narrative approach in public health services, especially in contexts marked by social vulnerabilities and chronic illnesses (Cook et al., 2020; Foster et al., 2021). Studies show that narratives improve adherence to care, strengthen bonds between teams and users, reduce stigma and isolation, promote emotional self-regulation, expand coping capacity, and contribute to more comprehensive and humanized care practices.

Literature, by operating symbolically and relationally, constitutes a powerful tool for the expanded clinic, as it broadens horizons of meaning, promotes comprehensive care and sustains more dignified and humanized ways of accompanying subjects in their journeys.

4 CONCLUSION

The use of literary narratives as a therapeutic resource from the perspective of the expanded clinic demonstrates great power in promoting qualified listening, welcoming and symbolic elaboration of suffering. Literary works function as a shared territory of reflection, making it possible to organize fragmented experiences, reconstruct identities and expand the autonomy of the subjects. Literature, by operating as a bridge between subjectivity and the social world, reinforces the ethical-political principles of collective health and contributes to humanized clinical practices and co-authors. In this sense, integrating literary narratives into the daily routine of health services constitutes not only a therapeutic technique, but also a posture of care that recognizes the dignity and complexity of human living.

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