

Illness as a Foreign Tongue: Therapeutic Translation in
Contemporary Italian Women's Poetry
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Translation—Our fate as speaking beings.
—Julia Kristeva, *Black Sun: Depression and Melancholia*

Introduction

What do medicine and translation have in common? Do doctors speak a foreign language? Is illness expressed, or even expressible, in a language that is not our own? To what extent do we need a common language in order to heal? This essay addresses these questions first by offering a systematic assessment of translation's clinical dimension, with a focus on therapeutics. "The branch of medicine that deals with different methods of treatment and healing (therapy)," therapeutics relies on a critical balance of pharmacological and non-pharmacological interventions, and requires a deal of cultural awareness as well as clinical judgment.¹ As Julia Kristeva has pointed out, "*all* clinical encounters should be considered cultural encounters in the sense that they involve translation between health as a biomedical phenomenon and healing as lived experience."² From this perspective, notions and experiences of translation prove to be key to therapeutics. The transformation of laboratory research into clinical practice (a process known as knowledge translation) and the efforts made by patients and doctors alike to become fluent in each other's "foreign" tongue are but two examples of translation's many meanings.

This essay contends that a biocultural vision of translation—i.e. one that integrates translation's science-humanities implications rather than keeping them apart—can help us appreciate medical discourse in its complexities, from the patient-doctor exchange to the patients' account of their illness, and from instances of medical (mis)communication to the lack thereof (untranslatability). In line with contemporary definitions, this study envisions a metaphorical understanding of translation, including the semantic transfer of meaning from one language to the other, forms of adaptation and/or interpretation, and metamorphoses across different media.³ At the same time, it extends the meanings of translation to contexts of health and disease, an operation that has remained exploratory amongst scholars of both medicine and literature. Let me draw some examples. In 2017, French-Bulgarian critic Julia Kristeva, together

with a team of researchers based at the University of Oslo, published a manifesto entitled “The Cultural Crossings of Care: An Appeal to the Medical Humanities.” As shown by the case of a French-speaking Muslim girl suffering from severe anorexia, this study demonstrates that translation enables us to reconnect with, and reinvest in, the “plenitude of a language,” thus becoming “a major creative and healing agency.”⁴ Other works on therapeutic translation include clinical research conducted by psychotherapists Janine Altounian and Elise Pestre, who have used translation in the treatment of refugees with schizophrenia.⁵ In the field of literature and medicine, two key publications should be mentioned: “World Literature and Global Health,” a theme issue of this journal; and Aude Gwendoline’s 2019 essay “La Traduction-Guérison: Un Aperçu de Cette Métaphore à la Lumière de Quelques Cas Célèbres,” a daring invitation to consider translation from the point of view of science.⁶ Similarly concerned with the communicative complexities inherent in the patient-doctor exchange, Rita Charon’s foundational book, *Narrative Medicine: Honoring the Stories of Illness* (2006), sensitively hints at questions of foreignness, otherness, and (mis)interpretation implied in this encounter. Crucially, however, it does not discuss these questions through a translatorly lens.

This essay puts forward a novel understanding of the therapeutic as an experience firmly rooted in, rather than intuitively linked to, translation. As this survey engages with, and consolidates, a developing yet still fragmentary body of works, it positions itself within the so-called “second wave” of medical humanities by responding to its invitation to be “entangled in the . . . physiological commitments of biomedicine.”⁷ Whereas first-wave or mainstream medical humanities placed an emphasis on the ancillary role of the humanities in the training of medics and care professionals (the three “e’s” of this primary scene being ethics, education, and experience), second-wave medical humanities has a more theoretically charged and globally oriented agenda, its most defining feature being the notion of entanglement, or integration. A term borrowed from twentieth-century quantum physics, entanglement refers to the intuition that “some set of things, commonly held to be separate from one another,” such as “science and justice, humans and non-humans, settlers and natives—not only might have something in common, but also, in fact, may be quite *inseparable* from one another.”⁸ The result is that literature and medicine can mutually benefit from one another, without the former being merely at the service of the latter (or vice versa). Seeing them this way—as entangled in a synergy of methods, styles, and views—has the potential of changing our way of

thinking about both. The present study intends to contribute to this perspectival, methodological, and disciplinary change.

The article is divided into a theoretical and an analytical part. After introducing the notion of therapeutic translation in light of Kristeva's theory of depression, it tests the viability of its method through a series of compelling cases drawn from the repertoire of contemporary Italian women's poetry (1945–present). Translation's healing function will be examined from three different yet interrelated perspectives: translation as a form of writing therapy; translation as medical discourse; and translation as a biocultural concept.⁹ For the sake of coherence, I shall focus on female poets suffering from and/or portraying experiences of mental illness (depression and schizophrenia) and distress (bereavement and trauma) recounted in first-person poetry published in the past seventy years. The authors analyzed are prolific poet-translators whose explorations of illness are consonant as much as distinctive. My focus on the psychological and the psychiatric dimensions of their work—explored through, and beyond, the lens of psychoanalysis—reflects the substantial presence of poems about mental illness in this corpus. From this perspective, the essay contributes to the medically feminist and/or femininely psychoanalytic debate by providing a novel translational mode which, I hope, will be applicable to the analysis of different temporal, cultural, and clinical contexts.¹⁰

Julia Kristeva: *Black Sun*, or The Life-Chain of Translation

Black Sun: Depression and Melancholia (1989), by Julia Kristeva, is a Freudian-based meditation on the subject of clinical and non-clinical depression in the context of art, literature, and psychoanalysis. A milestone in contemporary critical theory, its applications to literature and therapy have been relevant as well as diverse.¹¹ For the purposes of my analysis, I will focus on its interest in translation. By appraising Kristeva's engagement with notions of translatability, or lack thereof, I argue that translation represents the cornerstone of her critical construction. This innovative reading of *Black Sun* provides a theoretical framework for the poetic texts analyzed in this essay; it also puts forward a more nuanced understanding of Kristeva's work, which, reaching beyond depression, offers a perceptive analysis of diseases both physical and mental. From this perspective, all illness can be considered as a form of depression in that all patients mourn the loss of their healthy state.

Black Sun is punctuated with images of untranslatability. As Kristeva registers the sick person's "unspeakable anguishes" and "noncommunicable grief," depression—and, by extension, illness—is presented as a speech as well as a physiological disorder.¹² A stringent syllogism seems to encapsulate Kristeva's account from its very start: if writing about illness is meaningful only when it springs out of that very illness, and if illness is unspeakable, then illness must be spoken out, i.e. translated. This argument, which one can deduce from the book's opening paragraph, introduces us to Kristeva's main idea: that translation—understood as the attempt to make the unintelligible intelligible, the foreign familiar, the distant approachable, the silent heard—is the ultimate form of survival. "For those who are racked by melancholia, writing about it would have meaning only if writing sprang out of that very melancholia. I am trying to address an abyss of sorrow, a noncommunicable grief that at times, and often on a long-term basis, lays claims upon us to the extent of having us lose all interest in words, actions, and even life itself. Such despair is not a revulsion that would imply my being capable of desire and creativity, negative indeed but present."¹³ In the chapter entitled "Life and Death of Speech," Kristeva takes this intuition to its extreme consequences by offering a theory of translation as therapy; I call this theory the "Life-Chain of Translation." According to this system of thought, translation from "other languages or metalanguages" (i.e. interlingual and/or intermediatic translation) occurs in the healthy body.¹⁴ By contrast, the ill body is unable to translate as the subject's mother tongue becomes alien and distant: what is needed is a "*total word, new, foreign to the language* (Mallarmé), for the purpose of capturing the unnameable."¹⁵ The "excess of affect," i.e. the disease, "has thus no other means of coming to the fore than to produce new languages—strange concatenations, idiolects, poetics"; therefore, if people are "no longer capable of translating and metaphorizing," Kristeva says, they "become silent and die."¹⁶ At this point, translation, "our fate as speaking beings—stops its vertiginous course," thus triggering what I define the "Death-Chain of Untranslatability."¹⁷

This reading, though perhaps reductive, does not ignore Kristeva's ambiguous position vis-à-vis translation. Indeed, a destructive, sometimes lethal form of translation takes place also in the sick, whose speech, in Kristeva's words, is a "mask—a beautiful façade carved out of a 'foreign language.'"¹⁸ In this fatal case, translation becomes an auto-referential practice, a process losing its dynamic force; by triggering the vicious cycle of silence-death, the end of translation enacts and causes the end of speech-life.

Kristeva's translation theory, which in a health context can be defined as life-oriented, allows us to conceptualize therapeutic translation as a three-fold experience: (i) as a form of writing (or art) therapy; (ii) as a channel of communication between the patient and the psychotherapist; and (iii) as a bridge-concept between the mental and the biological. In the chapter entitled "Beauty: The Depressive Other Realm," Kristeva outlines art's therapeutic function by considering the positive effects of sublimation, the umbrella term under which she gathers a variety of artistic manifestations (poetry, painting, music) as well as their many devices (allegory, metaphor, prosody, polyvalence, silence). From this angle, art therapy in its complexity can be seen as an act of translation insofar as it requires one, or more, movements across, beyond, and/or towards "another form" of expression.¹⁹ According to Kristeva, this resulting form, or discourse, is inherently *semiotic* (featuring "displacement, condensation, alliterations, vocal and gestural rhythms").²⁰ This form is also inherently female: in the sick and in the artist alike, she contends, *semiotic* discourse (the language of poetry) replaces the male and *symbolic processes* that prevail in and define the boundaries of the standard language (syntax, logic, grammar).²¹ In this sense, the female-semiotic subject—who lives out of history and the norm—proves to be an archetype of the artist as well as of the sick. Whereas men have inhabited time and the canon they created in order to become immortal, women have occupied space and conducted an ephemeral life; they exist in trans-lation.

The second aspect of therapeutic translation I would like to consider is the doctor-patient exchange. Here there are at least two foreigners speaking: the patient who has become a stranger "in their [own] maternal tongue" and the doctor using the specialized language of science.²² Kristeva focuses on the former by way of the doctor-translator trying to make sense of the patient's discourse. Since the patient speaks "as if at the edge of words" and "wants to be born through analysis, to give herself another body," the doctor's task is "to extract the infrasignifying meaning of [their] discourse that is hidden in fragments of lexical items, in syllables, or in phonic groups yet strangely semanticized," a linguistic texture that resembles poetry.²³ The figure of the doctor-translator invites us to rethink contemporary studies on transference, counter-transference, and psychoanalytic interpretation in terms of translation theory.²⁴ It also emphasizes translation's ability to produce versions of the other and the new ("to give herself another body"), together with a dimension of hope, that are fundamental to support the survival of texts and of people.²⁵

Even though it puts forward art's therapeutic power, Kristeva's theory does not deny the biological reality of illness. As with all things human, disease is both corporeal and immaterial. And yet, the inside body remains invisible to both patients and doctors unless disclosed in the operating room, where the operated body can neither act nor speak. Kristeva points out that the "*biophysiological rhythms* of transmission and stimulation" that make our synapses must be translated into language, and vice versa.²⁶ However, there seems to be "nothing today that allows one to set up any relation whatsoever—aside from a leap—between the biological substratum and the level of *representations*."²⁷ In the attempt to explain the "transfer between meaning and cerebral functioning," Kristeva posits that "the register of psychic and, particularly, linguistic representation is neurologically transferred to the physiological occurrences of the brain, in the last instance through the hypothalamus' multiple networks."²⁸ Although a more technical discussion of this transfer falls outside of the scope of this essay, I would like to underline here that it is indeed a form of translation that makes this transmission from body to speech—and therefore to art and culture—possible. In other words, translation is the language spoken by our bodies both in health and illness.

An interesting corollary to this idea is what Kristeva calls the "Western Fate of Conveyance." Translation is inscribed into Western civilization, just like transcription (as in "sign repetition and variation") is foundational to Eastern cultures.²⁹ Kristeva observes that "the imaginative capability of Western man, which is fulfilled within Christianity [and, more generally, metaphysics], is the ability to transfer meaning to the very place where it was lost in death and/or nonmeaning."³⁰ Westerners are used to and convinced that they can "convey" God (in religious terms), the Mother (in psychoanalytic terms), and the original, be it a text or a condition of the body (in philological and medical terms). It follows that, since Western men and women are bound to translate, Western culture is the result of a continuous translation process. The poetic texts analyzed in this essay are variously concerned with this Western idea of translation while also entering in dialogue with its Eastern counterparts, thus offering a creative interpretation of the West-East divide sketched out by Kristeva.

The three areas of theoretical enquiry discussed so far—translation as writing therapy, translation as medical discourse, and translation as a biocultural concept—give shape to the three models of therapeutic translation presented hereafter: (i) outer translation, (ii)

inner translation, and (iii) self-translation. In the next section, I shall define these categories and apply them to some exemplary cases.

Therapeutic Translation from Margherita Guidacci to Antonella Anedda

I define outer translation as the process whereby the poet-patient uses translation as a means to express in words the experience of her own illness. In geometric terms, one could say that the direction of the vector of communication goes from the inside outwards, i.e. from the patient to the doctor or, if one prefers, from the writer to the reader. Conversely, inner translation occurs when the poet-patient translates the doctor's medical jargon into a comprehensible language. In this case, the direction of the vector goes from the outside inwards, i.e. from the doctor to the patient. Finally, self-translation is a hybrid category including poets-patients who (i) write in more than one language; (ii) write in a language that is not their own; and/or (iii) adapt their poetic verse to a different medium (theatre, sculpture, installations, textiles etc.).

These categories are not impermeable. Writers such as Amelia Rosselli (1930–1996) and Alda Merini (1931–2009) fit more than one definition; equally, self-translation as a therapeutic tool includes various subcategories and authors. The poets analyzed hereafter have been selected for their crucial contribution as translators of foreign literature (especially English and French) into Italian, and for their distinct yet resonant engagement with the spectrum of mental illness. In reading these authors through the lens of translation, I should like to acknowledge that there are cultural issues other than gender at stake, an example being Rosselli's Jewish heritage.³¹ Even though the essay won't focus on these issues, questions of race, education, and class have been essential in the shaping of their medically translational poetics.

1. Outer Translation: Poetic Transference in Vivian Lamarque

For poet and translator Vivian Lamarque (1946–), poetry both begins and ends with an act of translation: that of the poet-patient translating her own malaise on the one hand, and that of the reader-analyst deciphering the language of the unconscious on the other. In psychoanalysis, these two processes are known as transference and counter-transference, respectively.³² Lamarque, who benefited from psychoanalytic therapy herself, is concerned with the

former. First theorized by Sigmund Freud and Josef Breuer in their 1895 *Studies on Hysteria*, transference is commonly defined as the unconscious process whereby the analysand, i.e. the psychoanalytic patient, projects, or redirects, feelings and/or experiences of their personal life onto the analyst. Counter-transference, by contrast, is the opposite process, whereby the analyst projects their own feelings onto the patient. The patient's feelings, which are often the emotional manifestation of traumas that took place in the early stages of life, can be positive (love, eroticism, trust) or negative (disgust, mistrust, rage). In the context of this essay, Lamarque's transference poems provide an interesting case of outer translation insofar as they translate the poet's inner discourse into a therapeutic narrative. Leading trauma theorists, such as Cathy Caruth, believe that the mark of trauma is that it escapes language; the interpretive lens proposed here draws on and rethinks this idea in the light of the translation metaphor.³³

"A Nove Mesi" (At the Age of Nine Months), a poem included in *Teresino* (1981), captures the poet in the process of "metaphorizing and translating [the] trauma" of being abandoned as a nine-month-old child.³⁴

A nove mesi la frattura
la sostituzione il cambio di madre.
Oggi ogni volto ogni affetto
le sembrano copie cerca l'originale
in ogni cassetto affannosamente.³⁵

[At the age of nine months the break
replacing exchanging the mother.
Today every face every affection
look like copies she seeks the original
in every drawer frantically.]

In lines 3–4, the poet-child is looking for the original (i.e. her birth mother) amongst an overwhelming number of copies, just like the poet-patient, in Kristevan terms, is looking for a lost mother tongue. The life-chain of translation is enabled here by the poet's account of her trauma, which enables the inside-outwards transit.

The poet-patient's translatorly effort is even more evident in the poem "In-Fanzia (Età del Non Parlare)" (Childhood [The Age When We Do Not Speak]), which, by playing with the Latin etymology of the word infancy meaning both childhood and inability

to speak, reveals the untranslatable dimension of trauma, especially in children:

Lei non comprende la lingua . . .
andate di là lei non riesce a parlare
nel silenzio la sentite fare piccoli versi
tentare.³⁶

[She does not understand the language . . .
go to the other room she cannot speak
you can hear her pronouncing some small sounds
trying.]

The child's inability to comprehend the language of adults goes hand in hand with her incapacity to translate traumatic events. The death-chain of untranslatability is triggered by the child's aphasia ("she cannot speak") as well as by an insurmountable communication barrier ("she does not understand the language"). When the subject shifts from an uncomprehending child to a "tiny poem," untranslatability becomes a sort of metaliterary experience whereby the poet-poem proves her inability to speak ("then she has . . . stopped saying anything"):

Ci deve essere un'epidemia
anche questa mia poesia appena nata
si è già bell'e malata . . .
Ha guardato un po' le cose intorno distrattamente
Poi ha chiuso gli occhi e non ha più detto niente.³⁷

[There must be an epidemic
even this newly-born, tiny poem of mine
has already got sick . . .
She has looked around absentmindedly
Then she has closed her eyes and stopped saying anything.]

A subtler reference to the foreign language of psychic suffering and trauma is offered by the poem "Teresino," which gives title to Lamarque's homonymous collection:

Teresino malato malato
adesso ti leggo una medicina ti
racconto una vitamina
anch'io mi sono malata.³⁸

[Teresino sick sick
now I'll read you a medicine I'll
tell you a vitamin
I got sick too.]

These lines portray the unrealistic scenario in which a sick child “tells a vitamin” and “reads a medicine” to one of their peers. Again, the lullaby-tone of the poem, enhanced by the non-standard transitive use of verbs such as read and tell, which are followed by medical (medicine and vitamin) rather than by the usual literary objects (book and story), turns illness into a metalinguistic matter. By means of imagination, Lamarque suggests that, whereas standard language belongs to the realm of the healthy, non-standard languages populate the world of the sick.

As a matter of fact, the whole collection *Teresino* can be read as a long poem about, and based on, translation. Such a reading is possible not only because of the poet's engagement with psychoanalytic tropes (which, as we saw, can be translatorly in form), but also because of the “rewriting” of “Le Petit Poucet,” Charles Perrault's seventeenth-century fable, which appears throughout. Each of *Teresino*'s sections is introduced by a French (untranslated) quotation from this text, which also provides the concluding lines of the collection as a whole. Perrault's story, here, is more than an intertextual reference. Translator of La Fontaine, Valéry, and Baudelaire, Lamarque is inscribing her verse into a transnational constellation of poets and storytellers whose work can be used to evoke, manage, and translate trauma:

. . . ils coururent presque toute la
nuit, toujours en tremblant et
sans savoir où ils allaient.³⁹

[. . . They ran almost all night
long, always trembling and
without knowing where they had been.]

The example above, which appears in French in Lamarque's original, is a quotation from Charles Perrault's folktale *Le Petit Poucet* (1697). It is the story of Little Thumb, the son of a poor woodcutter and his wife, who, together with his siblings, is abandoned in the forest. The plot here evokes Lamarque's trauma very closely, thus showing the proximity of metaliterary and psychological themes in

her writing. Lamarque also included translations and/or quotations from Sappho, Asclepiades, Horace, and Dickinson, to name but a few, the latter giving title to Lamarque's most experimental collection, *Una Quieta Polvere* (A Quiet Dust) (1996). These foreign presences offer a parallel narrative to the main thread of the poet's psychoanalytic experience. Translation (including from past and foreign literatures) and trauma, therefore, prove to be Lamarque's true poetic engines which, complexly combined, rehabilitate the use of language as a potentially restorative tool.

In a similar way, the poems contained in Lamarque's trilogy dedicated to her doctor—"Il Signore D'Oro" (The Golden Lord) (1986), "Poesie Dando del Lei" (Poems Formally Addressed) (1989), and "Il Signore degli Spaventati" (The Lord of the Frightened) (1992)—stage the encounter between the analysand and the analyst from the analysand's perspective. This peculiar angle nourishes Lamarque's notion of poetry as therapy, whilst also drawing a parallel between the seemingly unrelated practices of transference and translation. Any translation is a projection of the original text, i.e. a comparable but non-identical image of it; additionally, every translation entails an act of trust on the part of the reader as well as a form of love towards (in a positive sense), or competition with (in negative terms), the original, a poetic dilemma that constitutes a crux in any translation exercise. Similar considerations about love, rivalry, and trust apply to the psychoanalytic encounter. Throughout a production of more than 420 poems, Lamarque not only shows us that there is no poetry without illness (see the lines "even this newly-born, tiny poem of mine / has already got sick," above), but also suggests that there is no therapy without translation. As Janine Altounian puts it, "traumatic experience must be spoken by another in the language of this other."⁴⁰ In other words, one must open up to, trust, and project onto the other in order to heal:

Una signora voleva tanto dargli dei baci, non dico troppi, anche solo 7-8 (mila).

Invece era proibito perciò non glieli dava . . .

A cosa servono i baci se non si danno?⁴¹

[There was a lady who really wanted to give him [the doctor] kisses, not too many, even just 7-8 (thousands).

And yet this was not allowed, therefore she would not give them to him . . .

What are kisses for if one cannot give them?]

Il mio Dottore è sparito
tra Ponente e Levante
io mi affaccio e lo cerco e lo chiamo
come un amante.⁴²

[My Doctor has disappeared
between West and East
I look out of the window and look for him and call him
like a lover.]

Oggi ho inventato
Che Lei stava seduto con me in giardino
Leggevamo il mio libro
Completamente vicino.⁴³

[Today I have invented
That You were sitting next to me in the garden
We were reading my book
Completely close.]

In addition to the reference to Catullus 5—one of the most passionate odes dedicated to Lesbia, which we can read as a translation in disguise (see note 41)—these passages illuminate the linguistic dimension of mental illness (“We were reading my book”) as well as the experience of love as irremediable loss (“My Doctor has disappeared”), which also refers to translation’s inevitable failures. At the same time, the translatorly act is performed by Lamarque’s poetic language, a powerful transcription of the questions-based speech that is proper of psychoanalytic sessions. Here is just one example:

L’ultima volta che la vide non sapeva che era l’ultima volta che
la vedeva.
Perché?⁴⁴

[The last time he saw her he did not know that it was the last
time full stop.
Why?]

To summarize this section, Lamarque’s model of outer translation is a form of writing therapy which proves to be at once performative, dialogic, and creative. Based on the dialogue between the patient and the analyst, the poet and the (translated) canon, the lyrical I and her

projected self, it is ultimately directed to, and concerned with, the restoration of one's wounded identity.

2. Inner Translation: Margherita Guidacci and the Foreignness of Medicine

I shall analyze here instances of inner translation as they emerge from Margherita Guidacci's *Neurosuite* (1970), a series of 21 poems composed during the poet's recovery at a psychiatric hospital. Despite being short in length and often forgotten, this poetry collection is a powerful testament both to the poet's mental illness and her literary sources. Reading like a Dantean pilgrimage into the foreign realm of the dead, the poems' hidden interlocutors include Dickinson, Bishop, Ariosto, Dostoevsky, and Leopardi as well as the English eighteenth-century poet-patient Christopher Smart, whom Guidacci translated in the years of her confinement.⁴⁵ It is worth noting that Smart's best known works, "A Song to David" (1763) and "Jubilate Agno" (1759–1763), were also written while the poet was confined in a mental asylum.

The opening poem of *Neurosuite*, "Sala d'Attesa" (Waiting Room), echoing Elizabeth Bishop's homonymous and almost contemporaneous text (1971), investigates the patient's mind as it becomes accustomed to self-deception, alienation, and a lack of clarity: "sforzandosi di credere che tutto il mondo si regga / su qualche nuova marca di rossetto" (trying to believe that the whole world is based / on some new lipstick brand); "tenere a distanza il dolore / (come se ormai non lo portassero in sé!)" (keeping sorrow at a distance / [as if by now they were not already carrying it inside!]); "rassegnata nebbia" (resigned fog).⁴⁶ Patients are "carried across" the limbo of waiting only to discover the verdict of foreign speakers, i.e. the doctor-Charons who accompany them beyond the threshold of life, or along the death-chain of untranslatability.

Guidacci leaves no room for philosophical elaborations. Medical jargon—"un nome greco per il loro male" (a Greek name for their illness)—is futile unless it is translated into meaningful speech:

[I pazienti] Sono chiamati ed entrano e ricevono
tutto il conforto che di là era in serbo:
un nome greco per il loro male.⁴⁷

[(Patients) Are called inside and enter and receive
all the comfort that was in store for them over there:
a Greek name for their illness.]

That the foreign land of Greece is both a literary homeland and home to alienating diagnoses is not accidental. According to my reading of Kristeva, such ambiguity confirms translation's double role, which can be either life-giving or death-causing. Certainly, for Guidacci, not all Greek idioms are foreign (see her familiarity with the language of Classical literature), nor is the medical jargon used by Italian-speaking doctors (the language of medicine) immediately clear or comprehensible. Guidacci's poetry offers here a compelling case of inner translation in that it stages the poet-patient's struggle to learn the foreign tongue of clinicians, a tongue that is supposed to have a healing effect, or at least an impact, on its listeners. In this system of literary and medical references, translation functions as a bridge-language between medicine and art, pharmacology and imagination, as the level of misunderstanding between the poet and the doctor becomes manifest through images of irony, impotence, distance, and immobility: "il tuo rozzo telescopio" (your uncivil telescope); "insegneresti il volo / a una farfalla murata / in secoli d'ambra?" (would you teach how to fly / to a butterfly that has been walled / within centuries of amber?); "pianeta lontano" (distant planet); "perché restate immobili?" (why do you remain still?).⁴⁸ Doctors ask their patients to get back to shore, whilst patients are stranded in a volcanic desert:

"Siete nel mare, salvatevi a nuoto!"
Senza capire
che il mare che tu vedi da codesta distanza
è un increspato deserto di lava.⁴⁹

["You are in the sea, save yourself and swim!"
Without understanding
that the sea that you see from this distance
is a ruffled desert of lava.]

The perils, and inefficacy, of doctors' knowledge come to the fore in another tragi-comic poem by Guidacci entitled "I Saggi Hanno Sempre Ragione" (The Wise Are Always Right). Here the poet-patient portrays herself as a criminal summoned by a ruthless Court; unable to open her mouth, she speaks a "wounded," amputated language, as her tongue and those of other female patients bleed:

E ora stiamo confuse
Davanti al loro duro tribunale

Né possiamo aprir bocca a discolparci,
con la lingua che sanguina.⁵⁰

[And now that we are confused
Before their tough Court
We cannot open our mouth to exonerate ourselves,
With a tongue that bleeds.]

The problem of incommunicability between patients and doctors is also at the core of the poem “Arance” (“Oranges”). Doctors act with conspicuous casualness in these delicate encounters, but the poet-patient sees through this veil, diagnosing the doctors’ hypocrisy, frailty, and inability to help their patients: “lo scambio di parole gettate a caso” (the fortuitous exchange of words); “i loro passi tradiscono / l’involontario sollievo” (their steps betraying an involuntary relief); “si accostano decisi / ma le mani già tremano” (they get close with confidence / but their hands are already trembling); “essi vorrebbero aiutarci e non possono” (they would like to help us yet they cannot).⁵¹

This striking role reversal, which implies a negative opinion of medical professionals, might appear counterproductive for a patient dependent on their care. However, Guidacci’s target is not the doctors themselves but medical culture more broadly. Through a multi-layered system of translations and poems such as “Psyco-Tests” and “Incoronazione-Elettrochoc,” the poet demonstrates that the divorce between literature and medicine, which historically coincided with the nineteenth-century technological revolution, has not been a favorable one.⁵² Despite scientists’ control over the diseases of the body and the mind, the most effective treatment seems to be offered by a restored use of language, one that takes into account chemical formulas and numbers *as well as* literature and imagination.

Almost a poetic counterpart to Foucault’s *Birth of the Clinic* (1963), Guidacci’s poems often embrace a broader discourse on the segregation of disciplines in the Western world. In “Un Avanzo di Civiltà Industriale” (A Residue of Industrial Civilization), for example, the poet describes mental illness as societal contagion. Just as industry pollutes air and water, so mental suffering is spread among human societies, which are trapped in a swamp/limbo where “nulla scompare e nulla viene redento” (nothing disappears and nothing is redeemed).⁵³ The result is the poet’s difficulty in distinguishing the self from the world on the one hand (“per il tuo contagio sembra impura / anche la fiamma del sole” [because of your

contagion even the flame of the sun seems impure]), and, on the other hand, the patient's inability to recognize herself as a unity of body and soul:

Io non sono il mio corpo.
Mi è straniero, nemico.
Ancora peggio è l'anima,
e neppure con essa m'identifico.⁵⁴

[I am not my body.
It is a foreigner, an enemy to me.
Even worse is the soul,
And neither with it can I identify.]

These lines, from the poem "Madame X," take Guidacci's experience of inner translation to its extreme consequences. Unable to make sense of the doctors' speech, the poet interiorizes the separation between literature and science to the point of perceiving it in terms of the separation between body and soul. Only the awareness of this split, which is also amputation and loss, can rescue her from the inferno of illness, once the latter has been transcribed, transposed, and ultimately translated into the language of poetry.

3. Self-Translation: The Ethics and Space of Illness in Rosselli and Anedda

Trilingual poet Amelia Rosselli (1930–1996) and bilingual poet Antonella Anedda (1955–) show a similar attention towards translation and illness. Prolific translators themselves, both writers experiment with a poetic practice that engages with malady, whilst also moving across different languages and media: English, Italian, French, and music in the case of Rosselli; Italian, Logudorese (one of the two written standards of Sardinian), and the visual arts in the case of Anedda. In this section, I examine the therapeutic effect of self-translation in Rosselli's and Anedda's narratives of illness, hospitalization, and grief, by considering the ways in which these poets incorporate medicine in their poetic practice. Although disease and trauma are at the heart of their production, as encapsulated by some of their titles—see Rosselli's *Serie Ospedaliera* (Hospital Series) (1969)—these poets have rarely been considered as commenting on medicine. Critics have been rightly cautious in reading their poetry—and poetry in general—through the lens of illness, especially in the case of Rosselli, whose lifelong mental conditions were certainly worsened, if not triggered, by her exilic life

and family losses. As Lucia Re has pointed out, Rosselli's poems were at once an occasion "to heal herself and emerge from her suffering and isolation" and also "not in any way a direct expression of her illness."⁵⁵ Still, Re argues, "only her intense demanding work on poetry saved her from what eventually turned into devastating paranoia."⁵⁶ Anedda, a friend of Rosselli's and admirer of her work, experiences poetry's therapeutic potential as it allows her to write about the "illnesses" of history (war, deportation, exile) and of personal life, especially her grief over her mother's death.

This third and last case study consolidates the notion that Rosselli's and Anedda's poetics are based on, and honor, translation, and that translation operated as a therapeutic tool for them. My analysis also shows how translation allows both poets to transcend illness's private perspective and to reach out to the needs, and illnesses, of others. Whereas for Rosselli translation is the language of deviation from normative speech as well as from conventional ways of conceiving of sanity and health (abnormality), Anedda develops a translatory poetics of loss, which, by insisting on ideas of fragmentation, detachment, and dissolution, ultimately leads the poet to the dissipation of her own lyrical voice (distance). From this perspective, translation performs a primary ethical function, i.e. that of healing the self through the paradoxical gesture of turning towards the other, thus showing how translation is both the language of, and the cure for, illness.

Among Rosselli's works, *Diario in Tre Lingue* (Diary in Three Languages) (1955–1956), which "can ostensibly be read as a piece of self-analytic writing," is "the text that best conveys Rosselli's innovative understanding and use of multilingualism, inter-language and intra-language translation, as well as the psychotic disintegration of language, when it reaches the proximity of its traumatic source."⁵⁷ As Pina Antinucci points out, it is possible to see this text as "a continuation of the psychic work that Rosselli felt compelled to carry on, having profoundly understood that it was out of the reach of her analyses."⁵⁸ Unlike Lamarque, however, Rosselli does not stage the drama (or allegory) of transference in order to *translate* trauma; she finds a new way to represent it. Creating an abnormal language that mixes elements of English, French, Italian, mathematics, medicine, music, philosophy, and theology, as well as various registers and styles, Rosselli devises an "inter-lingual space"—which I understand as translationally in-between languages, disciplines, and discourses—"where a new form of affective and symbolic communication is established in the present, due to the opening up of new associative paths and the creation of new links."⁵⁹

These are but a few examples of what can be defined as Rosselli's archaeology of language and, as in a mirror's reflection, etiology of disease. By combining languages and jargons from different countries and contexts, this newly forged, almost pre-verbal language conveys/translates the poet's experience of trauma. The poems' layout and diacritic signs are Rosselli's; in this case only, translation is not provided in order to preserve the multilingual nature of the poems.

midi italien
 Anglais-Américain
 France littéraire
 Italie Classique-Moderne
 Le Chinois
 Smattering of German
 Latin
 Greek⁶⁰

[...]

Learning (in creativeness)

under the protection of death

also digging into.

L'inconscio è un principio di Morte.⁶¹

[...]

soavità

contro gli stati psiconevrotici.⁶²

In these autobiographical pieces, what is particularly striking is the abstractness of the lyrical voice combined with the conventions (underlined key words; lists) of a manual or encyclopedia. Rosselli's self-translations point outwards; they are ethically oriented, i.e. at the service of others, a function that precedes the rescue of the self. As Re puts it, "only the powerful antinomical and dialogical logic of [Rosselli's] poetry allows her paradoxically to configure the possibility of a space of freedom"—the (mystical) space of translation, "where the loss—of self, of writing—becomes *il dono* [the gift]."⁶³

o o o – o o o o – o o – o o – o
 non sono mai stata così collettiva (però nella lingua).⁶⁴

[o o o - o oo o o - o o - o o - o
I have never been more collective (but in language).]

Legge di natura = Tao
legge morale = Te.⁶⁵

[Natural law = Tao
moral law = You.]

The East and the West, the profane and the biblical, the sane and the sick collide and converge “at all points of the turning world,” a world that, for Rosselli, has blurred its linguistic, geographical, and historical borders.⁶⁶ For this polyglot/polymath resistant to all conventions and rules, translation is the only language, remedy, and law that can exist.

Half a century later, Anedda retains two fundamental concepts of Rosselli’s poetry, which she revitalizes in her own way: the idea that translation is a reparatory act of self-giving; and the spatial dimension of poetry, which, in Anedda’s words,

Se parla deve scegliere, ridursi all’essenziale. Non una parola che si impone, ma una parola-nome per i nomi cancellati, una parola-spazio che sbriacioli i secoli e faccia parlare tra loro creature di tempi diversi, contro la morte.⁶⁷

[When it speaks, it must make choices, and become essential. It has to be not a self-imposing word, but a name-word for those names that have been deleted, a word-space that crumbles the centuries and makes creatures from different times speak to one another, against death.]

Anedda chooses a “word-space” that enables us to reach and communicate (with) the vulnerable, the forgotten, and the dead, whose voices are “murate” (walled), just like Guidacci’s butterflies.⁶⁸ The function of this word is, as in the case of Rosselli, paradoxical, since it cancels distance whilst also celebrating it. In an interview released to Liverpoolian poet Jamie McKendrick, who is the translator of Anedda’s poetry into English, Anedda gave the “Greek etymology of the word ‘ethos’ as a space . . . preceding its later sense of mores and disposition.”⁶⁹ Anedda’s work embraces a foreignizing use of translation as the only language that is “equidistant from the self and from the world . . . a place of gathering, an ethical space.”⁷⁰

As critic Giuliana Adamo puts it, Anedda's poetry is a "dialogic" and restorative gift that is only possible by means of translation.⁷¹ In line with this etymology, my reading of Kristeva has shown that space, rather than time, is the realm of translation as well as the elected dimension of women, the sick, and other marginal figures. Space, through translation, connects, whereas time, through the making of literary canons that have elected certain groups of writers (e.g., male writers), may divide.⁷² In the opening prose of *La Luce delle Cose* (The Light of Things) (2000), a hybrid volume containing essays and short stories, Anedda states that "lo spazio è forte, ma il tempo vacilla" (space is stable, but time wavers).⁷³ A similar faith in spatiality, often placed against the merciless action of time, is found in the verse Anedda wrote after her mother's death. Here death and dreams are lands of the unknown, thus sharing a common foreign status:

Spegnetevi dolori oppure quietamente
andate dentro il sogno diventate echi
almeno per un po' in quello spazio pietoso.⁷⁴

[Shut down, sorrow, or quietly
go inside the dream, become echoes
for a while at least, in that pitiful space.]

The translational dimension of mourning becomes manifest in the use of the Sardinian dialect Logudorese in poems such as "Limba" (Tongue) and the series "Attitos" (Dirges), the latter being a group of eight poems imitating—translating—the traditional verse laments improvised at the graveyard by women.⁷⁵ Anedda confessed that "at a certain time the sounds that rose in my memory were those harsh ones of a pre-scholastic language, thick with consonants and shorn of adjectives."⁷⁶ Just as it was for Rosselli, whose poetry is often pre-grammatical, for Anedda the dead and the sick speak a language that we do not comprehend, a language that is as foreign as the one spoken by refugees, animals, and nature: "Scrivevo per la pietà del buio . . . per ogni creatura che indietreggia" (I used to write for the mercy of darkness . . . for each creature backing off); "Oggi mi cura guardare un grumo di formiche . . . un io distante" (Today healing is looking at a clot of ants . . . at their distant I); "La lingua liquida del fiume" (The liquid language of the river).⁷⁷ In a poignant passage from the proses of *Cosa Sono gli Anni* (What Are the Years?) (1997), Anedda gives perhaps the most comprehensive definition of illness as foreign tongue:

Forse non esistiamo che per imparare l'alfabeto dei morti e per raggiungerli non appena saremo in grado di parlare la loro lingua.⁷⁸

[Perhaps we exist just in order to learn the alphabet of the dead, in order to reach them as soon as we, too, are able to speak their tongue.]

Anedda further explores the foreignness of illness in the hospital poems of *Residenze Invernali* (Winter Residences) (1992), which, as McKendrick writes, “could hardly strike a less Italian note—and in fact these dwellings appear to be sited mostly in some northern zone, a St Petersburg of the soul.”⁷⁹ Here, the resemblance with Guidacci’s images of the sick as exiles is particularly compelling:

Vi chiedo coraggio: sognate con la dignità degli esuli
e non con il rancore dei malati . . .
Eppure, distesi sulla misteriosa rotta dei letti . . .
La nave salpa e cammina.⁸⁰

[I ask you for courage: you should dream with the dignity
of exiles, not the rancour of the sick . . .
Yet, stretched on the beds’ mysterious sea lane . . .
The ship weighs anchor, sets sail.] (tr. Jamie McKendrick)

Yet, Anedda’s use of self-translation as therapy—directed to the cure of both the self and of others—goes beyond the use of a non-standard language, be it Italian and/or the language of the living. Anedda translates grief, disease, and trauma across different texts (intertextuality and adaptation), disciplines (literature, history, medicine, physics), and media (poetry, prose, music, the visual arts), thus offering a complex picture of self-translation as healing practice. To give but one example, her latest poetry collection, *Historiae* (2018), has been defined as an inherently translational book for its marking of the passage from origins to end, and from the language of an island (Sardinia) to that of the exile.⁸¹ At the same time, however, *Historiae* is a book about “depressions”—human, geometrical and geographical—as it looks for a language that, by moving from geography to anatomy, and from geometry to classics by Tacitus, Virgil, and Darwin, is able to trigger the life-chain of translation, i.e. to heal. From this perspective, the hospital becomes the privileged

observatory from which one can scrutinize both the depths of the soul and the cosmos:

All'improvviso invece in un angolo del letto
è apparso il sole, scavava silenzioso una sua strada
verso un luogo dove s'irradia luce
e non esistono pronomi.⁸²

[Suddenly instead at the corner of a bed
the sun appeared, silently digging its way
towards a place where light radiates
and pronouns do not exist.]

Volevo raggiungere Saturno, il mio pianeta
di fuoco e piombo, dunque nutrivo la malinconia.⁸³

[I wanted to reach Saturn, my planet
of fire and lead, therefore I used to cultivate melancholy.]

The penultimate section of *Historiae*, significantly entitled "Anatomic," draws a parallel between the precision of Latin, the mother tongue of Western literature, and anatomy, which one could define as the mother tongue of Western medicine. Praising the polished beauty of a skeleton, Anedda specifies that

Non è gusto del macabro,
ma il realismo glabro dell'anatomia
lode dell'esattezza e del nitore.⁸⁴

[This is not a taste for the macabre,
but the glabrous realism of anatomy
a praise of exactitude and lucidity.]

Similarly, when translating Tacitus's *Annales* into Italian, Anedda says that it is Latin's same neatness that cures us. This cure of neatness contrasts sharply with Guidacci's frustration with Greek terms⁸⁵:

La sintassi agiva come un laccio emostatico . . .
Ci cura questa forma lapidaria.⁸⁶

[Syntax was acting like a tourniquet . . .
This lapidary form heals us.]

By transmuting the language of pathology into poetry (examples are present in almost every poem of the collection), Anedda's *Historiae* is about the relationship between space and illness, a feature that aligns this book with the works of contemporary female writers such as Olga Tokarczuk (see her 2007 novel *Flights*) and Ruth Padel, especially her 2012 experimental collection *The Mara Crossing*, where the author describes migration as a key element of our cellular, relational, and historical self.⁸⁷ In different yet resonant ways, these three writers have explored the correspondences between inner and outer world, geography and anatomy, biology and migration, thus blurring the boundaries between creativity and scientific objectivity: "But maps of the world, of this internal and that external world, have already been drawn up, and that order, once glimpsed, irradiated the mind, etching into it the primary—the fundamental—lines and planes."⁸⁸

The final case of therapeutic self-translation that I would like to tackle occurs when poetry transforms into painting, or vice versa. In *La Luce delle Cose*, which so far has been read as a testament to the poet's visual poetics,⁸⁹ Anedda conducts a poetic exploration of insomnia. By evoking lines from Rosselli, who also wrote the English poem *Sleep*, and fellow poet Marina Cetaeva, Anedda's nocturne reads as a painful celebration of sleep disorders' creative potential through a series of intertextual and intermedial translations. Again, the narrator's voice disappears under an intricate web of quotations from, references to, and imitations of authors and/or artists as varied as Vermeer, Van Gogh, Kafka, and the four evangelists, thus systematically shifting the attention from the self to the other. Even more strikingly, *La Vita dei Dettagli* (*The Life of Details*), published in 2009, stages Anedda's self-translatorly movements from painting to lyrical prose, and from illness to healing. It is certainly not accidental that one of these prose pieces ekphrastically describes Hieronymus Bosch's *The Tower of Babel* (1563) as a symbol of man's confusion on earth. The most fitting example, however, comes from Anedda's verbal translation of Mantegna's *Dead Christ* (c. 1480–1490). Mantegna completed this painting after losing his two sons as a way of mourning them. Anedda sees this artist's "life benumbed, dry as a bowl of tempera," as she sees herself prostrate "in front of similar feet" (tr. Jamie McKendrick).⁹⁰ For the self-translator, this is not only a dead Christ, but a "portrait of our vertigo in front of every death, its aerial view."⁹¹ The boundaries between the living and the dead, the self and

the other, the close and the distant collapse as the narrative voice confesses “I have to stop, I’ve no strength left in me.”⁹²

In *Black Sun*, Julia Kristeva speaks of another dead Christ, represented as a melancholically dying self, a persuasive cross-reference that allows us to come full circle and glimpse back at this essay’s theoretical foundations: “[Hans] Holbein’s *Dead Christ* is inaccessible, distant, but without a beyond. It is a way of looking at mankind from afar, even in death—just as Erasmus saw folly from a distance . . . Another, a new mortality resides in this painting . . . Christ is apart from us all. Unless Holbein . . . wanted to include us, humans, foreigners, spectators that we are.”⁹³ From *Residenze Invernali* (1992) right up to *Historiae* (2018), Anedda’s poetry, broadly construed, has been a strenuous attempt to attune with the *distant*, be it another language, geological era, human being, or world. In this cosmic vision of the self and its illnesses, translation provides an ethical language as well as a mode for drawing the equation between diametrically opposed poles—the private and the historical, the native and the foreign, the past and the future.

Ogni tanto uso una lingua mia
la invento impastandola al passato
non la consegno se non in traduzione.⁹⁴

[Sometimes I use a personal language
I invent it by mixing it to the past
I do not deliver it if not in translation.]

Translation is Anedda’s poetic language, one that offers not only “A Space to Grow Old”—the title of one of her poems, in McKendrick’s translation—but also a space to heal, a safe dimension against the devastating action of time and the foreign dimension of illness:

T
È la lettera che trasmutando tramanda, è il tentativo di tradurre
ciò che fugge, di tenere vicino ciò che travolge.⁹⁵

[T
It is the letter that, by transmuting, transfers, it is the attempt to
translate what escapes, to keep close what overwhelms us.]

Conclusions

This essay has put translation on the center stage of second-wave medical humanities research. In the spirit of entanglement that characterizes this new theoretical horizon, it has shown that translation is a bodily as much as a mental experience, a discovery that deepens our understanding of illness narratives (inner translation), the patient-doctor exchange (outer translation), and mental illness as a linguistic disorder (the biocultural path of translation). Placed against this medically literary, or literary medical, backdrop, translation proves to be both the method and the practice that helps us enter foreign worlds, from those of the scientists and doctors to those of the sick and dead. No matter which perspective one adopts, illness arouses a sense of foreignness and alienation in patients and doctors alike, whilst also eliciting various forms of misinterpretation, misunderstanding, inexpressibility, and even mistakes between, and across, these groups. Concurrently, on a literary level, examples of cross-fertilization between female and medical poetry opens up new avenues for the study of women's writing and medical humanities, both conjointly and separately.

At the end of this bi-disciplinary journey, translation's biological nature remains mysterious; yet, it has also proved to be part of what keeps us healthy and alive. It is my hope that this essay sheds light on important correspondences between literary translation, clinical practice, and wellbeing, perhaps sparking future interdisciplinary enquiries in these areas.

NOTES

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1. Martin, *Concise Medical Dictionary*, 565.

2. Kristeva et al., *Cultural Crossings of Care*, 54.

3. See Reynolds, *Likenesses*; and Boria et al., *Translation and Multimodality*.

4. Kristeva et al., *Cultural Crossings of Care*, 57. In March 2020, the same research team published a second, pioneering paper entitled "Towards a Translational Medical Humanities: Introducing the Cultural Crossings of Care." This paper deconstructs the science-culture divide that undermines medical knowledge and its clinical applications.

5. By Altounian see *La Survivance* and *L'Intraduisible*. See also Pestre, *La Vie Psychique des Réfugiés*.

6. Belling and Thornber, eds., “World Literature and Global Health”; and Gwendoline, “La Traduction-Guérison.”
7. Whitehead et al., *Edinburgh Companion to the Critical Medical Humanities*, 35–36.
8. Whitehead et al., *Edinburgh Companion to the Critical Medical Humanities*, 39.
9. On writing therapy and its uses, see Pennebaker-Chung, “Expressive Writing.” On translation as a biocultural concept, see the ongoing Oslo-based project led by Eivind Engebretsen and John Ødemark called “The Body in Translation.”
10. There exists a vast corpus of feminist theorists engaging with and/or critiquing psychoanalytic approaches to the study of women’s bodies and minds. Apart from Kristeva’s output, with which this essay enters into dialogue, I would like to highlight the following works: Hélène Cixous and Catherine Clément, *Newly Born Woman*; Luce Irigaray, *Speculum of the Other Woman*; Melanie Klein, *Love, Guilt and Reparation*; Juliet Mitchell, *Psychoanalysis and Feminism*; Judith Butler, *Gender Trouble*; and Teresa Brennan, *Interpretation of the Flesh*.
11. For literary explorations of Kristeva’s theory, see Rushworth, *Discourses of Mourning*; and Southerden, “‘Per-Tras-Versioni’ Dantesche.” For its clinical applications, see Bové, *Language and Politics*; and McSherry, Loewenthal, and Cayne, “Implications of Kristeva’s Notion of the Subject.”
12. *Black Sun*, 14, 3, and 19. On the ineffability of the illness experience see Elaine Scarry’s seminal *The Body in Pain*.
13. Kristeva, *Black Sun*, 3.
14. Kristeva, *Black Sun*, 42.
15. Kristeva, *Black Sun*, 42.
16. Kristeva, *Black Sun*, 42.
17. Kristeva, *Black Sun*, 42.
18. Kristeva, *Black Sun*, 55.
19. Kristeva, *Black Sun*, 97. For Kristeva, “language is, from the start, a translation” (41).
20. Kristeva, *Black Sun*, 65.
21. Kristeva, *Black Sun*, 65.
22. Kristeva, *Black Sun*, 53.
23. Kristeva, *Black Sun*, 55, 56, and 58.
24. See Geballe, “Literary Disorders.”
25. Kristeva, *Black Sun*, 58.
26. Kristeva, *Black Sun*, 65.
27. Kristeva, *Black Sun*, 39.
28. Kristeva, *Black Sun*, 38.
29. Kristeva, *Black Sun*, 67.
30. Kristeva, *Black Sun*, 113.
31. From the 1930s onwards, a number of scholars in Italian studies have pointed out the necessity of problematizing the idea of an ethnically and culturally homogenous category of Italianness. See, for

instance, Tamburri, *A Semiotic of Ethnicity*; and Shvanyukova, “150 Years of Italian Whiteness?”

32. For a study of the applicability of the psychoanalytic categories of transference and counter-transference to the practice of poetry therapy, see Ihanus, “Dancing with Words.”

33. See, by Caruth, *Unclaimed Experience and Trauma: Explorations in Memory*.

34. Pestre–Benslama, “Translation and Trauma,” 19–20.

35. Lamarque, *Poesie*, 5. See also the poem “Abbandono” (Abandonment), 138. Please note that most of the poems analyzed in this essay have never been translated into English; in other cases, their translation is difficult to retrieve. As a result, all translations are mine unless otherwise stated.

36. Lamarque, *Poesie*, 59.

37. Lamarque, *Poesie*, 53.

38. Lamarque, *Poesie*, 64.

39. Lamarque, *Poesie*, 71.

40. Altounina, *L’Intraduisible*, 128.

41. Lamarque, *Poesie*, 91. Note the rewriting, or translation, of Catullus 5: “*da mi basia mille, deinde centum*” (“give me a thousand kisses, then a hundred”).

42. Lamarque, *Poesie*, 117.

43. Lamarque, *Poesie*, 119.

44. Lamarque, *Poesie*, 95.

45. See Maranni, *Margherita all’Inferno*, 22.

46. Guidacci, *Neurosuite*, 4.

47. Guidacci, *Neurosuite*, 4.

48. See the poem “Al Dottor Z” (To the Doctor Z) in Guidacci, *Neurosuite*, 6.

49. Guidacci, *Neurosuite*, 6.

50. Guidacci, *Neurosuite*, 12. The feminine ending of the Italian verbs is lost in translation.

51. Guidacci, *Neurosuite*, 8–10.

52. See Foucault, *Birth of the Clinic*.

53. Guidacci, *Neurosuite*, 18.

54. Guidacci, *Neurosuite*, 14.

55. Re, “Amelia Rosselli: A Life of Poetry,” 12.

56. Re, “Amelia Rosselli: A Life of Poetry,” 17.

57. Antinucci, “Poetics in the Shadow of the Other’s Language,” 1329–31.

58. Antinucci, “Poetics in the Shadow of the Other’s Language,” 1333.

59. Antinucci, “Poetics in the Shadow of the Other’s Language,” 1333.

60. Rosselli, *Le Poesie*, 74.

61. Rosselli, *Le Poesie*, 91.

62. Rosselli, *Le Poesie*, 92.

63. Re, “Poetry and Madness,” 149.

64. Rosselli, *Le Poesie*, 96.
65. Rosselli, *Le Poesie*, 92.
66. Rosselli, *Le Poesie*, 122.
67. Anedda, *La Luce delle Cose*, 54.
68. See Anedda, *Historiae*, 33.
69. Anedda, *Archipelago*, 14.
70. Anedda, *Archipelago*, 14. Amongst the supporters of translation's ethical nature, see Venuti, *Scandals of Translation*. Venuti has coined the categories of domestication and foreignization in order to describe two opposite paths to translation, or translation practices: one that tends to cancel the presence of foreign traces in the English rendition (domestication), and one that retains them as a way of celebrating and preserving the diversity of languages against the dominion of English (foreignization).
71. Adamo, "La Parola di Antonella Anedda," 160.
72. For a discussion on men's and women's contrasting modes of literary existence, see Arnaldi, *Diasporic Canon*, 84–85.
73. Anedda, *La Luce delle Cose*, 10.
74. Anedda, *Historiae*, 47.
75. These poems were originally published in *Dal Balcone del Corpo* (From the Body's Balcony) (2007). Now they are available in English translation in Anedda, *Archipelago*, 80–83.
76. Anedda, *Archipelago*, 12.
77. Anedda, *Historiae*, 50, 73, and 19.
78. Anedda, *Cosa Sono gli Anni*, 14.
79. Anedda, *Archipelago*, 9.
80. Anedda, *Archipelago*, 22–24.
81. Gardini, "Tra l'Isola e il Cosmo."
82. Anedda, *Historiae*, 13.
83. Anedda, *Historiae*, 16.
84. Anedda, *Historiae*, 77.
85. I would like to thank Anna Fenton-Hathaway for making this point, thus helping me see the connection.
86. Anedda, *Historiae*, 34.
87. Tokarczuk, *Flights*; and Padel, *The Mara Crossing*.
88. Tokarczuk, *Flights*, 188.
89. See Morra, "Scomporre Quadri, Immaginare Mondi."
90. Anedda, *Archipelago*, 111.
91. Anedda, *Archipelago*, 111.
92. Anedda, *Archipelago*, 111.
93. Kristeva, *Black Sun*, 113.
94. Anedda, *Historiae*, 5.
95. Anedda, *Il Catalogo della Gioia*, 59.

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