Narrative Transformation for Empowering Women in the Face of Illness. Insights from the "Sorrisi in Rosa" Project

di *Marco Rondonotti, Federica Pelizzari, Giorgia Mauri, Simona Ferrari*[*]

Abstract

The need of society to activate medical prevention has led the scientific community to value narrative skills to increase the understanding and acceptance of disease. With the diagnosis of cancer, everything changes: from the perception of one's body to the relationship with family members, and it is only through the narration of one's experience of treatment that the person shares their feelings, emotions, fears and concerns with other individuals, retracing the imaginary experience and sharing a personal phase of their life. This approach meets Humanitas' need to evaluate the "Sorrisi in Rosa" (SiR) project dedicated to accompanying women undergoing screening for or diagnosed with breast cancer to highlight the elements of impact and spaces for development in accompanying patients. Through emotional support and sharing their stories, patients involved in the program can develop a sense of community and mutual understanding. This not only provides an environment conducive to coping with the challenges of the disease but can also help reduce the sense of isolation that often accompanies breast cancer. The monitoring by CREMIT (Center for Research on Media Education, Innovation and Technology), in collaboration with IRCCS Humanitas is part of the desire to investigate and understand how storytelling can make illness and treatment a transformative process, capable of rereading and coping better with one's personal experience as a woman. The research presented here, divided into three phases, focuses on analysing the narratives

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[*] Università Cattolica del Sacro Cuore. Corresponding author: federica.pelizzari@unicatt.it. The authors share the conceptualisation and methodological approach of the contribution. Specifically, Marco Rondonotti drafted paragraph "Conclusions", Federica Pelizzari wrote paragraphs "Theoretical Introduction" and "Analysis of Questionnaire", Giorgia Mauri paragraph "Analysis of Narratives", Simona Ferrari wrote paragraph "Research framework and application context". Marco Rondonotti and Giorgia Mauri carried out the data analysis of the narratives and Federica Pelizzari the data analysis of the questionnaires.

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produced within the project and the questionnaire administered, to improve care and support for women involved in breast cancer screening and treatment programs.

Keywords: Peer&Media Education, Digital Health Literacy, Transformative Approach, Health Promotion, Disease Prevention.

Trasformatività narrativa per l'empowerment delle donne di fronte alla malattia. Spunti dal progetto "Sorrisi in Rosa"

Riassunto

La necessità della società di attivare prevenzione medica ha portato la comunità scientifica a valorizzare le capacità narrative per aumentare la comprensione e accettazione della malattia. Con la diagnosi di tumore cambia tutto: dalla percezione del proprio corpo al rapporto con i familiari ed è solo mediante la narrazione del proprio vissuto di cura che la persona condivide sentimenti, emozioni, paure e preoccupazioni con altri individui, ripercorrendo l'immaginario vissuto e condividendo una personale fase della sua vita. Tale approccio incontra l'esigenza di Humanitas di valutare il progetto "Sorrisi in Rosa" (SiR) dedicato all'affiancamento delle donne in screening o con diagnosi di tumore al seno per evidenziare elementi di impatto e spazi di sviluppo nell'accompagnamento delle pazienti. Attraverso il supporto emotivo e la condivisione delle proprie storie, le pazienti coinvolte nel programma possono sviluppare un senso di comunità e comprensione reciproca. Questo non solo offre un ambiente in cui possono affrontare le sfide della malattia, ma può anche contribuire a ridurre il senso di isolamento che spesso accompagna il cancro al seno. Il monitoraggio condotto dal CREMIT (Centro di Ricerca sull'Educazione ai Media, all'Innovazione e alla Tecnologia), in collaborazione con IRCCS Humanitas si inserisce nella volontà di indagare e comprendere come la narrazione possa rendere la malattia e la cura un processo trasformativo, capace di rileggere e affrontare al meglio il proprio vissuto personale da donna. La ricerca qui presentata, articolata su tre fasi, si sofferma sull'analisi delle narrazioni prodotte all'interno del progetto e del questionario somministrato, con l'obiettivo di migliorare l'assistenza e il sostegno alle donne coinvolte in programmi di screening e di cura del tumore al seno.

Parole chiave: Narrative Medicine, Narrazione, Approccio Trasformativo, Promozione alla salute, Prevenzione alla malattia.

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Theoretical Introduction

When an illness affects a person, they find themselves immersed in a context that favours logical-scientific thinking, as this is what prevails and what is expected in our relationship with the medical world. Fundamental questions arise: what is happening in our body, why, what are the mechanisms underlying these events, and how are data collected to deepen our understanding of the whole situation.

In this process, scientific and narrative thinking, although complementary, remain distinct from each other (Benini, 2016).

Additionally, in this context, it is necessary to embrace narrative thinking on a psychological level (through emotional reworking), a cognitive level (through knowledge reworking) and a social level (the dimension of interaction and relationships). This approach draws on Bruner's ideas set out in his text "The Story Factory" (2002) and addresses the individual need for:

- Exploring and imbibing emotions related to illness with meaning (emotional reworking): Narrative thinking helps to organise human experience, and Bruner suggests that by reconstructing the events of one's life, one can shape the flow of experience to align it with one's self-concept. This process also coordinates two distinct scenarios: the first concerns the succession of facts (action), while the second concerns consciousness (feelings, thoughts and intentions). To narrate human events meaningfully, a person must necessarily refer to their own experience, taking into account the emotional sphere characterising it (Marsico, 2009). Thus, narrative thinking enables us to situate experience in time and space, and to identify intentions, actions and effects.
- Understanding illness at a deeper level and integrating scientific knowledge with one's own experience (cognitive reworking): often this dimension is so well hidden that not even the storyteller is aware of the interests he or she is pursuing. Stories, in this context, play a crucial role, as they offer models of the world that narrative thought constructs, creating an infinite variety of possible worlds (Bertolini, 1994). These worlds consist of images, words, inventions, autobiographical memories and emotions, thus contributing to the meaning of human existence. Moreover, narrative thinking has the capacity to fix memory, but it goes beyond that. As stated by Bartoli (2020), it also performs the function of reworking and modifying the memory itself. This reworking process can contribute to a better understanding of past facts and experiences.
- Establishing meaningful connections and relationships with others, especially health professionals, to face the challenge of illness together (exchange and relationship). As highlighted by Bruner (1997), narrative

thinking has a significant social structure and value and is not simply an individual way of storing information. Narrative thinking thus promotes the sharing of memories between people and this process not only preserves the memory but also contributes to the construction of shared meaning within a culture or community. Thus, narrative thinking extends beyond the individual and has a social impact, contributing to the creation and sharing of collective meanings (Ricoeur, 1986).

Within this context, solid basis for the elements of narrative medicine is discovered, as indicated in the text *Medical Humanities and Narrative Medicine: New Perspectives in the Training of Care Professionals* by Zannini (2008). Narrative medicine is an approach that employs storytelling to improve our scientific understanding of diseases (Lewis, 2011) and is based on the following key concepts:

- Autobiographical reconnaissance of experience: this concept, derived from authors such as Formenti (1998) and Bolton (1999), involves the process of exploring and reflecting on personal experience through the choice of an object to tell about oneself. This activity involves the production of images and metaphors that can help shape and impart meaning to individual experience.
- Explication of transferable and non-transferable skills: Narrative medicine promotes the understanding of transferable and non-transferable skills through a bio-psycho-social perspective (Charon, 2019). This activity means considering not only the biomedical but also the psychological and social aspects of illness experiences.
- Distinction between autobiographical and non-autobiographical narrative texts: Narrative medicine recognises the difference between narrative texts based on the patient's autobiography and those that are not (Milota et al., 2019). This distinction helps to better understand the different perspectives and narratives within the medical context.

As far as patients are concerned, the practice of reflective writing, which narrative medicine suggests, involves revising and interpreting experiences to gain a deeper and more meaningful understanding (Fioretti et al., 2016), going beyond the mere description of events and involving the creation of meaning. This form of writing, rooted in personal experiences related to illness and body change (Mehl-Madrona, 2007), unearths insights that often go beyond the biomedical domain and poses questions that may not have definitive answers, respecting the multiplicity of perspectives (Cenci, 2016).

In the writing process, patients have to confront their vulnerability (Masini, 2005) as there is no single correct way to tell a story. It is in this context that narrative medicine finds fertile ground: reflective writing can contribute to personal development by stimulating reflective self-assessment and better self-understanding (Smorti, 2000), clarity of values and personal identity and by promoting professional well-being and building a community of peers. This development is particularly relevant to offset the need for a greater emotional dimension in medicine.

Finally, reflective writing can improve caring skills (Marini, 2015). It aims to develop critical thinking and analysis, increase understanding of one's own and others’ emotions, and help make sense of morally complex and ambiguous situations. Consequently, it can lead to transformative outcomes, such as epiphanies of new understanding or insight, or confirmatory outcomes, which reinforce previously held values and beliefs (Brendel, 2009). Thus, reflective writing emerges as a powerful tool to enrich the medical context with a narrative and reflective dimension, contributing to the overall care of patients.

Within this context, narrative emerges as a powerful transformative approach (Mezirow, 2003), capable of profoundly influencing the patient's perception of reality. This process enables patients to distance themselves from identification with the illness, allowing them instead to develop a broader awareness of their own identity (Cucuzza, 2023) as an individual coping with a more or less lasting condition. This status is no longer perceived as a mere definition of one's person, but rather as an element of personal experience that can be managed and addressed through self-care and acceptance. The act of narrating one's personal story thus becomes a means through which patients can explore their experience, reframe their sense of self and develop new perspectives (Robertson et al., 2023). This process of reflecting on one’s narrative can foster greater resilience and a better understanding of one’s emotions and reactions (Taylor & Cranton, 2012). Patients become the protagonist of their own story, with the possibility of reinterpreting the meaning of the illness or health condition, transforming it from a mere label into an integral part of one’s life.

Thus, the narrative approach in care not only addresses the physical or mental illness but also promotes profound personal growth and a sense of authenticity. Patients ae no longer defined by their illness but recognise their own uniqueness and potential to deal with the situation more consciously and positively (Giarelli et al., 2005). Self-care and self-acceptance become essential tools to cope with the challenge, transforming the illness from a mere obstacle to a meaningful part of the life journey (Johnson, 2003). This more holistic and humanistic approach thus allows for a more comprehensive understanding of the challenges associated with illness and can foster a better management of it, considering both scientific aspects and personal experiences and interpersonal relationships.

Research framework and application context

The project "Telling the disease to support the cure" stems from the need of Humanitas to evaluate the project "Sorrisi in Rosa" (hereon SiR)[1], after 6 years of development, to highlight the strengths and elements of the development of SiR in accompanying patients to the treatment pathway and more generally to support preventive actions.

At the core of SiR are the photo exhibition and the stories of women who have had breast cancer. SiR has identified storytelling and the language of photography (placed on physical panels in hospitals, but also on social networks and websites) and podcasting as tools for

- Activating processes of reflection and awareness during the care pathway through a patient-centred and not a disease-centred approach.
- Activating breast cancer awareness and prevention actions in the general target population.
- Lending voice and value to the life phase experienced during the care pathway, fostering the elaboration process and pushing the communicative power of the 'witness'.

The objectives of the research presented here were therefore to

- Investigate the understanding of which criteria are common to narratives and which are singular, and investigate which narrative modes are used to convey the required messages through textual, iconic and symbolic use.
- Deepen the relationship between narrative and SiR by investigating how the women participants view these two components.

The research questions that guided these objectives were as follows:

RQ1. What elements of continuity and discontinuity can be observed in the narratives of women who are facing or have faced breast cancer?

RQ2. How do the women of Smiles in Pink perceive the value of storytelling?

The research process, which transpired between September 2022 and February 2023, consisted of four stages and tools:

- Phase 1: Analysis of the biographical narratives produced within the project. In this phase, an analysis grid was implemented and applied to texts and photographs in the text *Smiles in Bloom. 100 voices, 100 stories, a life after illness*[2].

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[1] On the Internet: URL https://fondazionehumanitasricerca.it/sorrisi-in-rosa/.

[2] The text *Smiles in Bloom. 100 voices, 100 stories, a life after illness* represents the printed product of the *Sorrisi in Rosa project* containing biographical and autobiographical narratives and photographs of the protagonists of the project.

- Phase 2: Data collection by an anonymous online questionnaire to investigate the representations of the prevention process, the evaluation of the accompaniment to recovery (treatment success) and early detection of breast cancer.
- Phase 3: Online clarification focus group with SiR women to elicit their views on the project and perceptions of its impact, as well as possible interpretations of the data.
- Phase 4: Peer & Media Education workshop (Rivoltella & Ottolini, 2014), in which first-year students of the Blended Master's Degree in Media Education[3] reflected on new languages for communicating health by developing a social campaign.

Particularly, the methodological set used to analyse the biographical narratives was structured in two areas, the textual and the iconic: as regards the textual area (written narratives), the analysis criteria were defined[4], through which the extracts of the 70 narratives referring to the various criteria were classified. At the end, text was analysed, using the NVivo software to detect word recurrence[5].

With regard to the iconic field (photographs), the analysis criteria were defined, referring to the technical elements of the photograph (framing, body position and gaze) and the presence of the veil (symbol of the campaign), through which the photographs of the biographical narratives (70 in total) were classified. Finally, a quantitative and textual analysis were performed to detect the recurrence of objects in the photographed scene.

With regard to the analysis of the questionnaire data, a quantitative descriptive analysis was done.

Results

Analysis of Narratives

The text *Sorrisi in Rosa* is structured according to the linear succession of 96 narratives presented using several mediators: textual (biographical and autobiographical narratives), iconic (half-length photographs) and symbolic (flowers representing the biographical narratives)[6].

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[3] On the Internet: URL https://www.unicatt.it/corsi/magistrale/media-education-milano.html.

[4] To view the analysis criteria, please refer to section *1.b Centre Body Analysis*.

[5] On the Internet: URL https://www.gmsl.it/nvivo.

[6] The narratives in the text are the same as those posted on panels in hospitals, on social networks and on the website.

Three different types of narratives can be identified within the text:

1. Biographical narratives: 70 interviews collected by a journalist;
2. Autobiographical narratives by the protagonists themselves: 9 narratives[7];
3. Autobiographical narratives of health workers: 17 narratives.

Biographical narratives are texts contained mostly within a single page, presenting the title that coincides with the protagonist's proper name; a sentence of presentation of the protagonist; the narration realised through the reworking of the interview with the journalist; a half-length photograph of the protagonist; a photograph of a flower that symbolises the characteristics, personality and inclinations of the protagonist; the name of the flower chosen; and a sentence of presentation of the flower.

Autobiographical narratives, on the other hand, are mostly contained within two pages. They consist of a title represented by the protagonist's proper name, a subtitle indicating an adjective or characteristic of the protagonist, a quotation extrapolated from the full text, a short abstract summarising of the narrative, the body of the narrative, a half-length photograph of the protagonist, and a short biography of the protagonist.

Finally, the narratives elaborated by healthcare professionals are mostly contained within two pages. They are organised into a title represented by the first and last name of the narrator, a quotation extrapolated from the full text, a short abstract summarising narrative, the body of the narrative, a half-length photograph of the protagonist, and a short biography of the protagonist.

Of the 70 biographical narratives, the recurrence of words within the presentation texts was analysed to highlight the semantic areas most frequently present. The NVIVO programme was used for analysis, enabling the selection of words consisting of at least four letters, resulting in a sample of 212 recurring words. The analysis revealed the strong presence of the words 'strength' (N = 37; 17.5%), 'woman/s' (N = 21; 9.9%) and 'life' (N = 7.5%) and, to a lesser extent, the presence of the words 'love', 'beauty' and 'need' (N = 3; 1.4%).

Secondly, the central bodies of the 70 biographies were analysed. Starting with a description of the characteristics of the protagonist and her personality, the central body is developed by describing certain physical connotations that are generally associated with metaphors (Agar, "mother, a tree with deep roots and a foliage stretched out in the wind"; Carla Rosa, "an allure of yesteryear that has the scent of cologne, the colour of the earth, the

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[7] A special case in point is the entry entitled 'Lucia and the others' (pp. 132-133), within which the short narratives of nine female protagonists working in the context of the 'Let's put our tits on' association can be traced. The nine entries are collected within a single narrative; therefore, nine narratives were considered.

flavour of its fruits, the vigour of the truest sentiments, the sense of commitment and devotion"). Subsequently, the interests, passions and activities that the protagonists still want to do or have already done are narrated, concluding with a description of the family and social sphere intertwined with the protagonist's habits.

As with the presentation texts, the central bodies were also analysed by identifying the occurrence of words with more than four letters with NVIVO. The texts were analysed using 19 criteria, divided into five categories: initial data, the area of self-recognition (Formenti, 1998; Bolton, 1999, as cited in Zannini, 2008, p. 114), the character of the protagonists, non-transferable skills (Squier, 1998; Downie, 2001, as cited in Zannini, 2008, p. 156), the body and interpersonal relationships. Here it was possible to find the preponderance of the words "eyes" (N = 9; 11.7%) used as a metaphor to tell about the self, "to create" (N = 4; 25%) as a form of continuation of one's own life path; "smile" and "energy" (N = 6; 5.6%) indicators of the protagonists' characteristics; "children-or-others" (N = 29; 25.7%) in the family dimension; and "friends" (N = 16; 38.1%) in the social dimension.

Finally, all 96 photographs were analysed, using 27 criteria, categorised in the areas of framing, posture, presence and position of the veil, gaze orientation and uncovered body part.

Some attention is drawn to the use of the veil. It is the symbol of the *Smiles in Pink* campaign and, consequently, is present in all the photographs accompanying the biographies, in which the protagonists could choose where to place the veil, how to position it and which elements to highlight on their bodies. In the case of the autobiographies, on the other hand, the subjects do not present the veil. The photographs were also analysed technically. The choice of the half-length bust and the smile was arranged a priori for the subjects of the biographies, but it was possible to analyse the language of the images from the gaze in camera or elsewhere (central N = 49, 70%; from below N = 11, 15.7%; from above N = 10, 4.3%) and from the position of the body within the space: frontal (N = 28, 40%), three-quarter view N = 23, 32.9%), sideways (N = 17, 24.3%) or backwards (N = 2, 2.9%).

The protagonists of the biographies had the choice of using one or more veils. Those who used only one veil chose in the majority to place it on the chest (52.9%), followed by the bust (33.3%), the shoulders (11.8%) and the wrist (2%). As for the presence of several veils, the majority of the protagonists chose to place them on the shoulders and chest (31.6%), followed by the neck (21%) and the bust (15.8%). The group that placed the veil on the chest favoured bare shoulders (78.8%), as did the group that placed it around the bust (45%). Of the photographs, the presence of certain recurring objects was also analysed. Using the NVIVO programme, the frequency of the words, and thus that of the objects, was measured by selecting a sample of 125 objects. The strong presence of necklaces (N = 34; 27.2%) and earrings (N = 33; 26.4%), a symbol of femininity, could be detected. As far as autobiographical narratives are concerned, a greater freedom in the choice of posture, camera position and gaze were noted. The three categories thus present a wide variability with, for example, the choice of a frontal posture for 33.3% (N = 3), and three-quarter and sideways for 22% (N = 2).

The structure of biographical narratives has two opposite connotations. On one hand, biographies are constrained within a predefined format. On the other, the linear structure allows the reader to be guided and thus to take on different points of view by following a *thread* that shifts the focus from the protagonist of the narrative to the 70 protagonists of *Smiles in Bloom as a* whole. In such a circumstance, the contents are internalised as in the traditional reading process (Rivoltella, 2021), but on the contrary the narratives are externalised towards the community. This process allows the reader, not so much to focus on the illness, as to go beyond and be moved by encountering the life, characteristics, passions and interests of the protagonists that persist beyond the moment of illness (Del Bene, 2015).

Additionally, the presence of the terms ‘tumour’ and ‘illness’ is emphasised: they are not frequently reported within the categories analysed, but on the contrary, the biographies tend to bring out the terms ‘strength’ (N = 17.5%) and ‘life’ (N = 7.5%). This connotation of illness allows the explication of the strength of life, which persists and is expressed within the protagonists.

In contrast, autobiographical narratives develop according to a diametrically opposed approach. As evidenced by the words most present – ‘strength’, ‘illness’, ‘body’, ‘life’, ‘tumour’ – autobiographies bring to light a pathway that presents and involves illness by contrasting it with life, with the desire to go beyond it, with the flow of complex and mutable emotions.

Other terms frequently emphasised within the biographies are ‘woman’ (9.9% in the presentation sentences), ‘femininity’ (4.7% among the characteristics of the protagonists), and ‘children’ (25.7% for the family dimension). Through these three recurring terms, it is also possible to highlight the elements that remain in women’s lives beyond the illness. Finally, one of the predominant aspects of the biographical narratives is the request for activities that they still want to be carried out during and after the illness. Creation’ is the term that persists in the narratives with a percentage of 25%.

With regard to the photographs, the symbols of femininity recur strongly. The predominant object within the biographical narratives is the veil: a symbol of the countryside and therefore required a priori. The veil, on one hand, emphasises the covered part of the body and, on the other, draws attention to its uncovered part, allowing the reader to perceive the protagonists in their entirety.

With regard to the relationship between the use of one or more veils and their positioning, it can be seen that the protagonists who chose to use only one veil chose to position it mainly on the chest; on the contrary, the protagonists who chose to use several veils positioned it on the shoulders and chest. In this sense, more veils correspond to the request to cover more parts of the body. It can again be seen that the veil represents a contrast: on one hand, the veil is a symbol emphasising one part of the body, on the other hand, the veil is used to emphasise the uncovered part.

The concept of femininity is also highlighted through the objects present within the photographs of both biographical and autobiographical narratives (e.g. earrings N = 3; 42%).

The gaze of 82.9% of the protagonists of the biographies and 55.6% of the protagonists of the autobiographies is directly into the camera. This element brings to light the attitude of the protagonists, who look directly at the observer without fear, bringing with them a form of “security”, “strength”, and “life”, terms that also recur within the textual narratives. When analysing the position of the body, the frontal position is preferred, for both biographies and autobiographies, followed by the three-quarter position, sideways and backwards. The possibility of finding an analogy between the gaze and the position of the body, both symbols of a communication that wants to express ‘strength’, ‘energy’, ‘femininity’ and ‘life’, is again brought to light.

Analysis of Questionnaire

The questionnaire, delivered online between October and December 2022, received 89 complete responses from women members of SiR.

SiR women come from Northern Italy in 70% of the cases, while only 29% are from Southern Italy. They are aged between 40 and 70 in the majority (33% between 40 and 50, 55% over 50) and 68% are married or cohabiting. Of them, 41% have a 5-year degree, 27% a university degree and 74% of them are employed, and only 13% are retired, while 79% of them have one and/or two children between the ages of 6 and 17.

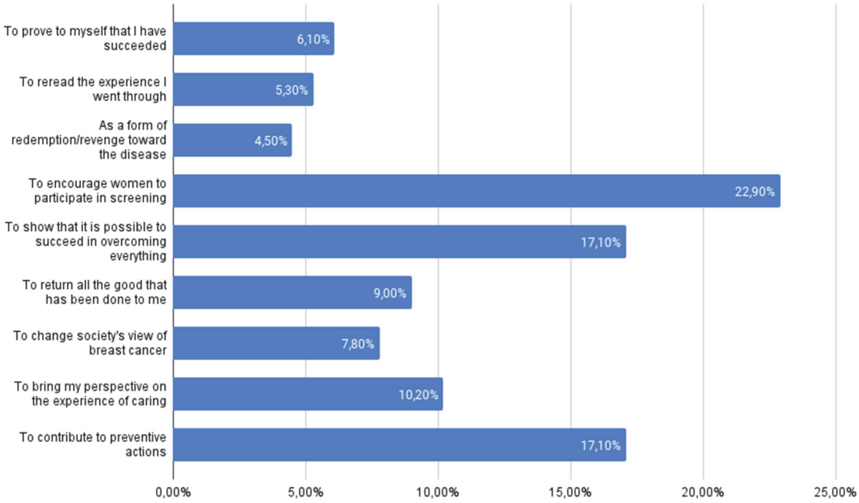
The questionnaire found that 74% of the women witnesses of Smiles in Pink remain in contact with the project, 31% have been with the project for less than 1 year, 39% between 1 and 3 years or 29% between 3 and 5 years depending on the length of their journey.

On surveying the narrative forms most appreciated by women, the SiR website emerges with the most value, with 12.5% preference and photographs 26%, both those placed in Humanitas hospitals and those seen within the social network and during prevention and women's months.

This certainly ties in very well with the theoretical survey about Digital Health Literacy (Dunn & Hazzard, 2019), for which prevention must also involve digital formats and new communication platforms.

Within the questionnaire, the SiR women were asked the question "I was prompted to narrate myself in Sorrisi in Rosa..." and, as can be seen from the graph, motivations were asked, divided between narrating for oneself (the first three items), others (the second three items) and society (the last three items).

Figure 1 - Motivation as to why you decided to narrate yourself



As can be seen, 15.90% of SiR women claim to have narrated for themselves, 49% for others and 35.10% for society: this highlights how narration is not only an ultimate goal of individual support but also a way of supporting others (particularly women undergoing treatment and/or prevention) and society's view of illness and treatment, particularly with regard to a disease such as breast cancer.

Finally, women were asked to position themselves on a Likert scale (1 = not at all, 6 = completely) about the question "Smiles in Pink stories, for you women who are told, have been a way to..." The answers that emerge most significantly are "bringing out emotions" (4.46 out of 6), "processing emotions" (4.41 out of 6), "sharing memories" (4.26 out of 6), "getting to know myself better" (4.16 out of 6), "giving time to time" (4.12 out of 6), "making sense of what I have experienced/am experiencing" (4.1 out of 6) and "reminding myself of events, steps taken and relationships" (4.1 out of 6).

This approach brings a certainly impactful reflection: women see their own stories as a way to rediscover themselves, to connect with themselves and their emotions, but also to learn from the experience of illness and treatment and to reinterpret it in terms of revitalisation and new possibilities and thus discover new perspectives of life.

Conclusion

At the end of the above analysis, it is possible to develop some reflections highlighting the intertwining of the fundamentals of narrative medicine and Smiles in Pink.

If the elements of narrative medicine (Charon & Marcus, 2017) are primarily interwoven during the journey of patients and health workers, they are equally traceable within the artefacts published in the text. A first element is represented by the fact that the very structure of *Smiles in Bloom* allows the reader to be involved in the continuous alternation of the voices of women who have experienced the journey of care and those of the health workers, shaping a movement that seems not to end, but to persist over time beyond the experiences of the protagonists.

This aspect also emerges when reflecting on the other two elements of narrative medicine, namely representation and affiliation (Charon, 2005). The representation of women, the protagonists of the narratives, turns out to be as personalised as it is communal. The protagonists are described through words that evoke their passions, their way of being alone and with others, and their way of acting, of activating themselves. In this sense, despite the singularity of each one, terms recur within the narratives that refer to a permanence, not only in time, but also in space, that relational space populated so densely by affection. Strength, a smile, children, friends, and the possibility of creating, are just some of the concepts and words that most often recur within the biographical narratives, capable of imprinting a clear movement towards new projects yet to be realised with all the vitality that can allow their completion.

Thus, the element of affiliation, the adoption of a position of solidarity, is also highlighted through the narratives. Solidarity (Pot, 2022; Prainsack, 2018) is first of all described precisely through the exploits of the protagonists, i.e. workers and volunteers of care and aid paths, who are involved in associations responsible for the fight against breast cancer; secondly, it opens up the possibility for the reader to experience the closeness to the protagonists, reading their stories and imagining their life paths.

It is precisely in this way, then, that medicine is grafted with narrative: in the narration of individual identities that come together within a community of peers, who live each other's experiences and seek to make transformative and confirmatory sense of them (Smorti, 1997) and who enable the transformation of illness into a process of care and self-acceptance.

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