

Research Article

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The Power of Storytelling in the Experience of Illness

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Abstract: Falling ill means feeling assailed by an illness that unexpectedly erupts into our lives, interrupting the normal flow of an established existence. In this painful condition, the sick person feels inadequate and almost no longer up to the standards or expectations they previously managed to easily meet. As a result, they risk losing a positive outlook on themselves, and in some cases, they no longer feel worthy of the esteem due to a “healthy” person. Through narrative practice, space and opportunities for self-reconstruction are created. Narration involves a movement that involves reassembling the past in preparation for the acceptance and meaning of future events. In the therapeutic context, narrative becomes particularly effective in making people more aware of their illness experience. Patients identify the time preceding the onset of the illness very well, nostalgically perceiving its richness, and being able to define with equal clarity the transformations brought about by the onset of pain and the associated suffering. In telling their stories, as they gradually enrich their narrative with further details, they can reconstruct the various phases, from the first symptom to the various and progressive manifestations of the illness’s progression. Narrative work proves particularly rich and fruitful for personal experience because it is practiced in relationships with others, through which one’s own experience, including that of illness, is shared. Through encounters, discussions, and dialogue with others, previously unknown meanings can emerge, allowing one to perceive one’s own experience of illness differently and discover unexpected resources of meaning.

Keywords: illness; body; scars; narrative medicine

1 Wounded in the Body

Falling ill means feeling attacked by an illness that unexpectedly erupts into one’s life, interrupting the normal course of a consolidated existence. In this painful condition, the person feels inadequate and no longer up to the standards or expectations she was previously able to easily meet. Therefore, the person risks losing a positive outlook on herself, ending up, in some cases, feeling no longer worthy of the esteem due to people defined and perceived as healthy and therefore normal. The body is perceived as an insurmountable limit, a boundary between living well and living badly. It opens the possibility of joy through pleasure, but in perceiving pain, a person also feels somehow threatened, because pain makes the vulnerability of living present. The scars present on the body are interruptions and open wounds in the skin, a symbol of the body’s invulnerability and vulnerability. David Le Breton writes: “Before our eyes, the body seems to live its own existence of opening and retraction; the skin mobilizes its healing resources without calling upon attention or will”.¹

In its solidity, unity, and compactness, the body is fragile and penetrable, exposing human beings to potential violation by others. More than a boundary, the body is a threshold, as Helmuth Plessner observed, a frontier that embodies openness and possibility. Through the body, we inhabit the world and experience it. The body connects us with external reality, making us feel the icy cold of winter on our skin or the polar heat of certain desert places.

¹ Le Breton, *Cicatrices*, 15. Author’s personal translation.

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In the experience of illness, the body is often exposed to the possibility of surgical interventions that, by damaging the skin and breaking its surface, attempt to restore balance to the disorder produced by the onset of the disease. In this way, scars “are first and foremost meanings, they embody a value that depends on their interpretation by their bearers according to their life history, the circumstances of their occurrence”.²

Leaving an often-indelible mark, the scar commemorates the journey through illness, evoking the pain and hardships faced. The skin mark is only the most superficial aspect of a profound memory that no plastic surgery can erase.

The sign and the memory go hand in hand and often “it is not so much the skin trace that the subject wishes to erase, but the memory inscribed in the skin of a moment in which they faced an asperity of their existence, its remnants that continue to haunt them”.³

It could be said that the experience of pain is common to all human beings who, in one way or another, sooner or later, find themselves assailed by pain that manifests itself in sudden forms and, at times, even persists for a long time, causing no small amount of discomfort and other physical or psychological ailments. Added to this is the fact that a common physical pain like a migraine or the pain caused by an abscessed tooth can be felt by every human being (sometimes even by animals), regardless of all possible conditioning or historical-cultural factors. Yet, despite this very evident statement, we must also reflect, as Carla Danani does, on the complexity of experiencing pain which, although it is a limiting experience, cannot be defined as evil, especially considering “Those who, following damage to certain brain areas, do not adequately perceive painful stimuli, must be constantly protected even from themselves, because they tend to engage in self-injurious behaviors in an unconscious manner”.⁴

For these reasons, as has been emphasized, there is an objective aspect and a subjective one. The first concerns the basic dimension of experiencing pain, while the second concerns the dimension of giving meaning to the pain we experience. Now, while the objective dimension remains unchanged, as mentioned above, the subjective dimension depends, as we will try to explain, on a variety of factors that contribute to the definition and attribution of a different meaning to suffering. As Salvatore Natoli also observes: the meaning of pain “It lies in the way in which this damage, which tears meaning apart, gives meaning, gives a meaning to itself. Provided that it is possible to give it”.⁵

It’s clear that it’s difficult to equate different forms of pain, depending on their intensity, but it’s clear that what we’ll try to emphasize refers to intense, sharp, almost paralyzing pain, not the mild, annoying discomforts we all experience in different ways. Indeed, it’s a matter of trying to reflect on the disabling pain that prevents human beings from carrying out their ordinary lives. In this situation, humans feel crushed, almost overcome by the power of a weight that hinders not only everyday movement, but even the organization and planning of even the most common gestures.

When pain assails our body, as has been observed: “hinders the flow of everyday life and forces a radical change; it is no longer possible to distance oneself from one’s body”.⁶ In other words, it forces us to stop. From there, a host of emotions follow one another and alternate, creating a state of mind constantly torn between the desire for the pain to end and the fear that we will never be able to escape from that situation. In living pain, we find ourselves petrified by our own passivity, by our potential for being mistaken for useless objects, incapable of carrying out and fulfilling the common, ordinary, and daily tasks of our lives. In this sense, Natoli further warns: “The first characteristic of pain in its living force is that it reduces humans to a thing, pushing them toward a corpse. When trapped in the grip of pain, one does not think, but the person who cannot think begins to cease being human. Pain turns into a thing, this is the first fundamental damage. It brings us to the edge of the land of the living, it knocks us out from the centre, it is an approach to death. Only in pain does a person begin to understand what death is”.⁷

2 Le Breton, *Cicatrices*, 19. Author’s personal translation.

3 Le Breton, *Cicatrices*, 21. Author’s personal translation.

4 Danani, “La politica”, 135. Author’s personal translation.

5 Natoli, *Stare al mondo*, 133. Author’s personal translation.

6 Mancini, “Pensare il dolore”, 553. Author’s personal translation.

7 Natoli, *Stare al mondo*, 134. Author’s personal translation.

We are thus dragged by pain, faced with the very possibility of losing ourselves, of the richness of our being, of our selves open to infinite possibilities, only to be reduced to helpless flesh, overcome by pain and pushed to the threshold of a threat: that of no longer being able to exist. From all this, we realize that pain brings no good, that we receive no benefit from experiencing pain; indeed, moreover, that it defines itself as an impediment, an obstacle.⁸

Reflecting on being struck by pain and the consequences this can have on our lives allows us to reflect on our very being in the world, or, to use a term dear to phenomenology first and later to the interpreters of German philosophical anthropology, on our being-open-to-the-world. Indeed, humans are beings open to the infinite possibilities that the surrounding reality offers them, to the extent that, unlike other living beings, they relate not to a simple environment, but to the world.

Open to the world and the multiple possibilities it offers, we realize only when struck by pain what it means to be unable to participate and take part in the infinite construction of ourselves and the universe around us.

Assaulted by pain, we are, in fact, halved in this very original and essential experience of our openness to the totality of reality, brought back and almost pushed back toward our limited and paralyzed being by the impediment of pain. Natoli emphasizes two actions that pain, to some extent, exerts on us: it tears and it nails.⁹

Our lives are transformed by pain, and we are brought back to ourselves, unable to have serene and balanced relationships with others. Those affected by pain may tend to isolate themselves or seek companionship and almost comfort only from those who have experienced or are experiencing the same thing. Sometimes it is so acute that it cannot even be expressed through words.

In other words, by suffering, the sick person risks weakening his ability to use language.

Pain also risks nullifying the human capacity for distance, because it pins and almost flattens the body in agony, drastically and violently separating us from the world, from others, and even from ourselves, I would say. It allows us to hear and see only the affected and afflicted part, without offering a broader vision of all that we are, have been, and can still be. Pain almost creates a barrier between our world and the world of others, revealing everything we are no longer capable of doing and concealing what we will still be able to express. In this sense, a veritable iron curtain is created between our absolute incapacity and the infinite possibilities we could have had if we had not been afflicted and struck by pain.

Sometimes human beings can't find a place in their lives because of the pain that erupts and surprises them, interrupting the constant flow of desire, robbing them of the momentum and aspiration to aim for the most coveted, ambitious, and lofty goals. Individuals suffer for what pain takes away, for the gaze they fear they will never see again, for the journeys they would still like to take but are unable to achieve, for their inadequacy, their incapacity, the harm they feel and fear they are causing to others. People suffer for their own suffering and for the suffering they read in the face of the other who is beside them and assists them with a silent and complicit gaze that conceals and reveals, trying to hide a truth that the body expresses first and better than any words.

When people fall ill, on the one hand, the world seems too demanding for their limited capabilities; on the other, pain can overwhelm their ability to recognize who they are, what they know how to be and express. This is because living beings interact in the world through their bodies, which are the drivers of actions, intentional in the case of human beings. It is, in fact, through the body that every experience takes place, including the act of understanding and acting to transform the world. This awareness can stifle and almost paralyze any possibility of reaction, causing a dangerous and fatal return of the ego to itself, from which it is increasingly difficult to escape.

It is in these circumstances that pain becomes suffering, that is, a completely subjective reaction, complex and connected to a variety of factors, which should never constitute the final word on human suffering. Nicola Gardini writes: "The suffering of the one in pain is melancholy, confusion; a search for meaning, fear, regret, desire to die. Pain is instantaneous, even while it persists; suffering lasts, spreads, wants the whole soul. While taking the soul, it takes the meaning of life".¹⁰

⁸ Natoli, *Stare al mondo*, 134.

⁹ Natoli, *Stare al mondo*, 136.

¹⁰ Gardini, *Eco in una casa vuota*, 16. Author's personal translation.

People, in fact, are driven to give meaning, whether positive or negative, to the most painful moments. They are, so to speak, forced to respond, a response that translates into taking a stand with respect to the pain itself. Suffering is a bit like this decision, this feeling and staying “in the company” of pain in one way or another. Sometimes the suffering associated with it becomes a pathology, other times it is possible to recover and discover more positive and less devastating forms for the human being. For this reason, perhaps we can still agree with Natoli when he admits that pain, “what may seem like an obstacle can turn into an opportunity: blocked paths can become a reason to identify new paths and glimpse different possibilities”.¹¹

In this sense, we can accompany pain with an unspeakable and increasingly paralyzing suffering, or we can begin to work to find a meaning, through which suffering reveals and unfolds new and different horizons of meaning. In suffering, we are reduced to our corporeal being. If previously we perceived our being expressed through the body as a possibility, when we are afflicted and overcome by pain, we experience our body as a limitation, an obstacle that prevents us from enjoying and acting in any way in the world. Pain and suffering afflict human beings individually, but they have a social significance that manifests and expresses itself in various ways. Indeed, it is necessary, on the one hand, to consider how much is at stake, alongside the suffering of the afflicted person, the suffering of all those who live with them, who are connected to them by bonds of affection and love; on the other, to note how our living with others also influences the very perception of the sufferer’s pain, whose suffering, at times, increases precisely because of the social hardship resulting from their illness. The sufferer lives a dual experience: on the one hand, as mentioned, by isolating themselves, they withdraw and withdraw into themselves; on the other, by suffering, they seek meaning, possibly even a name, for their suffering. To do this, they also need to ask others for support, help, comfort, or even simply a little companionship.

Thus, the others who are part of the sufferer’s world are summoned by and into their own suffering. The other is never just that; there is the other to whom the sufferer asks, almost begs for help, but there is also the other kept at a distance, protected by the very possibility of suffering. Indeed, those who suffer can also alternate moments of pure selfishness with others of protection of others, aware of how their own pain and suffering tear apart and shatter not only their own life, but also that of all those who live with them and who love them.

That is, it is a matter of considering the significance that the other, but also the situational context, has for our life because, as the value varies, the perception of our suffering and the emotions related to it also vary. This leads us to reflect on the transformations of our suffering, in relation to the value judgments we make about our lives, the role we play in the world, and the relevance of others, whom we perceive to be, to some extent, victims of our own pain.

To address the first of the elements just mentioned, we need to consider the way we talk about suffering today, because it is clearly different from how we talked about it in the past. Cultural transformations, pressures from a society increasingly focused on efficiency and individual affirmation, the diminishing relevance of the meaning of religious experience, and, conversely, growing trust in research tools and resources, guide and, in some ways, modify common perceptions, including regarding the perception of pain and illness.¹²

One might even argue that illness today is perceived, on the one hand, more challenging than in the past, even not so distant past, because it accentuates the gap between the condition of impairment and the feeling of living up to the expectations of a society focused on efficiency and the constant need to satisfy the expectations of others, the world of work, and the market. This creates a push forward, which leads us to react and fight illness with all means and with great energy, but on the other, it also makes us feel more defeated when we fail to meet the expectations of others.

A certain decline affects our idea of dignity, which is why human beings are always seeking to be appreciated and esteemed for their abilities. When struck by the pain of an illness, they feel almost offended and threatened by the possibility of remaining in the strange mechanism of social life, almost as if they had to be ashamed or hide the reality of our vulnerability. It’s a matter of coming to terms with that mechanism of exclusion and loss of self-esteem, to which Paul Ricoeur explicitly refers and which, as is well known, also represents the starting point for

¹¹ Natoli, *Stare al mondo*, 36. Author’s personal translation.

¹² Natoli, *La felicità di questa vita*, 110.

initiating a different way of relating to their illness, which can initiate and allow for the design of another way of being in the world.

Those who suffer from an illness are tormented in two ways: for themselves, but also for the displeasure they cause others. Realizing that they are causing suffering or impeding the lives of others, as we've said, causes discomfort, makes the self-feel like a useless burden, and, in extreme cases, leads to the desire to be left alone with our suffering. Those struck by an illness often live in this oscillation, characterized by a dual fear: that of their own illness and their own end, and that which comes from perceiving themselves as an obstacle to the peaceful flow of others' lives. The realization that they can no longer be fully functional can be truly devastating.

The sick person, precisely because he or she is suffering from an illness, feels inadequate to the pace of the world, unable to keep up with the competition that reigns in our relationships, especially professional ones. It is this sense of failure, compounded by the wound inflicted by the illness, that sometimes makes one's condition unbearable. This is because, it has been observed, "disease attacks and transforms the organism, and this is the aspect on which most medical training rightly focuses. But it also attacks and transforms our identity. Severe or mild, chronic or acute, uncertain or manifest, every disease breaks a balance".¹³

It is the embarrassing and painful words of people affected by disease, especially mental disease, that reveal in a most realistic and dramatic way the condition of loneliness and loss of self-esteem that comes from being prevented and deprived of the social consideration that should be accorded to each person. In the anguish of these painful stories, one can perceive the emptiness created by the disease, for which those who suffer can no longer find answers. Pain reveals and fuels a variety of different, contrasting and sometimes contradictory feelings and emotions, such as the desire to separate ourselves from everyone, from the world, so as not to face the reality of the evil that frightens and looms over our lives. It also evokes dependence, a need to cling to others so as not to feel alone, abandoned to a terrifying fate. None of these emotions can be rationally defined; sometimes they are unconscious feelings that arise and almost burst into our fragile existence. Pain, therefore, both dissolves and binds, because, especially when it concerns the pain of another, it can also help establish an even stronger bond with the suffering partner, a bond that holds us within their suffering, trying to uplift them or even simply alleviate their suffering for a while. Some feel a duty to be with others, more than they have in their ordinary lives, to owe them something more, to fight with them and for them, carrying the burden of their suffering. It's not easy to find words to express what some have called a form of dependence, because it's not always possible to narrate or explain how some human beings feel transported by others into the realm of their suffering. Some hypotheses on how to live the experience of another's pain, accompanying them, supporting them, encouraging them to discover in illness what Ricoeur defines as another way of being in the world, will be presented in the next section. Here, we limit ourselves to considering the experience of decay that, in a certain sense, is associated with the suffering of others.

2 Caring for the Fragile

When we are drawn into the suffering of others, to the point of being destroyed by their loss, we adopt different postures to care for them: looking at them and helping them see themselves in a positive light, without being destroyed by their anguish and desperation, or effectively expressing a word of care. The first encounter with another usually occurs through the gaze. Our eyes meet and enable us to open to another being, allowing each to reveal themselves to the other. Seeing allows us to connect with the world of the other, to move from the familiarity of our own world to the familiarity of the other's world. These preliminary reflections lead us to consider how and to what extent we can direct our gaze to make the other feel like a fellow human being deserving of care and respect, attention, and authentic recognition.

Yes, because each of us can perceive the active and passive dimension of looking and being looked at by others. Our gaze can penetrate the inner self, offending or appreciating the dignity of others. This is because we can look at another with disgust, fear, contempt, pity, or with esteem, appreciation, gratification, and pleasure.

¹³ Lingardi, *Diagnosi e destino*, 40. Author's personal translation.

The other senses our gaze upon them and from there begins to understand and perceive themselves, as a source of respect or as a disgusting subject unworthy of anyone's care.

The exchange of glances establishes the experience of mutual recognition, because both the self and the other feel the same need to be grasped in their authentic meaning of being subjects as well as objects that can be scrutinized, known, and understood.

The experience of looking and being looked at by the other also opens the possibility of grasping the other's point of view through the positioning of the gaze. Paying attention to the way one looks at the other, whether in appreciation or contempt, allows one to penetrate the reality of their gaze, grasp the other's point of view, and value their looking as well as their being seen.

Our gaze allows us to appreciate and recognize the dignity of others, but it can also open us to the experience of encountering the gaze of others, their way of seeing and making sense of the world around them. When we look at another person, we experience an encounter with the other; it's a kind of openness that helps us go beyond our own beliefs and reach out to grasp the other's universe. It involves leaning out and exposing ourselves beyond ourselves, to foreground the other's experiences. These considerations become particularly important in the conditions of extreme fragility to which illness exposes us. Those who suffer feel maximally exposed and surrendered to the other.

Disease, which sometimes prevents patients from erecting any barrier between themselves and others, forces them to experience exposure to the gaze of others in a paradigmatic and, at times, dramatic way. For this reason, it is necessary to learn to cultivate a certain attention to the dimension of the gaze, because those who suffer pay attention to everything, even when we are unaware of it; the other feels watched, and by sensing that our gaze touches and encounters the truth of their corporeal being, they perceive and feel themselves worthy of esteem and respect, or an unclean burden, unworthy of attention, care, and consideration. The disease, which sometimes paralyzes the patient and keeps him in bed, makes him experience the feeling of maximum exposure to the gaze of the carer, giving rise to the question of the human and professional skills that are possessed by those who practice the caring professions. For this reason, it is necessary to learn to cultivate a certain attention to the dimension of the gaze, because those who suffer pay attention to everything, even when we are unaware of it; the other feels watched, and by sensing that our gaze touches and encounters the truth of their corporeal being, they perceive and feel themselves worthy of esteem and respect, or an unclean burden, unworthy of attention, care, and consideration. This exposure beyond the limits of selfishness requires practice and exercise of the gaze, but not only that, in the sense that to truly become sensitive to others and be capable of overcoming the limits of selfishness and, at times, even fear, human beings must learn not only to look, but also to listen to the otherness of others, so as not to engulf their otherness, trying to reduce it within the space of our own ego. Listening to others requires constant practice and exercise. Along with looking at them, it expresses the possibility of encountering and recognizing the other's otherness, their way of perceiving and understanding reality, their experiences, the complex world of their emotions. Listening means opening ourselves to the other, silencing our own ideas and beliefs to make room for their experiences, which sometimes simply ask to be accepted without judgment, without fear, without the pretence of finding, in every case, a solution to their emotions and suffering. Knowing how to look at and listen to others isn't simply about acquiring strategies; in reality, we intend to emphasize the dimension of feeling others, of sensing and recognizing their worthy, in any case and always, of esteem and respect. It involves an inner disposition, a willingness to welcome others, born of an inner openness to otherness, without which the self could not see, encounter, and hear the cry of suffering of others, their call to responsibility. This expresses the authentic dimension of care in its broadest sense: being close to others, not making them feel alone in their suffering, making them sensitively perceive our authentic closeness. Being able to see and hear others, sensing their irreducible otherness and proximity, allows us to welcome them, without engulfing and defending them, without offending them.

In suffering, the relationship with others, which can always and in every case take on a therapeutic value, needs to be a qualified and attentive one. Not all relationships are the same; the person who suffers requires, to some extent, a different positioning of each person with respect to their suffering.

Those who suffer, even unconsciously, ask for different types of relationships from different interlocutors, based on the role each plays. In this sense, it can be said that the patient asks the doctor for a strictly therapeutic

relationship, one based on expertise, knowledge, and aimed at healing. We must also not forget that “medicine alone will never be able to address the problem of pain with sufficient responsibility and sufficient effectiveness”.¹⁴ For these reasons, the patient also has a request to make of the staff assisting and caring for them: humanity, which means tenderness in contact and quality of presence in every act of care; that is, to be treated as a fully-fledged person, in every moment of their life. From the people who love them and are close to them, the sufferer sometimes asks for support and dedication, other times, offering only themselves and their love.

3 Narrating Pain and Suffering

Pain often absorbs all a human’s energy, meaning that when it unfolds, it leaves no room for words to express itself. On the one hand, it’s a matter of coming to terms with Gardini’s question about the language of pain, and on the other, of recovering what Paul Ricoeur defined as the ability to tell and to tell oneself: “The «ability to tell stories» occupies an eminent place among capacities insofar as events of any origin only become readable and intelligible when told in stories; the age-old art of storytelling, when applied to oneself, produces life narratives that the history of historians articulates”.¹⁵

It’s about assigning the practice of narrative relationship a leading role in the practice of care. A first warning in this sense comes from Gardini’s words, who recognizes how our life experience is surrounded, from the very beginning, by many words, even if “not all the words that reach us (...), are true words. The true words, those that have the capacity to heal us, are the words that do not lie; that tell us something new and beautiful; that care about our solitude and populate it with divisions and promises; that give us health”.¹⁶ We are faced with an incontrovertible truth: there are so many, even too many, words that surround our lives. Sometimes they have the power of nailing judgments, other times the regenerating power of respect and recognition. Words can humiliate, offend, or uplift, heal and cure us. Significantly, Gardini admits that “the caring word can only arise when our subjectivity ceases to consider itself as a priority; when the sense of otherness increases in our perception of the world and the fragility of others becomes, thanks to our awakened desire to care, a possibility of strength. Then our person appears to us far broader than our individual existence. Then everything and everyone concerns us, and we feel responsible for everything and for everyone; and saying something good and true and beautiful to the needy, the sufferer, the sad, or the ignorant is not absurd or exaggerated or impertinent, but it is a necessity”.¹⁷

It’s about recognizing how and to what extent storytelling allows people to begin a journey of self-awareness and their emotional experiences, especially when it comes to the onset of illness. As Duccio Demetrio emphasizes: “The moment when we feel the desire to tell our story is an unequivocal sign of a new stage of our maturity” and if this new stage is situated within the therapeutic path “it becomes particularly effective for the person who is going through the experience of pain and suffering”.¹⁸

Storytelling allows a person to truly know or recognize themselves. Thus, the work of storytelling is defined as the space and opportunity for self-reconstruction, because through storytelling, it is possible to hold together the memory of the past and the expectation of the future. In the therapeutic context, in particular, storytelling allows us to remember and piece together the history of our illness. Patients identify very well the time preceding the onset of the disease, nostalgically perceiving its richness, and being able to define with equal clarity the transformations brought about by the onset of pain and related suffering. Those who are preparing to reconstruct the story of their disease will learn to enrich the meaning of both the appearance of the first symptom and the subsequent manifestations of the illness. Often, the narrative work, which is so rich precisely because it is shared with someone, leads to the definition of a meaning that is revealed in the illness, as if it were revelatory, as if it allowed them to rethink the whole of life.

¹⁴ Gardini, *Eco in una casa vuota*, 17. Author’s personal translation.

¹⁵ Ricoeur, *Devenir capable, être reconnu*, 126. Author’s personal translation.

¹⁶ Gardini, *Io sono salute*, 74. Author’s personal translation.

¹⁷ Gardini, *Io sono salute*, 83. Author’s personal translation.

¹⁸ Demetrio *Raccontarsi*, 21. Author’s personal translation.

Being able to tell a story also means exercising a form of control over one's own existence, not being at the mercy of others, but reclaiming one's own spaces of autonomy. By entrusting themselves to the person who will care for them, the patient asserts their own expertise; they know, they are aware of their illness, because it is part of them; sometimes they can even give it a name. For these reasons, they can become an ally of the doctor, because together they share the same goal of care. Indeed, in narrative practice, an alliance is created between the narrator and the person who collects the other's story, made of a mutual giving, a sometimes-unique opportunity through which it is possible to come to terms with the depth of the patients' experiences, discovering the richness they bring. The encounter between the doctor who receives the story of the disease and the patient who delivers it to him is, above all, a meeting of gazes. From an anthropological point of view, turning one's gaze on the other, on the part of an ego, entails a beneficial decentralization, which preserves one from solipsistic selfishness, into which the ego always risks falling when it falls victim to its own self-satisfaction. One might ask, with Virgilio Melchiorre, "what happens when I encounter the gaze of the other?"¹⁹ It is the intentional gaze that makes us guardians and transforms us from simple beings-in-relationship into significant people for someone and points of reference for our existence and that of others. This is because when I look at someone, I can show them my presence with respect, a presence that doesn't imply a desire to possess them, but rather a recognition of their presence, without asking for anything in return. On the part of the person being looked at, even when they aren't aware of it (as in the case of a newborn baby), we must also recognize that the gaze can impart meaning and making the other feel worthy of care and respect only when it is attentive and capable of safeguarding the other's being. Being the object of another's gaze can also produce changes, since it transforms, making others worthy of respect or contempt, but it can also affect our self-perception and dig a furrow in our consciousness, leading us to adopt a certain perspective towards ourselves. The gaze of others can enhance our dignity or humiliate us; we can also recognize that "if the gaze of the other petrifies me and reduces me to a mere object, this depends either on the fact that the other has not yet seen me as a gaze, that is, as one of their possibilities, or on the fact that they have seen me and reject me as a gaze".²⁰ Ultimately, the gaze lives in and of the presence of the other, even without the need for reciprocity. It is a stretching of the self beyond itself, because it is the possibility of transcendence: situated and desituating, the gaze of one who welcomes the gift of the other's story is an opening to the presence of the other.

It is for these reasons that narrative practice enables encounters that occur between people's singularities, offering the opportunity to make great discoveries. Narrative exchanges allow someone to express, and therefore to know, "what matters" to the other in that "precise moment". Narrative medicine has understood the importance of patients telling the story of their illness, because it pays attention to stories and their meanings, both for patients and physicians. In this context, medicine that is both technologically and narratively competent represents a new paradigm of cure. This redemption of the illness, and especially of the patient, also allows us to recognize the patient's abilities and, therefore, an irrepressible dignity, which, through narrative practice, becomes recognized as a source of respect. Through narrative practice, it is also possible to fully grasp the person's sense of transcendence, who, even in the tragic period of their life, maintains their irrepressible dignity. It is through the recognition of the person's exceeding value that the story reveals its profound meaning and its capacity for encounter and exchange. As Nicola Gardini aptly points out: "Neither the medical record nor a literary narrative is the lived experience or stands in for the person. The person is the person; nothing will ever be able to grasp them in all their vital fullness; nothing will ever be able to reduce them to a schema".²¹

Narration is closely connected to individual and communal experience, following its unfolding. Each of us is our own story, Ricoeur teaches, and reconstructing emotional experiences helps us rediscover the meaning of our being in the world. It's true, however, that narrative also needs to recognize certain limits, especially those related to the potential for self-referential withdrawal into a narrative that fails to open and seriously reckon with the otherness that is, first and foremost, ourselves. Indeed, in some cases, there can be a hypertrophy of narrative that risks eroding the space for sharing, creating self-centered narratives, irreconcilable with the narratives of others,

¹⁹ Melchiorre, *Metacritica dell'eros*, 48. Author's personal translation.

²⁰ Melchiorre, *Metacritica dell'eros*, 52. Author's personal translation.

²¹ N. Gardini, *Io sono salute*, p. 18. Author's personal translation.

where the possibility of configuring even partially convergent stories becomes increasingly remote (think of certain narratives, unfortunately even very recent ones, of those who, after having occupied a free country, even claim to be the liberator of that country, demanding all the honors due to a liberator).

On this point, a powerful clarification is offered by Ricoeur, for whom self-understanding is an interpretation, and interpretation, in turn, finds a privileged mediation in storytelling. The plot just evoked effectively clarifies the role and meaning of the relationship between understanding and narration, assigning primacy to narration over understanding.

As is quite evident, in each of our lives there are circumstances in which it is possible to approach an event that has occurred only by attempting to tell its story. Often, the protagonists themselves, who are most empowered to say or not say something about themselves, in speaking up can find the strength to entrust to others the burden of their own joyful or painful experiences or simply bring to light what no one could ever have imagined. The virtuous circularity that unfolds in the act of narration becomes effective to the extent that it helps strengthen the bond between an “I” who tells the story and a “you” who receives the tale, an act through which we also experience the possibility of recognizing ourselves in the other’s story. On the other hand, receiving a story is like receiving a gift: it means becoming custodians of another’s experience, but also witnesses to something that, being handed down to us, like the coins in the Gospel passage, must not be buried, but will bear much fruit. Indeed, it may happen that the good inscribed in another’s experience, when recounted, can reveal its generative power and allow others to recognize and experience it. Likewise, the evil that sometimes lurks within the fabric of experiences must be avoided, healed, and itself regenerated by turning it toward the better. These typical movements – self-giving and listening – proper to narrative practice, refer to the meaning and responsibility of each person toward others. Sharing stories also strengthens the community bond; narratives that, when properly monitored, have the advantage of allowing the sharing of a good that is no longer private: our history, but rather common.

In telling stories, we learn to organize the things of our lives, to reassemble certain scattered fragments, to make peace with the past, to give meaning to what might have seemed senseless. Recounting one’s life experiences, one’s emotional experiences, sharing one’s deepest feelings in an act of giving and surrendering to others can also take on a therapeutic dimension, because it allows certain fragmented biographies to reassemble and the protagonists to reclaim their own selves, to understand them more and better. Being ill not only transforms our perception of ourselves, but also the way we experience time and interpret the events unfolding before us.

In this sense, storytelling can be a tool for supporting positive thinking.

Narrative practice creates the space and opportunity for self-reconstruction. By narrating oneself, it is possible to hold together the memory of the past and the expectation of the future, because, as Adriana Cavarero emphasizes: “narration reveals the finite in this fragile uniqueness, and sings its glory”.²²

In the therapeutic context, narrative allows us to remember and reconstruct the history of our illness. Patients clearly identify the period before the onset of the illness, nostalgically perceiving its richness. They can define with equal clarity the transformations brought about by the onset of pain and the suffering associated with it. As they gradually enrich their narrative with further details, they can reconstruct the various phases, from the first symptom to the various and progressive manifestations of the worsening and intensification of the illness.

Often, narrative work, which is so rich precisely because it is shared with someone, leads to the definition of new meanings that are also revealed through the experience of illness, as if the illness itself were revealing a meaning, as if it were a further opportunity to appreciate and rethink the whole of life. The present time, fraught with challenges and unresolved issues, presents us with numerous dangers, many of which are linked to the pervasiveness of a cold and calculating culture, which measures everything based on the satisfaction of self-interest, polluting not only the natural environment but also many of our ordinary relationships. For this reason, it makes sense to rediscover, through storytelling, the possibility of encountering others in the place and moment of their suffering, being there as they open and share their suffering, offering patients acceptance, comfort, hope, and support.

²² Cavarero, *Relating narratives. Storytelling and Selfhood*, 3.

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