

Narrative medicine and humanism for health in Europe

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Background

The World Health Organization for Europe includes 53 countries, those belonging to the European Union and others that affect the geography of our continent including the Russian Federation, Israel, Tajikistan, expanding its borders with magnitude. The World Health Organization - Europe has in its mandate the union of technical-scientific competences with those related to research of a narrative nature, always respecting the scientific method: evidence of this are the guidelines on “Cultural Contexts for Health: narrative research for a better quality of care”, published in 2016, by Trish Greenhalgh with review by Brian Hurwitz and the undersigned (1).

The 2016 WHO document had the extraordinary distinction of promoting narrative-based medicine on an equal footing with evidence-based medicine: in previous years, there had been multiple publications, books, and essays that endeavored to move away from the reductionist medical model and toward a bio-psycho-socio-existential model, but this institutional act was the first necessary turning point at the geopolitical level. In fact, these guidelines were delivered to the tables of all the health ministers of the geographic Europe of 53 countries in 2016. Moreover, in November 2019, a few months before the pandemic, WHO-Europe, in the group Health Evidence Network, published the first report regarding the evidence produced by art therapy, thus remaining in the field of health humanities and expanding narrative medicine to humanism for health (2).

During the pandemic, the same group in WHO developed a document on effective storytelling for citizens, educators, collaborators and health professionals to promote and maintain social distancing, taking care to maintain trust between the parties called in a situation completely different from normal (3). As of April 2022, WHO-Europe's efforts are on two levels: social and health care for Ukrainian refugees (and other refugees as well) and the most truthful narrative possible about the health status of people in Europe who are overwhelmed by this Russia-Ukraine war. Great space was given precisely to clear, responsible and exemplary communication.

The European Narrative Medicine Society – EUNAMES

The European Narrative Medicine Society, henceforth EUNAMES, was born in January 2020 from an idea of the Italian Society of Narrative Medicine and other researchers of narrative medicine and

humanism for health in Europe who felt the need to gather around an association of interest on these issues - too often considered of secondary order compared to the clinical scientific expertise and the colonizing model of evidence-based medicine. When EUNAMES was born, WHO-Europe in the letter of approval asked us to build a European network of experts and practitioners of the subject because the presence of figures in Europe dealing with narrative medicine is very fragmented and capillarized, with an express request to unite not only qualified centers but also professionals isolated in different cities of Europe who are dedicated to these issues.

The aim of this European Society is in fact to promote and strengthen multidisciplinary dialogue on the present and future of Medical Humanities and Narrative Medicine among health professionals, researchers (academic and not), humanists, teachers and other professionals from different fields. The goal is to help improve both the well-being of people suffering from a physical condition or mental illness and health care professionals. The fundamental *modus operandi* is that of inclusion, regardless of the different schools of training and belonging, recognizing in a conscious way that *there is not only one narrative medicine but there are many*, so our proposal is to speak in the plural of "narrative medicines", or better yet, "expatriating" the term "medicine" to broaden its boundaries to speak of "narrative health" just as the WHO and our Ministry includes health in the broader lemma of health.

The metaphor of the eternal scholar

In order to understand who are the people working in the world of narrative medicine and humanism for health in EUROPE: between June and October 2020 we carried out identikit work on the protagonists who answered us from the following member countries of the society: Italy, Spain, Portugal, France, UK (England and Scotland), Ireland, Germany, Poland, Denmark, UAE, Holland, Greece, Cyprus, Turkey. Today other countries are being added such as Norway, Israel, Switzerland and Romania, both through continuous scoping of publications and word of mouth (there are also honorary countries including Canada, the United States, Mexico and Chile and the activities of professionals there).

In the identikit narrative that people were invited to write, we found a recursive element about how narrative medicine could help during the pandemic: "*above all, keep going.*" The first possible generalization to define this group is that of a people looking to the future, to use Frank's classification, people in Quest, through continued study and application and not in simple Restitution: in particular, professionals and those who are self-taught or experienced in the world of narrative

medicine and do not desire a Restitution of the world before the pandemic, of the profession of care as it was done before, of a mythological era in the future tense, or as a fascinating autobiographical nostalgia for a lost past (4).

With the COVID-19 pandemic sadly driving up global unemployment figures to unprecedented levels, research suggests that two-thirds of workers across all occupations have actively responded, using this time to re-evaluate their career choices (5). In the same report, 70 percent of employees wrote that many people are considering changing career paths entirely, with more than half driven by a desire to challenge themselves or learn a new skill set. This includes health care workers who are not at risk of losing their jobs during the pandemic, but who want to enrich their technical background with humanistic health resources.

This in particular relates to the humanities. Evidence of this includes increased enrolment in Master's programs in neuroscience, which explores how the brain works, the impact on spoken and written languages, the origins and management of emotions to build empathy and the appeal of neuroaesthetics. It also relates to the multiple initiatives on narrative medicine available in Europe in online mode that have flourished between 2020 and 2022, to improve the quality of care, overcome the possible traumas of the pandemic and now, look for innovative tools that can help us alleviate the suffering of which Europe is precisely the first succubus for the ongoing war.

In the three-year period 2020-2022 there has also been an explosion of courses, beyond narrative medicine, on lifelong learning, to improve those skills defined as "soft skills", that include relationship, resilience, inclusion, distance management, linked to the enhancement of personal well-being and that of the group to which they belong, in order to defeat the existential discomfort given by the uncertainties not only of health conditions, but of the changes that first the pandemic and now the remnants of an unfinished pandemic and this war so close have exerted and exert on our lives.

Lifelong learning requires energy including time to "pause", to stop personal productive processes at the beginning, but it restores energy, strategies and consolation especially now, in times of change. Peter Drucker, 20th century humanist economist and founder of the said concept of lifelong learning in the workplace: "We now accept the fact that training is a lifelong process that keeps pace with change. And the most urgent task is to teach people how to learn" (5).

This preamble is a gateway to commenting on the sketch that emerged from the biographies of the participants in this EUNAMES survey: *the lifelong learning student or scholar seems to be a common*

denominator in the responses of those interested in narrative medicine in Europe, not only within institutions that have education in their DNA, such as academies, but also in ordinary everyday clinical practice organizations, in clinical settings.

The recognized beauty in daring to explore many different skills, in a variety of forms ranging from poetry to anatomy, oncology to literature, visual art to autism neuroscience, laboratory to aesthetics, and so on is the nourishment of teachers, scholars, and practitioners of narrative medicine and medical humanities. Participants' biographies are very rarely characterized by a straight line of technical skill acquisition but more by an arabesque of skills, a pillar for an evolving professional self. Inherent in this metaphor of the "eternal scholar" is the tension towards knowledge of Humanism for Health mutated from the Latin concept of *Humanitas*, a philosophy that includes the humility of the human being, the sense of compassion, empathy, and the building of a relationship of trust. With EUNAMES we are simultaneously in the new millennium of neuroscientific discoveries (what happens when we speak, narrate, listen in our brains and bodies) and also in the historicized humanism in the Renaissance period, the time of awakening right after the darkest period of the Black Death. It is a full flowering of sciences, medicine, arts, literature, philosophy, and other studies alchemized together, not separable. All of those were and are useful for a better life, and it would be foolish to keep arts, or medicine divided into concrete compartments. In EUNAMES, as in all networks or groups dealing with Humanism for Health, there is no room for answers like "I'm just a doctor, every now and then I enjoy going to museums or reading a book". Instead, we know how much the book read reverberates on the clinical profession, the picture seen can resurface as an image when we try to understand a patient in what is unspoken.

The time factor even in European healthcare is short, it runs with rigidity, becoming *Kronos*, that being that devours everything. However, it seems that with a good attitude, the will to start and continue to cultivate this interest, healthcare professionals – more or less able to weave good relationships with healthcare management – can learn to use different tools to make a faster diagnosis, producing a better care for others and also for themselves. *Burnout* was a complex word that came up several times in the survey, and the *medical humanities* are there, in all countries, to help prevent the crisis, especially now, when we are all called upon to show immense maturity, creativity and self-control at the same time. We have found so much motivation and so much capacity for self-defense of those spaces of personal narrative education that many, too many physicians and health professionals fail to defend. The focus of the teaching of narrative medicine and Humanism for Health must move as it is happening in many universities (Italy, France, UK; Portugal, Greece, Germany)

since the early years of the course of study in medicine, nursing and other health professions. The aim of EUNAMES is to raise awareness within the next five years in the network of each university in order to open narrative medicine courses not only in the specialties but also in the degree courses of clinical and scientific faculties, with the help of the various scientific societies. The aim is also to continue this work of sensitization with Health Directorates, and the management of the different European organizations of care, outside of the academic sphere. It is also to apply it in daily clinical practice: narrative medicine has a great meaning because, if well applied, it "changes" the outlook of the caregiver, and aligns the words with the facts of "everything that happens between the care professional and the person under care".

The dreamed pillars of the European society

More prosaically, the pillars, the values on which EUNAMES rests were chosen by the participants during a meeting in July 2020: *plurality of approaches, inclusiveness, multidisciplinary, openness to other countries outside Europe, and community of practice*. It should be remembered that the background of the stakeholders is very diverse, some have followed several Master's degrees in certain cities or institutional places, others have trained in a more self-directed and personal way.

In 2021, in the midst of the second pandemic wave, these values were revised, breathed back in with a technique called the *social dreaming* matrix. The task of *social dreaming* was and is to transform thinking through dream exploration, using the method of free associations, amplification and systemic thinking, to make connections and find connections to discover new thoughts. Gordon Lawrence states that: "each dream is a fractal of the other, because the dream is revealed in collective patterns; one dream is part of the whole sequence of dreams in a matrix" (6). The conscious mind operates on the repeated logical patterns of thought, the unconscious mind, which is still unknown as a mechanism of operation, tends to merge and unite everything into a "oneness" that is limitless: "unconscious vision has been shown to be able to gather more information than conscious examination by lasting a hundred times longer; the non-differential structures of unconscious vision show superior powers to conscious vision".

We wanted to look for less obvious pillars through three social dreaming sessions held with EUNAMES members.

These are the dreamed pillars on which today EUNAMES is based (editor's note - the many images refer to dreamed dreams):

- **The association of inter-ness:** the things, thoughts, feelings, beliefs, facts that lie in between- "between": the sense of free gift, gratuitousness and exoticism (something from outside that has its own appeal). The sense of something that might interconnect us. The sense of free interdependence
- **Restorative Justice:** counteracting violence of the self, external hierarchical society, violence that causes loss, bureaucratic violence, place of belonging (staying out of workplaces prisons, or mental places of imprisonment); seeking friendship (association of inter-interests according to Greek culture, *phylia*). Expressed in management language "Cooperation".
- **Losing oneself:** Exploring the unknown: searching for new methods (literally searching for new journeys, *-odos*, means - roads, exotic countries) seeing beyond blindness (accepting blindness at any cost, and asking the question that current methods are leading to blind solutions) avoiding the abuse of time planning (Kronos, linear time versus Kairos, occasional time): if someone has something to share, to say, to tell, seize the desired and unwanted moment losing oneself without fear of Labyrinths (*Labor intus*). We are very keen to emphasize this culture of Losing oneself because in the organizational and managerial culture too little time is given to the possibility of deviating from the marked routes, and therefore too little is discovered by serendipity.
- **Acknowledgement of all kinds of knowledge:** All narratives of cultural values, skills and knowledge are included: integration between STEM-Sciences (including Clinic) Technologies, Engineering, Mathematics, (more metrics) - and SHAPE-Sciences, , Humanities, Arts or People and Economics (more creative). Invention of new acronyms for interwoven arts, Disciplines in Skills - known without the need for certification, drawn also from the knowledge of traditional societies. Above all, recognition of all kinds of narratives, including the shadow zone, the unwanted: addressing the shadow has the ultimate goal of metabolizing it to decide whether to include it or move away from it. And the shadow is very present in every narrative of fragility and suffering (shadow dreams and masks and tricks).

- **Spiritual and concrete:** liminality, ritual of passage, "standing on the threshold", "shallow waters" "and many waters, different states of health-disease, life and death, nature (with its evaluation and discovery) and culture (with its beliefs), interconnection of body and mind (brain, soul) interdependence communicable and incommunicable situations (taboos). Founded on the earth, on our planet, and more broadly in a cosmic ecosystem with all living and non-living organisms Microcosm (genetics) and macrocosm
- **From ancestors to the next generation:** Ancestors (with reconciliation especially of the feminine) are the roots where we reconnect, women close to us who are dead but resurrected in the pandemic: being present is the interest of the association: For future generations of humans, animals, plants, earth and cosmic well-being. Focus on the education of young people (since the many universities dreamed of) Focus on the narrative of the earth (its health, cleaning polluted waters).

These values are the breath, the tension, the desire, given by dreams, thus the nocturnal that completes the "diurnal" of the identikit of the people in Europe who mainly deal with Humanism for Health and Narrative Medicine: for the reader to note also how the group has contemplated since then the uncomfortable parts, such as the violence that requires restorative justice, the getting lost in knowing how to doubt, the shadow and the look at what will be left after us, whatever happens.

What Europe?

The last thought goes to Europe, our Europe made up of many countries and languages and cultural traditions: because of the large number of perspectives one can take on the subject, it is impossible to form a single, all-encompassing conception of European culture. Nevertheless, there are fundamental elements that are generally recognized as the cultural foundation of modern Europe:

- A common cultural and spiritual heritage derived from Greco-Roman antiquity, Christianity, Judaism, Islam, the Renaissance and its humanism, the political thought of the Enlightenment and the French Revolution, and the developments of modernity, including all types of socialism.
- A rich and dynamic material culture that spread to other continents as a result of industrialization and colonialism during the "Great Divergence."

- A specific conception of the individual expressed by the existence of and respect for a legality that guarantees human rights and the freedom of the individual.
- A plurality of states with different political orders, feeding each other new ideas.
- Respect for peoples, states and nations outside of Europe.

The concept of European culture is generally linked to the classical definition of the Western world. In this definition, Western culture is the set of literary, scientific, political, artistic and philosophical principles that distinguish it from other civilizations. EUNAMES welcomes not only European culture with its roots, but is also open to other cultures: however, because this network of narrative medicine was lacking in Europe, we are here to fill the gap, and this society is here to fix and flourish an evolving community of research and education. Now, this is not simply "a nice to have" but "a must" to cope with the current darkest period: however, we do not have to wait a century to see the stars again as happened after the Middle Ages before the Renaissance. No, we must turn on the sun and the stars of the Renaissance from today, despite the sometimes hostile and warring environment. It is significant that for Europe John Donne wrote these lines

"No man is an island entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as any manner of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind. And therefore never send to know for whom the bell tolls; it tolls for thee" (7).

EUNAMES recognizes the risk of remaining insular and is open to interconnections, it is vital and full of volunteers with their content: it has a line of direction but prefers to remain a group of "friends" in the Greek sense of the term, an agora of exchange, without institutionalized records, except for the continuous involvement of WHO and the many universities and research organizations that are part of it. It finds itself at least bimonthly hosting papers by qualified professionals, whose names, affiliations, and all presentations made-including the sketch-are to date available at www.narrativemedicine.eu/eunames (8).

References:

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18

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