

“Even From Afar, To You So Close”: Meditations on Narrative Medicine Virtual Group Sessions in Italian during the COVID-19 Pandemic

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ABSTRACT

Narrative medicine is a field integrating literary studies, visual arts, phenomenology, and critical race theory into healthcare education to foster attentive, empathic, and reciprocal relationships among providers and patients, and thereby offer more effective, whole-person care. For the past two decades, narrative medicine reflective writing workshops have found a home in healthcare settings around the globe. During the COVID-19 pandemic, Columbia University’s Division of Narrative Medicine in the Department of Medical Humanities and Ethics translated the Columbia model for narrative medicine practice into the virtual setting, launching a series of free narrative medicine reflective writing workshops open to the public and offered in several languages.

Given the impact the pandemic had on Italy early in 2020, the authors came together under the leadership of the Division of Narrative Medicine with the goal of developing a plan to offer these virtual workshops in Italian. We identified a narrative emergency in Italy, demanding to be addressed: a need for interpersonal, intellectual, and affective contact with others and their narratives, and a need for community in a time of international devastation. Over the past six months (and counting), the authors conducted narrative medicine workshops in Italian, centering around the field’s signature close reading and reflective writing methods.

While originally created with Italian frontline workers in mind, participants soon included Italians of different professional backgrounds throughout Europe, coming together regularly to reflect on and process the healthcare and narrative emergency brought on by the COVID-19 pandemic. In this paper, the authors will explore the themes and ontological effects of these workshops, incorporating reflections from each session, in-person feedback and anonymous participant surveys. In our experience, narrative medicine has been an effective tool for addressing the effects of the COVID-19 pandemic by offering a space for individuals to restore their sense of well-being. In fact, participants identified these workshops as an opportunity to build community, find self-care, and (re)discover the value of a collective understanding built through the celebration of multiple perspectives—all while processing individually and collectively the unfolding of the COVID-19 pandemic.

INTRODUCTION

The coronavirus pandemic is not only a global health crisis. It has also represented an ontological assault on humanity, posing a threat to human experience by isolating self from others, separating bodies from the very experience of other bodies and the surrounding world. As Merleau-Ponty writes, we are embodied beings that thrive off open space shared with other embodied beings. While one's own individual body may be the primary site of lived experience, it is how that body interacts with other bodies that forms the foundation for how we perceive and be in the world (Merleau-Ponty, 102, 137). In the midst of the isolation and dis-embodiment brought on by COVID-19, a narrative emergency became evident: an even greater need for interpersonal, intellectual, and affective contact with others and their narratives. In this context, narrative medicine emerged as an effective tool to provide a creative response to this narrative emergency: in the form of community-building and by offering a space for continued self-care, engagement, and reflection during the COVID-19 pandemic.

In March of 2020, Columbia University's Division of Narrative Medicine in the Department of Medical Humanities and Ethics translated the Columbia model for narrative medicine practice into the virtual setting: it launched a series of free narrative medicine reflective writing workshops, the Narrative Medicine Virtual Group Sessions (free and open to the public). Carried out by a community of faculty and Narrative Medicine Masters Program alumni, narrative medicine small group work created a web uniting individuals across the globe through close readings of texts and reflective writing activities. This remarkable web propagated to create new webs extending to different languages, cultures, and time zones.

These threads reached Italy, a country that for years had generated narrative medicine scholarship and enthusiasm for the field. Given the impact the pandemic had on Italy early in 2020, the authors came together under the leadership of the Division of Narrative Medicine to bring a full-fledged Italian counterpart to the English sessions into fruition. Our team was composed of U.S.-based and European-based facilitators with ties to Italy, supported by the Narrative Medicine Program coordinators. Aware of the profound healthcare emergency in Italy, the workshops were originally developed with Italian frontline workers in mind.

The Italian web spun forth from Goethe's words "Even from afar, to you so close!" (*Anche lontano, a te così vicino!*) from the poetry collection *Poesie d'amore*. Throughout the course of quarantine, lockdowns and beyond, a global group of Italian-speakers gathered weekly over Zoom to metabolize the current moment in healthcare through narrative medicine practice. While grounded in the well-established narrative medicine methods, this was a narrative response "*su misura*" ("custom sized"): uniquely tailored in response to current events and to the needs, concerns and emotions expressed by participants at each session. The wide-reaching effects of the COVID-19 pandemic, beyond the healthcare realm, became immediately evident: participants soon included Italians of different professional backgrounds throughout Europe.

Each session, two facilitators guided participants of all levels of narrative medicine experience through an extensive repertoire of Italian and international poetry, prose, visual art, and music. These texts planted seeds that collectively flowered into a Goethean “inhabited garden,” inspired by words from the German writer’s second novel: “The world is so empty if one thinks only of mountains, rivers and cities; but to know someone here and there who thinks and feels with us, and though distant, is close to us in spirit — this makes the earth for us an inhabited garden” (Goethe, 520).

What follows is a walk through this garden. We (the facilitators and organizers of the workshops) present a series of meditations on these sessions, incorporating reflections obtained from anonymous participant surveys and session feedback, to explore the perceptual and ontological effects of these virtual workshops during the period of prolonged social isolation imposed by the COVID-19 pandemic. Through meticulous review of participant surveys, feedback, and the sessions’ content, narrative medicine emerged as an effective tool for community building and addressing the narrative emergency in Italy brought on by the COVID-19 pandemic.

Spazio: Developing the Narrative Medicine Virtual Space

While physical doors may have closed in the spring of 2020, virtual ones opened. “Space space I crave, all the space”... These words from Alda Merini’s poem “Space” in *Vuoto d’Amore*, echoed in our first session as over 200 people crammed into our Zoom room all seemingly craving the very thing we were collectively being denied – space. We are spatial beings, writes Heidegger in *Being and Time*, residing in the world in a spatial manner and understanding our bodies and the space they occupy through our relations to the world around us, a world that is in itself “shaped by the activities we engage in” (Proulx, et al). Most participants had been in quarantine in Italy since the end of February and were eager to move beyond the walls of confinement. But physical space was not the only type of space wanting during this time. An affective, reflective space was deeply needed - one where we could have emotional contact with the other and consequently be reminded of our own humanity, our own existence as embodied beings in a world so fraught with suffering and loss.

Many years separate Merini’s “Space” (1991) from the Spring of 2020, yet our participants embraced Merini’s words: They read the poem out loud and then gave voice to their lived experiences of the pandemic, each telling about their narrative emergency. They, too, craved space “to sweetly move, wounded,” to be vulnerable, and to talk about their own wounds and scars. They, too, yearned to “unleash inhuman cries” of frustration and feelings of helplessness. Participants spoke of how Merini’s words (“sing,” “grow,” “move”) were a metaphor for a reawakening, a calling for change, and a sign of the possibility to go beyond the confines of the body to escape the paralyzing effects of quarantine.

Our group members spoke of how our narrative work together showed them just how essential it was to cultivate an outside, external space with others. Nurturing these spaces helped them metabolize the present moment, by listening to themselves and one another

and by contextualizing and finding meaning in their own fragility and that of the human condition. Our intangible virtual space became a space where participants felt heard and recognized. It became a space where they could emerge from isolation and safely convene with others, momentarily forgetting the strict lockdown measures. Participants expressed relief about being able to finally interact, share and empathize with one another. In a way, it was a space external to our own minds and homes, where we could be exposed to other points of view and expand our horizons of perception and understanding.

In our Zoom room, participants also discovered a space within a space—an internal dimension, a space grounded in individual reserve and resilience, self-reflection and self-care where each could dialogue with oneself. One participant remarked on this internal dimension as something often kept hidden, and that had the opportunity to emerge in the workshop setting. This “space within a space” was both intracorporeal as well as extracorporeal, including the mind and self but also extending out to encompass the immediate surroundings of each participant and their home environment. The workshops afforded us a unique window into these extracorporeal, private spaces of the home by virtue of being over video. Each small Zoom window for each participant on the screen provided a porthole into the living rooms, dining rooms, bedrooms, and terraces where our group members went about their daily living. They gave us access to the intimate space of the other, reflected in the eclectic bookshelves lining the walls, the framed photographs of loved ones, and the simmering dinners on stove tops.

Quoting Merleau-Ponty, Rita Charon writes: “[E]ach of us has a private world: these private worlds are ‘worlds’ only for their titulars; they are not the world...[O]ur perceptions do not open upon it” (10). This private world, of course, cannot be experienced by another or apprehended as the titular apprehends it. Yet, through our shared or simultaneous gazing out at the world outside us both, we might, perhaps, make contact with one another” (36). In the Zoom room, we gained an aperture into others’ private worlds and brought individual spaces in contact with one another. These spaces paralleled the “private world[s]” Charon and Ponty signal to.

The lockdown had led to reclusion and disassociation from other moving bodies outside of the home; yet these virtual encounters allowed us to reconnect to others from within our homes to theirs, from our internal spaces to theirs, and “gaze out at the world outside” together. As the orbits of our many “private worlds” intersected, and our internal and external spaces came into contact with one another in these sessions, participants noted they were able to reorient themselves. The explained that meant “re-constructing” their sense of self, after it had been lost in the disorientation brought by the pandemic. In reconstructing themselves, they were preparing to take active roles in building a growing community.

***Primi Passi*: First Steps in the Narrative Medicine Virtual Space**

In our second session, we chose to offer close reading of two works of art to reflect on our first steps into and out of lockdown: *First Steps, after Millet* (1890), a painting by Vincent Van Gogh inspired by Jean François Millet’s *First Steps*, titled *Primi passi* in Italian (1858-

1866). Van Gogh's work depicts a child taking her first steps in a small garden enclosed by a wooden fence; supported by her mother, the child reaches out towards her father, whose arms are outstretched ready to greet her or catch her should she fall. Recalling Goethe's "inhabited garden," Van Gogh presents this garden as a space to be with others, specifically loved ones who are seen as trusted guides to lean on. Similarly, our virtual space provided a garden for our group members to be with one another and to accompany each other in experimenting with new texts, reading frameworks, and forms of self-expression (may that be writing a poem for the first time, composing lyrical prose, or verbalizing personal interpretations of the text). Just as the child's father held outstretched arms to her, participants and facilitators alike held outstretched arms to one another, guiding each other in the text's close reading and in each other's narrative emergencies.

The framework of "first steps" established in this early workshop allowed the growing online community to take "first steps" in narrative medicine methodology throughout our months together. Perhaps one of the greatest challenges of this initiative, evident from the first few sessions, had been working with an audience so deeply knowledgeable of the historical and literary context behind each author or text. Many felt an overwhelming urgency to share their knowledge and frame the group's reading, or signal to tried and true interpretations. Building upon the "humility and an open mind" guidelines routinely introduced at the start of each session, the facilitators came to explicitly cultivate the "beginner's mind" described by Shunryu Suzuki in his teachings, *Zen Mind Beginner's Mind: Informal Talks on Zen Meditation and Practice*. "In the beginner's mind there are many possibilities, in the expert's mind there are few." This concept became an underlying leitmotif, as facilitators encouraged participants to approach each new text or comment as if seeing it for the first time: setting aside any background knowledge, and suspending judgement while reading or listening. For many, including the facilitators, making "first steps" in this space also meant un-learning: abandoning familiar approaches and tools to willingly (re)position oneself at the same level of the young child learning to walk for the first time in Van Gogh's painting.

During the session, participants raised questions that took on new meaning in the context of the lockdown: How do we protect our loved ones? What does family love look like during a pandemic? What is our duty to those learning (or relearning) to walk? How is growth and abandonment different at every stage of our lives or at this particular moment in time? How to best express these concerns? The group gave particular attention to the rendering of the precarious equilibrium of the small child, and to the comforting presence of her parents, two pillars for the girl's edification, growth and first steps. Suspended in a pause, the child teeters forward to take her momentous 'first steps'; we, similarly, found ourselves frozen in a moment in time, teetering on the threshold of a new reality. When asked to give their own title to the painting, participants proposed: "If you fall, I will catch you and welcome you in my arms," "The pause," "Autonomy," "Learning to Fall," "Waiting for an embrace." Titles captured the challenge associated with embracing a loved one or leaving the safe bounds of the home during lockdown: gestures once taken for granted had become impossible and dangerous in a COVID-run world.

After our close reading, participants wrote to the prompt “Write about first steps.” Each shared memories of “firsts”—whether they were the first steps in childhood, the first steps taken after a debilitating injury, the first steps outside into the world of a new pandemic, or the first steps of self-discovery following a long hectic period of lockdown and fear. The group collectively concluded that while time may erase memories, we rescue memories through the words of those who witnessed our first steps and through writing about them ourselves.

In comparing the two paintings, participants expressed the importance of meditating on others’ works and narratives in order to be able to take their own “first steps” forward and in telling their narratives, just as Van Gogh did with Millet. As public health guidelines called for sustained separation of the self from others, the need to turn to others and welcome their reflections in order to better be able to reflect on the self felt particularly urgent.

Portami Il Girasole Ch’io Lo Trapianti: Recognizing and Witnessing Each Other

As our group developed their narrative medicine skills, our participants came to identify themselves as members of a growing community. Goethe’s verses continued to unfold for us: “even from afar, to you so close” was soon followed by “but here I feel you again/suddenly you are here, again” (*Ma ecco ti sento ancora, / d’improvviso sei qui, ancora*). Our initiative became all the more powerful with the development of a core group of faithful participants, who provided continuity and progression to an experience that could have been markedly limited given its episodic nature. Session after session, participants returned to the familiar virtual space “here, again,” ready to reconnect with fellow participants and welcome newcomers.

Guided by Eugenio Montale’s poem, “Bring Me the Sunflower So I Can Transplant It” (*Portami il girasole ch’io lo trapianti*), the dynamics of the group began to shift from a place to pause and explore the self to one where participants could bear witness to each other’s experiences, existential musings, and lingering concerns. The first line of Montale’s poem reads: “Bring me the sunflower so I can transplant it.” As a “you” was brought from the poem into the conversation unfolding into our space, participants envisioned who “you” might be for them: a fellow session participant, a colleague at work, a friend or family member, a “you” they were yearning to reconnect with but had forgotten about, or a “you” they lost during the pandemic.

While the majority of contributions had previously been a means for individual self-expression, new comments referenced each other as part of a collective dialogue. Participants began intentionally framing their contributions to group discussions as responses to fellow participants. Each contribution was presented as an addition to collective understanding, or as an acknowledgement and amplification of others’ points of view. Later, when reflecting upon their narrative medicine experience, several participants shared that the sessions provided an opportunity to discover and rediscover the “extraordinary richness” each person contributes through close reading, commenting, or writing, a perspective many said was lost during the lockdown.

“The goal of relating is its own essence, that is the contact with the You,” writes Martin Buber in *I And Thou*. In reaching out to a “you” to ask for help in transplanting a sunflower, Montale catalyzed the start of a new phase for our group. What drove the development of the workshops in the first place—the need for interaction with other embodied beings—was being directly addressed through the creation of a common practice of identifying and concretely referring to a “you,” the Other. Being listened to and valued by fellow participants added connection and affiliation, grounding their sense of community in a relation with a “you”. We close read the word “transplant,” the ultimate gift of health and life for the poem’s apprehensive yellow sunflower in search of better soil. As a result, we explored the themes of “giving” and “receiving” in the context of human interactions, and specifically in the healthcare world. Through our discussion of Montale’s poem, our workshops took on yet another meaning in our participants’ eyes: the gift of care to oneself and to others materializes through the giving and receiving of time, attention, and insight. In our time together, we were acutely aware of the “parallels between acts of reading and acts of healing” highlighted by Rita Charon in her chapter on close reading in *Narrative Medicine: Honoring the Stories of Illness*.

The solid foundations of our narrative medicine space allowed the group to cover a wide range of challenging topics, including directly addressing difference and disagreement. “When a good reader enters a text,” writes Charon, “he or she notes and lives by its rules” (111). In the shadow of Charon’s words, each participant recognized the need to suspend judgement in approaching uncomfortable texts or patients labeled as “difficult.” The group navigated excerpts from *Writing in the Dark* in which David Grossman invites the reader to examine each conflict “with the eyes of the enemy.” Each participant verbalized their responsibility to uphold the principle of “narrative humility” described by Sayantani DasGupta: aiming to examine “the internal cultures, prejudices, fears, or identifications of the Self in relation to that Other” (280-281).

When the writing prompt directed participants to pen a letter to someone they would have labeled as “the enemy,” each strove to acknowledge the needs and motivations behind different opinions, instead of “master[ing] the Other.” This exercise added yet another building block to our collective practice: the understanding that sharing (and close reading) each other’s writings allowed us to practice trusting each other, despite the distance, technological challenges, or differences in perspectives. Even when interpretations and opinions differed, participants could search for and find common ground by starting from the exact words used in the text. These words were collectively built upon to co-construct a shared understanding that allowed for multiple perspectives to co-exist. In our discussion, participants came to incorporate and celebrate the original intention of the writer, the visceral reaction of the receiving listener, and every other reading in between. At the closure of this session and many others, several participants recognized the unique opportunity provided by the narrative medicine space to practice living by a text’s rules and viewing each new text or comment “through the eyes of the Other.”

As a group, we agreed that writing, sharing, and being heard opened our possibilities, training us to listen to each other and fighting isolation, even during the narrative emergency of the global pandemic. Sharing took on new forms that extended beyond the writing: at the conclusion of our session on Montale, one of our participants reached to the camera to share her potted sunflower, a gift from colleagues wishing her a prompt and speedy recovery after she contracted COVID-19 on the frontlines.

The Shepherds of Abruzzo and Our Final Thoughts

August's scorching sun dwindled to the tenuous warmth of September's autumn rays as Gabriele D'Annunzio's elegy "I Pastori" (The Shepherds) for the shepherds of his childhood brought us to the end of the summer. "I Pastori" centers on D'Annunzio's nostalgia for his beloved homeland, the state of Abruzzo and the ancient tradition of the seasonal migration of livestock from the highlands to the lowlands (the "*transumanza*"). The month of September represents for many shepherds a month of change and transition; with the first line "September, let us go," D'Annunzio invites the reader to move with him through this transition. His narrative not only speaks to the laborious movement of the herds of sheep from the mountain summer pastures to the low lying winter pastures, but also to the traditions carried on from generation to generation.

It is from within the melodious yet melancholic verses of D'Annunzio's work that we were brought to think of our own connections to the world around us, to our own transitions we faced. We acknowledged the transition from summer to autumn, from idleness to new academic semesters and work, but also to our transition and movement from the internal, private worlds of our homes, to the outside world post-quarantine. We realized that like D'Annunzio observing the *transumanza* as a child, we too served as witnesses for a migration and a transformation—the gradual migration out of the home into a new world, or the traumatic migration of those whose homes were dangerous to live in to other spaces.

As we moved into the space of the outside world transformed by mask-wearing and physical distancing regulations, we recognized just how much we had been transformed too, recalling Merleau-Ponty's and Heidegger's words about the spatiality of our being and the malleability of our forms in space. Physically confined in our homes, we had begun to modify our lifestyles, ways of thinking, and ways of interacting with others. And now, on the threshold of emerging into a new world, we were leaving our past pre-pandemic selves behind to step into the shoes of our present and future selves without a clear guidebook of what would come next. Though the post-quarantine landscape was decidedly not as bucolic as D'Annunzio's pastures, our nostalgia and melancholy for who and what had been lost, our witnessing of a migration (both into the home and out of it), and our taking part in that migration found a home in the poet's words.

The workshops we had taken together represented a journey in which the facilitators acted as D'Annunzio's shepherds for the group. With time, the participants themselves became shepherds for one another as well. And, in a perhaps surprising twist, the Italian participants

became shepherds for the facilitators as well: having experienced the Italian lockdown from start to finish as the U.S. was only beginning to implement it, they acted as prophets with knowledge of the future.

This virtual narrative medicine space allowed us all, facilitators and participants alike, to construct a community within which to reflect, share and sustain one another as we took an unusual journey through time and space. We were (and are still) emerging from this space with a heightened awareness for our own embodied experiences of the world and those of others, in addition to a greater understanding for how to practice narrative medicine and implement it for more effective and empathic care. By offering workshops during this period of unimaginable transformation, narrative medicine has represented a powerful means to care for those who care and prepare us—with humility, imagination, and creativity—for the uncertainty and complexity of the world that awaits us.

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