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Art that cures.

The power of interventions based on music, painting, writing and movies to relieve physical and mental pain

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ABSTRACT

The eruption of illness into a person's life is an overwhelming event that affects individuals and families at all levels. Therapies based on art have been used for decades, and in some cases for millennia. These powerful tools share the ability, at least, to make patients more aware of their emotions and more capable of expressing them; to facilitate communication and relationships with family members and caregivers; to alleviate distress and pain and to bolster resilience and mind-body integration. A wide range of art therapies is currently available to support psychological and pharmacological treatments. This article describes a number of interventions based on music, painting, writing and movies and some of their earliest applications, which in some cases date back to the ancient Greek world, thus highlighting the remarkably long shared history of art and medicine.

Keywords: Art Therapy - Music - Painting - Writing - Movies

Introduction

The irruption of illness into a person's life is a traumatic and destabilizing event. Reactions to the diagnosis of a serious or incurable condition vary widely. In all cases, the disease entails a loss of control over one's body and, progressively, a loss of freedom, in addition to dramatic changes at the emotional, biological, anthropological, cultural and social levels for the individual and their family.

However, if the sick person manages to find a means to express their emotions and state of mind, the very perception of the illness and even the patient's own status can change. The passive subject can then turn into one who consciously plays an active role in the transformations they will experience during treatment, regardless of whether it will achieve a complete and definitive recovery. Often, art is the most immediate channel through which patients, family members and/or caregivers can express and release their emotions. A common feature of interventions that use the artistic process as a tool for coming to terms with disease, for healing and for relating to others is the activation and channeling of the patient's creative and expressive potential, which helps to alleviate their distress and pain and to bolster resilience and mind-body integration. A variety of art-based interventions are currently available, where trained operators conduct a therapeutic process as an aid to treatment, be it pharmacological or psychological¹.

In this article, we discuss how music, painting, writing and movies can be employed to relieve mental and physical pain and highlight some examples taken from the history of medicine, some of which date back to the ancient Greek world.

1. Music

Music and song have accompanied human life since the dawn of time, marking crucial events and momentous experiences. Music cheers up, exalts, stimulates, gives courage, soothes and relieves distress and pain.

Music therapy is mentioned in the Homeric poems. Originally elaborated in Pythagorean circles and subsequently by Plato (428/7-348/7) and Aristotle (384/3-322), it was widespread in ancient Greece and was based on the belief that body and soul should be governed by harmony². However, the earliest actual studies of the emotional responses to music date only to 1935, when the American psychologist and musicologist, Kate Hevner (1898-1984), identified the two essential elements that are involved in brain processing of the emotional response to music: mode, i.e. tonality (major/minor) and tempo, i.e. speed of performance (fast/slow)³. Hevner demonstrated that their various combinations consistently generate emotions that can be described as universal: serenity (major mode, slow tempo), cheerfulness, elation (major mode, fast tempo), sadness, despondency (minor mode, slow tempo), fear, tension and anguish (minor mode, fast tempo).

A study carried out at the University of Marseille (France) and published in 2008 recorded psychophysiological responses, including blood pressure, heart rate and the electrical conduction of the skin (electrodermal reaction), in participants who were listening to different types of music⁴. The researchers found that each music genre (happy, serene, frightening, sad) aroused the same emotion in all listeners, regardless of their subjective judgement: for example, frightening music elicited the strongest skin reaction, i.e. increased sweating. The fact that all participants shared similar physiological responses shows that the listener is not necessarily aware of the effect of music and suggests that music exerts a considerable influence on behavior and the organism. According to the definition of the World Federation of Music Therapy (WFMT, 2011) “music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts”⁵.

There exist various music therapy approaches: pedagogical, psychoacoustic and psychotherapeutic. The psychotherapeutic approach seeks to open channels of communication in the individual’s inner world by using an alternative to the verbal code, namely the code of sound, music and movement, based on the principle of the “individual sound identity” (ISI), a concept coined in the 1980s by the Argentine psychiatrist Rolando Benenzon⁶. The ISI is the sum of all the musical elements that each person has absorbed since conception, from which derive the rhythms, tempos, experiences and lifestyles that characterize each of us (e.g. chaotic or meditative, slow or fast, energetic or asthenic). In keeping with this principle, music can exert a therapeutic effect only if the musical tempo of listening coincides with the mental tempo of the patient.

Benenzon identified several ISI types, principally 1) Gestalt (original and immediate perceptions), i.e., the subject’s specific channel of communication; 2) group, the sounds of the group within which the individual has been evolving (ethnic identity); 3) cultural, i.e., sound phenomena characterizing one’s world or soundscape; and 4) universal, including “archetypal” sounds like the heartbeat, the wind, and roaring water. Therapists use a variety of techniques, principally singing, musical instruments, rhythmic activities, composition, listening and improvisation, according to the needs and preferences of their patients⁷. Singing helps the articulation and development of language through rhythm and the control of breathing. Music and language are means of communication consisting of sequences of elements that convey meaning. Singing is effective in treating several disorders, such as respiratory problems, by improving oxygen saturation rates; speech difficulties after a stroke, by aiding the activation of the brain’s speech centers; learning disabilities, by enhancing the quality of articulation and utterance; dementia, by aiding reminiscence, reducing anxiety and fear;

and severe hearing loss, by contributing to speech access. Notably, group singing enhances social interaction skills and fosters a greater awareness of self and others. Playing an instrument improves motor coordination, fine and gross motor skills, and tonic regulation, and is particularly suitable for individuals with neuromotor deficits. Rhythmic activities promote movement, joint mobility, agility, strength, balance, coordination, and relaxation. Rhythm and percussion are important in regulating autonomic nervous system processes (breathing, heartbeat) and in maintaining motivation and attention levels.

Improvisation offers a creative, non-verbal means of expressing thoughts and feelings. It is easily accessible, non-judgmental, and requires no previous musical training. As such, it helps to establish a relationship between therapist, patient and music. Where words are insufficient, or emotions too difficult to express, music can fill the void. Composing songs or melodies facilitates the sharing of feelings, ideas and experiences. For example, writing songs with hospitalized children helps them to recognize and understand their fears. For those with a terminal illness, it is a vehicle for examining experiences and feelings. Composing can provide an opportunity to bond or share an experience with a caregiver, a child or a loved one.

Listening to music has numerous therapeutic applications, as it helps to develop cognitive skills such as attention and memory and fosters a sense of familiarity and greater orientation in reality. During pregnancy, music creates a connection between the uterine environment and the outside world and after birth it strengthens the bond between mother and child. For subjects with mental illnesses such as schizophrenia or bipolar disorder, listening to music can stimulate greater openness to discussion and provide motivation to engage in social activities.

Listening to music can also alleviate pain. A study conducted in Japan from 2017 to 2019 measured the pain experienced by patients with fibromyalgia before and after listening for 17 minutes to Mozart's Violin and Viola Concerto No. 1 K423⁸. The pain was measured at rest objectively (with functional nuclear magnetic resonance imaging) and subjectively (with a 1 to 10 rating scale). Listening induced a significant reduction in pain and an equally significant change in connectivity between right insular cortex, posterior cingulate cortex and precuneus, suggesting an effect on the emotional processing of pain and its transition from physical stimulus to existential suffering, rather than on the transmission of pain stimuli from the body periphery to the brain. The authors concluded that listening to brief musical pieces is capable of temporarily alleviating the chronic pain associated with serious illness and of altering the brain patterns that contribute to its conscious processing.

In the past decades, music therapy has become quite common in hospices and hospitals specializing in palliative care⁹. In this setting, music therapy aims to improve quality of life and to facilitate communication, offering psychological and spiritual support. Several studies have described benefits in patients suffering from terminal

conditions both with reference to organic symptoms such as pain, vomiting, insomnia and fatigue and to psychological aspects such as anxiety and depression.

2. Painting

There are numerous stories of individuals who, through painting, were able to escape their narrow world of physical limitations, pain or distress and whose art made them famous¹⁰. The names of Frida Kahlo (1907-1954), Vincent van Gogh (1853-1890), Augusto Mussini (Fra' Paolo, 1870-1918) and Antonio Ligabue (1899-1965) are variously associated with painting as a means of empowerment and emancipation from disease¹¹.

Drawings and paintings can provide a channel to tell about oneself, to express feelings and thoughts that are difficult to put into words, to ask and answer questions, to represent conflict and anxieties and to discover oneself¹². The images thus produced can be viewed as separate from oneself, and even in those that are most laden with suffering and anguish, a space for understanding and processing is created that can help the individual to find ways in which their inner world can interact with the external world. Margaret Naumburg (1890-1983), an American psychiatrist, psychoanalyst and educator, conceived the modern concept of art therapy in the 1940s, as she believed that unconscious feelings are more easily recognized in pictures than in words¹³. During sessions, she would give her patients paper, tempera paint and crayons and ask them to draw what they wished to express. Then she encouraged them to describe the shapes or scenes depicted and to interpret their drawings. Her success demonstrated that drawing and painting are capable of fostering healing and self-discovery. For instance, coloring mandalas clears the mind, helps to recover calmness, serenity and balance and to forget for a time the anxieties and frenzy of everyday life.

Art therapy is suitable for all age groups¹⁴. It gives children the opportunity to express themselves in a fun way, enabling them to gain a greater understanding of their own thoughts and feelings and to communicate them in a simple way, besides learning to deal with fears and worries. Adults often spontaneously use it to alleviate stress, promote relaxation and open up new perspectives. Concentration in the creative process allows to free oneself from everyday worries and to clear one's mind in order to find solutions to nagging problems. Art therapy is particularly effective in the elderly because, in addition to stimulating memory and emotions, it promotes concentration, manual dexterity and peacefulness while creating opportunities for enjoyment and socialization. Numerous studies have shown that painting therapy helps to enhance several functions in a number of ways¹⁵. Notably, it favorably affects several important areas including cognitive functions, by promoting faster neural connections in the brain; mood, by helping to reduce depression, stress and anxiety, as the elderly have too much time on their hands and are prey to loneliness and depression; and motor skills, by exercising precision movements and enhancing blood flow and muscle coordination.

Group art therapy also multiplies social interactions¹⁶. Meeting other people helps to combat loneliness and expand the social circle, improving quality of life. Moreover, art therapy can provide older people who have difficulty communicating verbally, due to conditions such as dementia or traumatic events such as stroke, with an alternative way of expressing their emotions and thoughts, thus establishing a new and original form of communication.

In a 2012 study, patients with dementia participated in a three-week art appreciation course envisaging 30-minute sessions in art galleries and 60-minute sessions involving creative activities, mainly producing portraits, landscapes and narrative paintings¹⁷. During the gallery sessions, patients were encouraged to participate in discussions, whereas during the creative sessions they recalled the works they had viewed in the gallery. The results showed improved attention probably due to the earlier art therapy sessions.

3. Writing and narrative medicine

Writing has a strong introspective and therapeutic value: it reaches deep into memory and the unconscious, removes blocks and fears, enhances self-awareness, brings clarity, and allows to understand and to open up to other people. When experiencing pain and bewilderment, writing about oneself can help to find one's way. Thus, after a traumatic event, self-narration can help to make sense of things, facilitating communication and sharing, making the burden of suffering more bearable and alleviating depression and anxiety. Writing transforms the intimate and largely lonely experience of distress and pain into a more public, shared narrative and allows reconsideration and resizing of the "monster"¹⁸.

Literature has countless examples of first-person accounts of illness. Among the earliest is the surprising and poignant *Ode to jealousy* (fr. 31), where the archaic Greek poet, Sappho, laments the meeting of her young beloved friend with a man she might marry. In this ode, Sappho describes her distress in minute detail:

"my tongue has snapped, at once a subtle fire has stolen beneath my flesh, I see nothing with my eyes, my ears hum, sweat pours from me, a trembling seizes me all over, I am greener than grass, and it seems to me that I am little short of dying"¹⁹.

A very similar list of symptoms is mentioned in a slightly later Hippocratic text, to describe an illness that is considered by the author as not altogether too serious²⁰.

The first extant account of a long-term illness is by Aelius Aristides, a Greek rhetorician from the 2nd century AD²¹. In *Sacred Tales*, he describes in detail his health problems and the heavy treatment he is prescribed by Asclepius, the god of medicine. Although Aristides is in contact with several doctors, only with Asclepius has he established a relationship of total trust, loving the god and feeling reciprocated. He moves to Pergamon for about ten years to be in the god's temple. The therapies given to him by Asclepius in his dreams are quite similar to those usually prescribed by contemporary physicians – albeit surprising in terms of duration, quantity and ap-

propriateness – and provide such great physical, psychological and intellectual relief that they enhance his artistic creativity. It is difficult to say what exactly ailed this ostensibly healthy patient, who has gone down in history as the first great neurotic.

In much more recent times, in the second half of the 19th century, educated patients in the asylum of Reggio Emilia (Italy) were encouraged to write about their lives and illnesses, an endeavor that was considered therapeutic²². This material can still be consulted in the asylum archives²³. Among the patients interned in the asylum of Macerata (Italy) was the poet Giovanni Antonelli (1851-1909), an extravagant character with an adventurous life, who experienced imprisonment as well as internment. With help from the asylum director, who arranged for him to have access to books, in 1877 he published his autobiography, entitled *A genius in the asylum*²⁴.

The acknowledged founder of modern narrative medicine is Rita Charon, an American internist physician, whose view is that it is essential to narrate pain to escape its domination, as the narrative with which patients process their illness is an integral part of the cure²⁵. Her insight that writing facilitates an empathetic doctor-patient relationship has led her to state that “the effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret and act on the stories and plights of others”²⁶.

Arthur W. Frank, sociologist and narrator of his own experience of illness, writes that when a person becomes seriously ill, they are injured not only in their body but also in their “voice”, and that they experience a sense of bewilderment, almost as if they have lost the map that has guided their existence until then²⁷. In storytelling (self-narration), they seem to find a new route. Sharing one’s condition with others is an added difficulty after the distress created by the sudden discovery of disease. In turn, the others too find it hard to understand and empathize and are felt as being intrusive or, on the contrary, superficial. Through writing, the sufferer provides a key to communicate their experience.

The following examples of therapeutic writing illustrate how some patients have dealt with and transformed their experience of suffering.

1. In her posthumous book, *Come d’aria*, Ada D’Adamo (1967-2023) describes with grace, intelligence, fierceness and ruthlessness her life after she was diagnosed with metastatic breast cancer at the age of 50²⁸. The story is dedicated to her daughter, Daria, who has been born with severe psychomotor disability, a condition that involved a predominantly physical relationship between them: “skin to touch, tears to dry, belly to massage, feet to warm, fingers to relax, hair to caress”²⁹. Ada’s spinal metastases require wearing a brace, to avoid vertebral collapse, thus disrupting her all-physical relationship with Daria³⁰. The illness condemns her to loneliness, the ultimate suffering. Eventually, Ada comes to see illness as part of life and finally accepts the naturalness of death³¹.

2. In 2004, five years after quadrantectomy surgery, Giorgia Biasini, art historian, librarian and writer then aged 37 years, started a blog, *IlmioKarma* (MyKarma)³², to share her experience: “exactly five years ago at this time I was under the surgeon’s knife. I would wake up with one less tit slice ... Afterwards you are no longer the same person. Your perspective of things changes, you become intolerant of the crap that normally plagues us and develop a certain amount of healthy selfishness”³³.

After a year, Giorgia discovers she has liver metastasis. As readers wish her well on the blog’s first birthday, she announces her new fight and continues to blog, because writing takes less energy than talking and still enables her to communicate, preventing implosion. Giorgia finds relief in the encouraging comments she receives daily, where her readers do not express pity but sincere solidarity. Over time, her story attracts similar stories, as women in similar conditions come across her diary and through it experience a sense of liberation, especially with respect to withdrawal from communication³⁴.

Many cancer sufferers reject the ambiguity of language, the unspoken. So telling and sharing acquire an ethical value, because one offers one’s voice to others and attempts to break the taboo: cancer and metastasis become pronounceable words. The specificity of blog writing is the immediate interaction with others, which helps to stave off loneliness. Unlike social networks, the blog is a personal space that is accessible to anyone. One post reads: “For me, your blog and that of the other fellow sufferers has been a beacon at a time of despair”.

Giorgia Biasini has subsequently published two books³⁵. With other young women she has also started the meta-blog *Oltreilcancro.it*, to host the stories and lives of people who have had, or are still suffering from cancer, people who have decided to share their experience and discovered that talking and writing about it relieves fears and gives hope, comfort and practical suggestions on how to cope³⁶. Posts include fragments of everyday life, the titles of books and films about individuals in similar situations, the relationships established between patients and doctors, doubts, difficulties and resources that patients feel it essential to share with everyone. Extraordinary human relationships are built through blogs. *Oltreilcancro.it* does not claim to provide exhaustive or technical information but aspires to give support and encouragement through the ordeal of living with and treating the disease. There is currently one male contributor.

3. Another increasingly widespread tool that has objective value in the clinical setting is journaling, notable examples being the diaries of patients from critical care units³⁷. While writing allows reflecting on the dramatic moment of illness, continuous contact and exchange with people with similar illnesses can be helpful and consoling. Patients’ material is also a valuable resource for healthcare personnel.

In a study conducted in Turin (Italy) in 2017, a group of nurses of the Clinic of Hematology, where most patients are treated in isolation in single rooms, asked their patients to contribute to a shared logbook, where they could write as well as read the

other patients' entries³⁸. All accepted. The study inquired into the usefulness of the diary as perceived by the patients, nurses and OSS staff. Several findings emerged from data analysis. Clearly, the patients described their great difficulty in bearing the restrictions imposed by the acute phase of their disease, especially isolation. In addition, they considered important expressing the feelings generated by their experience, as testified by terms such as "catharsis" and "meditation" found in their entries with reference to the experience of writing.

The journal also enabled contact with the other patients in the ward, who would have remained unknown to one another, a fact that provided consolation and support³⁹. It has been stated that narrating one's illness transforms a personal experience into a collective story. Indeed, some participants said they were encouraged to write by the fact that the next patient would read their entries, which suggests that patients also feel a sense of responsibility and protection toward the other contributors⁴⁰.

4. Cinema

Watching a movie, a documentary or a cartoon triggers mechanisms that affect a person at all levels, stimulating the senses, activating specific neural connections and inducing a number of significant processes in the organism. Emotions overwhelm viewers. Movie or cinema therapy is a complementary therapy that uses film watching as a tool to facilitate reflection, processing of emotions and personal change; to promote psychological wellbeing and emotional development by harnessing the ability of art to imitate life; and to help people explore and understand their feelings, thoughts and behavior⁴¹. Images, imbued with evocative power, awaken our unconscious, offering the opportunity to recover inner resources or relive past, sometimes still unprocessed experiences. The image itself acts as a bridge between the world of dreams and reality, facilitating the transition from will to action.

The interest of scientists and psychologists in the effect of cinema on viewers began at the time of the Lumière brothers. Even then, the film industry showed an interest in influencing viewers' attention and consciousness and in assessing their reactions to movements, color, sounds and content. The first scientists to show an interest in the use of movies for therapeutic purposes were psychiatrists. Papers on cinema therapy began to appear in the early 1950's⁴². From the 1960's onwards, several studies described experiments in hospitals and provided a wealth of data⁴³.

It was the American psychologist, Gary Solomon, who in 1995 coined the phrase "Cinema Therapy". He had been a cinema enthusiast since childhood and watching movies had helped him through very difficult early life years. Once, as one of his patients was telling him about her life, he noticed similarities with a film he had seen⁴⁴. He asked her to watch it, to describe her thoughts about what she had seen, and to tell him whether she recognized herself in any of the characters. At their next meeting, the patient said that it was as if she had been looking at her own life.

Solomon noticed that movies foster relationships and help patients to become more aware of the situations and difficulties they are experiencing, and that they opened up more quickly as the movies helped them to recognize their own psychological reality. He called films “healing tools” and therapy a “healing journey”⁴⁵. Another important discovery of Solomon’s was that it was not necessary for movies to have a happy ending. In fact, the therapeutic effect was often achieved by a film that ended tragically. For example, the story of a dying alcoholic helped a patient to deal with his dependence and to avoid the mistakes made by the fictional character. Clearly, movies selection requires sensitivity and attention, an adequate introduction and keys to aid in their interpretation. Solomon’s research spanned more than 200 films⁴⁶.

In the 1990s and 2000s, cinema therapy gained popularity among mental health professionals as well as the public⁴⁷. Psychotherapists began prescribing viewing specific films to address issues such as depression, anxiety, bereavement, and conflict, because their symbolic narrative brings out unconscious themes and facilitates the processing of repressed emotions⁴⁸. Often, viewing is followed by a guided discussion with the therapist, who helps the patient to draw lessons from the stories. Movies that narrate psychological disorders or family problems can help to understand complex situations and overcome deep-rooted prejudice.

The basic principles of cinema therapy are identification and catharsis, emotional projection, behavioral patterns and reflection⁴⁹. The identification of the patient with characters or situations in the story is a powerful tool that must be introduced before the viewing. The viewer imagines experiencing the same emotions as the characters, dreams of a different life or simply compares situations. Through identification, it is possible to achieve emotional catharsis, i.e. the release of repressed emotions that can enhance self-awareness. With regard to emotional projection, patients can project their own emotions and issues onto the fictional characters, which allows them to address issues that might be difficult to express in words and to explore complex feelings in a safe and indirect environment. The role models offered by movies, whether positive or negative, allow patients to consider real-life alternatives. Characters facing difficulties similar to the patient’s own can provide inspiration and suggest fresh solutions.

After viewing the film, the patient is invited to reflect on the themes and emotions that the movie has evoked and to analyze how the fictional situations may mirror his or her own life. The discussion is crucial to examine what has emerged during the viewing process. In this realization, a path of awareness and reflection begins. The crisis begins to be seen as an opportunity, and slowly, first with help and then on one’s own, one is able to venture in new directions.

Cinema therapy can be individual, couple or group. In group therapy, the movie can be a starting point to discuss shared topics such as bereavement, addiction or illness. The film becomes a platform from which to explore personal experiences and conceive solutions⁵⁰. The core of the approach lies in the immersion in the characters’

experience, in “being in their shoes”, a perspective shaped by the lens through which we observe, which generates unique and nuanced interpretations.

Conclusions

Healing and art have a long shared history. Art has always illustrated therapeutic practices, also depicting the foundations on which the healing relationship is based; for instance, the Sosias vase, an Attic cup signed and dated 500 B.C., depicts Achilles as he bandages his friend Patroclus’s wounded arm. Drawings have been used in medical texts to enhance them and facilitate comprehension. Illustrations were rare in the ancient world and in the Middle Ages and spread after the 16th century, when printing ensured reproducibility. Drawings became an integral part of medical teaching; then in the 17th and 18th centuries, they were associated with techniques such as ceroplastics until photography and eventually video making became available.

As regards the healing arts, music therapy, first developed in Pythagorean circles in the belief that it could help to restore the harmony ruling soul and body, was widely employed already in the ancient world. Writing to narrate one’s illness and therapeutic journey has a cathartic effect, which can be seen in the writings of the Greek rhetorician Aelius Aristides from the 2nd century AD. Notably, music, writing and other arts were first harnessed to heal asylum inmates. When mental illness was no longer punished, but recognized as such at the end of the 18th century, asylums were built everywhere to house and treat mental patients. Instruments of restraint were abolished or limited when possible, and occupational therapy consistent with the patients’ abilities was instituted. Sometimes painting was proposed to those with the inclination or writing about one’s life was suggested to those who could write. Theatre performances or concerts involved patients both as performers and as audiences.

In recent times, the value of the arts in the therapeutic process has been given a scientific foundation. Music therapy, capable of arousing emotions, fostering relationships, facilitating communication and mobility and alleviating pain, is widely used in virtually all healthcare settings and patients. Painting and watching films allow to overcome, recognize and communicate trauma and discomfort and to process, accept and live with serious illness. In patients with neurodegenerative disease, painting, combined with visits to art galleries, has stimulated neuronal connections also for brain-hand coordination.

Narrative medicine has evolved greatly in recent years, for instance through the contribution of charismatic personalities such as the physician Rita Charon, who has committed to disseminate literature in medicine with a view to enhancing doctor-patient empathy, whereas some patients (mostly women) have begun to write while facing serious illness. Books such as those by Ada D’Adamo and Giorgia Biasini have set important examples, as have blogs and metablogs, especially in oncology. Here too,

Giorgia Biasini, art historian and writer, has opened up entirely new spaces for communication between patients, which have found numerous adherents.

Finally, journaling, typically an intimate genre, has successfully been turned into a collective tool for use by hematology patients treated in isolation. Writing into a diary to narrate their experience of disease and to communicate with the staff and other patients with similar experiences of pain and hope has forged a chain of solidarity and shared emotions that reflects the best of humanity.

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