

Care professionals: the Diversity Lived Project, pedagogical reflections

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Abstract: The contribution focuses on the Diversity Lived project, designed to innovate in the training of healthcare professionals through educational practices grounded in reflexivity, storytelling, and attention to diversity as a lived dimension of the care relationship. This article offers a philosophical-pedagogical analysis of the project, situating it within the dialogue between the ethics of otherness and narrative epistemology, and interpreting care as an ethical, cognitive, and professional practice. The article focuses on illness narratives as an epistemological and educational resource, capable of making the moral and experiential meaning of suffering visible and combating technical simplifications of experience. From a pedagogical perspective, illness narratives can be interpreted as formative devices that foster reflective learning, ethical awareness and interpretative competence in healthcare professionals, particularly in complex and diverse care contexts. The contribution discusses the Diversity Lived Toolkit and its pedagogical application of these theoretical principles, highlighting their potential to foster inclusive, reflective, and responsive training models that address the complexity of contemporary healthcare.

Keywords: Care, professionals, older people, philosophy of care, educational practices

Sinossi: Il contributo si concentra sul progetto Diversity Lived, volto a innovare la formazione dei professionisti sanitari attraverso pratiche educative fondate sulla riflessività, sulla narrazione e sull'attenzione alla diversità come dimensione vissuta della relazione di cura. L'articolo propone un'analisi filosofico-pedagogica del progetto, collocandolo nel dialogo tra etica dell'alterità ed epistemologia narrativa, e interpretando la cura come pratica etica, cognitiva e professionale. Il contributo si focalizza sulle illness narratives come risorsa epistemologica e formativa, in grado di rendere visibile il significato morale ed esperienziale della sofferenza e di contrastarne le semplificazioni tecniche. Da una prospettiva pedagogica, le illness narratives possono essere intese come dispositivi educativi in grado di promuovere processi di apprendimento riflessivo, consapevolezza etica e competenze interpretative, contribuendo alla formazione di professionisti capaci di confrontarsi con la complessità e la diversità dei contesti di cura contemporanei. L'articolo presenta il Diversity Lived Toolkit e la sua applicazione pedagogica, evidenziandone il potenziale nel promuovere modelli formativi inclusivi, riflessivi e responsivi alla complessità della cura contemporan.

Parole chiave: Cura, professionisti, anziani, filosofia della cura, prassi educative

Introduction

In today's world, healthcare professionals are called upon to work in increasingly complex scenarios, characterised by an ageing population, growing cultural and social diversity, and an increase in situations of vulnerability. These changes pose new challenges for healthcare systems and, consequently, for training models for those working in the health and social care sectors. In this context, care cannot be reduced to a set of technical services or standardised procedures. However, it must be rethought as a deeply relational, ethical and epistemological practice, rooted in lived experience and responsibility towards others.

Philosophical reflection has amply demonstrated that care is a constitutive dimension of human existence rather than an accessory element of professional action. The philosophy of otherness holds that people create ethical value through their interactions with others, because these defenceless subjects force caregivers to choose between their work responsibilities and their ability to identify these individuals (Emmanuel Lévinas, 1979, 1988). The philosophical approach of hermeneutics shows how people understand their experiences through narrative because they create their identity and life meaning by sharing and reinterpreting their personal stories (Paul Ricoeur, 1995, 2002). Within the field of philosophy of education, care has also been widely discussed as a pedagogical category, particularly in the work of Nel Noddings, who interprets care as a relational and ethical foundation of educational practice, grounded in attention, responsibility and reciprocity. The training system for healthcare professionals continues to use educational methods based on objective learning, quantifiable assessment, and quick implementation. The essential elements of care delivery become invisible because they control every aspect of the care experience.

The research demonstrates that this method produces adverse patient outcomes because it fails to consider personal understanding, which generates two distinct ethical and knowledge-based problems (Loughlin et al., 2015; Alloy et al., 2023). In response to these limitations, in recent decades, there has been a growing interest in illness narratives as a cognitive and educational resource. Illness narratives provide access to the lived experience of suffering, highlighting the moral, cultural and relational meanings that accompany the care pathway (Moriggi et al., 2020). In the philosophical and educational fields, this “narrative turn” has contributed to redefining the very concept of knowledge in healthcare, recognising the epistemic value of situated and embodied knowledge that emerges from concrete experience. Within this theoretical horizon, the Diversity Lived project is located. Scientists initiated this research project to link philosophical education with training methods that understand diversity as an essential element for the development of care work and professional advancement (James & Kommenich, 2021; Paul, 1999; Noddings, 2013).

This contribution aims to offer a pedagogical reflection on the training of care professionals, grounded in the theoretical framework and practices developed in the Diversity Lived project. Through dialogue with the philosophy of care, narrative epistemology and reflective pedagogy, the article aims to show how concepts such as otherness, lived experience, biography and narrative can guide more inclusive and aware educational models. The research will investigate how illness narratives, using the Toolkit, function as educational resources that transform theoretical knowledge into functional training approaches (Timmerman & Baart, 2022). The research contribution achieves two goals by showing the theoretical framework and educational methods of the Diversity Lived project to both academic and professional audiences. Rethinking care training from a philosophical and narrative perspective is therefore not an abstract exercise but a necessity for preparing professionals capable of dealing with the ethical, epistemological, and social complexity that characterises care in contemporary society.

Care as an ethical and cognitive practice: philosophical perspectives

The concept of care exists as a moral direction people follow and as a mental approach that depends on their ability to understand relationships and their duty to care for others. Philosophical care enables us to establish connections with others by combining our personal life experiences, our individual search for meaning, and our shared moral dedication to them. This dual dimension—ethical and cognitive—emerges clearly in philosophical traditions that emphasise alterity, experience, temporality, and

biography as foundational elements of human existence. The philosophical perspectives discussed in this section—drawing on the works of Emmanuel Lévinas, Paul Ricoeur, Wilhelm Dilthey, Martin Heidegger, and Karl Jaspers—provide a theoretical framework for understanding care as a practice at once moral, interpretive, and deeply human (Giosi,2022). The selection of these perspectives is not intended as an exhaustive philosophical overview, but as a coherent theoretical constellation useful for linking ethics of otherness, narrative identity, lived experience and biography to the pedagogical formation of care professionals.

The research introduces an innovative approach to care which surpasses basic technical methods by acknowledging human weakness and using narrative evaluation to understand individual life stories. The framework holds special value for care professional education because it places knowledge and moral aspects at the centre of caring work.

Care: Philosophical Reflections and the Contribution of Lévinas and Ricoeur

The philosophical analysis of care becomes more intricate because Emmanuel Lévinas and Paul Ricoeur developed fundamental concepts which they presented in their research. The two philosophers share a standard view that connects human relationships to external factors, recognising that care extends beyond basic kindness and functions as an ethical system that requires both responsibility and recognition of the Other's humanity.

The Other represents the fundamental philosophical concept of Lévinas because he shows that encountering the Other through their face creates an absolute moral obligation. Lévinas presents his argument about the Other in *Totalité et Infini* (1961), arguing that we should not view the Other as an object to be exploited. However, an individual with inherent fragility and vulnerability requires a respectful and responsible response. According to Lévinas, the ethos of care demands that we must actively sense the pain which the Other person endures. The ethical method requires caregivers to build patient relationships through their medical services and emotional and social support. The Other requires more than symptom observation because patients need their complete life experiences and individual background to be understood. The practice of care develops into an ethical framework that enables professionals to fulfil medical requirements and patients' individual needs while they grasp the essence of human beings. Lévinas explains that we develop the ethos of care through our immediate experience of another person's suffering.

The ethical method requires caregivers to build patient relationships through their medical services and emotional and social support. The Other requires more than symptom observation because patients need their complete life experiences and individual background to be understood. The practice of care develops into an ethical framework that enables healthcare professionals to fulfil medical and individual patient requirements while understanding the whole person. Paul Ricoeur bases his analysis on his studies of narrative structures and human methods for building individual identity. Ricoeur examines the role of stories in identity development in his 1990 publication, *Oneself as Another* (idem and ipse identity). The author explains that healthcare providers must learn about patients' experiences through complete life-story listening, which requires both emotional comprehension and full focus. Healthcare providers can establish patient relationships through the narrative approach, which helps them understand what patients consider their most important life experiences.

Healthcare professionals need to understand patients as whole individuals by using the narrative dimension, which requires them to honour their complete life experiences and personal background. The philosophical connection between Lévinas and Ricoeur provides a comprehensive understanding of care, combining moral and storytelling elements. The two philosophers demand that care professionals demonstrate their technical competencies. Yet, they must recognise that human relationships, together with empathetic communication, serve as the fundamental elements of their professional practice. The illness provides patients with an opportunity to improve themselves through their care needs, enabling them to interact with their healthcare providers. People can establish relationships with others through care practice because they recognise both the unique qualities and vulnerable condition of each person. From a pedagogical perspective, these reflections suggest that training in care cannot be reduced to technical competence alone, but must include the development of relational, interpretive and narrative abilities

Life experience and caring: the contribution of Wilhelm Dilthey and Martin Heidegger

The understanding of care emerges from personal experience because Wilhelm Dilthey and Martin Heidegger based their philosophical work on their own life experiences. Dilthey bases his theory on the "narrative of experience" (*Erlebnis*), which states that human existence begins with personal experiences which create both individual identity and life meaning. Dilthey presents his theory of individuality in *Ideas for a Descriptive and Analytical Psychology* (1894), which shows that personal identity develops through social bonds and historical, cultural, and social elements. Healthcare professionals need to understand each patient's individual life story because patients experience illness and treatment through the perspective of their personal background.

The emphasis on "lived experience" results in a care model which depends on direct relationships between people. According to Dilthey (2012), life exists throughout all spaces and becomes fully apparent only through its complete unity. Healthcare providers need to create a dialogue between their medical experiences and their patients' personal life stories through attentive listening to grasp the patient's individual life experiences. The educational practice of care enables students and teachers to develop through shared reflective activities.

Martin Heidegger expands the analysis of care through his concept of *Dasein*, which defines human existence as being-there in the world. Heidegger establishes in *Being and Time* (1927) that care (*Sorge*) represents the basic ontological pattern which defines human existence. He distinguishes between two modes of care: "caring for" (*Fürsorge*) and "taking care of" (*Besorge*). "Caring for" implies a responsibility towards others, to help them achieve personal fulfilment. Care professionals need to develop caring as their ethical and relational duty and practice it. According to Heidegger (1962), care exists in its authentic form because people need to connect with others. The utilitarian bond between care and its object results in the object becoming a tool to fulfil needs, potentially transforming the person into an object. Healthcare providers need to deliver compassionate care through the distinction, which serves as the basis for their work in care environments. Heidegger requires us to understand how patients make their own decisions while healthcare providers remain responsible for their actions during all medical procedures.

Healthcare providers need to grasp the fundamental nature of psychological life to deliver "being there" care, seeing patients beyond their appearance and establishing authentic communication channels and individualised treatment methods. Dilthey and Heidegger explain in their reflective work how human social connections lead to the development of care. Scientists need to develop ethical care systems that honour human values, so they should investigate how people experience their lives. Care professionals need to build a complete understanding of human patients because they should recognise that all suffering expressions reflect vital life experiences that deserve respect, and patients need to be accepted as full people. The biographical method is a crucial research method that helps psychiatric care professionals and advances the field of psychiatric care development. These perspectives reinforce the need for educational models that value lived experience as a source of learning and reflection in the formation of care professionals.

The Biographical Method as a Principle of Care: Jaspers' Contribution

The biographical method is an essential research method that helps psychiatric care professionals advance therapeutic intervention techniques. Karl Jaspers is a major advocate of this perspective, which requires healthcare providers to study patients through a comprehensive assessment of their life story from start to finish. Jaspers (1959) explains that every mental process exists as a complete system which develops through time according to its natural sequence. The method of understanding someone demands that we study all the life experiences which make up their being. Medical conditions createlife-transforming experiences that go beyond their individual symptoms, according to psychiatric practice and individual life stories. The method relies on "biographical categories" to achieve a complete understanding of how each person lives their entire life. Jaspers explains that the patient develops into a person who exceeds clinical case status through these categories, which encompass the individual's unique life experiences. The method allows patients to maintain their personal identity through its therapeutic approach, enabling them to reveal individual characteristics beyond their medical

conditions. This value-based approach contrasts with the rigorous objectivity of the natural sciences, where phenomena are analysed and reduced to data. The biographical method requires researchers to use interpretive methods, which help them understand the complete essence of human beings. The biographical method requires researchers to use interpretive methods, which help them understand the complete essence of human beings. Jaspers (1959) developed the concept of uniqueness as a theoretical framework which explains how personal life experiences merge with personal identity to create individuality.

Finally, Jaspers recognises that biographical material can be gathered in various ways—from direct interaction between patient and therapist to external sources such as family history or life stories. The process of creating a shared story between them builds trust, enabling them to become more open and creating suitable conditions for successful therapy. The biography serves as a connection that allows therapists to establish a profound conversation with their patients, through which they understand each other and achieve recovery. The biographical method developed by Jasper establishes an interdisciplinary approach which brings humanistic aspects to psychiatric practice. The therapeutic bond evolves differently for each patient because of their individual life experiences and personal traits, which leads to mutual benefits from their collective healing process. The method enables healthcare professionals to enhance their diagnostic and treatment skills while continuing their professional development through patient contact. The biographical method thus acquires a clear pedagogical function, supporting reflective learning processes and the recognition of personal experience in professional education.

Illness Narratives: philosophical and epistemological foundations of knowledge in healthcare

Illness narratives constitute a fundamental epistemological turning point for rethinking knowledge of care beyond the boundaries of technical-scientific rationality. From a philosophical point of view, they challenge a model of learning based exclusively on the objectification of the body and the standardisation of diagnostic-therapeutic processes, introducing a form of situated, embodied and relational knowledge. The narrative of illness provides not only subjective details, but also establishes a meaningful context in which the experience of suffering is comprehensible, communicable and shareable (Ricoeur, 1983). In the fields of philosophy and epistemology, distinguishing between disease and illness marked a crucial turning point. Disease refers to the biological and nosographic dimension of pathology, and illness refers to the lived experience of disease, embedded in biographical, cultural, and symbolic contexts. Arthur Kleinman established his work as a primary contribution by demonstrating that people use illness narratives to grasp the spiritual worth of their suffering and that medical care requires patients to share their illness experiences (Kleinman, 1997). Knowledge emerging from illness narratives is not just additional to clinical knowledge; it is an essential epistemic component. Similarly, Byron Good emphasises that Western medicine is itself a symbolic practice grounded in narratives, metaphors, and culturally situated interpretative models. Good explains that illness exists as an experienced event which people understand through their personal narratives, while patients and healthcare providers share these same interpretive frameworks (Good, 1994). Medical practice demonstrates its interpretive character through illness narratives because doctors need to understand and give meaning to all their patient encounters.

The epistemological perspective shows that illness narratives follow a hermeneutic paradigm, which enables people to build knowledge through their dialogical process of experiencing and interpreting their situations. As Paul Ricoeur has shown, narration organises the time of experience and allows the subject to reconfigure their identity in the light of the events experienced (Ricoeur, 1992). The healthcare application of this perspective shows that listening to illness stories functions as a cognitive practice which reshapes our complete understanding of therapeutic relationships.

Healthcare professionals need to change their practice by using illness narratives as a knowledge source, which demands that they perform their duties in entirely new ways. The experts now perform tasks that exceed their technical capabilities because they have evolved into storytellers who analyse

human weaknesses to create mutual understanding. Educational institutions need to establish new knowledge approaches because students who study care need training in active listening, reflection and understanding others. The Diversity Lived project operates through this theoretical framework, which uses illness narratives to develop a care-based educational system that unites academic learning with individual life stories and moral duties. In educational terms, illness narratives represent a crucial resource for developing reflective, interpretive and empathetic competencies in future care professionals.

Diversity Lived Project Toolkit: from epistemological reflection to pedagogical practice

The Diversity Lived Project Toolkit provides a coherent pedagogical application of epistemological reflection concerning illness narratives in relation to relational and interpretative care practices. It arose from the need to bridge the gap between philosophical theory and professional training by offering tools that put the epistemic assumptions mentioned in the previous paragraphs into practice in education. The Toolkit presents itself as more than just teaching methods because it represents an actual pedagogical practice that upholds a narrative-based, reflective approach to care, grounded in ethical principles.

In this sense, the Toolkit translates the theoretical assumptions discussed above into concrete pedagogical practices for professional training.

Theoretically, the Toolkit is based on a view of training as a process of personal transformation and not just a way to pass on skills. The method uses Aristotle's definition of practical knowledge, which describes *phronesis* as practical wisdom that guides action in complex, unpredictable situations (Aristotle, *Nicomachean Ethics*). Standardised protocols do not suffice for learning care because healthcare professionals need training methods that help them develop their judgment, reflective thinking, and moral accountability. The Toolkit's tools, which combine reflective writing practices with narrative devices and experiential simulations, help users develop their ability to create personal narratives of work experience. The research design requires participants to study their emotional reactions, their interpretive techniques, and the moral conflicts that emerge when they meet people who differ from them and display weakness through written tasks and dialogue. Consistent with narrative epistemology, experience is not simply described but critically reworked, transforming it into an opportunity for reflective learning (Schön, 2017).

The Toolkit uses storytelling as an educational approach, enabling people to connect their individual experiences to shared knowledge. Reflective practices allow participants to elaborate their own experiences before sharing them within collective discussion settings, thus creating a common space for learning. The process treats diversity as an essential element that produces two types of challenges for healthcare providers in the delivery of care. This approach is consistent with a critical pedagogy of care, which recognises the link between educational practices, social contexts and power relations (Tronto, 2015).

In addition, the Toolkit serves an explicit function of disseminating the Diversity Lived project. The Toolkit contains a flexible design structure that enables its application across different educational environments, from university classrooms to professional training centres, to demonstrate how theoretical concepts from the project can be implemented. The Toolkit presents results while promoting a teaching environment grounded in active listening, reflective practice, and mutual recognition of students. The Diversity Lived Toolkit serves as a platform which turns the philosophy of care into a practical reality through educational programs that use illness narratives for epistemological reflection. The program teaches healthcare professionals to provide intricate patient care through narrative and reflective approaches, which enable them to understand how their professional choices stem from their individual life experiences. The project serves as an educational platform which operates as a theoretical and practical laboratory to help researchers create innovative methods for training healthcare professionals across different environments.

Educating for care in diversity: narrative epistemologies, pedagogical practices and the contribution of the Diversity Lived project

The previous sections established a foundation, demonstrating that care is a practice that merges medical procedures with moral principles and requires interpretive abilities to maintain relationships. The educational impact of this understanding on care professional training depends on its ability to create educational materials which will direct teaching methods. The Diversity Lived project fits precisely into this space of mediation between theory and training, proposing an educational model based on narrative epistemology, reflexivity and the recognition of diversity as a constitutive dimension of the care experience. The project's knowledge approach is based on epistemological principles that reject the possibility of reducing care-related knowledge to standardised, objectified information. As studies on illness narratives show, the experience of illness produces forms of situated knowledge that reveal the moral, existential, and social meanings of suffering (Kokanović & Flore, 2017). From this perspective, narrative is not simply a complement to clinical knowledge, but an epistemic device that allows us to understand the patient's subjectivity and to counteract forms of reduction and silencing of lived experience. The research results from the healthcare epistemic injustice discussion support these findings because healthcare providers who ignore patient feedback actively create medical knowledge inequalities. The Diversity Lived project integrates these perspectives by taking diversity as a lived condition that permeates care relationships and questions the professional identity of those who provide care. The ethical framework of otherness, developed by Emmanuel Lévinas, requires professionals to handle diversity through a moral obligation that exceeds their standard professional responsibilities (Lévinas, 1979, 1988).

Paul Ricoeur develops his hermeneutic approach to show that human experience and identity develop through the ongoing practice of sharing and re-sharing our life stories (Ricoeur, 1995, 2002, 2016). In this sense, educating for care in diversity means educating for the ability to listen to, interpret and recognise life stories and experiences of illness in their uniqueness. This perspective is consistent with the tradition of care ethics in education, particularly as developed by Nel Noddings, for whom care is not only a moral stance but also a foundational principle of educational relationships.

On a pedagogical level, Diversity Lived is based on a conception of training as a transformative and reflective process. In line with phenomenological perspectives on lived experience (Dilthey; Heidegger), learning is understood as a critical reworking of professional experience. The educational practices proposed by the project are similar to those described in the literature on reflective practice, which emphasises the importance of supporting professionals' ability to reflect on their actions and in situations of uncertainty (Schön, 1991). In this context, reflection is not an add-on but a core competence for navigating the complexity of care contexts. The project's Toolkit embodies these theoretical assumptions. Through reflective writing practices, narrative devices and experiential simulations, it creates training spaces in which the care experience becomes the subject of shared analysis. These tools foster the development of narrative and interpretative skills that enable professionals to recognise the emotional, ethical and relational dimensions of their actions. This approach aligns with the perspectives of narrative medicine and with the evidence emerging from recent reviews of narrative-based training programmes, which highlight their impact on professional awareness and empathy (Charon, 2006). The Diversity Lived project also incorporates an explicit reflection on the social and political dimensions of care. The training program, which uses Joan Tronto's ethics of care framework, demonstrates how power differences impact care environments while needing people to take responsibility at both personal and organisational levels (Tronto, 2018). The current situation requires special attention because care workers face increasing challenges that affect their emotional and professional stability, according to research by Benaglio et al. (2021), Pollock et al. (2020), and Posluns & Gall (2020). In conclusion, the Diversity Lived project proposes a model of care education that integrates narrative epistemologies and reflection. More specifically, it offers a pedagogical model centred on reflexivity, recognition and narrative understanding as core competences for care in contexts marked by vulnerability and diversity.

Conclusion

The research in this paper demonstrates that current care professional training needs a complete revision of its fundamental knowledge bases, moral principles and teaching methods. The present situation, which combines rising complexity with rising social diversity and declining stability, requires care practices to move beyond their current technical methods and standardised protocols, adopting a relational and interpretative approach that includes encountering others and assuming responsibility for their meeting process. The philosophical perspectives demonstrate that care exists as an essential human practice that connects knowledge and care, according to Emmanuel Lévinas' ethics of otherness and Paul Ricoeur's narrative hermeneutics, phenomenological studies of lived experience, and biographical research methods.

However, the main relevance of these perspectives in the present article lies in their pedagogical implications for the education of care professionals.

The study of illness narratives has become essential because they serve as sources of actual knowledge and communication tools. The way suffering appears in stories allows people to understand its threefold nature, which exists in moral, existential, and social aspects, while they battle against the ongoing reduction of their experiences in different healthcare environments (Sharf & Vanderford, 2003; Shapiro, 2011). Healthcare professionals need to evaluate how knowledge structures within the healthcare system generate discrimination between what patients and healthcare providers understand, as Carel & Kidd (2014) argue.

The Diversity Lived project bases its educational system on this theoretical framework to develop a structured teaching method which solves the philosophical challenges. Through its Toolkit and the reflective and narrative practices it comprises, the project shows how it is possible to integrate narrative epistemologies, the ethics of care and professional training. The Diversity Lived program delivers educational content that creates a learning space that enables students to practice reflection while learning responsible conduct and to develop their ability to care for others through understanding diversity (Remain et al., 2020). The study's educational approach demonstrates that teaching students about care requires them to learn how to handle complex situations involving unknown factors, as it enables them to reflect on their experiences, challenge their current understanding, and make proper ethical choices when working outside established protocols. The training process for care work transforms individuals through their mental, emotional and moral development according to a reflective model of professional development.

The article presents a comprehensive approach to care professional training by combining philosophical analysis with narrative knowledge systems and educational methods. The Diversity Lived project functions as a research facility which enables both theoretical and practical development of care education into a learning environment that promotes critical thinking and individual and group development. The practice of care exists as an ethical and cognitive system that demands recognition of human experience, as it reveals both its defenceless elements and its multiple ways of expression. The training system needs new approaches that will solve current problems by creating full-service, responsible care-delivery systems. The study therefore contributes to the development of pedagogical models of care capable of responding to the ethical, relational and epistemological complexity of contemporary healthcare.

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