Narration, transmission of experience and learning from a body marked by burns

Narração, transmissão da experiência e aprendizagens de um corpo marcado por queimaduras

Narración, transmisión de la experiencia y aprendizaje de un cuerpo marcado por las quemaduras

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ABSTRACT: Narration is one of the privileged discursive forms of signification of experience, especially when something unexpected happens in the subject's life and breaks with their everyday life. Starting from the principle of the inevitable articulation between narrative composition and transmission of experience, we argue that narrative becomes a methodological and analytical device that allows the subject to construct a history of self and trigger an experiential formative process that takes place in action. In this direction, to demonstrate our assumptions, we resorted to a study with women victims of third-degree burns. The narratives configured by the participants in the link with the research subject, having the painful experience as a temporal marker, provided (re)configurations of self in which the body marks resulting from the burn were incorporated into their life trajectories, as it was possible to put into words the lived and reflect on it. Thus, the construction of investigative spaces that provide narrative composition is essential for elaborating a traumatic experience from sharing experience with the researcher, thus becoming a source of mutual learning.


RESUMO: A narração é uma das formas discursivas privilegiadas de significação da experiência, principalmente quando algo inesperado acontece na vida do sujeito e rompe com seu cotidiano. Partindo do princípio da inevitável articulação entre composição narrativa e transmissão da experiência, defende-se que a narração se torna um dispositivo metodológico e analítico que permite ao sujeito a construção de uma história de si e o desencadeamento de um processo formativo experiencial que se dá em ato. Nessa direção, a fim de demonstrar as premissas, recorreu-se a um estudo com mulheres vítimas de queimaduras de terceiro grau. As narrativas configuradas pelas participantes no enlace com o sujeito pesquisador, tendo a vivência dolorosa como marcador temporal, propiciaram (re)configurações de si em que as marcas corporais decorrentes da queimadura foram incorporadas às suas trajetórias de vida, pois foi possível colocar em palavras o vivido e refletir sobre ele. Dessa forma, conclui-se que a construção de espaços investigativos que propiciem a composição narrativa é essencial para a elaboração de uma vivência traumática a partir do compartilhamento da experiência com o sujeito pesquisador, se tornando assim fonte de aprendizados mútuos.


RESUMEN: La narración es una de las formas discursivas privilegiadas de significación de la experiencia, especialmente cuando algo inesperado sucede en la vida del sujeto y rompe con su cotidianidad. Asumiendo la inevitable articulación entre la composición narrativa y la transmisión de la experiencia, sostengamos que la narración se convierte en un dispositivo metodológico y analítico que permite al sujeto construir una historia de sí mismo y desencadenar un proceso formativo vivencial que tiene lugar en la acción. En este sentido, para demostrar nuestras hipótesis, recurrimos a un estudio con mujeres víctimas de quemaduras de tercer grado. Las narrativas configuradas por los participantes en el vínculo con el sujeto de investigación, con la experiencia dolorosa como marcador temporal, proporcionaron (re)configuraciones del yo en las que las marcas corporales resultantes de la quemadura se incorporaron a sus trayectorias vitales porque era posible poner en palabras lo vivido y reflexionar sobre ello. Así, concluimos que la construcción de espacios investigativos que aporten composición narrativa es fundamental para la elaboración de una experiencia traumática basada en compartir la experiencia con el investigador, convirtiéndose así en una fuente de aprendizaje mutuo.

Narrative composition and transmission of experience

Narrating a story is, as pointed out by Ricoeur (1994) and Bruner (1997), one of the privileged discursive forms for giving meaning to experience, as it allows the narrator to order their experiences temporally and (re)signify the events of their life, learning from and through them. As Óscar Gonçalves (1998, p. 20, our translation) tells us: "The multiplicity of meanings is only possible thanks to the creative and multiple power of language and human discourse. It is in language that the meaning of experience is constructed."

It is the weaving of intrigue that allows for the signification of events, providing provisional coherence to the experience portrayed in narration. This sequence that takes on narrative form subsequently situates the subject in time because temporality characterizes narrative, as Ricoeur (1994; 1995) tells us. In this construction, it is worth highlighting two dimensions of narrative time: first, there is an episodic dimension, which composes a succession of events in chronological order; secondly, there is the configurational dimension, whose plot composes a unified meaning from scattered events, enabling synthesis amidst heterogeneity.

To tell a story means relating many temporal positions. Initially, a reported fact always depends on another fact that defines its context. And then there's also the time at which the narrator speaks which constitutes yet another temporal position. The beneficial effect of telling or narrating stories lies therefore primarily in reinscribing oneself into time; this benefit becomes particularly significant when an individual finds themselves trapped in repetitive traumatic experiences without being able to distance themselves from them (DE CONTI, 2004).

In this sense, one effect of storytelling is transforming passivity and helplessness into action simply by putting it into narrative form as Jouthe (1996) explained. Even if an individual was passive during an event, by narrating it and attributing meaning to it they become active and transform themselves. This is how narrative composition regains its status as a means of expression rather than mere action, and it leaves its mark on personal development. This is because, according to Thibault (2002), there is a significant difference between an initial narrative that reproduces lived situations and a distanced narrative that draws lessons from experience and life.

Only through this possibility of distancing oneself from the experience and reflecting upon it can the narrator transition from the position of actor to author of their own story. And thus, learn from life - in life through the processes of constructing experience in its narrative dimension (JURION; ALVES, 2021). This movement of displacement is necessary for the
subject to move from simply repeating a story or an act to symbolically transforming that repetition, by opening up new possibilities of meaning.

This transformation, in a research context, can be facilitated by the intervention of the researcher, but it will only be effective if it produces a displacement effect whose result is the re-signification of the traumatic event. Thus, the research participant will be able to symbolize what was not yet symbolized and will transition from being an actor in their life's story to becoming an author narrating their own history, occupying therefore the place of I-narrator, I-subject of their own story.

In this direction, autobiographical accounts are one of the main narrative forms for organizing experiences and shaping individuals because they allow for a temporal connection between various self-memories by linking experiences in storytelling form (DELORY-MOMBERGER, 2009). In this sense, it is important to understand the dialectical relationship established between narrative memory and experience.

According to Benjamin (1987ab), memory and tradition - both private and collective - are connected to experience since it does not form through precisely recorded events as reminders but rather through unconsciously gathered impressions that flow into recollection. Therefore, as Benjamin also teaches us, experience and narration intertwine because narration allows individuals to subjectively reformulate their experiences and different configurations of self-images with which they recognize themselves while delimiting what belongs to their personal history versus what belongs to others' histories.

This articulation between before and after is essential for individuals to construct meanings about what happens in their lives and, as a result, develop self-knowledge and knowledge about the world, thus embarking on other forms of knowledge and new learning. The boundaries between past, present, and future presented in narration allow us to see ourselves as identical to others or different from everything we assumed about ourselves until then - that is, as alterity. Therefore, there is an intimate relationship between time, narrative, and self-construction because it is through narrative ordering that experience becomes inscribed as a constituent of an individual's life history.

Another fundamental aspect to be highlighted is the possibility of articulation between the notions of temporalization of experience, self-narratives, and identity. Where the temporality of narrative weaves together the living experience of time. And thus, a new quality of experience emerges: experience becomes a personal experience, and time becomes human time when narrated. That is, through narration, time integrates into action, giving meaning to

For Larrosa (2011), the concept of experience has a dimension of place and movement. That is, an experience is an event marked by the psychic dimensions of the self – as a place – in conjunction with external factors. It is then perceived that a necessary condition for the narrative composition of experience is distance, whether temporal, territorial, or both, which leads us to the idea of otherness, of something foreign to me that displaces me from what is conceived as given, as already signified, as already known.

As emphasized and detailed by Ricoeur (1994; 1995), it is this distancing that allows the subject to make the hermeneutic crossing from prefiguration, through narrative configuration, to refiguration. As Passeggi (2011, p. 154, our translation) tells us, “the re-signification of experience, which occurs in returning to oneself, implies distancing from ourselves and the possibility of seeing ourselves as others see us, which also implies contradictions, crises, rejection, desires for recognition, dilemmas”. Therefore, the narrative is a speech endowed with history and purpose, that is, to narrate is to transmit an experience. And this transmission is only possible in the intersubjective relationship established between the narrator and the listener, which shows that all narration requires a message addressing, another who is in a position of sensitive listening, permeable to the intensities intrinsic to the narration.

Considering the articulations presented above between narrative composition and the transmission of experience, the dialogue we propose here aims to emphasize some aspects of the conception of experience, which, in our opinion, is transversal to the ideas of the authors, namely:

1. For a living experience to transform into an experience, it must be felt by the subject as impactful, as 'strange' to oneself, and thus (re)lived and signified. What is experienced 'passes' through the body, through the senses, and leaves its marks, its traces, whose inscription – symbolic naming of these marks - is discursively translated into the meanings we construct about/with what mobilizes us, thus constituting the experience.

2. The significance of the experience is constructed in a narrative form, which becomes necessary whenever an experience presents itself to the subject as unusual, unexpected, or outside the canonical. That is, for narration to be set in motion, a break is required from everything that has already been experienced by the subject, appearing as strange to oneself as otherness.
3. The narrative composition of the experience is constituted in relation to the other, making it essential to address the message to something/someone. This is because constructing a narrative about oneself is not indifferent to the conditions of enunciation, in this case, especially dependent on the other who receives this word and who bears witness to this experience, thus allowing the singular knowledge built from it to be shared, therefore, transmitted.

Therefore, the narrative composition of experience encompasses the subjective and intersubjective planes, the continuous negotiations of meaning, and cultural patterns of temporality, spatiality, and belonging. One of its most important psychic functions is the (re)elaboration of complex and dramatic themes of the narrator's experiences, not necessarily to resolve them but to give the unusual events a sense and a temporal order that can be organized and reorganized continuously by the individual. This (re)elaboration occurs because it is essential to narrate the events that impact us subjectively since narration allows the subject to (re)organize his painful experience in a unique historical time, transforming it into experience (DE CONTI; SPERB, 2009) and into learnings about oneself, about the world, about life.

In elaborating a narrative about an impactful situation for the individual, the first step "is the possibility of telling it, of narrating it. The second step is the possibility of distancing oneself from this situation and, thus, being able to re-signify it, constructing a new version for the events" (SPERB, 2010, p. 157, our translation). It is exactly this last aspect that we would like to circumscribe in this article: the importance of narrative composition in order to transform a painful living experience - and therefore potentially traumatizing - into experience, thus enabling the (re)elaboration of the suffering resulting from it and the triggering of a formative process that takes place in the act.

As Bruner (1998) states, the disruption of every day that the traumatic event provokes is the result of a crisis that can be resolved through a narrative organization of the experience, making this an open possibility for a new story to emerge. Therefore, this new story that arises is the product of an experiential learning process woven from the moment a narrative identity is constructed, capable of putting into words what is lived, sharing it, and reflecting on it as a source of reflection.

In this sense, another aspect that we intend to demarcate in this text is the strength of biographical research as a device for intervention that fosters the composition of narratives and, with this, the (re)construction of oneself, considering that research offers the opportunity to
configure a discursive space of otherness where the (re)signification(s) of experiences can be produced and addressed, in this case, to the researcher, enabling mutual learning. To shape what we intend in this article, we will share excerpts from one of our studies (GONÇALVES, 2013), whose participants had their lives marked by third-degree burns, where the research methodology adopted invited them to configure narratives about themselves with the burn incident as one of the temporal markers.

In this study, we start from the understanding that severe burns could be considered a traumatic event in the lives of the participants of our research given that the accident caused significant disruptions in the daily lives of these women and deep bodily scars. According to Macedo (2018), death by fire is an omnipresent and trivialized threat among women in vulnerable situations, and the experience of suffering from being burned is intense and constant, and the fear of death is present. Lazzarini (2006) also states that the subject who is a victim of burns is marked by suffering in their own body, and, because of this, they may have significant difficulties in narrating their bodily experience.

Methodology

The broader research consisted of three case studies involving three women who were receiving treatment at the Burn Reference Center in the State of Pernambuco - CTQ, Brazil, thus requiring continuous and long-term care. Interviews were conducted with these women using the life history technique. Gil (2009) defines life history as a research technique that can be described as a narrator's account of their existence through time, attempting to reconstruct the events they experienced and convey the experience they gained. Therefore, it can be understood as a type of interview characterized by its informality, depth, focus on the life of the interviewee, and the presence of the researcher. Thus, it “allows capturing aspects related to the intersection between the individual and the social” (GIL, 2009, p. 82, our translation).

This is one of the most suitable techniques for grasping the process of change. Therefore, the interview was guided by the theme: In light of the burn event, tell me about yourself. A script of questions feeding into the theme was necessary for this interview to progress. Thus, the questions were formed as follows: How long have you been in treatment? How did the accident that resulted in the burns happen? Did you need any reconstructive surgery? Where did the accident happen? Did the accident occur? Who helped, and how were you before
the accident? These questions aimed to lead the patient to talk about the burn event. All interviews were audio-recorded, later transcribed, and analyzed.

We believe that from this trigger, the participant could talk to the researcher about the incident and the bodily marks resulting from the burn and also facilitate the process of (re)composing their narratives of self, allowing them to (re)position themselves in relation to the effects of the incident. As Arruda (2009, p. 17, our translation) says: “To study the experience of illness is to understand a complex world of meanings, to consider in the patient's narrative their feelings, cognitions, and behavior beyond the description of physical symptoms”. It is also to learn from them through listening addressed to the subject, the lived experience, and the way it takes shape through words and can become sources of learning.

Narratives of the Experience of a Body Marked by Burns

According to Dassie and Alves (2011), a burn is an injury, usually restricted to the skin, resulting from the application of heat to the body, varying in importance and severity. It can be classified based on the type of causing agent (thermal, chemical, electrical, and radioactive, for example), or by the depth of the injury (first, second, or third degree). Therefore, there are two ways to understand the severity and intensity of the injuries: those of small extent, which are self-treatable; and those of greater extent, requiring intensive treatments and rehabilitation. The depth of the injury is determined according to the extent of the total body surface area affected – TBSA. Third-degree burns, the focus of our attention in this article, completely destroy the skin layers, can reach tendons, ligaments, muscles, and bones; leave deep marks and can eventually be scarred; they are, therefore, the most severe of all (Stanley; Richard, 2004).

It is important to highlight that the “hospitalization of the burned person is complex, involving physical, emotional, and social factors, directly reflecting on their behavior, desires, actions, reactions, and response to treatment” (SILVA et al., 2019, p. 1, our translation). But there is also a feeling of valuing life. For Adock, Boeve, and Patterson (1998), burn victims go through three phases that associate physical recovery with psychological recovery. The first is the resuscitation or stabilization phase which occurs at the moment of the burns, lasting for 72 hours after the incident. This stage is considered very difficult for the patient and family members, as there is a sudden separation from daily activities. The second phase refers to the painful procedure of cleaning the burned areas, when the patient seeks to adapt to hospital routines - which involve physical needs like sleep, food, mobility, relief of pain in the burned
areas - and psychosocial needs. The third and final phase, that of long-term rehabilitation, corresponds to the moment when the patient leaves the hospital, needs to readjust daily routines, and continues recovery outside the hospital environment. It is the longest time, due to the healing process, which can take years. In some cases of survivors of more severe burns, after hospital discharge, they live with a chronic condition, requiring continuous care, mainly with the skin.

For Costa et al. (2010, p. 215, our translation), burn victims reveal in their stories discomfort with their appearance due to scars, which leads them to hide them, as “[...] the body modified by the burn is negatively evaluated, becomes an obstacle to social rehabilitation and a source of psychological suffering”. The patient quickly perceives the changes in their life (FERREIRA, 2006) and, thus, can develop a feeling of devastation regarding their body image and self-esteem, which can lead to a depressive state (ORR; HOROWITZ; TUNDAHI, 1987).

Given these aspects, we can consider severe burns a traumatic event in the lives of the participants of our research given that the accident caused significant disruptions in the daily lives of these women and deep bodily marks. We can deduce, then, that the disruption in the daily life flow of these women was promoted by the accident and, consequently, by the sequelae that the burns left on their bodies.

In our study, from the observations made by the second author of this article in the hospital context, specifically in the Burn Treatment Center (CTQ), it was possible to evidence all the above-listed aspects. In the CTQ, there are no mirrors or any type of mirrored surface. There are glass panels at the top of doors as well as in the windows of the semi-intensive care units, but both the doors and the windows are at a very high level, thus making it impossible for the patient to have immediate access to their reflection. Additionally, the environment is very cold, the windows have smoked glass and are very high, and the lights are always on. These factors can hinder the spatial and temporal perception of the patients.

As the researcher moved through the ward, she could also observe that the narratives produced by the hospitalized patients were laden with much suffering and pain, felt in the reality of the body. Ida⁵, one of the participants in our research, conveys in her narrative the experience of having a body marked by severe burns. At the time of the interview, she was twenty-eight years old, married, originally from another state in the Northeast, living in the interior of Pernambuco. She had not completed basic education. She had a nine-year-old daughter. Ida was made up, dressed in jeans and a white blouse, sandals, her hair was done, nails manicured

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⁵ Fictitious name.
and painted, and she spoke softly. It was noticeable that she is a woman who takes pride in her appearance. During the interview, Ida sat on the stretcher, looking at the researcher and, at the same time, showing concern about the time.

Ida was the victim of a domestic accident. She recounts that a can of thinner was on a shelf in the kitchen, very close to the stove. The can tipped over onto her, on the upper part of her body. The stove was lit, as she was making coffee. The fire ignited the thinner, and consequently, her body was engulfed in flames. Ida had 60% of her body burned, and the burns were second and third-degree. Her husband, in desperation, quickly helped her and took her to the hospital. Ida remembers that there was heavy traffic on the way to the hospital in the middle of the day. Upon encountering the scene inside the car, a motorcyclist was very moved and began to clear a path between the cars to facilitate quicker access to the hospital. The parts of her body most affected by the burn were her neck, breasts, arms, belly, hands, and legs. At the time of the research, she had muscular retractions, especially in the neck. Because of this, she used a specific collar for stretching and wore special gloves for skin structuring. Both accessories are used almost continuously for up to two years by patients, as they reduce scars as well as help relieve itching.

When narrating her story to the researcher, Ida reflects on the life she had before the accident: she worked outside the home, took care of her daughter and the house. But, after the accident, she was unable to carry out her daily activities. She remembers that, on the day of the incident, she was very happy because she was going to move to a new house, a move that was postponed because she spent two months in the hospital. When she was discharged, she could go to the long-awaited house, but shortly after, she had to return to the hospital to stay for another month, as the wounds on her body had reopened due to the hot climate. According to her, this return to the hospital was more painful, because she did not want to experience hospital practices again. She could no longer bear to have dressings applied under narcosis, especially because she was alone, without a companion. She says that during the first hospitalization, she had the right to a companion, but not during the second. Because of everything she went through and was going through, Ida cried day and night wanting to go home.

After the accident, she says, she no longer cares to leave the house for fun, as people always ask what happened to her, which bothers her a lot. She does not feel comfortable because she says she suffers prejudice due to her appearance. Ida reveals in her narrative a certain discomfort with her physical appearance when needing to expose her body to the social environment, as her scars are located in more visible areas of the body. Her narrative is anchored
in the meaning of a useless body, a non-productive body whose visible marks generate prejudice, as people look at her with a gaze that bothers her, and this makes her feel ashamed of herself in the eyes of others.

Ida's narrative is also anchored in the idea of a body that struggles to regain the movements of the past, to have the life she had before the accident, to fit into the cultural standards of an ideal body, and to not have a body that depends on the support of others. She states, “I could go out like this alone, right, be independent, go out alone, solve my things alone, here I am totally useless, right, I sometimes think so.”

It is in this context that Ida produces meanings about a skin marked by scars as a result of the burns suffered and constructs the perception she has of herself. However, as she narrates the traumatic event to the researcher, Ida (re)organizes her life story. By recounting the situation that caused the burns, Ida can talk about her suffering and (re)position herself in the face of the experience of having a burned body. In recalling the accident, she announces and describes in detail the sensation of the flames on her body, thus signifying a body that burns, runs, tries to save itself. For Ida, it is as if the fire, drawn by the thinner, had been thrown onto her body:

_The stove was lit, I was making coffee. The fire surged over me, then I started calling for help. Nobody was listening, my neighbor had the music on. Then, when my husband came and saw, he became desperate not knowing what to do... I had already run to the bathroom to try to put out the fire and nothing worked. I tried to run to the service area so I wouldn't die there, because I knew I was going to die, I was badly burned, it was then that I thought of my daughter, I screamed the Lord's name, I said 'my God, my daughter, Lord', I asked Him to save me, right. Then it was when my husband grabbed a sheet and threw it over me, putting out the fire. Then I say: it was God who saved me"... "I knew I was going to die." (Ida, 2012, 7min:29sec, our translation)_

Her narrative is anchored in the discourse of death, of the patient who needs to fight to not die, to not get worse, to survive and, in the face of the impossibility of being saved after the various failed attempts to extinguish the fire engulfing her body, she turns to God, remembering that she is a mother. She begs Him to save not the person or the woman, but the mother, because she believes that only a mother's plea can perform the miracle of extinguishing the fire on her body.

In the continuation of her narratives, Ida goes on to configure the relationship she establishes with her burned body, a relationship that has been constructed from her ability to talk to the researcher about her own pain. It is in this pain felt in the reality of the burned body that she produces meanings about her corporeal existence, articulating her pain and her suffering to the need for support from others. She emphasizes her difficulties in performing
physical activities resulting from tissue and muscle retractions after the burns, as well as the pains and the healing process.

When saying “I suffered a lot of pain”, Ida speaks of the sensations viscerally experienced in her body, and in this way, she can begin to order and signify the sensations coming from it. This is the first step for these sensations to be named, represented, and narrated. Ida's burned body is marked by intense suffering, as it is precisely from the reality of the body that she narrates her painful experience: "//So much pain.// So much pain"; "my whole body burst open again"... The dialogue she establishes with the researcher allows Ida to (re)signify her sensations in relation to her body and the effects of the event, as well as her future aspirations regarding her rehabilitation. The relationship between the past and future is constructed at the moment of the interview:

Researcher: When you came back, again, it was because of an infection, wasn't it? And this infection, how was it, like, what was it caused by?
Ida: The heat, then my whole body burst open again.
Researcher: So, how was this return, to spend a month? You were alone this time, right?
Ida: It was a lot of struggle, right. I cried a lot, I thought I was going to die, I was in depression, that month I spent here. Cried a lot, I was desperate, saw the doctor... then to be discharged, if they wouldn't discharge me, I was going to sign and leave. They discharged me. I went home, I arrived home, I had the best day of my life, for healing because everything was still wounded on the skin. Thank God I'm here, right, thanks to the Father, and it's thanks to Him that I'm going to get much better than I am, right, here.
Researcher: And what about the return home? After that other time too, right, you had gone...
Ida: The return home was like, you know, it was good and it was sad because I couldn't enjoy my new house, right, my new house, I couldn't enjoy because I couldn't do anything. It was a lot of pain, I wanted to take a shower, I couldn't, wanted to take care of my daughter, couldn't take care of my daughter. It was a struggle, but I'm here managing, right. I'm managing to do my things at home, I'm managing to get by, right, just not managing to go out to sort out my things, work, walk in the sun, which is good, go to the beach, right. (Researcher; Ida, 2012, 12min: 35sec, our translation)

As we can see, as the interview progresses, Ida's narratives are reconfigured and convey a metaphorical displacement about her experience of having a burned body. The account of her suffering from the burn demonstrates what remains, what is fixed in her narrative discourse, but, at the same time, the plot and the context in which the story is told reveal the polysemy of the words produced by her. It is in this play of ruptures between “I cried a lot / I thought I was going to die / I was in depression / I was desperate” that Ida inscribes herself in the world as a person who suffered severe burns. However, at the same time, we can also perceive a shift when
she recalls past events and simultaneously enunciates possibilities for the future: “I am going to get much better / I couldn't do anything / I'm managing to do my things at home...”.

Thus, Ida is repositioning herself about her body and composing new perspectives beyond a burned body. Although Ida did not detail the activities she was already managing to do, it can be understood that the narrative made visible a process of experiential formation woven into action in her daily life. That is, from the limitations, Ida developed ways to overcome them and integrate into her arsenal of knowledge new ways of dealing with the painful experience, where the identity of a victim is not a static condition but a potent space for emancipation.

This is largely due to the re-storying that was possible for her during the research, as in her narrative production, she added various incidents associated with losses that occurred in her life. According to Mishler (2002), re-storying means the act of remaking the story about some episodes of life – in our case, the incident that resulted in a change in the subject’s relationship with their body. This return to past events can be understood as the action of recalling, as memories of the multiple episodes of existence are gradually remembered, giving coherence to the diversity of the subject’s experiences. “Thus, recollection fulfills under the narrative viewpoint this dual function: on the one hand, it ensures the differentiation of the experience and, on the other hand, organizes it into a structure of coherence” (GONÇALVES, 1998, p. 45, our translation).

Conclusion and Final Considerations

The reading of the narratives constructed by Ida and the other participants of our study enabled us to understand how they narratively organized the experience of the traumatic episode and the relationship they established with their bodies, now marked by scars resulting from the burn incident. It is precisely in these situations, where something of the canonical is broken, that narrative composition becomes necessary. As Helman (2003) points out, narratives emerge in moments of unexpected rupture in the daily life flow. According to Bruner (1997), the power of narrative is not about the “ability to just mark what is culturally canonical, but to explain deviations that can be incorporated into the narrative” (p. 66, our translation). The narrative act allows the subject to symbolize what was not yet symbolized or to resignify what was conceived in a hermetic, univocal way. Thus, the subject will be able, then, to disentangle themselves from the mere repetition and description of events, distancing themselves from them.
This distancing effect could be produced in our research through interventions committed to opening up meanings. The invitation to the subject to narrate events that are part of their history and self-construction produces as one of its effects the necessary distancing that allows engendering a space for experiential learning conducive to the construction of knowledge of otherness. In this sense, the participants were led, through the situation of careful listening offered by the research, to begin the process of re-storying, interweaving the future and the past in the present mode of existing.

And in this way, the narratives generated paved the way for an unexpected subjective movement that could not be anticipated by past events and, therefore, lead the subject to a different sense of self, which implies a change in perception of how he felt and the things he did. And, in this way, they were (re)appropriating their story in various ways, (re)signifying their experiences and learning from them.

Therefore, we consider that our research, by inviting women who suffered burns to remember the incident episode and talk about the marks it left in their lives, constitutes a space for sensitive listening to these painful experiences, setting in motion for them the possibility of narration, that is, of telling the researcher about their pain, their suffering. From the invitation made to the participants to tell the researcher about the burn incident, the women in our study were able to remember the painful event, (re)signify it, and thus, incorporate it into their life stories and their arsenals of experiential learning.

In the face of these ruptures, each participant produced meanings related to what they experienced in their discourse, composing shared stories about the pain and suffering resulting from the burns. Thus, the narrative composition enabled them to produce different meanings about their body and, at the same time, allowed them to include new experiences in their life stories, redefining their relationship with the existing marks on their body. And, with this, (re)signifies the experience of having a body marked by burns.

By redefining the experience, a space for learning is opened, transforming pain into a lever of experiential formation; as it provokes changes, the narrated experience becomes continuous training material for the narrator since nothing is permanent and cannot be taken as an absolute truth. The story told is always a snippet, a sign that composes a semiosis that is never fully complete. The research thus became a third space where the reflection of the narrated experience can occur.

This movement allowed for a reconfiguration of the body image and memories of self, and the elaboration, even if initial, of the traumatic incident. That's why intervention devices
that foster the construction of self-narratives become important, as they allow the subject to narrate and organize the experience from unexpected events. As we have seen throughout this article, narrative is the privileged mode of discourse for the subject to make sense of their painful experiences, transforming them into experiences, thus inserting them into their life story, and being able to draw lessons from them.

In this sense, we can say that the act of narrating their experience in the face of a body that has undergone changes due to burns, can lead our participants to reflect on themselves and reconstruct their relationship with their body, also now marked by the incident. That is, the way each participant negotiated and renegotiated meanings through narrative composition enabled them to configure a new story about the burn event and, at the same time, repositioned them in relation to their bodies, as they were able to attribute another interpretation or meaning to the trauma that resulted in their destroyed skin.

Thus, the participants were able to share their experience with the researcher and reflect on it, thereby announcing new possibilities, intentions, and projects. As already recorded in this article, when the subject narrates to another “interested” in their story the events of their life, especially the traumatic ones, they reflect on themselves and are led to an understanding of their past experiences. In this way, narrative composition enables the subject to learn from their experience and redefine their existence in the world.

We can say that narratives allow human beings to construct, along with others, a unit of meaning about their lived experiences in the world as they organize thought through the stories told (BRUNER, 1998; DE CONTI; SPERB, 2009). Thus, the narrative generated serves as a means to make our experiences understandable both to ourselves and to others. In our research, we believe that the change in positioning from a body without burn marks to one with scars resulting from a burn was also woven through the relationship with the research subject, which could enable or not the appropriation of new meanings by the study participants. The narratives constructed during the research may have helped them (re)structure the trauma suffered, enabling a change of positioning in relation to their body.

This repositioning can be understood, according to Mishler (2002), as a turning point, since it involves modifying the conceptual and/or emotional viewpoint from which the experience of trauma is lived, placing it in a new frame, which significantly alters its meaning. The space for the composition of self-narratives enabled by the research provided the opportunity for reinterpretation of the meaning of past events, through which our participants could begin to redefine who they are, as well as revise their life stories, as the meaning of events
and experiences are constantly reframing in the contexts of our ongoing life, being a continuous flow of change.

Finally, we can also say that autobiographical research, by proposing a methodology that promotes narrative construction, enables the subject to talk about themselves in their uniqueness and (re)signify their experiences, as the immanent reflexivity of the narrative provides opportunities for research participants to construct a new representation of the experiences of themselves and the world, through a new symbolic version of existence. Thus, narrative production also becomes an intervention in the field of health that can be directed towards the patient's desires and in reducing suffering in the hospital context, facilitating the resumption of everyday activities, their reintegration into society, and possibly providing this subject with greater well-being (SIME; FIORIN; CONSTANTINIDIS, 2019).

In this direction, the space of autobiographical research constitutes a device for creating new possibilities of thinking in which what is already a part of oneself is apprehended, learning from them. It is a place where the participant tries to formulate connections between the events that are part of their history, mediated by the listening of this third party, the researcher. It is a space for questioning and interrogating established knowledge, whose effect is the opening of meanings, the production of new associations, and the composition of new narratives.

Thus, we can surpass preconceived knowledge, go through knowledge fruits of experience, and reach an understanding of otherness, which is the result of reflection built with others. In this sense, it is a space of experiential (trans)formation also for the researcher who, by listening to the narrative composition of the subject they accompany, is affected and impacted by the stories of the experiences told, learns from them, transforming themselves as a professional, as an investigator, and as a person.

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