

THE WORLD OF MEDICAL DRAMA

TELEVISION, HEALTHCARE, AND SOCIETY
IN A GLOBAL PERSPECTIVE

eds. Guglielmo Pescatore Matteo Tarantino Stefania Antonioni



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Il volume è stato pubblicato con il contributo PRIN - Narrative Ecosystem Analysis and Development framework (NEAD framework). Un approccio sistemico al prodotto seriale contemporaneo. Il caso del medical drama, CUP J53C22000130001.

© 2026 Vita e Pensiero – Largo Gemelli 1 – 20123 Milano

www.vitaepensiero.it

ISBN printed edition: 978-88-343-6069-9

ISBN digital edition (PDF): 978-88-343-6070-5

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Progetto: studio grafico Andrea Musso

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GUGLIELMO PESCATORE - MATTEO TARANTINO -
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Introduction

This volume gathers the contributions presented at the final workshop of the PRIN project *Narrative Ecosystem Analysis and Development Framework (NEAD Framework). A Systemic Approach to Contemporary Serial Product. The Medical Drama Case*. The project brought together research units at the University of Bologna, the University of Urbino Carlo Bo, and the Catholic University of Milan, and set out to investigate television seriality through the lens of narrative ecosystem theory, with medical drama as its primary case study. The pages that follow document a stage of this investigation – one that, as will become clear, functions as much as an opening as a conclusion.

The conceptual starting point was a productive dissatisfaction with the available analytical tools for studying serial narratives. Traditional narrative analysis is inherently retrospective: it takes a completed or sufficiently extended text and reconstructs its structure after the fact. This approach suits bounded forms – a film, a novel, a limited series – where the text has a definable beginning and end. Serial television resists such a framework. A long-running series unfolds over months or years, and its narrative arcs are not predetermined but continuously shaped by creative, productive, and sociocultural factors. An analysis conducted only after the fact risks flattening this processual character, treating the serial text as a fixed structure rather than an evolving one. From the outset, the NEAD project aimed to develop models capable of engaging with narrative processes as they unfold – not merely reconstructing them once concluded.

Medical drama was selected as the primary analytical corpus for reasons that went beyond convenience. It is a genre with sustained presence across multiple cultural and production contexts – North American, European, and Asian – offering a corpus of sufficient breadth for comparative investigation. More significantly, medical drama is a genre of notable permeability to social discourse. The hospital setting functions as a self-contained narrative world in which professional dynamics, personal relationships, and ethical and social conflicts converge. Social themes are not incidental to this world but deeply integrated

into its structure, woven into characters, storylines, and the interplay between episodic and serial narrative. This made medical drama a particularly apt site for the project's two interconnected objectives: first, the development and validation of a multi-methodological and trans-disciplinary framework – the NEAD framework – capable of producing dynamic models of contemporary television seriality; second, the investigation of the relationship between serial narrative production and social discursiveness, operating on the hypothesis that fictional narratives are not mere reflections of social reality but active participants in the production of social discourse. The work was organized in four phases, moving from theoretical foundation and literature review through textual and discursive analysis, to modeling, and finally to the assessment of how external factors – in particular the Covid-19 pandemic – shaped the genre's narrative, production, and consumption dynamics.

At the center of the project was the development and validation of the analytical frameworks that constitute the methodological core of the NEAD approach. This work was shaped, in ways not initially anticipated, by a consequential shift in the broader technological landscape. When the project was conceived, the primary strategy for processing large serial corpora was traditional content analysis – a rigorous but labor-intensive method requiring the manual coding of materials according to predefined categories. The scale involved – hundreds of episodes per series, spanning multiple seasons – meant that a purely manual approach would have demanded years of coordinated effort to produce comparative results at the level the project required. The rapid development of large language models during the research period changed this calculus considerably. Integrated into our workflow, these tools enabled a form of context-sensitive semantic analysis – of dialogues, narrative descriptions, audience discourses – that expanded analytical capacity without replacing the interpretive judgment of the researchers. Custom evaluation scales were developed for specific social themes, each with detailed interpretive grids defining precise coding criteria, and the models were used to assess entire episodes across multiple dimensions – ethical, emotional, institutional, medical. Each episode was subjected to multiple iterations, with results averaged to increase robustness and consistency. Applied to a corpus of approximately one thousand episodes spanning two decades, this approach produced longitudinal and cross-cultural analyses that manual coding alone could not have sustained at comparable scale. The extraction of narrative arcs was structured, in turn, around a model that distinguishes between different types of narrative information – long-term stored knowledge, specific events, and the context actively in play at any given

point in a series – enabling the system to track arcs as evolving processes rather than finished structures, and directly addressing one of the project’s foundational questions.

These methodological developments informed four principal lines of research that structured the Bologna unit’s contribution. The first concerns story arcs: the extended storylines that constitute the temporal backbone of serial television. Rather than reconstructing these arcs retrospectively, the project examined how they progressively take shape as a series unfolds, attending to the internal and external factors – creative, productive, sociocultural – that shape them over time. This allowed story arcs to be treated not as pre-existing structures to be identified after the fact but as ongoing processes of narrative construction.

The second line addressed narrative memory: the mechanisms through which a serial text manages information across its extended duration. A long-running series must continuously negotiate between the accumulation of narrative history and the need to keep that history accessible and meaningful. Past events, character trajectories, and established narrative threads may be set aside for extended periods – a process we have termed virtualization – and later reactivated when the narrative requires them, either by reintroducing dormant elements into the current storyline or by supplying background information on demand. Studying how medical dramas manage this process reveals the dynamic mechanisms through which serial coherence is produced.

The third line concerns alignment: the manner in which serial narratives position themselves with respect to the social themes they incorporate. When a medical drama engages with a socially complex issue, the perspectives it foregrounds and the ethical orientations it endorses – explicitly or implicitly – constitute a discursive stance. Alignment operates largely through the structures of sympathy that a series builds over multiple seasons: an audience’s established attachment to characters predisposes them to engage with the issues those characters confront, and the way the narrative frames that engagement shapes their orientation toward the issue at hand.

The fourth line addresses embedding: the processes through which social themes are incorporated into serial narratives and, conversely, through which those narratives participate in broader social discourse. In medical drama, social issues become part of characters’ identities, motivations, and conflicts – integrated into their lived experience rather than functioning as external references. Different characters engage with the same theme from different professional roles, different personal histories, different ethical starting points, producing a multidimensional treatment that, through alignment, nonetheless orients itself toward a broader narrative stance.

These four dimensions do not operate in isolation. Their interplay becomes visible when one considers how medical dramas incorporate socially complex themes – questions of healthcare access, reproductive rights, systemic inequality, or public health crises. A given theme is distributed across multiple characters, each bringing a distinct professional role, a distinct personal history, and a distinct set of ethical stakes – this is embedding at work. The narrative orients these perspectives, through sympathies cultivated over multiple seasons, toward a particular ethical framework – this is alignment. The audience’s capacity to grasp the significance of each character’s response depends on backstories and dormant storylines that are reactivated precisely because the social theme now at the center of the narrative makes them relevant – this is narrative memory. And all of this unfolds within an ongoing story arc whose consequences extend well beyond any single episode. The four dimensions are not separate features of the serial text but aspects of a single integrated process – one that the analytical framework developed within the project was designed to capture.

Bulding on this shared methodological framework, the Milan unit focused on the Asian context, and specifically on Chinese-language medical drama coming from Mainland China. Analyses of story arcs, narrative memory, alignment, and embedding developed as general tools for understanding the processual character of serial narration, were applied and reframed by the Milan team within the specific constraints of the Chinese media ecosystem, foregrounding the role of institutional discourse as a necessary mediator of the relationship between medical drama and social discursiveness in a nonWestern, stateregulated context.

Therefore, long-term story arcs move beyond merely formal devices for organizing characters and plotlines over time and instead emerge as trajectories in which individual, professional, and ethical dilemmas show to a progressive alignment with evolving policy agendas and ideological projects, from the “harmonious society” to the “Chinese Dream” and the construction of a “healthy China”. The analyses of the Chinese corpus show how arcs that begin with sharp depictions of inequality, mistrust, or global marginality (for instance in narratives of healthcare access, or international medical cooperation) tend, over the course of a series, to close on reaffirmations of state capacity, core socialist values, and renewed trust in public institutions, thus turning the arc itself into a site where entertainment, propaganda, and education are continuously renegotiated rather than simply juxtaposed.

A similar reframing affects narrative memory: the notion of virtualization and reactivation of narrative information is read, in the Chinese case, as operating within an economy of memory that is strongly filtered by regulatory and institutional priorities. What a series chooses to recall,

defer, or quietly forget – episodes of system failure, the harsher sides of the Covid-19 crisis, earlier conflicts around marketization and reform – no longer appears as a merely narrative calculus but as a managed circulation of memory in which critical moments can be staged, recognized, and then reabsorbed into a teleology of responsive reform and national rejuvenation. In the Chinese context this selective remembering and forgetting, particularly around the pandemic and healthcare reforms, becomes a privileged indicator of how the narrative ecosystem negotiates politically sensitive histories while preserving its capacity to function as popular entertainment.

Likewise, the dimension of alignment is recast as “politics of fictional medicine”: the ways in which viewers are attached to morally exemplary doctors, party-responsive cadres, or inheritors of Traditional Chinese Medicine do not simply express generic ethical preferences but participate in the articulation of a sinicized medical epistemology, a familystate moral order, and a postcolonial imaginary in which China appears simultaneously vulnerable and globally responsible. Under these conditions, alignment becomes the central mechanism through which bounded critique is made compatible with the reinforcement of official discourse: narratives can expose corruption, professional burn-out, or bureaucratic indifference, but the sympathies cultivated across seasons tend to guide the audience back toward figures and solutions that embody state-defined virtues, thus maintaining a delicate balance between recognition of tension and legitimation of the institutional framework.

Finally, the notion of embedding – social themes woven into characters’ identities, professional roles, and conflicts so that issues become part of the lived narrative world rather than external “topics” – is read in the Chinese context through the prism of institutional discursiveness. Here, embedding never occurs in a neutral space: social tensions around access to care, generational and gendered expectations, the epistemic status of Traditional Chinese Medicine, or China’s role in global health are incorporated into hospital microcosms that function as allegorical condensations of the nation, but they enter and circulate there only insofar as they can be articulated within the parameters set by regulatory documents, propaganda campaigns, and pedagogic mandates. The hospital thus becomes a privileged site where the four dimensions converge with an additional, crucial dimension: the continuous negotiation between the generative pressures of serial narration and the discursive boundaries imposed by the Party-state. Thus, the richness and creativity of the Chinese television production contributes a cross-cultural test of the NEAD framework while also demonstrating how a narrative ecosys-

tem approach can be used to map the complex ways in which fictional serials participate in, and are constrained by, broader processes of social discursiveness in authoritarian media systems.

The research unit of the University of Urbino Carlo Bo focused on the analysis of Italian medical drama production, seeking to reconstruct its genealogy by comparing it to the long-standing American tradition and highlighting its production, social, and cultural peculiarities.

This longitudinal analysis of Italian medical series then allowed for a focus on contemporary production and the way it incorporates social issues, intersecting them with narrative arcs and characters. In this regard, the study delved into specific emerging themes, such as youth mental health and the representation of female professional roles within the medical sector.

A further deep dive was conducted on the emblematic and internationally successful case of the series *Doc – Nelle tue mani*, which served as a testing ground for the concept of the narrative ecosystem. On one hand, its resilience during the Covid-19 pandemic was observed; on the other, the forms of social discourse triggered by the show were analyzed. The quali-quantitative analysis of conversations surrounding the series highlighted the most appreciated isotopies among audiences, to which the production and its promotion sought to respond. In parallel, an analysis of the series' promotional paratexts was carried out, as they contributed to expanding its narrative universe. Furthermore, a comparative analysis of the American adaptation of the series was conducted, highlighting the production, social, and cultural specificities that led to the narrative and stylistic choices made in the adaptation.

The chapters that follow, therefore, explore the four analytical dimensions – story arcs, narrative memory, alignment, and embedding – across diverse corpora, methods, and national contexts, extending the medical drama case into adjacent media practices and public discourses.

The first three contributions focus on the form of medical drama and the methods to study it. Veronica Innocenti opens this section by refining narrative ecosystems through the analysis of US medical drama *The Pitt*, disentangling arcs that extend across platforms, reactivate motifs via memory, and embed characters thematically to illuminate medical-adjacent seriality's cross-media dynamics.

Valentina Re investigates 81 Italian crime series, mapping the forensic turn where crime case arcs converge diagnosis and detection around bodies as truth archives, narrative memory adapting transnational

models like *CSI* to *giallo rosa* traditions, and female forensic experts embodying scientific empowerment amid victim spectacularization.

Concluding this first part is a chapter focusing on the above-mentioned evolution of the analytic tools. Roberto Balestri, Mirko Degli Esposti, and Guglielmo Pescatore outline a multimodal AI pipeline for *Grey's Anatomy* recaps, operationalizing story arcs (anthology, professional, soap), building computational narrative memory via vectorized events, and defining salience for alignment in cross-episodic retrieval.

The next five contributions focus, in different ways, on the relationship between medical drama and social discourse. Allegra Sonego analyzes medical drama episodes on abortion from the United States, revealing pro-choice alignment through character embedding – biographical, professional-ethical, reactive – sustained by long-term memory that integrates reproductive politics into arcs beyond episodic crises.

Chiara Checcaglini turns her attention to gender politics, analyzing Italian medical dramas like *Doc – Nelle tue mani*, *Oltre la soglia*, *Lea* and *Cuori*. Her analysis highlights male dominance in leadership arcs and qualitative analysis to show how women's trajectories are burdened by trauma and frustrated motherhood, with narrative memory reactivating gendered stereotypes and alignment coding authority as masculine within hospital microcosms.

In their chapter, Matteo Tarantino and Gaia Amadori dissect 11 Chinese medical dramas (2016-2025), exploring both their form and genre conventions, as well as their relationship with the last decade of Chinese institutional discourse. They chart hybrid arcs from Covid heroism to Traditional Chinese Medicine legitimation, to family-values nationalism (echoing some of the critical imbalances identified by Checcaglini). They show how managed narrative memory enabling selective forgetting and bounded critique within state-aligned embedding.

Stefania Antonioni, through an in-depth analysis of the case study *Doc – Nelle tue mani*, examines the dialogue between narrative, production, and promotional aspects and audiences. The aim is to identify the keys to the series' international success, while also considering the robust transmedia strategy, that leveraged social media to build a participatory community and facilitate global distribution.

Greta Iapalucci shifts to audience reception and examines IMDb data from five long-running US medical dramas, identifying U-shaped rating

declines driven by narrative deterioration and “preachy” sociopolitical embedding, where long-term viewers’ detailed memory fuels dissatisfaction with misaligned escapism.

Finally, Elena Ceccarelli analyzes Italian social-media content where women articulate affective counter-narratives to breastfeeding normativity, tracing story arcs from idealized motherhood to stories of refusal and guilt, with narrative memory stabilizing oppositional micro-stories that shift alignment toward embodied frustration and embed breastfeeding ambivalences into classed, medicalized identities.

These contributions are not exclusively direct output of the PRIN project itself. While several essays present research conducted directly within the project, the majority are by colleagues whose work, close in interest and methodology, has engaged with its questions and analytical proposals – a dialogue that this volume seeks to document and extend. The models and methods developed within the project are intended, in this spirit, not as definitive instruments but as frameworks that can be revised and applied to new corpora and new questions. The research itself generated extensions that moved well beyond the medical drama case: the application of the ecosystem approach to the representation of ecological crisis in serial television, the elaboration of the notion of neo-generalism to describe the relationship between algorithmic personalization and generalist audience engagement, and experiments with generative AI not only as an analytical tool but as a potential agent in narrative processes – including the automated generation of thematic audiovisual summaries from textual descriptions. These directions confirm both the adaptability of the framework and the breadth of questions it opens.

It is in this sense that the PRIN project does not so much conclude as open. The investigation of medical drama as a narrative ecosystem has validated the productivity of the ecosystem approach to contemporary television seriality while revealing the range of questions that remain to be addressed. The research directions that have emerged – concerning narrative dynamics, the organization of serial knowledge, the discursive positioning of fictional narratives, and the relationship between serial texts and broader social discourse – extend well beyond the genre that served as point of entry. They outline an agenda for the study of serial media that this project has helped to define but has not, nor could it have, exhausted.

VERONICA INNOCENTI¹

From *ER* to *The Pitt*: Genealogies of the Medical Drama between Continuity and Renewal

Introduction

This paper focuses on one of the most recent American medical dramas, *The Pitt* (HBO Max, 2025-), which premiered on January 9, 2025, on HBO Max and has been available in Italy on Sky Atlantic since September 2025². The aim of this paper is to place *The Pitt* in connection to *ER* (NBC, 1994-2009), outlining an ideal genealogy of the medical drama genre between continuity and renewal³.

Medical drama is one of the longest-lasting genres in television seriality, but also one of the most capable of reinventing itself while maintaining a strong rootedness in the collective imagination. Although medical dramas can be set in a wide range of contexts – such as ambulances (*Third Watch*, NBC, 1999-2005), private clinics (*Private Practice*, ABC, 2007-2013), or remote healthcare facilities in Alaska, as in *Northern Exposure* (CBS, 1990-1995) – the hospital and the emergency room remain the genre's privileged narrative spaces. These spaces function as a laboratory of stories in which professional, ethical, social, and emotional dimensions converge, forming the lifeblood of the three fundamental narrative isotopies identified by Pescatore and Rocchi for medical dramas: the medical case plot, the professional plot, and the sentimental plot⁴. Within the hospital microcosm, stories and reflections unfold,

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² The second season of *The Pitt* is scheduled to premiere in the United States on January 8, 2026. The first season won the Primetime Emmy Award for Outstanding Drama Series, and Noah Wyle won the Primetime Emmy Award for Outstanding Lead Actor in a Drama Series.

³ There appears to be a sort of subgenre within the medical drama in which emergency medicine functions as the primary narrative engine. In addition to *The Pitt* and *ER*, examples include, among many others, *Emergency! Emergency One!* (NBC, 1972-1977), *Trauma Center* (ABC, 1983), and *Code Black* (CBS, 2015-2018).

⁴ M. ROCCHI - G. PESCATORE, *Modeling Narrative Features in TV Series: Coding and Clus-*

centered on socially relevant themes such as the body, illness, care, and healthcare institutions. In this sense, medical drama offers itself not only as entertainment, but also as a cultural device that captures historical transformations, social tensions, and changes in the public perception of medicine and health.

Within these trajectories, *ER* occupies a central position – not only because of its longevity (15 seasons, 331 episodes) and international success, but above all because it radically redefined the aesthetic and narrative coordinates of the genre. Through a multi-strand narrative, the series recounts the experiences of a group of doctors and nurses working in the emergency room of a Chicago university hospital. The series was inspired by the novel *Five Patients* by the well-known writer Michael Crichton⁵, and was co-produced by Steven Spielberg. By intertwining the private and professional stories of doctors and patients, *ER* frequently addressed topical and highly impactful issues such as the AIDS epidemic, homosexuality, cancer, and euthanasia, outlining a new way of constructing television storytelling, both narratively and visually, during the years in which reality television was becoming established.

The mid-1990s marked the moment when reality television and reality shows spread globally⁶. On a technical level, *ER* thus appears to inherit this renewed public interest in greater realism. The series stands out for its use of the Steadicam, its syncopated editing, and a narrative flow in which there is no beginning, climax, and end⁷. Moreover, in the early 1990s, *ER*'s visual style appeared clean and realistic, yet at times chaotic, in a way that strengthened its sense of verisimilitude: the camera follows doctors during desperate runs along hospital corridors, tracks patients on stretchers, allows viewers to experience the jolts of air ambulances, and transports them “on the front line”, as the Italian subtitle states, without sparing raw details and tragic moments.

With *ER*, a new model of medical drama emerged: ensemble-based, hyper-realistic, capable of combining the pathos of emergency with psychological depth and the analysis of institutional dynamics. Its innovative strength lies both in stylistic choices – tight editing, handheld camera work, and the frenetic rhythm of emergency room sequences – and in its ability to thematize the ethical and professional dilemmas

tering Analysis, in «Humanities and Social Sciences Communications», 2022, 9, pp. 1-11, <https://doi.org/10.1057/s41599-022-01352-9>.

⁵ M. CRICHTON, *Five Patients*, New York, Alfred A. Knopf, 1970.

⁶ V. INNOCENTI - G. PESCATORE, *Le nuove forme della serialità televisiva. Storia, linguaggio e temi*, Bologna, Archetipolibri-Gedit, 2008, pp. 33-36.

⁷ F. DAMERINI - L. MARGARIA, *Dizionario dei telefilm*, Milano, Garzanti, 2004, p. 254.

of medicine, from the doctor-patient relationship to resource management, from professional liability to the emotional pressure of healthcare work. It is no coincidence that *ER* is often considered a turning point in the medical drama genre, a foundational product that influenced later series such as *House* (Fox, 2004-2012), *Grey's Anatomy* (ABC, 2005-), and *The Good Doctor* (ABC, 2017-2024).

The Pitt appears to position itself precisely within this tradition and represents, for scholars and enthusiasts of the genre, a valuable opportunity to reflect on the vitality and adaptability of the medical drama itself.

Structure and Narrative Framework

The Pitt is set in the emergency department of the fictional Pittsburgh Trauma Medical Hospital and features a protagonist who is immediately recognizable to fans of the genre: at the center of the story is Dr. Michael "Robby" Robinavitch, played by actor Noah Wyle, who had previously portrayed one of *ER*'s most beloved characters, Dr. Carter (a regular character in seasons 1-11, a guest star in season 12, and a recurring character in the fifteenth and final season). *The Pitt* presents itself as a self-aware rewriting of the model inaugurated by *ER*, from which it recovers several distinctive traits – ensemble structure, rhythmic intensity, and attention to ethical dilemmas – while updating them in light of new sensibilities and a profoundly transformed social context⁸.

The genealogy that leads from *ER* to *The Pitt* allows for reflection on the dynamics of continuity and renewal within the medical drama, questioning the relationship between tradition and innovation. On the one hand, *The Pitt* retains the ensemble structure, the intertwining of professional and personal storylines, and the representation of the hospital as a social microcosm; on the other hand, elements of discontinuity emerge that respond to changes in the audiovisual landscape and the socio-cultural context.

First, *The Pitt* directly engages with the crisis of the healthcare system, explicitly thematizing resource scarcity⁹, inequalities in access to care, and tensions between economic logics and ethical principles. Second, the series hybridizes the medical drama with other serial forms, intro-

⁸ R. PFERDEHIRT, *The Pitt: Not Your Average Medical Drama*, <https://www.practicalbioethics.org/whats-new/the-pitt-not-your-average-medical-drama/>.

⁹ L. LEVITT, *Potential Storylines from Trump-Era Health Care Cuts*, in «JAMA Health Forum», Published online: September 11, 2025, 2025;6;(9): e254944. doi:10.1001/jamahealthforum.2025.4944.

ducing elements drawn from genres such as the thriller, legal drama, and docudrama, in line with a broader trend toward genre hybridization in contemporary seriality. Finally, its approach to character construction reflects an increased sensitivity to the representation of diversity and marginalized identities, staging figures that embody intersectional dynamics of gender, race, class, and sexual orientation.

This paper focuses on two main issues: on the one hand, the narrative structure of *The Pitt* – in particular, the management of time and narrative rhythm, the articulation between vertical plots (linked to episode-specific cases) and horizontal plots (linked to biographies and interpersonal relationships), the construction of ensemble storytelling, and the balance between individual and collective protagonism; on the other hand, social themes. The aim is to highlight how *The Pitt* engages with urgent contemporary issues, from debates on the sustainability of healthcare systems to new forms of representing social vulnerability, gun proliferation, and violence against healthcare workers.

At the time of writing, only one season of *The Pitt* is available, consisting of 15 episodes ranging from 40 to 60 minutes each. At first glance, this choice aligns with the tradition of classic television drama. However, the internal management of this format introduces a number of significant innovations.

The first concerns temporal unity: the entire first season covers a narrative span of 15 consecutive hours, corresponding to a long, exhausting emergency room shift. This device recalls models of temporal compression already experimented with in series such as *24* (Fox, 2001-2010), but with substantial differences: the on-screen timer is absent, while a more fluid and fragmented progression is favored, including flashbacks and ellipses. There is no explicit introduction or recap to guide the viewer; the series begins (and resumes with each episode) directly *in medias res*, creating a sense of total immersion and, at times, disorientation.

The second innovation concerns the absence of a “case of the week”. In *ER*, despite an evolution toward more complex horizontal storylines, the episodic structure persisted, with each episode presenting one or more clinical cases resolved within the episode itself. *The Pitt*, by contrast, adopts a fully serialized structure in which cases are not autonomous episodes but interconnected fragments of a single collective emergency. This situates the series within the narrative model of the post-network era¹⁰, typical of OTT productions, but with an interesting twist: the distribution model remains that of appointment television, with one episode

¹⁰ A.D. LOTZ, *The Television Will Be Revolutionized*, New York, New York University Press, 2014.

per week. This hybrid between binge-watching narrative logic¹¹ and an anticipation-based distribution model produces a particular tension, returning viewers to a more traditional mode of consumption while employing a serial language shaped by streaming platforms.

Innovations and Narrative Devices

The series adopts a narrative structure in which the cliffhanger becomes a recurring and almost systematic element. Each episode, in fact, ends with a moment of suspension – an unresolved case or an undecided course of action – forcing the viewer to wait for the next installment. This choice is particularly significant when compared to *ER*, where the cliffhanger was used sparingly, mainly in season finales and in a far less pervasive manner. In *The Pitt*, by contrast, this technique becomes part of the very grammar of the narrative, contributing to the construction of continuous tension.

Similarly, the use of flashbacks disrupts temporal linearity and introduces a more fragmented structure. The series frequently employs flashbacks, especially when exploring the personal history of the protagonist, Dr. Rob-inavitch. Through these narrative returns, viewers gain access to deeper layers of the character's psychology and lived experience, obtaining information that would not emerge solely from present-time action. This technique distances *The Pitt* from the strongly realism-oriented model of *ER*, orienting it instead toward a more reflective and interior mode of storytelling.

Another distinctive feature is the absence of an introduction that recaps previous events: there is no opening recap or orienting phase. Each episode begins abruptly, plunging the viewer into the chaos of the emergency room, amid urgencies and immediate decisions. The effect is one of high-intensity viewing, which emphasizes emotional engagement and experiential immediacy, almost as if the viewer were thrown directly into the scene without mediation.

Time management further contributes to this sense of involvement, as the series compresses the action into a fifteen-hour temporal arc. Despite this compact framework, flashbacks and ellipses expand temporal perception and create an extended dimension in which trauma and memory are rendered as fragments that resurface and intertwine with the present. Time thus becomes an elastic space, closer to subjective perception than to linear chronology.

¹¹ M. JENNER, *Netflix and the Re-Invention of Television*, Cham, Palgrave Macmillan, 2018, chapter 2.

Finally, character construction is central¹². While *ER* had already inaugurated an ensemble model based on psychological complexity and the gradual development of medical characters¹³, *The Pitt* pushes this principle further, enriching it through greater identity-based and thematic diversity. The characters are not merely professionals managing clinical emergencies, but embodiments of broader social tensions and conflicts: the precariousness of healthcare labor, institutional racism, and the compromise between ethical vocation and systemic logics. Ensemble storytelling, therefore, does not simply broaden the narrative perspective, but becomes a narrative tool for representing a complex social fabric marked by contradictions, fragilities, and multiple forms of belonging¹⁴.

Serialization and Production Model

A crucial aspect of the comparison between *ER* and *The Pitt* concerns the degree of serialization. *ER* was still a product closely tied to the logic of the network era, which privileged episodic accessibility even for occasional viewers. Although it featured long-term narrative arcs that make it at heart a soap-opera¹⁵ – such as romantic and friendship relationships among characters or turning points in the protagonists' professional careers – the episodic structure allowed viewers to watch a single episode and understand its main storyline.

The Pitt, by contrast, represents a clear shift toward the logic of pure serialization. The season cannot be consumed in a fragmented or non-linear manner: each episode is an indispensable component of the narrative arc (indeed, each one corresponds to an hour of the medical staff's shift). In this respect, the series aligns with OTT productions (Netflix, Prime Video, Apple TV+) that have accustomed audiences to contemporary serialized storytelling. However, its weekly release sched-

¹² For an analysis of character construction in contemporary seriality, see S. CASOLI, *Le forme del personaggio. Figure dell'immaginario nella serialità televisiva americana contemporanea*, Milano, Mimesis, 2021.

¹³ P. BRAGA, *ER: sceneggiatura e personaggi. Analisi della serie che ha cambiato la Tv*, Milano, FrancoAngeli, 2008.

¹⁴ L. NEGRI, *The Pitt, o dell'evoluzione (ma non reinvenzione) del medical da network in quello da streaming più cupo e realistico*, in «Wired», 23 September 2025, <https://www.wired.it/article/the-pitt-serie-noah-wyle-sky-now-erede-di-er-recensione/>.

¹⁵ L. HENDERSON, *Social Issues in Television Fiction*, Edinburgh, Edinburgh University Press, 2007, p. 15.

ule recalls the tradition of appointment television, generating a form of productive hybridization that brings together old and new models. This produces an interesting effect: on the one hand, the narrative requires continuity of viewing; on the other, the weekly rhythm fosters anticipation, discussion, and the formation of interpretive communities¹⁶.

This can be further complemented by a reflection on the hospital as a social microcosm. In *ER*, the hospital was represented as a site of constant tension between clinical urgency and the complexity of doctors' personal lives – a crossroads of destinies reflecting the contradictions of US society in the 1990s and early 2000s. In *The Pitt*, this dimension is rearticulated in a more explicitly political key: the hospital becomes a stage for institutional conflicts and struggles for social justice, a space in which the fracture between neoliberal logics of healthcare management and the ethical mission of care becomes visible, as also occurs in *New Amsterdam* (NBC, 2018-2023). In this sense, continuity with *ER* lies in the idea of the hospital as a “mirror of the world”, while discontinuity emerges in the intensification of the critical dimension, reflecting a historical context marked by economic crises, global pandemics, and growing inequalities.

Social Themes

Another key issue linking *ER* and *The Pitt* concerns the representation of social themes. Allegra Sonego has examined this topic across a significant corpus of contemporary medical dramas¹⁷, emphasizing the importance of the interplay between strictly clinical issues and broader social questions – a model extensively adopted by *ER* and taken up by subsequent series. Since the 1990s, *ER* has brought to the screen issues such as insurance coverage, unequal access to care, urban violence, drug addiction, and systemic racism. At a time when US broadcast television tended to keep medical drama within a predominantly melodramatic or educational register, NBC's series succeeded in transforming

¹⁶ Beyond narrative reasons, there are of course also factors related to the industrial and production logics underlying this type of content. Some interesting considerations can be found in the article *Quell'enorme déjà vu che è "The Pitt"*, published in «il Post» on September 26, 2025. The article refers to the return of forms of traditional advertising within series produced by streaming platforms. On this topic, see also V. INNOCENTI - G. PESCATORE, *Converging Trends: The Industrial and Content Dynamics of Contemporary Television*, in «Cinergie», 2023, 24, pp. 117-133.

¹⁷ A. SONEGO, *I temi sociali nel medical drama statunitense contemporaneo. Un approccio ecosistemico*, PhD Thesis in Arti, Storia, Società, Università di Bologna, XXXVIII Cycle.

the hospital into a lens through which to read the contradictions of American society.

The Pitt takes up this social vocation but rearticulates it in a more radical and updated key. The hospital is no longer merely a mirror of society; it becomes a genuine battleground in which unresolved social conflicts find immediate dramatization.

In *The Pitt's* hospital representation, three thematic axes emerge with particular force, redefining the political and social dimension of the medical drama. The first concerns economic inequalities in access to care: whereas *ER* occasionally depicted isolated cases of uninsured patients, *The Pitt* amplifies and systematizes the problem, making it a permanent and everyday condition. Doctors are constantly forced to make impossible choices, deciding how to allocate insufficient resources or which patient has a greater claim to life-saving treatment. In this respect, scenes devoted to this issue closely recall the moral dilemma explored in the miniseries *Five Days at Memorial* (AppleTV+, 2022), although in *The Pitt* these situations are not exceptional events but an integral part of routine clinical practice. The series thus portrays a healthcare system under strain, marked by structural precarity that transforms medical practice into a painful and unavoidable act of ethical selection.

Intertwined with the theme of care is that of multiculturalism. The hospital in which *The Pitt* is set is located in a neighborhood with a high density of migrants, an urban context shaped by ethnic tensions and social conflicts. This environment allows the series to address more decisively issues already hinted at in *ER* but here rendered more central and problematic: institutional discrimination, microaggressions, and linguistic and cultural misunderstandings that intensify in emergency situations. The emergency room thus becomes a space in which ethnic differences are not merely a narrative backdrop, but living matter of conflict and negotiation, capable of destabilizing professional hierarchies and clinical routines.

The third key issue concerns the labor precarity of healthcare workers. Unlike *ER*, which focused its conflict on the difficult balance between private life and professional commitment, *The Pitt* emphasizes the material conditions of medical work: exhausting shifts, widespread burnout, unstable contracts, and inadequate wages. The emergency room thus becomes a metaphor for an entire professional category under pressure, a reality in which personal vocation continually clashes with the neoliberal logics governing the healthcare system¹⁸. Through

¹⁸ S. SMULLENS, *REVIEW-The Pitt: A Medical Setting as Reflection of Societal Pitfalls*, in «The New Social Worker», <https://www.socialworker.com/feature-articles/reviews-commentary/pitt-medical-setting-reflection-of-societal-pitfalls/>.

the characters' biographies, the series narrates not only care itself, but also the exhaustion of those who provide it, making clear that the crisis is not only clinical, but profoundly social.

In this way, *The Pitt* fully situates itself within the context of contemporary seriality, which increasingly takes on systemic issues and makes explicit the link between narrative form and the socio-political urgencies of the present.

Post-Covid Trauma

One of the distinctive features of *The Pitt* is its ability to incorporate into its narrative the collective trauma resulting from the Covid-19 pandemic. Although the series is not set in a direct pandemic context, its narrative universe is permeated by the consequences of that epochal event.

Unlike *ER*, which in the 1990s and 2000s addressed epidemics in sporadic and episodic terms (SARS, influenza, measles, rare diseases), *The Pitt* takes as its point of departure the traumatic memory of a healthcare system that experienced collapse during the pandemic. The emergency room depicted is no longer merely a site of emergency; it is also a wounded space, marked by a collective loss that continues to weigh on the characters. This trauma unfolds along multiple directions¹⁹.

A first level of thematic complexity in *The Pitt* concerns what the pandemic has left behind, not only as a historical fact but as a presence that continues to reverberate in the characters' everyday lives. The memory of those who were lost is one of the most painful aspects: dialogue frequently includes references to colleagues who died during the health emergency, names that resurface with either quiet tenderness or sudden intensity, revealing an open wound. These memories do not serve a ritual commemorative function, but instead emerge in moments of exhaustion, frustration, or unexpected solidarity, reminding the viewer that the pandemic, though narratively concluded, remains a living trauma within relationships and the emotional culture of the emergency room.

Alongside mourning, *The Pitt* explores the psychological legacy that the pandemic period has left on healthcare workers. Doctors and nurses live with symptoms associated with PTSD and its visual manifestations:

¹⁹ For an analysis of the integration of the Covid-19 pandemic theme in American medical drama, see E. NÁDASI, *Covid, Post-Covid and Covid-free Fantasy Worlds in Medical Drama TV Series*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, Bologna, Media Mutations Publishing, 2023, pp. 229-247.

sudden flashbacks, performance anxiety, feelings of inadequacy in the face of new emergencies, and fear of reliving systemic collapse. The series chooses not to treat these aspects as individual exceptions or deviations from the professional model, but rather as a widespread and almost generational condition. This shift renders the narrative more intimate and vulnerable, illuminating the emotional fragility of figures traditionally portrayed as heroic or infallible. In this sense, *The Pitt* occupies a more psychological terrain than earlier medical dramas, showing how care cannot be separated from the recognition of caregivers' suffering.

Finally, the series stages a new form of social awareness born precisely from the pandemic experience. The fragility of healthcare infrastructures, the absolute dependence on medical and nursing labor, and the speed with which public opinion can turn gratitude into indifference all form a constant backdrop to the narrative. Media discourse within the diegesis, for instance, oscillates between the rhetorical exaltation of "hero doctors" and subsequent abandonment in the face of unsustainable working conditions. The series problematizes this ambivalence, showing how social recognition does not automatically translate into material support and how, as a result, the burden of care once again falls on the worn bodies of professionals. In *The Pitt*, remembering the pandemic thus means not only engaging in remembrance, but also interrogating a present that has yet to learn how to protect those who are meant to protect others. In this sense, the series acts as a cultural working-through of a collective trauma, transforming the medical drama into a space for reflection on recent memory and on the need to redefine the social role of medicine.

The Looming Catastrophe: The Mass Shooting

Another element that distinguishes *The Pitt* from *ER* is the centrality of catastrophe as a narrative engine. *ER* occasionally addressed catastrophic events (airplane crashes, explosions, sudden epidemics), but always situated them within a predominantly episodic form of seriality. *The Pitt*, by contrast, structures a substantial portion of its first season (from episode 11, titled *5pm*, to episode 15, titled *9pm*) around a catastrophe: a mass shooting at a music festival that brings dozens of injured people into the emergency room. Although this is a fictional event, it clearly evokes numerous real-life cases and functions as a narrative framework within which five of the fifteen episodes unfold²⁰.

²⁰ D. CANFIELD, *Inside the Pitt's Stunning Mass-Shooting Episode: "It Felt Intimidatingly Important"*, in «Vanity Fair», 20 March 2025, <https://www.vanityfair.com/holly->

The decision to build the entire narrative architecture around a mass shooting is not motivated solely by the demands of spectacle, but carries significant thematic and political weight. *The Pitt* chooses to confront one of the deepest and most persistent wounds in the US context, transforming the mass shooting from a sensationalist episode into a lens through which to observe a social and healthcare system under pressure. The traumatic event is not presented as an exceptional interlude, but as a detonator of suffering that extends across time and space: the immediate victims, the survivors who carry the experience of violence in their bodies and memories, the families suspended between grief and anger, and even the doctors themselves, who are forced to work in close contact with horror and to manage not only physical injuries but also the emotional and psychological burden that follows.

From a narrative perspective, the mass shooting functions as a device of tension and condensation: the hospital suddenly becomes a saturated microcosm in which time contracts, resources are depleted, and every decision acquires amplified moral weight. In this sense, *The Pitt* intensifies the condition of urgency that already defined *ER*, while radically transforming its temporal management: rather than aiming at the rapid resolution of the case, it unfolds a prolonged narrative arc in which the effects of the catastrophe persist, return, and stratify within the characters' biographies. The event does not conclude with the stabilization of patients; instead, due to the series' temporal structure, it continues to reverberate across subsequent episodes, fracturing relationships, clinical decisions, and trust in the system.

Finally, the series introduces an explicitly political dimension, avoiding the neutrality often adopted in television representations of trauma. The mass shooting is not interpreted as an incomprehensible act or a tragic accident, but as a symptom of a disintegrating social body: issues such as gun rights, the power of lobbying groups, the media spectacle of violence, and the transformation of public grief into polarized debate are openly addressed. This choice allows *The Pitt* not only to depict a tragic event, but also to interrogate its causes and responsibilities, situating the narrative at the intersection of human drama and civic reflection. The shooting thus becomes not only a narrative engine, but a prism through which the series examines a country that continues to live with an open wound, pushing to the extreme the medical drama's tradition of engaging with collective emergencies by turning catastrophe into a narrative and political cornerstone of serial storytelling.

Conclusions

In conclusion, the narrative structure and framework of *The Pitt* clearly mark a departure from *ER*, while nonetheless retaining some inherited traits. Ensemble storytelling, the urgency of the emergency room, and ethical dilemmas remain points of continuity; however, narrative management aligns with the contemporary paradigm of post-network seriality, characterized by strong hybridization and temporal experimentation. The hospital is no longer the site of weekly cases, but the stage for a permanent crisis unfolding across a unified narrative arc.

Through comparison with *ER*, *The Pitt* demonstrates how successful²¹ medical drama can radically renew itself in response to societal change and transformations in the television system. Thematically, the series addresses pressing social issues (inequality, precarity, multiculturalism), works through post-Covid trauma, and thematizes the collective catastrophe of the mass shooting. Narratively, it adopts a highly serialized model, employing innovative devices that situate it fully within the post-network era, while at the same time recovering distribution – and consequently viewing – practices typical of traditional television.

The result is a text that, while acknowledging its debt to *ER*, presents itself as emblematic of a new phase in the medical drama: a genre that no longer merely represents the hospital as a mirror of society, but places it at the center of a critical reflection on systemic fractures and the crisis of contemporary institutions.

²¹ S. HAILU, “*The Pitt*” Hits Season Average of 10 Million Viewers Since Premiere, in «Variety», 11 April 2025, <https://variety.com/2025/tv/news/the-pitt-ratings-viewers-1236367516/>.

VALENTINA RE

“Before the Autopsy I Can Only Say That She Is Dead”: Detection and Diagnosis in Contemporary Italian Serial Drama

Introduction

This chapter examines how contemporary Italian television series hybridise medical and crime drama, analysing how transnational and “trans-genre” processes – mostly explored in Anglo-American scholarship – are reworked within the Italian cultural and production context. Drawing on theoretical definitions developed in recent decades, the essay reconstructs the main trends of this hybridisation and examines its implications for the representation of detection: it highlights the centrality of material evidence, explores the diagnostic role of the body as an archive of “truth”, and describes the increasing visibility of medico-scientific knowledge, often embodied by female protagonists who combine specialist expertise, professional independence, and investigative skills.

Building on this theoretical framework, the chapter develops an analysis of the Italian case, based on a corpus of 81 crime series produced between Fall 2015 and Spring 2025 (2,264 characters analysed). The data show that the forensic pathologist figure, although quantitatively marginal, represents the main channel through which Italian television incorporates the narrative model of the forensic pathology drama. Qualitative analysis also reveals a specific national articulation of the hybridisation between crime and medical drama: on the one hand, the forensic pathologist remains, in most cases, an occasional collaborator of the detective, frequently associated with moments of humour and levity; on the other hand, a small number of female characters with forensic expertise emerge. While these characters draw inspiration from transnational models of “scientific empowerment”, they are firmly rooted in the Italian tradition of *giallo rosa* (a blend of comedy and mystery/detective story). In this subgenre, the female detective often works in an amateur capacity, and the romantic elements tend to soften the darker themes typically found in forensic narratives.

Processes of Hybridisation between Medical and Crime Drama: Modes of Knowledge and Gendered Representations

Analysing how medical drama and crime drama hybridise in contemporary Italian television series requires some preliminary remarks. First, one can identify significant analogies between the two genres at several levels. At a more general level, both genres enjoy marked transnational popularity, rooted in audience viewing practices, and hold strong social relevance by combining entertainment and emotional engagement with (more or less explicit) thematization of issues central to public debate. In medical drama, these issues include, for instance, end-of-life questions, mental health, the conditions of healthcare systems, and health emergencies; in crime drama, they may include questions of justice and guilt, perceptions of security, criminality, and social inequalities¹.

At a more specific level, the isotopies or plots that characterise medical drama readily transpose to crime drama as well. In the latter, viewers can likewise recognise a professional plot (professional relationships among colleagues) and a sentimental plot (affective relationships among colleagues), which develop primarily along a horizontal axis (the running plot). The counterpart of the medical case plot, namely the crime case plot, often forms the structural backbone of the single-episode (anthology) plot – although, in many crime dramas, the police and detection storyline also drives the running plot².

Moreover, as part of these structural similarities, both genres use a “gated community” or microcosm (the hospital in medical drama, the police station in the police procedural, or other enclosed spaces or small villages in the detective story) to condense the broader social context and amplify the tensions and emotions embedded in the storyline.

¹ For the popularity and social relevance of the two genres, see for example: G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal Impact, Preface*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, Media Mutations Publishing, 2023, pp. 7-17, <https://doi.org/10.21428/93b7ef64.c9d8cd00>; L. BARRA - V. RE, *Giallo! Going through the History of Italian Television Crime Drama, Editorial*, in «Journal of Italian Cinema & Media Studies», Published online: 14 October 2025, pp. 1-16, https://doi.org/10.1386/jicms_00341_2; T. MORSCH - V. RE *Introduction: European Identity in Popular Television Crime Series*, in «Journal of European Popular Culture», 12 (2021), 2, pp. 93-102, https://doi.org/10.1386/jepc_00031_2.

² On the isotopies/plots of medical drama cf. G. PESCATORE - M. ROCCHI, *Narration in Medical Dramas I. Interpretative Hypotheses and Research Perspectives*, in «La Valle dell'Eden», 34 (2019), pp. 107-115; M. ROCCHI - G. PESCATORE, *Modeling Narrative Features in TV Series: Coding and Clustering Analysis*, in «Humanities and Social Sciences Communications», 9, 333, 2022, <https://doi.org/10.1057/s41599-022-01352-9> 2022.

Second, it should be clarified that, although they share comparable social and popular relevance globally, the two genres occupy very different levels of importance and distinctive positions within Italian popular culture and the television industry. Specifically, crime fiction has a longer, pervasive, and intermedial national tradition dating back to the launch of television services in the late 1950s. Since then, it has consistently accompanied the transformations of the Italian television system and, over the past decade, has significantly shaped the original productions of streaming services in Italy³.

The final premise from which I develop my analysis is that hybridisation between medical and crime drama – both as a production practice and as an area of study and research – has an important Anglo-American tradition and has been defined in various ways. For example, at the end of the 1990s, Charlotte Brunsdon observed that “the dynamic genre of the mid-1990s is the medical drama” and highlighted a parallel

move towards the medicalization of crime within the crime series, with the focus moving away from the police as the solvers of riddles to pathologist and criminal psychologists (*Cracker*, *Dangerfield* [1995-], *Silent Witness* [1996-], *McAlum* [1997], *Bliss* [1997-]). In the terms in which I have been working, I would suggest that the dynamism of the questions about policing – who can police? who is responsible? – has become diminished, and instead there is a detectable tendency towards a spectacularization of the body and site of crime⁴.

In a similar vein, in 2012, Jeremy Ridgman returned to the emergence, from the late 1990s onwards, in British television, of what he defines as “forensic pathology drama”, whose “common thread” is represented by the “presence of the pathologist, the investigator who brings to the crime investigation narrative the vital ingredient of the medical gaze”⁵. From this perspective, the forensic pathologist is positioned as a threshold figure between the investigative-judicial domain (the search for and punishment of the perpetrator), and the scientific-clinical domain (the search for the cause of death and for the material traces of the crime).

³ Cf. L. BARRA - V. RE, *Giallo! Going through the History of Italian Television Crime Drama*, *Editorial*, cit. On the comparison between medical and crime drama in the Italian context, see also some reflections by G. AVEZZÙ in *Italian Medical TV Series and the Geography of their Consumption*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, cit., pp. 103-121.

⁴ C. BRUNSDON, *Structure of Anxiety: Recent British Television Crime Fiction*, in «Screen», 39 (1998), 3, p. 242.

⁵ J. RIDGMAN, *Duty of Care: Crime Drama and the Medical Encounter*, in «Critical Studies in Television», 7 (2012), 1, p. 1.

Although forensic medicine is central to processes of hybridisation between medical and crime drama, it represents only one field within forensic science, that is, the application of scientific methods and principles to the analysis of material evidence in judicial and investigative contexts. This field is invoked alongside many other experts who gain space in television narratives – criminologists, psychologists, forensic anthropologists, biologists, entomologists, ballistics experts, etc. This broadening of perspective makes it possible, in the United States context, to speak of “forensic science drama” in order to define “crime drama using forensic methodology for investigation purposes. This genre has proved to be tremendously successful all over the world – *CSI: Crime Scene Investigation* [...] and particularly its spinoff *CSI: Miami* belong to the most-watched programmes around the world, attracting millions of viewers worldwide”⁶.

In even more extensive and ambitious terms, Lindsay Steenberg has suggested referring to a genuine “forensic turn” “to identify the way in which a mediated version of forensic science has embedded itself in American culture’s foundational views about truth, criminality, professionalism and victimhood, and the contemporaneous surge in forensic entertainment”⁷. Building on this idea, the expression “forensic turn” refers to the pervasive presence of forensic sciences and their aesthetics within media narratives – particularly television (with *CSI* and *Bones* among the most representative experiences of contemporary forensic storytelling) – as well as cinema, literature, and the broader cultural imaginary. Importantly, this is not merely a phenomenon of narrative hybridisation, but rather represents a true forensic culture that has re-defined how audiences understand concepts such as truth, evidence, justice, and criminality.

I have identified three main implications and characteristics of this process of hybridisation, which has been labelled the forensic turn. First, we witness a process of apparent “scientification” of crime, which entails comparing different epistemological models and reflecting on the concept of truth (and, therefore, of justice).

The forensic turn marks a key shift: investigators transform crime into a scientific object and resolve it through scientific evidence as a form of objective, factual, and definitive truth. Material evidence and biological traces (blood, DNA, fingerprints) tend to replace investigative

⁶ E. WEISSMANN, *Transnational Audiences of Forensic Science Drama*, in Id., *Transnational Television Drama*, Basingtoke-New York, Palgrave Macmillan, 2012, p. 117.

⁷ L. STEENBERG, *Forensic Science in Contemporary American Popular Culture*, Abingdon-New York, Routledge, 2013, p. 1.

intuition or testimony. While classic detective fiction or noir often leaves crime shrouded in ambiguity, forensic aesthetics present a vision where technology reconstructs facts with absolute certainty.

Although this chapter is not the appropriate place to explore these aspects in depth, it is evident that the question of different models of knowledge is as central as it is complex, and that a frontal opposition between the scientific expertise of the forensic specialist and the investigative intuition of the detective would be misleading.

Examining, at a broadly epistemological level, the connections between medicine and investigation, we can immediately observe that both areas of expertise share what has been defined as a semiotic “conjectural paradigm”, a “model based on the interpretation of clues”⁸ developed with considerable critical success by Carlo Ginzburg and particularly useful precisely “to go beyond the sterile contrasting of ‘rationalism’ and ‘irrationalism’”⁹.

In the well-known volume in which Ginzburg republishes his essay on the conjectural paradigm, the deep connections between medicine and detection are examined precisely at the level of modes of knowledge:

Conan Doyle, a practicing physician himself until the Holmes stories made him rich enough to give up his practice, patterned the character of Sherlock Holmes after his professor, Dr. Joseph Bell, of the Royal Infirmary of Edinburgh. Conan Doyle’s partial use of a doctor as a model was, however, a conscious attempt to introduce a more rigorous scientific method into criminal detection than was used theretofore. Messac correctly notes that Doyle followed Bell regarding diagnosis extended to the entire personality and life of the patient, and that diagnosis “is never absolutely rigorous; it involves irresolutions, errors”. Detection of crime, like medicine, is a sort of “pseudoscience” (1929, p. 617)¹⁰.

Indeed, “Holmes [...] builds up to a ‘diagnosis’, that is, an identification of a criminal pathology, through a series of minute perceptions, linked together by hypothesis”¹¹. In other words, “Holmes was a brilliant

⁸ C. GINZBURG, *Morelli, Freud, and Sherlock Holmes: Clues and Scientific Method*, in U. ECO - T.A. SEBEOK (eds.), *The Sign of Three: Dupin, Holmes, Peirce*, Bloomington, Indiana University Press, 1983, p. 88.

⁹ *Ibidem*, p. 81.

¹⁰ T.A. SEBEOK - J. UMIKER-SEBEOK, “*You Know My Method*”, in U. ECO - T.A. SEBEOK (eds.), *The Sign of Three: Dupin, Holmes, Peirce*, cit., p. 30. See also R. MESSAC, *La “Déetective Novel” et l’influence de la pensée scientifique*, Paris, Librairie Ancienne Honoré Champion, 1929.

¹¹ T.A. SEBEOK - J. UMIKER-SEBEOK, “*You Know My Method*”, cit., p. 36.

physician to the body politic, the disease of which is crime”¹². In contemporary television culture, therefore, perceptual acumen, as well as character eccentricity, seems to unite the hyper-rational detective modelled on Holmes with many doctors or forensic experts: we can think of the forensic entomologist Gil Grissom (*CSI: Las Vegas*, CBS 2000-2015) or the forensic anthropologist Dr Temperance “Bones” Brennan, in the realm of crime drama, but also of Dr Gregory House (*House, M.D.*, Fox 2004-2012) or Shaun Murphy, a young surgical resident with autism (*The Good Doctor*, ABC 2017-2024) in medical drama.

Second, the forensic turn entails a renewed centrality of the body – particularly the victim’s – conceived as an “archive” of truth. Corpses, tissues, bones, and bodily fluids become texts to be deciphered, spaces in which the truth of the crime is inscribed and from which it can be extracted through scientific procedures. At the same time, we witness practices of spectacularisation of the victim’s body, associated with a particular emphasis on the female body, especially that of young women¹³.

Finally, the reference to young female victims in forensic drama prompts us to highlight a substantial ambiguity regarding gender representations within the hybridization of crime and medical drama. Alongside the emphasis on female vulnerability suggested by the victims, there emerges a renewed female protagonism in detection roles that involve high levels of mastery of forensic knowledge, such as forensic medicine and criminology. Kay Scarpetta (from the series of novels by Patricia Cornwell inaugurated by *Postmortem*, 1990), a forensic pathologist capable of reconstructing killers’ modus operandi through the analysis of victims’ bodies, is certainly the character who stands behind the development of the television genre from the 1990s onwards, beginning with the forensic pathologist Dana Scully in the hugely popular series *The X-Files* (Fox, 1993-2002).

Moreover, still within the field of the various forensic disciplines, many narratives – also cinematic ones – from the 1990s thematise the role of the criminologist and the profiler through a female lens, often emphasising the fragile boundary that separates the acute and rational mind of the investigator from the dark and deviant mind of the criminal, and exploring the most ambiguous zones of moral codes and psychological analysis. One can think of films such as *The Silence of the Lambs* (Jonathan Demme, 1991, based on Thomas Harris’s 1988

¹² *Ibidem*, p. 47.

¹³ See A. VERGARI, *Killing Me Softly: Representations of the Female Victim’s Body in Italian Crime Film and Television*, in «Cinergie», 13 (2024), 25, pp. 145-154, <https://doi.org/10.6092/issn.2280-9481/19393>.

novel), featuring the FBI trainee and profiler Clarice Starling, forced to descend into a perverse relationship with the psychiatrist and serial killer Hannibal Lecter, and *Copycat* (Jon Amiel, 1995), centred on Dr Helen Hudson, a forensic criminologist and victim of one of her own case studies; but also of television series such as *Profiler* (NBC, 1996-2000), with the criminal psychologist Dr Sam Waters.

From the 2000s onwards, the model of the professional female investigator distinct from the police officer, endowed with solid and accredited scientific expertise, continues to be employed and reworked, primarily within US serial television but also in some European productions that renegotiate, at different levels, the American tradition of the forensic expert. The series *Bones* (Fox, 2005-2017) portrays the investigative collaboration between the forensic anthropologist Temperance “Bones” Brennan (and her team of “scientists”) and the FBI. From 2011 to 2013, the series *Body of Proof* (ABC) appears to take up the legacy of Kay Scarpetta. Megan Hunt, a successful neurosurgeon forced to abandon her career after a car accident, begins working as a forensic pathologist for a laboratory that collaborates with the police department, becoming so engaged in investigative practice that she frequently oversteps professional boundaries. Both characters are women who are as brilliant in their work as they are awkward or cynical in interpersonal relationships. Other series shift the focus of professional expertise, as in the case of *How to Get Away with Murder* (ABC, 2014-2020), in which the successful lawyer and university professor of criminal law Annalise Keating leads a group of five selected students through complex legal cases.

American models are also variously taken up in Europe. From this perspective, France represents a particularly significant case. From 2009 to 2020, the series *Profiling* (*Profilage*) was broadcast on TF1, featuring the young and eccentric criminologist Chloé Saint-Laurent, who is highly competent at a professional level yet awkward and ill-prepared in the everyday management of social relationships, and who is assigned as a consultant to the criminal police investigation team. More recently, the Franco-Belgian series *Master Crimes* (TF1-La Une, 2023-) has combined the investigative inclination of the criminologist with the institutional validation of specialised expertise provided by university teaching through the character of Louise Arbus, who, after years away from the police, returns to investigative work alongside a group of selected students¹⁴. Also within the Nordic Noir tradition, the Swedish series

¹⁴ The combination of university teaching and consultancy work in the field of criminology is also central to the successful Belgian series *Professor T* (2015-2018), which was remade in Germany (2017-2020) and in the United Kingdom (2021). Perhaps

Modus (TV4, 2015-2017), based on the novels by Anne Holt, features the criminologist Inger Johanne Vik, a former consultant to the police and the FBI, who, after choosing to devote herself exclusively to university teaching, is reluctantly forced to return to investigative work in order to protect her daughter.

As Ridgman summarises with regard to forensic pathology drama:

In the traditionally masculine world of the crime investigation, medical knowledge thus acts as a conduit for the expression of female empowerment through education and knowledge in a way that is denied a figure such as *Prime Suspect's* Jane Tennison (Helen Mirren), who, rooted in the police force rather than operating on its periphery, has to fall back on modes of behaviour that identify her with that male culture¹⁵.

These innovative female protagonists, embodying competence, rationality, and technological/technical power, begin to overturn a series of gender and genre stereotypes and challenge the traditional and conventional distinction between male rationality and female emotionality.

The Italian Case: Forensic Pathologists between Comedy and Romance

In this section, we aim to understand whether and how forensic science, particularly forensic medicine, has been incorporated into contemporary Italian crime drama, and what effects this incorporation has on the representation of female characters.

To carry out this exploration, we draw on the systematic mapping of 81 crime dramas produced and distributed in Italy from the 2015-2016 season to the 2024-2025 season, analysed using a sample-based methodology, yielding a total of 2,264 characters. The data collection methodology followed a mixed-methods approach, combining quantitative research tools, textual analysis, and production studies, in which qualitative and quantitative dimensions intersect to offer theoretical insights grounded in empirical evidence. The mapping was structured along two complementary axes. On the one hand, it examined women's presence in key behind-the-scenes roles, exploring gender balance across directing, writing, producing, costume design, and cinematography. On the

facilitated by its male protagonist, the series revisits the topos of the genius-madness nexus, presenting a character whose extraordinary intellectual abilities are coupled with an obsessive-compulsive disorder that undermines his personal relationships.

¹⁵ J. RIDGMAN, *Duty of Care: Crime Drama and the Medical Encounter*, cit., p. 9.

other hand – and more relevant for the purposes of this chapter – it investigated the on-screen representation of female characters, with particular attention to narrative roles and gender dynamics¹⁶.

The delimitation of the corpus immediately reveals that the two main Italian series that attempted to engage with the so-called forensic turn (*RIS - Delitti imperfetti*, Mediaset, 2005-2009, and *RIS Roma - Delitti imperfetti*, Mediaset, 2010-2012) are absent for chronological reasons. Furthermore, the popular medical drama *DOC - Nelle tue mani* (RAI, 2020-) is also excluded because, although it perfectly embodies the analogy in conjectural methods that links medical diagnosis and police investigation (see the paradigmatic example of *Dr House*), it cannot strictly be included within the category of crime drama.

From a quantitative perspective, the data we provide on the distribution of what we have defined as “crime roles” take into account only recurring and episodic characters (the latter belonging to the anthology plot, when present), thus excluding one-liners, that is, characters who perform a merely functional role within a single scene and utter, at most, one line of dialogue. With this specification in mind, we can note that crime characters account for 54.5% of the total characters analysed. Among crime characters, criminals prevail (38.4%), followed by professional detectives (34.5%). Victims and legal roles (lawyers, judges, prosecutors) account for around 10% each (10.7% and 10%, respectively). Amateur and private detectives account for 3.3% and 0.3% respectively. Finally, 2.8% of crime characters occupy the role of forensic pathologist. The figure of the forensic pathologist thus represents the key through which we can understand the Italian declinations of forensic pathology drama.

Let us narrow the field further to recurring characters only, which allow us to highlight visibility and role relevance. Sixteen series out of 81 feature a coroner as a recurring character, for a total of 24 characters (eight of whom can be attributed to *L'allieva* [RAI, 2016-2020], to which we will return in more detail later). Of these 24 characters, 11 are women. Among all 24, one is a lead character (Alice Allevi in *L'allieva*) and eight are co-leads (five of whom are from *L'allieva*); of these nine lead and co-lead roles, five are held by women (three of whom are from *L'allieva*).

¹⁶ This research was developed within the national research project PRIN 2020 *The Atlas of Italian Giallo. Media History and Popular Culture*, funded by the Italian Ministry of University and Research for the period 2022-2025. For a more detailed methodological account of these data, see V. RE - M. SPALLETTA, *Unsuitable Jobs for Women. Women's Behind-the-Scenes Employment and Female On-Screen Representation in Italian TV Crime Drama*, in «Comunicazioni sociali», 45 (2023), 1, pp. 82-97, https://doi.org/10.26350/001200_000177.

From a qualitative perspective, it is possible to identify some dominant lines.

First, what can be defined as the “Montalbano model” is widely identifiable, based on the popular figure of Dr Pasquano, the gruff and ironic sidekick of the well-known Inspector Montalbano (*Il commissario Montalbano*, RAI, 1999-2021). In this case, the forensic pathologist is configured as a trusted collaborator of the detective, with whom a relationship of affectionate conflict develops, grounded in mutual esteem. The figure of the forensic pathologist is often associated with ironic or comedic elements, as in more recent cases such as *Rocco Schiavone* (RAI, 2016-) (with Doctor Alberto Fumagalli paired with Deputy Chief Schiavone), *Imma Tataranni - Sostituto procuratore* (RAI, 2019) (with Dr Taccardi assisting the magistrate from Matera), and *Le indagini di Lolita Lobosco* (RAI, 2021-) (with Professor Introna collaborating with the Deputy Chief of Bari).

This model may also include variations or exceptions, for instance, when the ironic and sarcastic tone of the forensic pathologist character is softened or removed in keeping with the darker atmosphere of the series, as in the case of Dr Bruno Modo, a close friend of the protagonist in *Il commissario Ricciardi* (RAI, 2021-).

Within the analysed corpus, a single case of a female pathologist directly inspired by US-derived models of “empowerment” can be identified. This is Dr Anita Mancuso in *Bella da morire* (RAI, 2020), a series that adopts a deliberately and explicitly feminist approach and explicitly addresses the issue of gender-based violence and feminicides by bringing together an entirely female team composed, in addition to Anita, of Inspector Eva Cantini and Chief Prosecutor Giuditta Doria¹⁷. Another case of female pathologist that proves interesting for the way it departs from US models is that of Marina in *Stucky*, a figure distinguished by her professional competence but who acquires particular relevance “by reflection”, insofar as she becomes the object of the protagonist’s, Inspector Stucky, romantic desire.

What more clearly defines the hybridisation between crime and medical drama in the Italian context, or more generally the experimentation with a model of scientific expertise associated with a female protagonist, are two series based on novels by Alice Gazzola. The first and more popular is *L'allieva*, which centres on the forensic medicine trainee Alice Allevi alongside her friends and colleagues and the su-

¹⁷ For a more in-depth discussion of this case study, see M.E. D’AMELIO - V. RE, *Neither Voiceless nor Unbelievable: Women Detectives & Rape Culture in Contemporary Italian TV*, in «MAI: Feminism & Visual Culture», 2021, 7, <https://maifeminism.com/never-voiceless-nor-unbelievable-women-detectives-rape-culture-in-italian-tv/>.

pervising doctors at the Institute of Forensic Medicine; the second, more recent one is *Costanza* (RAI, 2025-), whose protagonist is the young palaeopathologist Costanza Macallè, who moves from Sicily to the University of Verona with her daughter after being awarded a research fellowship. In both cases, the protagonists are still, rather than fully established scholars, students – albeit both highly accomplished and at an advanced stage of their training – and, as such, subject to a male figure of supervision and control over their work.

Moreover, their predisposition towards detection seems to be configured more as an “infringement”, a transgression of the limits of their role, rather than as authorised consultancy. In this sense, Alice and Costanza return female detection to a model of amateurism that for a long time represented a compromise between the characteristics of the crime genre and the figure of the detective, on the one hand, and those of women’s social roles, on the other – as exemplified by the first “investigator” (by profession a journalist specialising in society and celebrity news) proposed by the Italian public broadcaster, Laura Storm in *Le avventure di Laura Storm* (RAI, 1965-1966).

Finally, and consistently with the option of the amateur detective who investigates out of passion and talent, but without formal qualifications and without an “official” mandate, in the stories of Alice and Costanza the mediation of *giallo rosa* intervenes to repress or soften the darker and harsher aspects of crime, blending detection with romantic comedy and allowing a light, lively, and at times comic tone to prevail¹⁸.

Conclusion

In conclusion, this essay argues that the hybridisation between forensic knowledge and detection in Italian popular culture remains structurally constrained by the persistence of deeply rooted national codes, both in the representation of the pathologist and in the construction of female roles.

What is particularly interesting to note is that an example of forensic science serial narrative set in an imaginary small town in the United States but written in Italy (by Giancarlo Berardi) can be found not in tel-

¹⁸ As it is evident in the sarcastic line quoted in the title of this essay, taken from Alesia Gazzola’s first novel (2011) and delivered within a crime scene by the pathologist Claudio Conforti, the protagonist Alice’s mentor (as well as her future partner, after many romantic misadventures), precisely in response to the young woman’s ingenuous insistence in asking whether he believes the case to be a homicide.

evision seriality but in a comic series of exceptional longevity published by Bonelli, *Julia - Le avventure di una criminologa* (1998-).

In this respect, *Julia* offers a more comprehensive representation of a female professional “scientific investigator” (a criminologist) compared to recent Italian television productions, presenting itself as a model of female detection that has not been explored in Italian crime television. Unlike Alice and Costanza, Julia is not a student but a university professor and a scholar who “has specialised in a science that studies crime in all its aspects, drawing on anthropology, psychology, psychiatry, psychoanalysis, and sociology”¹⁹, and whose professional collaboration with the police is formally established (even though Julia, too, tends to “overstep” her role and carve out spaces of investigative autonomy). Moreover, while *Julia* does make use of ironic touches and tones drawn from sophisticated comedy – also one of the reference points of Italian *giallo rosa*, for instance in the relationship between the protagonist and Lieutenant Alan Webb – it never relinquishes the darker, more disturbing aspects of crime, and avoids allowing the sentimental line, though present, to prevail over the crime plots²⁰.

In an era of growing media relevance of the figure of the criminologist, aided, among other factors, by the great popularity of true crime,²¹ one may therefore ask whether Italian television production will also be able to turn this figure into a narrative focus and explore its characteristics in a specifically female key.

¹⁹ From Giancarlo Berardi’s introduction to the first issue of *Julia - Gli occhi dell’abisso*.

²⁰ For a more in-depth discussion of this case study, cf. F. PAGELLO - V. RE, *Genere, gender e relazioni intermediali nella Julia di Giancarlo Berardi*, in «La Valle dell’Eden», 2025, 46-47 (forthcoming).

²¹ As an illustrative example, one may refer to the criminologist Roberta Bruzzone and the recent RAI programme *Nella mente di Narciso* (2025).

“Previously On ...”: Toward Automating Episodic Recaps through LLM-Based Semantic Narrative Analysis in Medical Drama

1. Introduction

The narrative architecture of modern serialized television has evolved into a highly complex form, characterized by multiple intersecting plotlines, vast ensembles of characters, and long-form arcs that unfold over dozens or even hundreds of episodes¹. Genres such as medical drama epitomize this complexity: even if the narrative is usually confined to a single primary location – the hospital – the multitude of overlapping storylines create an intricate web of plot threads that span multiple episodes or even entire seasons². Understanding such narratives can be framed as a complex memory management problem, where viewers, much like computational systems, must store, retrieve, and integrate vast amounts of information over extended temporal periods. This process parallels the cognitive load experienced by humans when processing and recalling lengthy, complex event sequences³.

To alleviate this burden and ensure narrative accessibility, creators employ the “Previously on...” recap. This device serves as an institutionalized memory aid, refreshing the audience’s recollection of the most salient plot points required to comprehend the ensuing episode; in fact, “recaps can trigger long-dormant memories that might work to foreshadow upcoming narrative events”⁴. The creation of these recaps, however, is a craft of narrative distillation – a manual, time-consuming, and expensive process. This paper addresses a central question: Can this

¹ H.J. PÉREZ - M.J. ORTIZ, *Multi-Plot Structure in Television Series*, in T. NANNICELLI - H.J. PÉREZ (eds.), *Cognition, Emotion, and Aesthetics in Contemporary Serial Television*, New York, Routledge, 2022, pp. 47-67.

² G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal Impact*, Bologna, Media Mutations Publishing, 2023.

³ J.M. ZACKS - N.K. SPEER - K.M. SWALLOW - T.S. BRAVER - J.R. REYNOLDS, *Event Perception: A Mind-Brain Perspective*, in «Psychological Bulletin», 133 (2007), 2, p. 273.

⁴ J. MITTELL, *Complex TV: The Poetics of Contemporary Television Storytelling*, New York, New York University Press, 2015.

process of narrative distillation be automated, not as a simple summarization, but as an act of simulated memory retrieval?

This paper builds directly upon our previous works^{5,6}: we introduced a theoretical and practical framework for narrative analysis, proposing a Multi-Agent System (MAS) that reconceptualized narrative arc extraction through the lens of computational memory. Our model drew analogies to human cognitive functions, using a Large Language Model (LLM) as a form of semantic memory for general narrative patterns and a vector database to store specific arc progressions as episodic memories⁷. The sequential workflow of agents simulated a working memory⁸ process, integrating these information types to construct a coherent model of the evolving narrative.

While that memory-centric framework proved to be a powerful theoretical model, its reliance on textual episode summaries created a fundamental limitation. The system was inherently constrained by the detail and perspective of a summary written by humans, making it not fully automatic. Our primary contribution in this new research is the development of a novel multimodal architecture that overcomes this paratextual dependency. Instead of summaries, our system ingests the raw video directly, moving from analyzing representations of the narrative to analyzing the narrative itself. In addition, we introduce the capability to automatically generate recaps by retrieving and assembling Events from the memory of multiple narrative arcs, building on the arc-management framework developed in our previous works.

To operationalize this theory, we present an end-to-end pipeline that constructs a long-term narrative memory from raw media and then queries it for recap generation. The remainder of this article is structured as follows: Section 2 reviews the theoretical and technological foundations relevant to our work, including narrative complexity, cognitive models of memory, and existing approaches to automated summarization. Section 3 details our proposed three-stage multimodal architecture, covering ingestion and speaker attribution, multi-agent narrative arc extrac-

⁵ R. BALESTRI - G. PESCATORE, *Multi-agent System for AI-Assisted Extraction of Narrative Arcs in TV Series*, in *Proceedings of the 17th International Conference on Agents and Artificial Intelligence - Volume 1: ICAART*, Setúbal, INSTICC, SciTePress, 2025, pp. 663-670.

⁶ R. BALESTRI - G. PESCATORE, *Narrative Memory in Machines: Multi-Agent Arc Extraction in Serialized Tv*, in «arXiv preprint arXiv:2508.07010», 2025.

⁷ E. TULVING - H.J. MARKOWITSCH, *Episodic and Declarative Memory: Role of the Hippocampus*, in «Hippocampus», 8 (1998), 3, pp. 198-204.

⁸ A. BADDELEY, *Working Memory and Language: An Overview*, in «Journal of Communication Disorders», 36 (2003), 3, pp. 189-208.

tion, and cross-episodic salience-based recap generation. In Section 4, we reflect on the methodological contributions of this framework and its distinction from human-crafted editing. Section 5 discusses key challenges such as error propagation and the difficulty of accurate speaker attribution, outlining possible extensions and improvements, and Section 6 summarizes our findings and highlights the broader implications of modeling recap generation as a process of computational narrative memory retrieval.

We tested our system on the first season of *Grey’s Anatomy* (ABC, 2005), aiming to generate the recap for the last episode of the season. All generative and analytical tasks performed by a Large Language Model (LLM) in our experiments were handled by OpenAI’s GPT-4.1. The software implementation is available on GitHub⁹.

2. Related Work

This research is positioned at the intersection of several distinct but converging fields: media studies of television seriality, cognitive models of memory, computational narrative analysis, and the technical challenges of multimodal processing.

2.1. Narrative Complexity and Cognitive Memory in Serialized Television

The narrative architecture of modern serialized television places unique cognitive demands on viewers, who must track intricate, long-form storylines across multiple, intersecting plotlines¹⁰. These series function as complex “memory systems”, with devices like the “Previously on...” recap serving as explicit mechanisms to guide audience recall and ensure comprehension¹¹. This challenge of managing vast amounts of narrative information over time creates a strong parallel with human cognitive science.

The theoretical foundation of our approach, therefore, draws from established research on memory systems. The seminal work of Tulving and

⁹ <https://github.com/robertobalestri/Previously-On-Episodic-Recaps-through-LLM-Based-Semantic-Narrative-Analysis> (accessed 10/09/2025).

¹⁰ V. INNOCENTI - G. PESCATORE, *Narrative Ecosystems. A Multidisciplinary Approach to Media Worlds*, in M. BONI (ed.), *World Building Transmedia, Fans, Industries*, Amsterdam, Amsterdam University Press, 2017, pp. 164-183.

¹¹ J. MITTELL, *Complex TV: The Poetics of Contemporary Television Storytelling*, cit.

Markowitsch¹² on the distinction between episodic memory (specific, contextualized experiences) and semantic memory (generalized knowledge) provides a powerful lens for analyzing narrative. In television, specific story events (episodic) are understood against a backdrop of general world-building and genre conventions (semantic)¹³. Furthermore, the concept of working memory¹⁴ as a bottleneck for active information processing highlights a universal challenge: managing vast stored knowledge through limited processing capacity. This is a problem faced by human cognition, television viewers, and the computational systems we aim to build^{15,16}.

2.2. Computational Narrative Understanding with LLMs and RAG

To computationally model these narrative memory systems, the field has progressed from traditional machine learning toward sophisticated transformer-based architectures. While early methods struggled with the temporal dynamics of extended narratives¹⁷, the transformer revolution, exemplified by Large Language Models (LLMs), introduced self-attention mechanisms capable of capturing long-range dependencies and creating rich semantic embeddings¹⁸.

The Retrieval-Augmented Generation (RAG) architecture¹⁹ is particularly relevant to our work. RAG systems directly mirror the cognitive distinction between memory types: the LLM acts as a general-knowledge semantic

¹² E. TULVING - H.J. MARKOWITSCH, *Episodic and Declarative Memory: Role of the Hippocampus*, cit.

¹³ V. INNOCENTI - G. PESCATORE, *Narrative Ecosystems. A Multidisciplinary Approach to Media Worlds*, cit.

¹⁴ A. BADDELEY, *Working Memory and Language: An Overview*, cit.

¹⁵ J. MITTELL, *Previously On: Prime Time Serials and the Mechanics of Memory*, in «Intermediality and Storytelling», 24 (2010), pp. 78-98.

¹⁶ L.R. SQUIRE - S.M. ZOLA, *Structure and Function of Declarative and Nondeclarative Memory Systems*, in «Proceedings of the National Academy of Sciences», 93 (1996), 24, pp. 13515-13522.

¹⁷ T. YOUNG - D. HAZARIKA - S. PORIA - E. CAMBRIA, *Recent Trends in Deep Learning Based Natural Language Processing*, in «IEEE Computational Intelligence Magazine», 13 (2018), 3, pp. 55-75.

¹⁸ A. VASWANI ET AL., *Attention Is All You Need*, in *Advances in Neural Information Processing Systems*, 30 (2017), NeurIPS Proceedings. 31st Conference on Neural Information Processing Systems (NIPS 2017), Long Beach, CA, USA.

¹⁹ P. LEWIS ET AL., *Retrieval-Augmented Generation for Knowledge-Intensive NLP tasks*, in *Advances in Neural Information Processing Systems*, 33 (2020), NeurIPS Proceedings, pp. 9459-9474. 34th Conference on Neural Information Processing Systems (NeurIPS 2020), Vancouver, Canada.

memory, while a vector database stores specific, contextualized documents that function as a retrievable episodic memory. These parallel makes RAG an ideal framework for narrative analysis, which requires both general storytelling knowledge and specific plot recall. Contemporary memory-augmented systems align with this model, balancing storage efficiency with retrieval effectiveness in a manner analogous to human memory²⁰.

2.3. Automating Recap Generation with Multi-Agent Systems

While automated media summarization is a growing field, specific work on recap generation remains limited. A notable recent contribution²¹ leverages existing TV recaps to train a model that predicts importance scores for shots and dialogue within a single episode. Our methodology differs fundamentally by focusing on cross-episodic memory rather than intra-episodic summarization^{22,23}. Instead of summarizing what just happened, our system simulates memory retrieval by querying the entire narrative history to find past Events critical for understanding the next episode.

To implement this, we employ a Multi-Agent System (MAS). MAS approaches excel at decomposing complex tasks and have proven effective in domains from legal reasoning²⁴ to narrative analysis²⁵. Our system assigns specialized agents to tasks like narrative arc extraction, simulating the distributed processing of human cognition²⁶. These agents structure the narrative into three distinct arc types, following established narratological classifications^{27,28}:

²⁰ Y. WANG ET AL., *M+: Extending Memoryllm with Scalable Long-Term Memory*, in «arXiv preprint arXiv:2502.00592», 2025.

²¹ A.K. SINGH - D. SRIVASTAVA - M. TAPASWI, *Previously On... From Recaps to Story Summarization*, in *Proceedings of the IEEE/CVF Conference on Computer Vision and Pattern Recognition*, IEEE, 2024, pp. 13635-13646.

²² R. BALESTRI - G. PESCATORE, *Multi-Agent System for AI-Assisted Extraction of Narrative Arcs in TV Series*, cit.

²³ R. BALESTRI - G. PESCATORE, *Narrative Memory in Machines: Multi-Agent Arc Extraction in Serialized TV*, cit.

²⁴ W. YUAN ET AL., *Can Large Language Models Grasp Legal Theories? Enhance Legal Reasoning with Insights from Multi-Agent Collaboration*, in «arXiv preprint arXiv:2410.02507», 2024.

²⁵ N. AOKI - N. MORI - M. OKADA, *Analysis of LLM-Based Narrative Generation Using the Agent-Based Simulation*, in *2023 15th International Congress on Advanced Applied Informatics Winter (IIAI-AAI-Winter)*, IEEE, 2023, pp. 284-289.

²⁶ M. MINSKY, *Society of Mind*, New York, Simon and Schuster, 1986.

²⁷ G. PESCATORE - M. ROCCHI, *Narration in Medical Dramas I. Interpretative Hypotheses and Research Perspectives*, in «La Valle dell'Eden», 2019, 1, pp. 107-115.

²⁸ M. ROCCHI - G. PESCATORE, *Modeling Narrative Features in TV Series: Coding and Clus-*

- *Anthology Arcs*: Self-contained, single-episode stories.
- *Genre-Specific Arcs*: Professional or thematic elements spanning multiple episodes.
- *Soap Arcs*: Interpersonal relationships evolving gradually over time.

2.4. Foundational Technology: Speaker Diarization

A core contribution of our work is moving beyond text-based summaries to process raw audiovisual media directly. This introduces a foundational technical challenge: accurately attributing dialogue. To solve this, our pipeline relies on speaker diarization, the process of identifying and segmenting speech recordings based on speaker identity. This technique is crucial for a range of applications, from multimedia content indexing to conversational AI²⁹.

A typical speaker diarization system consists of four components:

- *Speech segmentation*, where the input audio is divided into short, single-speaker sections.
- *Audio embedding extraction*, in which each audio section is transformed into a high-dimensional vector (an embedding) that encodes its most relevant acoustic features in numerical form. These embeddings allow algorithms to compare, search, or classify audio based on similarity in the vector space.
- *Clustering*, where embeddings are grouped to determine the number of distinct speakers.
- *Resegmentation* (optional), where cluster boundaries are refined for final output.

Mastering this technology is a prerequisite for the higher-level narrative analysis our system performs.

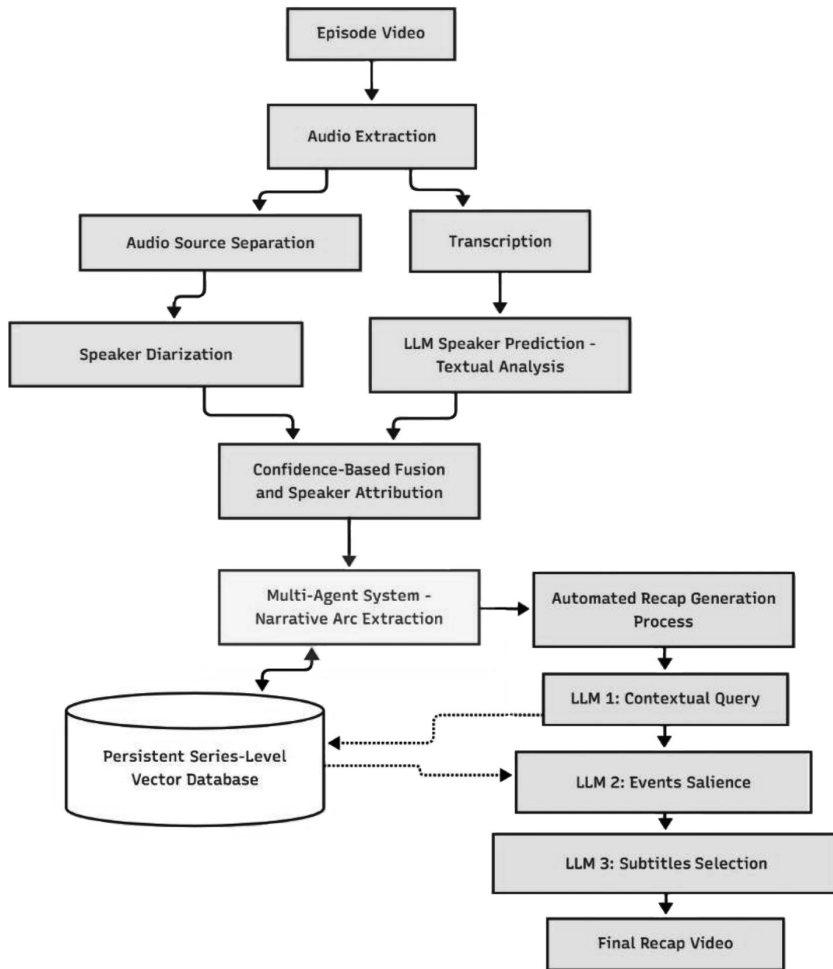
3. A Three-Stage Multimodal Architecture

Our methodology is realized through a sequential, three-stage pipeline that progressively enriches data from raw media into a structured, queryable narrative memory, which is then used to generate a final video product. Figure 1 illustrates this overall workflow.

tering Analysis, in «Humanities and Social Sciences Communications», 9 (2022), 1, pp. 1-11.

²⁹ T.J. PARK - N. KANDA - D. DIMITRIADIS - K.J. HAN - S. WATANABE - S. NARAYANAN, *A Review of Speaker Diarization: Recent Advances with Deep Learning*, in «Computer Speech & Language», 72 (2022), art. 101317.

Figure 1 - *The Multi-Agent System Workflow*



3.1. Stage 1: Ingestion and Speaker Attribution

The first stage of the pipeline transforms raw audiovisual material into a structured, analyzable textual representation. Its primary objective is to determine *who said what* in order to generate a textual plot from the episode’s dialogue. This stage is critical, as any errors introduced here will propagate through all subsequent processes. Therefore, its workflow is designed to mitigate the impact of these errors by managing uncertainty. This process involves a sequence of transcription, text refinement, scene

structuring, entity normalization, and speaker attribution, ensuring that ambiguities are preserved rather than replaced by false assumptions.

3.1.1. Audio Extraction and Transcription

The process begins with audio extraction and transcription. The video file is first demultiplexed to obtain its audio track, which is then passed to the WhisperX speech recognition model³⁰. WhisperX generates a time-aligned transcription in SRT format (the format usually used for subtitle files), with precise word-level timestamps.

3.1.2. Plot and Scene Generation

With a complete transcript in place, the system moves to plot and scene generation. Here, the transcript is processed by an LLM that produces an initial raw plot summary of the episode segmented into discrete scenes. In a subsequent alignment step, each scene is assigned precise start and end timestamps by matching its dialogue to the original dialogue lines, producing a mapping between scenes and their corresponding time intervals. At this point, the plot still contains a lot of unattributed actions.

3.1.3. Character Entity Construction and Normalization

Once the plot has been structured, the pipeline turns to character entity construction and normalization. A preliminary Named Entity Recognition (NER) pass using *spaCy*³¹ identifies all person entities in the processed plot. These raw detections are then refined by an LLM, which standardizes each character’s name, selects the most complete *canonical appellation* (such as “Meredith Grey” instead of “Meredith”), merges duplicate or variant references, and records all known alternative forms. After the entity database is finalized, the plot text is updated so that every reference to a character is replaced with its canonical *best appellation*, ensuring consistency and clarity across the episode’s narrative.

3.1.4. Audio Enhancement and Speaker Diarization

The process of speaker identification begins with enhancing the quality of the audio used for diarization. To this end, the audio is first processed with the demucs model³², which isolates vocal content from mu-

³⁰ M. BAIN - J. HUH - T. HAN - A. ZISSERMAN, *Whisperx: Time-Accurate Speech Transcription of Long-Form Audio*, in *INTERSPEECH 2023*, International Speech Communication Association, 2023, pp. 4489-4493.

³¹ <https://github.com/explosion/spaCy> (accessed 05/05/2025).

³² S. ROUARD - F. MASSA - A. DÉFOSSEZ, *Hybrid Transformers for Music Source Separation*,

sic, sound effects, and other background noise. This vocal isolation produces a cleaner track, improving the accuracy of subsequent speaker clustering.

Once the audio is prepared, speaker attribution is carried out through a hybrid strategy that fuses acoustic and textual evidence. On the audio side, the *pyannote.audio* library³³ segments the vocal track into speaker turns, grouping together speech segments that share similar voice characteristics and assigning each to an anonymous cluster (e.g., *SPEAKER_00*, *SPEAKER_01*). In parallel, an LLM analyzes the episode’s dialogue and plot context to generate hypotheses about which character is speaking each line, along with confidence scores for these predictions.

3.1.5. Speaker Attribution and Integration

The final attribution step integrates these two information streams through a confidence-based fusion process. When the LLM’s prediction for a speaker is sufficiently reliable, that identity is linked to the corresponding diarization cluster. Once a cluster is confidently mapped to a specific character (for example, mapping *SPEAKER_01* to “Meredith Grey”), that identity is propagated to all dialogue segments associated with that cluster, filling in gaps where textual cues alone were inconclusive.

The outcomes of this stage are:

- An enhanced.srt file in which each line of dialogue is time-aligned, associated with one or more probable speakers (to account for the inherent uncertainty of diarization), and linked to the corresponding scene.
- LLM-produced plot file based on these dialogues, segmented into scenes, that offers a more precise account of *who does what*.

3.2. Stage 2: Multi-Agent Narrative Arc Extraction and Memory Population

Once the episode’s plot is structured and its dialogue attributed in Stage 1, this stage employs a Multi-Agent System (MAS) to populate the series’ long-term narrative memory. The MAS functions as a computational working memory, processing the plot from the current episode and interacting with a persistent vector database. Its goal is to deconstruct the narrative into a hierarchical and queryable structure of coherent

in *ICASSP 2023 - 2023 IEEE International Conference on Acoustics, Speech and Signal Processing (ICASSP)*, IEEE, 2023, pp. 1-5.

³³ H. BREDIN, *Pyannote.Audio 2.1 Speaker Diarization Pipeline: Principle, Benchmark, and Recipe*, in *INTERSPEECH 2023*, International Speech Communication Association, 2023, pp. 1983-1987.

arcs. This structure is composed of high-level *Narrative Arcs* that span the series, mid-level *Episodic Progressions* that detail an arc's development within a single episode, and granular, timestamped *Events*. To achieve this, the system processes episodes independently, extracting both continuing storylines and new narrative developments through a refined sequence of specialized agents:

Agent 1 - Present Season Arcs Identifier

This agent queries the vector database to identify existing season arcs that are actively present in the current episode. The agent evaluates semantic similarity between current episode content and previously stored arcs. Anthology arcs from previous episodes are excluded from this identification process to prevent cross-contamination of self-contained storylines.

Agent 2 - Anthology Arc Extractor

Operating independently from seasonal continuity, this agent identifies self-contained, standalone storylines that are unique to the current episode. These anthology arcs (such as weekly medical cases in medical dramas) are treated as distinct episodic memories with no expectation of continuation beyond the current episode boundaries.

Agent 3 - Soap and Genre-Specific Arc Extractor

This agent performs dual extraction, identifying both ongoing soap elements (character relationships, personal conflicts) and genre-specific narrative patterns (such as professional or hierarchical relationships in medical dramas). The agent operates with awareness of both present season arcs and newly identified anthology arcs to avoid redundant extraction.

Agent 4 - Seasonal Arc Optimizer

This agent performs contextual optimization by analyzing soap and genre-specific arcs against the broader seasonal narrative context. It refines arc titles and descriptions for consistency with established storylines and merges semantically similar arcs to minimize redundancy while preserving narrative distinctiveness.

Agent 5 - Arc Deduplicator

All extracted arcs undergo similarity analysis through this agent, which acts as a final consolidation checkpoint. The agent preserves anthology arcs in their original form while applying deduplication logic to soap and genre-specific arcs, resolving overlaps through intelligent merging and disambiguation processes.

Agent 6 - Arc Detail Enhancer

This agent enriches each consolidated arc with comprehensive contextual information, including identification of main and interfering characters, and generation of structured Event progressions. The enhancement process converts narrative descriptions into granular Event sequences suitable for precise timestamp assignment.

Agent 7 - Arc Progression Verifier

Event progressions undergo validation to ensure specificity, relevance, and proper temporal sequencing. This agent verifies that significant narrative developments are accurately captured and appropriately segmented into discrete Events.

Agent 8 - Character Role Verifier

Character classifications undergo verification and correction through this agent, which ensures accurate categorization of characters as either main participants or interfering elements within each progression. This classification supports downstream character-based retrieval and analysis functions.

Agent 9 - Final Arc Verifier

A comprehensive validation agent ensures narrative consistency across all extracted arcs, verifying alignment with episode content and present season arcs. This agent serves as the final quality assurance checkpoint before memory commitment.

Agent 10 - Event Timestamp Assigner

The final agent in the pipeline assigns precise temporal boundaries to individual Events within each progression. Using subtitle data, this agent matches narrative Events to specific dialogue moments, creating granular timestamp mappings that support exact temporal retrieval and analysis. The agent validates timestamp precision and ensures non-overlapping Event boundaries.

The output of this stage is a highly structured narrative memory, stored according to the hierarchical model introduced above. To illustrate this model, consider the *Narrative Arc* titled “Meredith Grey And Derek Shepherd: Secret Romance And Professional Boundaries” extracted by our MAS. For a specific episode, such as 1x02, the system would generate a detailed *Episodic Progression* like the following:

Meredith and Derek have an awkward conversation about their one-night stand, with Meredith insisting

they pretend it never happened because he is her attending. Derek flirts with Meredith during their hospital shift, and Meredith tries to set clear boundaries, telling him she will not date or sleep with him again. Richard Webber interrupts Meredith and Derek’s conversation, reinforcing the professional hierarchy. Derek tries to charm Meredith with talk about Seattle’s ferry boats, but Meredith reiterates her refusal to cross professional lines. Meredith and Derek share a quiet moment at the end of the episode, acknowledging the ongoing tension and attraction between them.

Within this progression, a single, precisely timestamped Event would be:

Derek tries to charm Meredith with talk about Seattle’s ferry boats, but Meredith reiterates her refusal to cross professional lines.

occurring between timestamps 00:04:02,408 and 00:04:35,937 of the episode.

Finally, a vector embedding is generated for each *Episodic Progression* and stored in the database. This permanently updates the system’s knowledge of the series, enabling sophisticated, context-aware querying for the recap generation stage.

3.3. Stage 3: Automated Recap Generation via Cross-Episodic Salience

The final stage of our framework is a multi-step generative pipeline that synthesizes the “Previously On” recap. This process interrogates the longitudinal Event repository constructed in Stage 2 to identify, rank, and assemble the most salient historical moments that inform the narrative of the target episode. The objective is to produce a coherent and contextually rich narrative preamble through three sequential operations.

1) *Contextual Query Formulation (LLM 1)*: For each active narrative arc, an LLM is prompted with a composite of contextual data: the arc’s description, the target episode’s plot synopsis, and the overarching series summary. The model’s function is to generate specific semantic queries engineered to retrieve historical Events from the vector database. These queries aim to retrieve Events that reveal the causal antecedents of a present conflict, establish the motivational basis for a character’s current actions, or contextualize the dynamics of a critical interpersonal relationship. This stage transforms the implicit need for background information into explicit, targeted search vectors.

2) *Hierarchical Saliency Ranking (LLM 2) with Balanced Event Curation*: The formulated queries are executed against the vector database, leveraging vector similarity as an initial heuristic to retrieve a broad candidate pool of historical Events. This pool is then subjected to a more sophisticated, two-tiered saliency assessment. A second, distinct LLM performs a fine-grained adjudication of relevance. It is presented with the candidate Events for a given arc and the narrative context of the current episode. The model engages in a reasoning task, evaluating the direct and indirect causal links between past Events and the present plot. By adjudicating their relative importance, it distills the broad candidate pool into a small, rank-ordered set of the most important moments essential for viewer comprehension.

A raw selection of the highest-ranked Events risks narrative imbalance, where a single, historically dense plotline could monopolize the recap’s runtime. To mitigate this, a deterministic curation protocol is employed to ensure narrative balance. The protocol first guarantees baseline representation by selecting the highest-saliency Event from each active narrative arc. Following this, the algorithm iteratively appends subsequent Events from each arc in descending order of their assessed saliency, continuing until a predefined content capacity for the recap is reached (one minute of content in our experiments).

3) *Diegetic Condensation (LLM 3) and Sequential Video Assembly*: The final operation transforms the curated list of abstract Events into a tangible video sequence. For each selected Event, a third LLM performs diegetic content condensation by analyzing the subtitles included in the time-span of the selected Event to identify the single most narratively potent continuous sequence of dialogue. If a candidate Event is found to be dialogically sparse or unsuitable for a compelling clip, the system does not discard the narrative thread. Instead, it recursively applies the dialogue extraction process to the next-highest-ranked candidate Event from the same arc. This fallback mechanism increases the probability of sourcing a video clip for every selected storyline. Upon successful extraction, the precise temporal metadata of the chosen dialogue is used to programmatically excise the corresponding video segment from its original source media. These video fragments are subsequently assembled, forming the final recap video.

4. Discussion

The development of our end-to-end generative system represents a significant transition, moving our framework from a purely analytical, text-based model to a practical, multimodal generative engine. Our system

transcends the limitations of human-written paratexts by directly ingesting raw audiovisual content, thus engaging independently with the narrative artifact and differentiating this work from our previous framework^{34,35}. This marks a foundational step toward computational systems that can not only understand but also creatively re-purpose narrative information from the text itself, as we've seen in some of our previous researches^{36,37}. This work is, to our knowledge, the first attempt to automate recap generation based on a dynamic, series-wide memory, rather than on single-episode summarization.

Central to our methodology is the concept of “salience”, which our system interprets operationally. In our framework, an Event is deemed salient if it provides essential context for understanding the Events of the current episode. The LLM-driven query formulation and ranking stages are designed to identify Events that illuminate the causal chain leading to a present conflict, expose the underlying motivations of a character's actions, or clarify the state of a crucial relationship. While this approach effectively models the functional purpose of a recap, it naturally diverges from the more intuitive, artistically driven process of a human editor. The system's definition of salience is explicitly tied to narrative comprehension, whereas a human editor might prioritize emotional impact, thematic resonance, or stylistic continuity – qualities our current model does not explicitly optimize for. This distinction highlights a key area where computational and human narrative distillation processes differ.

5. *Limitations and Future Directions*

Despite the architectural novelty of the proposed system, the sequential nature of the multi-stage pipeline creates a vulnerability to error propagation, where early inaccuracies can cascade into the final output. The most significant challenge remains speaker attribution, which is inher-

³⁴ R. BALESTRI - G. PESCATORE, *Multi-Agent System for AI-Assisted Extraction of Narrative Arcs in TV series*, cit.

³⁵ R. BALESTRI - G. PESCATORE, *Narrative Memory in Machines: Multi-Agent Arc Extraction in Serialized TV*, cit.

³⁶ R. BALESTRI - P. CASCARANO - M. DEGLI ESPOSTI - G. PESCATORE, *Trailer Reimagined: An Innovative, LLM-Driven, Expressive Automated Movie Summary Framework (TRAILDREAMS)*, in «Online Journal of Communication and Media Technologies», 15 (2025), 3, art. e202524.

³⁷ R. BALESTRI, *Ai Blob! Llm-Driven Recontextualization of Italian Television Archives*, in «arXiv preprint arXiv:2508.09535», 2025.

ently difficult due to overlapping dialogue and off-screen voices. While we currently mitigate this by explicitly modeling uncertainty – flagging ambiguous lines with multiple “Possible Voice Matches” rather than forcing a definitive assignment – misattributions can still skew the interpretation of scene dynamics, potentially leading to misclassified events. Furthermore, although the automated recaps are contextually accurate, they have not yet attained the narrative polish of human-crafted summaries.

The most immediate path for improvement lies in enhancing the multimodal capabilities of the ingestion stage. While preliminary tests incorporating a visual modality (specifically, facial recognition for character identification) didn’t yield the expected improvements in speaker attribution accuracy, the approach holds significant promise. Systems relying primarily on audio-only diarization, like the one in this paper, still face ambiguities. By correlating a recognized face on-screen with an active audio signal, a refined approach could significantly improve speaker attribution accuracy. The primary technical challenge lies in developing a robust fusion model that can intelligently weigh audio, visual, and textual evidence to arrive at a more confident conclusion for speaker identification.

Another promising direction involves evolving the memory architecture from a traditional Retrieval-Augmented Generation (RAG) model to one based on an Entity-Event Knowledge Graph (KG), as seen in the work of Zhang et al.³⁸. While the RAG approach is effective for retrieving semantically similar plot points, a KG would represent the narrative in a more interconnected manner. Querying this graph could provide more precise and causally aware context for recap generation, allowing the system to trace character relationships and plot dependencies with greater accuracy than is possible with document-chunk retrieval alone.

6. Conclusion

In this paper, we have presented a comprehensive, end-to-end system for the automated generation of episodic television recaps. By moving from a text-based analytical framework to a multimodal generative pipeline, we have operationalized our theoretical model of computational narrative memory. Our three-stage architecture successfully ingests raw

³⁸ Z.Y. ZHANG - Z. LI - Y. LI - B. DING - B.K.H. LOW, *Respecting Temporal-Causal Consistency: Entity-Event Knowledge Graphs for Retrieval-Augmented Generation*, in «arXiv preprint arXiv:2506.05939», 2025.

audiovisual media, populates a structured, long-term memory of narrative Events using a multi-agent system, and queries this memory to generate a contextually relevant recap video. This research makes a primary contribution by demonstrating a system that generates recaps based on a cross-episodic understanding of salience, a significant departure from existing intra-episodic summarization techniques.

While various limitations remain, our work demonstrates that the complex editorial process of narrative distillation can be productively modeled as an act of computational memory retrieval and synthesis. By framing the problem in this way, we open the door to a new class of narrative-aware AI systems capable of analyzing and engaging with the complex, serialized stories that define modern media.

The proposed three-stage pipeline transforms a passive analytical framework into an active generative one. This research demonstrates that the complex, intuitive process of narrative distillation can be modeled computationally, offering a viable pathway to automating a time-consuming aspect of television production. While we acknowledge the current limitations, particularly the absence of the visual modality, the architecture provides a robust foundation for our future research. Ultimately, this work contributes to a future where artificial intelligence serves as a true “cognitive partner” in the analysis, consumption, and creation of complex narrative media.

ALLEGRA SONEGO

Character Embedding and Abortion Representation in US Contemporary Medical Dramas

1. *Abortion, Serial Television, and Narrative Responsiveness in Contemporary Medical Drama*

On June 24, 2022, the United States Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Organization*, overturning *Roe v. Wade* and dismantling nearly five decades of federally protected abortion rights, thereby fragmenting reproductive governance across divergent state legislations¹. Five months later, *New Amsterdam* (NBC, 2018-2023) aired episode 5x07, in which Dr. Lauren Bloom recounts her abortion experiences to a group of medical students, transforming a pedagogical setting into an intimate confession with explicit political resonance. This narrative gesture exemplifies how contemporary American medical drama has evolved beyond its entertainment function, operating instead as a cultural apparatus capable of translating historical and juridical ruptures into embodied, affective, and narratively situated experiences².

Over the past three decades, American medical dramas have increasingly functioned as cultural laboratories in which society negotiates contentious social issues. Series such as *ER* (NBC, 1994-2009), *Grey's Anatomy* (ABC, 2005-), *House* (Fox, 2004-2012), *Private Practice* (ABC, 2007- 2013), *Chicago Med* (NBC, 2015-), *New Amsterdam*, and *The Good Doctor* (ABC, 2017-2024) constitute privileged narrative sites for the sustained exploration of bioethics, social justice, institutional power, and professional responsibility³. These series are structured around a hybrid narrative architecture that combines three interlocking plot-

¹ L. KAPLAN, *The Overturn of Roe v. Wade: Reproductive Health in the Post-Roe Era*, in «The Nurse Practitioner», 47 (2022), 10, pp. 5-8.

² J.M. COMELLES - S. BRIGIDI, *Fictional Encounters and Real Engagements: The Representation of Medical Practice and Institutions in Medical TV Shows*, in «Actes d'història de la ciència i de la tècnica», 7 (2014), pp. 17-34.

³ G. GERBNER ET AL., *Growing Up with Television: Cultivation Processes*, in J. BRYANT - D. ZILLMANN - M.B. OLIVER (eds.), *Media Effects*, London, Routledge, 2002, pp. 53-78.

lines: the medical case plot, centred on patient care; the professional plot, addressing workplace hierarchies and ethical dilemmas; and the sentimental plot, devoted to interpersonal and affective relationships⁴. This tripartite structure positions the hospital as a social microcosm in which medical, moral, and political tensions converge and become narratively negotiable⁵.

The serial form of medical drama is particularly well suited to the incorporation of contemporary socio-political events, owing to its openness, permeability, and temporal continuity⁶. This capacity for rapid narrative reaction renders medical dramas a privileged vantage point for observing how American popular culture processes moments of social fracture. The swift narrative response of *New Amsterdam* to the overturning of *Roe v. Wade* – within a five-month production and broadcast window – illustrates television’s distinctive capacity for accelerated cultural processing, a form of temporal reactivity that differentiates serial television from other cultural forms and enables near-synchronous engagement with ongoing public debates⁷.

Within this framework, abortion emerges as an analytically productive case study for three convergent reasons. First, abortion constitutes one of the most polarized issues in contemporary American society, dividing publics along ideological, religious, generational, and gendered lines, and functioning as a paradigmatic “wedge issue” resistant to centrist compromise⁸. At its core lie irreducible conflicts between competing moral frameworks concerning personhood, bodily autonomy, medical authority, and state intervention. Second, abortion has maintained a sustained and traceable presence in American medical drama narratives since the mid-1990s, enabling diachronic analysis across three decades of television production and allowing for the examination of shifts in narrative strategies in relation to evolving social discourse⁹. Third, the *Dobbs* decision constitutes a natural experiment

⁴ H.J. HETHER ET AL., *Entertainment-Education in a Media-Saturated Environment*, in «Journal of Health Communication», 13 (2008), 8, pp. 808-823.

⁵ M. ROCCHI - G. PESCATORE, *Modeling Narrative Features in TV Series*, in «Humanities and Social Sciences Communications», 9 (2022), 1, pp. 1-11.

⁶ G. PESCATORE - M. ROCCHI, *Narration in Medical Dramas I*, in «La Valle dell’Eden», 1 (2019), pp. 107-115.

⁷ *Ibidem*.

⁸ T. MOUW - M.E. SOBEL, *Culture Wars and Opinion Polarization*, in «American Journal of Sociology», 106 (2001), 4, pp. 913-943.

⁹ G. SISSON - K. KIMPORT, *Telling Stories about Abortion*, in «Contraception», 89 (2014), 5, pp. 413-418.

for media studies, offering a unique opportunity to observe how serialized fictional narratives respond to abrupt juridical and political shocks in near real time.

Examining how medical dramas incorporate abortion into their narrative architectures illuminates broader mechanisms through which popular culture participates in the circulation, negotiation, and normalization of social discourse. In an era marked by increasing political polarization and the fragmentation of shared informational ecosystems, understanding these processes is essential for assessing how entertainment media contribute to the formation of public attitudes¹⁰. Medical dramas occupy a distinctive position in this landscape, combining medical realism, emotional engagement, and serial continuity in ways that distinguish them from both news media and other fictional genres. The hospital setting functions as a comparatively neutral institutional frame – healthcare being a universal human concern – within which controversial themes can be addressed with a level of audience receptivity rarely afforded to overtly political programming¹¹.

This study seeks to investigate how American medical dramas structurally integrate abortion into their narrative ecosystems. Specifically, it asks whether abortion representation remains confined to episodic patient-centred storylines or becomes embedded within the biographical trajectories, moral frameworks, and professional identities of principal characters; which distinct modalities of character embedding can be identified; what narrative and discursive functions such embedding performs; and how these representations are received by audiences across the ideological spectrum.

To address these questions, the study conceptualizes medical dramas as narrative ecosystems composed of four interrelated dimensions: policy contexts, social discourse, dynamic narrative components, and stable structural elements¹². Within these ecosystems, character embedding emerges as a key mechanism through which socially sensitive themes are transformed from episodic issues into enduring components of character identity and narrative memory. Methodologically, the study adopts an integrated multi-method design combining quantitative content analysis, custom ideological alignment scales, semi-structured interviews

¹⁰ B. KLEIN, *Entertainment-Education for the Media-Saturated*, in «European Journal of Cultural Studies», 16 (2013), 1, pp. 43-57.

¹¹ N. McCARTY - K.T. POOLE - H. ROSENTHAL, *Polarized America: The Dance of Ideology and Unequal Riches*, Cambridge (MA), MIT Press, 2016.

¹² G. PESCATORE - A. SONEGO, *Medical Dramas as Narrative Ecosystems*, in «Projections», 19 (2025), 2, pp. 63-82.

with viewers, and discourse analysis of Reddit discussions. This triangulated approach is designed to capture the multidimensional nature of medical drama texts, which operate simultaneously as aesthetic constructions, ideological interventions, and sites of social negotiation¹³.

2. Medical Dramas as Narrative Ecosystems: Character Embedding, Alignment, and Social Discursivity

Within contemporary medical dramas, characters operate as central nodes through which narrative, ethical, and ideological dimensions intersect. Serial characters do not merely advance plotlines but function as mediating interfaces between social discourse and fictional worlds, enabling the translation of contentious issues into narratively situated, affectively charged experiences. In this study, abortion is approached not simply as a thematic topic but as a paradigmatic case through which to observe how medical dramas structurally integrate sensitive social issues into their narrative architectures over time.

This analytical approach conceptualizes medical drama series as narrative ecosystems: open, adaptive systems composed of interconnected elements that continuously interact and evolve in response to both internal narrative dynamics and external sociopolitical conditions. As Pescatore has aptly argued, narrative ecosystems function through the dynamic interaction of biotic and abiotic components, whose recursive relationships cannot be adequately captured by linear models of influence¹⁴. Medical dramas, in particular, exemplify this ecosystemic logic by combining stable structural elements – such as genre conventions, institutional settings, and production formats – with dynamic narrative components, including characters, conflicts, and long-term story arcs¹⁵. Their world-building capacity enables them to transcend mere entertainment, operating instead as cultural devices through which audiences can engage with, interpret, and make sense of complex social realities.

Within these ecosystems, characters constitute the primary biotic agents through which social discourse is narrativized. Rather than remaining external reference points, contested issues such as abortion are

¹³ N.K. DENZIN, *Triangulation 2.0*, in «Journal of Mixed Methods Research», 6 (2012), 2, pp. 80-88.

¹⁴ G. PESCATORE, *Ecosistemi narrativi. Dal fumetto alle serie tv*, Roma, Carocci, 2018.

¹⁵ J. MITTELL, *Previously On: Prime Time Serials and the Mechanics of Memory*, in «Intermediality and Storytelling», 24 (2010), pp. 78-98.

filtered through character biographies, professional identities, and relational histories. This process is captured by the concept of character embedding¹⁶, defined here as the structural integration of themes from social discourse into character identity, biography, and developmental trajectory, as opposed to their episodic treatment through patient-centered storylines. When a theme becomes embedded within a character, it ceases to function as a self-contained ethical dilemma and instead becomes a durable narrative resource, capable of influencing motivations, relationships, and future narrative developments across seasons.

Character embedding differs fundamentally from episodic insertion, a strategy historically prevalent in medical dramas whereby controversial issues are addressed primarily through short-lived patient narratives that begin and end within a single episode. While episodic insertion allows series to acknowledge sensitive topics with limited long-term commitment, character embedding transforms those topics into constitutive elements of the narrative infrastructure. Once embedded, a theme persists as latent narrative material, available for reactivation and reinterpretation through the mechanisms of serial storytelling. As will be discussed in detail later in the paper, character embedding operates through distinct modalities – biographical, professional-ethical, and reactive – each characterized by specific temporal dynamics and forms of narrative authority.

Alongside character embedding, alignment constitutes a second key analytical dimension. Alignment refers to the tendency of narratives to organize perspectives, actions, and moral evaluations in ways that implicitly or explicitly orient the audience toward a particular ethical or ideological position, even while acknowledging the existence of alternative viewpoint¹⁷. Importantly, alignment does not coincide with the mere presence of a theme, nor should it be conflated with character embedding. A narrative may deeply embed abortion within character identities while maintaining internal ambivalence, just as it may display strong ideological alignment through episodic cases alone. Alignment operates primarily at the level of narrative framing: it emerges through patterns of validation, authority attribution, and consequence distribution, shaping which positions are presented as reasonable, compassionate, or ethically appropriate within the story world.

¹⁶ M.C. GREEN - T.C. BROCK, *The Role of Transportation in the Persuasiveness of Public Narratives*, in «Journal of Personality and Social Psychology», 79 (2000), 5, pp. 701-721.

¹⁷ R.E. PETTY - J.T. CACIOPPO, *The Elaboration Likelihood Model of Persuasion*, in L. BERKOWITZ (ed.), *Advances in Experimental Social Psychology*, 19, New York, Academic Press, 1986, pp. 123-205.

The distinction between embedding and alignment allows for a more precise understanding of how medical dramas negotiate narrative complexity and ethical positioning. By privileging certain forms of authority – experiential, professional, or relational – alignment subtly guides audience interpretation without relying on overt advocacy. This mechanism is particularly salient in the representation of polarized issues such as abortion, where direct ideological persuasion may provoke resistance.

A third crucial component of the narrative ecosystem is long-term narrative memory, defined as the capacity of serialized narratives to store, retrieve, and reactivate information across extended temporal spans¹⁸. Long-term memory enables medical dramas to connect present storylines with past events, decisions, and character experiences, producing narrative depth and continuity. It operates in two complementary directions: first, by reactivating biographical or relational elements that had been previously virtualized within the narrative ecosystem; second, by functioning as an on-demand explanatory resource that supplies viewers with background information necessary to interpret current actions and motivations. Through long-term memory, abortion-related experiences and positions are prevented from remaining isolated moments of crisis and instead become part of the narrative past that continually informs the narrative present.

Taken together, character embedding, alignment, and long-term narrative memory constitute a set of interrelated mechanisms through which medical dramas incorporate socially sensitive themes into their narrative ecosystems. These mechanisms help explain the genre's capacity for both rapid responsiveness to sociopolitical change and long-term thematic continuity. To conceptualize the functioning of these ecosystems, this study draws on a biological model inspired by Ostrom's work on social-ecological systems and its subsequent adaptations¹⁹, which emphasize bottom-up dynamics, feedback loops, and adaptive equilibrium. Within this perspective, narrative ecosystems are understood as complex systems in which policy contexts, social discourse, dynamic narrative components, and stable structural elements co-evolve rather than operate in isolation, a logic further developed in recent ecosystemic models of serial television.

¹⁸ J. MITTELL, *Previously On: Prime Time Serials and the Mechanics of Memory*, cit., pp. 78-98.

¹⁹ E. OSTROM, *A General Framework for Analyzing Sustainability of Social-Ecological Systems*, in «Science», 325 (2009), 5939, pp. 419-422.

Finally, this framework integrates insights from narrative transportation theory and the elaboration likelihood model to account for the persuasive dynamics underpinning character embedding and alignment. Narrative transportation theory posits that immersion in fictional worlds can attenuate counter-arguing and foster attitude change through emotional involvement and identification²⁰. In medical dramas, long-term engagement with characters amplifies this effect, as viewers develop affective bonds that extend across seasons. Within the elaboration likelihood model, character embedding primarily activates peripheral routes to persuasion, relying on source credibility, emotional resonance, and narrative coherence rather than explicit argumentation²¹. Characters thus function as trusted sources whose experiential or professional authority can naturalize controversial positions, allowing medical dramas to participate in social discourse not through direct persuasion but through sustained narrative involvement.

3. *Corpus Selection and Multi-Method Analytical Design*

The research corpus consists of seventeen episodes selected from seven US medical drama series broadcast between 1994 and 2023: *ER* (NBC, 1994-2009), *Grey's Anatomy* (ABC, 2005-), *House* (Fox, 2004-2012), *Private Practice* (ABC, 2007-2013), *Chicago Med* (NBC, 2015-), *New Amsterdam* (NBC, 2018-2023), and *The Good Doctor* (ABC, 2017-2024). This longitudinal corpus captures different historical phases of the genre and enables a diachronic analysis of how abortion has been narratively articulated across shifting political contexts and television production models.

Episodes were included only when abortion constituted an explicit and narratively central plot element, occupying sustained screen time and generating ethical, emotional, or institutional conflict. Episodes in which abortion appeared solely as medical terminology or as a marginal reference without narrative development were excluded. Table 1 presents the complete episode inventory.

²⁰ M.C. GREEN, *Transportation into Narrative Worlds*, in L.B. FRANK - P. FALZONE (eds.), *Entertainment-Education behind the Scenes: Case Studies for Theory and Practice*, New York, Springer International Publishing, 2021, pp. 87-101.

²¹ Y. MULA-MÁRQUEZ - B. NAVA-ARQUILLO - J.A. MATÍAS-GARCÍA, *Parasocial Relationships and Identification with Fictional Characters in Adolescents and Adults: A Systematic Review*, preprint, 2024.

Table 1 - *Corpus of analyzed episodes: series title, season/episode identifier, broadcast date, and primary narrative focus on abortion representation (N=17 episodes, 1994-2023)*

<i>Series</i>	<i>Season/ Episode</i>	<i>Episode Title</i>	<i>Date</i>	<i>Narrative Focus</i>
ER	4x11	Think Warm Thoughts	January 8, 1998	Emergency abortion care
Grey's Anatomy	2x05	Bring the Pain	October 23, 2005	Patient abortion decision
Grey's Anatomy	4x08	Forever Young	November 8, 2007	Parental consent conflict
Grey's Anatomy	7x22	Unaccompanied Minor	May 19, 2011	Cristina Yang's abortion decision
Grey's Anatomy	8x01	Free Falling	September 22, 2011	Abortion aftermath
Grey's Anatomy	8x09	Dark Was the Night	November 10, 2011	Post-abortion relationship conflict
Grey's Anatomy	8x11	This Magic Moment	January 12, 2012	Catholic hospital restrictions
Grey's Anatomy	12x14	Odd Man Out	March 10, 2016	Rape-related pregnancy
Grey's Anatomy	16x03	Reunited	October 10, 2019	Abortion access legislation
House	2x02	Autopsy	September 20, 2005	Medical ethics debate
Private Practice	1x04	In Which Addison Has a Very Casual Get Together	October 17, 2007	Abortion provider ethics
Private Practice	5x07	Don't Stop 'Till You Get Enough	November 3, 2011	Clinic violence
Chicago Med	1x04	Mistaken	November 24, 2015	Conscientious objection
Chicago Med	6x12	Some Things Are Worth the Risk	April 14, 2021	Emergency abortion care
The Good Doctor	3x01	Disaster	September 23, 2019	Earthquake emergency abortion
New Amsterdam	5x07	Maybe Tomorrow	November 8, 2022	Post-Dobbs provider testimony
New Amsterdam	5x08	All the World's a Stage...	November 15, 2022	Abortion access crisis

The study adopts an integrated multi-method design, treating medical dramas as aesthetic texts, ideological constructs, and sites of social inter-

vention. Quantitative content analysis measured the temporal allocation devoted to abortion-related content, using a thematic coding protocol adapted from Sonego's model for analyzing social issues in medical drama and refined for cross-series comparison²². Inter-coder reliability testing yielded a Cohen's kappa coefficient of 0.89²³.

Within the thematic coding, abortion-related segments were classified using a set of analytically stable subcodes designed to capture distinct representational modalities rather than narrative tone alone. These subcodes allow differentiation between experiential, procedural, ethical, and institutional framings of abortion.

Table 2 - *Operational definitions of abortion-specific thematic subcodes (A1-A6) employed in quantitative content analysis*

<i>Code</i>	<i>Subcode Name</i>	<i>Description</i>
A1	General Discursive Framing	Abstract or contextual discussions of abortion, including legal, political, or cultural references
A2	Access and Structural Barriers	Obstacles to abortion access, including legal restrictions, institutional constraints, or stigmatization
A3	Professional Experiential Disclosure	Abortion experiences narrated by healthcare professionals, often involving autobiographical revelation
A4	Patient-Centered Experience	Narrative focus on the patient's decision-making, vulnerability, and agency
A5	Procedural and Medico-Legal Information	Clinical explanations, legal requirements, or didactic segments about abortion procedures
A6	Ethical and Moral Conflict	Explicit moral dilemmas, including conscientious objection or religious conflict

To complement thematic measurement, ideological orientation was assessed through custom Likert-like alignment scales²⁴ ranging from -3 (strongly

²² A. SONEGO, *Covid-19: Narrative Engine and Characters Embedding*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series: Approaches and Perspectives, 14th Media Mutations International Conference*, Bologna, Media Mutations Publishing, 2023, pp. 7-18.

²³ Cohen's kappa is a statistical measure of inter-rater reliability that accounts for agreement occurring by chance. Values range from -1 to +1, with values above 0.80 generally considered indicative of strong agreement. See J. COHEN, *A Coefficient of Agreement for Nominal Scales*, in «Educational and Psychological Measurement», 20 (1960), 1, pp. 37-46.

²⁴ G.M. SULLIVAN - A.R. ARTINO JR., *Analyzing and Interpreting Data from Likert-Type Scales*, in «Journal of Graduate Medical Education», 5 (2013), 4, pp. 541-542.

anti-choice) to +3 (strongly pro-choice). These scales evaluate narrative positioning rather than audience opinion, synthesizing character alignment, framing devices, outcome resolution, and dialogic balance.

Reception was explored through six semi-structured interviews with viewers aged 25-45, representing heterogeneous political orientations. Interview analysis focused on interpretive strategies, emotional engagement, and perceived ideological cues. Finally, discourse analysis of Reddit discussions examined spontaneous audience responses across medical drama subreddits, with focused samples drawn from threads addressing abortion-centered episodes across multiple series.

Methodological triangulation enables the identification of convergences between textual orientation and audience interpretation while also revealing tensions that single-method approaches tend to obscure. In particular, the combined analysis complicates deterministic assumptions about ideological resistance by showing how recognition of a pro-choice alignment may coexist with continued narrative engagement.

4. *Results*

Quantitative content analysis indicates that abortion-related material totals 2h 09' 32" across the seventeen-episode corpus, corresponding to 6.4% of overall diegetic time. Abortion visibility is unevenly distributed across texts: in some episodes the theme appears only briefly, whereas in others it functions as a primary narrative axis, structuring conflicts, institutional dynamics, and character positioning. This variability (approximately 3%-12% of episode screen time) is analytically significant, as it indicates that abortion is mobilized with different degrees of narrative centrality rather than operating as a uniformly treated topic.

The thematic coding scheme – operationalized through six abortion-specific subcodes (A1-A6) and adapted from Sonogo's protocol for mapping social-issue representation in medical drama – reveals a clear hierarchy of representational emphases. Ethical discussions of abortion (A6) constitute the dominant mode, accounting for 43' 28" (33.6%) of abortion-related time. Procedural and medico-legal explanations (A5: 25' 14"; 19.5%) and political or ideological framing (A1: 24' 51"; 19.2%) follow closely. Patient-centered abortion experiences (A4) are present but less extensive (18' 46"; 14.5%), while professional abortion disclosures (A3: 8' 44"; 6.7%) and access barriers (A2: 8' 29"; 6.5%) remain minority categories.

Table 3 summarizes the distribution of abortion-related subcodes across the entire corpus.

This distribution is not merely descriptive. It points to a broader representational shift in contemporary medical dramas, which increasingly privilege ethical legitimation and informational normalization over risk-centered or sensational framings historically associated with televised abortion narratives²⁵. Even when abortion is embedded in high-stakes circumstances – such as rape-related pregnancy, emergency care, or severe maternal risk – the narrative emphasis tends to remain on moral reasoning, decision-making authority, and institutional responsibility rather than on bodily danger alone.

Table 3 - *Temporal distribution of abortion thematic subcodes across the entire corpus, showing screen time allocation (minutes:seconds) and percentage of total abortion-related content (total: 2h 09' 32")*

<i>Subcode</i>	<i>Label (short)</i>	<i>Time (mm:ss)</i>	<i>% of abortion-related time</i>
A6	Ethical discussions	43:28	33.6%
A5	Procedural/medico-legal	25:14	19.5%
A1	Political/ideological framing	24:51	19.2%
A4	Patient-centered experience	18:46	14.5%
A3	Professional disclosures	08:44	6.7%
A2	Access barriers	08:29	6.5%
TOTAL		129:32	100%

This distribution is not merely descriptive. It points to a broader representational shift in contemporary medical dramas, which increasingly privilege ethical legitimation and informational normalization over risk-centered or sensational framings historically associated with televised abortion narratives²⁶. Even when abortion is embedded in high-stakes circumstances – such as rape-related pregnancy, emergency care, or severe maternal risk – the narrative emphasis tends to remain on moral reasoning, decision-making authority, and institutional responsibility rather than on bodily danger alone.

Alignment scores derived from the custom Likert-like scale (-3 to +3) further corroborate this tendency by indicating a systematically pro-choice orientation across the sample. Of the seventeen episodes, twelve

²⁵ G. SISSON - B. ROWLAND, "I Was Close to Death!": *Abortion and Medical Risk on American Television, 2005-2016*, in «Contraception», 96 (2017), 1, pp. 25-29.

²⁶ *Ibidem*, pp. 25-29.

receive a score of +2, four receive +1, and one reaches +3. Importantly, no episodes are coded as neutral (0) or negative. This clustering in the positive range suggests that abortion is predominantly framed as legitimate healthcare and as an expression of reproductive autonomy, even when narratives stage disagreement through interpersonal conflict, conscientious objection, or institutional constraint.

Table 4 reports the distribution of narrative alignment scores for abortion.

Table 4 - *Distribution of narrative alignment scores for abortion representation across the corpus, measured on a 7-point Likert-like scale ranging from -3 (strongly anti-choice) to +3 (strongly pro-choice) (N=17 episodes)*

<i>Alignment score</i>	<i>Interpretive position</i>	<i>Episodes (n)</i>	<i>% of corpus</i>
+3	Strongly pro-choice	1	5.9%
+2	Pro-choice	12	70.6%
+1	Moderately pro-choice	4	23.5%
0	Neutral / balanced	0	0%
-1 to -3	Anti-choice	0	0%
	TOTAL	17	100%

Cross-series comparison indicates that pro-choice alignment is articulated through different narrative mechanisms rather than through a single formula. Highly serialized dramas such as *Grey's Anatomy* sustain alignment through long-term character positioning and repeated ethical reaffirmation, often combined with didactic procedural explanation. Procedural-franchise formats such as *Chicago Med* tend to frame abortion through institutional rules, conscientious objection, and time-bounded dilemmas, producing more moderate but still consistently positive alignment. In contrast, *House* frequently stages abortion within adversarial ethical debate, yet typically converges toward outcomes that foreground patient choice and clinical pragmatism. These differences suggest that ideological alignment is shaped not only by normative orientation but also by genre micro-structures, character architectures, and production identities.

Finally, the subcode profile at the episode level anticipates later qualitative findings. A6 peaks in episodes where abortion functions as a relational or existential threshold, while A5 becomes central when series adopt an explicitly pedagogical register aimed at countering misinformation and anchoring abortion in clinical realism. A1 and A2 concentrate where law, protest, and institutional restriction are foregrounded, positioning the hospital as a site where reproductive politics become

narratively legible. In this sense, the quantitative analysis maps not only *how much* abortion is shown, but *how* it is functionally distributed within the narrative ecosystem of contemporary medical drama.

In addition to the quantitative patterns outlined above, qualitative data from semi-structured interviews and Reddit discourse analysis provide further insight into how abortion representations are received and negotiated by audiences. These data reveal a level of critical media literacy that complicates linear or deterministic models of media influence. Viewers across the ideological spectrum consistently demonstrated the ability to recognize persuasive strategies embedded in abortion storylines, articulating nuanced evaluations that distinguish between disagreement with ideological positioning and appreciation of narrative execution.

Interview participants with conservative or moderate orientations generally identified the pro-choice alignment of the series without perceiving it as covert or manipulative. Rather, they described character-centered storytelling as a mechanism that renders ideological positioning emotionally intelligible without obscuring it. As one conservative interviewee noted, “I know what they’re doing. They want me to sympathize with Cristina so I’ll support abortion rights. But I still like Cristina even though I disagree with her on this”. This response illustrates the coexistence of ideological resistance and affective attachment, suggesting that character embedding operates by sustaining emotional investment even in the absence of attitudinal convergence. At the same time, viewers across positions articulated clear expectations regarding narrative coherence. A progressive interviewee, for instance, criticized the post-*Dobbs* revelation of Lauren Bloom’s abortion history in *New Amsterdam* as insufficiently organic to prior character development, despite endorsing the episode’s political intent. Such reactions indicate that audiences evaluate abortion storylines not only on ideological grounds but also on criteria of narrative credibility and character consistency.

Reddit discourse analysis – conducted on discussion threads from related threads subreddits – corroborates and extends these findings. Online discussions exhibit multi-layered engagement, in which users simultaneously act as evaluators of medical accuracy, critics of character construction, commentators on contemporary politics, and participants in affective exchange. Threads frequently combine technical discussions of abortion procedures with debates over representational choices and broader reflections on reproductive rights. Notably, several users expressed dissatisfaction with what they described as an overreliance on “extreme” abortion scenarios – such as rape, fatal fetal anomalies, or immediate life-threatening conditions – arguing that these narrative strategies risk reinforcing the notion that abortion requires exceptional justification. As one commenter observed, “I understand why they focus

on extreme cases – it makes it harder to be pro-life when the woman was raped or will die. But it also reinforces the idea that you need an extreme reason to justify abortion”. This critique highlights audience sensitivity to the ideological implications of narrative framing, even when such framing is aligned with pro-choice advocacy.

Across both interviews and Reddit discussions, a recurring point of tension concerns the representation of what users term the “perfect abortion patient”: characters who are portrayed as rational, emotionally stable, and unequivocally certain about their decision. While many viewers recognize the strategic value of such portrayals in countering stigma, others note that this model risks narrowing the range of legitimate reproductive experiences represented onscreen. These observations suggest that audiences are attentive not only to whether abortion is depicted positively or negatively, but also to how normative assumptions about agency, responsibility, and legitimacy are constructed through character design.

5. *Discussion*

Taken together, the quantitative and qualitative findings delineate a coherent representational landscape in which abortion emerges as a structurally legitimate, ethically articulated, and narratively stabilized theme within contemporary US medical dramas. The predominance of ethical reflection, the systematic absence of anti-choice alignment, and the convergence between textual patterns and audience reception suggest that abortion is not treated as an episodic or exceptional topic, but rather as an integrated component of the genre’s narrative infrastructure. At the same time, reception data indicate that viewers actively recognize and critically evaluate these representational strategies, complicating linear models of media persuasion and foregrounding the importance of narrative mechanisms over explicit ideological argumentation.

The findings of this study indicate that character embedding functions as a central mediating mechanism through which contemporary medical dramas translate ideologically charged content into forms of narrative authenticity. Rather than advancing reproductive rights through overt argumentation, these series integrate abortion into character biography, professional identity, and relational dynamics, thereby positioning the issue as an organic component of character development. This strategy allows abortion discourse to circulate within the narrative ecosystem as a lived and professional reality rather than as external political messaging, reducing the likelihood of ideological resistance.

Biographical embedding proves particularly effective in establishing experiential authority. When abortion is articulated through characters whose experiences are woven into long-term character arcs – such as

Cristina Yang in *Grey's Anatomy* or Lauren Bloom in *New Amsterdam* – advocacy derives legitimacy from lived experience rather than abstract ethical reasoning. This dynamic resonates with narrative transportation theory, which suggests that emotional absorption into character-driven stories reduces counterarguing and increases receptivity to embedded ideological content. Because the ideological position emerges from the character's history and identity, audiences are more likely to engage affectively even when they do not share the underlying normative stance. Interview data support this mechanism: viewers across the ideological spectrum consistently recognized the pro-choice orientation of the narratives, yet often reported continued emotional investment in characters whose positions they explicitly disagreed with.

Professional embedding complements experiential authority by generating institutional and epistemic legitimacy. Characters such as Addison Montgomery in *Private Practice* articulate abortion primarily through clinical expertise and professional obligation, framing it as standard reproductive healthcare rather than as an ethically exceptional intervention. This modality appears particularly effective in addressing audiences who may be skeptical of explicit rights-based advocacy but remain receptive to medical authority and concerns about interference with clinical autonomy. The narrative separation between personal ambivalence and professional duty – recurrently staged in these series – acknowledges moral complexity without destabilizing patient autonomy as a guiding principle. In this sense, professional embedding enables medical dramas to normalize abortion within the logic of care, competence, and responsibility that structures the genre itself.

Reactive embedding, by contrast, highlights the distinctive temporal responsiveness of serialized television. The rapid incorporation of the *Dobbs* decision into *New Amsterdam* illustrates how medical dramas can function as near-real-time cultural processors, translating juridical rupture into narrative testimony. However, the reception data underscore the ambivalence of this strategy. While reactive embedding enables swift engagement with contemporary crises, it also exposes the narrative to accusations of opportunism when previously unarticulated biographical elements emerge abruptly. The criticism expressed by viewers regarding Lauren Bloom's post-*Dobbs* revelation suggests that narrative credibility remains a crucial condition for persuasive effectiveness: responsiveness alone is insufficient if not supported by perceived character continuity.

Despite the sophistication of these embedding strategies, the analysis also reveals persistent representational limitations. Most notably, abortion is disproportionately framed through extreme circumstances – rape, life-threatening pregnancy, or fatal fetal anomalies. Quantitative data indicate that fourteen of the seventeen episodes rely on at least one

such exceptional condition, while only three depict abortion in relation to ordinary life circumstances. Although this emphasis maximizes immediate persuasive impact by foregrounding cases likely to elicit broad moral consensus, it simultaneously risks reinforcing the cultural assumption that abortion requires extraordinary justification. Reception data from Reddit discussions explicitly articulate this tension, with users expressing concern that repeated reliance on extreme scenarios inadvertently marginalizes everyday reproductive decision-making and sustains the stigma surrounding “ordinary” abortions.

The pro-choice alignment observed across the corpus further complicates the interpretive picture. While the absence of anti-choice positioning reflects a clear normative commitment, it also raises questions about ideological homogeneity and the limits of narrative pluralism. Anti-abortion perspectives, when present, are largely confined to secondary or antagonistic figures, often associated with extremism, institutional rigidity, or moral authoritarianism. The lack of principal characters articulating coherent, non-caricatured anti-abortion frameworks suggests that medical dramas prioritize advocacy and normalization over genuine ideological contestation. This strategy may strengthen alignment with sympathetic audiences but potentially narrows the discursive range through which ethical disagreement is explored.

Audience reception data complicate any straightforward assessment of persuasive success or failure. Interviews and Reddit analysis reveal that viewers possess a high degree of critical media literacy, frequently distinguishing between ideological disagreement and narrative appreciation. Conservative viewers often acknowledged the persuasive intent of abortion storylines without disengaging from the series, suggesting that character embedding operates less by converting positions than by sustaining engagement and preventing ideological sorting. In this sense, the cultural function of medical dramas may lie not in producing attitudinal change but in maintaining abortion as a legitimate topic of shared narrative conversation within an increasingly polarized media environment.

Several limitations of the study must be acknowledged. The corpus, while diachronically diverse, remains limited in size and scope, and the exclusive focus on US medical dramas restricts the generalizability of findings to other genres or national contexts. The interview sample enables depth of interpretation but cannot claim representativeness²⁷, while Reddit discourse analysis privileges highly engaged viewers over more silent or disengaged audiences²⁸. These constraints point toward directions for future

²⁷ S. BRINKMANN - S. KVALE, *Doing Interviews*, London, Sage Publications, 2018.

²⁸ S.A. RAINS - S.R. BRUNNER, *What Can We Learn about Social Network Sites by Studying*

research rather than undermining the validity of the present findings.

Finally, the character embedding framework itself entails theoretical limitations. By privileging textual strategies and reception dynamics, it affords less systematic attention to production contexts, industrial constraints, and economic imperatives that shape representational choices. Integrating production studies perspectives – such as writers’ room practices, network standards negotiations, and advertiser sensitivities – would further illuminate how ideological alignment is negotiated upstream of the text. Moreover, the framework may undervalue alternative representational forms that operate outside character-centered serialization. Future research might therefore explore how abortion is negotiated in anthology formats, limited series, or documentary hybrids, testing the portability of embedding-based mechanisms across narrative forms.

6. *Conclusion*

This study has examined how contemporary US medical dramas integrate abortion into their narrative architectures, demonstrating that these series function as complex narrative ecosystems in which social conflict is negotiated through character-centered storytelling. By combining quantitative content analysis, ideological alignment scales, and qualitative reception data, the analysis shows that abortion is consistently framed as legitimate reproductive healthcare, embedded within ethical reasoning, professional practice, and long-term character development rather than treated as an episodic or exceptional event.

The findings highlight character embedding as a key mechanism through which medical dramas translate contentious political issues into emotionally resonant narratives. Biographical, professional, and reactive forms of embedding enable abortion discourse to circulate with experiential, institutional, and temporal authority, sustaining audience engagement even in the absence of ideological consensus. Reception data further indicate that viewers are not passive recipients of these representations but active interpreters, capable of recognizing persuasive intent while remaining emotionally invested in characters and narratives.

At the same time, the analysis underscores persistent representational constraints, including the privileging of extreme circumstances and the limited exploration of ideologically diverse positions. These tensions reveal both the cultural power and the structural limits of medical dramas as sites of social intervention. Ultimately, the study

suggests that the significance of abortion narratives in medical dramas lies less in their capacity to convert viewpoints than in their ability to keep reproductive rights within the sphere of shared cultural conversation, reaffirming serial television's role as a central arena for negotiating bioethical and sociopolitical controversies in contemporary popular culture.

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CHIARA CHECCAGLINI

Hospital Worlds, Gendered Roles: Mapping Gender Dynamics in Italian Medical Dramas

1. *Introduction*

As highlighted by scholarship on the evolution of the medical drama genre, the contemporary model is characterised by a set of defining traits. First, it is a choral product built around an ensemble cast, structured through clearly delineated professional roles and organised as “a microcosm that replicates bigger social organizational systems”¹. Second, it typically hybridises medical plots with melodramatic elements, articulating multiple emotional and sentimental narrative arcs: on the one hand, those that emphasise the social and moral value of the medical profession in confrontation with illness, death and “the unpredictable nature of life events”² through episodic medical cases; on the other, those centred on romantic storylines, which are almost invariably present. Finally, the ensemble structure is articulated through hierarchies, power dynamics, and relationships. This dimension inevitably intersects with gender and, together with numerous other aspects of the medical drama phenomenon³, has been extensively analysed in scholarship on the genre and its representational effects on the medical profession.

For instance, studies have focused on the stereotyping of doctors and nurses in prime-time television, particularly the feminisation of nursing roles⁴ and the historically negative or ambiguous forms of masculinity

¹ M. ROCCHI - G. PESCATORE, *Narration in Medical Dramas I. Interpretative Hypotheses and Research Perspectives*, in «La Valle dell’Eden», 34 (2019), p. 108.

² G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal Impact*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, Bologna, Media Mutations Publishing, 2023, p. 8.

³ See A. SONEGO - M. ROCCHI, *Medical Drama TV Series: A Semi-Systematic Literature Review*, in «Online Journal of Communication and Media Technologies», 14 (2024), 4.

⁴ P. A. KALISCH - B. J. KALISCH, *Sex-Role Stereotyping of Nurses and Physicians on Prime-Time Television: A Dichotomy of Occupational Portrayals*, in «Sex Roles», 10 (1984), 7-8, pp. 533-553.

associated with representations of male nurses⁵, as well as the effects these portrayals have on physicians⁶, nursing and medical students⁷, and the audiences more broadly⁸.

This paper aims to examine the interplay among these defining traits, particularly focusing on the third dimension. Specifically, it analyses the relationship between gender and professional roles in Italian medical dramas, addressing the distribution of medical positions across genders through both quantitative and qualitative approaches.

As a long-standing and popular television genre, medical dramas have undergone significant transformations since their emergence on American broadcast television in the 1950s⁹. Over time, as medical dramas have increasingly adopted ensemble-based structures, they have also expanded the diversity of their gender and racial representations, while the personal lives of doctors and nurses and their relationship with patients have gained increasing prominence within medical narratives¹⁰. A decisive moment in the genre's formal development occurred with *ER* (NBC, 1994-2009), which combined an increased degree of realism with multistrand narrative complexity, and achieved widespread global popularity, paving the way for subsequent successes such as *House M.D.* (Fox, 2004-2012) and *Grey's Anatomy* (ABC, 2005-).

Owing to their close connection to a professional and experiential field familiar to most viewers, medical dramas are «uniquely situated to incorporate both social discursiveness [...] and social change¹¹». Like

⁵ R. WEAVER ET AL., *Men in Nursing on Television: Exposing and Reinforcing Stereotypes*, in «Journal of Advanced Nursing», 70 (2014), 4, pp. 833-842.

⁶ D. CARDINI - F. MALGIERI, «Television Can Damage your Health?» *Italian Doctors and Medical Drama: A Qualitative Approach*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series*, cit., pp. 31-44.

⁷ R. WEAVER ET AL., *Nursing on Television: Student Perceptions of Television's role in Public Image, Recruitment and Education*, in «Journal of Advanced Nursing», 69 (2013), 12, pp. 2635-2643.

⁸ J. COMELLES - S. BRIGIDI, *Fictional Encounters and Real Engagements. The Representation of Medical Practice and Institutions in TV Medical Shows*, in «Nova Època», 7 (2014), pp. 17-34; S. ANTONIONI - D. HOLDAWAY, *TV Reception via Social Media Analysis: The Case of Doc-Nelle Tue Mani*, in G. AVEZZÙ - M. ROCCHI (eds.), *Audiovisual Data: Data-Driven Perspectives for Media Studies, 13th Media Mutations International Conference*, Bologna, Media Mutations Publishing, 2023, pp. 141-161.

⁹ M. ROCCHI, *History, Analysis and Anthropology of Medical Dramas: A Literature Review*, in «Cinergie - Il cinema e le altre arti», 15 (2019), p. 71.

¹⁰ J. TUROW, *Playing Doctor: Television, Storytelling, and Medical Power*, Ann Arbor, University of Michigan Press, 2010, pp. 3-4.

¹¹ G. PESCATORE, *Why Medical Drama?*, cit., p. 10.

all fictional worlds, medical dramas do not merely reflect existing realities but also imagine and propose alternative articulations of them, potentially fostering public debate and envisioning social arrangements as they might be, or ought to be, even when they are not.

Building on these considerations, this chapter examines the relationships between medical and healthcare professional roles, and the gender of characters in a selection of Italian medical dramas broadcast on free-to-air television, the platform traditionally associated with this type of programming. The analysis combines two complementary perspectives: a quantitative assessment of the distribution of professional roles across gender, focusing on the connection between gender and leadership or non-leadership positions; and a qualitative content analysis of key characters and their relational dynamics within these roles.

The series analysed, listed in chronological order of release, are as follows:

Oltre la soglia (Canale 5, 2019), cancelled after one season due to low ratings, is set in a psychiatric emergency unit for minors led by the head of psychiatry, Tosca Navarro (Gabriella Pession). While its limited success and relatively small number of medical characters make it less prominent in the qualitative analysis, it is nevertheless included as an example of a Mediaset-produced medical drama.

Doc - Nelle tue mani (RAI1, 2020-), a major success for Rai and inspired by a true story, centres on physician Andrea Fanti (Luca Argentero), who loses the memory of the previous twelve years following an attempt on his life.

Cuori (RAI1, 2021-) stands out for its period setting in the 1960s and for its combination of the pioneering medical research conducted at Turin's Molinette Hospital with the romantic and emotional dramas of the protagonist, cardiologist Delia Brunello (Pilar Fogliati), and of the men in her life, cardiac surgeons Cesare Corvara (Daniele Pecci) and Alberto Ferraris (Matteo Martara).

Lea (RAI1, 2022-2023) focuses on the nurse Lea Castelli (Anna Valle) across two seasons (*Un nuovo giorno* and *I nostri figli*). It is set within the specific, localised context of the paediatric ward of Ferrara Hospital and it presents a more linear narrative structure, in which the romantic dimension carries greater weight than the strictly medical one.

These series are all fictional productions, yet they differ markedly in narrative and formal ambition, scope, setting, and audience reception. *Oltre la soglia* revolves around a psychiatric rather than a general medical context; *Cuori* pursues broader historical and socio-cultural ambitions; *Doc* develops a complex, dynamic, multistrand narrative across multiple timelines; and *Lea* adopts a more linear storytelling approach. Together, however, they offer a nuanced and representative overview of the med-

ical drama as it has taken shape within Italian free-to-air television in recent years.

2. *Gendered Roles: Gender and Profession in Italian Medical Dramas*

The initial perception when watching these series, was that although there appeared to be a balance between genders in terms of the number of male and female characters, there is a tendency to privilege men in medical leadership roles. To formally assess whether a representation bias is present, a chi-square test was employed.

Firstly, the characters were classified by gender (man, woman)¹² and hierarchical position (leadership/non-leadership). Leadership positions are defined as those involving greater responsibility and decision-making power, such as heads of department, attending physicians, and medical directors; non-leadership roles include positions that, in various ways, depend on the decisions of superiors, such as residents, trainees, as well as nurses and similar professional categories (see Table 1). Secondly, a 2x2 contingency table was built based on the observed counts (see Tab. 2) and compared with a contingency table of expected counts, which represent the distribution that would be expected if there were no correlation between gender and leadership¹³ (see Table 3). Finally, the test statistic was computed by applying the chi-square formula (see equation below).

Table 1 - *Character classification by gender (F=female, M=male) and role (L=leadership, NL=non-leadership)*

<i>Character name</i>	<i>Gender</i>	<i>Role</i>	<i>Tv series</i>
Tosca Navarro	F	L	<i>Oltre la soglia</i>
Alessandro Agosti	M	L	<i>Oltre la soglia</i>
Francesco Negri	M	L	<i>Oltre la soglia</i>
Barbara Cappello	F	NL	<i>Oltre la soglia</i>
Andrea Fanti	M	L	<i>Doc - Nelle tue mani</i>
Giulia Giordano	F	L	<i>Doc - Nelle tue mani</i>
Lorenzo Lazzarini	M	L	<i>Doc - Nelle tue mani</i>

¹² In this case, only two genders were considered, as among the characters in the series analysed there are none who identify with genders other than man or woman.

¹³ The value in each cell equals the product of the corresponding row total and column total divided by the overall total.

<i>Character name</i>	<i>Gender</i>	<i>Role</i>	<i>Tv series</i>
Damiano Cesconi	M	L	<i>Doc - Nelle tue mani</i>
Agnese Tiberi	F	L	<i>Doc - Nelle tue mani</i>
Marco Sardoni	M	L	<i>Doc - Nelle tue mani</i>
Cecilia Tedeschi	F	L	<i>Doc - Nelle tue mani</i>
Enrico Sandri	M	L	<i>Doc - Nelle tue mani</i>
Riccardo Bonvegna	M	NL	<i>Doc - Nelle tue mani</i>
Elisa Russo	F	NL	<i>Doc - Nelle tue mani</i>
Gabriel Kidane	M	NL	<i>Doc - Nelle tue mani</i>
Alba Patrizi	F	NL	<i>Doc - Nelle tue mani</i>
Carolina Fanti	F	NL	<i>Doc - Nelle tue mani</i>
Teresa Maraldi	F	NL	<i>Doc - Nelle tue mani</i>
Federico Lentini	M	NL	<i>Doc - Nelle tue mani</i>
Martina Carelli	F	NL	<i>Doc - Nelle tue mani</i>
Lin Wang	F	NL	<i>Doc - Nelle tue mani</i>
Delia Brunello	F	L	<i>Cuori</i>
Cesare Corvara	M	L	<i>Cuori</i>
Alberto Ferraris	M	L	<i>Cuori</i>
Enrico Mosca	M	L	<i>Cuori</i>
Ferruccio Bonomo	M	L	<i>Cuori</i>
Andrea Foschini	M	L	<i>Cuori</i>
Eva Pellegrini	F	L	<i>Cuori</i>
Serenella Rinaldi	F	NL	<i>Cuori</i>
Virginia Corvara	F	NL	<i>Cuori</i>
Suor Fiorenza Bertoni	F	NL	<i>Cuori</i>
Fausto Alfieri	M	NL	<i>Cuori</i>
Agata Vezzani	F	NL	<i>Cuori</i>
Bino Mazzini	M	NL	<i>Cuori</i>
Helmut Becker	M	NL	<i>Cuori</i>
Marco Colomba	M	L	<i>Lea</i>
Pietro Verna	M	L	<i>Lea</i>
Anna Galgano	F	L	<i>Lea</i>
Lea Castelli	F	NL	<i>Lea</i>
Rosa Gori	F	NL	<i>Lea</i>
Favilla Mancuso	F	NL	<i>Lea</i>
Olga Francesio	F	NL	<i>Lea</i>
Michela Idiong	F	NL	<i>Lea</i>
Donato Nibbi	M	NL	<i>Lea</i>

Table 2 - *Contingency table of observed counts - aggregated data based on 44 characters from 4 series*

	<i>Men</i>	<i>Women</i>	<i>Total</i>
LEADERSHIP	14	7	21
NON-LEADERSHIP	7	16	23
<i>Total</i>	21	23	44

Table 3 - *Contingency table of expected counts - aggregated data based on 44 characters from 4 series*

	<i>Men</i>	<i>Women</i>	<i>Total</i>
LEADERSHIP	10.2	10.98	21
NON-LEADERSHIP	10.98	12.02	23
<i>Total</i>	21	23	44

The chi-square statistic expresses, in a single number, the distance between the table of observed data and the theoretical expectations. The null hypothesis (H0) here is that these variables are independent, that is, that the categorical variable “gender” has no effect on hierarchical position, and vice versa. The alternative hypothesis (H1), by contrast, posits a dependency between the two variables, indicating a gendered asymmetry in access to positions of authority.

The chi-square value obtained from this calculation is 5.7761, and its associated probability value (p-value) is 0.01625, or 1.625%. This means that there is a probability of less than 2% – a very low one¹⁴ – that this contingency table could be generated by two independent variables. The null hypothesis can therefore be rejected, and the alternative hypothesis accepted: in the series examined, there is a statistically significant correlation between gender and leadership positions, where male characters are more likely to hold a leadership position.

This quantitative approach, based on categorical variables, might suffice to identify the tendency towards a representation bias, but fails to capture all the nuances of the serial text. Therefore, it needs to be integrated with qualitative content analysis capable of accounting not only for *what* and *how much* is represented, but also for *how* representation operates within a complex cultural product such as a TV series.

¹⁴ Traditionally, a statistical test is considered significant if its p-value is below 5%.

3. *Gendered Characterisations*

Through content analysis of the gendered characterisation of doctors and healthcare professionals in the selected series, recurring character types and relational patterns emerged, which will be illustrated in the following paragraphs to examine whether characters reinforce or challenge gender stereotypes.

3.1. The Broken Doctor Hero

One character type can be referred to as the “broken doctor hero”, defined by exceptional professional competence and moral intuition combined with a deep personal fracture, often caused by trauma. Versions of this figure recur in contemporary medical dramas, typically embodied by doctors capable of profound human gestures and willing to bend or break professional rules, yet marked by secrecy or by a dramatic event in their past. A recurring tension between clinical rationality and empathy frequently emerges in narratives centred on this character type. The protagonist of *Doc - Nelle tue mani*, Andrea Fanti, fits this characterisation closely: the traumatic event he endures grants him a second chance, one that hinges on empathic engagement as a central discriminating factor between his former self – cold, authoritarian, and hyper-rational – and the physician he becomes thereafter. This transformation is particularly evident in the first season of *Doc*, where, following the shooting and the resulting memory loss, Fanti loses his formal position as head of the department but retains an informal role as an inspirational leader for his younger colleagues. This role is repeatedly articulated through motivational speeches delivered at key moments across the season.

This type of characterisation, which combines repellent or abrasive traits with a pervasive sense of inner darkness and a fundamental psychological fracture, is more commonly associated with male doctors, most famously embodied by *House MD*'s Dr Gregory House. A notable exception is Dr Tosca Navarro in *Oltre la soglia*, a character explicitly inspired by Dr House, as confirmed by the series' writer Laura Ippolito¹⁵. Like House, Navarro is conflicted and rebellious, inclined to challenge institutional regulations and, at times, openly aggressive. Unlike House, however, she displays a pronounced empathic engagement with her young patients suffering from mental health issues. As with House, she conceals a personal vulnerability: in her case, a diagnosis

¹⁵ F. GUARNACCIA, *Oltre la soglia. Intervista a Laura Ippoliti*, in «Link - Idee per la TV», 6 November 2019, <https://www.linkideeperlatv.it/oltre-la-soglia/>.

of schizophrenia in adolescence. This experience functions as a crucial entry point for empathy, since Tosca discovered her condition as a teenager and has herself confronted the same struggles and forms of marginalisation in everyday life and social relationships faced by her young patients.

The doctors in *Cuori*, namely surgeons Cesare Corvara and Alberto Ferraris, and above all cardiologist Delia Brunello, are fully oriented toward medical progress, understood also in technological terms, yet they are persistently unhappy due to their inability to reconcile professional commitment with their emotional lives. At the same time, Delia, inspired by the American cardiology pioneer Helen Brooke Taussig, embodies a struggle against male dominance and gender prejudice in the workplace¹⁶.

While in *Cuori* the theme of prejudice surrounding female characters who work in intellectually demanding fields, occupy leadership positions, and challenge traditional models of femininity is closely tied to the series' period setting, forms of gender bias can also be observed in contemporary-set medical dramas, where female characters are frequently shaped by stereotypical gender roles.

3.2. Gender and Power

As Philips observes, “a doctor is professionally required to demonstrate qualities of decisiveness and authority, and the woman doctor is expected to have knowledge and intelligence, qualities which are much less comfortably ‘feminine’”¹⁷, even though in media representations rationality and intelligence are often coded as masculine qualities.

Even when, in the examples discussed here, the tension between rational efficiency and empathy does not coincide neatly with a gender-based division, the inflection attributed to these qualities tends to shift when female characters are involved. In *Doc*, for instance, while Andrea is granted a multifaceted, three-dimensional characterisation designed to elicit strong viewer empathy, a different dynamic emerges in the portrayal of women who occupy positions of power and narra-

¹⁶ “Through Delia, in fact, the series leans towards a more contemporary sensibility for gender equality by narrating her struggle that a gifted female cardiologist had to face to gain the respect of the all-male surgical team”, E. FARINACCI - E. ROSSI, “No Pulp Scenes on Raiuno!” *The Case of Cuori, Investigating Medical Drama TV Series, an Italian Medical Drama on Broadcast Television*, in S. ANTONIONI - M. ROCCHI (eds.), cit., p. 359.

¹⁷ D. PHILIPS, *Medicated Soap: The Woman Doctor in Television Medical Drama*, in B. CARSON - M. LLEWELLYN-JONES (eds.), *Frames and Fictions on Television. The Politics of Identity within Drama*, Exeter, Intellect, 2000, p. 53.

tive relevance. In these cases, intellectual or managerial competence is frequently associated with forms of friction and abrasive traits. The head of Infectious Diseases, Dr Cecilia Tedeschi, is initially constructed as an outright villain, characterised by ambition and a lack of empathy. Although she later becomes an ally over the course of the series, she remains a secondary character. For more central female characters, leadership roles appear to require counterbalancing through unhappiness or personal tragedy, functioning as strategies to elicit sympathy from viewers. This is the case with Agnese Tiberi, Fanti's ex-wife and hospital director, and Giulia Giordano (Matilde Gioli), a doctor on the rise and Fanti's love interest. Agnese wields significant decision-making power within the hospital and is characterised, on the one hand, by her conflicted position between institutional imperatives and doctors' interests, and on the other by a victimising framing that positions her as a martyr bearing the weight of others' mistakes. This dynamic is exemplified in the third season, when Agnese sacrifices herself by taking responsibility for actions she did not commit in order to protect her ex-husband from an elaborate blackmail scheme. This narrative arc culminates with a diagnosis of recurrent cancer, which in the final episode allows Fanti to step back from his professional role to assume a position of care toward his ex-wife, while offering the position of head physician to Giulia Giordano.

Over the course of the series, Giulia advances professionally and is initially portrayed as inflexible and highly rational, emotionally distant, and determined not to let her now unreciprocated love for Andrea Fanti interfere with her work. This capacity for detachment, however, is counterbalanced by personal tragedy: the substance abuse of her mother and brother and, most notably, the death of both her partner and the child she was expecting. As will be discussed further, denied or interrupted motherhood functions as a recurring traumatic burden placed upon female characters in these series.

3.3. Gender and Care

At the other end of the spectrum of gendered professional characterisation, opposing leadership is the realm of care, embodied by nurses. Philips argues that, within medical series, the reassuring figure of the female nurse operates as a counterpoint to the woman doctor.

The fictional nurse offers a means of reconciling the new expectations for professional skill and training for women within the traditional attributes of 'femininity'; it is made clear here that the "power of a nurse" is strictly limited, and subject to the authority of a doctor. While a nurse is by definition in a service role to patients and to doctors, such

qualities as ‘patience and tenderness’ are not so valued in a doctor¹⁸.

In *Lea*, nurses are characterised through a conventional correlation between caregiving roles and femininity. Significantly, there are more female doctors in *Cuori*, a series set in the 1960s, than in *Lea*, where the only woman doctor, Anna Galgano, is a gynaecologist who abandons medical practice after becoming pregnant by the head physician Dr Marco Colomba, Lea’s ex-husband and romantic interest. In *Cuori* as well, the only other woman doctor is a gynaecologist, Eva Pellegrini, a marginal character who disappears in the second season, replaced by another female doctor with even less screen time.

The group of nurses in *Lea* represents a set of stereotypically feminine traits: understanding, kindness, helpfulness, and maternal instinct. Among them, there are single women whose primary goal is to find a husband and settle down, as with Olga, and others who combine disinterest in men with a caustic and malicious attitude, as with Favilla, who is nevertheless highly competent in her work with children. This dimension explicitly reinforces an essentialist view of gender roles in episode 2x03, when the nurses await the arrival of a new colleague, Linda Bruno, and are surprised to see that the new hire is actually Bruno Linda, a man. Favilla articulates the gender bias by declaring, «This work is not for men», asserting in absolute terms that men are incapable of caring for infants, even when such care is technically their job.

Innate qualities of nurturing also emerge in Teresa from *Doc*, who, like Rosa in *Lea*, is both head nurse and mother, but unlike Rosa, is granted a romantic narrative with a superior, psychiatrist Enrico Sandri. In *Cuori*, the nurse Serenella Rinaldi is another professionally competent character who, on the one hand, embodies emancipatory impulses, but on the other, is sexualized and subjected to the attention of male staff.

3.4. Gender and Parenthood

In *Lea*, one of the series’ central themes, and a defining aspect of the protagonist’s narrative arc, is motherhood. Initially, motherhood is denied for Lea, as the end of her marriage to Marco is marked by the grief over the loss of their unborn child. Later, she engages with forms of extended motherhood, expressed through her care for various children in need, and especially the daughter of her new partner.

Motherhood here is also employed as a largely functional narrative device, as when Anna, Marco’s new partner, discovers she is pregnant

¹⁸ *Ibidem*.

just after he has left her. The series ultimately presents an idea of the extended family that express conflicting tendencies: on the one hand, it appears progressive, valuing parent-child relationships regardless of biological ties or the status of current and former partners; but on the other hand, concludes a second season in which horizons beyond marriage and motherhood seem nonexistent for women. This is further emphasised in an episodic storyline in which, even when a teenage girl becomes accidentally pregnant, abortion is not even considered as an option.

Dr Delia Brunello in *Cuori* also confronts the theme of parenthood and adoption, already present in the series through various single mothers and absent fathers. In the second season, a patient dies shortly after giving birth, and the newborn comes into Delia's care, triggering a desire for motherhood at a moment when she has lost both men in her life, even as her great love, Alberto Ferraris, is himself becoming a father.

The capacity to have, or not have, children is addressed in different ways across these series, but it consistently functions as an emotional burden and a narrative device for female characters, reflecting an essentialist and traditional conception of parenthood. Even when other narrative dynamics are explored to offer a wider range of possibilities, gender constraints remain: in *Cuori*, for instance, Alberto's sister Luisa is a single mother who also struggles with psychiatric disorders; while nurse Agata Vezzani, also a single mother, receives help from the head physician Dr Mosca, with whom she becomes romantically involved – conferring a persistent boss-employee power-imbalance dynamic.

3.5. Identities at Play

It is worth mentioning further dimensions through which gender and professional roles intersect with other identity markers, shaping characterisation and interpersonal dynamics among characters. Some series use their choral structure and ensemble cast to encompass a range of minoritised identities and to include forms of physical, racial, cultural, and class diversity.

In *Doc - Nelle tue mani*, for instance, Dr Riccardo Bonvegna's physical disability is narratively compensated by his empathy, professional brilliance, and desirability as a romantic interest for several female residents. At the same time, his disability primarily functions as a narrative arc of self-rejection and eventual self-acceptance. Bonvegna is also marked by personal loss, namely the death of his partner Alba, a trauma that is later balanced through a new, yet initially guilt-laden, affective bond with another resident (the relationship's power imbalance is not mentioned). Meanwhile, Dr Gabriel Kidane's Ethiopian origins allow

the series to address migration and the experience of torture in a Libyan detention centre.

Such identity traits, however, risk becoming the characters' defining, and limiting, features. This tendency becomes particularly visible in the third season of *Doc*, when three characters whose narrative arcs have been exhausted exit the series and are replaced by new ones, whose identities are again anchored in single defining traits: Federico Lentini, the privileged son of a wealthy doctor; Martina Carelli, who fraudulently enters the hospital system without completing her degree in order to escape a rural, opportunity-less background; and Lin Wang, a resident of Chinese origin whose affluent, Milan-based family challenges stereotypes of economically disadvantaged migrants, but is nonetheless portrayed through a restrictive and ghettoising form of cultural traditionalism.

Within the professional sphere, solidarity, particularly among younger women, remains largely absent. Workplace rivalries frequently intersect with romantic competition across all hierarchical levels: from the prolonged conflict between Elisa and Alba, to Martina and Lin's initial rivalry over Bonvegna, to the overlapping love triangles involving Giulia Giordano, Agnese Tiberi, and Andrea Fanti. Similar dynamics recur across the series analysed, from *Lea* to *Oltre la soglia*, where Tosca Navarro's romantic relationship reproduces at work the same conflictual patterns she experiences in her private life. Most notably, these series consistently foreground heterosexual romantic relationships between characters occupying asymmetrical positions of power, most often with men in roles of institutional or professional superiority. Examples include the already mentioned doctor-nurse relationships in *Cuori*; in *Doc*, the relationship between Fanti's daughter Carolina, and the head of surgery; in *Oltre la soglia*, Dr Agosti rescuing the young psychologist Barbara from a toxic marriage; in *Lea*, Dr Verna disrupting his marriage for Michela, a second-generation nursing trainee from a lower socio-economic background.

4. Conclusion

By no means exhaustive, this analysis shows that Italian free-to-air medical dramas appear to distribute female and male characters relatively evenly across a range of professional roles. However, while women are not absent from positions of leadership and decision-making power, representations continue to privilege male leaders, with men more frequently occupying the most stable leadership roles. Female leaders, by contrast, are often characterised through forms of personal suffering that function as compensatory or counterbalancing devices to professional rigidity.

When it comes to gendered characterisation, persistent recurrences can be traced back to stereotypical conceptions of gender difference. Trauma emerges as a recurring narrative device for both male and female characters; yet denied or frustrated parenthood is disproportionately deployed as a dramatic burden for women, including those portrayed as professionally successful and career-oriented. In these narratives, maternity, and its absence, operates as a recurring lens through which female subjectivities are tested, shaped, and ultimately reinscribed within traditional norms.

From the perspective of cultural and identity-based diversification, the series analysed reveal significant limitations. Most notably, LGBTQ+ identities are still absent from relevant medical staff characters, while non-white or migrant characters tend to be included in symbolic or instrumental ways, often serving as tokens whose narrative functions are confined to specific, self-contained storylines.

To conclude, these series display a disposition to distribute professional roles across genders and to incorporate forms of diversity within ensemble casts, but these developments remain circumscribed by persistent representational limits. Across these cases, the intersection of gender, power, and other identity markers reinforces hierarchical relational models, even within narratives that otherwise lean toward forms of diversity and inclusivity. Italian free-to-air medical dramas thus remain essentially rooted in comforting boundaries, frequently mitigating or re-domesticating those characters whose potential for disruption might otherwise challenge established characterisations. This exploration, however, would undoubtedly benefit from complementary audience research to investigate how viewers respond to these largely reassuring characters and normative relational models.

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Contemporary Chinese Medical Drama and Public Discourse: Main Dimensions

1. Introduction

Over the past two decades, Chinese television medical dramas (医疗剧) have emerged as a significant entertainment genre¹. Aside from some prototypes like *Dr. Xin and Dr. Chen* (Changchun Film Studio, 1959), it was the success of Western medical dramas such as *ER* (NBC, 1994-2009) and particularly *Grey's Anatomy* (ABC, 2005-Current) that prompted Chinese producers to develop localized counterparts. Such as *The Pediatrician* (Beijing TV Art Center, 1999). American and Japanese models began to be progressively substituted by indigenous sensibilities in series such as *The Doctors* (TVB, 2010) and especially *Angel Heart* (Beijing TV Art Center, 2016).

In interpreting Chinese medical drama (as well as most Chinese media), Western scholarship has traditionally focused on the political dimensions, examining its role as a state-influenced medium. This is in contrast with analyses of Western medical drama, which tend to eschew broader political economies of representation². In a previous work³, which the current chapter builds upon, we provided a framework for understanding how Chinese medical dramas under Xi Jinping's governance blend entertainment, propaganda, and education, examining dramas also as vehicles for state messaging. We stressed how regulatory environments shape narrative content particularly regard-

¹ For a history of the genre: M. GUO - X. ZHANG, 华语医疗剧的现状与思考: 聚焦医患共情, 折射人生百态 [The Current State and Reflections on Sinophone Medical Dramas: Focusing on Doctor-Patient Empathy and Human Complexity], in «中国文艺评论» [Chinese Literary and Art Criticism], 2020.

² A. SONEGO - M. ROCCHI, *Medical Drama TV Series: A Semi-Systematic Literature Review*, in «Online Journal of Communication and Media Technologies», 14 (2024), 4, pp. 1-29.

³ N. F. RIVA - M. TARANTINO, *The Politics of Fictional Medicine: Entertainment, Propaganda, and Education in Chinese Medical Dramas in the Xi era*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series: Approaches and Perspectives*, Media Mutations Publishing, Bologna 2023, pp. 45-66.

ing depictions of state healthcare systems, the valorization of medical professionalism, and the portrayal of doctor-patient relations within state-sanctioned frameworks⁴. The alignment with state messages tends to be paired with explicit pedagogic objectives, focused on health communication and the promotion of medical knowledge, healthy lifestyles, and behavioural norms in doctor/patient relationships. Chinese scholarship on medical drama has tended to focus more on this latter component, and on measuring its efficacy⁵. In our previous work on the topic⁶, we also observed that, while far more nuanced than a straightforward operationalization of any ideological whim of the central government, explicit pedagogic and propagandistic features acquire a weight in the Chinese medical drama that is nowhere to be found in their American counterparts.

From a content perspective, Khiun⁷ and Chen⁸ observed that East Asian medical dramas tend to be grounded in realism⁹ and depict hierarchical cultures and emphasize their staging of tensions between professional expertise and bureaucratic order, and their pursuit of an extended definition of “patient” encompassing family members as primary medical decision-makers, resulting in scenarios where doctors present diagnoses and treatment options to family members rather than patients. Chen¹⁰

⁴ L. LIN, 从健康传播视角评析国内医疗剧 [Analysis of Domestic Medical Dramas from a Health Communication Perspective], «中国高校人文社会科学信息网» [China Higher Education Humanities and Social Sciences Information Network], 2020.

⁵ Y. WANG, 中西方瘟疫电影意识形态的差异 [Ideological Differences between Chinese and Western Pandemic Films], in «艺术研究快报» [Art Research Letters], 11 (2022), 2, pp. 89-96.
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⁶ N.F. RIVA - M. TARANTINO, *The Politics of Fictional Medicine: Entertainment, Propaganda, and Education in Chinese Medical Dramas in the Xi era*, cit.

⁷ L.K. KHIUN, *Communicating Health in East Asian Television Dramas*, in «International Journal of Communication», 6 (2012), pp. 1042-1058.

⁸ L. CHEN, *Vulnerable Live Patients, Powerful Dead Patients: A Textual Analysis of Doctor-Patient Relationships in Popular Chinese Medical Dramas*, in «Cogent Social Sciences», 5 (2019), 1, art. 1622626.

⁹ H.T. YANG, 医疗剧, 问诊社会、把脉人生 [Medical Dramas: Questioning Society and Taking the Pulse of Human Life], 中国传媒大学新闻学院 [China Media University School of Journalism], Beijing, 2014.

¹⁰ L. CHEN, *Vulnerable Live Patients, Powerful Dead Patients: A Textual Analysis of Doctor-Patient Relationships in Popular Chinese Medical Dramas*.

highlighted a dual communication model, alternating between a diagnostic moment in which a paternalistic model deferred authority to physicians as unquestionable experts (“God doctors,” 神医), and, in reverse, a consumeristic model where families aggressively contested medical decisions and demanded compensation once dispute arose following adverse outcomes¹¹. Medical dramas thus reflect and reinforce these professional frameworks, depicting doctors navigating systemic pressures and patient expectations within healthcare systems facing resource constraints, while operating under the implicit frameworks we analyzed in our previous work regarding state healthcare messaging.

Scholars have also examined gender representations in the genre. Broader TV drama research shows female characters are narratively constrained through (1) a dominantly male-centered perspective despite female protagonists¹²; (2) production-level gatekeeping prioritizing ideological compliance with increasingly traditional gender norms¹³; and (3) occupational authority represented as subordinated to domestic/family narratives¹⁴.

The genre thus appears to embody what in Riva and Tarantino¹⁵ we defined as the “politics of fictional medicine,” wherein narrative choices simultaneously reflect and reinforce state healthcare priorities, legitimating institutional frameworks and professional hierarchies through dramatic representation¹⁶.

¹¹ See also Y. LIU - X. Z. LI, 医患冲突话语研究—以电视剧《急诊科医生》为例 [Research on Doctor-Patient Conflict Discourse: A Case Study of the Television Drama Emergency Room], in «Modern Linguistics», 9 (2021), 2, pp. 321-325.

¹² Y. LI, 都市女性题材影视剧中女性形象的建构策略研究 [Construction Strategies of Female Images in Urban Female-Themed Television Dramas], in «新闻传播科学» [News Communication Science], 2 (2025), 132, p. 34.

M. LIU, 从“他人定义”到“政治塑造”: 中国微短剧女性形象的演变 [From “Construction by Others” to “Political Shaping”: The Evolution of Female Images in Chinese Micro-Dramas], in «Journal of International Social Science», 2 (2025), 10, pp. 45-62.

¹³ *Ibidem*; L. WANG, 论当代中国电视剧的女性叙事与话语策略 [Contemporary Chinese Television Drama Female Narrative and Discourse Strategies], in «Chinese Literary Studies», (2025), 12, pp. 44-58.

¹⁴ Z. ZHANG, *Stereotyping of Women’s Images Portrayed in Prime Time Chinese Television Dramas*, Doctoral dissertation, Iowa State University 2009.

¹⁵ N.F. RIVA - M. TARANTINO, *The Politics of Fictional Medicine: Entertainment, Propaganda, and Education in Chinese Medical Dramas in the Xi era*, cit.

¹⁶ Y.H. LIN, 中共運用電視劇提升國家形象之研究—以抗疫劇《在一起》為例 [Research on the CCP’s Use of Television Dramas to Enhance National Image: A Case Study of Anti-pandemic Drama in Together], Master’s thesis, National Defense University, Taiwan, 2025.

Against this background, and building upon our previous work, this chapter examines how contemporary Chinese medical drama (2016-2025) negotiates entertainment value, political compliance with institutional agendas, and pedagogic intent. Rather than pursuing comprehensive genre description, the following sections analyze what emerged from our empirical materials as critical junctures of these tensions, organized around two principal analytical domains.

The first addresses genre dynamics and critical negotiation spaces, exploring how narrative forms – genre hybridity, the Covid-specific subgenre, and rapid tonal oscillations – operate as sites where medical drama simultaneously functions as propaganda apparatus and bounded critical discourse space.

The second refers to cultural-national identity and medical knowledge, analyzing how medical drama articulates state-defined “Chineseness” through two interrelated dimensions: the legitimation of Traditional Chinese Medicine and “sinicization” of medical epistemology, and the reinforcement of gender norms aligned with state projects of demographic and cultural renewal.

2. Methodology

The research explored the research question through a three-pronged approach. First, a qualitative analysis of a sample of 11 medical drama series (see Table 1), for a total of 325 episodes subject to formal narrative analysis. A team of four coders, all native Chinese speakers, subjected the series to the Pescatore-Rocchi isotopy-based narrative analysis methodology¹⁷. This approach applies Greimas’ concept of *isotopy*¹⁸ – thematic threads ensuring textual coherence through recurring narrative and semantic elements – to identify three main “plots” in medical drama: medical, professional, and sentimental. Moving beyond thematic coding, this method analyzes interlocking systems of meaning that bind characters, actions, and values across narrative sequences.

The second methodological prong examined production data for each series, focusing on two elements: above-the-line crew, in particular the lead writers (总编剧) which represent apex creative forces; and fund-

Y. WANG, 中西方瘟疫电影意识形态的差异 [*Ideological Differences between Chinese and Western Pandemic Films*], cit.

¹⁷ G. PESCATORE - G. ROCCHI, *Narration in Medical Dramas: Interpretative Hypotheses and Research Perspectives*, in «La Valle dell’Eden», 34 (2018), pp. 107-115.

¹⁸ A.J. GREIMAS, *Sémantique structurale: Recherche de méthode*, Paris, Larousse 1966.

ing structure. Where necessary, policy and regulation documents impacting medical drama were also analyzed. The objective was to assess how propaganda and pedagogic elements integrate into narrative isotopies and resonate with institutional priorities, approached primarily through qualitative analysis given current methodological constraints on quantitative alignment measurement.

Finally, the third research prong focused on reception data, examining online reception data comprising approximately 10120 user-generated reviews and comments from Douban, China's primary platform for television and film criticism. Such material was approached through a twin method: topic detection based on Latent Dirichlet Allocation methods followed by qualitative coding of sub-samples of identified topics. This approach interrogates the interaction between authorial/producers' intent (manifest in narrative structures, character arcs, and didactic content) and audience interpretation. This approach was marked by significant methodological constraints. Access to online discourse is limited to approximately 1-2% of total comments for each series on platforms like Douban due to algorithmic curation. The temporal window of accessible content is similarly restricted, and "interface hostility" toward systematic data collection has intensified since 2020. As a result, no generalization can be done at this stage on reception data, and they will be used only as illustrations.

3. Results

3.1. Genre Dynamics and Critical Negotiation Spaces

3.1.1. Genre Hybridity and Covid-19 Sub-Genre

Chinese medical dramas in our sample exhibit remarkable genre hybridity, occasionally making them difficult to classify as medical dramas at all. Although they inherit the American formula combining drama, romance, thriller, and science narratives, Chinese adaptations display this hybridity at two distinct levels: overall series structure and rapid intra-episodic oscillations between contrasting generic registers.

Concerning the former, Chinese medical drama appear open to combination with a larger palette of genres than their American counterparts. Set between 1927 and 1946, *Doctor of Traditional Chinese Medicine* (Hunan TV, 2019) not only hybridizes medical drama with the "Anti-Japanese War" genre (抗日剧) (itself a subclass of the "Republican Period drama" 民国剧), but also inherits structures of martial arts drama (武侠剧), most notably the presence of rival schools headed by competing "masters" (of Traditional Chinese Medicine and of "Westernized" medicine) and forbidden

Table 1 - Sample structure and main features

<i>International Title</i>	<i>Year</i>	<i>Original Title</i>	<i>Literal Translation of Original Title</i>	<i>Episodes</i>	<i>Douban Reviews as of June 2025</i>	<i>Douban Items</i>	<i>Average Douban Score</i>	<i>Funding Source</i>	<i>Gender of Protagonist (s)</i>	<i>Gender of Lead Writer</i>
Surgeons	2017	外科风云	Surgical Story	44	~15000	2009	7.3	Private	Male	Female
ER Doctors	2017	急诊科医生	Emergency Department Doctors	43	~5000	102	6.2	Private	Male and Female	Female
Angel Heart	2016	心术	Heart Technique	36	~9000	1227	5.8	Private	Male	Female
Doctor of Traditional Chinese Medicine	2019	老中医	Old Chinese Doctor	40	~3000	58	5.8	Public (CCTV)	Male	Male
With You / Together	2020	在一起	Together	20	~1500	1110	8.4	Public (NRFA)	Male and Female	Female-led (3 Female, 1 Male)
Ebola Fighters	2021	大国担当之埃博拉前线	The Responsibility of a Great Nation: Ebola Frontline	24	~6000	1515	N/A ¹⁹	Public ("Go Deep into Life and Take Root Among the People")	Male	Balanced (2 Female: 2 Male)

¹⁹ Ebola Fighters shows almost no user interaction on Douban and no user score (and likewise on the Internet Movie Database). The reasons for this absence could not be documented by this research.

<i>International Title</i>	<i>Year</i>	<i>Original Title</i>	<i>Literal Translation of Original Title</i>	<i>Episodes</i>	<i>Douban Reviews as of June 2025</i>	<i>Douban Items</i>	<i>Average Douban Score</i>	<i>Funding Source</i>	<i>Gender of Protagonist (s)</i>	<i>Gender of Lead Writer</i>
Journey Across the Night	2020	我在香港遇见他	I Met Him in Hong Kong	26	~1000	1543	6.1	Private	Male	Balanced (1 Male Rao Hui; 1 Female Ji Jin)
Heroes in Harm's Way	2020	最美逆行者	Amazing People Walking Towards Danger ²⁰	14	0	0	2.4	Public: (Go Deep into Life and Take Root Among the People")	Male and Female	Balanced (2 Female; 2 Male)
The Heart	2023	问心	Ask the Heart	38	~2500	91	8.6	Public/Private (Possible CCTV funding)	Male and Female	Female
Genz	2023	后浪	The Next Wave	40	~6000	1451	4.3	Public (Go Deep into Life and Take Root Among the People) + Sichuan province funding	Male	Female
The Best Thing	2025	爱你	Love You	28	~51000	1061	6.8	Private	Male and Female	Female

²⁰ The title is very idiomatic. In Covid-19 discourse, 逆行者 designated people (especially medical staff) who “run toward danger while everyone else is fleeing”.

romance between their members. Likewise, *Ebola Fighters* (Tencent Penguin Pictures, 2021) heavily borrows elements from the geopolitical thriller genre in showing the history of a fictionalized outbreak in Africa solved by the heroism of Chinese doctors. In a third example, *The Journey Across the Night* (Mango TV, 2020) focuses on a schizophrenic student of psychiatry in Hong Kong and on his relationships with his professor, but then hybridizes with supernatural thriller elements.

Concerning intra-episodic genre oscillations, Chinese medical dramas feature abrupt tonal ruptures rather than gradual narrative development, demanding constant audience recalibration. *Surgeons* (Hunan TV, 2017) exemplifies this pattern: episode 1 begins as a medical procedural, transitions into a romance subplot, shifts into thriller territory during a patient death sequence, and concludes with palace intrigue dramatizing hospital political dynamics – all within a single episode.

Moreover, the Chinese market saw the emergence of a Covid-specific subgenre, the so-called “Anti-Covid drama” (抗疫剧 or 抗击新冠肺炎). Rather than integrating Covid-19 as a narrative element within existing series – as occurred in Western medical dramas – Chinese producers positioned the pandemic as the central organizing principle of an entirely new sub-genre. The treatment of Covid-19 across the corpus reveals a striking temporal evolution in this approach.

The two series explicitly focused on pandemic response, *With You* (CCTV/Tencent Video, 2020) and *Heroes in Harm’s Way* (CCTV/Zhejiang Huace, 2020), present Covid-19 as a national emergency requiring heroic medical response, with medical workers explicitly celebrated as embodying revolutionary virtue. These series, produced contemporaneously with the acute phase of the pandemic, emphasize the triumph of the Chinese response, the universality of the cause uniting health workers, and the government’s assumption of healthcare costs for pandemic patients.

The framing is explicitly nationalist: the pandemic becomes a site for demonstrating the superiority of the Chinese system over Western competitors, which are portrayed as negligent or self-interested. Yet *With You*, despite this explicit propagandistic framing, includes moments that hint at underlying tensions: comments in online reception suggest viewers noticed the series omitted discussion of official missteps, resource shortages, or the temporal realities of the early pandemic period. Interestingly, those critical comments remain online. One representative Douban comment:

The series [...] cannot state the actual delays, concealment, or material shortages from the National Health Commission; cannot mention the false reports

of ‘no new cases’ for over ten consecutive days; cannot state that even after the 20th, diagnostic authority remained outside hospital hands. I understand television drama has difficulties, but conflating timelines constitutes active lying [October 4th, 2020].

By contrast, one year later, *Ebola Fighters* stages pandemic response at a geographical and temporal remove (the 2014 West African Ebola epidemic), permitting extended geopolitical allegory. China appears as the responsible international actor, maintaining consistent commitment to African populations despite the abandonment of European partners, emphasizing both humanitarian concern and China’s positioning as a multipolar power.

Post-2020 series display a marked absence of Covid-19 references. For example, *The Heart* (iQiyi, 2023), despite being set in contemporary hospitals where pandemic protocols would be operative, contains no mention of Covid-19, no visible pandemic precautions, no staging of pandemic-specific medical work and no narrative reference to the pandemic. The exception is *GenZ* (iQiyi, 2023), which is set in 2020 and includes extended references to TCM’s role in the health crisis in the city of Wuhan and portrays TCM practitioners as volunteering to support pandemic response. These references serve less to discuss the pandemic than to establish TCM’s contribution to national emergency response and its alignment with state priorities.

This evolution suggests that once the acute political utility of pandemic heroism narratives had been exhausted, and once international scrutiny of the Chinese pandemic response had become entrenched, medical drama shifted toward amnesia regarding the pandemic’s ongoing significance. The progressive removal of Covid-19 from narrative space within medical dramas aimed at contemporary settings represents a broader pattern of state-managed forgetting, where entertainment media moves past politically inconvenient historical moments.

3.1.2. Medical Drama as Critical Discourse Space

Chinese medical dramas emerged to function paradoxically as both propagandistic apparatus and – within limits – as critical discourse space addressing healthcare system failures, patient vulnerability, and medical ethics crises. This dual function explains many apparently counterintuitive narrative choices in our sample. *Angel Heart* (Beijing TV Art Center, 2016), for instance, was officially commended for positively reshaping the doctor-patient relationship, yet the series explicitly depicts hospital administrators abandoning a surgeon facing litigation, system corruption, and failures in patient communication. *ER Doctors* (iQiyi, 2017) includes extended sequences on patients’ financial hardship, corrupt

pharmaceutical procurement, and the harassment of healthcare workers by desperate families.

This paradox becomes even clearer when examining how funding supporting medical drama production operationalizes propaganda objectives. Since 2020, National Radio and Television Administration (NRTA)'s annual "Special Funds for Television Drama Guidance and Support" (电视剧引导扶持专项资金) steer content to promote core socialist values, advance the Chinese Dream narrative, support the international geopolitical effort known as the *Belt and Road Initiative*, and contribute to positive international image cultivation. Three sample series received such funding: *Heroes in Harm's Way* and *Ebola Fighters* under the "deep-rooted living project" (深入生活、扎根人民倾斜剧目), and *GenZ* with additional Sichuan support.

Yet even state-backed productions accommodate critique. *With You* exemplifies this tension: despite substantial CCTV institutional support and being "completely organized and guided" (完全组织和指导) by the NRTA, the series directly stages the gap between official claims that "the situation is under control" and lived realities of shortages, uncertainty, and fear, with audiences noting its careful navigation of permissible critique.

These patterns suggest that Chinese medical drama also functions as a "safety valve" for social tensions. By staging genuine healthcare problems that generate public anxiety, these series enable cathartic recognition of systemic issues while embedding them within narratives of individual moral heroism, family support, and correct values – not institutional transformation.

Online platforms where medical dramas circulate further extend this critical space. Douban reviews of *Angel Heart* feature critiques claiming the series "tramples the vulnerable and flatters the powerful," fosters distrust in medical professionals, and teaches medical students that doctor-patient relationships are fundamentally adversarial. These critiques, often written with sophisticated analysis, remained available on Douban as late as 2025 – while other forms of criticism are swiftly removed with entire review sections being switched off, such as the case of gender representation critiques about *Heroes in Harm's Way*.

This evidence reveals carefully calibrated boundaries: medical drama can stage healthcare problems only if resolved by state commitment, vulnerability only if met with institutional response, ethical dilemmas only if settled via official values. Critical discourse appears to persist, if within structural constraints. This pattern suggests that entertainment media performs more complex functions for the state than straightforward propaganda: overly restrictive regulation risks audience alienation and the perception of crude propaganda, whereas allowing a measure of

critical realism sustains affective investment and enables viewers to experience the state as responsive to their concerns. The state's management of medical drama thus entails ongoing calibration, permitting enough criticism to maintain legitimacy while ensuring that it never coalesces into a systemic challenge to political authority or healthcare policy.

3.2. Cultural-National Identity and Medical Knowledge

3.2.1. Traditional Chinese Medicine as Contested Cultural Property and Sinicization of Medical Knowledge

The representation of Traditional Chinese Medicine (TCM) in medical drama demands analytical attention as a crystallization of contradictions between Xi-era cultural nationalism and actual medical practice, between state directives and popular skepticism, and between the regulatory mandate to promote TCM and audience perception of pseudoscientific mystification.

The official CCP position, since 2016-2017, that “official” (or, improperly, “Western”) medicine and TCM be given “equal importance”²¹ and promoted as complementary systems represents a significant shift in ideological framing. The subsequent instructions operationalized a broader cultural project of recovering and celebrating Chinese “traditional” knowledge as a repository of civilization and as a point of resistance against what is framed as Anglo-European cultural dominance.

In the sample we analyzed, the device of legitimation of TCM operates around the notion of “integration”, positioning TCM as a legitimate – but not necessarily superior – approach applicable to specific domains. Some series are exemplary in this regard.

Doctor of Traditional Chinese Medicine presents integration as a hard-won achievement, dramatizing TCM practitioners' resistance to the 1929 “Repeal Act on Traditional Chinese Medicine” (中医废止案) – a government measure which threatened to ban TCM practice entirely – while they follow divergent paths. Hero Weng Quanghai defends “pure” TCM, whereas his rival Zhao Mingtiang experiments with hybridization with

²¹ The concept of parity between Traditional Chinese Medicine (TCM) and Western medicine was first articulated in a State Council Information Office white paper requiring “equal status in terms of ideological understanding, legal status, academic development, and practical application”. The 2016 Law on Traditional Chinese Medicine (effective in 2017) mandates at article 46 that media outlets promoting TCM involve qualified professionals. Guidelines issued in 2025 by the Cyberspace Administration of China and other agencies further regulate medical self-media, but none of these provisions explicitly require equal airtime or balanced representation in fictional medical dramas.

Western medicine. In typical fashion of martial arts cinema, their conflict is staged through a series of emblematic medical duels. Initially opposing TCM to Western medicine – personified by the villain, a Japanese physician seeking to appropriate Chinese knowledge – the series progressively shifts toward collaboration, as Weng proposes a joint teaching hall to “pool the strengths of various schools of medicine and complement each other’s weaknesses” (博采众长, 取长补短) and later recruits Western-trained physicians, while Zhao helps refine TCM prescriptions, culminating in the two overcoming rivalry to jointly safeguard TCM.

GenZ shows integration as necessary, but not frictionless, following the adventures of a professor leading a TCM “inheritance class” for the next generation. While emphasizing TCM’s personalized approach versus Western medicine’s standardization (Ep. 25) and its Covid-19 contributions (Ep. 38-39), the series also illustrates its limits. In a case spanning Episodes 6-8, a girl collapses from apparent low blood sugar: Western diagnosis and TCM acupuncture initially complement each other, only for acupuncture to exacerbate her undiagnosed ectopic pregnancy – requiring Western emergency surgery. Also, multiple storylines show patients pragmatically selecting between TCM and Western hospitals by condition type, establishing them as complementary and integrative systems rather than mutually exclusive alternatives.

Finally, the most recent series in our sample, *The Best Thing* (iQiyi, 2025), depicts effortless TCM-Western complementarity through a TCM oncologist’s romance with a skeptical hotel manager, prioritizing sentimental plots over didactic confrontation. Unlike earlier dramas, it avoids oppositional paradigms or debates over medical “correctness”, instead seamlessly integrating TCM treatments – like side-effect management during chemotherapy – with hospital care as naturally complementary approaches.

All three series emphasize the trope of TCM inheritance and lineage: protagonists hail from illustrious TCM families and successfully transmit this heritage to younger practitioners, “winning them over” to its legitimacy – a narrative clearly aligned with Xi-era promotion of TCM as national cultural patrimony. Notably, outside the “Anti-Covid drama” subgenre, TCM remains absent from Western medicine-focused medical dramas even post-2018, simply ignored rather than contested. This may suggest that the media apparatus is experimenting with subtle and nuanced legitimation strategies beyond crude propaganda.

Our analysis of online reception shows some indication of the need for such nuance. Audience commentary of *GenZ* – which scored only 4.3 on Douban despite significant state support and provincial funding – reveals TCM supporters’ frustration with its *mystification*, as legitimizing TCM without explaining its scientific basis is seen as ultimately damaging

to its credibility. This frustration is epitomized in the following two example comments on Douban:

The plot makes TCM seem mystical and superstitious, with mystical energy and spirit-calling, like shamanism... The TV drama has a problem: it depicts TCM in ways that are completely unrealistic. Among the audience there are also medical students and high school students aspiring to study medicine, they are the future of Chinese medicine. This kind of portrayal is damaging the roots (釜底抽薪, literally “removing firewood from under the cooking pot”) [May 20th, 2023].

TCM itself is undoubtedly one of the national treasures; however, the TCM depicted in the series sometimes resembles a shaman summoning spirits, sometimes a sorcerer chanting spells, sometimes an alchemist seeking immortality, frankly, it's a living demonization of traditional Chinese medicine. [May 17th, 2023].

These responses exemplify an underlying tension: when state directives promoting TCM as national treasure clash with popular skepticism about its efficacy, medical drama becomes a battleground where stakeholders – propagandists, biomedically trained viewers decrying its undermined scientific credibility, and lay audiences torn between traditional wisdom and unfamiliar practices – compete to define “legitimate” TCM.

This tension extends beyond representational strategies to a broader epistemological reframing – what in our previous work we identified as the progressive “sinicization” of medical thinking, distinct from yet structurally linked to the TCM legitimation project. Rooted in the neo-Confucian *ti/yong* (体/用, “essence/function”) framework, the concept permits the incorporation of Western technical expertise (*yong*) while subordinating it to Chinese ethical principles (*ti*). The most explicit statement of this principle appears in *ER Doctors* episode 4, where the US-trained protagonist Dr. Jiang is criticized for prioritizing organ preservation over holistic patient well-being: “It is time to Sinicize your American thinking” (“把你那美国思维也该中国化一些了”).

This framing emerges from our analysis as increasingly central to medical drama narratives post-2020. In earlier series – particularly *Angel Heart* and *ER Doctors* – foreign-trained doctors appear as competent, valuable additions to Chinese hospitals, bringing specialized expertise that complements local practitioners. By 2023, foreign medical training has become substantially devalued: *The Heart* features no foreign-trained doctors, and foreign credentials require “correction” through Chinese approaches. This signals an ideological shift where medical legitimacy depends less on scientific standards than on alignment with Chinese values and national projects. Yet narratives rarely articulate what constitutes “Chinese medical thinking” beyond vague references to holism, harmony, and family-centeredness, suggesting sinicization functions pri-

marily as affective nationalist positioning rather than substantive philosophical framework.

3.2.2. Gender Representations and Family Values Nationalism

Parallel to the legitimation of TCM and the sinicization of medical epistemology, gender representation increasingly functions as a site where medical drama articulates state-defined cultural-national identity through the heteronormative family unit and “family values nationalism”. Yet as with TCM, this ideological project operates through contested terrain marked by productive complexity, narrative nuance, and audience resistance.

From a production standpoint, writing corps skew heavily female: lead writers of 7/11 series are female or female-led, with only one male-centered and the rest gender-balanced. This does not translate into feminization of protagonists – while female main characters possess substantial agency throughout our sample, most series feature male main protagonists (6/11).

Gender representation dynamics manifest temporal evolution similar to TCM’s progressive “integration”: earlier series (2016-2020) featured greater sexualization of female bodies and melodramatic emotional volatility in female characters contrasted with male rational composure, both dimensions diminishing in recent productions.

More structurally permanent – and aligned with state family policy – are work-family tensions framed as uniquely female problems, with women experiencing guilt over professional ambition while male characters face no corresponding domestic conflict. Female agency becomes systematically reduced when confronting institutional hierarchies, with women portrayed as dependent on male mentor figures for advancement. This echoes the sinicization framework’s subordination of technical expertise (female professional competence) to ethical-hierarchical frameworks (paternal mentorship, filial deference).

As with TCM mystification, problematic gender representations have historically been explicitly resisted by audiences, and this is visible in online discourse. *Surgeons* faced heavy criticism for its Bai Bai-he “doctor in high heels” portrayal, while *Heroes in Harm’s Way* – the CCTV-produced Covid drama – triggered massive backlash (#请停止最美逆行者, “#please stop Heroes in Harm’s Way”) for depicting female medical workers as reluctant to “contribute to the cause” (贡献), gossip-prone, emotionally fragile, and disproportionately burdened by family responsibilities. This response generated immediate platform censorship and comment removal from Douban and Weibo, mirroring the selective management of critical discourse observed around TCM and healthcare system critiques.

While female representation remains nuanced and non-unidirectional, the LGBT dimension is comprehensively excised from the genre despite medical settings providing obvious narrative contexts for addressing sexuality and gender identity (psychiatry, oncology, emergency medicine). This reflects explicit regulatory frameworks forbidding “abnormal sexual relationships” (非正常性行为) and mandating elimination of “sissy’ and other abnormal aesthetics” (“坚决杜绝’娘炮’等畸形审美”)²², alongside broader ideological positioning of the heterosexual family organized around filial duty as the fundamental social institution.

Our analysis reveals intensifying “family values nationalism”: male characters increasingly occupy paternal roles (biological fathers, mentor-fathers to younger colleagues), while female characters reconcile professional ambition with reproductive and domestic duty. Only *The Heart* represents a partial exception, featuring a female character in complex relational configurations with male colleagues, though resolution emphasizes emotional maturation rather than institutional transformation.

This trajectory indicates tighter integration of gender representation into propaganda objectives – Article 46 of the *Family Education Promotion Law* (2021) mandates media “propagate correct dimensions of family education” – with women’s roles defined through contribution to state projects (pandemic response, demographic renewal, cultural rejuvenation) rather than autonomous subjectivity. Like TCM and sinicization, gender representation functions less as substantive philosophical framework than as affective nationalist positioning, mobilizing sentiment around state-defined “Chinese values” while managing bounded critique through selective censorship.

4. Conclusions

This chapter has explored how Chinese medical dramas between 2016 and 2025 negotiate tensions between entertainment value, pedagogic aims, and ideological imperatives within increasingly stringent regulatory frameworks. Our analysis reveals a genre operating at the intersec-

²² The General Rules for Television Series Content Production (2016) by the State Administration of Press, Publication, Radio, Film and Television and the Provisions on Content Review of Online Audiovisual Programs (2017) both prohibit depictions of “abnormal sexual relationships” (非正常性行为). In 2021, the NRTA’s Notice and the Central Propaganda Department’s Notification further banned male/male romantic relationships and “sissy” or other “abnormal aesthetics” (“坚决杜绝’娘炮’等畸形审美”).

tion of commercial imperatives, state governance, and bounded social critique.

Concerning genre dynamics and critical negotiation spaces, the analysis has shown how genre hybridity, the anti-Covid subgenre, and rapid tonal oscillations allow medical dramas to function simultaneously as propaganda apparatus and bounded critical discourse space. Entertainment value proves essential to this dual role: fieldwork-based clinical realism and explicit didactic sequences embed health communication, yet pedagogic efficacy is uneven and can generate skepticism when messages are perceived as mystified rather than scientifically grounded. In particular, Covid-era dramas crystallize what can be termed the “politics of fictional medicine”²³ legitimating state capacity through collective action and family-nation fusion while viewers also register omissions around missteps and shortages. Hence, the genre appears to function as a “safety valve” that stages healthcare failures but resolves them through individual heroism and institutional responsiveness rather than structural reform.

Within *Cultural-National Identity and Medical Knowledge*, Chinese medical drama articulates state-defined “Chineseness” through three interwoven axes: TCM legitimation as civilizational heritage (despite audience demands for scientific grounding), sinicization subordinating Western medical expertise to Chinese ethical frameworks, and “family values nationalism” that – despite feminized writing teams – re-centers male protagonists, frames work-family tensions as uniquely female, erases LGBT subjectivities, and folds women’s agency into state demographic projects.

Temporal analysis reveals distinct evolutionary patterns across these domains: early dramas (2017-2020) emphasize sinicization and doctor-patient trust repair within private production contexts; Covid dramas (2020-2021) peak ideological isotopy through direct state funding and authentic pandemic narratives; post-2021 dramas normalize pandemic absence while intensifying TCM legitimation and family values nationalism, with female protagonists increasingly framed as reconciling professional ambition with reproductive and domestic duty. This trajectory shows progressive tightening of cultural-national identity projects even as genre hybridity and critical negotiation spaces persist within managed boundaries. Taken together, these findings suggest that Chinese medical drama is best understood as a contested but carefully managed negotiation space, where bounded critique is permitted to maintain audience investment

²³ N.F. RIVA - M. TARANTINO, *The Politics of Fictional Medicine: Entertainment, Propaganda, and Education in Chinese Medical Dramas in the Xi Era*, cit.

and a sense of institutional responsiveness, but consistently contained within frameworks that affirm state priorities, national epistemic sovereignty, and conservative family ideology. The genre thus offers a privileged lens onto contemporary PRC governance, showing how legitimacy is pursued less through sheer censorship than through fine-grained modulation of narrative form, epistemic hierarchies, and affective attachments.

Future research should extend isotopy analysis to quantify the evolution of pedagogic and ideological isotopy weights across the 2017-2025 period and employ longitudinal reception studies to track audience-government negotiation dynamics, particularly in relation to generational differences in TCM credibility and family values acceptance among younger viewers. This latter part is however complicated by the objective empirical obstacles that independent analysis of Chinese online spaces is increasingly facing. Moreover, the genre is undergoing rapid evolutions. In January 2026, the 30-episode micro-drama (i.e. web dramas with episodes about 2-3 minutes long) *My Patients Are All Historical Bigshots* (Youku, 2024) premiered on Guangdong Health Commission WeChat channel “Healthy Guangdong”, embedding health knowledge within science-fiction and time-travel elements by depicting a modern physician treating historical figures. The birth of science-fiction institutionally-sponsored pedagogic historic/medical micro-dramas show the capacity of the genre to evolve further beyond its Western counterparts, and requires further charting of its evolutions.

STEFANIA ANTONIONI

Understanding Italian Medical Drama: The Exemplary “Case” of *Doc - Nelle tue mani*

1. *Introduction*

The evolution of Italian medical drama reflects broader transformations in national television production, narrative complexity, and audience engagement. Earlier productions of the genre in the Nineties heavily used the melodramatic tone, idealized depiction of healthcare workers and an episodic format. From the 2010s onward the genre has evolved incorporating serialized arcs ensemble cast and more psychological nuances. Moreover, contemporary series increasingly integrate in the storytelling medical accuracy, ethical dilemmas, and long-form emotional arcs. *Doc - Nelle tue mani* (2020-), inspired by the true story of physician Pierdante Piccioni, stands as a pivotal moment in this trajectory. The show merges international genre convention – such as the professional plot, fueled by the ensemble-driven conflicts and relationships, the sentimental plot, and the medical cases plot told in each episode¹ – with an Italian emphasis on empathy, relational care, and social realism. A defining feature of *Doc* is its narrative reliance on the protagonist’s amnesia, which allows for a renewed exploration of identity in professional and personal terms, as well as of memory, and professional ethics.

Beyond its storytelling strategies, the series is notable also for its integrated promotional approach, which leveraged social media as a core component of audience-building. Through Instagram curation of the official TV series profile and direct engagement between actors and fans, the producers fostered a participatory online community that extended the viewing experience beyond the broadcast schedule. This transmedia presence played a crucial role in the show’s domestic success and facilitated its international distribution and adaptation, reinforcing its status as a peculiar case in contemporary Italian serial production, as we will see in the following sections.

¹ G. PESCATORE - M. ROCCHI, *Narration in Medical Dramas: Interpretative Hypotheses and Research Perspectives*, in «La Valle dell’Eden», 34 (2019), pp. 107-115.

2. *Genealogy of Italian Medical Drama*

To better understand the distinctive features of *Doc - Nelle tue mani*, chosen as a specific case study, it may be useful to briefly trace back the history of Italian medical dramas, defining the salient traits of each stage of their evolution and the social and cultural role they have played. From this point of view, in fact, while we can recognize that a good number of mainly American TV shows set in hospitals was already present even in the early stages of Italian television (spanning from *Dr. Kildare*², to *The Bold Ones: The New Doctors*³, *General Hospital*⁴, *Quincy M.E.*⁵, *M*A*S*H*⁶, *Die Schwarzwald Klinik*⁷, *St. Elsewhere*⁸, to name the most popular), on the other hand we can point out that the Italian production of medical dramas began only in the Nineties, in conjunction with the circulation of products that changed the medical drama genre like *ER* (NBC, 1994-2009). The first attempts to create what can be labelled as an Italian way for the medical drama are the mini-series *Pronto Soccorso* (RAI1, 1990-1992), *Amico Mio* (RAI2, 1993 and Canale5, 1998) and *La Dottoressa Gio* (Rete4, 1997-1998 and Canale5, 2019). Although differing in terms of narrative and production, these early attempts to construct a story set in a hospital that viewers would easily recognize as being located in Italy are all characterized by the centrality of the physician protagonist (Dr Aiace, Dr Magri, and Dr Basile), around whom a strongly sentimental narrative unfolds. What emerges is the figure of a doctor-hero, capable of combining his medical professionalism with a strong human side, which ultimately prevails over everything else.

The story focuses mainly on personal and family issues, particularly the theme of parenthood (whether vicarious or not). It should be noted that *Amico mio* and *La Dottoressa Gio* in particular play on the emotions linked to the presence of children and their stories, as the former is a pediatrician and the latter a gynecologist. These early examples of Italian medical dramas are much more similar to family dramas, in which the hospital is only a backdrop for setting family and romantic dramas

² NBC, 1961-1966, aired in Italy since 1963 with the title *Il Dottor Kildare*.

³ NBC, 1969-1973, aired in Italy since the Seventies with the title *I nuovi medici*.

⁴ ABC, 1963-, aired in Italy since 1982.

⁵ NBC, 1976-1983, aired in Italy since 1983 with the title *Quincy*.

⁶ CBS, 1972-1983, aired in Italy since 1979.

⁷ ZDF, 1985-1985, aired in Italy since 1987 with the title *La clinica della Foresta Nera*.

⁸ NBC, 1982-1988, was aired in Italy since 1985 with the titles *A cuore aperto* and *Sant'Eligio notte e giorno*.

in a specific context, but at the same time they help to define the ideal figure of the doctor, the one that everyone would like to meet during their treatment.

Referring to this phase, it is impossible not to mention the series that – while not being a medical drama in the strictest sense – helped Italians become familiar not only with the medical profession but also with the administrative and economic issues related to the healthcare sector: *Un medico in famiglia* (RAI1, 1998-2016). An adaptation of the Spanish series *Médico de familia*, it was a successful and popular family comedy centered on the lives of Dr Lele Martini’s extended family, as he navigates personal and family matters that inevitably intertwine with his professional life and his relationships with colleagues and friends.

A second phase is that of the 2000s, during which the number of titles increases as well as the complexity of the narrative structures, that begin to use choral cast and to get closer to plausible contexts, in which professional plot and sentimental plot mix. The following TV series are included in this phase: *Nati ieri* (Canale5 and Rete4, 2006), *Medicina Generale* (RAI1 and RAI3, 2007-2010), *Terapia d’urgenza* (RAI2, 2008), *Crimini Bianchi* (Canale5 and Italia1, 2008), *La scelta di Laura* (Canale5, 2009).

During this period, public service broadcasting was joined by commercial television, which attempted to ride the “medical series” trend; however, these productions failed to achieve satisfying ratings. On one hand, the popularity of shows like *ER*, *Grey’s Anatomy* (ABC, 2005-), and *House, MD* (FOX, 2004-2012) (each of them setting a new standard for subsequent medical dramas) encouraged experimentation with an Italian take on the genre. On the other hand, it was likely the direct comparison with these major American network productions that prevented audiences from connecting with the Italian series, which ultimately lacked significant success or popularity. Indeed, most of these shows were not renewed after their first season (with the exception of *Medicina Generale*) and, due to underwhelming results, were frequently moved to different time slots in the programming schedule before being cancelled.

Nevertheless, these series represent an attempt to adapt the genre’s innovations established in the US, such as the use of ensemble casts and the focus on more specialized medical fields or professional roles (the residents in *La scelta di Laura*, nurses in *Medicina Generale*, neonatologists in *Nati ieri*, and doctors fighting medical malpractice in *Crimini Bianchi*). From a narrative standpoint, they utilized a mix of anthology and running plots⁹, signaling also a desire for greater realism using medical con-

⁹ G. PESCATORE - M. ROCCHI, *Narration in Medical Dramas: Interpretative Hypotheses and Research Perspectives*, cit.

sultants during the scriptwriting process, following what Turow¹⁰ stated about the powerful engagement through realism in medical television storytelling. More precisely:

Creators of medical drama series aim to present hospitals, diseases, injuries, diagnostic and treatment procedures in a realistic manner and factual accuracy. Locational realism, including furniture and equipment, the medical language spoken by the characters, and the well-known visual symbols of doctors serve these aims. Perceived authenticity has a significant effect on the audience: because of the factual accuracy, the messages interpreted in and by this environment might be regarded as also accurate – this is how genre-specific cultivation comes into existence in this television genre¹¹.

The more recent move followed by program creators (and audiences) of the aforementioned TV series *ER*, *Grey's Anatomy* and *House MD*, just to name a few, “indicates a greater willingness [...] to embrace the complexities of life and medicine in their shows, allowing for a depth that moves beyond the traditional doctor-hero”¹². This shift towards a more nuanced depiction of physicians, in which there is also room for indecision, a gruff temperament, and personal and professional failures – if not outright addictions – which, according to Turow¹³, began with series like *ER* and *Chicago Hope* (CBS, 1994-2000), is only vaguely hinted at in this Italian production phase, to be explored with greater conviction in the following decade.

In fact, the contemporary phase of the Italian medical, starting in the mid-2010s, runs through different paths, ranging from hybridization with other genres to a more complex depiction of doctors, replacing idealism with realism, certainty with ambiguity and contingency¹⁴, as is the case with American TV series.

Following a global trend, “contemporary medical drama in this continuous work of mixological renewal, demonstrates on the one hand that it is a genre capable of evolving to meet the public’s interest, even

¹⁰ J. TUROW, *Playing Doctor. Television, Storytelling, & Medical Power*, Ann Arbor, The University of Michigan Press, 2010.

¹¹ E. NADASI, *Surgeons, Surgeries, and Operating Rooms in Television Medical Series*, in «Információs Társadalom», 20 (2020), 2, p. 49.

¹² E.C. STRAUMAN - B.C. GOODIER, *The Doctor(s) in House: An Analysis of the Evolution of the Television Doctor-Hero*, in «Journal of Medical Humanities», 32 (2011), p. 34.

¹³ J. TUROW, *Playing doctor. Television, Storytelling, & Medical Power*, cit.

¹⁴ G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal impact*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, Bologna, Media Mutations Publishing, 2023.

though it is one of the longest-lived on television, and on the other hand that it succeeds in capturing a number of problematic issues of contemporary society and turning them into part of its narrative”¹⁵.

One of the hybridizations most extensively explored by Italian television is the fusion of medical and teen drama, starting with *Braccialetti Rossi* (RAI1, 2014-2016), a highly successful adaptation of the Catalan series *Polseres Vermelles* (TV3, 2011-2013). Among the series’ peculiarities are the absence of the verticality typical of episodic cases of the week and the adoption, for the first time, of the patients’ point of view – in this case, the hospitalized teenagers. Indeed, the narrative revolves around the “Red band” group, where each member plays a specific role and finds the collective strength to face the tragedy of their own experience. Other notable examples of medical teen dramas include *Mental* (RaiPlay 2020) and *Oltre la soglia* (Canale 5, 2019), which explore the representation of mental health issues associated with Italian adolescence and youth, a topic that only recently has begun to attract the attention of Italian serial production¹⁶.

Another crossover is the one between medical drama and crime and detection, whose most successful example is undoubtedly *L’allieva* (RAI1 2016-2020)¹⁷, based on the novels by Alessia Gazzola and centred on the character of Alice Allievi, in the first two seasons a promising intern, and then in the last season a real forensic specialist. Also *Fino all’ultimo battito* (RAI1, 2021) develops around the hybridization between the medical cases and the crime drama, dealing with the turbulent events surrounding surgeon Diego Mancini, who is blackmailed by the mafia and forced to come to terms with his own morality.

La Linea Verticale (RaiPlay, 2018), on the other hand, is a medical dramedy. Set in a Roman urological oncology ward, it uses a scratching, moving, and at times surreal tone to recount the experience of Luigi – a happily married forty-year-old who, just two months before the birth of his second child, accidentally discovers he has an asymptomatic tumor

¹⁵ S. ANTONIONI - M. ROCCHI, *Much More than a Narrative Genre. Theoretical and Research Perspective on Medical Drama*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, cit., p. 22.

¹⁶ See C. CHECCAGLINI, *When Medical Drama Meets Teen Drama. Youth and Mental Health in Italian TV Series* and N. CRIPPA - M. GALLI, *A Lost Generation. Youth and Its Illnesses in Italian Medical Drama*, both in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, cit., pp. 149-162.

¹⁷ See V. RE’s chapter in this book, but also M.E. D’AMELIO - V. RE, *Neither Voiceless nor Unbelievable: Women Detectives & Rape Culture in Contemporary Italian TV*, in «MAI: Feminism & Visual Culture», 7 (2021).

in his left kidney. In this case the only point of view is the patient one: a sharp and critical gaze, yet one never lacking in lighthearted and irreverent tones. The realistic and never-pitying tone derives from the screenplay as well as from the personal experience of director Mattia Torre, who offers the audience an extremely realistic miniseries and a different way of reflecting on the experience of illness.

Apart from *Lea - Un nuovo giorno*¹⁸ (RAI, 2022-), which features a pediatric nurse and her colleagues as protagonists, another peculiar case of hybridization is *Cuori* (RAI, 2021-)¹⁹, a blend of medical and period drama. Set in the 1960s at Turin's Le Molinette hospital, the series follows the experimental activities of a team of young, talented doctors who, in a global competition with other leading experts, aim to perform the first heart transplant in history. It is precisely this meticulous historical reconstruction that provides the series' hallmark, demonstrating great care for the aesthetic details of the scenes and props, as well as for the medical experiments and technologies of the period.

From a production point of view, it is striking that in the last 5 years, 5 titles were produced by the Italian Public Service Broadcasting, one of which counting three seasons currently running (*Cuori*) and another one (*Doc - Nelle tue mani*) with a fourth season in production. Undoubtedly, the birth and production of *Doc* took place within a framework of renewal for national scripted television, leading the public broadcaster to embrace the challenges posed by premium series on Sky and SVOD services, most notably Netflix. This challenge prompted RAI to reinvest in the purest form of the medical drama, despite the genre's failures in the early 2000s mentioned above. For this reason, *Doc - Nelle tue mani* can be considered an extremely interesting case study due to its specific peculiarities, which will be examined in the following sections. Furthermore, the aim is to fill the gaps that still characterize Italian broadcast TV series production and reception, which, especially in the recent past, have been too often overlooked²⁰.

¹⁸ For an accurate analysis of gender issues in some of the contemporary Italian TV series mentioned above, see the chapter by C. CHECCAGLINI in this book.

¹⁹ See E. FARINACCI - E. ROSSI, "No Pulp Scenes on Raiuno!". *The Case of Cuori, an Italian Medical Drama on Broadcast Television*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, cit., pp. 343-364; P. MANCO, *Il medical italiano*, in «Lingue e Culture dei Media», 8 (2025), 2, pp. 107-123.

²⁰ P. BREMBILLA - D. CARDINI, *Legittimazione e pregiudizio. La serialità generalista nella riflessione critica italiana*, in «Sociologia della Comunicazione», 68 (2024), pp. 65-82.

3. *The International Flair of Doc - Nelle tue mani*

Each season of *Doc* consists of sixteen 50-60 minute episodes. The first season aired in two parts due to the nationwide lockdown for Covid-19: the first half between March 9 and May 3, 2020, while the second half was broadcast from October 15 to October 19 of the same year. The massive success of these initial episodes – marking the best debut for a prime-time series on RAI1 since 2007, with an average audience of over 8 million viewers per night – confirmed the wisdom of RAI’s courageous decision to stick to the original schedule during the lockdown²¹. The second block of episodes from the first season was equally successful, averaging a 31.9% share and peaking at 40% during the season finale. The second season was aired between 13 January and 17 March 2022, reaching between 6 and 7 million viewers on average and peaks of 34% of share. While the third season, aired between 11 January and 7 March 2024, reached 5 million viewers on average and peaks of 30% of share. The fourth season is currently in production. Following these results, *Doc* has been widely distributed internationally both as a ready-made and in its adapted versions, reaching 85 countries, including Spain, Portugal, Canada, Brazil, Argentina, the United Kingdom, Russia, Japan, France, and the United States (where it was adapted by Fox in its version of *DOC*, aired on Fox from January to March 2025, with a second season announced). The US version introduces a significant change: the protagonist’s gender. Here, *Doc* becomes a woman, Dr Amy Larsen

Doc - Nelle tue mani is aired in primetime by the first channel broadcaster, RAI1 and co-produced by Lux Vide and Rai Fiction. Inspired by the true story of doctor Pierdante Piccioni, the series narrates the experience of doctor Andrea Fanti, head of internal medicine at the fictional Policlinico Ambrosiano hospital in Milan, who loses 12 years of his memory when shot by the father of a patient who died at the hospital (the real Piccioni lost his memory following a car accident). The amnesia takes Fanti back to an earlier version of his own life, before his separation from his wife, the loss of his son, and the hardening of his attitude toward patients. Through a continuous back-and-forth of flashbacks, we discover that the “first” Fanti, despite being a physician of great talent, is utterly detached, rigid, and more interested in the disease than the patient. In this second version of himself after the

²¹ L. BARRA - E. ROSSI, *La pandemia in scena, sul set e nelle writes’ room. Produzione e scrittura delle prime due stagioni di Doc - Nelle tue mani*, in G. ALONGE ET AL. (eds.), *La sceneggiatura nel cinema e nei media*, Roma, Carocci, 2025.

accident, he transforms into a more empathetic professional, focused on human stories and, above all, on listening – which becomes the key to diagnosis, thereby overturning his previous self.

The series features all the classic hallmarks of the medical drama, weaving together the cases of the week with both sentimental and professional plots. It relies on a choral cast – comprising colleagues, interns, hospital management, nurses, patients, and their relatives – all of whom help expand the narrative arcs. To this is added an investigative element that characterizes each season: the clinical trial of the drug Satonal in the first season, the dramatic events of the Covid-19 pandemic in the second, and the use of benzodiazepines in the third. Furthermore, the choice of setting also confirms a standard of global medical seriality: the concept of a large, urban hospital (the fictional Policlinico Ambrosiano) that is clean, modern, and functional, featuring wide, airy spaces that call to mind many other international medical series. Perhaps this is one of the reasons for its international success: “l’identità della serie *Doc* è, in un certo senso, mobile: italiana ma non troppo, in linea con l’idea che ha uno spettatore di una serie medica classica, possiede i requisiti per sedurre il pubblico di TFI[...] *Doc* sarebbe dunque un prodotto transnazionale dal carattere local molto relativo. L’italianità poco evidente (quasi la non-italianità) della serie televisiva potrebbe dunque, forse, spiegare il successo della serie in Francia”²². Although the aforementioned author refers to France, this reflection can be applied to understand the success both with international and Italian audiences – the latter captured, in this case, by a series that successfully grafted the structures and stylistic elements of American seriality onto the public service broadcasting editorial line to effectively resonate with a mainstream audience.

4. *Engaging Audiences with Social Media: A Strategy Improved Over Time*

Another crucial aspect that makes *Doc - Nelle tue mani* an emblematic case in Italian seriality is the strategic use of the series’ official social media channels – an element that has turned the series into a true brand, around which audience discourse has become intertwined. Indeed, if “Medical dramas aim to establish long-term relationships with viewers, offering not just entertainment but also a form of emotional support,

²² F. LANDRON, *La fiction DOC in onda sul canale francese TFI: analisi di un evento mediatico*, in «Series», 7 (2021), 1, p. 97.

subtly disseminating an optimistic worldview”²³, this relationship increasingly takes place through the support of social media, which makes it possible to sustain those vicarious relationships with the narratives and their characters.

The most popular account in terms of followers is the official account of the program on Instagram²⁴ so we decided to focus our analysis on this account. Just to recollect some data, in terms of followers, the profile saw a 96% increase between the first and second season (March 2020-March 2022), but there were several growth phases consistent with the “bumpy” airing of the programme caused by the spread of the Covid-19 epidemic that impacted the production of the TV show, as previously mentioned. So we can detect a first growth of followers in the first part of the first season (from less than 7 thousand to more than 61 thousand), a second growth with the airing of the second part of the first season (from 67 thousands to 97 thousands), a third growth with the second season (from 120 thousand to 164 thousands) and a fourth growth with the third season (185.458 to 221.773). Each season or partial season thus brought more followers to the show’s official profile and clearly also increased the number of comments and reactions to the posts produced.

Among the posts which recorded the highest number of interactions in total there are the ones at the beginning or at the end of the various season, but we also interestingly noticed that the posting activity of *Doc* Instagram profile continues in-between seasons, when *Doc* is off the air, and even during this time the interaction rate reaches some unexpected peaks, for instance with a video in August 2021 that shows the character of Dr Fanti inviting people to get vaccinated in order to beat Covid-19 together.

In this vein the hiatus between the second and the third season shows a particularly intense Instagram activity, with several posts aimed to attract and engage the audience during summer and Christmas season. In July 2023 the profile reposts pictures taken on set by the magazine *TV Sorrisi e Canzoni*; in September 2023 a repost of a picture by one of the main actresses of the series, Matilde Gioli; and one of the posts with the highest interaction rate (more than 42%) is the announcement of the exact release date of season 3, together with a repost from actress Elisa di Eusanio, with a picture from the set of the Christmas promo of the series.

²³ G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal Impact*, cit.

²⁴ <https://www.instagram.com/docnelletuemani/>.

These data and the number of interactions confirm the extent of the leverage potential (by the production) and appreciation (by the viewers) of the official *Doc* profile, aimed precisely at keeping viewers' interest and affection alive while the series is not on air. In fact, all the communication disseminated over the breaks seem to follow the purpose to extend the narrative universe through paratextual elements, created both by the official *Doc* account, and by the actors of the series, who also share a pivotal promotional role.

Particularly during the third season, we noticed a clear increase in the number of posts, accompanied by an improved effort in the profile curation and style, as well as in diversification of post formats. There are several posts and reposts before the beginning of the third season, with pictures of the scripts, photos taken on set, short previews of the new characters, etc. Approaching the day of the release, Instagram activity increased with official teasers, interviews with the actors, especially the new entries, many behind-the-scenes features, curiosities about the actors, and guest appearances on RAI television programmes. Indeed, Instagram can also amplify more traditional promotional gigs, such as when Luca Argentero was a guest on the hugely popular music show Festival di Sanremo, aired in February 2024 on RAI1 for almost an entire week, during which *Doc*'s weekly episodes did not air to leave room for the highly followed event.

When the series is on air, obviously the number of posts increases, but they appear to be more conventional and predictable, in the sense that they merely report crucial moments of each episode, with clips that underline the emotional layers of the storylines, often emphasizing the characters' love relationships, therefore confirming that the sentimental plots are considered particularly intriguing for medical dramas audiences. In this regard, the storylines, and related posts, where the topic of medical profession is central, have a high rate of interaction because they often trigger the process of reflexivity in viewers, both about their own experience of illness, but also and above all about their experience with medical and paramedical staff. Live broadcasts were also used as strategic tools by the official *Doc* Instagram account to strengthen ties with the viewers during the third season, particularly for the season finale, watched "together" by actors and viewers. These contents are clearly intended to make actors and viewers out of peers who share the same experience and blur the boundary between actor and character even further.

Besides the official profile, also the actors have a relevant role in maintaining the emotional bonds and parasocial relationships between viewers and *Doc* when the series is off the air. Particularly relevant is the role

of Luca Argentero²⁵, with his 2.3 million followers, who is the most famous actor of the cast, the one with the longest career, and the star of the series. Argentero’s Instagram posts about *Doc - Nelle tue mani* are divided between those reposted from (or in collaboration with) *Doc* official Instagram page, and the actor’s personal ones, such as backstage photos and videos from the set, often with a more lighthearted vibe than the official ones. But the aspect that most characterizes the relationship between Luca Argentero and Andrea Fanti is that the actor has often lingered in a self-representation that tends to overlap actor and character²⁶. This recurrence peaked during the pandemic, when, as was previously mentioned, Argentero became a spokesperson for the vaccination campaign wearing Dr. Fanti’s white coat, but it also echoes in later posts about *Doc*: particularly in the style of some of the pictures which conceal the set frame, emerging as paratextual narrative extensions that could easily be read as diegetic frames within the hospital walls. In addition to the protagonist’s profile, those of the other cast members must be considered – particularly those most active on social media and with a more developed fan bases, such as Matilde Gioli, Pierpaolo Spollon, and Giacomo Giorgio. Essentially, their entire activity, as well as that of the series’ official profile, serves as a privileged space through which those parasocial relationships²⁷ – so crucial to the success of contemporary seriality²⁸ – are maintained; a fact of which the series’ production seems well aware.

5. *Some Brief Conclusions*

Doc - Nelle tue mani stands as an exceptional case within Italian medical drama (and beyond), for a variety of reasons that we have sought to highlight. On one hand, it has proven to be resilient in the face of external disruptions, such as Covid-19. On the other, it has succeeded in

²⁵ <https://www.instagram.com/lucaargentero/>.

²⁶ A. SCANDOLA, *Nelle sue mani. Luca Argentero tra medical drama, personal branding e impegno sociale*, in «Cinergie-Il cinema e le altre arti», 21 (2022), pp. 53-62.

²⁷ «Through frequent and repeated media use, audience members develop parasocial relationships with media figures or characters, which is perceived as similar to real-life social relationships that grow stronger over time» Y. TIAN ET AL., *Medical Drama Viewing, Parasocial Relationship, and Trust in Physicians: A Cross-Lagged Panel Study*, in «Psychology of Popular Media», May 2023, p. 2.

²⁸ J. MITTEL, *Complex TV. The Poetics of Contemporary Television Storytelling*, New York, New York University Press, 2015.

building a solid narrative universe with a global flair that has allowed it to be appreciated both locally and internationally. All promotional paratexts, including those on social media, consciously participate in the management of this narrative universe. In this sense, it has been observed that the commitment to promotion and curation of the series' official profile increased considerably in the third season, a sign that the increased budget for communication/promotion followed the success of the product. The official profile of the series, in addition to relaunching and supporting conversations during the airing, is also strategically used in the periods between the seasons.

The primary promotional purpose in using Instagram is always two-fold: the promotion of the main text, *Doc*, and the promotion of the series' actors, reinforcing their public/social media personas. Indeed the different personal profiles show a twine between coordinated strategies, aligned according to the common promotional goal, the series *Doc*, and an effort to adapt each actor's style of self-representation.

Followers' reactions vary based on the style and content of the posts, but the most common mood conveyed by Instagram posts is appealing to viewers' emotional involvement and empathy. Projections of parasocial relationships especially build on viewers' familiarity with the characters, their fictional personalities, their storylines; actors' backstage content, smartphone videos, on-set photos contribute to fostering a sense of closeness that is appreciated precisely because it hints the chance to peek into an undecidable space where the separation between actors and doctors, between *Doc*'s plots and the experiences of the followers, blurs. Ultimately, it suggests the chance to glance at that supposed intimacy with the actors, as they become *Doc*'s beloved characters. If, as has been rightly noted, "*Doc* was perceived as a 'story for everyone', confirming the persistence of linear television as a tool for social cohesion"²⁹, this was due to the creation of credible and emotionally resonant characters and stories – ones with which the audience can engage and reflect, thanks also to their presence and "porosity" online.

²⁹ L. BARRA - E. ROSSI, *La pandemia in scena, sul set e nelle writers' room. Produzione e scrittura delle prime due stagioni di Doc-Nelle tue mani*, cit., p. 204.

GRETA IAPALUCCI

From Peak to Decline: Why Viewers Abandon Long-Running Medical Dramas

1. *Long-Running TV Series and Medical Dramas: Patterns of Decline and Genre Dynamics*

1.1. Evaluating Cultural Products: Audience Behavior, Quality Perception and Serial Complexity

Whether a movie is good or bad, at least it's over pretty soon. If a TV show hooks you, prepare for many long-term ups and downs – weak episodes, strong ones, mediocre ones. [...] Once you're committed, however, there is trouble on the horizon. There are two possible outcomes. The series keeps up its quality and maintains your loyalty and offers you years of enjoyment. Then it is canceled. This is outrageous. You have lost some friends. Alternatively, the series declines in quality, and this makes you unhappy. You may drift away. Either way, your devotion has been spit upon¹.

Online reception of cultural products such as books, films and TV series is a compelling area to investigate, as it intersects with audience online behavior and the perceived value of these cultural products. Online reviews typically follow a J-shaped distribution, with most cultural products receiving high ratings and few receiving low scores². Focusing on films specifically, research has shown that, even when films are considered “controversial”, the average “concordance” rating is between 7 and 8 out of 10 and is therefore not considered unanimously “good” or “bad”³.

¹ D. BORDWELL, *Take It from a Boomer: TV Will Break Your Heart*, David Bordwell's Website on Cinema, 9 September 2010, <https://www.davidbordwell.net/blog/2010/09/09/take-it-from-a-boomer-tv-will-break-your-heart/>.

² N. HU - J. ZHANG - P.A. PAVLOU, *Overcoming the J-Shaped Distribution of Product Reviews*, in «Communications of the ACM», 52 (2009), 10, pp. 144-147, <https://doi.org/10.1145/1562764.1562800>.

³ A. AMENDOLA - V. MARRA - M. QUARTIN, *The Evolving Perception of Controversial Movies*, in «Palgrave Communications», 1 (2015), 1, p. 4, <https://doi.org/10.1057/palcomms.2015.38>.

Despite these rating patterns, online reviews have proven to be reliable proxies for product quality⁴.

Considering TV products, both fiction and non-fiction, an analysis of average IMDb ratings of new shows from 1970 to 2015 illustrated that premiere ratings decline over time. However, this trend reverses when considering only the most rated shows, for which the scores are higher⁵.

When examining rating evolution over the course of a TV series, two statistical reports⁶ suggest that long-running products are likely to undergo a decline in ratings across seasons. In detail, these reports show that many serialized shows peak early and later slide downward in terms of audience satisfaction. Moreover, this trend seems to be attributable not to user online behaviors, but to an actual decline in quality, given that IMDb and Rotten Tomatoes user scores align with critics' ratings on Metacritic⁷.

If TV series are destined to experience a drop in quality – or to be canceled, as in the quote above⁸ – one may wonder what the sources of this inevitable decline are. Three macro-factors potentially causing TV series' decline in quality and popularity were hypothesized in a recent contribution⁹:

– *Narrative reasons*: completion of initial narrative structure, character fatigue, absurd plotlines (“jumping the shark”)¹⁰, changes in cast or creative personnel;

⁴ N.S. KOH - N. HU - E.K. CLEMONS, *Do Online Reviews Reflect a Product's True Perceived Quality? An Investigation of Online Movie Reviews across Cultures*, in «Electronic Commerce Research and Applications», 9 (2010), 5, pp. 374-385, <https://doi.org/10.1016/j.elerap.2010.04.001>.

⁵ J. WALDFOGEL, *The Random Long Tail and the Golden Age of Television*, in «Innovation Policy and the Economy», 17 (2017), 1, p. 13, <https://doi.org/10.1086/688842>.

⁶ N. JASHANMAL, *Quality Decline in Serialized TV Shows: A Data-Driven Analysis*, 2025, <https://words.narain.io/quality-decline-in-serialized-tv-shows-a-data-driven-analysis>; D. PARRIS, *How Many Episodes Should You Watch Before Quitting a TV Show? A Statistical Analysis*, Stat Significant, 2025, <https://www.stat-significant.com/p/how-many-episodes-should-you-watch>.

⁷ N. JASHANMAL, *Quality Decline in Serialized TV Shows*, cit.

⁸ Extracted from D. BORDWELL, *Take It from a Boomer*, cit.

⁹ N. JASHANMAL, *Quality Decline in Serialized TV Shows*, cit.

¹⁰ Jon Hein founded a website in 1997 called www.jumptheshark.com (now sold to TV Guide) based on the events drawn from an episode of *Happy Days* (ABC, 1974-1984) in which Fonzie literally jumps over a shark, judged by Hein as the moment in which this TV series took its “fatal leap”. From the foundation of this website, “jumping the shark” has become an idiom to indicate the beginning of the decline of a cultural object quality due to an absurd introduction to the plot. To discover more about the idiom and its application to some television products and celebrity careers, see J. HEIN, *Jump the Shark: When Good Things Go Bad*, New York, Penguin Putnam, 2002.

- *Production challenges*: network constraints, scheduling issues, creative fatigue;
- *Audience expectations*: demand for quality stability and novelty adaptation over time.

From a cognitive perspective, studies have shown that viewers' affective trajectory concerning a TV series depends on whether they care for the characters as 'friends'¹¹, but, above all, whether audiences care for the work as a whole, take pleasure in its aesthetic structure and feel intellectually rewarded by this investment, through a "hedonic payoff"¹². Market investigations, meanwhile, have shown that long-term audience satisfaction with TV dramas depends on expectations for upcoming episodes, program performance and, to a lesser extent, the post-consumption behavior of connectedness over time¹³.

Among the various TV series genres, medical dramas distinguish themselves as particularly suitable for analyzing audience gratification and motives for dissatisfaction.

1.2. The Appeal of Medical Dramas: Narration, Representation and Reception

Medical dramas are TV series set in hospitals that revolve around the sentimental and professional relationships among medical professionals and between them and their patients. These patients usually vary from episode to episode, introducing new medical conditions into the storytelling that doctors and nurses must address.

Medical dramas combine three core narrative isotopies: sentimental plots, professional plots, and medical cases¹⁴, which create four narrative profiles based on the quantitative distribution of these isotopies, namely

¹¹ R. BLANCHET - M.B. VAAGE, *Don, Peggy, and Other Fictional Friends? Engaging with Characters in Television Series*, in «Projections», 6 (2012), 2, pp. 18-41, <https://doi.org/10.3167/proj.2012.060203>.

¹² I.V. JOVANOVIĆ, *Affective Trajectory of Viewers' Long-term Engagement with TV Series*, in «Projections», 17 (2023), 2, p. 9, <https://doi.org/10.3167/proj.2023.170201>.

¹³ D.M. DENNIS - D.M. GRAY, *An Episode-by-Episode Examination: What Drives Television-Viewer Behavior: Digging Down into Audience Satisfaction with Television Dramas*, in «Journal of Advertising Research», 53 (2013), 2, pp. 166-174, <https://doi.org/10.2501/JAR-53-2-166-174>.

¹⁴ G. PESCATORE - M. ROCCHI, *Narration in Medical Dramas I. Interpretative Hypotheses and Research Perspectives*, in «La Valle dell'Eden», 1 (2019), pp. 107-115.

the soap formula, anthology formula, doctors-and-patients formula and social formula¹⁵.

Based on these profiles, medical dramas provide fertile ground for audience and reception analysis. Considering audience responses, “soapy” storylines are likely to promote engagement through fanfiction or the *shipping* phenomenon, while attention to medical professionalism can prompt reflections on medical knowledge and accuracy¹⁶. However, the presence of social themes is what most polarizes viewers’ reactions, potentially leading to “controversial” episodes. One of the peculiarities of medical dramas is their permeability to the social world, as they include contemporary sociopolitical themes in the narration (gender violence, LGBTQIA+ representation and discrimination and racism and more), thus stimulating social discursiveness and forcing viewers to take a stance. Three main factors that explain medical dramas’ responsiveness to social reality were identified in a previous study¹⁷: (i) the typical broadcast TV production model, which allows contemporary social themes to be incorporated into storytelling within a few months of their emergence; (ii) the focus on healthcare, which reflects social issues often linked to it and (iii) the hospital setting, which represents a microcosm reflecting broader societal dynamics.

The prominent presence of sociopolitical themes alongside medical representation also enables these TV series to serve as educational tools¹⁸. In a literature review of medical drama studies¹⁹, five main research areas were identified, one of which is “pedagogy and bioethics”. Within this area, the authors observed that medical dramas are used to

¹⁵ M. ROCCHI - G. PESCATORE, *Modeling Narrative Features in TV Series: Coding and Clustering Analysis*, in «Humanities and Social Sciences Communications», 9 (2022), 1, p. 7, <https://doi.org/10.1057/s41599-022-01352-9>.

¹⁶ J. BODOH-CREED, *The ER Effect: How Medical Television Creates Knowledge for American Audiences*, in E. KENDAL - B. DIUG (eds.), *Teaching Medicine and Medical Ethics Using Popular Culture*, Palgrave Studies in Science and Popular Culture, Cham, Palgrave Macmillan, 2017, https://doi.org/10.1007/978-3-319-65451-5_3.

¹⁷ G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal Impact*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series: Approaches and Perspectives, 14th Media Mutations International Conference*, Media Mutations Publishing, 2023, pp. 9-10, <https://doi.org/10.21428/93b7ef64.c9d-8cd00>.

¹⁸ M. ROCCHI, *History, Analysis and Anthropology of Medical Dramas: A Literature Review*, in «Cinergie», 15 (2019), pp. 73-76, <https://dx.doi.org/10.6092/issn.2280-9481/8982>.

¹⁹ A. SONEGO - M. ROCCHI, *Medical Drama TV Series: A Semi-Systematic Literature Review*, in «Online Journal of Communication and Media Technologies», 14 (2024), 4, pp. 1-29, <https://doi.org/10.30935/ojcm/15268>.

educate both medical professionals and laypeople on healthcare, ethical dilemmas and attitudes and behaviors²⁰.

Reception studies to date have focused on investigating audiences' reaction towards (i) narrative and sentimental centrality, (ii) medical representation, and (iii) socio-ethical themes.

Regarding the first, multiple studies confirm that audiences are attracted to sentimental and narrative elements, considering them as core motives for engagement²¹.

Research on reception of medical representation shows mixed effects: while some studies indicate medical dramas influence health perceptions²², others demonstrate that viewers prefer seeking health information from reliable sources rather than fiction²³.

At the intersection of medical and socio-ethical representation, previous research demonstrated, through viewers' letters, that *ER* (NBC, 1994-2009) was considered a reliable source of medical and social knowledge²⁴. Another study analyzed audience responses to persuasive

²⁰ A. SONEGO - M. ROCCHI, *Medical Drama TV Series*, cit., p. 9.

²¹ S. ANTONIONI - D. HOLDAWAY, *TV Reception via Social Media Analysis: The Case of Doc - Nelle tue mani*, in S. ANTONIONI - M. ROCCHI (eds.), *Audiovisual Data: Data-Driven Perspectives for Media Studies, 13th Media Mutations International Conference*, Media Mutations Publishing, 2023, <https://doi.org/10.21428/93b7ef64.6bec3626>; S. BRANEÀ - A. GUGUIANU, *Audience's Interest for Health Problems and Human Relations: Friendship and Love in TV Medical Dramas*, in «The International Journal of Communication and Health», 1 (2013), pp. 46-52, <http://communicationandhealth.ro/upload/number1/Friendship-and-Love-in-TV-Medical-Dramas.pdf>; V.E. KRETZ, *McDreamy Is McDead: Fan Responses to a Parasocial Break-Up*, in «Journal of Fandom Studies», 8 (2020), 2, pp. 147-163, https://doi.org/10.1386/jfs_00014_1; G. IAPALUCCI, *Adopting NLP Techniques to Analyze Twitter Social Discourses around The Good Doctor*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series: Approaches and Perspectives, 14th Media Mutations International Conference*, Media Mutations Publishing, 2023, <https://doi.org/10.21428/93b7ef64.89b846a6>.

²² J.E. CHUNG, *Medical Dramas and Viewer Perception of Health: Testing Cultivation Effects*, in «Human Communication Research», 40 (2014), 3, pp. 333-349, <https://doi.org/10.1111/hcre.12026>; B.L. QUICK, *The Effects of Viewing Grey's Anatomy on Perceptions of Doctors and Patient Satisfaction*, in «Journal of Broadcasting & Electronic Media», 53 (2009), 1, pp. 38-55, <https://doi.org/10.1080/08838150802643563>; Y. TIAN ET AL., *Medical Drama Viewing, Parasocial Relationship, and Trust in Physicians: A Cross-Lagged Panel Study*, in «Psychology of Popular Media», 13 (2024), 3, pp. 501-506, <https://doi.org/10.1037/ppm0000469>.

²³ T.K. LEE - L.D. TAYLOR, *The Motives for and Consequences of Viewing Television Medical Dramas*, in «Health Communication», 29 (2014), 1, pp. 13-22, <https://doi.org/10.1080/10410236.2012.714346>.

²⁴ S. DAVIN, *Healthy Viewing: The Reception of Medical Narratives*, in «Sociology of Health & Illness», 25 (2003), 6, pp. 662-679, <https://doi.org/10.1111/1467-9566.00364>.

strategies in medical TV shows through surveys and found that people are dissatisfied with being persuaded towards controversial positions, regardless of direction²⁵.

From these studies on medical dramas, it is evident that there is a lack of comprehensive analyses that go beyond case-study-based research and single reception factors (i.e., narrative aspects, medical representation and socio-ethical storytelling). Moreover, most of the online reception studies on medical dramas – and on TV seriality in general²⁶ – adopt small data methodologies or ethnographic approaches, potentially limiting the generalizability of their findings. Ultimately, given the patterns of decline that most long-running TV series experience illustrated in the previous paragraph, longitudinal studies examining the evolution of appreciation and popularity of these serial products are needed to better understand the core reasons for audience dissatisfaction. Based on these premises, the following Research Questions (RQs) are formulated:

RQ1. How does audience interest in medical drama TV series change over time, as reflected in viewer ratings and the number of ratings across seasons?

RQ2. What are the main sources of criticism in negative reviews of medical drama TV series and which of these themes are most frequently cited as reasons for dissatisfaction?

2. Data and Methodology

Five US medical drama TV series were selected based on their longevity and popularity (see Tab. 1), to enable longitudinal analysis while ensuring a high number of ratings and reviews for every TV series. Ratings and reviews were collected from the International Movie Database (IMDb, <https://www.imdb.com/>), to ensure comparability of results.

Episode-level data were extracted: (i) average rating and rating count per episode for RQ1 and (ii) negative reviews (1-3 stars) for RQ2 (see Tab. 1). Extractions were made in June 2025.

²⁵ E.D. ASBEEK BRUSSE - M.L. FRANSEN - E.G. SMIT, *Educational Storylines in Entertainment Television: Audience Reactions toward Persuasive Strategies in Medical Dramas*, in «Journal of Health Communication», 20 (2015), 4, pp. 396-405, <https://doi.org/10.1080/10810730.2014.965365>.

²⁶ G. IAPALUCCI - M. ROCCHI, *Exploring TV Seriality through the Lens of Social Media: A Semi-Systematic Literature Review*, in «Communication & Society», 38 (2015), 1, pp. 298-316, <https://doi.org/10.15581/003.38.1.022>.

To answer RQ1, averages of ratings and counts of ratings for every season were computed and then visualized in line graphs. To answer RQ2, a semantic classification of the negative reviews using GPT-4 was carried out, which was selected due to its superior performance in NLP tasks compared to traditional models, with strong correlation to human classification²⁷.

Table 1 - *Corpus Details and Number of Ratings, Reviews and Negative Reviews*

<i>Medical Dramas</i>	<i>N. of Seasons</i>	<i>N. of Episodes</i>	<i>N. of Ratings</i>	<i>N. of Reviews</i>	<i>N. of Negative Reviews (1-3 stars)</i>
<i>Grey's Anatomy (GA)</i> (ABC, 2005-)	21	448	539,079	1,992	383 (19.2%)
<i>House, M.D. (HMD)</i> (Fox, 2004-2012)	8	176	667,528	1,269	125 (9.8%)
<i>New Amsterdam (NA)</i> (NBC, 2018-2023)	5	89	60,863	489	217 (44.4%)
<i>The Good Doctor (TGD)</i> (ABC, 2017-2024)	7	126	161,488	983	200 (20.3%)
<i>The Resident (TR)</i> (Fox, 2018-2023)	6	107	49,525	358	74 (20.7%)
TOTAL	/	/	1,478,483	5,091	999 (19.6%)

To overcome potential limitations in output consistency, an iterative approach was adopted: GPT-4 generated initial categories from the reviews, which were then consolidated into five overarching sources of criticism based on conceptual overlap and alignment with reception literature²⁸:

- 1) *Emotional Response or Engagement;*
- 2) *Narrative Issues;*
- 3) *Production Quality;*
- 4) *Social or Political Themes;*
- 5) *Unrealistic Medical Representation.*

²⁷ G. LE MENS - B. KOVÁCS - M.T. HANNAN - G. PROS, *Uncovering the Semantics of Concepts Using GPT-4*, in «Proceedings of the National Academy of Sciences», 120 (2023), 49, p. e2309350120, <https://doi.org/10.1073/pnas.2309350120>.

²⁸ For instance, E.D. ASBEEK BRUSSE - M.L. FRANSEN - E.G. SMIT, *Educational Storylines in Entertainment Television*, cit.; S. BRANEA - A. GUGUIANU, *Audience's Interest for Health Problems and Human Relations*, cit.; T.K. LEE - L.D. TAYLOR, *The Motives for and Consequences of Viewing Television Medical Dramas*, cit.

The prompt given to GPT-4 is:

Analyze the following negative review of a medical drama episode. Identify the SINGLE most relevant criticism or main reason for dissatisfaction expressed in the review. You MUST choose one category from the following list. Do NOT invent new categories. If the review does not clearly fit into any of the allowed categories, or you are truly undecided, respond with ‘{UNKNOWN_CATEGORY}’.

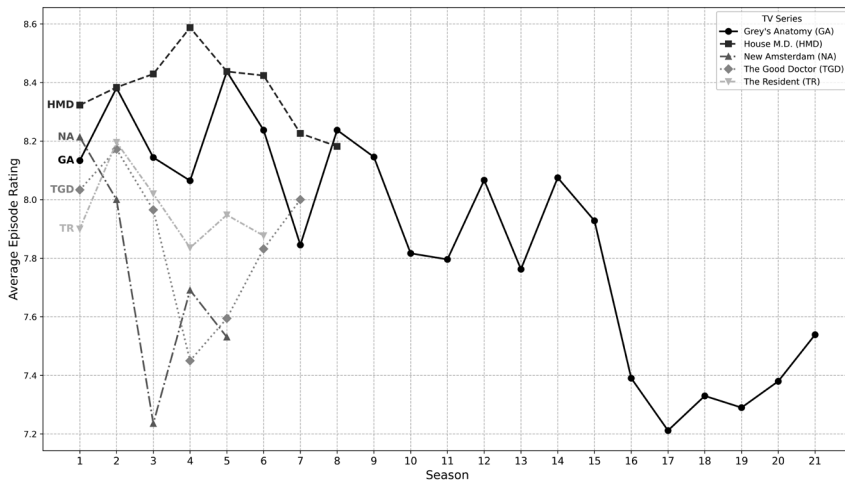
The “unknown category” was labeled “unclear criticism” and was introduced to avoid GPT forcing reviews into unsuitable categories. To address reproducibility, temperature was set to 0 (deterministic output)²⁹ and the prompt was run multiple times, yielding highly consistent results.

3. Results

3.1. Time Evolution of Audience Interest in Medical Dramas

To shed light on the time evolution of audience interest in medical dramas (RQ1), we examined the temporal trend of both average ratings per season (Fig. 1) and average count of ratings per season (Fig. 2).

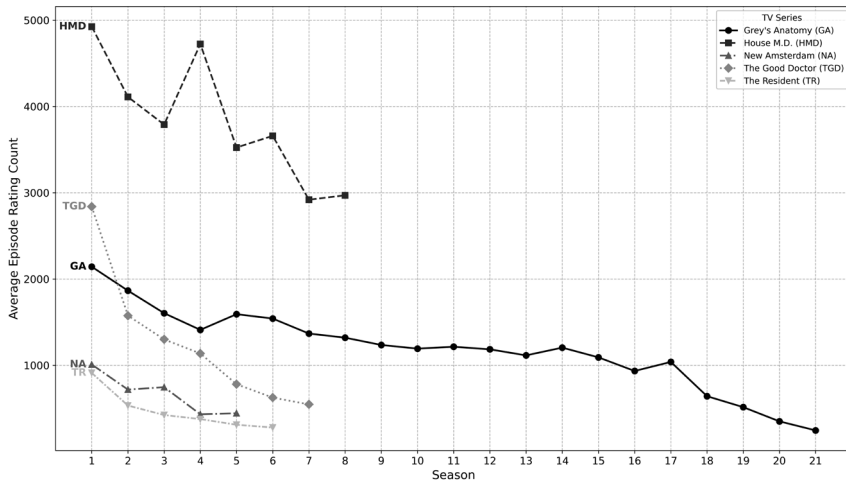
Figure 1 - Average Episode Rating by Season for the Medical Drama TV Series (Zoomed-In)



²⁹ To dive deeper into the temperature parameter, see C. STEELE, *Understanding OpenAI's Temperature Parameter*, Colt Steele <https://www.coltsteele.com/tips/understanding-openai-s-temperature-parameter>, last accessed 21 December 2025.

Average ratings remain high (7.2-8.6) with a predominant U-shaped pattern: higher at series beginning, declining mid-series, then recovering toward the end. *House MD* and *Grey’s Anatomy* show exceptions, with *House MD* declining only after season 4 and *Grey’s Anatomy* – which represents a unique case due to its length and because still in production – likely following the U-shape pattern too, with ratings potentially re-increasing for the last seasons.

Figure 2 - Average Episode Rating Count by Season for the Medical Drama TV Series



When examining the evolution of the number of ratings per season (Fig. 2), all series show a consistent downward or stable trend in rating volume across seasons, except for *House MD* season 4, indicating progressive loss of audience participation

3.2. Reasons for Criticisms in Negative Reviews of Medical Dramas

Table 2 shows the results of the GPT-4 semantic classification of negative reviews according to the six categories identified before, for every TV series and at an aggregated level.

Considering all reviews combined, the main source of criticism is narrative issues (37.8%), immediately followed by social or political themes (36.0%). Unrealistic medical representation accounts for 16.6%, while other categories represent smaller proportions.

Table 2 - Results of the Semantic Classification of Negative Reviews

Semantic Category	N. of GA Reviews	N. of HMD Reviews	N. of NA Reviews	N. of TGD Reviews	N. of TR Reviews	N. of All Reviews
<i>Emotional Response or Engagement</i>	26 (6.8%)	6 (4.8%)	3 (1.4%)	5 (2.5%)	3 (4.1%)	43 (4.3%)
<i>Narrative Issues</i>	200 (52.2%)	71 (56.8%)	43 (19.8%)	48 (24%)	16 (21.6%)	378 (37.8%)
<i>Production Quality</i>	10 (2.6%)	3 (2.4%)	2 (0.9%)	3 (1.5%)	8 (10.8%)	26 (2.6%)
<i>Social or Political Themes</i>	95 (24.8%)	20 (16.0%)	123 (56.7%)	98 (49.0%)	24 (32.4%)	360 (36.0%)
<i>Unclear Criticism</i>	7 (1.8%)	0 (0.0%)	11 (5.1%)	6 (3.0%)	2 (2.7%)	26 (2.6%)
<i>Unrealistic Medical Representation</i>	45 (11.8%)	25 (20.0%)	35 (16.1%)	40 (20.0%)	21 (28.4%)	166 (16.6%)
TOTAL	383 (100.0%)	125 (100.0%)	217 (100.0%)	200 (100.0%)	74 (100.0%)	999 (100.0%)

The series-level analysis reveals that *Grey's Anatomy* and *House MD* emphasize narrative decline (>50% of negative reviews), while *New Amsterdam* and *The Good Doctor* receive criticism primarily for sociopolitical content (56.7% and 49.0%, respectively). While *The Resident* also exhibits primarily criticism for sociopolitical themes (32.4%), it shows more balanced criticism across categories, with notable emphasis also on unrealistic medical representation (28.4%).

Reviews in each category were also analyzed through close reading, and in what follows, the main emergent trends of dissatisfaction within each category are discussed.

Emotional Response or Engagement

In this category, we find reviews from users who either felt a lack of engagement with a medical drama episode or had a negative emotional response. For the first, users mainly expressed boredom and noted that storylines and characters failed to evoke emotion and investment. For the second, users described their hatred towards certain characters, their negative feelings – and disagreement – about the loss of a character, or their annoyance and disgust towards storylines or topics due

to their desire for pure entertainment. These emotions sometimes led them to regret spending time watching the episodes, because of an escapist entertaining desire. An example of a review is:

What a load of pretentious pointless nonsense! This episode was so bad it genuinely made me angry I'd wasted an hour watching it. (nyt011-798-466578, *HMD S02E24*, ★★)

Narrative Issues

Within this category, reviews identify incoherent plotlines, lack of originality, excessive sentimental focus, poor character development, and perceived quality decline over seasons. Viewers attribute decline to writers, budget constraints, and creative fatigue. An example is:

I was napping half of it and fast-forwarding the other half. I believe that literally there is nothing more to say in this show. 99 percent of our favorite characters are gone, or dead, or lost. So, it is time to put an end to it! Please! (nanya_gladriel_63, *GA S18E12*, ★)

Production Quality

This category groups reviews that criticize production aspects. Reviewers mainly condemn poor acting skills, uninteresting scriptwriting, filming or editing mistakes, and low-quality props. Users often attribute these issues – similar to narrative criticisms – to low budgets or poor directing. Furthermore, many users are long-term viewers who note that quality has declined over time. An example is:

Flat writing. Emotionless acting. Even the set dressing looks awful. *Grey*'s used to be sharp and incisive, but now it has all the skill of a high school play. (bhvfuj, *GA S17E01*, ★)

Social or Political Themes

This category reveals two distinct patterns: (i) disagreement with theme portrayal (accusations of “liberal propaganda” or “woke agenda”), and (ii) rejection of the inclusion of the themes entirely, as viewers prioritize escapism over social commentary. A review exemplifying this second pattern is:

Leave trends and political campaigns out of these shows, your viewers want “out” of the real world to enter a new one, with a story that has a beginning, middle and an end. Period! Forcing down Covid, Racism, Gender Oppression and completely forgetting about the main story is throwing a huge middle finger to your viewers. (pedro-97797, *NA S03E06*, ★)

Unclear Criticism

This category groups reviews that express a general dissatisfaction, either considering the single episode under review as an exception or signaling a broader decline in the TV series' quality. Many users express their intent to stop watching the show. An example is:

I just came back to try an episode because I stopped watching after season 2 because it got bad and I wanted to see if it got better... I watched 10 minutes of it and it just wasn't worth it watching. (simon_b-03265, *TGD S04E03*, ★)

Unrealistic Medical Representation

In this category, reviewers focus on three aspects: medical experts' behavior, hospital setting and pathology portrayals. First, reviewers criticize doctors' incompetence and unethical behavior, with the main complaint being the disproportionate focus on personal life while working. Users also criticize the predictable diagnostic structure: an initial simple diagnosis proves false, the patient's condition deteriorates, and only near the episode's end does the brilliant doctor identify the correct diagnosis.

The hospital settings and props are also criticized as unrealistic. For example, some reviews mentioned that hospitals cannot keep all operation rooms occupied due to emergencies or that the doors of the operating rooms cannot remain open throughout surgeries. As for pathology portrayal, users note the unrealistic depiction of many conditions or their treatments. Viewers also disapprove of the frequent inclusion of extremely rare pathologies or rare diagnoses for common medical cases. Another recurrent criticism involves errors in medical procedures, such as:

I could not believe my eye when I saw the laryngoscope being held upside down while pretending to intubate. You can try and make the act as sophisticated as you want but you cannot mess up using basic instruments. (a_zaima, *TRS02E07*, ★)

4. *Discussion and Conclusions*

This study analyzed online reception of five long-running US medical drama TV series, examining time evolution of appreciation (RQ1) and primary sources of viewer criticism (RQ2).

Considering audience interest (RQ1), medical dramas maintain high IMDb scores (7.2-8.6) and generally exhibit U-shaped rating distributions, indicating higher satisfaction at series beginning, decline mid-series and recovery toward finale. This pattern confirms the hypothesis

about viewer excitement for novelty in new productions³⁰. Critically, rating volume consistently decreases across seasons, reflecting progressive loss of audience participation consistent with traditional broadcast viewership decline patterns³¹ – caused also by television distribution fragmentation –, suggesting gradual decline in audience engagement is genuine rather than merely an online behavior artifact. Taken together, these findings support the hypothesis of a gradual decline in the ability of medical dramas to sustain audience engagement.

Regarding criticism sources (RQ2), narrative issues (37.8%) and sociopolitical themes (36.0%) emerge as primary drivers of dissatisfaction, followed by unrealistic medical representation (16.6%). This contrasts with prior research emphasizing medical realism³², yet aligns partially with series-level differences – which should be acknowledged as a limitation of this study: *Grey's Anatomy* and *House MD* receive criticism primarily for narrative decline, while *New Amsterdam* and *The Good Doctor* face criticism mainly for sociopolitical content inclusion. These patterns partially reflect narrative isotopy distribution³³: for instance, *Grey's Anatomy's* sentimental formula correlates with narrative criticisms, the social formula that emerged from *New Amsterdam* and *The Resident* relates to the high discontent towards sociopolitical themes, while *The Good Doctor's* medical case-focus associates also with sociopolitical theme criticism.

A close reading of the reviews revealed two transversal patterns: (i) the progressive decline concerning all categories and (ii) viewers' rejection of the educational goal. As for the first, reviews show that dissatisfaction with these TV series has not always existed, but it has increased

³⁰ N. JASHANMAL, *Quality Decline in Serialized TV Shows*, cit.

³¹ Even though the decrease is not always gradual, *Grey's Anatomy's* broadcast ratings evolved from an average of 18.46 million of the first season to 6.9 of the last season (so far, see: WIKIPEDIA, *Grey's Anatomy*, https://en.wikipedia.org/wiki/Grey's_Anatomy, last accessed 21 December 2025), *House, MD* from 13.3 million to 8.7 million (WIKIPEDIA, *House (TV Series)*, [https://en.wikipedia.org/wiki/House_\(TV_series\)](https://en.wikipedia.org/wiki/House_(TV_series)), last accessed 21 December 2025), *New Amsterdam* from 10.65 million to 5.16 million (WIKIPEDIA, *New Amsterdam (2018 TV Series)*, [https://en.wikipedia.org/wiki/New_Amsterdam_\(2018_TV_series\)](https://en.wikipedia.org/wiki/New_Amsterdam_(2018_TV_series)), last accessed 21 December 2025), *The Good Doctor* from 15.61 to 5.11 (WIKIPEDIA, *The Good Doctor (American TV Series)*, [https://en.wikipedia.org/wiki/The_Good_Doctor_\(American_TV_series\)](https://en.wikipedia.org/wiki/The_Good_Doctor_(American_TV_series)), last accessed 21 December 2025) and *The Resident* from 7.03 to 4.40 (WIKIPEDIA, *The Resident (TV Series)*, [https://en.wikipedia.org/wiki/The_Resident_\(TV_series\)](https://en.wikipedia.org/wiki/The_Resident_(TV_series)), last accessed 21 December 2025).

³² For instance, S. DAVIN, *Healthy Viewing*; B.L. QUICK, *The Effects of Viewing Grey's Anatomy on Perceptions of Doctors and Patient Satisfaction*, cit.

³³ M. ROCCHI - G. PESCATORE, *Modeling Narrative Features in TV Series*, cit.

over time. This implies that the negative reviews were not written by casual or new viewers, rather from regular ones, who have noticed a deterioration in the quality of these products. A higher recent abandonment of TV series could also be due to the *Peak TV* phenomenon, for which a high number of TV series are produced every year. As a previous study demonstrated³⁴, the high production volume has caused a “series fatigue”, leading viewers to engage less or abandon more quickly the consumption of a serial narrative when disappointed, due to the availability of alternative content or expectations of upcoming cancellations. As for the second, audiences reject the educational intent of medical dramas, identified as one of the core features of this genre³⁵. Especially in the categories of sociopolitical themes and emotional response or engagement, viewers found medical dramas to be preachy and emphasized the entertaining power of fictional television. This finding is consistent with previous reception studies demonstrating audience resistance to persuasion³⁶ and with works identifying escapism as a primary motive for watching medical dramas³⁷.

Long-running medical dramas thus exhibit deterioration in perceived quality driving progressive viewer abandonment. The rating recovery in final seasons may reflect either genuine quality improvement through narrative resolution or survivor bias – only dedicated fans remaining to rate final episodes. This “quality” decline, however, reflects audience perception through ratings and reviews, not the aesthetic criteria of Quality Television³⁸, even though studies have acknowledged that long-running series can also be Quality TV products³⁹.

Limitations warrant acknowledgment. First, the dataset consists of self-selected reviews from online users, limiting generalizability. Sec-

³⁴ S.G. EINWÄCHTER - T. JENSEN, *Exploring Viewers' Experiences of 'Series Fatigue'*, in «Fandom | Cultures | Research. Online Journal for Fan and Audience Studies», 1 (2024), pp. 106-122, <http://dx.doi.org/10.25969/mediarep/23323>.

³⁵ M. ROCCHI, *History, Analysis and Anthropology of Medical Dramas*, cit.; A. SONEGO - M. ROCCHI, *Medical Drama TV Series*, cit.

³⁶ E.D. ASBEEK BRUSSE - M.L. FRANSEN - E.G. SMIT, *Educational Storylines in Entertainment Television*, cit.; T.K. LEE - L.D. TAYLOR, *The Motives for and Consequences of Viewing Television Medical Dramas*, cit.

³⁷ S. BRANEA - A. GUGUIANU, *Audience's Interest for Health Problems and Human Relations*, cit.

³⁸ See R. J. THOMPSON, *Television's Second Golden Age: From Hill Street Blues to ER*, Syracuse, NY, Syracuse University Press, 1997.

³⁹ P. BREMBILLA - L. TRALLI, *With 22 Episodes a Year: Searching for Quality in US Network Television: The Cases of The Good Wife, Brooklyn Nine-Nine and Jane the Virgin*, in «Comunicazioni sociali», 29 (2015), 2, pp. 142-152.

ond, given audience polarization – particularly regarding sociopolitical themes⁴⁰ – focusing solely on negative reviews does not imply lack of positive reception. Moreover, negativity bias may also inflate the prominence of critical responses⁴¹. Future research should examine both satisfaction and dissatisfaction comprehensively and assess whether these patterns extend beyond medical dramas to broader trends in long-running serial productions.

⁴⁰ A. AMENDOLA - V. MARRA - M. QUARTIN, *The Evolving Perception of Controversial Movies*, cit.

⁴¹ I.A. MANOLIU, *Like and Dislike: Negativity Bias in Political TV Series*, in «Composite», 19 (2017), 3, pp. 5-22, <http://www.composite.org/index.php/revue/article/view/268>.

ELENA CECCARELLI

“Breast Is Bad”: Affective Counter-Narratives to Breastfeeding Normativity and Expertise on Italian Social Media

Breastfeeding: Between Health and Morality

Health communication, like many other areas of social life, has been profoundly transformed by digital media. People increasingly seek health information on dedicated websites, share illness experiences in online peer communities, search for care services and professionals, and follow medfluencers on social media platforms¹. While medical knowledge is today more accessible than ever, the overabundance of information, together with the circulation of mis- and disinformation, can also generate uncertainty and anxiety². As a result, users are required not only to follow medical advice but also to actively navigate and distinguish between reliable and misleading forms of health information³.

This work becomes particularly challenging when the health at stake is not one's own, but the wellbeing of one's children. On social media, parents are confronted with a multitude of recommendations aimed at preventing any potential threat to infant safety, a dynamic that intensifies the perception of risk and increases parental dependence on

¹ S. MOORHEAD ET AL., *A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitations of Social Media for Health Communication*, in «Journal of Medical Internet Research», 15 (2013), 14, p. e85. DOI: 10.2196/jmir.1933; A.B. HELDMAN - J. SCHINDELAR - J.B. WEAVER, *Social Media Engagement and Public Health Communication: Implications for Public Health Organizations Being Truly 'Social'*, in «Public Health Reviews», 35 (2013), 13, pp. 1-18. DOI: 10.1007/BF03391698; B. PAUL - S.-A. HEADLEY-JOHNSON, *The Impact of Social Media on Health Behaviors, a Systematic Review*, in «Healthcare», 13 (2025), 21, p. 2763. DOI: 10.3390/healthcare13212763.

² P. PALLAVI ET AL., *Excessive and Unreliable Health Information and Its Predictability for Anxiety: A Cross-Sectional Observational Study*, in «Cureus», 14 (2022), 11, p. e31247. DOI: 10.7759/cureus.31247.

³ J.P. STIMPSON - A.N. ORTEGA, *Social Media Users' Perceptions about Health Mis- and Disinformation on Social Media*, in «Health Affairs Scholar», 1 (2023), 4, p. qxad050. DOI: 10.1093/haschl/qxad050.

expert knowledge⁴. In the contemporary parenting landscape, however, responsibility extends beyond the protection of children's health to include an intensive investment in their physical and cognitive development, in line with entrepreneurial *ethos* of neoliberalism⁵.

These expectations fall primarily on mothers, who continue to be socially constructed as children's primary caregivers, reflecting the Western normative model of intensive mothering that prescribes a huge investment of time, energy, and economic resources guided by expert recommendations⁶. On social media, this pressure is further intensified by practices of mutual surveillance⁷ and the circulation of unrealistic standards of childrearing⁸, which foster a climate of competition and parent blaming⁹. Within parenting communities, maternal choices – from sleep training to vaccination or infant feeding – are thus evaluated not only in terms of safety and appropriateness, but also as identity markers of “good” mothering¹⁰.

The issue that most clearly exemplifies these tensions among parents on social media is the choice between breastfeeding and formula feeding. In this context, the slogan “breast is best” functions not only as a medical recommendation but also as a moral assessment of maternal worth¹¹. Major healthcare authorities – such as the World Health Organ-

⁴ U. BECK, *Risk Society: Towards a New Modernity*, London, Sage, 1992; A. GIDDENS, *The Consequences of Modernity*, Cambridge, Polity Press, 1990.

⁵ M.H. NADESAN, *Engineering the Entrepreneurial Infant: Brain Science, Infant Development Toys, and Governmentality*, «Cultural Studies», 16 (2002), 3, pp. 401-432; G. WALL, *Mothers' Experiences with Intensive Parenting and Brain Development Discourse*, «Women's Studies International Forum», 33 (2010), 3, pp. 253-263. DOI: 10.1016/j.wsif.2010.02.019.

⁶ S. HAYS, *The Cultural Contradictions of Motherhood*, New Haven, Yale University Press, 1996.

⁷ A.E. MARWICK, *The Public Domain: Surveillance in Everyday Life*, «Surveillance & Society», 2012, 9. DOI: 10.24908/ss.v9i4.4342.

⁸ B.A. MTEEVE, *Motherhood in the Digital Age: Navigating Opportunities and Risks in a Hyper-Connected World*, «SSRN Electronic Journal», 2023. DOI:10.2139/ssrn.4555839.

⁹ J. ABETZ - J. MOORE, “Welcome to the Mommy Wars, Ladies”: *Making Sense of the Ideology of Combative Mothering in Mommy Blogs*, in «Communication, Culture and Critique», 11 (2018), 2, pp. 265-281. DOI: 10.1093/ccc/tcy008; T. JENSEN, *Parenting the Crisis: The Cultural Politics of Parent-Blame*, Bristol, Policy Press, 2018. DOI: 10.2307/j.ctt22h6qc3.

¹⁰ T. JENSEN, *Mumsnetiquette: Online Affect within Parenting Culture*, in C. MAXWELL - P. AGGLETON (eds.), *Privilege, Agency and Affect*, London, Palgrave Macmillan, 2013, pp. 127-145.

¹¹ E. MURPHY, “Breast Is Best”: *Infant Feeding Decisions and Maternal Deviance*, «Sociology of Health & Illness», 1999, 21, pp. 187-208. DOI: 10.1111/1467-9566.00149;

ization and the United Nations Children's Fund – promote breastfeeding as the optimal form of infant nutrition, beneficial for both physical health and cognitive development¹². At the same time, exclusive breastfeeding closely aligns with the expectations of intensive mothering, as it requires a high degree of maternal presence and dedication¹³. Consequently, women who do not breastfeed are often compelled to legitimize their departure from medical recommendations in order to reaffirm their identity as “good” mothers in relation to dominant maternal norms¹⁴.

Against this backdrop, some mothers and activists use digital platforms to circulate counter-narratives on infant feeding aimed at relieving mothers from excessive responsibility and guilt. Among these initiatives, the Italian Instagram profile *Mamma Eversiva* offers a particularly salient example of how dominant breastfeeding discourses are publicly challenged and reworked. Drawing on digital ethnography, this study examines how the Italian account challenges the risk-based framing of infant feeding and dominant ideals of motherhood through specific affective and discursive practices. While existing scholarship has emphasized the potential of social media to provide spaces for resisting and redressing oppressive standards of motherhood¹⁵, the analysis demonstrates that, despite its emancipatory intent, *Mamma Eversiva* does not fully dismantle dominant maternal norms. Rather, it reshapes them in ways that partially reproduce the logic of intensive mothering.

C. FAIRCLOTH, 'What Science Says is Best': Parenting Practices, Scientific Authority and Maternal Identity, in «Sociological Research Online», 15 (2010), 4, pp. 85-98. DOI: 10.5153/sro.2175.

¹² WORLD HEALTH ORGANIZATION, *Breastfeeding: Recommendations*. Retrieved from: https://www.who.int/health-topics/breastfeeding#tab=tab_2.

¹³ J.B. WOLF, *Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*, New York, New York University Press, 2011.

¹⁴ L. MARSHALL - M. GODFREY - M.J. RENFREW, *Being a 'Good Mother': Managing Breastfeeding and Merging Identities*, in «Social Science & Medicine», 65 (2007), 10, pp. 2147-2159. DOI: 10.1016/j.socscimed.2007.06.015; E.J. LEE, *Living with Risk in the Age of 'Intensive Motherhood': Maternal Identity and Infant Feeding*, in «Health, Risk & Society», 10 (2008), 5, pp. 467-477. DOI: 10.1080/13698570802383432.

¹⁵ S. PEDERSEN, *The Good, the Bad and the 'Good Enough' Mother on the UK Parenting Forum Mumsnet*, in «Women's Studies International Forum», 2016, 59, pp. 32-38. DOI: 10.1016/j.wsif.2016.09.004; L. CATES - L. GUZMÁN, *#BadMomsOfTikTok: How US Momfluencers Engage Social Media to Subvert Notions of Intensive Mothering*, in E. PODNIEKS - H. WAHLSTRÖM HENRIKSSON (eds.), *The Palgrave Handbook of Parenthood in Popular Culture*, Cham, Palgrave Macmillan, 2025, pp. 315-332. DOI: 10.1007/978-3-031-94070-5_17.

Case study: The Affective Atmosphere of Mamma Eversiva

Mamma Eversiva is an Italian Instagram profile created by Evelina Dietman, known online as Eve. At the time of this research, the account had around 12.000 followers, placing *Mamma Eversiva* within the category of micro-influencers, generally associated with close and interactive relationships with their audience¹⁶. In 2022, Eve took part in the podcast *Mamme a nudo: dialoghi onesti sull'essere mamma!*, aimed at providing a more realistic and non-idealized representation of motherhood¹⁷. Following this experience, she continued to promote similar counternarratives on Instagram, paying particular attention to the critique of breastfeeding norms, often articulated through a gender-sensitive lens that highlights the unequal distribution of childcare responsibilities between parents.

Around *Mamma Eversiva*, Eve has built a highly responsive community by publishing daily content and engaging her audience through irony, personal testimonies, and the use of scientific evidence to support her claims. These communicative strategies extend beyond the mere transmission of information. Rather, they actively shape shared ways of feeling, narrating, and living motherhood, making *Mamma Eversiva*'s communication particularly suitable for analysis in terms of affective practices. Margaret Wetherell develops the concept of 'affective practice' to describe how emotions manifest in social life as recognizable assemblages of feelings, bodily states, discourses, gestures, and actions through which people engage in social interaction¹⁸.

On *Mamma Eversiva*, affective practices emerge not only through interactions among users but also through their engagement with the platform's affordances and communicative architecture. These non-human actors participate in the stabilization of affective practices by mediating modes of relating and amplifying the repetition and circulation of the anti-"breast is best" repertoire¹⁹. In doing so, the platform contributes to shaping *Mamma Eversiva*'s message, at times in ways that could partially diverge from Eve's declared purpose.

¹⁶ E. KUZOREN - I. KIRIS - I. ERKAN, *Less Is More! The Power of Micro-Influencers: A Systematic Literature Review*, in «Journal of Global Business Insights», 2025, 10, pp. 142-157. DOI: 10.5038/2640-6489.10.2.1302.

¹⁷ EVE+SASHA+LUCREZIA, *Mamme a nudo: dialoghi onesti sull'essere mamma!* Retrieved from: <https://open.spotify.com/show/0y87mcOMwWvFNfZvyPBdWN?si=e633a6448a37410c>.

¹⁸ M. WETHERELL, *Affect and Emotion: A New Social Science Understanding*, London, Sage, 2012.

¹⁹ Z. PAPACHARISSI, *Affective Publics: Sentiment, Technology, and Politics*, New York, Oxford University Press, 2015.

Methodology

Within this framework, the study adopts a digital ethnographic approach to address the following research questions:

- 1) In what ways does *Mamma Eversiva* articulate a critique of the “breast is best” principle, and through which affective practices is formula feeding use legitimized?
- 2) To what extent does this critique reshape or reassert maternal normativity?

The ethnographic observation was conducted over a five-month period, from April 1 to August 31, 2025. The analysis draws on a heterogeneous dataset of multimedia content, including Instagram stories, posts, reels, and podcast episodes. In line with Christine Hine’s approach to digital ethnography²⁰, the observation did not focus exclusively on *Mamma Eversiva*’s Instagram profile or on a single platform. Rather, it followed the flow of content across platforms and accounts, tracing Eve’s interactions with other users and digital spaces connected to the profile.

In addition to the observation of ephemeral content such as Instagram stories, the study includes an analysis of previously published posts addressing breastfeeding and episodes of the *Mamme a Nudo* podcast relevant for this topic.

At the end of the observation period, field notes were systematically analysed to identify recurrent patterns related to emotions, themes, moral horizons, rhetorical figures, and interactional strategies through which *Mamma Eversiva* engages with the “breast is best” discourse. These materials were examined to capture how meanings and evaluations around infant feeding were affectively articulated and circulated. Through an iterative process of thematic coding²¹, recurring configurations of these elements were progressively grouped and interpreted as affective practices.

Results

The analysis identified several affective practices, which were analytically grouped into four categories according to their role: (1) the delegitimization of pro-breastfeeding actors and discourses, (2) the construction

²⁰ C. HINE, *Ethnography for the Internet: Embedded, Embodied and Everyday*, London-New York, Bloomsbury, 2015. DOI: 10.4324/9781003085348

²¹ V. BRAUN - V. CLARKE, *Thematic Analysis. A Practical Guide*, London, Sage, 2021.

of alternative epistemic authority, (3) the articulation of conflictual dynamics, and (4) the production of a sense of community.

1. *Delegitimization*

The first type of affective practice aims at delegitimizing the “breast is best” discourse and the epistemic authority of its supporters. A first strategy involves the use of irony and sarcasm directed at figures such as breastfeeding consultants and parenting coaches, whose expertise is presented as questionable. A prominent example is the satirical account of *Doctor Azalea Geranio*, through whom Eve performs the role of a “super” parenting consultant and self-proclaimed know-it-all. Wearing a blonde bob wig, Azalea dispenses advice on breastfeeding and other childrearing practices in a reassuring tone and with a constant smile. Yet, rather than appearing supportive, her recommendations come across as judgmental and anxiety-inducing, pushing mothers to follow her advice.

Azalea’s performance relies heavily on hyperbolic language drawn from a naturalistic imaginary of birth and childrearing. She frequently invokes animal metaphors and similes (e.g. “Give birth like a lioness in the wild”, “We’re mammals, right? Just like kangaroos, whales, and platypuses. Try to deny it!”)²², refers to children as “puppies”, and assigns them eccentric names such as Cinnamon, Couscous, or Rhododendron, evoking a naturalistic parenting aesthetics. This caricatural lexicon is also taken up by *Mamma Eversiva* and its followers, enabling a collective distancing from the rhetoric of parenting consultants and positioning their own stance as more reliable and grounded by contrast.

However, pro-breastfeeding discourse is supported not only by these counsellors but also by many mothers. Eve does not directly confront them; instead, their position is delegitimized in more indirect ways. For example, on April 11, Eve asked her followers: “Why do people take it personally when someone says that breastfeeding isn’t free?” The responses she shared frame pro-breastfeeding women as either unaware of the conditions shaping their choices or influenced by external pressures:

Because they did not consciously choose to do it

²² AZALEA GERANIO, *Instagram Post*, July 28, 2022. Retrieved from: <https://www.instagram.com/p/CgjSy3fg5p7/>; AZALEA GERANIO - MAMMA EVERSIVA, *Instagram Post*, May 29, 2024. Retrieved from: https://www.instagram.com/p/C7ixIfjRJ7-/?img_index=5.

It's not easy to admit that you might have made a decision and acted under the influence of a system that doesn't allow you to choose freely

Because around breastfeeding, actual cult-like groups have emerged

These people may have done everything they could just to breastfeed...²³.

Through this framing, *Mamma Eversiva*'s portrays women who support breastfeeding as weak or irrational, implicitly questioning their capacity to make autonomous decisions about infant feeding.

2. *Alternative Epistemic Authority*

Alongside affective practices aimed at undermining the “breast is best” position, *Mamma Eversiva* actively works to construct an alternative corpus of knowledge and epistemic authority around infant feeding. This process unfolds through the strategic circulation of scientific sources, the involvement of followers in knowledge production, the mobilization of expert networks, and practices of informational care directed at mothers.

First, Eve frequently shares alternative medical and scientific references that challenge dominant assumptions about breastfeeding and relativize its alleged benefits. In a July 23 post, for instance, she draws on the *Fed Is Best Foundation* to argue that there is no strong scientific evidence supporting many of the commonly claimed benefits of breastfeeding, and that such benefits are often correlated with the medium-to-high socioeconomic status of mothers, who are more likely to breastfeed.

This epistemic work is not carried out by Eve alone but is actively sustained by her community. On June 24, for example, Eve shared a scientific review suggested by followers showing that pacifier use does not hinder successful breastfeeding. Through such contributions, followers are positioned not merely as recipients of information but as co-producers of knowledge, reinforcing a collective sense of competence and credibility.

Beyond the circulation of scientific materials, Eve strengthens this alternative authority by engaging with a broad network of online experts – ranging from psychologists and paediatricians to sleep consultants and lawyers. These interactions expand the range of legitimate voices involved in discussions of infant feeding and support the construction of an epistemic coalition, sustained by Instagram affordances such as mentions, tags, and shares.

²³ MAMMA EVERSIVA, *Instagram Stories*, April 11, 2025.

Finally, epistemic authority is reinforced through practices of informational care. Eve regularly clarifies information, addresses misinformation on infant feeding, and fills gaps left by institutions, particularly about formula feeding. Practical guidance on formula milk use is made available through *Mamma Eversiva's* highlighted stories, to which Eve frequently redirects her followers.

Taken together, these practices do not operate solely at the epistemic level. Rather, credibility is performed online through boundary-work that establishes ideologically framed distinctions between legitimate and illegitimate knowledge²⁴. This symbolic demarcation provides the ground on which Eve builds her authority within the community, sustaining both the legitimacy of her claims and the moral framework through which breastfeeding is discussed.

3. *Conflictual Dimension*

Within *Mamma Eversiva's* discourse, the use of an alarmist lexicon, the portrayal of the parental digital environment as highly polarized, call-out practices, and the “heroic” challenging of dominant motherhood norms constitute a further set of affective practices aimed at drawing a sharp boundary between the community and “breast is best” advocates. This antagonism cannot be reduced to a mere disagreement over breastfeeding. Rather, it is central to *Mamma Eversiva's* identity, contributing to the construction of the community as an “us” defined in opposition to a “them”. Through these affective practices, *Mamma Eversiva* mobilizes emotions to sustain conflict and to construct an “enemy”, which becomes indispensable for the community to perceive itself as a coherent whole.

In this context, Eve frequently describes the communicative style of “breast is best” advocates using expressions such as “psychological terrorism” and “manipulation”, while referring to their arguments as “dogmas” or “toxic myths”. Through this alarmist framing, breastfeeding promotion is portrayed as threatening, and parenting is represented as a “battlefield” shaped by ideological pressures. This perception of a deeply polarized digital parenting environment is not only asserted by Eve but is also echoed by her followers. For example, commenting on the pro-breastfeeding stance promoted in preparatory courses, one follower states: “Unfortunately, we’ve reached the limit... everything is being

²⁴ T.F. GIERYN, *Boundary-Work and the Demarcation of Science from Non-Science: Strains and Interests in Professional Ideologies of Scientists*, in «American Sociological Review», 48 (1983), 6, pp. 781-795.

taken to extremes”²⁵. Such polarization is further reinforced through call-out practices, including the reposting of critical – sometimes aggressive – comments and the exposure of positions or behaviours deemed extreme or dogmatic, such as references to breastfeeding children up to the age of ten.

Through these affective practices, *Mamma Eversiva* constructs “breast is best” supporters as dogmatic and potentially harmful, particularly for mothers who experience pressure and guilt. As Sara Ahmed argues in *The Cultural Politics of Emotion*, collective identities are often formed through the emotional construction of an “other” perceived as a threat to the “we”²⁶. In *Mamma Eversiva*, the “other” is framed as a threat to maternal autonomy, reasonableness and common sense. This framing allows Eve to consolidate her identity as a rational and subversive voice, presenting her communicative activity as a form of resistance against dominant norms.

This self-positioning is made explicit in a story from April 23, in which Eve comments on the case of Don Giulio Mignani, a priest suspended for his advocacy of LGBTQ+ rights. Sharing a video in which Mignani announces his decision to leave the Church, she highlights his critique of institutional claims to absolute truth and the refusal to question entrenched dogmas. By aligning herself with his “subversive” stance, Eve foregrounds values such as freedom of thought, autonomy, and critical agency, elevating them as core principles of *Mamma Eversiva*’s identity and oppositional project.

4. *Sense of Community*

The final set of affective practices identified in the analysis contributes to the production of a sense of community around *Mamma Eversiva*. This process unfolds through the mobilization of emotions that open up collective frames of meaning – such as indignation or anger in response to unfairness – and affective orientations that project the community toward an idealized future or a mythologized past. The circulation of personal testimonies plays a central role in sustaining these dynamics by fostering empathy and mutual recognition.

A first key mobilizing emotion is a sense of injustice, which functions as a powerful catalyst for collective identification around a perceived

²⁵ MAMMA EVERSIVA, *Instagram Stories*, April 16, 2025.

²⁶ S. AHMED, *The Cultural Politics of Emotion*, Edinburgh, Edinburgh University Press, 2004.

common problem. For example, Eve and her followers express indignation over the lack of information on formula feeding during public prenatal courses. Eve frames this absence as unjust, stating that “it’s a shame” that mothers are forced to pay private consultants to access basic information²⁷. Through such episodes, individual frustration is articulated as a shared grievance, thereby reinforcing emotional bonds among followers.

In other instances, affective practices take on a temporal dimension, particularly in the form of nostalgia. *Mamma Eversiva*’s followers frequently articulate a longing for past models of care perceived as less “naturalistic”, more medically driven, and, from their perspective, less demanding for mothers. On April 13, a follower sarcastically comments on a prenatal course that praised rooming-in practices, remarking: “How lucky, right. Unlike those poor women of our mothers, who gave birth and could rest while the baby was in the nursery”²⁸. Eve seems to agree with a similar stance expressed by Sasha Damiani, the co-author of *Mamme a Nudo*, in the first episode of the podcast. She says:

When it comes to motherhood, however, it seems we’re actually a step behind our own mothers, who, when they see all the fuss we create for ourselves, say: “Why are you making life so complicated? I used to keep it much simpler”²⁹.

While such narratives foster a sense of shared understanding and emotional relief, they are also selective and may obscure the feminist struggles that have contributed to the development of more humanized and respectful childbirth experiences.

Alongside this backward-looking dimension, *Mamma Eversiva* also opens a future-oriented horizon by presenting what she frames as “virtuous examples” of better practices. These include non-ideological and comprehensive prenatal courses or institutional initiatives such as Portugal’s recognition of obstetric violence in March 2025, explicitly including pressure to breastfeed. Such examples evoke an imagined community grounded in respect and self-determination, offering followers a positive model with which to identify.

Finally, Eve further consolidates this sense of community by amplifying the voices of her followers through the circulation of personal testimonies. Mothers are encouraged to share difficult or negative

²⁷ MAMMA EVERSIVA, *Instagram Stories*, April 8, 2025.

²⁸ *Ibidem*.

²⁹ EVE+SASHA+LUCREZIA, *Mamme a nudo*, cit., episode 1, *Istruzioni per crescere figli felici. Spoiler: non è vero!*, June 8, 2022.

breastfeeding experiences, which are then collectively acknowledged and validated. On August 14, for instance, she devotes an entire post to “nightmare breastfeeding experiences” submitted by followers³⁰. These testimonies not only reinforce Eve’s critical stance but also function as affective resources that generate empathy and mutual recognition, thereby strengthening the community around shared emotional experiences.

Discussion

Mamma Eversiva’s critique of the “breast is best” narrative is articulated through four affective practices that operate across epistemic and moral dimensions, generating emancipatory claims while simultaneously revealing internal tensions. On the epistemic level, Eve challenges the content of the dominant medical discourse on infant feeding by circulating alternative scientific sources and questioning the credibility of breastfeeding advocates.

By relativizing the benefits attributed to breastfeeding, she seeks to move beyond the risk-oriented framework that characterizes mainstream medical recommendations, thereby reducing the perceived developmental disparities between breastfed and formula-fed children.

Because infant feeding constitutes a key site for evaluating maternal worth, epistemic claims about risk readily acquire moral significance, as mothers are socially positioned as primarily responsible for their children’s health³¹. By reframing breastfeeding as one option among others rather than as a decisive protective resource, Eve legitimizes formula feeding as a choice compatible with responsible risk management and, consequently, with “good” mothering. However, this move does not fully escape the risk paradigm that weighs on mothers; rather, it rebalances potential risks within the same logic and, thus, paradoxically reaffirms maternal normativity.

A similar contradiction emerges in the way *Mamma Eversiva* accounts for mothers’ strong commitment to breastfeeding. Eve does not address these women as reflective subjects but instead attributes their choices to institutional and cultural pressures. In doing so, she tends to portray

³⁰ MAMMA EVERSIVA, *Instagram Post*, August 14, 2025. Retrieved from: https://www.instagram.com/p/DNUxg7bIJ8T/?img_index=1.

³¹ M.V. GILES, *From “Need” to “Risk”: The Neoliberal Construction of the “Bad” Mother*, in «Journal of the Motherhood Initiative for Research and Community Involvement», 3 (2012), 1, pp. 112-133.

them as unaware and manipulated, thereby undermining mothers' epistemic agency and inadvertently reproducing long-standing gendered stereotypes that associate women with irrationality³². This discursive slippage contrasts with her explicit commitment to gender equality and highlights the structural tensions of the narrative, underscoring *Mamma Eversiva's* difficulty in fully transcending normative frames of reference.

This paradox stems from Eve's need to articulate the "breast is best" critique within a conflictual framework. Contemporary mothering is increasingly shaped by a combative cultural environment that normalizes competition over parenting philosophies and practices, fuelling what are commonly referred to as "mommy wars"³³. Originally coined by the media in the 1990s to describe the opposition between working and stay-at-home mothers³⁴, this metaphor has since expanded to encompass a wide range of conflicts surrounding everyday parenting choices³⁵.

Social media play a crucial role in intensifying these dynamics through their specific affordances, including feedback metrics (e.g. likes, comments, follower counts) that quantify social value, practices of identity curation, and tools such as Instagram stories that sustain continuous and immediate comparison³⁶. *Mamma Eversiva's* critique emerges within this digital context, which privileges emotionally charged and sensational content and reinforces polarization through algorithmic logics³⁷. Consequently, although Eve positions herself as offering a reasonable alternative beyond parental extremisms, her discourse remains embedded in these dynamics: by constructing the "other" as a threat to maternal autonomy, she both fuels conflict and strengthens internal community cohesion³⁸.

³² E. SHOWALTER, *The Female Malady: Women, Madness, and English Culture, 1830-1980*, New York, Pantheon Books, 1985; B. EHRENREICH - D. ENGLISH, *Witches, Midwives, and Nurses: A History of Women Healers* (1973), New York, Feminist Press, 2010; G. LLOYD, *The Man of Reason: 'Male' and 'Female' in Western Philosophy* (1984), London, Routledge, 1993.

³³ J. MOORE - J. ABETZ, 'Uh Oh. Cue the [New] Mommy Wars': *The Ideology of Combative Mothering in Popular U.S. Newspaper Articles About Attachment Parenting*, in «Southern Communication Journal», 2016, 81 (1), pp. 49-62. DOI: 10.1080/1041794X.2015.1076026.

³⁴ S.J. DOUGLAS - M.W. MICHAELS, *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined All Women*, New York, Free Press, 2004.

³⁵ J. ABETZ - J. MOORE, 'Welcome to the Mommy Wars, Ladies', cit.

³⁶ Y. QIU, *Social Comparison on Social Media Platforms: A media and communication Perspective*, «SHS Web of Conferences», 2024. DOI: 185. 10.1051/shsconf/202418503008.

³⁷ *Ibidem*.

³⁸ S. AHMED, *The Cultural Politics of Emotion*, cit.

It is through these affective practices of othering and community-building, as well as of the delegitimization and legitimization of knowledge, that *Mamma Eversiva* performs boundary-work, defining what counts as valid science on infant feeding and aligning her own discourse with it. As Thomas Gieryn argues, “demarcation is not just an analytical problem” but involves a rhetorical style through which the boundaries of legitimate knowledge are symbolically constructed and continuously negotiated³⁹. In digital spaces, where context collapse⁴⁰ brings multiple epistemic subjects and forms of expertise into coexistence, destabilizing traditional epistemic hierarchies, boundary-work becomes particularly pressing. Competence alone is no longer sufficient; instead, visibility functions as a form of currency through which authority is established and maintained⁴¹.

Within this environment, *Mamma Eversiva* performs legitimacy through what can be described as a “rhetoric of reasonableness”, portraying valid knowledge as non-dogmatic and oriented toward truth-seeking. Consistent with this stance, Eve frames her communication activity as a “heroic” effort to reintroduce reasonableness into a parenting landscape she depicts as marked by extremism and an excessive reliance on expert advice. In opposition to these tendencies, she embraces a form of radical relativism, according to which each family has specific needs and, therefore, “every parent should feel free to raise their kids the way they want (within the limits of common sense!)”⁴².

While this appeal conveys a liberating and empowering language for parents, it simultaneously reintroduces a normative criterion for action – namely, “common sense”. This criterion, however, remains vague and risks functioning in exclusionary ways, because only parents who possess sufficient cultural, social, and economic capital can realistically exercise autonomous choices without facing significant negative consequences. Thus, the emancipatory potential of this discourse appears uneven, as it empowers only a socially selected segment of middle-class parents. Moreover, the call for parental autonomy risks translating into an indi-

³⁹ T.F. GIERYN, *Boundary-Work and the Demarcation of Science from Non-Science*, cit., p. 781.

⁴⁰ A.E. MARWICK - D. BOYD, *I Tweet Honestly, I Tweet Passionately: Twitter Users, Context Collapse, and the Imagined Audience*, in «New Media & Society», 13 (2011), 1, pp. 114-133. DOI: 10.1177/1461444810365313

⁴¹ J. DE LA HOZ-RUIZ ET AL., *Review About the Effects of Digital Competences on Professional Recognition: The Mediating Role of Social Media and Structural Social Capital*, in «Societies», 15 (2025), 7, p. 194. DOI: <https://doi.org/10.3390/soc15070194>

⁴² MAMMA EVERSIVA, *Instagram Stories*, May 4, 2025.

vidualized responsibility for family health that closely aligns with neoliberal expectations, whereby care and risk management are privatized⁴³.

As a result, rather than fully relieving mothers from the hyper-responsibilization characteristic of intensive mothering, this framework ultimately reaffirms it – with the difference that Eve distributes responsibility more evenly between parents. A clear example of this dynamic can be found in a story dated April 24, in which she states that «the real experts on our kids are us” and argues that, in an era saturated with parenting experts, parents must reclaim their own knowledge and their “maternal and paternal instinct”⁴⁴. In doing so, *Mamma Eversiva* extends a highly gender-marked category – “maternal instinct”⁴⁵ – to fathers rather than dismantling it, thereby reaffirming an individualized and naturalized model of parental responsibility.

Conclusion

This study has shown how the Italian Instagram profile *Mamma Eversiva* develops a critique of the “breast is best” discourse through four sets of affective practices operating across intertwined epistemic and moral dimensions. Through these practices, *Mamma Eversiva* legitimizes both her standpoint and the use of formula feeding by performing boundary-work grounded in a rhetoric of reasonableness. At the same time, this affective and ideological style of argumentation generates outcomes that partially contradict the account’s explicit commitment to gender equality and its critique of intensive mothering and risk-based approaches to infant feeding.

More specifically, *Mamma Eversiva*’s discourse inadvertently reproduces gendered assumptions related to maternal instinct and female irrationality, while also aligning with a neoliberal model of care centered on individual responsibility and the privatization of risk management. As a result, the emphasis on autonomy and parental choice – despite its stated opposition to intensive mothering – ultimately contributes to the reaffirmation of maternal hyper-responsibilization within the very framework it seeks to challenge.

⁴³ M.V. GILES (ed.), *Mothering in the Age of Neoliberalism*, Bradford ON, Demeter Press, 2014.

⁴⁴ MAMMA EVERSIVA, *Instagram Stories*, April 24, 2025.

⁴⁵ A. RICH, *Of Woman Born: Motherhood as Experience and Institution*. New York, W.W. Norton & Company, 1976; E. BADINTER, *Mother Love: Myth and Reality* (1980), New York, Macmillan, 1981.

Rather than entering into the merits of *Mamma Eversiva*'s intentions, this study highlights how social media affordances and algorithmic logics shape the circulation of affective and symbolic resources in ways that can lead counter-narratives to reproduce the normative assumptions they aim to resist. While existing scholarship has underscored the emancipatory and transformative potential of social media in offering realistic representations of motherhood, the case of *Mamma Eversiva* invites a more cautious assessment of the capacity of these platforms to realize such promises without reproducing new forms of constraint.

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