

9. A Lost Generation

Youth and Its Illnesses in Italian Medical Drama¹

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◀ ABSTRACT

With few significant exceptions, medical drama turns out to be quite an uncommon genre in the Italian scripted production. Nevertheless, there have been significant examples of TV series that have integrated medical storylines within their narratives or, vice versa, of medical series contaminated with tropes from other genres. Among the most distinctive hybridizations is the one with teen drama or, more generally, with stories specifically centered around children or teen characters. In the 2020-2022 timeframe, at least four titles – *Mental* (RaiPlay, 2020), *Fino all'ultimo battito* (Rai1, 2021), *Everything Calls for Salvation* (Netflix, 2022), *Lea – Un nuovo giorno* (Rai1, 2022-) – attempted to address the relationship with youth from different angles. After a diachronic review of the evolution of medical-related series in Italy (Gisotti and Savini 2010) and their relevance on the overall scripted production of the last three years (Scaglioni 2021, 2022), the chapter will question, through a content analysis (Ye and Ward 2010) the frame representations that the four TV series offer of the new generations. The goal of the analysis is to verify any variation between the tones and depictions adopted by broadcast TV and digital platforms in narrating medical stories.

KEYWORDS

Children; medical frames; Italy; teen; young adult.

¹ The contribution was conceived and developed jointly by the two authors: Introduction and the second, third and fourth paragraphs are written by Mattia Galli; the fifth and sixth paragraphs, together with Conclusions are written by Nicola Crippa.

Introduction

Medical drama has traditionally been considered one of the cornerstones of television scripted production, especially in the US prime time television, where the genre has been playing a key role in networks' schedules since the very beginning of the age of broadcast (Grasso and Penati 2016). While being a highly popular scripted genre that has circulated all over the world in its sixty-year history, local core medical dramas are quite unusual in Italian linear broadcasters' schedules and very few shows could be compared to the like of *ER* (NBC, 1994-2009) or *House, M.D.* (Fox, 2004-2012). Hospital settings, storylines centered around doctor patient-relationships, anthology plots on medical cases and other formal and narrative features usually associated with medical dramas (Grignaffini 2016) are spread across a wide array of scripted genres, from thriller and crime to family or teen drama. To this regard, it is interesting to notice how Italian medical-related narratives have developed a peculiar view of younger generations and their illnesses over the years, giving much exposure and screen time to clinical cases of children and teenagers.

The chapter focuses on the representation of youth within medical-related series, drawing its results from a corpus of shows produced in the last TV seasons (2020-2022). Starting from a diachronic perspective, the contribution will first provide an outlook of the history and evolution of medical-themed TV series in Italian broadcasting, the current trends within their narratives and an insight over the last three years, a timeframe that carried some new and potentially innovative titles. The analysis of the historical development of the genre in Italy will make it possible to identify a peculiar trait of local production in the close relationship between medicine and younger generations, as well as, from a formal point of view, the hybridization process occurring with other genres.

Once established some background knowledge on the topic, the contribution aims to investigate two different but closely related dimensions:

the on-screen role of medicine and a typology of diseases and disorders children, teens and young adults suffer from most frequently and the way in which younger generations are represented within these narratives. The first dimension of analysis is preparatory to the second that will try to establish how Italian medical-related TV series depict younger generations and what frames are used to describe them.

The results here discussed are drawn from a corpus of series selected among those produced over the last three years: *Mental* (RaiPlay, 2020), *Fino all'ultimo battito* (Rai1, 2021), *Lea – Un nuovo giorno* (Rai1, 2022 -, hereafter *Lea*), *Everything Calls for Salvation* (Netflix, 2022 -, hereafter *ECFS*). The discussion over the results collected from the corpus will make it possible to verify whether, as the distribution and broadcasting process vary, the on-screen pathologies and the ways in which youth is framed are also modified.

Caught Between Thugs and Family: a Short History of Medical Drama in Italy

American medical dramas have often been televised by Italian broadcasters in prestigious slots such as the prime time of major free-to-air channels and the local audience has become accustomed to the genre and its narrative codes. Medical drama, however, does not appear as a genre in which national television producers and broadcasters have chosen to focus on in their original productions. From 1954 to our days, a total of 66 TV seasons and movies (Tables 1a and 1b) dealing directly with medical themes were counted, with an increase from the beginning of the 21st century (Gisotti and Savini 2010, Grasso 2019).

Years	Number of seasons/TV movies
1954-1989	4
1990-1999	11
2000-2009	25
2010-2019	18
2020-2022	8
TOTAL	66

TABLE 1A
Number of Italian TV seasons and TV movies with medical themes (1954-2022).

Broadcasters and OTT platforms	Number of seasons/TV movies
Rai	47
Mediaset	15
Sky	3
Netflix	1
TOTAL	66

TABLE 1B
Italian TV seasons and TV movies (1954-2022) broken down by Broadcaster/Platform.

The analysis of the current scenario (Scaglioni 2021, 2022) shows how the medical genre is still, at least from a quantitative point of view, an insignificant presence within broadcasters' schedules or platforms' catalogues: just 5.1% of the seasons produced in the 2020-2022 timeframe can be labelled as "medical", 8 seasons contributing to 7 series overall and a total of 81 first-run hours between linear channels and streaming services. The marginality of the genre in the national market is also confirmed by its production budget: a grand total of 63.6 million euros to produce the 8 seasons, which account for just 4.3% of the total production cost of scripted series in the timeframe analyzed and a cost-per-minute of around 13,000 euros, well below the national average of 24,000.² Data suggest how the medical genre is quite uncommon in Italian broadcasters' schedules and a low-budget product if compared, for example, to crime series.

If the scope of the analysis is expanded from the current scenario to a diachronic perspective, however, it is possible to notice how medical narratives have been through a long development process which has brought doctors, hospitals and medical cases within the pattern of many different scripted genres. The inclusion of themes and storylines dealing directly with medical issues goes back to the very first months of TV broadcasting in Italy: the lead character of one of the first scripted TV shows, the period drama *Il Dottor Antonio* (Programma Nazionale, 1954) was indeed a physician whose medical cases were intertwined with romances set in the 19th century (Gisotti and Savini 2010).

² All the data here reported are the results of an elaboration carried out by CeRTA, Research Center on Television and Audiovisual Media of Università Cattolica del Sacro Cuore, on the data made available by the Ministry of Culture through Direzione Generale Cinema e Audiovisivo (<https://cinema.cultura.gov.it/database-opere/>).

Apart from some isolated experimentations with the genre during the '60s and the '70s and the first attempt to hybridize the medical setting with the narrative tropes of the crime fiction, as in the case of *Diagnosi* (Rai1, 1975), it was not until the '90s that medical-related series started getting more screen time in broadcasters' schedules. In 1992, *Amico Mio* (1992-1998), a family drama set in a pediatric ward, was first broadcast on Rai 2, thus giving start to the long-standing relationship between the medical setting, family and youth issues, although the latter are still far from being the focus of storytelling.

While family-oriented dramas set in hospitals or with physicians as characters would soon become a recognizable feature of Rai 1's scripted production, as exemplified by the success achieved by *Un medico in famiglia* (1998-2016), commercial broadcaster Mediaset too attempted to give space in its schedules to local medical series such as *La Dottoressa Giò* (Rete 4, Canale 5, 1997-1998; 2019), where pediatric cases were joined by a focus on gynecological disorders and treatments.

The beginning of the new century marked an increase in the production of medical series (at least one title per season between 2000 and 2009) and, although the first slate of 'core' medical dramas produced in Italy, such as *Medicina Generale* (Rai1, Rai3, 2007-2009) or *Terapia d'urgenza* (Rai2, 2008), ultimately failed to reach any significant results during their short screen lives, returning series of the like of *Un medico in famiglia* or the soap opera *Incantesimo* (Rai2, Rai1, 1998-2007) helped in keeping doctors in national broadcasters' schedules, even though medicine was clearly not the main focus of their narratives.

The market entry of Sky Italia in the production of original scripted content led the way to a change in storytelling practices, production and distribution models (Scaglioni and Barra 2013, Barra and Scaglioni 2021), although the contribution of pay TV to the medical genre is limited to *In Treatment* (HBO, 2013-2017). The drama is the adaptation of the successful Israeli format *BeTipul* (Hot 3, 2005-2008) and, as well as building its plot points around psychological issues, the series also introduces one teenage patient in every season, thus directly tackling the mental discomfort of younger generations.

The adaptation of another scripted format, the Spanish *Polseres Vermelles* (TV3, 2011-2013) remade for the Italian market as *Braccialetti Rossi* (Rai1, 2014-2016), mixed the hospital settings and storylines with the tropes usually associated with teen dramas, as the characters are all hospitalized teen patients that face a profound personal growth while receiving treatments

for their pathologies. This coexistence of genres is reprised by *Oltre la soglia* (2019), a prime-time drama broadcast by Canale 5, that addresses youth and teen issues from the angle of psychiatric disorders, which make their appearance also on free-to-air television.

The very last few years have seen, after several unsuccessful attempts, the affirmation of what could possibly be considered one of the few properly called Italian medical dramas, that is *Doc – Nelle tue mani* (Rai1, 2020-). For the purposes of the analysis, however, it is interesting to notice the persistence of the family drama as a genre in which medical storylines are developed (*Lea*) or are mixed with tropes coming from thriller and crime (*Fino all'ultimo battito*). The intersection between teens and psychiatric disorders is the most distinctive feature of some of the original local productions commissioned by the PSM AVOD service RaiPlay such as *Mental*, or by global streaming giants of the like of Netflix for *ECFS*.

The overlapping of genre narratives and themes should now be clearly recognized as one of the peculiar traits of Italian medical-related production. The evolution of medical series in Italy has shown how illnesses are usually perceived through the lenses of family drama, thus engaging children as patients, or, more recently, through the ones of teen drama, consequently focusing on how younger patients can (or cannot) overcome their pathologies as part of their growth process.

Corpus Description and Methodology

The corpus of contents selected for the analysis is made up of four TV series broadcast or distributed between 2020 and 2022.

Fino all'ultimo battito is a family drama produced by Eliseo Cinema with Rai Fiction and broadcast on Rai 1 between September and October 2021. The lead character is Diego Mancini, a cardiac surgeon who, to save his son suffering from a severe congenital heart disease, steals a heart intended for a pre-teen on a waiting list for the transplant. Blackmailed by a mafia boss, the protagonist will try to keep his family united and his professional integrity undamaged by saving the life of the pre-teen girl. Clinical cases and the hospital setting are mixed with the features usually associated with thriller and family drama.

Lea is a medical drama broadcast by Rai 1 between February and March 2022 and produced by Banijay Studios Italy. The head character is Lea

Castelli, a pediatric nurse who returns to work after a hiatus due to the loss of the child she was carrying. The show can be categorized as a family drama and the medical cases are tackled from the angle of a nurse who tries to soothe the suffering of the young patients she is supposed to take care of as an attempt to overcome the trauma of the past that still haunts her.

Mental is a teen drama developed exclusively by Stand By Me for RaiPlay and it is based on the Finnish scripted format *Sekasin* (Yle Areena, Yle TV2, 2016-2021). A group of teenagers suffering from various psychological illnesses and disorders is hospitalized and subjected to group and individual therapies and, amid the treatment, they fight, fall in love, experience delusion and abandonment. In this case, it is clear how the medical side of storytelling is counterbalanced by the formal and narrative elements of teen drama.

ECFS is produced by Picomedia for Netflix, which distributed the series globally, and is based on Daniele Mencarelli's novel that goes with the same name. After a violent fit of rage, young adult Daniele Cenni undergoes a one-week compulsory medical treatment in a psychiatric ward. There he meets several other patients suffering from various diseases that will help him become aware of his condition and soon become a sort of second family for him.

For the purposes of the analysis here presented, all the episodes of the series quoted were taken into consideration. The corpus, then, is made by a total of 36 episodes (*Fino all'ultimo battito*: 12; *Lea*: 8; *Mental*: 8; *ECFS*: 8). To effectively query the corpus and draw useful evidence to answer the research questions, the theoretical framework of content analysis, a tool already successfully applied by existing scholarship on US medical dramas (see, for example, Makoul and Peer 2004, Ye and Ward 2010, Meyer and Yermal 2020) was employed, albeit adapting its scopes to the needs of the research.

The first step was to catalog the patients represented on-screen. Along with patients undergoing regular treatments in hospitals, characters that receive medical aid outside of conventional health facilities (such as, for example, a prison infirmary) or are treated by a recognized doctor or nurse were considered patients as well. This preliminary categorization refers to different items that helped create a dataset able to provide some first-level evidence. Along with information about the patient's name, the number of the episode he/she first appears, gender and age (when not made explicit during the series, the age was hypothesized starting from contextual information, e.g. the class a character is attending), the number of episodes they appear in as patients and are therefore involved in medical-related sto-

rylines was counted, thus establishing an opposition between “recurring patients” or “single cases”. This distinction is essential to adequately measure the on-screen relevance of characters and, therefore, to properly estimate the importance of representations of medicine or youth provided. Another classification that helps completing the first slate of information is what was labelled as “Generational category”, as four groups were identified within the corpus: children (aged between 0 and 12), teens (13-19), young adults (20-25) and adults (over 25).

The dataset is completed by some medical information about the on-screen patients. Along with the name of the illness, pathology or disorder suffered by characters and made explicit by doctors, the items used by Ye and Ward (2010) were reprised and on-screen diseases were coded under 14 categories together with diagnostic methods.

Patients and Pathologies in a Four-Series Corpus

After a close analysis of the 36 episodes that make up the corpus, a total of 30 patients undergoing medical treatments in hospitals or other health facilities were surveyed. As already specified, characters’ relevance was weighed

Diagnostic Category (Ye and Ward 2010)	Units	OCC	Percentage
Psychiatric	2	77	54.6
Cardiovascular	2	36	25.5
Injury	3	8	5.7
Oncologic	1	8	5.7
Kidney	1	4	2.8
Women’s health	2	3	2.1
Others	2	5	3.5
TOTAL	13	141	100

TABLE 2

Diagnostic categories in the four-series corpus.

The diagnostic categories of the corpus are here broken down by units (number of diseases, illnesses and injuries) and occurrences (OCC, number of units multiplied by the number of episodes in which they appear), also expressed as a percentage.

according to their occurrences (OCC, $n = 136$), that is, the number of episodes in which they are featured as patients.

Some interesting findings can be drawn even at this preliminary stage: the most on-screen represented age group is the teen one (38.2%), followed by adults (27.2%), young adults (20.6%) and children (14%). The most represented age group (72.8%) is thus the 0-25 one.

As for the disease representations, due to the nature itself of the series analyzed, they are clearly unbalanced towards certain areas of medicine. Still, there is some evidence worth mentioning: the most represented disease out of all patients are psychiatric disorders (54.6%), followed by cardiovascular diseases (25.5%), while the other diseases have much lower percentages (Table 2).

Matching the age-group representation with diseases, it is possible to find some further data that reinforce the relationship between medical drama and younger generations and, above all, their correlation with mental illnesses: psychiatric disorders, indeed, are most common among teens (60.4%) and young adults (92.9%). Lastly, it is interesting to notice how only children suffer from oncological diseases and cardiovascular diseases are quite common also among the younger age groups (42.9% for children and 24.5% for teens).

A breakdown series by series can help pointing out some peculiar features of each title and provide a deeper description of the composition of the sample analyzed. Based on the on-screen relevance, *Lea* is clearly unbalanced towards children (52.4%) and teens (33.3%), while young adults (4.8%) and adults (9.5%) are only featured in short-term storylines. From the point of view of the illnesses represented, Banijay Studios' series is the most varied among those featured in the corpus and shows, in its eight episodes, pathologies ranging from tachycardia to pregnancy conditions. Reprising the diagnostic categorization, oncologic (33.3%) and kidney disorders (16.7%) are the most represented, since the only two recurring patients are a child and teen suffering, respectively, from sarcoma and kidney failure. All the other patients are featured in just one episode and the most represented diagnostic categories are cardiovascular diseases (12.5%), in which conditions such as heart failure and tachycardia can be categorized, and injuries (12.5%).

Fino all'ultimo battito is the only series of the corpus in which the most represented age group is the adult one (42.1%), as one adult patient is featured in all 12 episodes. The figure, however, should not overshadow the fact that children (21.1%) and teens (34.2%) are well represented and are key characters in medical storylines. As for the on-screen pathologies, the

series is clearly unbalanced towards cardiovascular diseases (84.6%), a figure that must be considered under the light of the professional role of the lead character (a heart surgeon).

In *ECFS*, children and teens are completely absent, as the only age groups featured on screen are young adults (57.8%) and adults (42.2%). Once again, the latter figure should not mislead the reading, since it can be traced back to the presence of the adult Mario, a sort of father figure for the group of patients. Apart from a negligible percentage of injury-related conditions (2.2%), all the patients shown on screen suffer from psychiatric disorders. While for two characters, Daniele and Gianluca, a vague diagnosis is provided by the doctors (depression with psychotic episodes and bipolar disorder, respectively), for the other patients the pathologies they suffer from are never really specified.

Mental is the most uniform series among those featured in the corpus, both in terms of age group and pathology representation, since all the four main characters are teens, and they all suffer from various psychiatric disorders. On this point, the series shows a greater diagnostic detail than *ECFS* and each patient embodies a specific disorder: schizophrenia (Nicoletta), anorexia (Emma), borderline personality (Michele) and bipolar disorder (Daniel).

To summarize, younger age groups (children, teens and young adults) are heavily featured in all the series analyzed. *Lea* and *Fino all'ultimo battito*, the two free-to-air TV series, show young patients suffering from life-threatening conditions such as cancer or heart diseases as they are surrounded by their families. *ECFS* and *Mental*, on the contrary, are focused almost exclusively on teens and young adults and establish a clear connection between these age groups and psychological illnesses. This is a first macro-difference within the corpus, a gap between the series that will be clearer after the reconstruction and the analysis of the frames used to describe youth.

Investigating On-Screen Young Patients with Two Analytical Frameworks

Sample and Theoretical Framework

To properly address the portrayal that the four TV series provide of young patients, the 21 youngest characters (aged between 0 and 25) were isolated. The sample includes 24 illnesses and young patients are spread across the four TV series as follows: 9 in *Lea*, 4 in *Fino all'ultimo battito*, 4 in *Mental*

and 4 in *ECFS*. The estimated average age is 15, specifically 10.9 in *Lea*, 15.8 in *Fino all'ultimo battito*, 16.8 in *Mental* and 21.5 in *ECFS*.

Two groups of frames were chosen for this corpus analysis, rooted in the idea that medical dramas, as part of entertainment-education programs, can have a persuasive intent (Moyer-Gusé 2008, Ye and Ward 2010, Pluta and Siuda 2022) and that the messages they convey and the values they represent can therefore be addressed with recourse to media frame theory (Gitlin 1980, Entman 1993, Benford and Snow 2000). Regardless of its actual persuasive effects (Shen and Han 2014), medical drama undoubtedly remains one of the genres – from the dawn of television (Grasso and Penati 2016) to the present day – most capable of emotionally and cognitively engaging the viewers, transfiguring their anxieties and concerns into narratives centered around the doctor-patient relationship (Gauthier 1999). Medical narratives, then, turn out to be a privileged field for the investigation of the fears and urges of the social body at a given historical moment.

To map the different representations provided by this TV genre, it is useful to refer to the concept of “frame”, a theory reprised from the social science field (Gitlin 1980, Benford and Snow 2000). For Entman, framing is the selection, which can occur both at an individual level and, as in this case, at a media one, of “some aspects of a perceived reality” to make them “more salient in a communication text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and or treatment recommendations” (1993: 52).

Health Media Frames

In studying medical dramas, Ye and Ward (2010), drawing from the existing scholarship (Clarke 2004, Clarke and Binns 2006, Koren and Bisesi 1995, Lemyre et al. 2006), suggested 5 different frames through which health and illnesses are represented on screen. Each of them “associates health and illnesses with certain kinds of problems and particular sorts of solutions” (Clarke and Binns 2006: 40), while obviously hiding others.

Below (Table 3a) are listed the five frames examined by the researchers along with their occurrences (OCC, the number of episodes in which each disease and its associated frame appear) in the young patients’ corpus. In this way, recurring characters’ illnesses gain more relevance in frame representation. It is also worth noting that every disease is here associated with one frame only, considered to be the dominant in the patient’s clinical

course: a research limitation made necessary for computational purposes. In case of multiple diseases affecting the same character throughout the story, the patient is listed multiple times in the dataset to differentiate the frame OCC of each of his or her illnesses.

The illnesses are linked to their respective frame based on other sub-indicators outlined by Ye and Ward (2010), such as the diagnostic categories,

Frame	Description (Ye and Ward 2010)	Units	Frame OCC	Percentage
F1.1	Medical frame: problems are considered results of malfunction in the individual's body and suffering is caused by inner biological determinants.	12	68	66.7
F1.2	Socio-structural frame: disease is associated with factors outside of the individual such as social, economic, political causes or social inequities.	6	17	16.7
F1.3	Lifestyle frame: disease is dependent on individual lifestyle choices such as diet, physical activity, alcohol consumption, smoking, sexual practice, and stress.	4	15	14.7
F1.4	Environmental frame: disease is caused by environmental hazards such as air, water, or food contamination; toxic chemicals; radioactive waste; mold; rodents and insects; and noise in different environments	1	1	1
F1.5	Therapeutic frame: disease is caused by the diagnosis, manner or treatment given by health care providers (e.g., medication error, treatment adverse effect).	1	1	1
TOTAL		24	102	100

TABLE 3A

Distribution of the health media frames in the four series.

The health media frames reported above are provided with the number of medical cases (units) and their occurrences (OCC, units multiplied by number of episodes in which they appear), also expressed as a percentage.

the explained cause of the disorder, the method used to diagnose it, the type of provided treatment, and the possible mention of a prevention. For each of these variables it was considered whether one frame or another prevailed and, at the end, only one frame was chosen for each illness.

As in the cases analyzed by Ye and Ward, also in the Italian series the bio-organic medical frame was found to be predominant (66.7%) in the illness narratives (Table 3b), with the only notable exception being *ECFS*. Given the prevalence of the medical frame (F1.1) over the others, the other four health media frames (F1.2, F1.3, F1.4 and F1.5) were grouped into a single “non-medical” macro-frame (hereafter “MF2”), to be compared with the medical/bio-organic one (hereafter “MF1”). In fact, if in the medical frame (MF1) patient sufferings are caused by inner biological determinants (MF1 = F1.1), in the MF2 – comprising socio-structural (F1.2), lifestyle (F1.3), environmental (F1.4), and therapeutic frames (F1.5) – the disease is, on the contrary, viewed to be mainly caused by external or non-biological triggers.

Macro-frame	Included frames	Units	Frame OCC	Percentage
MF1 (medical)	Medical frame (F1.1)	12	68	66.7
MF2 (non-medical)	Socio-structural frame (F1.2), Lifestyle frame (F1.3), Environmental frame (F1.4), Therapeutic frame (F1.5)	12	34	33.3
TOTAL		24	119	100

TABLE 3B

Distribution of the two health media macro-frames in the four series.

The two health media macro-frames (MF1 and MF2) reported above are provided with the number of medical cases (units) and their occurrences (OCC, units multiplied by number of episodes in which they appear), also expressed as a percentage

Youth Media Frames

Alongside the application of these categories, a second survey was carried out and matched with the former. After reviewing all the young characters’ storylines, the hypothesis is that, in parallel with those related to medical practices, four other media frames exist in the context of the four series. These deal specifically with the representation of youth and its relationship with older generations. The additional analytical categories derive from the identification of at least two cross-cutting traits in these four medical narratives:

1. the young patients, at some point, find themselves morally lost or physically weakened;
2. parents often play a pivotal role – either positive or detrimental – in influencing their children’s emotional state or healing process, even if they might not be the main cause of distress.

Depending on the patients’ stories, the concept of ‘lostness’ hence acquires different meanings, which can be grouped into the following “youth media frames” (F2).

In the abandonment frame (F2.1), patient’s hospital stay is caused or aggravated by parental physical abandonment. The abandonment is often resolved with adoption or the creation of a new family unit.

In the generational conflict frame (F2.2), on the contrary, patients have troubling relationships with at least one of their parents or caregivers, who are often single and unable to live up to their role. Conflict resolution is either the reconciliation with the parental figures or, vice versa, the child’s integration into a new community.

These first two frames (F2.1 and F2.2) can in turn be grouped into a third macro-frame, in which young patients find themselves lost *because* of their parents’ negative actions (MF3).

On the other hand, in the strictly intended lostness frame (F2.3), the hospital stay is caused or aggravated by the individual’s own actions or attitudes (for instance, antisocial behaviors or drug consumption), for which family is not seen as directly responsible. The conflict is caused by the youth conduct within a positive or neutral family context and resolution lies in returning to the ‘straight and narrow.’

Finally, the care frame (F2.4) involves fragile patients – often young children suffering from life-threatening conditions – in need of family protecting them. Their illness is not caused by adults – which, on the contrary, act as guidance – but by misfortune.

These latter two frames (F2.3 and F2.4) can also be grouped in a macro-frame (MF4), which comprises all the young patients who would be lost *without* parents’ or adults’ support.

Since the definition of these narratives is derived from the four series’ review, the youth media frames are spread relatively equally across the contents, with each frame including at least four patients (Table 4). The unit of measurement in the case of youth media frames is not the single illness but the character experiencing it ($n = 21$).

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Frame	Description	Units	Frame OCC	Percentage
F2.1	Abandonment frame: hospital stay is caused or aggravated by parental physical abandonment.	4	25	26
F2.2	Generational conflict frame: illness is caused or aggravated by a troubling relationship with one or both parents	6	17	17.7
F2.3	Lostness frame: hospital stay is caused or aggravated by the individual's going astray from society or family, such as through antisocial behaviors	4	24	25
F2.4	Care frame: frail and life-threatening patients who are cared for and protected by family	7	30	31.3
TOTAL		21	96	100

TABLE 4A

Distribution of the youth media frames in the four series.

Above are reported all the youth media frames, with the number of patients (units) and their occurrences (units multiplied by number of episodes in which they appear), also expressed as a percentage.

Macro-frame	Comprised frames	Units	Macro-Frame OCC	Percentage
MF3 (‘lost’ because of their parents)	Abandonment frame (F2.1), generational conflict frame (F2.2)	10	42	43.8
MF4 (would be ‘lost’ without their parents or adults)	Lostness frame (F2.3), Care frame (F2.4)	11	54	56.3
TOTAL		21	96	100

TABLE 4B

Distribution of the two youth media macro-frames in the four series.

The two youth media macro-frames (MF3 and MF4) reported above are provided with the number of medical cases (units) and their occurrences (OCC, units multiplied by number of episodes in which they appear), also expressed as a percentage.

Frame Distribution in the Four Series

Below are provided the results – both in terms of health and youth frame portrayal – for each of the four TV series, along with some explanatory cases.

In *Lea* (Table 5a), a pediatric nurse lost her son and is faced with the case of Kolja, a boy sick with cancer (F1.1) and abandoned by his adoptive parents (F2.1). The storyline allows viewers to explore the character's ghost, exposing the nurse to the fear of losing a child again: a powerful care frame driver (F2.4). In other patients' stories, besides medicine, family support remains crucial in the healing process. That is, for instance, the case of the other recurring patient, Viola, who suffers from kidney failure and in episode 8, after a cardiac arrest, her parents are asked to donate a kidney. Tragedy can be overcome only through the family staying or becoming united specifically for the children's needs. This is the utmost expression of the F2.4 narrative and can be traced also in some anthology plots. For instance, in episode 7 a young boy has bone marrow aplasia, and his parents are required to take a genetic test to verify their compatibility to donate marrow. The mother is hesitant, fearing that this will reveal that her husband is not the child's real father, but, being the family close-knit, the nurse chooses to cover up for the woman, thus preserving the family integrity. In *Lea* even the abandonment frame (F2.1, involving only Koljia, but for as many as 8 episodes, hence resulting as the most relevant) and the less common generational conflict

Frame	Units	Frame OCC	Percentage
F1.1 (Medical)	6	16	72.7
F1.2 (Socio-structural)	2	2	9.1
F1.3 (Lifestyle)	2	2	9.1
F1.4 (Environmental)	1	1	4.5
F1.5 (Therapeutic)	1	1	4.5
F1 TOTAL	12	22	100.0
F2.1 (Abandonment)	1	8	50
F2.2 (Generational conflict)	3	3	18.8
F2.3 (Lostness)	1	1	6.3
F2.4 (Care)	4	4	25
F2 TOTAL	9	16	100

TABLE 5A
Frame distribution in *Lea*.

frames (F2.2) are all resolved in a positive family-oriented manner. What all these parents have in common is that they are initially absent, missing, or inadequate and see in their children's illness an opportunity for redemption.

In *Fino all'ultimo battito* (Table 5b), the protagonist's son (Paolo) suffers from a severe heart disease: his life is in danger and must be saved at any cost (F2.4), even if it means coming to terms with the mafia. The underlying moral question is how far parents – even those with the best ethical principles – can push themselves out of fear of losing their children. The causes of illnesses can be traced almost exclusively to biological determinants (MF1). Exceptions to this are two characters, who have, however, limited screen time as patients: the boss's son (Cosimo Patruno), hit by a gunshot due to his family affiliation (crime falls within F1.2), and Irena, a young woman victim of human trafficking who suffers complications during pregnancy (F1.2) and leaves her child in a nunnery (F2.1). Cosimo Patruno is also significant since he is the only case of generational conflict (F2.2) in the show: the teen boy does not tolerate belonging to the underworld and wants to emancipate himself from his family. The recurring patients, however, can be fully inscribed in the F2.4. These are Paolo Mancini and Viola Coppi, the young girl who was supposed to receive a new heart and who is cared for by her father and the whole hospital community.

Moving to the OTT Series, the fifth episode of Netflix's *ECFS* (Table 5c) offers an exemplary perspective of the series strong imbalance towards

Frame	Units	Frame OCC	Percentage
F1.1 (Medical)	2	20	91
F1.2 (Socio-structural)	2	2	9
F1.3 (Lifestyle)	0	0	0
F1.4 (Environmental)	0	0	0
F1.5 (Therapeutic)	0	0	0
F1 TOTAL	4	22	100
F2.1 (Abandonment)	1	1	4.5
F2.2 (Generational conflict)	1	1	4.5
F2.3 (Lostness)	0	0	0.0
F2.4 (Care)	2	20	90.9
F2 TOTAL	4	22	100.0

TABLE 5B
Frame distribution in *Fino all'ultimo battito*.

Frame	Units	Frame OCC	Percentage
F1.1 (Medical)	0	0	0
F1.2 (Socio-structural)	2	13	50
F1.3 (Lifestyle)	2	13	50
F1.4 (Environmental)	0	0	0
F1.5 (Therapeutic)	0	0	0
F1 TOTAL	4	26	100
F2.1 (Abandonment)	0	0	0
F2.2 (Generational conflict)	2	13	50
F2.3 (Lostness)	1	7	26.9
F2.4 (Care)	1	6	23.1
F2 TOTAL	4	26	100

TABLE 5C
Frame distribution in *ECFS*.

two of the non-biological health frames (F1.3 and F1.4). Daniele Cenni is a young man with previous mental health problems who finds himself in a psychiatric ward after a bad reaction to substances. In episode 5 his thought on the issue becomes explicit: “the illnesses of all those who are in here... they seem to me like one single illness. But it’s not our illness. It’s the world’s.” Medicine is featured in *ECFS*, but it never represents an actual cure for mental health problems, whose origins seem to go beyond bio-organic reasons (MF2). Although it is difficult, given the limited diagnostic details, to establish a dominant health frame for each of the young patients, some socio-structural and lifestyle hints can be identified. For instance, the case of Gianluca – a gay young man suffering from bipolar disorder – was here listed as part of the socio-structural frame (F1.2), since his distress is caused by his father’s homophobia (that also falls into F2.2), while Nina’s suicidal tendencies stem from her problematic acting career and her relationship with a possessive mother (F1.2 and F2.2). Listed as part of the lifestyle frame (F1.3), are, instead, the case of Daniele, whose psychotic episodes are triggered by drug abuse, and Alessandro, whose state of catalepsy appears to derive from a workplace accident. Daniele can also be regarded as the main representative of the lostness frame (F2.3), since his problems are not caused by family, but by his inability to cope with adult life. The resolution coincides both with his reintegration within the family unit and with the

creation of a new one (Nina, his girlfriend, turns out to be pregnant in the last episode).

On the contrary, in *Mental* (Table 5d) diagnoses are always communicated and the importance of medication in treating mental illness is frequently mentioned (MF1). All four patients fall into the medical frame, since each of them has a precise diagnostic label based on the DSM criteria: Schizophrenia (Nicoletta), Anorexia Nervosa (Emma), Borderline Personality Disorder (Michele) and Bipolar Disorder (Daniel). Sometimes, other possible socio-structural variables (such as past traumas) seem to contribute to their clinical pictures, but, as the psychiatrist emphasizes in episode 7, these accidents cannot be considered as causes, if anything just triggers of already latent diseases. Such characteristics make the illness portrayal in *Mental* the opposite of *ECFS*. In terms of youth media frames, the two series are instead more closely aligned. In *Mental*, two lostness frames can be traced in Nicoletta and Emma storylines: both the girls certainly do not have a peaceful relationship with their parents, but much of the consequences of their discomfort can be attributed to their rebellious character or their feeling of alienation (F2.3). Instead, a glaring frame of abandonment and neglect (F2.1) pervades the stories of Michele and Daniel, both of whom were separated from their families, whether biological or adoptive.

Frame	Units	Frame OCC	Percentage
F1.1 (Medical)	4	32	100
F1.2 (Socio-structural)	0	0	0
F1.3 (Lifestyle)	0	0	0
F1.4 (Environmental)	0	0	0
F1.5 (Therapeutic)	0	0	0
F1 TOTAL	4	32	100
F2.1 (Abandonment)	2	16	50
F2.2 (Generational conflict)	0	0	0
F2.3 (Lostness)	2	16	50
F2.4 (Care)	0	0	0
F2 TOTAL	4	32	100

TABLE 5D
Frame distribution in *Mental*.

Analysis and Results

Since OTT medical series can be considered the real novelty of the genre in Italy – with contents deemed closer to teen dramas – the hypothesis is that the two less prevalent macro-frames (MF2 and MF3) might instead be prevailing or more balanced in the platforms’ narrative in comparison to the broadcast ones. Besides the four products’ differences, the choice to break down the sample into Broadcast and OTT is justified not only by the different modes of the series airing (back-to-back and binge releasing) that inevitably influence the content design, but also by the age of viewers, which in the case of streaming platforms is believed to be significantly lower. Rather than a single ‘lost generation’ there seem to be two, at least on the youth frame perspective: one that is morally, psychologically or physically lost *because* of parents’ negative actions and the other that is *already* morally, psychologically or physically lost and can be cured only with parents’ or adults’ help. This double articulation seems to suggest that two generations of target audiences (with different sets of expectations) might exist.

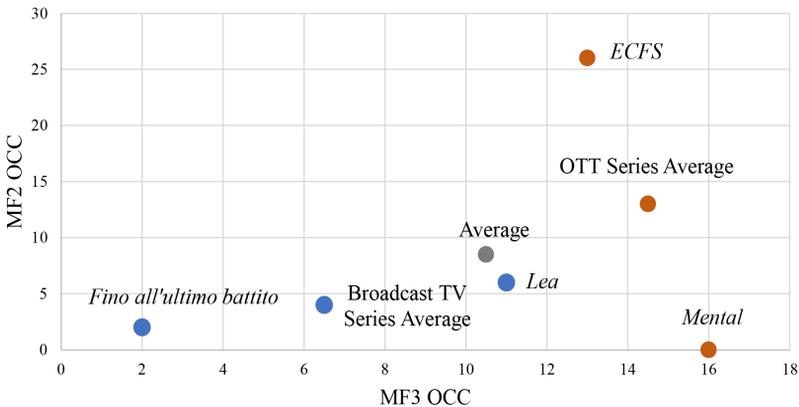


FIGURE 1A
MF2 and MF3 distribution in absolute values.

On the Y axis is located the MF2 (non-medical) associated with health care. On top are the series in which patients’ sufferings are caused more by external determinants. The youth MF3 is positioned in the X axis: on the right are the TV series whose patients are lost for the most part due to parents’ negative involvement in their lives (MF3). The frame occurrences (OCC) are here presented both in absolute values (Figure 1a) and as percentage to their overall frame OCC (Figure 1b).

Matching the two macro-frame categories (MF2 about illness portrayal and MF3 about youth depiction) in a positioning map (Figure 1), some key findings arise.

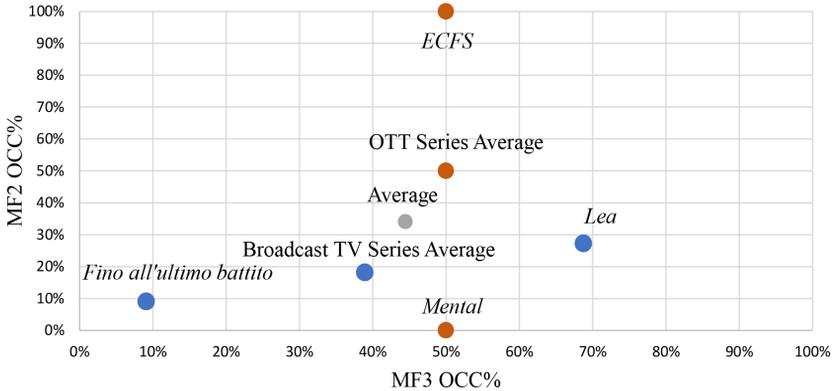


FIGURE 1B
MF2 and MF3 percentage distribution compared to their respective counterparts (MF1 and MF4).

Macro-frame OCC	ECFS	<i>Fino all'ultimo battito</i>	<i>Lea</i>	<i>Mental</i>	Average	OTT Average	Broadcast TV Average
MF3 (parents' negative involvement score)	13 (50%)	2 (9.1%)	11 (68.8%)	16 (50%)	10.5 (44.5%)	14.5 (50%)	6.5 (38.9%)
MF2 (non-medical triggers score)	26 (100%)	2 (9.1%)	6 (27.3%)	0 (0%)	8.5 (34.1%)	13 (50%)	4 (18.2%)

FIGURE 1 DATASET

As seen in Figure 1a, the two broadcast TV series stay on the map bottom-left corner, while OTT series are more on the right of the spectrum: that is probably because, being coming-of-age stories, they tend to depict parents in a more negative or disillusioned manner. Among *Mental*, *Lea* and *Fino all'ultimo battito*, there are no significant differences on the Y-axis (MF2) score (although *Lea* is, compared to the other two, slightly less biased toward the medical frame), while *ECFS* is an exception to the rest of

the sample precisely because of the absence of strictly medical frames in young patients.

If the OCC percentage values of the two macro-frames are considered (Figure 1b) – i.e., weighing MF2 and MF3 upon their respective counterparts (MF1 and MF4) – some evidence persists. The major discrepancy lies in *Lea's* being positioned more towards the right and turning out to be the series with the highest percentage of MF3 OCC in ratio to its total frame OCC – coherently with the abandonment frame (F2.1) relevance within its storylines. Also, the two OTT series, although displaying the highest OCC of MF3 in absolute values, are perfectly balanced in terms of youth macro-frame (MF3 and MF4) representation (with a 50:50 ratio, see Figure 1b and Table 6).

Macro-frame	Broadcast OCC	OTT OCC
MF1 (medical)	36 (81.8%)	32 (55.2%)
MF2 (non-medical)	8 (18.2%)	26 (44.8%)
MF3 (abandonment and generational conflict)	13 (34.2%)	29 (50%)
MF4 (lostness and care)	25 (65.8%)	29 (50%)

TABLE 6
Macro-frame distribution in the two television offerings.

If the OCC of the two offerings is compared (Table 6) – both in absolute values and as a percentage ratio of their overall frame OCC – MF1 prevails in both offerings, while MF2 weighs more among streamers, where the health narrative is apparently more balanced. This actually depends on the connivance, within the OTT corpus, of two series very different in their mental illness portrayal. Nevertheless, MF2 turns out to be more communicated in OTT narratives than in broadcast series (26 vs. 8) where non-medical determinants are absolutely in the minority (8, 18.2%). Regarding youth media frames, both OTT series are internally balanced between MF3 and MF4, displaying a larger presence of MF3 representations compared to the broadcast ones, in which this macro-framing – although very present, especially in the case of *Lea* – remains a minority out of its overall offering values (13, 34.2%).

It can therefore be stated that at least the MF3 prevalence hypothesis in the streamers' medical offering can be considered reliable, although further

analyses on a larger scale of samples and with statistical tests should be done to validate and generalize these results.

Conclusions

Despite the obvious research limitations – particularly due to the narrow sample size – by applying those frame groupings some preliminary differences emerged between the two television offerings' medical narratives, the most obvious being the higher rate of parental conflict and abandonment frames among OTT series.

In the two Rai 1 series doctors seem to heal children in agreement with or thanks to families, while in the two OTT series hospitals tend to replace family care, creating new communities in contrast to the former generation's values. Also, the two broadcast series appear to explore parental fears, while the OTT ones are more focused on enhancing teens' independence aspirations.

In any case, central to Italian medical dramas remains the attention paid to a younger generation deemed sick, lost or defeated. If medical drama really is capable to intercept society's biggest issues, this recurring depiction of youthful disorders might perhaps hide the 'symptom' of a traumatic 'illness': Italy's lack of generational turnover. A fear that, although approached from different angles – from young people's hopelessness to parents' worry of losing their children – seems, under track, to pervade many of the recent Italian medical TV narratives.

BIBLIOGRAPHY

- Barra, Luca and Massimo Scaglioni (2021). "Towards a New Model for Italian TV Fiction: Sky Italia Originals and the Struggle for Difference." In *A European Television Fiction Renaissance. Premium Production Models and Transnational Circulation*, edited by Luca Barra and Massimo Scaglioni, 145-164, London-New York: Routledge.
- Benford, Robert D. and David A. Snow (2000). "Framing Processes and Social Movements: An Overview and Assessment." *Annual Review of Sociology* 26(1): 611-639. <https://doi.org/10.1146/annurev.soc.26.1.611>.
- Clarke, Juaane N. (2004). *Health, Illness and Medicine in Canada*. Toronto: Oxford University Press.
- Clarke, Juaane N. and Jeannine Binns (2006). "The Portrayal of Heart Disease in Mass Print Magazines, (1991–2001)." *Health Communication* 19(1): 39-48. https://doi.org/10.1207/s15327027hc1901_5.
- Entman, Robert M. (1993). "Framing: Toward Clarification of a Fractured Paradigm." *Journal of Communication* 43(4): 51-58. <https://doi.org/10.1111/j.1460-2466.1993.tb01304.x>.
- Gauthier, Candace Cummins (1999). "Television Drama and Popular Film as Medical Narrative." *The Journal of American Culture* 22(3): 23-25. https://doi.org/10.1111/j.1542-734X.1999.2203_23.x.
- Gisotti, Roberta and Mariavittoria Savini (2010). *TV Buona Dottoressa. La medicina nella televisione italiana dal 1954 a oggi*. Roma: Rai Eri.
- Gitlin, Todd (1980). *The Whole World is Watching. Mass Media in the Making and Unmaking of the New Left*. Berkeley: University of California Press.
- Grasso, Aldo (2019). *Storia critica della televisione italiana* (vol. III). Milano: ilSaggiatore.
- Grasso, Aldo and Cecilia Penati (2016). *La nuova fabbrica dei sogni. Miti e riti delle serie TV americane*. Milano: ilSaggiatore.
- Grignaffini, Giorgio (2016). "Generi e rigenerazioni nella serialità tv americana." *Between* 6 (11): 1-14. <https://doi.org/10.13125/2039-6597/2130>.
- Koren, Herman and Michael S. Bisesi (1995). *Handbook of Environmental Health and Safety: Principles and Practices* (vol. I and II). New York: Lewis Publishers.
- Lemyre, Louise, Jennifer E.C. Lee, Pierre Mercier, Louise Bouchard and Daniel Krewski (2006). "The Structure of Canadians' Health Risk Perceptions: Environmental,

- Therapeutic, and Social Health Risks.” *Health, Risk & Society* 8(2): 185-195. <https://doi.org/10.1080/13698570600677399>.
- Makoul, Gregory and Limor Peer (2004). “Dissecting the Doctor Shows: A Content Analysis of *E.R.* and *Chicago Hope*.” In *Cultural Sutures. Medicine and Media*, edited by Lester D. Friedman, 244-260. New York: Duke University Press. <https://doi.org/10.1515/9780822385530-015>.
- Meyer, Michaela D.E. and Amanda L. Yermal (2021). “Representing Illness in Medical Melodramas on Television: A Qualitative Content Analysis of Medical Diagnoses in *Grey’s Anatomy*.” *Qualitative Research Reports in Communication* 22(1): 22-29. <https://doi.org/10.1080/17459435.2020.1817139>.
- Moyer-Gusé, Emily (2008). “Toward a Theory of Entertainment Persuasion: Explaining the Persuasive Effects of Entertainment-Education Messages.” *Communication Theory* 18(3): 407-425. <https://doi.org/10.1111/j.1468-2885.2008.00328.x>.
- Pluta, Magdalena and Piotr Siuda (2022). “Cancer Entertainment Education and Netflix – An Exploratory Study.” *Educational Media International* 59(1): 80-93. <https://doi.org/10.1080/09523987.2022.2054115>.
- Scaglioni, Massimo (2021). *La televisione nella pandemia. Intrattenimento, fiction, informazione e sport nell'anno del Covid-19. Annuario 2019*. Roma: Carocci.
- Scaglioni, Massimo (2022). *Total TV. Intrattenimento, fiction, informazione e sport fra broadcasting e streaming. Annuario 2022*. Milano: CeRTA.
- Scaglioni, Massimo and Luca Barra (2013). *Tutta un'altra fiction. La serialità pay in Italia e nel mondo. Il modello Sky*. Roma: Carocci.
- Shen, Fuyuan and Jiangxue Han (2014). “Effectiveness of Entertainment Education in Communicating Health Information: A Systematic Review.” *Asian Journal of Communication* 24(6): 605-616. <https://doi.org/10.1080/01292986.2014.927895>.
- Ye, Yinjiao and Kristina E. Ward (2010). “The Depiction of Illness and Related Matters in Two Top-Ranked Prime-Time Network Medical Dramas in the United States: A Content Analysis.” *Journal of Health Communication* 15(5): 555-70. <https://doi.org/10.1080/10810730.2010.492564>.

A LOST GENERATION. YOUTH AND ITS ILLNESSES IN ITALIAN MEDICAL DRAMA



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