The onset of a breast cancer (BC) is a potential traumatic event that can overwhelm the personal adaptive skills also at distance from the end of medical treatments. In recent years there has been an increase of 30% in women under50, vulnerable target of scientific interest with specific needs. To date, however, the knowledge of narrative processing and coping with this experience by younger women appears to be lacking as well as the development of targeted psychological supports. The meaning-making processes of a traumatic experience, mediated by the narration, appears in the literature as key aspects to promote psychic elaboration and construction of well-being. Narrative research proposes significant markers of the narrative transformative process of the experience of illness which refer to a time following the end of medical care. In this case, the narrative is a reconstructive device for an already passed experience. The research project IMPRONT E aims to highlight narrative and diachronic markers of processing the breast cancer traumatic experience studying the narration as a device that promotes different functions, as a processes of meaning-making, during the different phases of medical treatment. IMPRONT E project, is longitudinal quali-quantitative research that allow us to meet the women during the different phases of the medical iter (pre-hospitalization; post-operative counseling; I° adjuvant therapy-chemotherapy/radiotherapy; follow-up). Each meeting is composed by the administration of testological tool (outcome and process measures) and the administration of an ad hoc narrative interview. This paper focus to explore the ways by which women under50 construct meaning and coping with BC during the pre-hospitalization as first phase of the medical iter. At the Pascale Hospital of Naples, 50 narrative interviews were collected. The narrations were analyzed through an ad hoc methodology aimed at identifying, starting from the themes, the on-going meaning-making processes linked to the specific phase of medical treatment, as psychic functions that take shape in the texts. The analysis shows different narrative meaning-making processes: The construction of the narrative genesis; Re-transcription of warning signs; Setting up of emotional reactions at the onset; Why to me?; The continuity of pain: connection with similar experiences; Compartmentalization of the experience; Connection of emotions to future prefigurations; Meaning-making the horizontality of the time; Reconsideration of the relationship between the Self and the world; Over-investment of the transformative power of the cancer; The search for a narrative "right distance"; The search for the benefits of experience for oneself.

The narration becomes an opportunity to promote connections and transformations of the experience in a diachronic way, operating functions of putting into words the difficult to find words and constructing meaning in hic et nunc of the experience. These identified narrative processes will be connected with the quantitative results and they will be configured as markers of risk and/or resource with respect to the elaboration process and will lead to the construction of a Diacronic flow of Illness Narrative Processing Index useful tool for health operators to empower the support the different phases of breast cancer medical treatment within a preventive and personalized viewpoint.