The power of narrative medicine

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> "Telling stories about illness is to give voice to the body. Bodies are not just the topics of stories, but the body sets in motion the need for new stories when its disease disrupts the old stories." -Arthur Frank, 2013 (4)

Charon's seminal 2001 article (5) that introduces the idea of 'narrative medicine' begins with a gripping tale of Ms Lambert's profound sadness at the realisation that her dear son will suffer the same illness that has left her in a wheelchair; Charcot-Marie-Tooth disease. Ms Lambert explains this to her doctor. Charon quickly draws our attention to the importance of empathy in doctor-patient relationships and in clinical practices of care. The story of Ms Lambert is one of on-going suffering, tragedy, familial bonds, and chronicity. It is also one that positions the physician's subjectivities in terms of their own grief and alertness to change, inequality, and courage. Narrative medicine, which "proposes an ideal of care and provides the conceptual and practical means to strive toward that ideal" (5: 1897), begins with a physician (or indeed, any health care practitioner) reflecting on the stories that patients tell. The premise under which narrative medicine is deemed important and constructive towards better physician care of patients is that by engaging in narrative medicine the health care practitioner is encouraged to develop their sense of empathy with the patient.(5-7)

Miller and colleagues note that the intention of narrative medicine is "to provide through its pedagogy: the tools to perceive, to behold, to enter, and to represent worlds found in reality, words or pictures so as become attentive enough to effectively deliver health care to others."(8: 9) Narrative medicine also draws our attention to our own biases, stigmas, attitudes towards people, experiences, and subjectivities.(6)

During the past fifteen years we have seen an emerging body of literature concerning both narrative medicine and what Greenhalgh has termed 'narrative-based medicine.'(9, 10) This literature broadly suggests that a narrative approach to medicine is complementary with, and opposite to, the objective 'medical gaze.'

In 2004 Dasgupta and Charon presented and evaluated a short course whereby Year 2 medical students were invited to write a reflective piece about their own personal experiences of illness.(11) By writing about

personal experiences medical students were encouraged to develop their self-awareness, personally and professionally. Students in the course were then invited to read one another's writing; thus offering them an opportunity to develop what Kleinman calls 'empathic witnessing,'(12) which is a form of empathy development through simply being with a patient and acknowledging where they are at (rather than being in an active state of history taking or diagnosis and care planning). Student participants in the course reportedly found it difficult to describe their personal reflections in writing, which the authors suggest may be a result of their enculturation into medicine. Students found the process of reading from their personal narrative uncomfortable; raising in them feelings of nervousness and fear about how others would interpret their experience. Yet despite these difficulties – or perhaps because the course helped students to overcome them – students evaluated the course highly. Students appreciated the "rare" opportunity "to share emotional and physical vulnerability" with one another.(11: 355) They reported that the course helped them to recognise/experience the influence of their illness experience more closely than they previously had.

Following Dasgupta and Charon's early demonstration of its value, the field of narrative medicine saw a surge in the literature.(7, 13-17) In 2011 Law's study showed that patient and doctor narratives could be used to "facilitate discussion and encourage reflection on sensitive issues" between medical students, and that this approach could usefully supplement student learning from patients.(18) More recently, Miller and colleagues reported in 2014 on evaluative findings from their large focus group narrative medicine study.(8) Medical students engaged in a semester-long lecture course of narrative medicine. Following the course 130 students participated in focus groups where demonstrated awareness of the "known features of narrative medicine – attention, representation, and affiliation – and endorsed all three as being valuable to professional identity development."(8: 1) Students reported that the course had deepened their appreciation of other people's experiences and views, and that through it they had learned not to "feel personally threatened by other opinions."(8: 9)

Our medical students' Portfolios are autobiographical, and thus vastly different from other writing exercises they engage in during medical training. Students' narratives from a first-person perspective encourage them to express their own feelings, emotion and critical thinking. Another aspect of narrative medicine is the health care practitioner as patient. The process of becoming a patient can be disorienting and health care practitioners often report feeling challenged by moving from their previously held position of power to one of reliance. Narrative medicine offers an avenue through which such power and identity tensions can be explored. Our students' works have also explored the power dynamics present between themselves as students and with teachers/consultants/senior members of their health care team.

Medical students have severe pressure from their academic work and competition, and as they move into clinical roles they are faced with occupational stress that can lead to occupational burnout.(19-22) Narrative writing provides an avenue to mitigate such stresses. When we develop narrative medicine writing routines and skills they can serve to relieve pressure, promote job satisfaction, and promote effective relationships between practitioner and patient.

These are important outcomes for students and their implications can be far reaching; not only in terms of personal and professional identity and experience, but also in terms of the way we identify subjectively with others, whether they be friends, professional colleagues, patients, informal carers, neighbours, or friends we have not yet met.