

“Attend, Represent and Affiliate:” What is Narrative Medicine and How Does it Benefit Patients, Providers and Communities?

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Background

The field of “narrative medicine” encourages the use of expressive media in a clinical context to tell the stories and experiences of individuals (patients, practitioners and the community) which in turn encourages understanding, humility and compassion for the self and others.

A Conceptual Framework for Narrative Medicine¹

(From Dr. Rita Charon, MD, PhD)

Attention

- “A combination of mindfulness, contribution of the self, acute observation, and attuned concentration enables the doctor to register what the patient emits in words, silence, and physical state”¹
- Attention refers to the humility that is practiced by a practitioner in order to truly absorb their personal experiences, and those of their patients and communities.

Representation



- “...narrative [expression] in clinical settings makes audible and visible that which otherwise would pass without notice.”¹
- The act of representation seeks to create connection between seemingly disparate entities.
- Representational work often carries a sense of urgency and is meant to inspire action in the viewer/listener.

An Example (Above): Helen Harrison. *Learning Unlearning*. 2016. Acrylic on Canvas. *Intima: A Journal of Narrative Medicine*. Columbia University. Web. 31 May 2016.

Affiliation

- The “ultimate goal” of narrative medicine in which connections are made between the seemingly disparate entities or to recognize the unrecognized entity and engender empathy.¹
- In medical education: “[requires] candidates to examine and undergo their own affective experiences and [requests that] trainers...make sustained commitments to trainees.”¹

Research Aims

We sought to review the existing literature within the field of narrative medicine and the medical humanities to study preliminary findings on:

- Potential physiological benefits to patients that result from using narrative practices.
- Differences in practitioner’s or medical student’s perceptions of patients or patient treatment experiences as a result of using narrative practices.
- Changes in practitioner’s or medical student’s experiences and approaches to medical education and medical careers (with a focus on physicians and physician training) resulting from the use of narrative practices.

Methods

We performed a PubMed search using keywords that frequently occur in major published works in narrative medicine and the medical humanities relating to our research aims. For articles reporting physiological benefits, we used keywords or searched for physiological metrics commonly used to measure differences in stress, immune function, pain and behavioral health

Keywords

narrative medicine, expressive/creative arts, art, writing, therapy, medical/ethics, attitudes, entertainment-education, empathy, patient, physician/doctor, relationship(s), perception, stress, cortisol, immune/immunological markers, empathy, experience, pain scale/rating, student, burn-out, reflection/reflective, depression, anxiety, affective disorder

Preliminary Findings

Treatment Benefits of Narrative Medicine

Highlights from Research studies:

- Healthy study participants who underwent “high disclosure” writing therapy after treatment with mitogens ConA and PHA showed greater t-cell proliferation ($p < 0.001$) (Pennebaker et. al, 1988)
- Individuals seropositive for EBV who wrote or spoke about stressful events had lower titers than the comparison group that wrote/spoke about trivial events ($p = 0.1$ and $p = .001$, respectively) (Esterling et. al., 1994)
- In asthma and RA patients, writing about stressful life events showed improvement in FEV1 and disease activity compared to controls ($p = 0.001$) (Smyth et. al. 1999)

Preliminary Findings

Practitioner and Student Perceptions

Highlights from Research studies:

- A one-woman theatrical performance about experiencing bipolar disorder acutely improved attitudes towards mental illness among providers compared to controls ($p = 0.001$) with 1-month maintenance (Michalak et. al. 2014).
- A case study by Carter and Robinson (2001) and a review by Bigley (2016) propose an increased use of illness narratives to increase an understanding of patient and care team experience in palliative care and to decrease the instance of conflict and mistrust in patients and teams.

Narrative In Medical Education

Highlights from Research studies:

- The University of Michigan Medical School implemented the “Family Centered Experience” to M1 and M2 students in 2003 as a way to encourage frequent patient interaction in the preclinical years, and to provide an educational framework for introducing humanism and the experience of illness into medical education, which is often written off as “soft.” Medical students expressed that their assumptions of illness and its complexity were challenged by the program, which is highly juxtaposed to the standard curriculum (Kumagai 2008).
- Narrative analysis of patient experiences when taking medication during pharmaceutical education “has the potential to provide new understanding about how people relate to their medicines [and] how pharmacists are engaged in producing narratives...” (Ryan et. al. 2007).

Future Directions and Conclusion

- More work is needed to complete this review, including published works from Nursing, Pharmacy and other care fields
- The adoption of narrative medicine as an intrinsic part of clinical practice has the potential to open up new avenues for therapy and treatment and brings a more complex and humanistic view of disease into medical education and practice

Acknowledgements

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References

1. Charon, R. (2007). What to do with stories: The sciences of narrative medicine. *Canadian Family Physician*, 53(8), 1265–1267.
(a comprehensive list of all references for the review is available upon request by the presenter)