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Narrative Medicine: A Clinical Tool for the Oncology Advanced Practitioner

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Abstract

Narratives are central to the practice of medicine. However, modern health care faces numerous new demands, including increased patient loads and professional commitments, which interfere with opportunities to listen to and tell stories. These challenges can negatively impact patient care and provider burnout. Narrative medicine has been proposed as an approach to overcome these difficulties. Through implementation of this technique, engaging with illness anecdotes can become a more integral clinical focus. Its main movements are attention, reflection, and affiliation. There are multiple styles proposed for its use, although they all assist in the exploration of meaning within illness narratives. Over the past several decades, a shift toward promoting these tools has led to more research in the field. Multiple studies demonstrate the benefits to patients, providers, and caregivers. Additionally, programs are expanding to further the development of these skills. With guidance and repetition, these abilities can foster better engagement and understanding between all those involved in health care. This article discusses the various principles of narrative medicine and the benefits of its incorporation into health care, specifically in the role of oncology advanced practitioners.

Telling stories is central to the practice of health care. From patients recounting their multifaceted histories to providers processing their emotions related to difficult cases, medicine cannot function well without addressing anecdotes. Unfortunately, modern health care is rife with challenges that interfere with both telling and listening to care-related narratives (Zaharias, 2018b). One practice that can facilitate positive change in this area is narrative medicine. This practice is especially relevant in the complex, ever-growing field of oncology. In cancer care, where treatment decisions can be difficult and patient courses unpredictable, the need for coherent narratives is even greater.

Advanced practitioners (APs) in oncology are integral to understanding these illness stories as a result of

Table 1. Attention, Representation, and Affiliation

Attention	An awareness or contemplation of and a humility toward the patient's story
Representation	A written expression, reflection, or creation based on one's attention to the narrative
Affiliation	Witnessing and connecting or empathizing with the patient and their story

Note. Information from Charon (2007).

their involvement in direct clinical practice, patient education, coordination of care, and communication between providers. Being in contact with countless sources of stories, they have ample opportunity to facilitate a deeper discovery of meaning within the care of the sick. By employing narrative medicine skills, oncology APs can improve patient care, team cohesion, and personal well-being.

BACKGROUND

Drs. Rita Charon and John Launer are two of the foundational leaders of narrative medicine (Charon et al., 2017; Launer, 2018). Its principles are informed by psychology, medical humanities, biopsychosocial medicine, and patient-centered care (Zaharias, 2018c). Narrative medicine seeks to improve mutual understanding in health care by recognizing that through stories, one attempts to make sense of the world, shape one's identity, and communicate meaning and values (Zaharias, 2018c). This is especially important in health care, as illness touches the core of who we are as individuals, professionals, and societies. In oncology, this need for a narrative perspective as a part of care is even more crucial, as navigating a cancer diagnosis and treatment significantly shifts one's worldview.

The skills of narrative medicine benefit both the patient and the provider. For the patient, narratives provide meaning, context, and perspective (Greenhalgh & Hurwitz, 1999). They also help providers avoid creating only a pathologic assessment, without including the still healthy and valuable aspects of the patient (Kalitzkus & Matthiessen, 2009). By reflecting on their own personal illness narratives and patient encounters, providers can better enter into the patient's perspective (DasGupta & Charon, 2004). These practices can lead to a shift from simply solving the chief complaint of the patient to understanding how dealing with illness affects how one sees oneself (Zaharias, 2018c).

According to Charon, the three movements of narrative medicine are attention, representation, and affiliation (Table 1; Charon, 2007). This progression of witnessing illness narratives and reflecting on their meaning leads to a deeper understanding between all those involved in the care of the sick (Charon, 2007). Each interaction is interrelated: the patient's experience is interpreted by the provider, leading to diagnosis and treatment, which then affects the patient's subsequent experience and narrative (Kalitzkus & Matthiessen, 2009). As oncology APs are often the connection between multiple participants in health-care encounters, employing narrative skills can strengthen the bonds formed between all those involved.

CHARACTERISTICS

Charon, with her background in literature, bases her skillset in literary analysis, while Launer, who

Table 2. The Four Divides Related to Illness Experiences

	Patient	Provider
The relation to mortality	Based on past experiences	Based on their own perspectives
The context of illness	Within the framework of their entire lives	Simply a biological phenomenon
Beliefs about disease causality	A wide range of vague understandings	A view based on medical knowledge
Shame, blame, and fear	Embarrassed, vulnerable, fearful; blame themselves or others for their disease	Embarrassed to ask personal questions; blame the patient, if uncooperative; fearful of litigation

Note. Information from Zaharias (2018c).

is inspired by family therapy, emphasizes conversations inviting change (Zaharias, 2018c). Charon's structure of close reading, attentive listening, and reflective writing allows the provider to be able to better bear witness to suffering in various medical interactions (Charon, 2007). Launer focuses on how consulting with the patient can facilitate a shared understanding.

Charon states that there are four divides that add to the disconnect between the provider's and the patient's illness experience. They are: the relation to mortality; the context of illness; beliefs about disease causality; and shame, blame, and fear (Table 2; Zaharias, 2018c). Additionally, Charon notes that narrative medicine can be applied in the context of four main relationships: provider-patient, provider-self, provider-colleagues, and provider-society, which can be extended to include provider-family, patient-family, and patient-patient interactions (Table 3; Charon, 2001). The fact that narrative medicine can be applied in numerous settings emphasizes the impact that it can have on transforming the interactions of patients, providers, and caregivers. By better understanding and creating narratives in their particular role, oncology APs can help facilitate healing of the disruptions that are caused by illness.

Launer characterizes his methodology with the seven Cs. The categories include: conversation, curiosity, context, complexity, challenge, caution, and care (Table 4; Launer, 2018). Awareness of these components helps form a shared understanding that is closer to the patient's reality and is based on an understanding of what is important to the patient (Hurwitz & Charon, 2013). Focusing on these factors in clinical encounters, oncology APs can aid in shared decision-making, as the concerns of both the patient and the provider are allowed to engage with one another.

Table 3. The Four Main and Three Extended Contexts of Narrative Medicine

Provider-patient	Interrelation of provider and patient
Provider-self	How the provider understands oneself
Provider-colleagues	How the provider deals with colleagues
Provider-society	The societal role the provider sees for themselves
Provider-family	How the provider relates to their family
Patient-family	How the patient relates to their family
Patient-patient	How patients interrelate with one another

Note. Information from Charon (2001).

Table 4. Launer's Seven Cs

Conversation	The means by which a narrative is understood and created
Curiosity	Having an interest in the patient and an ability to explore one's own feelings and reactions to their story
Context	The complex background within which every narrative must be understood
Complexity	Being aware of the interconnectedness of the various aspects of a story
Challenge	Considering new ideas, perspectives, and explanations
Caution	Acknowledging and addressing one's limitations, the patient's needs, and the opportunity to grow and change
Care	Being nonjudgemental and accepting of others

Note. Information from Zaharias (2018c).

TOOLS

Narrative medicine begins with giving patients permission to tell their story in their own words and a genuine interest in listening to the patient (Zaharias, 2018b). Other helpful skills include neutrality, circular questioning, hypothesizing, awareness of complexity, and reflection (Table 5; Zaharias, 2018c). In acquiring medical histories, providing patient counseling, coordinating care, and facilitating teamwork, oncology APs can employ these skills to improve the quality of care.

Reflection, for both patients and providers, is central to narrative medicine. There is a clear benefit for patients in reflecting on their illness and coming to terms with how it affects themselves and their relationships with others (Fioretti et al., 2016; Yang et al., 2020). Countless support groups have been established to aid patients in confronting their illness narratives. Additionally, narrative medicine provides ways for providers to cope with

Table 5. Tools of Narrative Medicine

Neutrality	Being objective, mindful, cognizant, tolerant, and nonjudgmental
Circular questioning	Using active and reflective listening, a flow of question-response-question, and following rather than directing the narrative
Hypothesizing	Employing open-ended questions to assist patients in considering reasonable change
Awareness	Being aware of the complexity and interconnectedness of illness
Reflection	Utilizing patient support groups, provider Balint groups, creative writing, parallel charts, arts sections in medical journals, and medical humanities courses

Note. Information from Zaharias (2018b).

their caregiving role and to discuss relevant topics among peers, as in Balint groups (Zaharias, 2018b).

Other opportunities for providers include reflecting on the arts (e.g., literature, drama, images, and film) and writing exercises (e.g., creative and reflective writing, and parallel charts). These habits help them increase their ability to elicit and understand meaning in a variety of contexts by broadening reflection, understanding, imagination, and creativity (Zaharias, 2018a; Charon, 2013). Spending time to contemplate and analyze narratives outside of the clinical setting can help to normalize the practice of doing so in patient encounters.

Similar ideas are gaining recognition in the larger health-care arena. For example, arts sections in medical journals and humanities courses in medical programs seek to increase exposure to creativity in medicine (Zaharias, 2018a; Collier, 2022). Contemplating and studying the arts outside of clinical practice helps practitioners develop habits of reflection and creative expression. In this way, oncology APs can become more habitually aware of the meaningful connections within illness narratives and trained to empathize with patients and team members.

EVIDENCE

Multiple systematic reviews, two specifically related to oncology, have highlighted the benefits of narrative medicine (Fioretti et al., 2016; Yang et al., 2020; Paul et al., 2024). Examples of interventions include reading, writing, and reflection sessions, art therapy, and storytelling interviews. In general, these practices have been shown to aid in improving communication, relationships, shared decision-making, quality of care, and burnout (Zaharias, 2018a). There is no general approach; rather, oncology APs can discover which practice works best for themselves, their patients, and their teams.

It is important to note some shortcomings of narrative medicine (Zaharias, 2018b; Kalitzkus & Matthiessen, 2009). This approach takes time, effort, and further training. Some patients may not be open to sharing their innermost feelings with their providers. It is important to know when to not become too focused on patients' narratives. There have also been reports of patients experiencing adverse reactions to recounting their illness stories (Yang et al., 2020).

There is still room for increased research in this field (Fioretti et al., 2016). Scientific literature on the topic is largely composed of theoretical articles or critical reviews, and the nature of the interventions and data coding varies greatly. There is also a need for more information on sample characteristics. Integration of control groups and a common methodology across studies would be beneficial.

CONCLUSION

Modern medicine has become increasingly complex on multiple levels, especially in the innovative field of oncology. However, at the heart of health care remains the witnessing of the stories of illness. Narrative medicine is a clinical approach that emphasizes that stories have a healing effect and that, in the words of Charon, the care of the sick is a work of art. By practicing narrative medicine skills, providers can facilitate the discovery of deeper meaning within the stories of illness. In particular, oncology APs, in their varying capacities in cancer care, have a special role in implementing narrative medicine to bring about positive changes in health care. By developing and utilizing practices to better understand and create meaningful illness narratives, including making an extra effort to listen to patients and reflect with colleagues, oncology APs can be advocates for the perspectives of both patients and providers to be heard and healed. ●

Disclosure

The author has no conflicts of interest to disclose.

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