

Narrative Medicine: A Step-by-Step Participant Guide for Every Body

Everyone has experiences with health and illness. Northwest Narrative Medicine Collaborative is a community that learns, practices and teaches what to do with health narratives and stories through the practice of narrative medicine.

All Are Welcome

Northwest Narrative Medicine Collaborative (NWNMC) developed this step-by-step guide for participants new to and curious about narrative medicine. This guide introduces the concepts and mechanics of a narrative medicine workshop and is available to anyone as part of NWNMC Accessible Narrative Medicine Library.

The [Accessible Narrative Medicine Library](#), and narrative medicine workshops more broadly, offer a container and tools for providers, patients, caregivers, and community members to sit with one another and unravel the medical apparatus together.

To do this work well, we believe it requires some understanding and practice with the concepts of **positionality** and **relationality**. Rooted within Feminist, Indigenous, and Critical Race scholarship, these two concepts give narrative medicine direction and magnitude. In the context of narrative medicine, positionality and relationality are sibling concepts fundamental and crucial to making narrative medicine work for people. For the purposes of this article, we define these terms in the following manner:

Positionality is the interplay between our many social identities—race, class, gender, sexuality, dis/ability, etc.—and our personal histories within the context of hierarchy and power

structures.¹²³⁴ This perspective suggests that who we are impacts where we sit in the social world; where we sit influences the care we are given, the things we notice, and things noticed about us.

Relationality is the dynamic web of connections that thread together all living beings –humans, animals, plants, spirits–with the Land.⁵⁶⁷⁸ This perspective suggests that our individual existence and health are inherently tied to these social and ecological relationships. We do not exist independently of these connections; rather, we thrive or suffer because of them. We seek to use narrative medicine practices to transform oppressive systems and make them equitable, inclusive, and just. We do not invoke relationality to appropriate the term. Rather, we seek to credit long-standing ways of understanding the importance of storytelling and relationships in health that pre-date narrative medicine. Narrative medicine did not invent this approach, but offers a teachable and replicable framework for building empathy and understanding in medicine and other caring professions.⁹ By exploring stories of illness and

¹ Crenshaw, K., 1991. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.

² DasGupta, S., 2017. The Politics of the Pedagogy: Crippling, Queering, and Un-homing Health Humanities. *Rita Charon et al., The Principles and Practice of Narrative Medicine*. New York: Oxford UP, pp.137-53.

³ hooks, b., 1989. *Talking back: Thinking feminist, thinking black*. South End Press.

⁴ Soedirgo, J. and Glas, A., 2020. Toward active reflexivity: Positionality and practice in the production of knowledge. *PS: Political Science & Politics*, 53(3), pp.527-531.

⁵ Cross, T.L., 1995. Understanding family resiliency from a relational world view. *Resiliency in Native American and immigrant families*, 2, pp.143-157.

⁶ Dudgeon, P. and Bray, A., 2019. Indigenous relationality: Women, kinship and the law. *Genealogy*, 3(2), p.23.

⁷ Jadallah, C.C., 2024. Positionality, relationality, place, and land: Considerations for ethical research with communities. *Qualitative Research*.

⁸ Kimmerer, R., 2013. *Braiding sweetgrass: Indigenous wisdom, scientific knowledge and the teachings of plants*. Milkweed editions.

⁹ Milota, M.M., van Thiel, G.J. and van Delden, J.J., 2019. Narrative medicine as a medical education tool: a systematic review. *Medical teacher*, 41(7), pp.802-810.

health in the context of positionality and relationality, we are given the building blocks to co-create and synthesize a new way forward - to be “in right relationship with the world.”¹⁰ It is our hope that in doing so, we discover health and healing of the body by strengthening relationships in healthcare.

Who Are We?

NWNMC includes healthcare professionals, patients, caregivers, academics, and artists in our monthly narrative medicine workshops. Workshops average around 15 participants per month, a mix of regular attendees and those new to NWNMC. Participant data collected between 2020-2023 shows a wide range of self-reported roles (participants are invited to check all that apply): 17% physicians, 6% nurses, 9% researchers, 4% other healthcare roles, 20% of participants identify as artists and writers, 19% patients and 8% caregivers. Fully 17% of participants selected “other,” reminding us that we are, in some essential human way, uncategorizable.

What is Narrative Medicine?

This question comes up often in this developing field. At NWNMC, we model our workshops on the theory and practice developed by Dr. Rita Charon and her colleagues at Columbia University. Narrative medicine workshops teach us how to receive stories using the three principles of narrative medicine: **Attention**, **Representation**, and **Affiliation**.¹¹

- **Attention** is a familiar concept; it is a disciplined state of being which combines mindfulness, attuned concentration, clear observation of self, other, and environment.

¹⁰ Brower, M.C., 2024. Native American Cosmological Ideas: Dimensions of Depth in Social Work. *Social Work*, 69(2), pp.201-203.

¹¹ Charon, Rita et al. 2017. *The Principles and Practice of Narrative Medicine*. Oxford University Press

With practice, *attention is the ability to give focus*. Physician author Rachel Remen writes, “Perhaps the most important thing we ever give each other is our attention.”¹²

- **Representation** in narrative medicine is *the act of making visible that which had previously passed without notice*. This moment of recognition can be powerful and may pertain to self or others, to systems or complex events in health, illness and healing.
- **Affiliation** is the authentic connection between two or more people which develops after sustained acts of attention and representation. Narrative medicine focuses on our *capacity to join one another in our stories and experience of health and illness; to dissolve the artifice that sits between patient and practitioner*. This concept is not new. Again, we see meaningful similarities between Narrative Medicine’s discipline-specific framework and the grander concepts of positionality and relationality.

How is narrative medicine practiced?

Narrative medicine is a simple practice with powerful potential to help change take root, care to occur, and healing to unfold.

1. **How it works:** A narrative medicine workshop generally lasts one hour or 90-minutes. The interactive experience is planned and led by a trained narrative medicine facilitator. In a narrative medicine workshop, participants spend time looking at or listening to a piece of creative work together. At NWNMC, we often call this [a third object](#)¹³. It may be a poem or prose, graphic illustration or photograph, video clip or music, in short, any creative work. Participants will discuss the creative work and respond to short writing prompts. You will have the opportunity to share your writing if you choose and respond to

¹² Remen, Rachel Naomi (1996). *Kitchen Table Wisdom: Stories that Heal*. Riverhead Books.

¹³ Clore, Carrie. 2023. *Third Objects: What Are They?* *OHSU Digital Collections*.

other's writing, too. Sharing your own writing is always optional, never required.

2. **How to prepare:** All you need is something to write with and a willingness to “show up” and pay attention to others. Writing may be with a pen and paper, a digital tool, voice dictation, or scribe—any preferred method to share your story. Narrative medicine invites attention to, representation of, and connection with ourselves and others beyond the confines of professional roles or medical diagnoses. Bringing yourself is the trickiest part, but essential. We practice attention through the giving of time.

3. **Share an inclusive space:** We are strengthened individually when we do narrative medicine work in community with others. After brief introductions, the facilitator will share community guidelines, which may include:
 - Embrace differences.
 - Sharing is always a choice. Listening deeply is an equally valid way to participate and be present with each other.
 - What is shared here stays here.

These guidelines—which workshop participants may add to—make space for respectful and authentic **attention** in receiving, exchanging, and sharing **representations** of multiple experiences, perspectives, and stories.

4. **Read, Look, Discuss:** The facilitator will call attention to a creative work by sharing a poem or a piece of visual art. Together, the group will closely read or look at the creative work. The facilitator will guide a discussion, often beginning with a variation on the question, “*What stood out to you?*” A narrative medicine workshop begins with the

practice of paying close attention to what you, a person with unique experiences and perspectives, notice in the creative work. A narrative medicine workshop makes space to listen deeply to the observations, thoughts, and reflections of others, too. No one in this space is an expert on poetry or painting or a cultural critic, and you do not need to be either. All you need is a willingness to be fully present and attend to the creative work and contributions of others.

5. **Write:** After discussion, the facilitator will offer a few writing prompts and invite you to write a response. Writing prompts are crafted to connect participants back to the creative work in some way. Writing is for a set time, which the facilitator tracks. It can be as brief as four minutes, or as long as 15. There are no right or wrong answers. Poet William Stafford says “A writer is someone who writes.” This is space and time to further discover, reflect, and be in relationship to the creative work. Your only task is to follow where your writing takes you. Writing is not turned in or graded.

6. **Share and Reflect:** When writing concludes, participants are invited to read some or all of what they’ve written. Sharing is always a choice and you are invited to read without prefacing, preamble, or apology. Just read the words you wrote. For some, this can feel like the hardest task. It can feel second nature to talk *about* what we wrote instead of reading *exactly* what we wrote with all its starts, stops, stutters, and jumbled parts of speech. But reading the *exact* words is what we are called to do in this time together. As a writer, this can feel vulnerable. In narrative medicine workshops, every noun written and shared becomes an actor in the story being told – the hospital room bed, the waiting room bench, the crickets chirping, the park, the cancer, the COVID, the wildfires, the

sunsets. Every verb has consequence, every descriptor has meaning, and every pause has significance. Close attention gives way to new representation.

You are being invited into **affiliation**: to trust that your written words have power and that, as listeners, our practice is to do our best to receive them. As listeners, we respond to shared writing with the same attentive curiosity with which we approached the creative work at the start of the session. We focus our attention on the writing, not the writer. We consider the words on the page, and we leave our assessment of the writer on the shelf.

7. **Close the Practice:** The facilitator will close the workshop in a timely manner and invite final reflections. Practiced together, the principles of narrative medicine strengthen our ability *to recognize, absorb, metabolize, interpret, and allow ourselves to be moved to action by stories of illness and health.*¹⁴ In practice, narrative medicine helps participants **to recognize and acknowledge themselves and others, practice perspective-taking, and build community together.** From the NWNMC participant survey data, 96% of participants shared that a narrative medicine workshop helped them to reflect on their own story. 93% said that a workshop helped them better appreciate multiple perspectives and 89% reported that a workshop helped them connect with others. 76% of narrative medicine workshop participants expect something to change in their professional or personal lives due to a workshop experience. (Respondent size varied somewhat per question. This data is pulled from surveys of 264-308 participants.)

Narrative medicine gives us a way to be with each other and our many perspectives, identities, and experiences. In doing this, all kinds of rich facets of identity can appear: gender, race, family

¹⁴ Charon, Rita. October 2001. Narrative Medicine
A Model for Empathy, Reflection, Profession, and Trust. *JAMA*. 2001;286(15):1897-1902.
doi:10.1001/jama.286.15.1897

roles and responsibilities, class and culture, backgrounds, religion, values, and beliefs. As we open space for ourselves beyond the medical, we create the possibility for more healthful and healing relationships across teams, with clinicians and patients, caregivers and colleagues, and with ourselves.

References:

- Brower, M.C., 2024. Native American Cosmological Ideas: Dimensions of Depth in Social Work. *Social Work*, 69(2), pp.201-203.
- Charon, R., DasGupta, S., Hermann, N., Irvine, C., Marcus, E.R., Rivera Colón, D. Spencer, D. and Spiegel, M. 2017. *The Principles and Practice of Narrative Medicine*. Oxford University Press
- Clore, Carrie. 2023. Third Objects: What Are They? *OHSU Digital Collection*.
- Crenshaw, K., 1991. Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.
- Cross, T.L., 1995. Understanding family resiliency from a relational world view. *Resiliency in Native American and immigrant families*, 2, pp.143-157.

DasGupta, S., 2017. The Politics of the Pedagogy: Crippling, Queering, and Un-homing Health Humanities. *Rita Charon et al., The Principles and Practice of Narrative Medicine*. New York: Oxford UP, pp.137-53.

Dudgeon, P. and Bray, A., 2019. Indigenous relationality: Women, kinship and the law. *Genealogy*, 3(2), p.23.

hooks, b., 1989. *Talking back: Thinking feminist, thinking black*. South End Press.

Jadallah, C.C., 2024. Positionality, relationality, place, and land: Considerations for ethical research with communities. *Qualitative Research*.

Kimmerer, R., 2013. *Braiding sweetgrass: Indigenous wisdom, scientific knowledge and the teachings of plants*. Milkweed editions.

Milota, M.M., van Thiel, G.J. and van Delden, J.J., 2019. Narrative medicine as a medical education tool: a systematic review. *Medical teacher*, 41(7), pp.802-810.

Remen, Rachel Naomi (1996). *Kitchen Table Wisdom: Stories that Heal*. Riverhead Books (Hardcover).

Soedirgo, J. and Glas, A., 2020. Toward active reflexivity: Positionality and practice in the production of knowledge. *PS: Political Science & Politics*, 53(3), pp.527-531.