

Commentary

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

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Northwest Narrative Medicine Collaborative (NWNMC) developed this step-by-step guide for participants new to and curious about narrative medicine. The guide introduces the concepts and mechanics of a narrative medicine workshop. It addresses common questions including: what is narrative medicine, how does it work, what can participants expect during a workshop. Narrative medicine offers clinicians, patients, caregivers, and community members a teachable and replicable framework for building empathy and understanding. This guide explores how to do this work authentically and productively across differences and within hierarchy. This resource is part of a partnership between the OHSU Library and the Northwest Narrative Medicine Collaborative and is available to anyone as part of the [Accessible Narrative Medicine Library](#).

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. It is available to anyone as part of NWNMC Accessible Narrative Medicine Library, and the Oregon Health & Science University digital collection.¹

The [Accessible Narrative Medicine Library](#), and narrative medicine workshops more broadly, offers a teachable and replicable framework for building empathy and understanding in medicine and other caring professions.²

Narrative medicine is a simple practice with powerful potential to help change take root,

care to occur, and healing to unfold. We seek to use narrative medicine practices to transform oppressive systems and make them equitable, inclusive, and just.

We believe that doing this work well 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. 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.³⁴⁵⁶ This perspective

¹ Rehrmann, A., Fisher, S., & Lahti, E. (2024). *Narrative medicine: A step-by-step participant guide for every body*. Oregon Health and Science University Library. <https://doi.org/10.6083/bpxhc43554>.

² Milota, M. M., van Thiel, G. J., & van Delden, J. J. (2019). Narrative medicine as a medical education tool: A systematic review. *Medical Teacher*, 41(7), 802-810. <https://doi.org/10.1080/0142159X.2019.1584274>.

³ Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. <https://doi.org/10.2307/1229039>.

⁴ DasGupta, S. (2017). The politics of the pedagogy: Crippling, queering, and un-homing health humanities. In R. Charon et al. (Eds.), *The principles and practice of narrative medicine* (pp. 137-153). Oxford University Press. <https://doi.org/10.1093/med/9780199360192.003.0007>.

⁵ hooks, b. (1989). *Talking back: Thinking feminist, thinking Black*. South End Press.

⁶ Soedirgo, J., & Glas, A. (2020). Toward active reflexivity: Positionality and practice in the production of knowledge. *PS: Political Science & Politics*, 53(3), 527-531. <https://doi.org/10.1017/S1049096519002233>.

suggests that who we are impacts where we sit in the social world; where we sit influences the care we receive, 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.⁷⁸⁹¹⁰ This perspective suggests that our individual existence and health are inherently tied to our social and ecological relationships. We do not exist independently of these connections; rather, we thrive or suffer because of them.

In the context of narrative medicine, positionality and relationality are sibling concepts fundamental and crucial to making narrative medicine work for people. We do not invoke these terms to appropriate them. Rather, we seek to credit long-standing ways of understanding the importance of storytelling and relationships in health that pre-date narrative medicine.

By exploring stories of illness and 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.”¹¹ 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 monthly narrative medicine workshops average around 15 participants

and are a mix of returning and new attendees. All are welcome. Participant data collected between 2020-2023 shows a wide range of self-reported roles : 17% physicians, 6% nurses, 9% researchers, 4% other healthcare roles, 20% of participants identify as artists and writers, 19% patients and 8% caregivers (participants are invited to check all that apply). Fully 17% of participants selected “other,” reminding us that we are, in some essential human way, uncategorizable.

What is Narrative Medicine?

NWNMC workshops are modeled 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.**¹²

Attention is a state of being which combines mindfulness, attuned concentration, clear observation of self, other, and environment. 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.”¹³

Representation in narrative medicine is a complex process of “*developing that which is seen into something created anew.*”¹⁴ *This act of making visible that which previously passed without notice 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 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*

⁷ Dudgeon, P., & Bray, A. (2019). Indigenous relationality: Women, kinship and the law. *Genealogy*, 3(2), 23. <https://doi.org/10.3390/genealogy3020023>.

⁸ Hodge, D. R., Limb, G. E., & Cross, T. L. (2009). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work*, 54(3), 211-219. <https://doi.org/10.1093/sw/54.3.211>.

⁹ Jadallah, C. C. (2024). Positionality, relationality, place, and land: Considerations for ethical research with communities. *Qualitative Research*. <https://doi.org/10.1177/14687941241246174>.

¹⁰ Kimmerer, R. (2013). *Braiding sweetgrass: Indigenous wisdom, scientific knowledge, and the teachings of plants*. Milkweed Editions.

¹¹ Brower, M. C. (2024). Native American cosmological ideas: Dimensions of depth in social work. *Social Work*, 69(2), 201-203. <https://doi.org/10.1093/sw/swae014>.

¹² Charon, R., DasGupta, S., Hermann, N., Irvine, C., Marcus, E. R., Rivera Colón, D., Spencer, D., & Spiegel, M. (2017). *The principles and practice of narrative medicine*. Oxford University Press. <https://doi.org/10.1093/med/9780199360192.001.0001>.

¹³ Remen, R. N. (1996). *Kitchen table wisdom: Stories that heal*. Riverhead Books.

¹⁴ Charon, R. (2008). *Narrative medicine: Honoring the stories of illness*. Oxford University Press.

and practitioner. Again, we see meaningful similarities between Narrative Medicine’s framework and the grander concepts of positionality and relationality.

Narrative Medicine Practice Step-by-Step

1. How it works: A narrative medicine workshop is planned and led by a trained narrative medicine facilitator and generally lasts one hour or 90-minutes. During the interactive workshop, participants look at a creative work together, like a poem or painting. They discuss the work and are given the opportunity to write reflectively. There will be time to share your writing if you choose. In narrative medicine workshops sharing is always a choice and never required.

2. How to prepare: All you need is something to write with and a willingness to “show up” and offer your attention. The practice of **attention** begins with the giving of time. Participant writing may be with a pen and paper, a digital tool, with voice dictation, or a scribe—use the method you prefer to share your words.

3. Share an inclusive space: We are strengthened individually when we do narrative medicine work in a community. 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.

Narrative medicine invites attention to, representation of, and connection with ourselves and others beyond the confines of professional roles or medical diagnoses.

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

4. Read, Look, Discuss: A narrative medicine workshop includes practice in giving close attention to what you, a person with unique experiences and perspectives, notice in a creative work. At NWNMC, we call this [a third object](#)¹⁵. Selected by the facilitator, the third object may be a poem or prose, graphic illustration or photograph, video clip or music, in short, any creative work.

The facilitator will guide a discussion, often beginning with a variation on the question, “*What stood out to you?*” No one is an art expert or cultural critic and you do not need to be either. The narrative medicine workshop makes space for us to practice listening deeply to and attuning to our own selves and the observations, thoughts, and reflections of others.

5. Write: The facilitator will offer writing prompts crafted to connect participants back to the creative work in some way. Writing is for a set time, as brief as four minutes or as long as 15, and the facilitator will keep track. You are invited to respond to the prompt that speaks to you. There are no right or wrong answers and writing is not turned in or graded. Your only task is to follow where your writing takes you. This is space and time to further discover, reflect, and be in relationship with yourself and to the creative work.

6. Share and Reflect: Participants are invited to read some, part, or all of what they’ve written. Sharing is always a choice and listening is an equally valid way to be present.

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**.

¹⁵ Clore, C. (2023). Third objects: What are they? *OHSU Digital Collection*.
<https://digitalcollections.ohsu.edu/record/42210>.

This can feel suddenly, surprisingly, vulnerable. 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. Led by the workshop facilitator, participants respond to shared writing with the same attention with which we approached the creative work. We focus on the writing, not the writer.

7. Close the Practice: The facilitator invites 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.*¹⁶

We see evidence of these changes in the NWNMC participant surveys (data is pulled from surveys of 264-308 participants and respondent size varied somewhat per question): 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.

Conclusion

Narrative medicine gives us a way to be with each other and our many perspectives, identities, and experiences. As we open space for ourselves beyond the scientific, we create the possibility for more healthful and healing relationships across teams, with clinicians and patients, caregivers and colleagues, and with ourselves. ■

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Competing interests: This article was written with funding from the State Library of Oregon, Library Services and Technology Act (LSTA) Program, administered on the national level by the Institute of Museum and Library Services' Grants to States Program.

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The opinions expressed in this commentary are those of the authors.

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