In this issue of Innovations in Integrative Healthcare Education, we are departing from our usual format of spotlighting specific projects or programs in lieu of presenting a more extended piece by MacKenzie on relationship-centered care and narrative medicine. The importance of these topics cannot be overstated in their role of humanizing the healthcare encounter, improving self-awareness of the practitioner, and creating a space in which the patient feels deeply listened to. A commentary by Dr. Michelle Sierpina is also included in this special section to put into context the power of narrative in medicine and in patients’ lives. Her recent PhD focused on the power of life stories told by seniors; that research and training enables her to provide a broad and scholarly review of the power of story in relation to MacKenzie’s article.

In the medical school at University of Texas Medical Branch, we send out first-year medical students in the first couple of months of the first semester to patients’ homes to just get their story, not a medical history, as part of a required course on the practice of medicine. Many students find this immensely anxiety provoking, due to the lack of structure and familiar context. However, ultimately they find an opportunity to encounter a real person in a non-clinical setting. A scoring rubric based on the construction and quality of a short story allows us to grade the students objectively. However, a most interesting finding, which we expect to present at the Ottawa Conference in Australia next spring, is the process of personal transformation that such story writing has for students. This is also reported by MacKenzie in her article and in Sierpina’s accompanying commentary. The importance of capturing and understanding the patient’s story is also a major focus in nurse practitioner programs across the United States, where the art of listening and the importance of patient narratives have long been emphasized.

In an integrative assessment of patients, we “make a history” rather than “take a history.” This means that we coconstruct with the patient the reality of the medical encounter and the tone and timbre of the healing relationship. By bringing our own culture, beliefs, and values to the exam room and then allowing the patient to share theirs with us, we create a new kind of relationship-centered, patient-centered care model. This allows the strength of the linear standard medical history, chief complaint, history of present illness, past history, social/family history, review of systems, etc, to be informed and enriched by the nonlinear, perhaps circular, patient story. This story making further allows deeper exploration of the patient’s life goals as well as their medical goals. It creates increased personalization of the provider-patient relationship and moves from the “I-them” to Buber’s “I-thou.” Enjoy the article and the accompanying commentary and consider how to implement this kind of care and mindfulness into the education of health professional students and your practice.

As American healthcare experiences a paradigm shift away from a purely biomedical perspective of health and disease, it has become obvious that the education of health professions must respond appropriately. A key feature of this response is to amend the healthcare curriculum so that it reflects our understanding of the biopsychosocial determinants of health.

TRAINING THE HEALTH PROFESSIONALS OF THE FUTURE IN RELATIONSHIP-CENTERED CARE

“Illness is an integral experience that can only be artificially reflected into biological, psychological, social, and spiritual dimensions. This deepened perspective will shape care in the future.”
—Pew-Fetzer Task Force on Advancing Psychosocial Health Education

As noted in the groundbreaking Institute of Medicine report, “Improving Medical Education,” “real medicine” has for many years been defined only in terms of the biological sciences. One of the main reasons for this stems from age-long historical trends (such as Cartesian dualism) that biased the sciences toward a strong preference for considering the physical body completely apart from other aspects of the human being, such as the mind. Mind-body dualism has been a basic premise upon which most of the Western (European) health sciences have been constructed for the past three centuries or so. Although this division has resulted in remarkable advances in medical technology (eg, gene therapy and organ transplantation), thus making biomedicine by far the most dominant healthcare system, it has left conventional healthcare at a disadvantage with regard to the psychosocial dimensions of health and illness (eg, mind-body interactions, patient behavior, physician-patient communication, sociocultural dimensions to healthcare, interpersonal dynamics, and health). At this juncture, there is a great deal of interest among all concerned parties in reconfiguring how we train future health professionals so that we can begin to address the enormous role played by psychosocial and cultural processes in the maintenance of health and the treatment of disease.
Many believe that an important step in reaching this goal is to reorient healthcare education so that students are (1) presented with information on psychosocial aspects of health and (2) given the skills necessary to create healing relationships with their patients.9

**HUMANISM, PROFESSIONALISM, AND RELATIONSHIP-CENTERED CARE**

“From my perspective, medical students need to master the art of listening to and communicating with their patients just as much as they need to learn the fundamentals of human biology.”

—C. Everett Koop, MD, ScD

An important next step in achieving the goals of professionalism and humanism already defined by academic medicine is to expose students to the concepts of relationship-centered care.7 The Accreditation Council for Graduate Medical Education defines professionalism as “a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.”8 The American Academy of Pediatrics identified eight key components of professionalism: honesty (integrity), reliability (responsibility), respect for others, compassion (empathy), self-improvement, self-awareness (knowledge of limits), communication (collaboration), and altruism (advocacy).8 Relationship-centered care highlights the human relationships that form the basis of all healthcare. Such care gives primacy to the healing relationship and places the patient and his or her experience at the center of the care paradigm, thus providing more focus on the psychosocial while simultaneously increasing the probability that the care will be effective, humane, ethical, compassionate, culturally competent, and more satisfying for both patient and provider.9 One of the most important skills needed to create relationship-centered care is increased self-awareness. A number of publications have called for increased attention to humanistic dimensions of medical education. For example, an article published in the Journal of the American Medical Association by Novack et al10 reviewed the importance of physicians’ personal awareness in providing patient care. The authors outline the components of the art of medicine and define physician personal awareness as “insight into how one’s life experiences and emotional makeup affect one’s interactions with patients, families, and other professionals.” They present examples of activities designed to increase self-awareness and show that “through enhancing personal awareness physicians can improve their clinical care and increase satisfaction with work, relationships and themselves.” A study of 53 medical residents suggests that training in self-awareness enhances the ability to conduct patient-centered interviews.11 A number of studies and reviews have suggested that increased self-awareness can help prevent and manage stress and “burnout,” and increase empathy.10,12-16 Finally, Borrell-Carrio and Epstein17 propose a teaching strategy that uses emotional self-awareness and personal insight to help the physician function better, thereby reducing clinical errors.

**THE DEVELOPMENT OF PHYSICIAN-HEALERS**

There has been a growing interest in the training of physician-healers.18-21 An emergent body of literature explores how to train physicians in the art of medicine through the teaching of mindfulness and contemplation.21-27 Among the techniques used to enhance healing presence are mindfulness meditation, reflective writing, and a greater appreciation for the connections among body, mind, and spirit with regard to our lived (or subjective) experience. In a similar vein, Aung28 suggests that loving kindness (or metta), a concept from Buddhism, can be cultivated through meditation and applied in the clinical setting for the purposes of practicing a more humane medicine. Novack et al18 suggest ways in which personal growth, self-awareness, and well-being can be taught in medical school, whereas Wear and Castellani29 describe an ideal medical curriculum that teaches professionalism and humanism through the integration of biopsychosocial interdisciplinary content that emphasizes compassion, communication, mindfulness, respectfulness, and social responsibility. The authors underscore the notion that “professionalism” is “an on-going, self-reflective process involving habits of thinking, feeling, and acting.” A qualitative study of 32 physicians found that powerful experiences, helping relationships, and introspection were the antecedents to the personal growth necessary to the development of such attributes as wisdom, compassion, and integrity.30 These kinds of educational activities support the training of physician-healers and can ultimately provide the best context for relationship-centered care.

**NARRATIVE MEDICINE: WRITING, STORYTELLING, AND THE CULTIVATION OF HUMANISM**

“Simply put, we must create an intellectual climate that encourages our educators to help students bridge boundaries between academic disciplines and make connections that produce deeper insights. Our scholars and, therefore, our students must be skilled at synthesis as well as analysis.”

—Vartan Gregorian31

We often hear that human beings can be distinguished from animals by our ability to make and use tools; in other words, that it is our technology that sets us apart. However, some have argued that a far more definitive trait is language and the reflective exploration of meaning. Perhaps the essence of our humanity has less to do with how we manipulate our environment and more to do with how we find meaning in our lives.32 Narrative in any form helps to connect us with our own and others’ humanity. To tell a story is to be human, in some sense, for we are storytelling animals. Story is the way we define ourselves, make sense of our world, learn about ourselves, share our experiences, and form group identities. It is this aspect of human knowledge that the health sciences so often discount. The admissible data tends to
be quantitative: lab values, blood counts, MRIs, graphs, and charts—anything that can be conveyed in numbers. Of course, numbers do have their own story to tell, and quantitative inquiry is crucial to all the sciences. However, in medicine, the quantitative is never the whole story. Quantitative inquiry can never shed much light on pain, or pleasure, or meaning, or suffering—important pieces of each patient’s story. It is in narrative that we rediscover our humanity. We cannot communicate humanistic concepts in numbers; it is not possible. Language, words, and stories are the currency of the humanities—they are fundamental to the human experience.

When Rita Charon, MD, PhD, sought a way to reconnect the practice of medicine to its moorings as a service to humanity, she turned her attention to the telling and hearing of illness narratives, and in the process, created the field of narrative medicine. The basic idea is to elicit illness narratives from students, who then reflect upon the subjective meaning of the experience; this process helps them develop the capacity for empathic listening, helps to strengthen the patient’s voice in the clinical encounter, and reorients the focus to the shared humanity of both patient and provider. In essence, narrative medicine uses reflective writing to evoke empathy. In addition to the program in narrative medicine that she created at Columbia University, numerous other courses and programs have been established at medical schools throughout the United States. What these curricula have in common is the use of personal illness narratives to ensure that the humanity of both provider and patient remains central in the clinical encounter.

A scientifically competent medicine alone cannot help a patient grapple with the loss of health or find meaning in suffering. Along with scientific ability, physicians need the ability to listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient’s behalf. This is narrative competence, that is, the competence that human beings use to absorb, interpret, and respond to stories.

Narrative medicine is rapidly making its mark on medical education at the graduate level; by communicating stories about themselves and their patients (eg, illness narratives), medical students are able to reconnect with the human dimension of clinical care. Ultimately, this serves to remind health professionals in training that the real purpose of medical technology is to achieve humanistic goals. In this way, narrative medicine plays an important role in efforts to redress the tendency of making the human subordinate to the technical in training and practice of health professions.

HEALING NARRATIVES

“As the practice of medicine evolves and changes, it is clear that people recruited and selected to be the physicians of the future must be superior in both the cognitive-academic and the affective-humanistic realms.”

—L.S. Linn et al

At the University of Pennsylvania, where approximately 40% of incoming freshmen intend to become prehealth majors, I teach an undergraduate writing seminar called Healing Narratives, partially inspired by the field of narrative medicine. The aim of the course is twofold: (1) to teach writing skills to undergraduates and (2) to introduce prehealth majors to the concept of humanistic medicine. There are parallels between teaching and healing. Both activities seek to bring out that which is whole in a person, both seek to empower others, and both endeavor to guide persons to their own integrity. Creating safety in the classroom is paramount. As a writing teacher, I see my primary role as someone who can help young people find their own authentic voices in an academic context. This process is more about paring away that which is inauthentic, unnecessary, in error, or confused than it is about adding more knowledge. At the end of it, I hope to introduce students to their inner writer, a mature voice that is uniquely and confidently their own. In practice, what this means is that the first graded writing exercise I give students is to compose a short personal experience narrative about illness or healing. I do this for the following reasons. First, everyone knows how to tell a story. Stories have a beginning, middle, and end, so this sets the groundwork for handling structure with assurance. Young adults who have learned to get good grades by writing in a conversational, official, important-sounding academic style can be coaxed to communicate clearly when composing a narrative. Second, writing an illness or healing narrative helps to ground students in their own bodies, their own experiences, their own subjectivity. This in itself can be a healing experience for students inured to an educational system that teaches us to devalue the personal and subjective while appreciating the impersonal and objective. I ask each student to include some kind of generalization or learning that grew out of the experience and to communicate this in one sentence at the close of the essay. In this way, they learn to write proposition statements, opinions they can expand upon in essays throughout the course. It also makes transparent the process by which our experiences become opinions or positions. It helps students ask themselves, What did I learn from that? Why do I believe what I do? What do I think about this? Sometimes a student experiences a revelation about their experience during the process of writing, peer review, and revision. For example, one of my students wrote about how she had lost her formerly daredevil approach to life after she suffered a head injury while at a track meet. As she contemplated and wrote about the event, she realized that the reason she had become so fearful after this was that she had lost consciousness for a moment, and she associated this loss of consciousness with the Alzheimer’s that runs in her family. After making this connection, she was able to better understand her fears and to take a good look at the underlying anxiety surrounding dementia that existed below her conscious thought. By writing, revising, reflecting, and sharing her narrative with her peers, she was able to gain a new perspective that led her to a significant insight.

Later in the semester, I ask students to collect an illness narrative from another and to write this up. To prepare for the interview, we do an exercise in active listening, where students take turns telling one another a simple narrative (eg, “what I did so far today”), and the listeners practice listening actively (once) and then “listen” while focusing their attention on something other than the speaker. Afterward, we discuss how the two interviews compare. This in-class experience teaches them the importance of active listening in
communication and builds a foundation for collecting the interviews in the field. Learning to collect and write up these stories is also a simple way to introduce them to the concept of qualitative research. For students who will spend much of their undergraduate years studying math and science, this exposure to narrative and to writing is extremely valuable.

Writing is different from talking or thinking; it can have a far deeper reflective and educative function. Writing enables the writer to express and clarify experiences, thoughts, and ideas that are problematic, troublesome, hard to grasp, or hard to share with another. Writing also enables writers to discover and explore issues, memories, feelings, and thoughts they hadn’t acknowledged.37

It is no accident that the academic fields known collectively as the humanities are those areas of study for which writing is central. The act of writing (including collaborating, critiquing, revising, and so forth) helps the student go beyond gathering and broadcasting information to synthesizing and communicating meaning. Writing grounds prehealth education in humanism, it emphasizes the humanistic goals of healthcare, and forces students to grapple with meaning.

Taking students on this journey helps them to reflect on their own wounds and helps them begin to find ways to heal, to become whole. Raising awareness of suffering and the transcending of suffering assists them to become healed healers. This will help them to retain a connection to their humanity as they advance through their health professions training.

Everyone alive has suffered. It is the wisdom gained from our wounds and from our own experiences of suffering that makes us able to heal. Becoming expert has turned out to be less important than remembering and trusting the wholeness in myself and everyone else. Expertise cures, but wounded people can best be healed by other wounded people. Only other wounded people can understand what is needed, for the healing of suffering is compassion, not expertise.—Rachel Naomi Remen 32

So, rather than approach their transformation into health professionals as invincible experts, I introduce them to the idea that it is the fact of their humanity that makes them strong, and it is their vulnerability that will provide the best basis for a career in the health professions. This gives students the permission to take all of themselves on their journey toward competence, even the painful parts of their lives. Reclaiming the hurt, weak, or embarrassing dimensions of ourselves is an important part of becoming more whole, and as Carol Donley so famously phrased it, “It takes a whole doctor to treat a whole patient.” What better way is there to reclaim our wholeness—to connect with our own and others’ humanity—than by listening to and telling stories?

And what evidence do I have that the course has any impact at all? We have not yet implemented a formal evaluation of the course beyond the standard student evaluations. However, I ask students to do a self-assessment at the end of the semester, and they often comment on their personal growth or mention a new understanding regarding health and healing. Here are some of their words:

STUDENT ASSESSMENTS

“On a personal level, I found Healing Narratives to be an extremely interesting course—particularly as I am premed. Although I did initially believe compassion to be an important aspect of healing and I knew (albeit vaguely) about the healing benefits of writing, sharing, and listening, this course greatly increased my awareness of their importance. I thought our readings were extremely interesting—but what I found to be the most significant aspect of them was that many of the stories were moving. In fact, the story ‘Grace’ by Rachel Naomi Remen . . . had such an impact on me that I printed it, and it now sits on my bulletin board above my desk. . . . Years from now, I might not remember how to do integration, or what the next step in the citric acid cycle is, but perhaps in the corner on my wall, there will still be a piece of paper with the word ‘Grace,’ and a story that will remind me that healing is not black and white.”

“Personally, learning about the way doctors and patients interact was very interesting because I have spent a lot of time at the doctor’s office. I loved learning about the different ways in which people learn to work through illness, from writing a narrative to just having someone there to listen to you. The main thing I learned from this class was the focus of my final essay, which discussed the need to distinguish between curing the body and healing the soul. So often, the two ideas are lumped together, or one aspect is completely ignored. This class pointed out the importance of acknowledging illness and dealing with it, rather than trying to shove it to the back of your mind where it will only get worse. This was helpful for me in coming to college this year because now, having been in remission from Hodgkin’s Lymphoma for over a year, it is surprisingly easy to forget about the illness that basically took over my life for six months. This class helped me acknowledge its presence and understand that it will never be a part of who I am. Once the illness resurfaced with this class, I was much more easily able to talk about it with my new friends here at Penn, which is a difficult thing to trust new people with.”

“In addition to developing as a writer, I discovered a lot about myself as a person, and what I believe. I can relate the confidence that I gained as a writer to my confidence in myself, my thoughts, and my beliefs.”

“Just this week, I have realized how important this class has been to me personally. If I had not enrolled in this course and read about the effects journaling can have on someone, and had I not been assigned to write journals based on our readings, I probably would not have resorted to journaling as a healing aid after my traumatic experience last week. This course has opened my eyes to the deeper and different meanings of health and healing, as well as the benefits expressive writing has on the immune system. My new understanding will definitely remain with me throughout my medical training in the future as well as when I hopefully go into practice as a physician.”

“Imagine yourself a freshman nursing student at the University of Pennsylvania. Over the summer, you thought deeply about which course you would take to fulfill your writing requirement. Though you are very interested in healthcare, you have always had a love of exploring ideas through writing. You longed to combine these two passions in an interesting critical writing seminar. To your delight, you discovered the class ‘Healing Narratives,’ a
course advocating a humanistic approach to medicine. Throughout this class you explored complex ideas relating to the state of healthcare, narrative medicine, and the meaning of healing. You expressed your thoughtful opinions through a variety of essays. This is precisely where I am at this point in my journey in writing and in my understanding of some very profound issues. . . I feel that my ideas drastically changed as a result of this course. I explored some very profound issues in my writing, including the definition of healing, the source of worth in a person, facing the unknown, and the importance of patient input. I feel that I truly gained a lot of knowledge from reading all of the articles and books we were assigned in this class. I experienced tremendous growth from these readings and I feel that I learned some very important lessons that will not only help me in my future profession as a nurse, but also help me in my journey as a human being. I would even go as far as to say my learning was life changing because I now see that the worth of a human being is not determined by the things he or she is capable of, but simply that value comes from the fact that he or she is a human being. I feel that this is one of the most important lessons in life and the fact that I was able to grasp such profound meaning from this course demonstrates that I involved myself in the readings and used writing as a means of understanding my own thoughts. In a way, I feel that I was healed by narrative medicine. 

Not all students are as deeply affected by the course, but the fact that some are compels me to continue to think of ways to reach the rest. In a higher education landscape characterized by competition, perfectionism, objectivity, standardization, and technology, providing students with the opportunity to share, reflect, contemplate, and feel compassion for themselves and others is a strongly humanistic stance and an important way in which we can help them prepare to deliver high quality, relationship-centered care.

THE WHOLE STORY: TRANS_DISCIPLINARY APPLICATIONS

"Perhaps the most fundamental work of practitioner and patient lies in the recognition of the singularity of their relationship. . . . This does not mean that the roles are the same but rather that power and the sense of limitation, irritability and excitement, fear and self-mastery, despair and compassion, sadness and joy, and all the other landmarks of healing flow in both directions."

—Saki Santorelli, EdD

To the degree that all training for health professions has become "suffered by science," all curricula could benefit from an infusion of humanism. The dominance of the bioscientific is most obvious in medicine, but nursing, clinical social work, psychology, other allied health professions, and even complementary and alternative medicine training programs are not immune to the lure of trending away from the humanistic to the scientific. Techniques of narrative medicine are already being widely used in nursing schools, and social workers are exploring how to use this approach in clinical practice (N. St Louis, personal communication, 2006). There are even business leadership applications to narrative. Like mindfulness meditation training, the technique of writing our stories to reconnect with our humanity can be helpful in a myriad of settings. Any person whose job centers on addressing the needs of people who are in pain is in need of tools to help him or her cope with the seemingly endless stream of human suffering. One option, of course, is to become numb to the pain we both experience and witness, and most of us do this to some degree. However, anesthetizing ourselves not only results in interpersonal barriers but also paves the way for professional burnout. Why is narrative an effective antidote to isolation, callousness, and numbness? Because it serves as a lifeline to experiencing our own humanity, as well as a bridge that connects us to others, breaking through barriers built by professional roles, judgments, biases, assumptions, stress, and time pressures. At the most fundamental level, hearing the life stories of others reminds us that people are not things. Health professionals are not "omniscient automatons," as one of my students phrased it, and patients are not problems to be solved.

Understanding clients’ and patients’ stories in a profound way is only half the equation; the other half is to understand our own stories and what has drawn us to the health professions. Relationship-centered care of any kind (medicine, nursing, social work, psychology, chiropractic, etc) requires that we bring as much of ourselves as possible to the practitioner-patient encounter. To put it another way, to care authentically for others, we must be able to stand in our own authenticity. Being authentic requires us to know who and where we are in our lives. Without understanding our own stories, we cannot truly know ourselves. According to George et al, "Your life story provides the context for your experiences, and through it, you can make an impact on the world." Reflecting deeply on these narratives lets us see ourselves by the light of self-awareness and gives our actions the power of integrity. Authentic healing relationships can only occur between persons who have some awareness of their life stories, of where they are along the trajectory of their personal narrative. When both practitioner and patient know "where they are," they can inhabit the same "space" and engage in meaningful communication. Exclusively relying on professional degrees, technical knowledge, titles, and training will only take us so far. At some point, each of us must find a deeper core strength that is rooted in our experience of being human. Once we make this connection, we can create healing relationships that not only benefit our patients (and clients and students), but also serve to help us become whole.

Thanks to Valerie Ross, PhD, director of the Critical Writing Program at the University of Pennsylvania, for her contribution to portions of an earlier iteration of this manuscript and for introducing me to the art of teaching writing. I would also like to acknowledge the students who have generously allowed me to quote from their self-assessments and who did such excellent work in the course. Ute Arnold, creator of Unergi, taught me about healing in her body-psychotherapy training program. This article is based on a presentation I made at The Patient: A Symposium, Bucknell University, in May 2006.

—Elizabeth MacKenzie, PhD
A COMMENTARY ON REGAINING OUR HUMANITY THROUGH STORY

In “Regaining Our Humanity through Story,” MacKenzie skillfully illustrates the application of theory into practice. The work of theorists in healthcare education, humanism, and narrative medicine provides a foundation for understanding the important learning that occurs in the Healing Narratives course at the University of Pennsylvania. Benefit is multidimensional for learners during the course and later equally multifaceted for them and their patients long into the future. The examples from learners, described in their own words, powerfully illustrate the educational outcomes achieved and demonstrate the transformation that can occur. This careful progression enhances the reader’s understanding of how the course equips University of Pennsylvania students to recognize, value, and practice relationship-centered care throughout their professional lives.

Like those cited in this article, geriatrician Gene Cohen highlighted the value of personal narrative, citing an “autobiographical urge” in late life. Cohen theorized that the brain regions in the older adult are primed for life review, a process of summing up the life that he believed, is “a bit like chocolate to the brain in late life—a sumptuous activity.” Healthcare professionals of tomorrow trained in MacKenzie’s approach will be well prepared to honor these late life narratives.

Robert Atkinson, another proponent of personal narrative, has long endorsed genuine self-reflection in sharing one’s story:

“Telling our story, and sharing the meaning we find in our life, also helps to connect more to the human community. By sharing our story, we find that we have a lot more in common with others than we might have thought. This sharing of stories creates a bond between people who may not even have known each other before. After sharing, or listening to, a life story, a connection is established that remains even if we don’t see the other person again.”

He added, “We discover in the process of telling our life stories that we are more sacred beings than we are human beings. A life story is really a story of the soul of a person.” Like MacKenzie, he emphasized the transformative power of authenticity in the telling.

In one study, those with chronic diseases, such as rheumatoid arthritis and asthma, who wrote about stressful experiences, reported measurable health improvement. One reviewer noted, “Were the authors to have provided similar outcome evidence about a new drug, it likely would be in widespread use within a short time.” In other research, writing about personal experiences for only 15 minutes a day for three days demonstrated improvements in both physical and mental health of study subjects. In that study, those who used more positive-emotion words gained most benefit. Evidence mounts that, whether writing about positive or negative experiences, there is increased well-being from participating in story writing and sharing. The Healing Narratives course and others like it give healthcare professionals of the future the awareness of the value of sharing personal narratives and the opportunity to experience their own self-reflective narrative writing and sharing.

Mastel-Smith et al recently found that writing and sharing authentic, deeply personal life story narratives diminished depressive symptoms both in those who recognized they were depressed and also in those for whom depression was undiagnosed. Our own research sought to capture the voice of individuals as they spoke of the meaning derived from sharing personal narratives with others. In the words of one co-researcher, knowing someone will listen to the illness narrative makes one “finally feel free to reach down inside themselves and pull that out and confront it, not tell us about it, but pull it out so they can look at it and say, ‘This is what happened.’”

The Healing Narratives course at the University of Pennsylvania allows healthcare professionals in training to reach down inside themselves for their own story, then prepares them to create a safe space for their patients to do the same. Healthcare educators and practitioners alike would benefit from more complete descriptions of the course and further documentation of its value.

—Michelle Sierpina, PhD

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