

PERSONAL ANECDOTE

1. When I was 7, my family spent 3 years traveling in Europe and the Caribbean – the original hippies. We spent the last 9 months of the trip on the island of Barbados, when it was still a British colony. We didn't have much money, so we rented a small ramshackle house in the countryside, remote from the population center of Bridgetown. White people didn't live out there, so my playmates were the children of the black laborers who worked the fields and the servants employed at a large tourist hotel not too far away. My parents let me and my siblings roam free, trusting that the local kids would take care of us – and they did. They taught me how to eat sugarcane, climb coconut trees, and swim in the sea. It was an idyllic life, and every evening I'd regale my parents with stories of our adventures, which they never ceased to admire and appreciate.

However, I learned that not everyone approved of these activities. When ladies from Bridgetown occasionally visited, spurred by curiosity about these strange Americans, they bluntly told my parents that white children and black children should not be allowed to play together. They warned my mother that if I continued to run around in the sun the way I did, I would soon be mistaken for what they called a mulatto, apparently a terrible fate. Luckily, my parents paid no attention.

However, it was as the result of these experiences that I first realized the importance of stories, how they make us who we are, who gets to tell their stories and how they get to tell them; and how different people can see the same situation in very different ways.

TALKING POINTS

2. WHY ARE PATIENT STORIES IMPORTANT? –

You know, some have called the human animal homo narrans, the storytelling human. Stories are how we make sense of who we are and what our lives mean. One of my favorite quotes from the novelist and essayist Barry Lopez says that sometimes stories are all that are holding us together.

DOCTORS HAVE LONG APPRECIATED PATIENT STORIES, and there is a long tradition of doctors listening to and then telling stories about their patients. But in today's hyper-pressurized medical environment, doctors still like patients' stories but often feel they don't have time to hear them.

This is a real problem, but it's important to remember that NOT EVERY STORY IS A NOVEL – One of the most famous stories, attributed probably apocryphally, to Ernest Hemingway, is only 6 words: For Sale – Baby Shoes - Never Worn. Atul Gawande in Being Mortal makes the comment that life consists of a lot of rather routine, even boring stretches punctuated by events that define us. So hearing a patient's story is not necessarily about getting the whole 9 yards from birth, but teasing out those life-defining events.

3. SOME STORIES ARE EASIER FOR DOCTORS TO HEAR THAN OTHERS –

Many years ago the medical sociologist Arthur Frank identified what he called the restitution story: pt is healthy, pt gets sick, pt goes to the doctor, doctor (brilliantly) diagnoses pt and prescribes efficacious treatment, pt dutifully follows the doctor's advice, and patient recovers. The illness is a temporary biographical disruption, but the end result is that the pt returns happily and seamlessly to their pre-illness life.

DOCTORS AND PATIENTS BOTH LIKE THE RESTITUTION STORY and understandably so.

But this is not every patient's story. There are also stories of nonadherence, of the chaos of substance abuse disorders, mental illness, of chronic complaints and elusive diagnosis, of chronic pain, of suffering and dying, of systemic injustice and racism affecting health. These stories can make doctors feel frustrated, helpless, sometimes resentful, because they are not stories with an easy fix. These are stories that are sometimes discouraged or judged. Yet they are the stories some patients must tell.

DIFFERENT STORIES NEED A DIFFERENT KIND OF LISTENING:

Whereas the restitution story can be “solved” by medical listening, these more complicated stories require not only medical listening but narrative listening.

4. WHAT DO I MEAN BY THESE TERMS?

Medical listening – When the doctor is listening medically, she asks directed questions targeting the patient’s history of present illness and listens for medically relevant details. Medical listening is physician-driven and its goal is to facilitate diagnosis and treatment, to “fix” the problem; it is something done “to” the patient, listening to the patient’s HPI with the purpose of extracting the relevant pieces of information and discarding the rest. Whereas the restitution story can be “solved” by medical listening, more complicated stories require not only medical listening but narrative listening.

Narrative listening – Narrative listening involves finding the story that matters to the patient. Maybe a family doc is counseling a patient about healthy diet choices. But until they can acknowledge that the patient’s eating habits are embedded in longstanding family traditions and cultural practices; or until they hear that part of the patient’s story is that they live in a food desert, they are not listening narratively. Rather than jumping immediately to fixing, narrative listening asks the physician to spend a few minutes simply being present with the patient’s story of suffering or confusion or helplessness, empathizing with and respecting that stor. It is not so much a more time-consuming way of listening as a different approach to listening. It involves acknowledging the patient’s right to tell their story in their own way and requires the physician to respect and honor this story. In essence, it means being willing for a few moments, to become a meaningful part of the patient’s story rather than imposing a medical story on the patient.

5. WAYS OF LETTING THE PATIENT KNOW YOU ARE LISTENING NARRATIVELY:

- i. I see you, I hear your story
- ii. I believe, accept, and value your story
- iii. I will try to understand how you feel
- iv. I care about you and what your story means to you

- v. I can't always fix you, but I want to help you accept this story or help you find a better one
- vi. I'm grateful you chose to entrust me with your story
- vii. I want us to work together as we think about your story
- viii. I stand with you in your story

6. WHY LISTEN NARRATIVELY?

b. Patients

- i. Reduce isolation
- ii. Feel respected as having expertise about their own health
- iii. Develop trust in the physician
- iv. Become a collaborator with their physician
- v. Have better health outcomes

c. Physicians

- i. Understand the patient more deeply
- ii. Develop emotional connection with the patient
- iii. Appreciate the whole person of the patient
- iv. Advocate for patient within the context of family, community, and larger social structures
- v. Decrease personal frustration and enhance fulfillment in clinical encounters