

Approaching New Horizons

By **Mario de la Cruz**

Many people involved with Narrative Medicine agree that the strength of this field lies in its ability to be molded and made applicable to numerous, disparate settings and populations as an innovative means of to address health and wellness concerns and inform the delivery of therapeutic and healing services. Accordingly, when asked to define exactly what Narrative Medicine is and what its implementation entails, there are a wide variety of answers. The fluidity of Narrative Medicine is precisely what makes it not only unique but useful in opening dialogue around difficult subjects and reframing the experiences of both caregivers and recipients of care in ways that more traditional and clearly defined approaches cannot accommodate. It enables each party involved to have equal participation in the discussion of problem solving and identifying unique concerns and values the personal experiences that shape our perspectives on health and wellness.

One of the central themes of Narrative Medicine is the concept of co-construction, the practice of collaboratively unpacking experiences and information through dialogue that enables a body of knowledge to be developed and shared equally. By creating opportunities for all parties involved in a given situation to feel equally involved in the process of addressing health concerns, a new dynamic is formed. Instead of traditional approaches that empower certain roles over others, disempowering and marginalizing the voices of those who seek service and care, Narrative Medicine creates a level foundation upon which each individual's knowledge becomes the building blocks for new structures of learning. From this new perspective, the process and practice of healing can allow for everyone who is involved, be it the doctor and patient, social worker and client, teacher and student, or caregiver and care recipient, to have their voices and experiences honored and valued, which enables more effective treatment and delivery of services. This approach can also accommodate the needs and concerns of identified support system members, such as family and friends, who may be excluded in more traditional settings. Each participant contributes from personal experience and their knowledge is then validated because of its authenticity and uniqueness, the singularity of which can then be possibly broadened to larger contexts.

In listening to the experiences of colleagues and mentors who apply the techniques and strategies of Narrative Medicine practically, the diversity of their work settings and areas of expertise is astounding. From traditional health care facilities and academic institutions to nursing homes and youth drop-in centers, there have been so many stories shared about moments that involved meaningful experiences and exchanges between providers and recipients of our work. Through receiving, engaging with, and analyzing the narratives of

others, we have further enabled participants of narrative work, ourselves included, to uncover and tell our stories. The potential of this work lies in the revelatory aspect of self-reflection and acknowledgment for one's own experiential knowledge and capacity to cope with, and learn new ways of navigating through, adversity. The information shared in that process of self-reflection then has an impact on the listener and their ability to reflect on their own experiences in a deeper and more meaningful way, fostering empathy and enhancing caregiving aptitude.

This brings us to the point of this column: In consideration of all of the various applications and settings for Narrative Medicine, this publication intends to reserve this space for the sharing of personal accounts by both providers and recipients of our work. We will highlight the field experience and implementation of Narrative Medicine, including providers and professionals who use narrative medicine in their work, and the successes and challenges experienced by patients and clients regarding how narrative medicine has impacted their care or service encounters. Innovation and infusion of these methods into pre-existing work in both traditional and non-traditional healthcare settings will be an ongoing theme.

For many of us involved in this new endeavor, the most rewarding and important aspect of our work so far has truly been in conceptualizing and experiencing new and dynamic ways to engage people (providers and participants alike) in the process of hearing, listening, receiving, and reflecting upon the stories of the lives of others in way that connects us to one another and to a deeper understanding of our own personal histories and accounts. Through the strategies and exercises we continue to develop, we are working towards empowering the voices of those who are traditionally silenced and opening up new opportunities for individuals to acknowledge the strength and resilience of others and then to see it in themselves. By co-constructing safe spaces where people can engage in personal reflection and dialogue through a third entity (the text) we are providing mechanisms for individuality to be honored and sameness embraced. Through Narrative Medicine we acknowledge that we are each on our own journey, but we are not alone, and through reflection and recognition, we each learn from one another and learn more about ourselves in the process.

Mario de la Cruz, an editor at the Intima, holds an M.S. in Narrative Medicine from Columbia University. He completed his undergraduate studies in Sociology at Arizona State University and has developed multiple HIV/AIDS prevention programs and sexual health education programs for both healthcare institutions and non-profit organizations, with emphasis on at-risk youth groups. Mario is also a contributing author to the book, The Uncharted Path from Clinic-Based to Community-Based Research. His current work is in exploring visual, oral and performance based narratives.

