

## The Value of Storytelling in Public Health and Medicine

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### SUMMARY

*From public health campaigns to clinical settings, medical professionals must recognize, understand, and intervene in people's most vulnerable moments. It is emotionally charged work, with the highest of stakes. Failure to connect with individual patients, other health care professionals, and communities can sabotage treatment, erode trust, and increase human suffering. Storytelling is a powerful tool for patients and providers alike to give voice to their experiences, confront illness and mortality, and connect knowledge to action. The dialogues created by storytelling are an essential component of effective, humane medicine.*

The first stethoscope was named simply *le cylindre* by its inventor, the much more impressively named Dr. René-Théophile-Hyacinthe Laënnec. When confronted with an obese female patient suffering “symptoms of a diseased heart”, a combination of modesty and necessity spurred Laënnec to tightly roll papers into a listening tube so that he might properly examine her, or so the story goes<sup>1</sup>. That paper roll prototype was soon upgraded to a foot-long wooden version, and touted in Laënnec’s influential book on diseases of the chest, “*De l’auscultation mediate.*”

In the preface of the first English translation of the work, Sir John Forbes wrote, “*That it will ever come into general use, notwithstanding its value, I am extremely doubtful; because its beneficial application requires much time, and gives a good deal of trouble both to the patient and the practitioner; and because its whole hue and character is foreign, and opposed to all our habits and associations*”<sup>2</sup>. Although Forbes was accused of making the most famous false prophecy in medicine<sup>3</sup>, he prefaced his prediction with, “*I have no doubt whatever, from my own experience of its value, that it will be acknowledged to be one of the greatest discoveries in medicine...*”

The same can be argued for storytelling. Like the stethoscope, it enables intent listening, but is time-consuming and foreign to contemporary health practice. And yet stories are an innate, perhaps definitive, dimension of what it means to be human. I propose that careful, serious engagement with storytelling is essential for humane, effective science communication. If we seek to improve health communication specifically, the skills of storytelling—careful observation, perspective-taking, and interpretation—are just as critical as sophisticated messaging techniques or dissemination strategies.

A note on definitions. Academics distinguish between stories and narratives, but it’s fraught territory and they compete with both journalistic and everyday understandings of the words. “Narrative” for example, is used to indicate causal interrelation of events (“narrative structure”) on one hand, and what can best be described as systems of stories that construct group identity (“The Christian Narrative”) on the other. In this paper, I use “storytelling” to mean a communication format that connects people (characters) with the consequences of their choices (causality).

Storytelling is about constructing meaning from raw information. The stakes are never higher than when that information is about physical or mental health. From patients and doctors to public health campaigns and policymakers, storytelling encourages people to give voice to their experiences, confront illness and mortality, and connect knowledge to action. Stories are sense-making tools. I contend that a serious engagement with the practice of storytelling can help improve both individual and systemic communication of science. This paper highlights their potential uses, acknowledges their limitations, and poses future research questions.

### **GIVING VOICE TO EXPERIENCE**

People tell stories for a wide variety of reasons, but talking in discursive form about past events and actions offers three main benefits: 1) narrators can process their experience; 2) listeners can learn from “one who knows”; and 3) communities can reinforce shared bonds, group identity, and social norms.

For narrators, storytelling serves to “unify the temporal and historical dimensions of our existence”<sup>4</sup>. The process of building a narrative can offer a storyteller new perspectives on events and the people involved in them. Going on to tell that story can be a coping strategy for managing emotional and psychosocial turmoil<sup>5</sup>. Frank identified three major types of narrative found in health research: 1) restitution narratives that focus on the return to health, 2) chaos “anti”-narratives in which misfortunes escalate and the plot leads to no resolution, and 3) quest narratives in which the narrator embraces the journey metaphor and wish to transmit to others what they have learned. The typology was designed to enhance professional listening by giving medical staff a simple structure of what to listen for. It also serves to allow patients to become more reflective narrators, to ask themselves “what story they have been telling—what enabled that story and how that story was affecting their life—and even more important, what story they were not telling, leading them to ask why not.”<sup>6</sup>

What’s particularly interesting about stories as a means for processing experience is that stories do not need to be factually unimpeachable to be useful. Humans beings tell ourselves stories in “a virtually uninterrupted monologue”<sup>7</sup>, and those stories can either empower or disempower us. We ceaselessly search for echoes of our own stories in others, assessing credibility and plausibility as we go. A story might be clouded by poor memory, confusion, or hyperbole, but in simply telling it, a narrator is revealing motivations, tacit understandings, and other insights useful to those who would care for or advise them<sup>5</sup>. Those interested in improving health science communication should be listening closely.

### **CONFRONTING ILLNESS & MORTALITY**

When we strip away all the terms of art, health science communication boils down to how we care for our impermanent bodies and brains. This exposes deep philosophical questions: Is the primary goal to reduce individual suffering or to optimize societal productivity? Is there a difference between avoiding illness and fostering wellness? Few things are more personal or subjective than what it means to be healthy, and few issues bring social inequalities into clearer view. From personal treatment options to national research priorities and the allocation of services, consider the presumptions we make about what is ‘normal’ or ‘ideal’ and the

consequences of those categorizations. For example, how do the concepts and communities galvanized by neurodiversity, body positivity, midwifery, or hospice care shape expectations of care for and communications about mental health, obesity, birth, and death?

In moments of change and discomfort, people often grapple with questions about the permanence of their situation. Asking questions about our 'real' self and what our future holds allow (and perhaps force) us to continually deconstruct and reconstruct our identity and our life story. Storytelling in this context can be cathartic and empowering; a means for storytellers to both gain perspective on and to cope with the psychosocial aspects of being vulnerable<sup>5</sup>.

I emphasize 'social' here because our interactions with others is so central to human experience. We negotiate for control of our bodies, experiences, and identity, balancing self-determination with the ideas imposed upon us by outsiders. This fundamental tension is particularly important when those outsiders — health care professionals, researchers, and science communicators — are from elite subcultures whose narratives are both dominant and positioned as objective, despite being rooted in the ideology of privileged groups<sup>8</sup>. Counter-narratives from patients and communities reflect their lived realities, protect their identities, and provide alternative explanations for events. Health communicators should pay particular attention to these in order to develop deeper understandings of everything from a specific case history to a long-term social trend.

Finally, there is evidence that the process of putting emotions and experience into words can improve physical and mental health. For example, the act of storytelling is therapeutic for sufferers of chronic pain, whose pain itself is reduced in the process of narration, at least in the short term<sup>9,10</sup>. Specifically, it seems that it was the situational relationships between patients and the researchers recording their narratives that contributed to their relief; feeling heard has an impact on physical pain.

## **CONNECT KNOWLEDGE TO ACTION**

Dr. Rita Charon is the founder of Columbia University's Program in Narrative Medicine. As a primary care physician, she says, "My job is to pay exquisite attention to stories...to weave multiple, sometimes contradictory narratives [of patient history, symptoms, and diagnostic tests] into a provisional attempt to build something we can act on."<sup>11</sup> Health care communicators can benefit from a similar approach and consider how they might employ stories their attempts to encourage desired health behaviors and discourage risky ones.

If we focus on stories as something to be *listened to*, we should recognize that they almost always attempt to legitimize the decisions and behaviors of the narrator, and frequently attribute blame or praise to other characters. At the personal scale, a story might function as a request for changes in a caregiving teams' behavior toward the narrator. Listening and responding to that request could have the practical outcome of increasing the patient's compliance. At a community scale, listening closely can offer salient insights into how a health message might best be tailored to empathize with, educate, motivate, or persuade narrators. If we focus on stories as something to be *told*, we should understand that compared to other

formats, storytelling can be more successful in: generating interest and engagement with a topic, improving comprehension; influencing real-world beliefs; and persuading skeptical audiences<sup>12</sup>. Persuasion is convincing someone to make a decision of his or her own free will. Narrative persuasion is distinct from evidence-based argumentation because it relies on inductive reasoning and verisimilitude rather than deductive reasoning and falsifiability<sup>13</sup>. Stories involve experiential components that require both cognitive and emotional processing. Their persuasive impact hinges on their ability to 'transport' listeners into the world of the story<sup>14</sup>. This transportation is pleasurable<sup>15</sup> and is thought to inhibit counter-arguing<sup>16</sup>. Both the central plot of a narrative as well as peripheral elements seem to hold persuasive ability, and such effects appear to be durable<sup>17</sup>.

Storytelling is powerful and therefore it should be employed, but precisely because it is so powerful it must be employed cautiously. We must consider the ethics and vulnerabilities from all angles. Further, we must acknowledge vulnerability as the intersection of illness with ethnic identity, socioeconomic status, gender, disability, sexual orientation, education level, and other factors. Individuals have a unique perception of their own body, mind, and wellness, but this unique perspective is embedded in their social and cultural identities<sup>5</sup>. While it is obvious that some listeners might be vulnerable to manipulation via storytelling, it is equally important that storytellers can be vulnerable when they engage in confessional storytelling<sup>18</sup>. Finally, we do well to recognize that even ethical, well-meaning outsiders attempting to employ individual stories to make a broader point can slip into misrepresentation and misappropriation.

The history of medicine is rife with examples of deception, obfuscation, paternalism, and coercion. A vision of 'better health science communication' must account for this historical context to escape it. Health science communicators should perform an honest accounting of their audiences' unique experiences - considering personal, familial, and community histories - as well as an explicit commitment to not only avoid such harm in the future, but also to redress root inequities and empower their audiences.

## **CONCLUSION**

The goal of health science communication is to inform, influence, and motivate people about health issues. It spans individual, institutional, and public communications about disease prevention and health promotion, as well as the policy and business of health care<sup>19</sup>. My vision of improved health science communication is informed by the principles of health equity, and I propose that an authentic and ethical engagement with storytelling is essential in its pursuit.

Stories are how humans make sense of the world and our place in it. They are both processes for and products of our desire to resolve ambiguity, attribute causality, and create meaning from mere information. They are at play in patient-doctor interactions, educational settings, public campaigns, and policymaking alike. Taking stories seriously - both in the listening and telling of them - allows health science communicators to bear witness to human suffering, understand its root causes, and to effectively work toward its alleviation.

The rising prominence of narrative medicine demonstrates the power of stories in a health

context, but a positivist, information-deficit mindset remains prevalent in many areas of science and medicine. The successful uptake of any tool depends largely on social factors. For conclusion, let's return to the stethoscope and its inventor, R.T.H. Laënnec, who stressed bedside examination and wrote histories of some 400 patients in his first three years of practice alone. Widespread adoption of this now-iconic symbol of medicine was hardly a foregone conclusion, as reflected in this 1822 review in *The London Medical and Physical Journal*:  
“...many, in this country, have affected to despise and laugh at [it]. As it generally happens, in such cases, those individuals who laughed and despised did so before they had tried any experiments, or had seen the results of those that had been made by others.”<sup>2</sup>  
I hope health science communicators will approach storytelling with the same combination of open-mindedness, healthy skepticism, precaution, and rigor we expect of the health science we intend to share.

#### CITATIONS:

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