

Importance of Patient's Narrative and Dialogue in Healthcare

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INTRODUCTION

There is a growing interest in the central role of the patient's narrative in health care. How patients see themselves and how they assimilate their experiences with illness and recovery in their larger life story becomes more important when we see health as dynamic, where patients are coping with adversities in life, instead of a static state of idealized well-being and absence of disease (Huber et al., 2011). The self-image of a person is to a large degree transitory and determined by narratives about one's everyday life, especially the meaningful ones about life events (McAdams, 1993; Miller et al., 1990). Our identity is shaped by the concepts that we use to label our experiences in the past and in the present. Personal stories sometimes serve to organize the otherwise raw and overwhelming sensations, disturbing feelings and thoughts that surround difficult life situations. What a person expresses and communicates need not always be 'storied' in linguistic formats. A person can also embody what he goes through or find expressive means other than language to 'tell' his story, for instance with photographs (Sitvast, 2012). The term 'narrative' encompasses all these formats of expression (Sandelowski, 1991). The case of Pieter will demonstrate how this looks like and how health professionals can respond to the narrative in such a way that it furthers better mutual understanding.

The Case

Pieter is a 40 year old man who has been diagnosed with schizophrenia in the past. Today he lives alone in an apartment in the centre of a medium-sized provincial town in the Netherlands. An outreach worker from the local community mental health centre is in regular contact with him.

Pieter has Indonesian heritage and identifies himself as part of the indigenous people of North-America. He dresses as one of them and he has transformed his apartment to reflect this heritage and that's why it is adorned with totem poles, indigenous masks, bow and arrows, feathers, etc. He makes these objects himself and names them using native tribal convention. With all these small works of art there is a story that has been threaded into his self-made mythological world which incorporates his own personal experiences. Wearing the feathered attire at times makes him a colourful figure in the streets of the town where he lives.

Pieter has been an inpatient for many years and is known for longstanding traumatic history of violent incidents, in which he hurted himself and others (nurses on the ward). His life has now come into a more tranquil phase and six months ago he moved from the hospital to his own apartment. I visit him at his home in my role as his mentor nurse supporting him in his daily life and maintaining contact with the services. When I ring the bell and he opens the door, I see that I have woken him up from his afternoon nap. After welcoming me he makes me a cup of tea. He cleans the glass carefully before pouring out the tea, which I think is very considerate. I then admire his drawings and Pieter starts telling about the figures he has depicted. It turns out to be a magical worldview with mythical heroes, spirits and demons which are interwoven with his own life story. I listen to what he tells me

with attention and then answer him that apparently, he has come upon deeper truths that he now tries to put into words. I name the longing for purity and cleanness in his story and how these seem to be related to the tribal peoples of North America in their intercourse with the environment and the harmony of nature. I suggest he wants that too and that that may be a good reason to tidy up his room and clean it. Pieter agrees and we set about to clean his house.

Narrative Individuation

How a person sees himself is to a large degree a function of their interaction with others. When the relationship between people changes then the image that people have of themselves also changes. Someone's identity is not a segregated closed inner world in their head, but something that interplays with social functioning (Polkinghorne, 1998). Someone's identity can even be the condensation of all stories that a person tells himself and others in social interaction. Every individual has the need to position himself in the social and cultural room (space) that he participates in and that he 'inhabits'. This appropriation of one's own place is sometimes called 'narrative individuation' (Kunneman, 1995). The individual wants to determine the coordinates of his position here and now. This is done in a narrative way (verbal and non-verbal) and it suggests that 'co-habitants' (the others) of the same social room hear the narrative, respond to it and can participate in it. The delimiting of one's own place within the social space results from the others acknowledging the narrative, but also from others denouncing it or evading it. The individual constructs unremittingly and continuously his own identity in the diversity of many social rooms. In the case of Pieter for instance, we can see how the nurse is shown around in Pieter's house and is invited- as it were- to share the meanings that Pieter gave to his life where identity then becomes co-constructed.

Role of the Nurse

Nurses can help people to lift their life out of the shackles of the

rational knowledge already present in the mind but also experience and intuition that can be traced from body language. Sensations and experiences are often strongly influenced by emotions and sensory-motor observations and patterns of coping. People 'live' their story, they 'are' their narrative. The embodiment of experiential knowledge or intuition based on 'events' in the psychosocial domain can be 'read' by nurses. Putting in words what is only implicitly engrained in the body is what proficient nurses are good at. Communication with the

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thinking. However, diagnostic reasoning should always be an integral element of a broader clinical reasoning that considers a wide range of psychosocial issues. This is where responsiveness is important. Do we hear what deeper needs and wishes the patient voices with his narrative or do we interpret his expressions too easily as symptomatic and exemplary of the disease or illness? Does our response to the patient connect with his request for help and his life world? That takes a professional who can be present as a subject, someone who does not hide behind the mask of his formal professional identity, but who uses his own personal qualities as instruments to connect with the patient in an 'authentic' way. How did that look like in Pieter's case Pieter? Here the nurse used a kind of stoic interest (that was natural to him) in his approach to Pieter. 'Presencing' has also everything to do with how accessible a professional is: the patient must be able to experience that he can approach a professional easily, meaning that an appeal can be made with the professional. With Pieter this could have meant that if there was a conflict with neighbours the nurse might step in to mediate between Pieter and his environment. This touches on 'performance'.

Performance ('prestatie' in Dutch that comes from the Latin 'preastare' that has two meanings: excel in something and making oneself answerable for a person) stands for the capability, the