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CARING IN THE COMMUNITY: A NARRATIVE MEDICINE PERSPECTIVE

ABSTRACT

Narrative Medicine is a unique approach to healthcare that promotes person-centred perspective and practice. Drawing on the theoretical foundations of Narrative Medicine, this essay reflects on the role of narrative competence as a relational, ethical and methodological resource within community-centred healthcare. Narrative Medicine foregrounds attention to stories, meanings and lived experience, enabling healthcare professionals to recognise suffering, vulnerability and the biographical dimensions of illness as central to care. By valuing narrative practices, this approach supports forms of care grounded in dignity, compassion and respect, particularly relevant in community contexts marked by frailty, chronic conditions and social suffering. Using a reflective and argumentative lens rather than an empirical design, this essay explores how narrative tools and methodologies may be mobilised across education, clinical practice and qualitative research. Attention is given to the ways narrative practices foster empathy, strengthen communication and support ethical engagement, enabling professionals to move beyond task-oriented care towards more personalised, coordinated and empowering responses. Particular emphasis is placed on community-centred care, where understanding the person within their social and relational context is essential. This essay argues that narrative competence allows healthcare professionals to integrate patients' and caregivers' biographies into care processes, contributing to more humane and coherent networks of care. By positioning narrative as both a clinical and epistemological practice, this work highlights its potential to enrich qualitative inquiry and to inform training, research and practice frameworks aligned with the values of community-centred healthcare. Ultimately, this essay advocates for Narrative Medicine as a means of cultivating reflective practitioners capable of engaging with communities not merely as recipients of care, but as partners in meaning-making and care development.

Keywords
Narrative Medicine, Narrative, Community, Healthcare Professionals, Qualitative Research.

1. Introduction

According to Charon (2006), the concept of Narrative Medicine refers to healthcare practised with the narrative competence to recognise and interpret suffering. This competence encompasses skills of attentive listening, close reading, reflective interpretation, and ethical engagement, which enable clinicians to recognise not only the clinical dimensions of illness but also its biographical, relational, and moral meanings (Charon et al., 2017; Charon, 2006). Experts in qualitative and narrative studies have developed practices that improve narrative competence, namely reflective writing, narrative analysis and dialogical encounters. Such practices support deeper understanding of patients', caregivers' and professionals' lived experiences and vulnerabilities (Greenhalgh & Hurwitz, 1999; Frank, 2013). This is an approach to care that allows healthcare professionals to develop sensitivity to the history of illness, to the vulnerability of patients and peers and even to their own vulnerability, acting accordingly. It promotes a unique form of hospitality based on verbal and non-verbal communication, including gestures, attitudes and perspectives of healthcare professionals and caregivers, so that attention to the person is truly integrated into the care provided (Magalhães, 2018).

This perspective was the driving force behind the proposal to hold a debate on a proposed essay that follows the theme of 'caring for the community'. This work is essayistic in nature, meaning it presents a personal and interpretative reflection on the topic (Severino, 2000; Adorno, 1986) rather than a conventional empirical study.

The roundtable that informs this essay, included four contributors: an experienced palliative care physician, a community health nurse, the President of the European Society for Narrative Medicine, and the President of The Doctor as a Humanist. All selected for their expertise in Narrative Medicine and Community Care. Their insights, along with the group reflections shared during the debate, have been organised thematically to support the arguments presented.

The main objetives of this essay are: to examine the importance of Narrative Medicine tools and methodologies in fostering person-centred care; to reflect on their application in both hospital and community contexts across training, practice, and research; and to identify the core assumptions of Narrative Medicine in care and illustrate, through examples, how narrative-based approaches (e.g., narrative analysis of stories, reflective writing, co-construction of meaning) can be used as qualitative methods to support person-centred care in the community.

be mobilised as qualitative methods to support person-centred care in community settings. Narrative analysis enables systematic interpretation of illness stories as socially and temporally situated accounts of experience (Riessman, 2008). Reflective writing, grounded in traditions of reflective practice, supports critical self-awareness and learning from professional experience, providing practitioners with the opportunity to question assumptions and ethical dimensions of care (Schön, 2017; Bolton, 2010). The co-construction of meaning emphasises dialogical processes through which knowledge, identities and understandings of care are jointly produced in relational contexts, aligning with social constructionist perspectives in qualitative inquiry (Gergen, 2009; Shotter, 1993).

Together, these approaches offer robust methodological pathways for integrating narrative competence into qualitative research and community-centred care practices.

2. Methodological Approach

As an essay, this work does not follow a conventional research article format. Following Severino's (2000) conception of an academic essay, it is presented as a logical and reflective exposition based on personal interpretation and argumentation, rather than a hypothesis-driven study. Consequently, it does not adhere to the classic structure (Introduction, Methods, Results, Discussion) of empirical research papers. Instead, the narrative progresses through reasoned argument and reflection on experience. This essayistic approach is epistemologically anchored in reflective hermeneutics, which recognises understanding as an interpretive process situated in experience, language, and context (Gadamer, 2004).

The context underlying these reflections is a facilitated debate on "Caring in the Community." The authors organised and moderated a panel discussion in which four experts were invited to share their perspectives: a palliative care physician, a community health nurse, the President of the European Society for Narrative Medicine, and the President of The Doctor as a Humanist (DASH) organisation. Each invited speaker addressed common guiding topics, including a fundamental question of Narrative Medicine ("Who are we?"), the assumptions of Narrative Medicine in care, relevant research methodologies associated with Narrative Medicine, and practical examples of Narrative Medicine applied in community contexts. The contributions of the speakers have been thematically selected and organised in line with these key topics, ensuring a coherent flow to the essay's argument.

Maintaining rigor and validation in this essayistic approach required the explicit adoption of recognised criteria of rigor in qualitative research. In line with qualitative standards, the authors integrated multiple sources of insight, namely, the scientific literature, the narratives shared by the invited speakers, and their own reflective accounts as facilitators, thereby ensuring methodological triangulation. This triangulation promotes credibility, as the arguments presented are based both on established Narrative Medicine scholarship (Charon et al., 2017; Charon, 2006) and on the lived experiences of healthcare professionals. Credibility has been further strengthened using illustrative quotations and concrete examples drawn from the speakers' narratives. Reflexivity has also been a central strategy for rigor, with the authors continuously examining their interpretative positions and assumptions in relation to the themes emerging from the debate. Rather than seeking statistical generalizability, the essay aligns with qualitative notions of validity through coherence and trustworthiness, whereby the robustness of insights is supported by their consistency with Narrative Medicine theory and by the convergence of multiple professional viewpoints. In this sense, rigor is understood not as replication, but as transparency, reflexive engagement, and theoretical alignment with qualitative research principles.

Narrative Medicine itself has been operationalised in this work as a qualitative approach, that integrates the traditions of narrative inquiry and interpretive qualitative research.

Beyond a clinical philosophy or ethical stance, Narrative Medicine draws on epistemological assumptions shared with qualitative methodologies, namely, that experience is meaningfully constructed through stories, that knowledge is relational and contextual, and that understanding emerges through interpretation of narratives over time (Schön, 2017; Bolton, 2010; Riessman, 2008; Gergen, 2009; Charon, 2006; Shotter, 1993). Its core practices, such as close reading of illness narratives, reflective writing, active listening and sharing, and the co-construction of meaning, correspond to recognised qualitative research strategies, including narrative analysis, reflexive journaling, and interpretive thematic engagement. In this sense, Narrative Medicine functions as an operational framework that specifies both the nature of the data (stories and lived experiences) and the analytic processes through which such data are examined (Schön, 2017; Bolton, 2010; Riessman, 2008; Gergen, 2009; Charon, 2006; Shotter, 1993).

The meaning-making process was collaborative and dialogical, echoing the co-construction of meaning found in approaches like narrative inquiry and participatory action research. This process aligns with narrative inquiry's emphasis on meaning emerging from lived experience, dialogic and social constructionist research that situates understanding in relational exchange, and participatory approaches that recognise practitioners as co-interpreters of knowledge (Schön, 2017; Bolton, 2010; Riessman, 2008; Gergen, 2009; Charon, 2006; Shotter, 1993). By using Narrative Medicine tools—close reading, group dialogue, and reflective interpretation—as methodological instruments, the essay not only aligns with recognised qualitative methodologies but also clarifies the qualitative nature of the argument. In particular, it draws on principles of narrative inquiry and phenomenology, which focus on understanding lived experiences through stories. This narrative-oriented qualitative approach reinforces the essay's scholarly rigor, ensuring that its reflections are systematically derived and anchored in both personal narrative evidence and established qualitative research practices (Riessman, 2008; Gergen, 2009; Charon, 2006; Shotter, 1993).

3. Brief reflections on Caring in the Community: a Narrative Medicine perspective

Narrative is an irreplaceable tool for self-knowledge and communication. Listening carefully to people's narratives is important to building relationships with others (Charon et al., 2017; Charon, 2006). In fact, using the narrative dimension of identity allows access to the 'I', which translates into person-centred care for healthcare professionals.

Narrative Medicine is three-dimensional, including training, practice, and research. In these three areas, narrative is the key, being both a tool and the content of the interactions that take place. Narrative-based training, narrative-based practice and narrative-based research use transversal methods, namely immersive reading, reflective writing, sharing to care, and caring to share (Bolton, 2010; Charon et al., 2017; Charon, 2006).

These narrative techniques can also be applied as qualitative research methods: for example, close reading of texts and stories corresponds to narrative analysis, reflective writing produces personal narratives that can be thematically analysed, and collaborative sharing involves the co-construction of meaning. By emphasising that these narrative techniques serve as qualitative methods, the essay points out that Narrative Medicine complements established methodologies by focusing on narrative as a form of data for inquiry.

Charon (2006) considers that illness is not just a pathophysiological event, recognising the importance of personal, emotional, relational, and ontological experiences of ill and health. Narrative Medicine, rooted in attention to discourse and relationship, improves the skills needed to recognise ethical issues in their initial state and to reflect and deliberate upon them, promoting ethical sensitivity in the encounter with the person. In the context of healthcare, recognising the therapeutic value of the relationship is not limited to the importance of listening and verbal and non-verbal communication between the caregiver and the caretaker. Ethical sensitivity includes the way in which health professionals, particularly the family healthcare team, shape what the patient can formulate or express. The Narrative Medicine approach narrative has an impact on the quality of patient care, by contributing to the applicability of what Magalhães (2018) defines as the three Rs of good healthcare: Responsibility, Respect, and Reconciliation. “These principles provide the basis for integrating the meaning of the disease described in scientific language (disease) with the meaning of the disease for the person who lives it (illness) and also with the way society interprets it (sickness)” (Magalhães, 2018, p. 7).

Person-centred care, based on the principles of dignity, compassion and respect, with the aim of promoting care that can be empowering, personalised, and coordinated - was first conceived as a response to the lack of the intersubjective dimension. In oder to fully implement person-centred care, attitudes, behaviours, gestures, and relationships should be shaped by narrative skills, which can integrate uncertainty and unpredictability into clinical reasoning. In fact, narrative requires openness to changes in the course of the story, curiosity, the ability to predict and analyse what has already happened, so that the whole story can eventually make sense and significant details receive due attention. The ethical outlook underlying patient-centred care is one of the pillars of good healthcare: “person-centred care is a question of ethical stance and not merely one of a range of tools in health care” (Öhlén et al.,2017).

The aforementioned ethical stance would benefit from a paradigm shift in the education of healthcare interlocutors, namely the family healthcare team. This change implies complementing the evidence-based approach with a combined evidence-based and narrative-based approach in medicine and other health sciences. Remein *et al* (2020), findings demonstrate that Narrative Medicine has the potential to enhance communication and team-building skills, encourage perspective-taking and reflection, promote empathic behaviour, detect and mitigate burnout, cultivate narrative competence, augment pedagogical and clinical skills, and foster ethical inquiry.

The concept of “community,” as defined by Melo (2020), refers to a group of people rooted in a specific, well-defined geographical context and characterized by complex social interactions, common goals, and defined functions.

Centring care responses on large institutional structures can overlook what makes humans human, the ability to respond to others' needs and to build our relational identity in a cultural and historical context. By focusing care on the community, it becomes possible to enhance care outcomes globally by valuing all stakeholders, while also relieving overburdened institutions and relegating to them the role of regulating and supporting community initiatives. It is through the articulation of Vulnerability, Autonomy and Responsibility that the community can play a more active role in shared decision-making, rather than focusing only on the performing tasks in a passive way (favoured in paternalistic approaches) (Price, 2022). Such an approach requires rigorous analysis of the constituent groups, their experiences and needs, as well as the co-construction of interventions focused on their objectives and coping strategies. Likewise, through the interweaving of compassion, respect, and dignity, the community can assume a more active role in shared decision-making (Figure 1).



Figure 1. Caring in the community (adapted from Price, 2022)

4. Debating about Caring in the Community

The focus of the essay's debate was to raise awareness of the importance of Narrative Medicine tools and methodologies and to promote reflection on the application of Narrative Medicine in hospital and community contexts across training, practice, and research. The invited speakers were Manuela Vidigal Bertão, a physician working in a palliative care team in a central Portuguese hospital; Inês Pereira, a community nurse in a primary care context; Maria Giulia Marini, President of the European Society for Narrative Medicine; and Jonathan McFarland, President of the Doctor as a Humanist (DASH) Organisation. The discussion was triggered by am important question to the field of narrative medicine: who are we?

Then, each speaker shared their views on the principles and values of Narrative Medicine, the research methodologies that can be used within this field, while providing practical examples of how to implement Narrative Medicine in the community context.

According to Manuela, Narrative Medicine allows her to cleanse her eyes and her mind, changing the way she reads people and how she relates to peers, patients, and caregivers:

> "I would say that Narrative Medicine is a way to clean my eyes, clean my ears, clean my mind. It's like a refresh button in my framework, that has an impact on the way I read people, I understand people, I play my role in the therapeutic relationship."

The human bond in care was also highlighted by Inês Pereira, for whom Narrative Medicine represents an encounter with the other's vulnerability in the context of care.:

> "In this encounter we honour the story of each one of us, paying full attention to the moment, to myself, to the other and to the context. It involves active listening to the other and to myself. Self-knowledge and self-awareness are essential to build relationships based on truth, authenticity, and singularity."

When considering which narrative tools are most useful in the healthcare professionals' context, both Manuela and Inês emphasised having applied certain Narrative Medicine tools and finding them essential for building therapeutic relationships and imparting meaning to their daily professional lives. The vulnerabilities of patients and their families in home-care settings demand specific skills for communication and for establishing a trust-based relationship. As Inês illustrated, this often begins with an open question:

> "Here we find people and their families in a stage of life of great vulnerability and great suffering in the context of their own homes, which implies an encounter with intimacy. By asking an initial opening question like "Can you tell me your story?" it is possible to hear, to know, to recognise and to understand the person's illness experience lined up with their life history. This is the beginning of common agenda between me and the person who is ill"

Moreover, Inês observed that nursing care requires continuous reflection on one's own professional practice, which is facilitated by Narrative Medicine tools such as close reading and reflective writing. By reflecting on their own experiences, health professionals can strengthen teamwork and improve themselves as human beings. Reflection is, in fact, a cornerstone of Narrative Medicine, enabling healthcare team members – as well as patients and families – to shift perspectives, broaden their horizons, and see situations from different angles.

Jonathan McFarland stressed the importance of reciprocity in care, which enables patients and health professionals to truly see themselves and each other within a relationship that becomes more than the sum of its parts. He reminded the audience of a nearly century-old insight:

> "Francis Peabody, in a very interesting talk to the Harvard medical students (in 1926 – i.e. 100 years ago), reminded us that the secret of the care of the patient is caring for the patient. Maybe this has been forgotten to the detriment not only of the person being cared for but of the caregiver. Another quote I like to use – one by Maya Angelou, Afro-American poet: 'As you grow older you realize you have two hands, one for caring for yourself and one for caring for the other'. This means that, if the caregivers do not look after themselves, then they won't be able to care for others. A relationship-based healthcare is, therefore, the cornerstone of what health professionals do."

Maria Giulia Marini underlined the role of Narrative Medicine as an approach that enables health professionals to pay attention to caregivers' fatigue. By entering the world of a family living with illness, physicians, nurses, and other team members encounter metaphors of imprisonment and burden, which need to be recognised and interpreted. Acknowledging these metaphors can shape how the team relates to caregivers and addresses their needs. On the other hand, Marini noted:

> "There is always love, this love is somehow covered by the difficulty of living, the heaviness of their lives. I think that only narrative research can really provide a deep and true perspective of what is happening with the family and the caregiver. I believe that using narrative tools raises awareness by the caregivers themselves about their real situation. I would say that, in the end, they want to do something for themselves, not because they are selfish but because they want to do something with their own lives.".

These insights provide good examples of the impact of using a narrative approach on caregivers, supporting them and addressing their emotional burden.

5. Final Considerations

Healthcare teams, particularly physicians and nurses, have a privileged place in the community. By mobilising community-centred care, they can be agents of a coordinated and articulated support within an interdisciplinary approach. Focusing on the community and empowering it provides the acquisition of knowledge, skills, motivation and confidence, in other words, it improves health literacy, here understood as the capacity to make decisions about one's health, accessing healthcare, and escalating care appropriately (Cooper, 2021; Mather et al.,2016).

Developing research based on the narrative categories used by Narrative Medicine (Charon et al.,2017; Charon, 2006), provides depth to the reality of the community. Voice, space, time, characters and plot, often erased from the horizon of technique and science, emerge in this narrative view, with an impact on the way healthcare is perceived and is implemented in the day-to-day lives of healthcare professionals, patients and informal caregivers (Magalhães, 2018). The invited speakers' sharing of the issues raised can lead to deep reflection on the part of readers, broadening their perspectives on person-centred and community-centred care (Melo, 2020). Several questions posed by the speakers about intersubjectivity in the therapeutic relationship underscored how essential it is to rethink certain terms and concepts, attitudes and practices, and to acknowledge the impact of labels and invisible stories in healthcare.

The discussion also explicitly underscored that Narrative Medicine functions as both a theoretical lens and a qualitative tool that can change perspectives, attitudes, and practices, allowing care to be refocused on the community by integrating the narratives of patients and health professionals into a collective community dialogue. This solidifies Narrative Medicine, in the community context, as an area of study and reflection oriented toward action, based on developing narrative capacities.

Such capacities make it possible to integrate clinical reasoning with healthcare decision-making, which is essential for providing community-centred care.

In practical terms, this means that narrative competence should be cultivated among healthcare professionals to enhance decision-making and to ensure that community-centred care is sustainable.

Narrative reasoning is part of narrative competence, referring to reflection and commitment on the part of healthcare professionals to grasp and understand the person's unique life experience (Edwards et al., 2004). Based on this type of reasoning, healthcare professionals also strive to individualize care, responding to the person's specific needs and characteristics (Edwards et al., 2004). In other words, it is not enough to identify the sick person as vulnerable if this identification means being crystallized, losing all their autonomy, and/or erasing their biography.

This essay reinforces the importance of mobilising person and community-centred care by the health team, highlighting practical implications for the architecture of the healthcare design: compassion, respect and dignity as the pillars of care pathways and narrative competence as the centre that holds multidisciplinary networks (Figure 1). It also reinforces Narrative Medicine as a unique form of hospitality, that integrates the biography and experience of patients and caregivers in the pathway of care, in a multilayered ecosystem. Additionally, the essay points out to the concrete qualitative research strategies, such as narrative analysis of personal stories, reflective writing exercises, and the co-construction of meaning, that can be used to investigate and support community-centred care. The implementation of community-centred care is a necessary response in an ageing society, marked by isolation and loneliness among the elderly. Transitioning from a healthcare system based on performance, metrics and an organizational context that does not promote personhood, to a network of responses rooted in a community-centred care approach could be the driving force behind the compassionate movement that urgently needs to be enacted in our world.

Ethical Approval: Ethical approval was not required for this work, as it constitutes a theoretical essay informed by reflections arising from a panel held at the 8th World Conference on Qualitative Research (WCQR2024), without involving empirical research, human participants as research subjects, or the systematic collection or analysis of personal data. All the speakers invited to participate in the panel discussion provided permission for their contributions to be registered and disseminated in scientific/academic outputs.

AI Ethics Declaration: The authors declare that artificial intelligence tools were used in this paper to support language translation (ChatGPT). AI-assisted outputs were critically reviewed, validated, and approved by the authors. The authors take full responsibility for the accuracy, originality, and ethical compliance of the content of this paper.

Informed Consent: Informed consent was obtained from all participants at the panel.

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