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Double Blind Peer Review

Sidoti, E., Marrali, L. (2025). Narrative Medicine as a Pedagogical Practice. In *Italian Journal of Health Education, Sports and Inclusive Didactics*, 9(4).

Doi:

<https://doi.org/10.32043/gsd.v9i4.1653>

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gsdjournal.it

ISSN: 2532-3296

ISBN: 978-88-6022-528-3

ABSTRACT

The article explores narrative medicine as a pedagogical practice that develops listening, language, and empathy as educational tools within the care relationship. By framing narrative as an instrument of human formation rather than a clinical technique, it proposes a conceptual model for integrating storytelling and reflection into the pedagogy of care, fostering reflexivity and a person-centred ethos in professional education.

Il contributo esplora la medicina narrativa come pratica pedagogica capace di sviluppare ascolto, linguaggio ed empatia come strumenti formativi nella relazione di cura. Propone un modello concettuale che integra narrazione e riflessione nella pedagogia della cura, valorizzando la dimensione umana ed etica della formazione professionale centrata sulla persona.

KEYWORDS

Narrative Medicine; Pedagogy; Listening; Language Practices;

Person-Centred Care

Medicina narrativa; Pedagogia; Ascolto; Pratiche linguistiche; Cura centrata sulla persona

Received 2025-10-17

Accepted 2026-01-07

Published 2026-01-12

Introduction

The evolution of healthcare education has increasingly emphasized the need for a holistic and person-centred approach that goes beyond technical expertise and biomedical knowledge. This transformation responds to the growing awareness that medical competence cannot be reduced to procedural mastery alone but must also encourage relational sensitivity, ethical discernment, and interpretive understanding. Among the educational paradigms that support this shift, Narrative Medicine (NM) has emerged as a critical pedagogical tool and an intellectual movement bridging the health and human sciences. Developed initially by Rita Charon and colleagues at Columbia University, NM advocates for the integration of narrative practices, such as close reading, reflective writing, and storytelling, into clinical training to enhance empathy, communication, and the ethical dimensions of care (Charon, 2006; Remein et al., 2020).

Narrative Medicine is more than a pedagogical innovation; it is a cultural and epistemological shift that redefines the care relationship as a space of dialogue and mutual transformation. Its approach challenges the traditional separation between the objective and subjective dimensions of medicine, proposing instead a model in which knowledge emerges through interpretation and relational engagement. By listening to patients' stories and learning to articulate their own, healthcare professionals cultivate a deeper understanding of illness as a lived experience rather than merely a pathological condition. This narrative stance restores meaning and agency to both patient and clinician, fostering a therapeutic alliance grounded in recognition and reciprocity.

Such a perspective aligns with the broader pedagogical goal of forming practitioners capable of critically engaging with the complexities of human suffering and fostering meaningful therapeutic relationships (Palla et al., 2024). In this view, narrative competence becomes a central component of professional identity formation, enabling clinicians to navigate the uncertainties of care with empathy, reflexivity, and moral imagination. Narrative medicine thus contributes not only to improving clinical communication but also to cultivating the ethical and affective capacities necessary for authentic person-centred practice.

In this paper, it will be argued that NM represents not just a set of communicative tools but a pedagogy of listening and a proper language that reshapes the

professional identity of healthcare providers. Through a theoretical and conceptual exploration, the discussion will aim to:

1 Examine the epistemological foundations of narrative medicine as a pedagogical practice, situating it within contemporary theories of learning and care.

2 Analyse how listening and language function as core competences in the care relationship, mediating between cognition, emotion, and ethics.

3. Reframe narrative medicine as a pedagogical modality within medical education, grounded in human, social, and educational theory, aimed at cultivating learning environments where listening, narrative, and reflexivity foster transformative, person-centred professional formation and the rehumanisation of clinical practice.

1. Narrative as Knowledge and Practice

The narrative turn in healthcare education reflects a broader shift in the human sciences toward recognizing storytelling as a fundamental mode of human cognition and communication (Bruner, 1990). Stories structure our understanding of the world and reshape our meaning of illness, suffering, and healing. Within this epistemological framework, narrative becomes not merely an accessory to clinical reasoning but a constitutive element of how individuals construct and share their lived experience. The act of telling and listening to stories allows both patients and professionals to render intelligible the chaos of illness, to impose coherence on disruption, and to re-establish a sense of agency in contexts of vulnerability and uncertainty. In the clinical context, narratives serve dual purposes: they are both epistemic tools for understanding patients' experiences and pragmatic instruments for constructing therapeutic relationships. Through narrative, the clinical encounter is reframed as a dialogic and interpretive space, where meaning emerges through the mutual exchange between teller and listener. This process fosters empathy, ethical awareness, and a deeper comprehension of the existential dimensions of care. Moreover, it challenges the reductive tendencies of biomedicine by reinstating subjectivity, temporality, and language as central to the experience of health and illness. Rita Charon (2006) conceptualizes narrative competence as “the capacity to recognize, absorb, interpret, and be moved by the stories of illness.” This competence is not innate; it must be cultivated pedagogically through

deliberate practices such as reflective writing, narrative analysis, and dialogic listening. These practices enable future clinicians to approach patients not merely as cases to be solved but as persons whose stories reveal essential insights into their values, fears, and needs. By developing narrative competence, healthcare professionals learn to attend to the subtleties of patients' accounts, the metaphors they use, the silences they maintain, the emotions they convey, and to respond with sensitivity and interpretive skill. Ultimately, the narrative turn calls for a reorientation of medical education itself, inviting educators to create spaces where reflection, storytelling, and relational listening are integral to professional formation. In this perspective, narrative medicine stands as a bridge between the technical and the human, reconnecting the clinical act to its ethical, cultural, and existential dimensions.

1.1 Listening as a Core Competence

Listening, in the narrative medicine paradigm, is not passive reception but an active, ethical, and interpretive act. As Levinas (1998) suggests, the encounter with the other demands a form of attentiveness that transcends instrumental communication. To truly listen is to acknowledge the other's alterity, to receive their words not as data to be processed but as a manifestation of their singular existence. In this sense, listening becomes an ethical responsibility: it calls the listener into relation and implicates them in the shared work of meaning-making. Within the clinical encounter, such listening disrupts the asymmetry of power and knowledge, creating a space where vulnerability and understanding coexist.

In clinical practice, this attentiveness becomes a pedagogical competence, a skill that must be learned, practiced, and reflected upon. It requires cultivating dispositions of humility, openness, and reflexivity, as well as the capacity to tolerate ambiguity and silence. Listening thus functions simultaneously as a cognitive, affective, and ethical practice: it informs clinical judgment, nurtures empathy, and sustains the moral texture of care.

Listening is cultivated through structured exercises that slow down the interpretive process, such as close reading of literary texts or reflective group discussions. These methods train students to attend to nuances in language, silence, and emotion, fostering deeper empathy and more nuanced clinical reasoning (Smith, 2023). In these pedagogical spaces, the classroom becomes a laboratory for ethical perception, a place where learners can explore how language both reveals and

conceals human experience. By repeatedly engaging with narrative material, students develop a disciplined attentiveness that extends beyond the text and into their future clinical encounters.

Teaching listening within the framework of narrative medicine is not merely about improving communication skills; it is about shaping a form of professional consciousness attuned to the fragility and dignity of the human condition. Such an orientation transforms care from a technical intervention into an interpretive and ethical relationship grounded in recognition, respect, and shared meaning.

1.2 Language and identity

Language is not neutral in healthcare; it shapes identities, constructs realities, and mediates power relations. How professionals speak to and about patients can either reinforce stigma or empower agency (Healy et al., 2022). From a pedagogical perspective, language education in healthcare must therefore include critical reflection on discourse, metaphor, and framing. Narrative practices encourage this reflection by exposing students to diverse linguistic registers and prompting them to examine their own use of language in clinical encounters. Moreover, language is integral to the formation of professional identity. As students learn to narrate clinical experiences, they begin to articulate their evolving sense of self as healthcare providers. This narrative construction of identity supports professional growth and ethical development, aligning with educational goals in medical humanities and professional formation (Smith, 2023; Jerjes et al., 2024).

2. Educational Rationale

Due to the things listed above the need of integrating narrative medicine into healthcare curricula seems a great opportunity that responds to a dual pedagogical imperative: the need to humanise clinical education and the need to equip practitioners with advanced relational competencies. Traditional medical training often prioritises technical knowledge and procedural proficiency at the expense of reflective practice, empathy, and communication. This asymmetry has historically produced professionals who are technically competent but sometimes ill-prepared to navigate the complex moral, emotional, and existential dimensions of patient care. Narrative-based pedagogy seeks to rebalance this by introducing structured opportunities for students to engage with stories, their patients', their own, and

those found in literature and art (Loy, 2024). In doing so, it restores a humanistic dimension to medical formation, positioning storytelling as both a method of inquiry and a practice of care. Within this framework, narrative medicine becomes a vehicle for cultivating attentiveness, ethical imagination, and interpretive sensitivity. Through close reading, reflective writing, and dialogic encounters, learners are invited to explore the multiplicity of meanings embedded in illness narratives. Such engagement not only enhances empathy but also develops a form of clinical wisdom grounded in the recognition of ambiguity and difference. By learning to attend to narrative complexity, future practitioners become better equipped to hold uncertainty, negotiate values, and co-construct meaning with their patients, essential competencies in contemporary, person-centered healthcare. This pedagogical shift is consistent with a constructivist understanding of learning, where knowledge is actively co-created through interaction and reflection. Rather than transmitting fixed truths, educators facilitate interpretive processes in which students construct understanding through dialogue with texts, peers, and their own lived experience. By inviting students to interpret narratives, respond creatively, and critically examine their own assumptions, educators foster deep learning that integrates cognitive, affective, and ethical dimensions of professional practice (Bruner, 1990; Palla et al., 2024). The aim is to form clinicians who not only know but also understand, who can think with stories as well as with data, and who embody a reflective professionalism responsive to the complexities of human life and suffering.

2.1 Pedagogical Design: A Conceptual Proposal

Rather than prescribing a formal curriculum, narrative medicine is proposed here as a pedagogical modality grounded in human, social, and educational theory, aimed at fostering learning environments where listening, narrative, and reflexivity are central to professional formation. From an educational perspective, narrative medicine employs pedagogical tools, dialogic interpretation, reflective writing, and narrative literacy, to promote what Mezirow (2000) defines as transformative learning. These tools allow learners to inhabit others' experiences, articulate their own, and deepen relational intelligence (Mazzoli Smith, Villar & Wendel, 2023; Liao et al., 2021).

Three interrelated pedagogical dimensions structure this proposal:

1. Narrative Literacy as Mediated Interpretation.

Learners engage with literary, biographical, and case-based stories, attending to voice, metaphor, and cultural framing. Educators facilitate hermeneutic dialogue, guiding students to recognize symbolic and ethical layers of narrative (Goodson & Gill, 2011; Diekelmann, 2001).

2. Reflective Writing for Personal and Ethical Formation

Structured reflective writing encourages exploration of the intersection between knowledge and experience. Through writing, feedback, and peer dialogue, self-awareness emerges, along with recognition of values, emotions, and limits. Evidence from narrative pedagogy in nursing shows improvements in empathy, care competence, and professional identity (Liao et al., 2021; meta-analytic findings in Chinese nursing education).

3. Dialogic Practices: Relation, Ethics, Reciprocity

Dialogues, story exchanges, role-play, and supervision create spaces where listening is ethical, active, nonjudgmental, and receptive to difference. These practices, inspired by narrative inquiry and transformative learning, enhance relational competence and ethical sensibility (Mazzoli Smith et al., 2023).

Narrative medicine is thus framed not as a procedural method but as a form of human formation (*paideia*), oriented toward recognition, empathy, and care. Narrative becomes both method and goal: a way to inhabit the world with others through stories, where caring itself is a narrative act.

2.2 Assessment and Evaluation

Measuring the impact of narrative medicine education remains challenging due to the complexity and subjectivity of its outcomes. The transformative nature of narrative learning, rooted in reflection, empathy, and ethical awareness, often resists simple quantification, as its effects unfold over time and within relational

contexts. Nevertheless, the development of rigorous evaluation strategies is essential for legitimising narrative approaches within academic and institutional frameworks. A mixed-methods approach combining qualitative and quantitative tools offers a robust framework for capturing both measurable outcomes and experiential depth.

Possible instruments include:

- **Empathy Scales** (e.g., Jefferson Scale of Physician Empathy) to measure attitudinal change and assess how narrative engagement influences emotional responsiveness and perspective-taking.
- **Reflective Rubrics** evaluating the depth, complexity, and ethical awareness in student writing, allowing educators to trace the evolution of interpretive and moral reasoning over the course of training.
- **Qualitative Interviews** with patients, peers, and instructors assessing perceived changes in communication, relational competence, and professional self-awareness (Jerjes et al., 2024).

Longitudinal studies and portfolio-based assessments can provide valuable insights into how narrative competence develops across time and clinical contexts. Such approaches recognise that learning to listen, interpret, and respond empathetically is a gradual and recursive process rather than a discrete achievement. Ultimately, these assessments should be integrated throughout the curriculum, emphasising formative feedback, reflective dialogue, and continuous professional development rather than summative grading. In doing so, evaluation becomes not merely a measure of performance but a pedagogical practice itself, that sustains and deepens the reflective ethos at the heart of narrative medicine.

Discussion

Narrative medicine's educational power lies not in its novelty but in its capacity to transform the epistemology of clinical practice. By positioning stories, listening, and

language at the heart of care, it challenges the reductionism of biomedicine and reasserts the humanistic foundations of healthcare. Yet this transformation is not automatic. As critics have noted, narrative interventions risk superficiality if implemented without institutional support, adequate faculty training, or rigorous assessment strategies (Dutta, 2025).

A conceptual, pedagogically grounded integration of NM must therefore address three critical considerations:

1. **Institutional Alignment** – Narrative approaches must be embedded within broader curricular objectives and linked to competencies recognised by accreditation bodies.
2. **Faculty Development** – Educators require training in narrative methods and reflective facilitation to effectively guide student learning.
3. **Sustainability and Scalability** – Programs must be designed to fit within existing curricular structures while allowing flexibility for interdisciplinary collaboration.

Narrative medicine should not be positioned as an “add-on” but as a foundational pedagogical framework, one that informs the teaching of communication, ethics, clinical reasoning, and patient safety. This integrative approach reflects the reality that patient care is, fundamentally, a communicative and relational practice.

Conclusions

Narrative medicine represents a powerful pedagogical paradigm for rehumanising medical education and enhancing the quality of care. By foregrounding listening, language, and storytelling as central competencies, it cultivates practitioners who can engage with patients as whole persons and respond to illness in all its complexity. In contrast to models of education that privilege detachment and technical mastery, narrative medicine affirms the ethical and relational dimensions of care as integral to clinical excellence. It thus reframes professional competence not merely as the ability to diagnose and treat, but as the capacity to interpret, to empathise, and to accompany. Its theoretical richness, reflective methodologies, and capacity to shape professional identity make it indispensable in the formation

of future healthcare professionals. Grounded in the humanities and social sciences, narrative medicine offers a conceptual bridge between scientific reasoning and human experience, integrating analytical precision with emotional literacy and moral imagination. Through practices such as close reading, narrative writing, and dialogic reflection, learners come to inhabit multiple perspectives, their own, their peers', and their patients', thereby cultivating the interpretive flexibility necessary for compassionate and context-sensitive care. To realise its full potential, narrative medicine must be systematically integrated into curricula, supported by institutional commitment, and evaluated through rigorous pedagogical research. This entails not only the inclusion of narrative-based modules within existing programmes but also the development of interprofessional spaces where students, educators, and clinicians can share and analyse stories of practice. Moreover, its implementation should be accompanied by empirical studies capable of assessing its impact on empathy, communication, and patient outcomes, ensuring that the humanistic aspirations of narrative medicine are matched by demonstrable educational efficacy. Only then can we ensure that the next generation of clinicians are not merely technically proficient but deeply attuned to the human stories that give medicine its meaning. In this sense, narrative medicine stands as both a pedagogical method and an ethical stance, a reminder that medicine, at its core, is not only a science of the body but also an art of understanding the person who suffers.

Author contributions

Enza Sidoti: Conceptualisation, Writing – Original Draft, Theoretical Analysis.

Lorenzo Marrali: Literature Review, research, Writing – Edited Draft.

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