

Introductory essay by Rita Charon

I am honored to welcome readers into this Special Issue on Narrative Medicine for the *Swedish Journal of Social Medicine*. We authors propose a storied conception of health care, in full view of the experiences of those who suffer illness and those who are trained to help them. Years ago, a group of clinicians and scholars at Columbia University in New York fashioned an approach to patient care that strengthened the narrative dimensions of illness and care. They named it narrative medicine. Narrative medicine invites ways of knowing from literature, history, and philosophy and creative fields of visual and performative arts into clinical practice. A doctor or nurse or therapist trained in narrative medicine knows how to capture and respond to the account given by a patient and family. They can recognize the possible meanings of what they see and hear and intuit in the words and actions of their patients. They bring humility, curiosity, and unconditional affiliation to patients to their work. As a dividend, they are also equipped to represent their own complex experiences in caring for their patients in words or art work, thereby coming to understand themselves in the process.

Narrative medicine is a biological enterprise while it is a social enterprise. Its tools embrace complex diagnostic and interpretive thought side-by-side with the creative contributions of music, literature, and visual arts. It is not only the world of the sick. Nor is it only the world of narrative itself. Instead, it is the crossing of body and word. To teach clinicians how to listen deeply to their patients, narrative medicine guides scholars, clinicians, and students to read fiction, poetry, and non-fiction as close readers read—paying attention to form, to plot, to language, to temporal and spatial structures, to metaphors and other figural language. We write together, discovering what we know by writing it and sharing it with others.

Over the years, we see the harvests of this work. In Europe, UK, Asia, Africa, the Asian Pacific, and all the Americas, there are training programs in narrative medicine, well-established narrative practices within whole hospitals, and individual scholars and authors publishing extensively about the concepts and practices of their narrative medicine discoveries.

The essays in this Special Issue will introduce you to breakthrough work in narrative medicine's role in medical humanities programs and in clinical education at many stages of professional development. Narrative medicine has become a powerful contributor to our quests for social justice in health care, anti-racism, and work toward a sustainable planet. We see narrative medicine practiced on ward rounds and in meetings with individual patients. Some essays examine narrative work in cancer treatment, in primary health care, and in care

for the elderly. We embrace such tools as Artificial Intelligence and creative arts festivals in our teaching and practice. We see narrative features in the meta-dimensions of vulnerability and personal identity itself.

Choosing a narrative approach for our clinical practice deepens the care, nearing the clinician toward the patients' perspectives. It enriches our own recognition of ourselves within our practices and our personal lives. It raises the joy—even amid the losses—to arrive filled with our passions and gifts to the side of the patient in the name of health.

Rita Charon is a general internist and literary scholar at Columbia University, USA, who originated the field of narrative medicine. She is Professor of Medicine and founder and Chair of the Department of Medical Humanities and Ethics at Columbia University, including its Division of Narrative Medicine.