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Narrative mapping: Listening with health, healing, and illness narratives in the classroom

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ABSTRACT
Drawing on coursework associated with listening strategies in health communication, students will be guided through a process of reflection, contemplation and articulation as they map their health experience. As visual narrative, maps help to suspend preconceived notions and/or expectations about health; participants increase the capacity for a deeper understanding and clearer communication about health, the health of others, and course concepts.

Courses: Unit activity suited for undergraduate and/or graduate Health Communication courses.
Objectives: Students will increase their proficiency in working with health narratives. Students will apply listening strategies to improve their communication. Students will develop skills necessary for communicating with health professionals.

Narrative mapping is a form of visual storytelling. In much the same way that cartographers create a story about time, place, and space, narrative mapping invites students to craft a health narrative in the form of a map by drawing on personal experiences. Exploring health, communication, and narrative, this assignment helps students examine broader contexts and ideas about healing, illness, and health while also enhancing inter-/intrapersonal listening skills in graduate or undergraduate health communication courses. This unit activity should come after discussion about health narratives and strategies for listening to health stories.

Objectives
Narrative mapping involves creativity, various elements of self-reflection, listening dyads, and class discussion—all of which are critical to the process of helping students expand their understanding of health. Narrative mapping encourages participants to move away from prescriptions of what “should be” (often defined by culture, health industry, and/or media) toward meaning making through contemplation of the experience of illness and healing.

More subtly, narrative mapping draws participants into listening practices necessary for identifying, understanding, and communicating through stories where participants are...
first guided in listening to self and then to another’s story. Finally, this assignment is intended to help students develop skills and understanding necessary for increased communication and participation in personal health encounters—skills that can improve health outcomes (see Street, Makoul, Arora, & Epstein, 2009).

**Narrative mapping: Listening to stories matters**

Humans are innate storytellers; we make sense of ourselves in and through the stories we tell. More eloquently, Frank (2012) suggested, “stories are presences that surround us, call for our attention, offer themselves for adaptation and have a symbiotic relationship with us” (p. 36). “Stories,” he said, “need humans in order to be told, and humans need stories in order to represent experiences that remain inchoate until they can be given narrative form” (p. 36). Moreover, our very humanness presupposes our bodies will inevitably experience dis-ease, and that we will attempt to makes sense of and communicate those shifts in being through stories. Providing students with the opportunity to examine their health narratives can foster a more comprehensive understanding of how narratives function not only as personal, but also help link those experiences and course concepts to broader political, social, and cultural implications of communicating health (see Charon, 2008; Harter, 2012; Sharf, 2009).

One critical component of understanding a story lies in the ability to implement skills necessary for listening to those stories. Speaking to the imperative of attending to patient stories, Charon (2005) pondered how one might “empty the self or at least suspend the self so as to become a receptive vessel for the language and experience of another” (p. 263). In sharing health narratives through mapping, our empathic capacity for understanding and attending to the particulars of lived human experience is expanded in the visual representation that participants craft and then through which they communicate. For listeners focused on understanding, listening with the story unfolding through the map assists in suspending preconceived notions and/or expectations about the experience of health. This practice strengthens capacity for deeper understanding and clearer communication about our own health while also illuminating broader contexts of health (see Wolvin, 2010; Figure 1).

Finally, a growing imperative for greater communication, patient responsibility, and participation in healthcare necessitates that students develop skills for advocating on behalf of themselves and/or others. Indeed, Kreps (2001) specifically argued, “providers depend upon information provided by consumers about idiosyncratic symptoms, ailments, and history of care” (p. 598). Moreover, “interpersonal communication also is the process consumers and providers use to gather information needed to monitor treatment and make decisions about refining care strategies over time” (p. 598). Yet, communicating in healthcare environments can be a daunting endeavor, especially for students. While the mapping process draws on narrative and listening curriculum, narrative maps are the communicative tools through which participants articulate what they have examined, interpreted, and understood about health, healing, and illness. Where maps reveal individual nuances in narratives, greater clarity emerges for students communicating those particulars with others (see Schoo, Lawn, Rudnick, & Litt, 2015).
Framework for practice: Getting started

Instructors will need crayons, markers (not pencils or pens), large paper, (11 × 17), and approximately 60–90 minutes to facilitate reflection and allow for sharing in dyads, followed by class discussion. (In shorter class periods, reflection and mapping can be accomplished in one period, dyads and open discussion in another). After explaining the assignment, begin by centering. The centering activity is an instructor-led, guided reflection that promotes focus through relaxed breathing. This will facilitate contemplation of individual beliefs, experiences, and expectations surrounding “health.” Students will then be guided to identify critical junctures, disruptions in experience, and/or expectations that may have interfered with their ideal of health. After the centering exercise, allow for 20–30 minutes to create narrative maps. Quiet, calming music assists in minimizing distractions and encouraging introspection (see Appendix A).

When students have finished mapping, they will move on to share their maps in previously self-selected dyads. In dyads, students take turns as both narrators and attentive listeners of another’s lived experience. Applying intentional and supportive listening strategies, students are directed to “seek to understand” from the narrator’s perspective, wait through silences, and refrain from interrupting while the speaker is sharing. Once the speaker has finished, listeners use paraphrasing strategies as a means of clarifying and understanding the speaker’s intent. These directives emphasize listening for meaning both intrapersonally and interpersonally as students seek to understand, articulate, and attend, first, to their lived experience and, second, in striving to understand another.

Letting students’ insights and experiences guide the process, instructors will extend debriefing and reflection during the open class discussion by asking what was intriguing and/or challenging about the process of, and stories that emerged from, narrative mapping. Here, a keener examination of the lived experience helps instructors guide,
explore, and expand various course concepts and diverse contexts in health communication. In the culmination of understanding their own stories, listening to others, and consciously linking curriculum beyond the classroom, instructors will find that, through narrative mapping, students accrue insight, language, and necessary tools for understanding and communicating anew in health environments. In these ways, students gain confidence communicating as well as connecting and implementing critical intra-/interpersonal communicative skills through narrative mapping.

**Engaging praxis through debriefing**

Debriefing begins in listening dyads between students where teachers instruct listening for meaning (intra- and inter-personal) and the use of paraphrasing for clarity and understanding. Students often express a myriad of feelings and insights both in dyads and open class forum. These insights guide discussion and debriefing about the experience of narrative mapping. Because each narrative map is a unique representation of that individual’s perception and experience, it is both plausible and acceptable that observers may not initially “understand” the map. Importantly, the map is the communicative tool through which one articulates the lived experience. Students share what is important to them; instructors help to bridge emergent themes to broader health contexts.

Often, unanticipated epiphanies emerge through narrative mapping. For instance, after mapping her family’s journey through a parent’s diagnosis and treatment of diabetes, one student reflected on both challenges and shifts in the entire familial dynamics. Having previously shared elements of her experience, narrative mapping provided deeper insight into the impact diabetes had on her, her family’s life, and their communication. As a class, we extended the conversation to compare her experience to media messages about diabetes and then linked those constructs to frames of narrative identity (see Brown and Addington-Hall’s [2008] sustaining, enduring, preserving, and fracturing narratives; Frank’s [1995] restitution, chaos, and quest narratives; and Geist & Gates’ [1996] biology to biography; Figure 2).

**Paradox, potential, and limitations**

The greatest challenge of this exercise rests with the very opportunity to communicate anew. Paradoxically, students sometimes feel constrained by such freedom. Some will want and “need” to know exactly what to put on their map, even as they are encouraged to map unconditionally. It is not uncommon for some participants to feel artistically inadequate, fearful of judgment, or to express powerlessness in the face of potential. Quiet background music increases relaxation, helping to reduce apprehension and doubt. Encouraging students to listen to and trust themselves as their stories emerge is also a helpful reminder; they must refrain from self-criticism. Time and patience during reflection generally eases this initial angst.

Instructors with limited time could conduct the centering activity and begin mapping in class. Unfinished maps could be completed at participants’ ease, and dyads could also meet outside of class, leaving students more time for discussion, debriefing, and reflection. Where debriefing continues in follow-up class discussion, instructors will help students
make connections between course materials, larger cultural narratives, and students’ lived experiences. To help protect against vulnerabilities or exploitation of students’ stories, instructors must actively and sensitively help maintain a balance between sharing and “sharing too much.”

Other possibilities include creating mock interviews where, using the narrative maps, students could focus on and develop specific skill sets (i.e. motivational interviewing, perception, and representation). Students could share narrative maps with family members, further practicing skills necessary for communicating with health providers. The narrative map is the critical component for keeping the patients’ story central to communicative endeavors and attempts to understand the lived/living experience of health, healing, and illness. Narrative mapping assists students in constructing language and strategies to communicate their needs better and to work to improve healthcare for themselves and others.

References


Figure 2. Making it through diabetes.


**Appendix A: Narrative mapping in the classroom— instructor directions and preparation for reflection and sharing**

Review previous lessons regarding health narratives and listening strategies. Before reflection exercise, hand out paper, crayons, and markers so students are prepared to move from reflection directly into mapping. Allow 10–15 minutes for reflection and 15–30 minutes for mapping. Have students preselect dyads for sharing their maps.

**Enhancing student reflection**

- Begin by creating a relaxing atmosphere.
  - Minimize bright lights.
  - Use soothing background music.
- Read slowly. Be heard; invite introspection.
  - Pause between questions.
  - Explore experience, attitudes, values, and beliefs.
- Have students breath in through the nose, exhaling through the mouth. If they are comfortable doing so, close eyes.

**Directions to students**

Drawing on the power of stories and the importance of attentive listening, you will be contemplating health and creating a narrative map. Through a series of questions, you will contemplate what health, healing, and illness mean to you, from your experience. Let questions guide your curiosity about health; not every question will resonate with you. There is no single right way to create a map. Ultimately, you will use your map to share your narrative and to help others understand what your experience means to you.

**Guided reflection**

In preparation for contemplation, begin relaxed breathing (in through the nose, out through the mouth).

[Pause]

Think about your health.

What does health mean to you? … What is healing? … What does it entail?
When you think about your physical and/or mental health, what do you envision?

How do you know you are experiencing this state of being? Where in your body do you sense this?

[Pause]

If you have encountered an experience that has separated you from that vision of health, think about that now. Do you have an ongoing health issue? Have you been recently diagnosed with an illness … disease … injury … or reoccurrence? Has someone close to you experienced a crisis or shift in health?

[Pause]

A map is both a guide and a story. Maps depict landscapes and reveal landmarks, barriers, and bridges. Maps describe isolated territories, where people gather or where the sun rises and sets. Like stories, maps help us make sense of where—and who—we are, providing details about a particular place or journey … [Pause] … (for instance, there is only one route across this river—you have to go this way). Often, particular landmarks mark a specific part of the journey. We know we are here when … (is there a specific feeling, sense of something person/people) … are present, we are almost to this place when … (what is present? … missing? … Whose voices are heard, or maybe missing?) [Pause]

If you were going to map your story where would you begin—where would you enter the conversation … today? Take some time now, with paper, markers, and crayons to begin to map your journey. Identify what seems most important to you. Work until you feel satisfied with your story. Know that you can return to the map at any time. This is your story, your map, your experience.

**Dyads: Sharing our story**

- Review listening strategies (open-ended questions, paraphrasing, no interrupting).
  - e.g. “Can you say more about this part?” or “Did anything surprise you?”
- Allow for contemplation and silence.
- Students take turns being listener and narrator. Speaker focuses on telling the story and sharing key insights; listener seeks to understand.
- First/last questions: “Is there anything else you want to say?” … “Is there anything else you want me to understand?”