Top Clin Nutr
Vol. 30, No. 2, pp. 122–126

LISTENING AND LEARNING

Unfolding, Embracing, and Reflecting on the Narrative Within Nutrition and Dietetics

Does the Patient's Story Help the Dietitian to Impact Health Behaviors?

Diane L. Habash, PhD, MS, RDN, LD

Dietitians are dedicated to the task of helping people make diet and lifestyle changes that meet health goals. Using interpersonal skills for listening and counseling, dietitians translate nutritional sciences and medical nutrition therapy to healthy foods, beverages, and behaviors for and with their clients. Recently, in medicine, increasing emphasis has been placed on embracing the client's narrative (story), to establish an impactful "therapeutic alliance with the client." This article uses story to illustrate the domain of narrative medicine applied to nutrition, dietetics, and lifestyle counseling to examine both process and potential impact on the client from a dietitian's perspective. **Key words:** *dietitian impact*, *narrative medicine*, *narrative nutrition*, *patient's story*, *therapeutic alliance*

THE CLIENT NARRATIVE (STORY)

She waited this evening, like the 84 other patients, in one of the many stiff chairs that occupied this once-a-week free clinic. In the remaining 4 hours, these patients, predominantly low income and uninsured with nonemergent health care concerns, would be tended by a host of volunteer primary care and specialist physicians, allied health care professionals, their students, and clinic staff.

In the typical process for the dietetics team, we reviewed the patient's chart, called her name, introduced ourselves, asked permission for students to participate, and escorted her to our counseling space. Although she was scheduled to see me, the dietitian, I was also playing the role of teacher. To get us started, I asked 2 seasoned interprofessional students to begin the conversation with this patient. Nutrition counseling sessions at the free clinic often last 30 to 60 minutes and employ education and counseling techniques that are patient-centered.[1] Perhaps more so for this vulnerable population, clients have expressed great interest in changing diet, when applicable to their condition, because medications pose financial burdens they cannot sustain. The intent of counseling is to provide information and guidance that culminates in practical goal-setting with the patient around healthy food and lifestyle choices specific to their

Author Affiliations: *Division of Health Sciences and Medical Dietetics, School of Health and Rehabilitative Sciences; and Center for Integrative Health and Wellness, College of Medicine, The Ohio State University, Columbus, Ohio.*

The author has disclosed that she has no significant relationships with, or financial interest in, any commercial companies pertaining to this article.

Correspondence: *Diane L. Habash, PhD, MS, RDN, LD, Health Sciences and Medical Dietetics, The Ohio State University, 306L Atwell Hall, 453 W 10th Ave, Columbus, OH 43210 (Habash.2@osu.edu).*

DOI: 10.1097/TIN.0000000000000031

health condition. After these free clinic visits, most patients are linked to neighborhood health centers for continuing care where they may access additional diet counseling.

THE REACTION

We have all been in this circumstance, opening the conversation with a patient, asking how we can help or asking for their explanation about the reason for their visit. Once we ask, we are trained to listen,[2] to wait for the self-description of their health problems. We are trained then to obtain their diet recall or perhaps the litany and list of foods and lifestyle circumstances that we need to hear to construct therapeutic ideas and strategies. In our health care environment, and perhaps especially in dietetics where we seek to help a patient change, we are eager to have the patient's most comprehensive litany and list of foods and beverages, likes and dislikes, allergies and sensitivities, which serve as fodder for our constructive suggestions. These are the fuel for our work, a verbal dietary and lifestyle stethoscope.

The patient told us what and how much she eats on a typical day. The students sought clarity on types and amounts of foods, and the patient answered dutifully. As they worked through her daily frequency of meals, our patient revealed diet challenges. Suggestions flowed from the students for foods that are better for diabetes and foods that are not as good. As often taught in nutrition education and counseling classes, the dietary advice became increasingly patient-centered,[1] mostly along the lines of the glycemic index and portion size. Our patient nodded agreement and told us that these were good ideas and that she had heard some of them before. She sat up a little straighter and spoke with pride when she told us that, at times, she had eaten this way. We hoped this admission of her previous self-efficacy around healthy eating would translate again into success. The conversation turned to barriers with food and lifestyle and she identified substantial barriers. But second thoughts about barriers prompted our patient to acknowledge her own self-determination. She told us that she knew what to do and knew that she felt better when she ate healthy. In essence, and as we were trained, the discussion did not point fingers at previous poor eating, but it was a discussion about opportunities, choices, and barriers—the focus squarely on foods and beverages, not on judging the patient.

In all of this discussion, we learned foods she preferred, usually ate, would not touch, or could not afford. Using motivational interviewing language, we took her words, what was said, and framed action steps with her. We asked her to tell us something she had heard in the discussion that she would try or that she felt capable of changing. She identified 1 or 2 possibilities and formulated goals for the coming week. The counseling proceeded as expected, and yet, it was not obvious if we were getting anywhere? Did we use all the correct counseling questions and techniques? Would our conversation provide empowerment for her to make a sustainable change? How would this be different from her previous attempts?

Recently, I have begun to ask 2 questions of other dietitians, "How do you know if you made a difference with a patient?" and, "Tell me a time when the patient shared a story about how you impacted them?" But now, facing this patient and these questions, impact felt elusive, something was missing. Was there more beyond the litany and list of what to eat or do that a diet consult could contribute? Was there something else in her story that we should notice to impact her more genuinely and sustainably? Did we listen closely enough?

WHAT IS NARRATIVE MEDICINE?

It is essential in all health fields to gather information from our patients. This information is their story—a full scan of quantitative and qualitative data. When gathering this story, the amount and content of what is said and not said, how it is said, and the way it is used, is increasingly valued as the domain of "Narrative Medicine."[3] Rita Charon, MD, PhD, and

her colleagues, at Columbia University where they have established a Master's Degree in Narrative Medicine, espouse the vital role and value of the patient's "story" or "narrative," in the process of healing.[3–5] In medicine and clinical practice, Charon frequently defines narrative medicine as "the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness."[3(p1265)]

Through extensive work in medical education and research over more than 20 years, Charon and colleagues have shown that training health care professionals in narrative medicine includes courses in humanities,[6] literature,[5] and writing.[7,8] These efforts have enhanced narrative competence[5,9] (knowing what to do with the story) and the empathy and narrative humility[5,10] of the learner, which translates to improved understanding and actions in the many dimensions of illness.[3–6] They have demonstrated[11] that, for health care professionals, this training "strengthens the therapeutic alliances with patients and deepens their ability to adopt or identify others' perspectives."[3(p1265)] More recently, narrative medicine training has been shown to impact professional identity development in second year medical students,[12] and development of clinical skills of communication and professionalism in fourth-year medical students.[13] Aligning with translational clinical research paradigms, narrative evidence-based medicine is proposed as a model to enhance the patient-physician relationships around therapeutic decision-making.[14] In short, training in narrative medicine and humanities[15] has led to improved care with an impact on the patient[10,11,14,16] as well as the clinician.[7,8,16–18]

How is narrative medicine alive in nutrition and dietetics?

A dietitian who is gathering and listening to the litany of what a patient eats and drinks is experiencing a partial absorption of their story. Our nutrition and counseling courses and texts[1,2,19,20] help to teach us that the full story of a diet translates into a story about a life and lifestyle; a family; a whole person; and habits for cooking, eating, and living. The full story touches on relationships, family values, culture, finances, personal beliefs, and more.[1,2,19,20] Charles Perakis, DO, tells his students that learning a patient's story centers not only on what they observe in their patients but in what the patient values in their life,[21,22] what matters to them and, in short, is "about the soul."[21(p1521)]

Curriculum in medical schools and other allied health programs are now incorporating humanity-based courses addressing empathy, narrative competence, and narrative humility[5,7,8,10,15] to achieve these deeper, perhaps more impactful, microcosms of understanding with and for our patients. It is thought that we, as clinicians, are looking for a greater understanding of our patients and potentially of ourselves.[17,18]

In fact, physicians are now telling their own stories of personal illness and offering convincing arguments for the value of the full story. In her TEDx FiDi Women talk, "The shocking truth about your health,"[23] Lissa Rankin, MD, describes her own medical story. While she affirms the importance of food and exercise to total health, she calls attention to the profound and more substantial influences of self-love, purpose, relationships, creativity, spirituality, sexuality, finances, etc.[23] Rankin envisions this intricate balance as a "whole health cairn"[23(min:15:12)] where each piece holds a delicate yet vulnerable relationship with the others and with the whole. Perhaps it is this sense of vulnerability that empowers us to listen to, connect with, and ultimately impact our patients?

The idea that many factors are at work in each of our stories is nothing new, yet the value and use of story or narrative is being revived and used more broadly in medicine. In his keynote address to health care professionals and policy makers at the December 2013 convention of the Institute for Healthcare Improvement (IHI), former Administrator of the Centers for Medicare and Medicaid, Donald Berwick, MD, MPP, now President Emeritus and Senior Fellow at IHI, provided

anecdotal and research-supported evidence that factors such as mind-body interactions, total environment, joy, happiness, and love were vital and influential aspects of health and wellness.[24] He adamantly urged that their organizational effort of the past, focused on models of disease, should now be turned to focus on aspects of wellness and health. Berwick humbly reminded health care professionals that we have forgotten how to talk to patients. He quoted Maureen Bisognano, the CEO of IHI,[24(min:42:28)] by reminding the audience that instead of asking patients "What's the matter with you?" our first question should be, "What matters to you?"[24(min:42:30)]

Finding what matters to the patient

While the students continued diet discussions with our patient, would we gain an overall understanding that resulted in suggestions for more sustainable diet and lifestyle changes? Fortunately, just then, our patient was asked what she was currently able to do for physical activity and exercise. This question, laid out as the previous questions—with a nonjudgmental tone—received an answer that triggered our deeper listening, and, as Dr Charon has suggested, (we) "listened to unsaid hints and guessed at what was unsaid,"[18(min:5:20)] so that (our) "clinical practice was fortified by the knowledge of what to do with the story."[18(min:4:53)]

She used to walk, but her neighborhood was no longer safe. For many years, she took care of an elderly woman who recently died, and she also cared for her own mother who had been gravely ill with cancer. But now, she told us, she was mostly alone and had no one to care for, but herself. Could it be that this patient only learned about and sustained her healthy self-care habits because someone depended on her? Was this driver of self-love and self-efficacy the true motivation for her good health behaviors? Had she realized that her self-care quietly harbored this relational requirement? As we integrated and aligned our diet and lifestyle litany of strategies with our patient's own goal setting, should we have first questioned, as Drs Perakis and Berwick might independently admonish, "What matters to you?"[21,22,24]

For dietitians, as for neurologists or other health care professionals who continually depend on the patient story, the narrative is "a framework for clinical practice"[9(p891)] and "a way to complement it by re-establishing the centrality of the patient's story in the clinical encounter."[9(p894)] While the domain of narrative medicine is gaining recognition in dietetics education,[20] a recent dietetics practice application reinforces that diet counseling is both an art and a science.[25] For us to impact a patient, how much unfolding, embracing, and reflecting on the patient's story are we doing? Deeper yet, what is required of us to be present and mindful[26] as we listen deeply and participate wholly in these "therapeutic alliances?"[26] From readings across narrative medicine,[3–17,25] we expect that future training and evidence-based testing with narrative medicine woven inside dietetics education and counseling will be valuable and impactful for both practitioners and their patients.

We unfold the story, open to the narrative, weave and integrate ideas, strategies, and goals that incorporate the power of food as medicine. Our hope is that, as dietitians, we will truly and sustainably impact health and wellness with the only thing that any of us fundamentally possess—*what matters to our patients*.

ACKNOWLEDGMENTS

The author thanks the Narrative Nutrition and Dietetics student group including Alex Lewis, Liz King, Sarah Crock, Jay Short, Stephan Zarich, Brian Polzner, and Amanda Crichton and colleague, Marcia Nahikian-Nelms, PhD, RDN, for encouragement and editorial suggestions.

REFERENCES

1. Holli BB, Beto JA. Chapter 4: Person-centered counseling. In: *Nutrition Counseling and Education Skills for Dietetics Professionals*. 6th ed. Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins; 2014.
2. Holli BB, Beto JA. Chapter 3: Interviewing. In: *Nutrition Counseling and Education Skills for Dietetics Professionals*. 6th ed. Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins; 2014.
3. Charon R. What to do with stories. The sciences of narrative medicine. *Can Fam Phys.* 2007;53:1265–1267.
4. Charon R. Narrative medicine: form, function, and ethics. *Ann Intern Med.* 2001;134:83–87.
5. Charon R. Narrative medicine. A model for empathy, reflection, profession, and trust. *JAMA.* 2001;286:1897–1902.
6. Hurwitz B. Narrative and the practice of medicine. *Lancet.* 2000;356:2086–2089.
7. Charon R, Hermann N. A sense of story, or why teach reflective writing? *Acad Med.* 2012;87(1):5–7.
8. DasGupta S, Charon R. Personal illness narratives: using reflective writing to teach empathy. *Acad Med.* 2004;79:351–356.
9. Alcauskus M, Charon R. Right brain: reading, writing, and reflecting. Making a case for narrative medicine in neurology. *Neurology.* 2008;70:891–894.
10. Shapiro J. Illness narratives: reliability, authenticity and the empathic witness. *Med Humanit.* 2011;37(2):68–72.
11. Charon R. *Narrative Medicine: Honoring the Stories of Illness*. New York, NY: Oxford University Press; 2006:155–174.
12. Miller E, Balmer D, Hermann N, Graham G, Charon R. Sounding narrative medicine: studying students' professional identity development at Columbia University College of Physicians and Surgeons. *Acad Med.* 2014;89(2):335–342.
13. Arntfield SL, Slesar K, Dickson J, Charon R. Narrative medicine as a means of training medical students toward residency competencies. *Patient Educ Couns.* 2013;91:280–286.
14. Goyal RK, Charon R, Lekas H-M, et al. "A local habitation and a name": how narrative evidence-based medicine transforms the translational research paradigm. *J Eval Clin Prac.* 2008;14:732–741.
15. Charon R. Commentary: calculating the contributions of humanities to medical practice-motives, methods, and metrics. *Acad Med.* 2010;85:935–937.
16. Charon R. At the membranes of care: stories in narrative medicine. *Acad Med.* 2012;87(3):342–347.
17. Charon R. The reciprocity of recognition: what medicine exposes about self and other. *N Engl J Med.* 2012;367(20):1878–1881.
18. Charon R. Honoring the stories of illness. TEDx Atlanta. Talk Uploaded, November 4, 2011. http://www.youtube.com/watch?v=FHflfGlNrx4. Accessed June 4, 2014.
19. Nahikian-Nelms MN, Habash DL. Chapter 3: Nutrition assessment: foundation of the nutrition care process. In: *Nutrition Therapy and Pathophysiology*. 2nd ed. Belmont CA: Brooks Cole/Cengage Learning; 2011.
20. Perkins L, Rodriguez J. More lit can fit: using nontraditional literature in dietetics education to enhance cultural competence, cultural literacy, and critical thinking. *J Acad Nutr Diet.* 2013;113(6):757–761.
21. Perakis CR. Teaching and learning moments. What about the soul? *Acad Med.* 2013;88(10):1521.
22. Perakis CR. Seeing with native eyes. *J Am Osteopath Assoc.* 2013;113(5):434–435.
23. Rankin L. The shocking truth about your health. TEDx FiDi Women. Talk Uploaded, December 5, 2011. http://www.youtube.com/watch?v=7tu9nJmr4Xs. Accessed February 16, 2014.
24. Berwick D. *H4-Keynote Address 2013 at the 25th Annual National Forum on Quality Improvement in Health Care*. Orlando FL: Institute for Healthcare Improvement. http://www.youtube.com/watch?v=r5Tbikk44jY. Uploaded December 15, 2013. Accessed February 16, 2014.
25. Stein K. The art and science of practice: the intersection between liberal arts and allied health. *J Acad Nutr Diet.* 2014;114:1157–1168.
26. Connelly JE. Narrative possibilities. Using mindfulness in clinical practice. *Perspect Biol Med.* 2005;48(1):84–94.