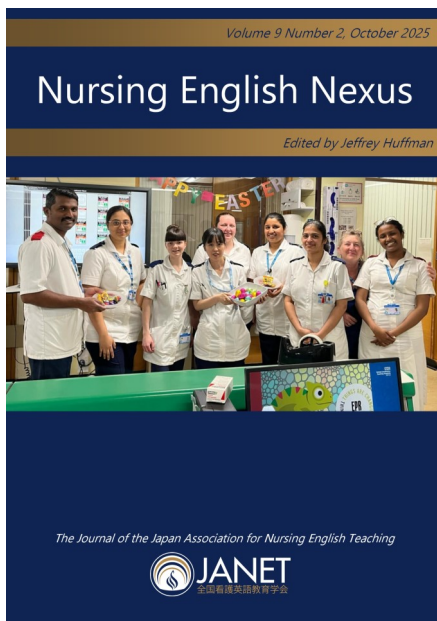


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Narrative Medicine in Nursing English Education: Cultivating Communication, Empathy, and Professional Identity through Imaginative Literature

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Abstract: *This article supports and describes the adaptation of narrative medicine to nursing English classrooms. We argue that narrative medicine can be used pedagogically to stimulate communication skills, empathy, and professional identity formation in nursing English learners. Part of this discussion focuses on our classroom adaptations of a narrative medicine variation called "bibliotherapy," in which patients engage with imaginative literature to gain insights that help them manage the stress of illness and maintain mental health (Recob, 2008; Hynes & Hynes--Berry, 2012; Pardeck & Pardeck, 2021). Drawing on our classroom use of literary texts, particularly the nonfiction "clinical tales" of neurologist-writer Oliver Sacks, the present study illustrates ways that imaginative literature nurtures linguistic and emotional development in English learners. By reading, discussing, writing reflectively on, and enacting English literary texts about illness, nursing students explore human vulnerability in caregiving, practice empathetic communication, and reimagine their roles as future healthcare professionals. The present study investigates classroom activities, student voices, philosophical implications, and theoretical insights in relation to storytelling and humanistic pedagogy in medical settings. The study also considers cross-cultural dimensions, long-term effects, and institutional integration strategies in caregiving—illuminating ways that narrative medicine-based learning can reshape nursing English education across diverse contexts.*

Keywords: narrative medicine, bibliotherapy, imaginative literature, nonfiction, empathy, Oliver Sacks, nursing English education

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In contemporary nursing education, English is often taught primarily as a utilitarian tool for reading academic literature, passing examinations, and completing clinical paperwork. While these objectives remain important, such a narrowly defined scope of English instruction may overlook the crucial interpersonal and emotional dimensions of healthcare communication. For nurses, language is not only instrumental but

deeply relational: it is the medium through which nurses listen to patients' requests, reports, and anxieties, provide care and comfort, and accompany patients through uncertainty. The present study introduces narrative medicine—the reflective reading and discussion of medical memoirs, imaginative literature, and nonfiction about illness—as a humanistic and pedagogically robust method to complement technical language

training for nursing students. Narrative medicine promotes understanding and healing through reading, discussing, and reflecting on imaginative literature concerning illness. In one form of narrative medicine known as bibliotherapy, small groups of patients and sometimes their caregivers read and discuss narratives—selections from novels, short stories, and nonfiction—as well as poetry, dramas, and essays that deal with illness and comparable problems of life. The texts are selected by a facilitator who then leads the group in reading and discussion. As group members reflect on these texts together, they gain insights, comfort, and coping strategies for both patients and caregivers. The present study proposes that nursing English education can be enriched with adaptations of narrative medicine that invite students to read, discuss, and even role-play literary texts about illness in ways that challenge them to reflect on suffering, resilience, and the acts of care giving and receiving.

Through imaginative literature and nonfiction about patients and caregivers dealing with illness, nursing English students can explore emotional depths and ethical ambiguities. When used pedagogically, literary and nonfiction texts about illness promote active learning by encouraging interpretation, discussion, and empathetic imagination. Among the most useful texts are the narrative “clinical tales” of Oliver Sacks in which medical case studies are portrayed with literary precision. Like a great short story writer, Sacks offers sharp observations of illness and treatment along with profound insights into the human condition. We argue below that for students of nursing and other caring vocations, reading and discussing such texts through the discipline of narrative medicine can support students’ growth—not only in linguistic proficiency but also in the formation of professional identity, grounded in empathy and narrative understanding.

Narrative Medicine in Context:

Definitions and Theoretical Foundations

For nursing students, narrative medicine-based classroom learning facilitates a deep understanding of patients’ lived experiences. Partners or groups examine the outward actions and inner lives of literary and nonfiction characters, narrators, and speakers—exploring their fears, contradictions, and transformations. Engaging with literary texts about illness allows nursing students to examine their own emotional responses and develop a more nuanced sensitivity to the perspectives of patients—and of their caregivers, which the students can expect to be.

Literature and medicine courses for nurses align with narrative medicine through a common reliance on the uses of storytelling. In the classroom, as in clinical practice, there are moral imperatives of attentive listening. Charon (2006) defines narrative medicine as:

medicine practiced with [the] narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness. As a new frame for health care, narrative medicine offers the hope that our health care system, now broken in many ways, can become more effective than it has been in treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick. (Charon, 2006, p. 4)

Through narrative medicine-based classroom activities, nursing students can develop competence in listening to patients’ accounts of their experience of illness in an ideal sense: “Health care professionals can become more attentive to patients, more attuned to patients’ experiences, more reflective in their own practice, and more accurate in interpreting the stories patients tell of illness” (Charon, 2006, p. 107). When patients “narrate” stories of their own illness and caregivers listen closely, both patients

and the caregivers gain new perspectives on the problems they both face in dealing with illness itself. Narrative based-learning activities help nursing students grow in comparable ways.

Narrative medicine relies on the explanatory power of storytelling, making use of narrative “texts” that are presented and examined for their therapeutic value. Narrative medicine, however, takes several forms. In the course of diagnosis and treatment, narrative medicine may involve patients describing their experience of illness in story form, with the aim of helping patients better understand their own conditions while also helping their caregivers find solutions to the patients’ medical problems. In the specialized form of narrative medicine called bibliotherapy, small groups of patients led by a facilitator read and discuss literary and nonfiction texts concerning illness. The aim here is to gain greater understanding of emotional and ethical issues raised by the experience of illness and treatment, thereby helping patients cope with the stress of illness and maintain mental health (Recob, 2008; Hynes & Hynes—Bailey, 2012; Pardeck & Pardeck, 2021). In the classroom, narrative medicine-based activities use stories to challenge students not simply to learn English but to use it in ways that reflect care, dignity, and understanding through modes of learning that are affective, ethical, and transformative.

Recent developments in clinical studies and children’s education also support the integration of narrative medicine into curricular activities. Pardeck and Pardeck (2021) emphasize the importance of understanding the causes of defensive behavior in stressful situations: “All normal children and adults use defense mechanism[s] to cope with fear. It is not unusual for individuals to use many of these mechanisms simultaneously” (Pardeck & Pardeck, 2021, p. 116). Nurses who understand patients’ reactive fears in hospitals and who can cope with their own fears have an advantage in communicating

effectively with stressed and defensive patients. Nursing students who read and discuss literary and nonfiction works that dramatize and narrate various kinds of psychological trauma can thereby prepare themselves to deal with the fears and defensive responses experienced by patients and even by nurses themselves in clinical settings.

Similarly, Recob (2008) asserts the psychological benefits of adapting the form of narrative medicine called bibliotherapy in the classroom:

In schools, bibliotherapy can greatly increase the connectivity of curriculum to the individual student. A genuine relation to a book can help students cope with their current situation.... Those who want to help, but don’t understand what their loved one is going through, can gain empathy by reading about a similar situation. This will better equip an individual to open the lines of communication with someone they care about. (Recob, 2008, p. xiii)

Such insights suggest that emotional engagement through imaginative literature offers models of ways to improve motivation, retention, and depth of learning in nursing English classrooms.

Ethical Considerations

In the present study, all quotations come from a pool of about 15 of our nursing students and graduates. Students wrote their responses to classroom activities involving narrative medicine-based learning in 2024 and spring semester of 2025, while graduates expressed their views in spoken exchanges with us. Quotations are used with the participants’ written permission. Students understood that their personal identities would be protected by anonymous citations only.

Why Literature Matters for Nurses-in-Training

Nursing is a profession grounded in human interaction. The capacities of caregivers to listen,

to interpret unspoken concerns, and to respond with compassion are vital to patient care. However, these interpersonal competencies are not always addressed in language curricula that focus primarily or exclusively on grammar, vocabulary, or technical reading skills.

Literature, by contrast, provides models of interpersonal engagement and opportunities to imagine it. Through literary characters and dramatized situations in prose, plays, and poetry, students encounter complex human situations and learn to navigate emotional ambiguity. As we noted in our presentation at the 7th JANET Conference on Nursing English in Hamamatsu on June 14, 2025, students wrote feedback for a recent lesson on literary works about illness: "Reading improves [interpersonal] communication skills," and "I want to learn about people's experiences with illness, not just from a textbook, but from the patients themselves."

These sentiments and many others like them reflect a shift in understanding, from English as a set of grammatical skills to English as a medium of ethical and emotional reflection and action. Reading and discussing literature helps students imagine what it means to be vulnerable, to hope, to suffer, and to heal. When students encounter narrative medicine-based texts—illness memoirs, fictional and non-fictional narratives, poems, and dramatized scenes—they are exposed not only to medical facts but to emotional truths: they learn what it feels like to be a patient or a caregiver in difficult settings.

Moreover, students begin to recognize their own emotional landscapes within stories and poems. One student commented, "When the protagonist's ways of thinking and feeling have a lot in common with mine, I can get more immersed in the story." Indeed, by identifying personally with literary or nonfictional characters, students can make gains in comprehension, self-reflection, and intrinsic motivation to learn English—fostering a more holistic approach to

language learning and professional preparation.

Interdisciplinary research confirms such effects. Green and Brock (2000) found that "narrative transportation"—the reader's psychological immersion into a story—deepens empathy and moral sensitivity:

To the extent that individuals are absorbed into a story or transported into a narrative world, they may show effects of the story on their real-world beliefs... [Narrative transportation is] a mechanism whereby narratives can affect beliefs. Defined as absorption into a story, transportation entails imagery, affect, and attentional focus (Green & Brock, 2000, p. 701).

In such ways, literary engagement through narrative medicine cultivates in nursing students not simply communicative competence but greater awareness of the emotional and ethical issues involved in care giving and receiving.

Oliver Sacks and Narratives of Care

Among the many literary voices available to students, the works of Oliver Sacks stand out for their blend of medical precision and narrative depth. A neurologist and a prolific nonfiction writer, Sacks described his medical case studies as "clinical tales," stories that offer both diagnosis and insight. Selections from his major works are particularly well-suited for nursing English education—notably, *Awakenings* (2012), which was made into a feature film by the same title and starred Robin Williams as the doctor modeled after Sacks himself. Other useful works by Sacks include *An Anthropologist on Mars* (1995), *Musicophilia* (2008), and *The Man Who Mistook His Wife for a Hat* (2011). Chapters from these works are accessible in length and language, while rich in emotional and ethical complexity.

Sacks listened carefully to his patients, portraying them not merely as subjects afflicted with disease but as full human beings with

histories, relationships, and desires. In his deeply humane accounts of his patients, Sacks modeled the reflective, compassionate engagement that is essential in the medical professions. Sacks's case studies read like short stories—blending clinical observation with profound human insight.

For example, in *Musicophilia* (Sacks, 2008), the chapter “Irrepressible: Music and the Temporal Lobes” introduces Louis F., a man with such a voracious compulsion to eat that he even attempted to consume non-food items, including bath salt shaped like candy. The narrative invites readers and their discussion partners to explore together such questions as: “How would I speak to Louis as a nurse?” “What kinds of care does he require, beyond the physical?” “How does Sacks describe Louis with dignity and compassion?” These questions serve as prompts for classroom discussion and reflective writing.

As a follow-up activity to their discussions and writings, students were asked to compose dialogues between a nurse and Louis F., imagining how a nursing professional might offer support while maintaining respect for the patient. This activity led to thoughtful conversations about dignity, autonomy, and practical communication strategies.

Classroom Applications:

Pedagogical Design and Activities

As suggested by using Sacks's works in the classroom, narrative medicine-based learning involves integrated language activities that stimulate student development in multiple domains: linguistic competence, emotional intelligence, and ethical awareness. This section outlines the ways that narrative medicine unfolds in practical terms within nursing English education settings, specifically in such courses as English Reading III and Literature and Medicine at our nursing college.

Collaborative Reading and Interpretation

Students begin by reading excerpts from literary texts aloud in pairs or small groups. Reading aloud helps students practice pronunciation and rhythm, while collaborative reading gets students through the text and stimulates discussion for interpretation. Students are encouraged to underline unfamiliar words, annotate their emotional reactions in the margins, and pause to discuss passages that resonate personally. Such practices encourage dialogic learning and critical reflection.

Emotional and Ethical Dialogue

The form of narrative medicine called bibliotherapy may be likened to giving patients and caregivers a mirror to inspect their reactions as they read and discuss literary texts that help participants understand the experience of illness and treatment. The published texts under consideration provide dramatizations of illness and caregiving at a remove, allowing discussion members to focus on the same issues together; ideally, participants gain perspectives on human suffering and care, along with greater understanding of the problems of life and, ultimately, of themselves. By contrast, another common form of narrative medicine seems more like giving medical caregivers a stethoscope to “read” their patients through personal medical memoirs: patients tell their own stories, to help themselves and their medical caregivers connect with each other for therapeutic purposes.

In the classroom, narrative medicine-based learning involves pairs and groups of students in discussing, writing about, and producing creative activities in response to literary texts in ways that can lead to better understanding of the experiences of illness and caregiving. Our first-year students usually have not had any training in listening to patients' stories, but they can read and discuss selected literary texts in class to prepare for listening to their own patients during

their professional lives. After a typical reading session, class discussions focus on the characters' emotional responses and the practical and ethical dilemmas faced by patients and caregivers. Students consider such questions as "What emotions are the characters experiencing?"; "How would you respond if you were the nurse in this story?"; and "What practical and ethical decisions are being made, and do you agree with them?" By discussing and reflecting on such questions, students develop a clinical moral compass alongside effective communication skills that are enhanced with greater capacity for empathy.

Reflective Writing

In narrative medicine-based learning activities, students write frequently in their reflective journals, expressing thoughts and feelings from their own perspectives and even in the adopted voices of characters in stories. For example, students might write a letter from a patient to a nurse or compose an inner monologue expressing a character's emotional turmoil. Such creative writing exercises are powerful tools for developing empathy and narrative fluency in English.

Role-Playing and Simulations

One of the most interactive activities of narrative medicine-based learning is role-playing. Pairs or small groups of students act out scenes inspired by the literature they read, e.g., improvising conversations between patients and healthcare professionals. Through such activities, students internalize vocabulary and phrases appropriate to clinical interactions while also learning how tone, gesture, and empathy contribute to communication.

As the term "empathy" figures so often in the present study, it might be helpful to compare the term with a closely related one, "sympathy." The emotions are similar but have subtle differences. The capacity for sympathy ("feeling together") involves feelings of connection and compassion for another's suffering while maintaining some

emotional equilibrium. Empathy, however, requires emotional vulnerability and active imagination. It takes the sense of connection to deeper levels of understanding. Empathy is the ability to imagine actually being in someone else's shoes and walking around in them. Role playing, in this sense, is empathy in motion.

Creative Extensions

Narrative medicine-based learning lets students deepen textual interpretation by creating their own stories, dialogues, poems, or multimedia responses inspired by what they have read. Such activities nurture creativity and allow students to process complex emotions in ways that extend beyond analytical writing. For example, after reading "The Last Hippie" (in Sacks, 1995), students created a short visual storyboard illustrating the relationship between music, memory, and identity. In effect, representing the story visually helps make its events and characters real in personal terms that resonated emotionally.

Assessment and Feedback

In narrative medicine-based learning, assessment favors process over product. Specially designed rubrics guide students as they evaluate their own language use, emotional insights, ethical awareness, and participation. Peer feedback is also integrated into the evaluation process, encouraging mutual support and collaborative growth. Teachers in such courses as English Reading and Literature and Medicine provide narrative medicine-based activities and follow them up with qualitative guidance and feedback that acknowledge the importance of grammatical correctness but push beyond linguistic surface matters to include narrative engagement, empathy, and clarity of expression.

The activities described above help nursing students improve their English proficiency while also engaging with the complex emotional and ethical issues that typically arise in professional

caregiving. Through narrative medicine-based activities, the classroom becomes a space for language learning that involves reflection, introspection, and transformation.

To conclude this section, it is worth noting that many of the classroom activities with literature that are described above—discussion of emotional and ethical issues, reflective writing, role-playing and simulations, and such creative extensions as composing one's own stories, dialogues, letters, poems, and multimedia responses—are hardly original. Instead, they have deep roots in progressive classroom practices in the United States, inspired by such educational reformers as John Dewey (1859–1952) who was active in the first half of the twentieth century and promoted education for the expansion of democracy. Much of the second half of the twentieth century was, for progressive educators inspired by Dewey, a time of pedagogical freedom and creativity in which outcomes were validated by the direct assessment of student writing samples and portfolios of student work across the curriculum. Sadly, such practices were largely displaced when standardized testing gained predominance in the late twentieth century, a trend persisting into current times. An entire recipe book of such creative ways of responding to imaginative literature can be found in Moffett and Wagner (1992). The intellectual foundations of this humanistic pedagogy are described by James Moffett (1929–1996)—the legendary teacher of teachers and a widely respected moral authority on English teaching and learning—in Moffett (1983); Moffett (1992a); and Moffett (1992b).

Student Voices and Learning Outcomes

The transformative impact of narrative medicine in nursing English education becomes especially apparent through the voices of students themselves. Reflective writing and classroom discussions, along with interviews and role playing

among characters, increase students' self-awareness, improve their communicative confidence, and help them use English as a medium of empathy and compassion.

Enhancing Emotional Awareness

Many of our students remarked that reading literature improved their understanding of their own emotions regarding patient care. As one student shared, "Reading stories made me think more deeply about what patients feel. It made me wonder how I would respond in such situations as a nurse." Literature offers imaginative scenarios in which students vicariously experience distress, fear, and hope. The students' affective responses to literary works are, in effect, steppingstones to emotional maturity in personal and clinical settings.

Developing English Confidence Through Purpose

Several students noted that their fear of speaking English diminished once they saw models of language used for caregiving in imaginative literature. As one student commented, "I used to be nervous about speaking English, but now I feel I want to use it to help someone." Narrative medicine-based activities create contexts for English as a vehicle of moral action, which, in turn, increases students' willingness to engage in dialogue with less worry about making grammar errors.

Empathy Through Identification

Narrative empathy—the reader's emotional engagement with characters—frequently emerged in responses from students who recognized images of themselves in stories. As more than one student remarked: "When the protagonist's thoughts are similar to mine, I get more involved. I feel like I am not alone." Such emotional identification generates confidence and solidarity as students reflect on their own beliefs and fears.

Noddings (2003) sheds considerable light on such empathy through identification:

Caring involves, for the one-caring, a “feeling with” the other. We might want to call this relationship “empathy,” but we should think about what we mean by this term. . . . The sort of empathy we are discussing does not first penetrate the other but receives the other. . . .

[Whomever] I receive, I communicate with, I work with. (Nodding, 2003, p. 31)

Indeed, by “receiving” others first, caregivers improve their ability to understand their patients’ feelings, thereby communicating with patients better and serving them more effectively. Such gains in empathy naturally reflect personal growth, as noted in sections below.

Seeing the Nurse’s Role Differently

Reflective journal assignments give students the freedom to articulate their changed perspectives on nursing. One wrote, “Writing from the patient’s viewpoint helped me realize how important nurses are—not just for physical care but for emotional presence.” Such shifts indicate a growing sense of professional identity rooted in relational ethics.

Integrating Language and Identity

Perhaps the most profound outcome of narrative medicine is the merging of language learning with identity development. A common sentiment was: “I’m not just learning English; I’m learning to be a nurse who speaks with care.” Narrative medicine-based activities turn language learning into a journey of becoming, a preparation for the human complexities that nurses face daily. Student responses largely supported the premise that narrative medicine not only improves language competence but also fosters emotional intelligence, moral imagination, and vocational clarity—key components of nursing professionalism.

Professional Identity Formation and Long-Term Impact

The professional identity of nursing students is shaped not only by technical knowledge and clinical experience but also by introspective processes that help students understand who they are and who they aspire to become in their professional caregiving roles. Narrative medicine-based learning makes unique contributions to this reflective journey by letting students encounter ethical dilemmas, witness the struggles of fictional and real patients, and engage in meaning-making through reading, discussion, and creative activities.

The Narrative Construction of Self

In presenting the theory of narrative identity, McAdams and Pals (2008) asserts that individuals make sense of their lives through narrative.

The life story consists of the person’s internalized and evolving self-narrative (s), serving to reconstruct the past and imagine the future in such a way as to provide life with meaning, unity, and purpose. Life stories speak directly to what a whole life, situated in time and society, means and how the person believes that meaning has changed over time. (McAdams & Pals, 2008, p. 8)

For nursing students, the stories they read and discuss—and the stories they write and tell—provide narratives for them to reflect on and learn from, helping students construct a sense of themselves as emerging professionals. Through narrative medicine-based learning, students begin to internalize not only the vocabulary of nursing but also its ethical language, deepening their sense of responsibility, vulnerability, trust, and hope.

Emotional Endurance in a Demanding Profession

Nursing, by its very nature, is emotionally and physically taxing, as it often involves prolonged

exposure to suffering, ambiguous circumstances, and emotionally charged duties. Narrative medicine-based learning offers preventive measures and resilience training by providing students with safe areas in which to untangle complicated emotions and learn vicariously from the troubled experiences of others. Exposure to human suffering presented in literary narratives can serve as a rehearsal for real-life caregiving situations, offering coping tools and ethical insights.

Integrating Personal and Professional Values

Narrative medicine-based learning encourages students to examine how their personal values align with professional responsibilities. Imaginative literature often presents characters whose moral choices have consequences, prompting readers to reflect on their own decision-making frameworks. In discussing literary and nonfiction narratives, students explore such core values as compassion, justice, and empathy—values that guide ethical nursing practice.

Lasting Influence Beyond the Classroom

The effects of narrative medicine-based learning extend beyond the immediate context of English language learning. In our follow-up interviews with recent graduates of our nursing college, several novice nursing professionals reported that they continue to reflect on stories they had read during their undergraduate years. One shared, “I still remember the story about the patient with memory loss and how the nurse treated him—it reminds me to listen first, even when I’m busy.” Such testimonials suggest that narrative medicine-based activities can have a lasting impact on students’ clinical practices and attitudes.

A Shift in Educational Paradigm

When narrative medicine-based learning is incorporated into nursing English education, classrooms undergo a shift in learning style, from

transactional to transformative. Students are not simply absorbing information; they are reorienting their perspectives, reshaping their goals, and reimagining their professional futures. Narrative medicine aligns with the model of transformative learning proposed by Mezirow (1997), emphasizing initial confusion, followed by reflection and perspective change as core components of adult education. Mezirow (1997) observes:

We may be critically reflective of assumptions when reading a book, hearing a point of view, engaging in task-oriented problem solving (objective reframing), or self-reflectively assessing our own ideas and beliefs (subjective reframing). Self-reflection can lead to significant personal transformations. (Mezirow, 1997, p. 7)

In short, narrative medicine-based learning is not merely a classroom technique but a set of holistic developmental tools. It addresses not only what students learn but who they become. By engaging deeply with imaginative literature and literary nonfiction, nursing students get practice in becoming the kind of professionals who communicate with purpose, act with integrity, and provide care with empathy.

Institutional Integration and Cross-Cultural Perspectives

For narrative medicine-based learning to have a lasting impact on nursing English education, it should be integrated not only at the classroom level but across institutional structures and diverse cultural contexts. This section explores strategies for embedding narrative medicine-based learning into curriculum design, faculty development, and international collaboration.

Curriculum Development and Integration

Narrative medicine-based learning can be woven into a variety of courses within nursing

programs—ranging from English for Specific Purposes (ESP) and ethics seminars to clinical communication workshops. Curriculum designers should identify key competencies—e.g., reflective writing, narrative empathy, and cross-cultural communication—and align narrative medicine-based activities accordingly. A modular approach allows departments to adapt narrative medicine-based learning flexibly across levels and specialties.

Faculty Training and Interdisciplinary Collaboration

Implementing narrative medicine-based learning requires instructors to be both linguistically competent and emotionally attuned. Faculty development programs can include workshops on narrative pedagogy, trauma-informed teaching, and the principles of literary interpretation. Trauma-informed teaching can be an educational approach that recognizes the widespread impact of trauma on students' lives and learning. Instead of asking, "What's wrong with this student?", the trauma-informed teacher asks, "What has this student experienced, and how can I respond in a supportive way?" When nursing students absorb the models of trauma-informed teaching, they may, in turn, learn to practice "trauma-informed health care," asking themselves as Dr. Oliver Sacks often did, "What has this patient experienced, and how can I respond in a supportive way?" Interdisciplinary collaboration among literature, psychology, and medical humanities departments can enrich resources and perspectives, fostering a culture of storytelling in narrative medicine-based nursing education.

Institutional Case Study

In Japan, where English is taught as a foreign language, the integration of narrative medicine-based learning faces unique challenges and opportunities. Cultural norms of indirect communication, social harmony, and emotional restraint must be acknowledged. However,

students often find comfort in the structured exploration of feelings through literature. At our institution, narrative medicine-based learning was successfully introduced through elective English courses, supported by faculty mentoring and thematic reading lists.

In the comments that students wrote as part of every writing assignment that followed narrative medicine-based classroom activities, students responded favorably to Oliver Sacks and other writers whose stories address healthcare issues. Among these authors were Arthur Conan Doyle, a British physician who started writing the detective adventures of Sherlock Holmes in his often copious spare time between seeing patients; Alice Munro, a Canadian short story writer and winner of many prestigious literary awards, including the 2013 Nobel Prize in Literature; and Theodore Dalrymple, a pen name of Anthony Malcolm Daniels, a British prison physician and psychiatrist who later became a journalist, cultural critic, and editor of *The Best Medicine: Stories of Healing* (Dalrymple, 2021). Writers of this caliber have turned their talents at times to stories dealing with illness—its experience and treatment—which make good texts for narrative medicine-based learning.

Challenges and Considerations

Despite its promise, narrative medicine-based learning faces several challenges. Not all students are comfortable with emotional introspection, and some may resist discussing sensitive topics. Time constraints and assessment pressures may discourage educators from adopting nontraditional methods. To address these concerns, narrative medicine-based learning should be positioned as an enhancement rather than a replacement for core competencies, with clearly articulated learning outcomes and supportive scaffolding.

Institutional support is critical—particularly, allocating time for narrative-based learning, providing access to literary materials, and

encouraging reflective teaching practices. Moreover, program evaluation should include qualitative measures—e.g., student portfolios and interviews—to capture the nuanced outcomes of narrative medicine-based activities. In short, cross-cultural and institutional integration of narrative medicine-based learning requires intentional planning, inclusive pedagogy, and sustained advocacy. When these conditions are met, narrative medicine-based learning has a chance to transform not only classrooms but entire educational cultures.

Future Directions for Research

As narrative medicine-based learning in nursing English education continues to grow, further research is needed to evaluate its long-term impact, scalability, and adaptability across diverse educational and cultural settings. There are several key areas for future inquiry:

Longitudinal Studies on Professional Development

One promising direction is longitudinal research tracking of the influence of narrative medicine-based learning on graduates over time. One research question might be: “Do students who participate in narrative medicine-based learning demonstrate greater emotional resilience, patient-centered communication, and/or job satisfaction in clinical practice?” Such studies could incorporate mixed methods, combining questionnaires, interviews, and observational data and could also benefit from an instrument for measuring students’ sense of empathy at various intervals.

Comparative Effectiveness Research

Comparing narrative medicine with other pedagogical approaches—such as simulation training, problem-based learning, or digital storytelling—could offer insights into the unique contributions of literary engagement in language learning. Quantitative studies might assess

improvements in communication scores or empathy measures, while qualitative analysis could explore student perceptions and reflective narratives.

Multilingual and Multicultural Applications

More research is needed to explore how narrative medicine-based learning functions in multilingual contexts. Further research questions might include: “How does the language of literary texts affect comprehension, empathy, and narrative engagement?”; and “What role do cultural background and translation play in shaping student responses?” These questions are especially relevant in globalized educational settings where diverse linguistic and cultural identities intersect.

Curriculum Design and Institutional Policy

Research into curriculum implementation can examine best practices for integrating narrative medicine into nursing programs. Research questions might include: “What institutional conditions facilitate successful adoption?” and “How do faculty attitudes, training programs, and administrative support influence outcomes?” Such lines of inquiry can inform policy development at departmental and even national levels.

Neurocognitive and Affective Dimensions

Emerging research in neuroeducation suggests that literary reading activates brain regions associated with theories of mind, emotional regulation, and empathy. Interdisciplinary studies involving neuroscience, psychology, and education could deepen professional understanding of how narrative medicine-based learning engages the mind and shapes professional behavior. By pursuing such issues, educators and researchers can build an evidence-based foundation for narrative medicine-based learning, ensuring its effective and ethical use in nursing education

around the world.

Conclusion: The Healing Power of Words

In a time when healthcare faces technological advances, institutional challenges, and moral complexities, the role of the nurse remains deeply interpersonal. Communication, empathy, and ethical reflection are not luxuries but necessities. The present study has proposed narrative medicine-based learning as a pedagogical approach that nurtures these qualities through the careful and compassionate use of literature in English education.

Through the clinical tales of Oliver Sacks, together with fictional stories, dramas, and poetry about illness and caregiving, nursing students learn not just vocabulary, but vision. They encounter not just characters, but ethical companions. They rehearse not just conversation, but care. The classroom becomes a space where English is not only learned but lived—where students speak to be heard, listen to understand, and write to reflect. Narrative medicine helps transform nursing students into professionals who see language not only as a set of skills but as a medium of service. Teachers of nursing English should offer English to students not only for tests but for tenderness—not only for grammar but for grace. Doing so reaffirms the belief that words, when used with empathy, have the power to heal.

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