

Review Article

An Intervention Model to Help Clients to Seek Their Own Hope Experiences: The Narrative Communication Model of Hope Seeking Intervention

Dal Sook Kim, R.N., Ph.D., Hesook Suzie Kim, R.N., Ph.D.* and Sally Thorne, R.N., Ph.D.[†]

College of Nursing, Chungnam National University, Daejeon, Korea, *College of Nursing, University of Rhode Island, Kingston, U.S.A., [†]School of Nursing, University of British Columbia, Vancouver, Canada

The paper describes The Narrative Communication Model of Hope Seeking Intervention developed by the authors as an approach to help clients to have individually specific hope experiences. The Model is founded upon the existential conceptualization of hope that views hope as subjective, unique experiences of meaning and processes. The Model has been developed based on the findings both in the literature and the authors' work on the nature of hope and hope experiences and integrating the concept of hope as subjective meanings and experiences, the processes of story-telling and the concept of narrative configuration as a way to engage in person-specific experiences, and person-centered communication. The results of the experiences with the application of the model in a study are used to clarify the model further. The Model incorporating story-telling and narrative construction through person-centered communication is identified in three components—the story-telling, the narrative intervention, and the communication components. These components are processed as an intervention to culminate into person-specific hope experiences in which active participation of clients as the story-teller and of interventionist as the communicative facilitator is required to produce narratives of hope with individual specific thematic plots that become the basis for hope experiences. The application of the Model has shown positive outcomes in clients with successful seeking of own hope experiences. The success of the Model application seems to depend upon interventionists' understanding of the model and the competency with the application of person-centered communication strategies.

Key Words: Hope, Intervention, Theoretical models, Individuality, Narration, Patient-centered care, Communication

INTRODUCTION

In general, hope as a subjective phenomenon has been valued as a power to bring positive outcomes in human health and life. Therefore, hope has been emphasized especially in healthcare situations as a protective experience for people in illness especially which threatens their existence or change their lives negatively (1-3). In the literature, the outcomes of hope experiences in persons who are seriously ill have often

been illustrated as sustaining, continuing and enduring life even in suffering in difficult health situations (4-6), transcending the suffering, or meeting oneself in suffering (5,7). Furthermore, the experience of hope is also viewed to have positive effects on various aspects of health such as promoting physical health proposed in the psycho-neuro-immunologic model (4), protecting persons from psychological distresses (8), encouraging persons to engage in good social relationships (9), or inspiring spirituality (1). In addition, the experience of hope may function as a medium through which a person can gain

Received February 5, 2017, Revised February 6, 2017, Accepted February 6, 2017

Correspondence to: Dal Sook Kim

College of Nursing, Chungnam National University, 266 Munhwa-ro, Jung-gu, Daejeon 35015, Korea

Tel: +82-42-863-1594, Fax: +82-42-863-1594, E-mail: dskim@cnu.ac.kr

This study was financially supported by research fund of Chungnam National University in 2011.

© This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

an understanding of the meanings of one's life of the past and the present moving it to the future and making it possible for the person to gain a positive view of the future (7). The literature also suggests that experiencing hope may help terminally ill patients or chronically ill patients in their physical-psychological-spiritual suffering, thus suggesting the application of hope-seeking and hope-inspiring interventions to help with their illness experiences (2).

One of the major challenges in developing and applying hope-seeking and hope-inspiring interventions in nursing stems from two opposing conceptualizations of hope – hope conceptualized as a phenomenon that can be generalized in terms of its structures and attributes on one hand and hope conceptualized as intangible, subjective, and unique personal experience (10-13). Following the early clinical research on hope in the healthcare field by Dufault and Martocchio (14), the concept of hope focused mostly on identifying attributes, characteristics, or experiential elements defined as a generalized construct (13). From such conceptualizations measurement tools for hope have been developed to assess the qualitative and quantitative differences (15,16). In addition, this approach also led to the articulation of causal model of hope in which hope is explained in relation to coping, physical and psychosocial functioning, locus of control, distress, and personal attributes (17). Interventions for hope experiences in the nursing context from this type of frameworks have thus focused on increasing the quality/quantity of hope in patients. For example, the Ho's hope based intervention (18) which was developed in applying the Snyder's cognitive process (19) is aimed at goal attainment for the individual susceptible to colorectal cancer and the Herth's eight week hope enhancing intervention program (20) is based on a 4 multidimensional process of experiential, spiritual/transcendent, relational, and rational thought which are the universal attributes of hope articulated by Farren, et al. (21). Such intervention models in general therefore propose application of standardized intervention processes/strategies on clients to enhance or increase hope experiences or produce hope-related outcomes in the classical cause-oriented therapeutic perspective (10,22).

Contrary to such intervention models is the approach to hope intervention based on the conceptualization of hope as a unique, personal, and subjective experience which cannot be structured in a general way (10-13). From the early 2000, the

descriptions and conceptions of hope emerged that highlight the existential nature of the phenomenon focusing on hope experiences from the contextual, subjective, and meaning orientations. Hope is viewed to vary in its experiences in relation to socio-cultural context and to change dynamically in its experiences and meanings in relation to time, living situations, life's circumstance, and relationships. Kylma, et al. (23) described changes in hope in significant persons of HIV/AIDS patients and HIV/AIDS patients as the dynamics of hope, despair, and hopelessness influenced by changes in relationships, situations, time, and disease processes. Kim, et al. (13), using the Q-methodology in 20 American chronically ill patients, discovered five unique types of hope experiences having differences in meanings and processes, which also revealed some variations in meanings and structures from seven unique patterns of hope experienced by a sample of Korean chronically ill patients in a study using the same methodology (24,25). Hammer, et al. (26), in a meta-synthesis of 15 qualitative studies published in nursing and allied health journals, discovered six different meaning metaphors of hope in healthy and chronically or terminally-ill persons as: (a) living in hope-being, (b) hoping for something-doing, (c) hope as a light on the horizon-becoming, (d) hope as a human-to-human relationship, (e) hope vs hopelessness in dialectics, and (f) hope as weathering a storm-situational and dynamic. Tsuzuki (27) emphasized hope intervention considering individual differences in hope by identifying 6 dynamically changing waves of future hope (increase from low, decrease from top, increase from middle, decrease from middle, low stable, high stable) discovered in the findings from 7 time-measurements made in a sample of adolescents during the grades 5 through 8. On the other hand, Herrested, et al. (28) identified hope interventions to be social practices based on varying concepts of hope undergirding the illustrations of hope depicted in various cases from the medieval period, in various health care situations such as medicine, family therapy, end of life care, and crisis resolution, in elderly, and in persons with substance abuse. This view of hope thus emphasizes the need of individualized hope practice in terms of assessment and intervention. This is reflected in Parse's statement (11) that hope is not to be understood as a coping strategy but to be understood as a personal unique experience, and hope enhancing practice is not for finding out evidences

but for supporting personal hope experience. However, the literature is devoid of the evidence for hope practice of assessment and intervention that supports the existential view of hope in which individual differences in experiences, processes, structures, or meanings are emphasized. As ways of individualizing hope practice, Hammer, et al. (26) proposes for interventionists to identify individual meanings and metaphors to fit interventions to individuals, and Thorne, et al. (6) suggests identifying individual sources of hope to individualize the intervention. However, these hope-enhancing interventions do not identify specific ways of how such conditional accounts can be revealed and integrated into the intervention strategies.

THE NARRATIVE COMMUNICATION MODEL OF HOPE SEEKING INTERVENTION

The Narrative Communication Model of Hope Seeking Intervention as a model that supports the existential concept of hope emphasizing personal, unique hope experiences has been developed in 2010 (29). The model is based on the ideas that (a) hope as an experience is only possible through a person's existential quest and (b) nurses or professionals help clients in their journey to find hope. Thus, the model represents the process of narrative communication to lead the client to construct own hope seeking narratives fully which are configured into thematic structures as explanation plots and by which the client seeks his or her own hope experiences successfully. The clients themselves move along through their narratives to discover hope inspiring moments and experience hope. This Narrative Communication Model of Hope Seeking Intervention has been applied in a study involving 21 patients (terminally ill or patients with recurring cancer) (29) and in a case study with a female cancer patient in the advanced stage (30). All participating patients except those dropped out of the study were able to construct individual-specific narratives of hope with unique plots representing different narrative themes and internal structures of hope. In the following sections, we illustrate this intervention model in detail discussing also the limitations identified in our studies of application in practice.

1. Evolution of the model

The major impetus for the development of this intervention

model comes from the results of two studies applying Q-methodology carried out in Korea (24,25) and in the US (13) as its beginning. In these studies, we found seven types of hope processes having different meanings and structures in the Korean study and five different types of hope processes in the US study, suggesting variations in hope processes and experiences. These findings inspired our commitment to the existential view of hope as an individual and context specific construct in its experiences, processes, and meanings. Our search for an approach to person-oriented intervention for hope then led us to seeking ways of helping people to seek their own hope-inspiring journeys and experiencing hope on their own. We found the concept of "narrative configuration" described by Polkinghorne (31) as a person's discourse composition process to align with our perspective. The concept of "narrative configuration" refers to a process by which happenings in human living are drawn together into a whole in a thematically structured plot arriving at a specific individual outcome. Because hope is a subjective phenomenon experienced differently by persons who are in different life situations and have lived in different cultures and social worlds (13), the personal hope experience of a client in illness also need to be understood in the context of the ever-changing illness experiences influenced by various illness and treatments related events. The assumption is made that an application of the concept of the narrative configuration can bring about the discovery of the client's own hope seeking process which can bring about meaningful hope experiences that are unique to the person. Thus, the concepts of narrative and hope-seeking became the central concepts in this intervention model, with the process of communication as a mode of intervention to create the narrative for hope-seeking. The concept of communication as the mode of intervention is drawn from the work of Thorne on person-centered communication (6).

2. Philosophical background and assumptions and principles

The Narrative Communication Model of Hope Seeking Intervention was developed on the following philosophical assumptions and principles regarding hope, hope process, personal hope experience, hope narrative, narrative intervention, and communication.

- 1) Hope as a subjective phenomenon is experienced in uni-

- que patterns or processes with structures by persons in changing and different life situations and with unique cultural, social, and experiential backgrounds (13).
- 2) Hope as a personal experience is considered philosophically as a phenomenon that transcends time in that hope involves past, active in the present, and is oriented toward future (5).
 - 3) Hope process begins in captivities, situations such as during sickness, separation from others, dying period, etc. (5).
 - 4) Hope as a personal experience of client in illness may be contextualized by illness experiences associated with illness events and trajectories that intrude on a person's ongoing life processes, disrupting every dimension of one's life (32).
 - 5) Personal hope experience in illness can be connected with various events of the past (actions, experiences, and happenings), in that illness experiences is a part of a temporal continuity of one's life thus connecting the illness with the totality of earlier events in one's life (32). Therefore, personal hope experience can be sought from past events in relation to illness.
 - 6) Personal hope experience in illness can be configured in a process of story-telling by which an individual with illness gives meanings to own personal hope experiences by constructing a thematic plot for a temporal continuity and meaning structures for personal experiences in illness. Through the process of story-telling a narrative in a thematic plot is constructed by which the person gives meanings on personal experiences for temporality and personal actions (31,33).
 - 7) The intervention for clients to construct own hope-seeking narratives is to guide in the process of story-telling. In general, story-telling to configure narratives is encouraged by communication (34).
 - 8) Person-centered, guide-oriented communicative approaches need to be developed in order for the intervention to help clients to arrive at successful seeking of own hope experiences.

3. The components of the model

The key processes of The Narrative Communication Model of Hope Seeking Intervention are story-telling by the client

and communication between the client and the interventionist. A story from story-telling emerges and gets clarified culminating into a narrative as a plot with themes as its structure, which gives a meaningful, personal hope experiences to the client as the final outcome. Although the story is told by the client, it is the interventionist to engage in the story-telling and narrative construction communicatively with the client to facilitate, guide, and lead the client to arrive at a hope-experiencing narrative. The model consists of the three structural components, not as procedural components however: (a) the story-telling component, (b) the narrative intervention component, and (c) the communication component as depicted in Figure 1. The components signify the key processes embedded within The Narrative Communication Model of Hope Seeking Intervention that will culminated into a person's own hope experiences through a narrative constructing a thematic plot. The three components are interconnected between the story-telling component and the narrative intervention component integrated through person-centered processes of communication based in the communication component in a feedback, integrated process of communication between a client and a nurse (a professional). These three components of the model depict the process with which the client participating in the intervention process seeks own hope experiences successfully and how the interventionist intervene communicatively with the client to guide in seeking one's own

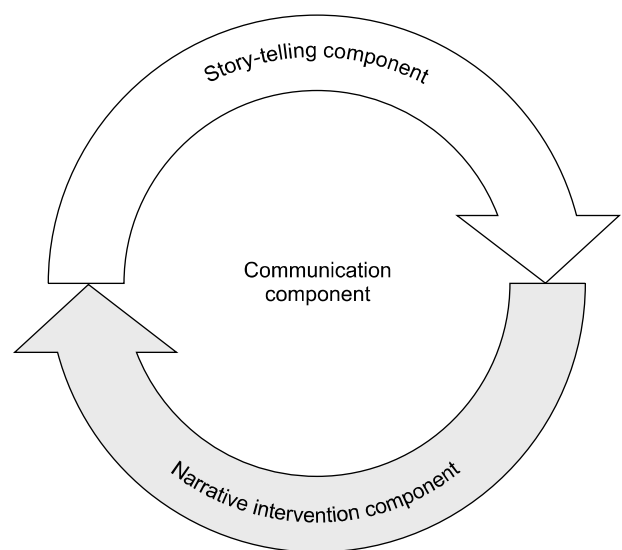


Figure 1. Three components of the Narrative Communication Model of Hope Seeking Intervention.

hope experiences successfully.

The story-telling component refers to the client's telling of one's own story of seeking hope interweaving experiences and meanings that are important to the person. The interventionist in this component is a facilitator of story-telling applying person-centered communication strategies based within the communication component. Specific person-centered communication strategies based within the communication component to facilitate story telling include such strategies as attentively listening and giving situation-specific (that is, story specific) feedbacks, providing cues to elicit clarification of experiences or ideas in the story-teller, using gentle prodding to move along a story, and being conversational rather than inquisitive. The key issue for the interventionist in this component is to make the focus of the story being told to culminate into hope experiences in the client-directed fashion.

The narrative intervention component is the process by which a thematic plot for a unique hope-seeking structure becomes constructed culminating from the story-telling. It evolves from the on-going structure of a story as it is told and unfolding with feedbacks interjected by the interventionist so that the story moves toward a successful hope-seeking and hope experiences. Specifically, the narrative intervention component proceeds as an interview process anchored in an open-ended question "when you hear the word 'hope,' any word, feeling or sentence that comes to your mind," and moving along in the dialogical story-telling with the interventionist's person-centered communication framed by the person-centered care attitudes in order for client to configure own hope narratives on personal hope experience into a thematic thread. This process terminates when the interventionist considers the client to have configured own hope narratives fully. In our study applying this intervention model, most of the participating clients confirmed that they thought they had experienced their own hope fully at the termination of this intervention (29). The intervention process in the clients with successful outcomes lasted about 50 minutes in most clients (29).

The interventionist's role in this component is that of a communicative guidance tailored with a particularistic attitude applying person-centered communication strategies based within communication component. The interventionist's mode of communication in this component is "guiding" the client to experience hope fully, deeply, and meaningfully to the person.

In order for this mode of communication to occur, it is necessary for the interventionist to hold the person-centered care attitudes that uphold and respect an individual's preferences, needs, and values as well as that makes the singularity of an individual (a particularistic attitude toward persons) as the major commitment in caring (35). Thorne, et al. (6) also emphasizes the person-specificity of hope as the base for enhancing hope for cancer patients in the diagnostic period. The existential conceptualization of hope that focuses on individuals' unique meanings and experiences of hope is also in alignment with the person-centered care attitudes. Key examples illustrating the person-centered care attitudes are:

- Understanding and accepting attitudes, feelings, thoughts, values, and beliefs espoused by the client
- Respecting and valuing the client's thoughts, beliefs, values, and feelings
- Valuing selfhood of the client
- Being oriented to self-growth
- Respecting individual rights and privacy

The interventionist upholding the person-centered attitudes then apply person-centered communication strategies to guide the patient to move toward constructing a narrative that makes a realization of one's own meaningful hope experiences possible. The following are examples of person-centered communication strategies that can aid in the process:

- Use open-ended questions, and use how, why, what, when, who, and where in order for the client to delve more deeply into the story-telling
- Listen to the client's hope seeking story with passion and authentic interest
- Respond directly to what is communicated by the client
- Apply confirmation responses as necessary—Agree, reinforce, support, give reassurance, clarify or restate what the client is communicating
- Gently guide the client to continue the hope seeking story as needed
- Refraining from revealing the interventionist's conflicts, dilemmas, and personal thinking
- Do not try to correct or modify the client's thoughts, attitudes, values, beliefs, or feelings
- Do not try to inform hope-inspiring method or strategy

The communication component refers to the interventionist's role in facilitating and guiding clients through the narrative

process to culminate into the seeking of the client's own unique hope experiences that are embedded within the narrative plot that gets constructed in the process. While the story-telling component and the narrative intervention component focus on the processes for the clients to experience their individual-specific hope, this communication component is oriented to the foundation from which this model's intervention-orientation can be achieved by the interventionist. The component encompasses the critically necessary attitudes to be held by interventionists and key communication strategies (36) to be applied by interventionists in facilitating, guiding, and helping clients to achieve the desired outcomes of fully experiencing individually-meaningful hope in the context of illness.

DISCUSSION

The Narrative Communication Model of Hope Seeking Intervention advanced in this paper is unique in its approach in hope practice in nursing by focusing on supporting personal, unique hope experiences. The model is a departure from cognitive or psychological models of hope and hopes intervention, and is founded on eliciting personally meaningful hope experiences through narratives. As evidenced in our work, clients are in general successful in seeking one's own hope and experiencing personally meaningful hope.

However, in our work (29) several participants were not able to come up with uniquely personal hope-experiencing narratives as their outcomes (6 of 21 participants in the study). The causes of the failure to arrive at successful hope experiences can be attributed to the interventionist's inappropriate uses of communication strategies or the clients' inactivity or inability in their engagement in story-telling. The interventionist for the study was trained by the first author for a period of six sessions, two focusing on the understanding of the intervention model, and four focusing on understanding and practice of communication strategies to be applied in the intervention utilizing four pilot participants. The results that the interventionist became competent in the application of communication strategies after the failure of few cases suggest that there is a need for interventionists to engage in reflective examination of their practice of the intervention in order to correct their practice. This means that the communication strategies applied in this model goes beyond the usual mode

of communication applied in patient care in general, thus it is critical for nurses to be trained comprehensively regarding the model and the specific application of person-centered, dialogical communication strategies to be effective in instituting the intervention.

There certainly is a need to carry out clinical studies of a larger scale applying the intervention model in usual practice settings, especially in hospice settings or with varying client groups such as chronically ill clients, clients with frequent recidivism of illness crisis or hospitalization, or older adults who live in vulnerable living situations. There also is a need to extend the intervention model further to examine the effects of experiencing individually unique hope experiences on the quality of life or life satisfaction.

요 약

이 논문은 개인적으로 경험되는 독특한 희망경험을 찾도록 도와주기 위하여 저자들이 개발한 “희망 찾기 내러티브 커뮤니케이션 모델”에 대하여 서술한다. 모델은 희망과 희망경험의 본질에 대한 문헌 및 저자들의 연구결과들과 주관적인 의미들과 경험들로서 희망 개념, 개인 특수한 희망경험에 접촉하기 위한 방법으로서 이야기하기 과정 및 내러티브 구성의 개념, 그리고 개인중심커뮤니케이션의 통합에 근거 개발되었다. 모델을 적용한 한 연구의 희망 찾기 경험은 모델을 한층 명확하게 하였다. 개인중심커뮤니케이션을 통하여 이야기하기와 내러티브 구성을 통합하는 모델은 세 요소들-이야기하기 요소, 내러티브 중재 요소, 커뮤니케이션 요소-로 구성된다. 이러한 요소들은 화자로서의 대상자가 희망경험의 근본인 개인 특수 주제적 플롯을 가진 희망 내러티브를 생산하는데 필수적으로 요구되는 커뮤니케이션 촉진자로서의 중재자의 적극적인 참여 속에서 개인-특수 희망경험을 찾는 것을 목적으로 하는 하나의 중재로서 과정화된다. 대상자에서 이 모델을 적용하여 성공적인 개인 희망경험 찾기의 긍정적인 결과가 나타났다. 이 모델의 성공은 중재자의 모델에 대한 이해와 개인중심-커뮤니케이션 전략 적용능력에 기인된 것으로 보인다.

중심단어: 희망, 중재, 이론 모델, 개별성, 나레이션, 환자 중심 케어, 커뮤니케이션

REFERENCES

1. Anandarajah G, Hight E. Spirituality and medical practice: using the HOPE questions as a practical tool for spiritual assessment. *Am Fam Physician* 2001;63:81-9.
2. Herth KA, Cutcliffe JR. The concept of hope in nursing 6: research/education/policy/practice. *Br J Nurs* 2002;11:1404-11.
3. Antelius E. The meaning of the present: hope and foreclosure in narrations about people with severe brain damage. *Med Anthropol Q* 2007;21:324-42.
4. Cousins N. *Head first: the biology of hope*. New York: E. P. Dutton;1989.
5. Marcel G. *Homo viator: Introduction to metaphysics of hope*. Craufurd E, translator. Gloucester, MA: Perter Smith;1978.
6. Thorne S, Oglov V, Armstrong EA, Hislop TG. Prognosticating futures and the human experience of hope. *Palliat Support Care* 2007;5:227-39.
7. Benzein E, Norberg A, Saveman BI. The meaning of the lived experience of hope in patients with cancer in palliative home care. *Palliat Med* 2001;15:117-26.
8. Folksman S. Stress, coping, and hope. *Psychooncology* 2010;19: 901-8.
9. Umphrey LR, Sherblom JC. The relationship of hope to self-compassion, relational social skill, communication apprehension, and life satisfaction. *Int J Wellbeing* 2014;4:1-18.
10. Nikolaichuk CL, Bruera E. On the nature of hope in palliative care. *J Palliat Care* 1998;14:36-42.
11. Parse RR. *Hope: an international human becoming perspective*. Sudbury, Mass.; Toronto: Jones and Bartlett;1999.
12. Kim DS. Towards hope seeking intervention based on individual experience in palliative care. *Korean J Hosp Palliat Care* 2012; 15:1-9.
13. Kim DS, Kim HS, Schwartz-Barcott D, Zucker D. The nature of hope in hospitalized chronically ill patients. *Int J Nurs Stud* 2006;43:547-56.
14. Dufault K, Martocchio BC. Symposium on compassionate care and the dying experience. Hope: its spheres and dimensions. *Nurs Cln North Am* 1985;20:379-91.
15. Herth K. Development and refinement of an instrument to measure hope. *Sch Inq Nurs Pract* 1991;5:39-51.
16. Kim DS, Lee SW. Development of an instrument to measure hope for the cancer patients. *J Korean Acad Nurs* 1998;28: 441-56.
17. Bunston T, Mings D, Mackie A, Jones D. Facilitating hopefulness: the determinants of hope. *J Psychosoc Oncol* 1996;13: 79-103.
18. Ho SM, Ho JW, Pau BK, Hui BP, Wong RS, Chu AT. Hope-based intervention for individuals susceptible to colorectal cancer: a pilot study. *Fam Cancer* 2012;11:545-51.
19. Snyder CR. Hope theory: rainbows in the mind. *Psychol Inq* 2002;13:249-75.
20. Herth K. Enhancing hope in people with a first recurrence of cancer. *J Adv Nurs* 2000;32:1431-41.
21. Farran CJ, Herth KA, Popovich JM. *Hope and hopelessness: critical clinical constructs*. Thousand Oaks, Calif.: Sage Publications;1995.
22. Herth K. State of the science of hope in nursing practice: hope, the nurse, and the patient. In: Elliott JA, ed. *Interdisciplinary perspectives on hope*. New York: Nova Science Publishers;2005. p. 169-211.
23. Kylvä J, Vehviläinen-Julkunen K, Lähdevirta J. Dynamics of hope in HIV/AIDS affected people: an exploration of significant others' experiences. *Res Theory Nurs Pract* 2003;17:191-205.
24. Kim DS. *Theory construction of hope for nursing: A Q-methodological approach [dissertation]*. Seoul: Seoul National Univ.; 1992. Korean.
25. Kim DS, Kim HK. The schemata of hope: a Q methodological look. *Operant Subjectivity* 1997;20:62-72.
26. Hammer K, Mogensen O, Hall EO. The meaning of hope in nursing research: a meta-synthesis. *Scand J Caring Sci* 2009;23: 549-57.
27. Tsuzuki M. Dynamic changing process of hope in early adolescence: Analysis of individual differences during the transition from elementary school to junior high school. *Jpn Psychol Res* 2012;54:253-62.
28. Herrestad H, Biong S, McCormack B, Borg M, Karlsson B. A pragmatist approach to the hope discourse in health care research. *Nurs Philos* 2014;15:211-20.
29. Kim DS, Kim HS, Thorne S. Exploration of a model of individual experience based hope intervention for the patients in palliative care setting: focusing on "Narrative Communication Model of Hope Seeking Intervention". *Proceedings of the 10th Asia Pacific Hospice Conference*; 2013 Oct 11-13; Bangkok, Thailand. Singapore: Asia Pacific Hospice Palliative Care Network; 2013.
30. Kim DS, Kim HS, Thorne S. P322 The hope seeking narrative structure in applying the intervention derived from "The Narrative Communication Model of Hope Seeking Intervention" in a young female advanced cancer patient. *J Pain Symptom Manage* 2016;52:e148-9.
31. Polkinghorne DE. Narrative configuration in qualitative analysis. *Int J Qual Stud Educ* 1995;8:5-23.
32. Bury M. The sociology of chronic illness: a review of research and prospects. *Sociol Health Illn* 1991;13:451-68.
33. Riessman CK. *Narrative analysis*. Newbury Park; London; New Delhi: Sage Publications;1993.
34. Petraglia J. Narrative intervention in behavior and public health. *J Health Commun* 2007;12:493-505.
35. Kim HS. *The essence of nursing practice: philosophy and perspective*. New York: Springer Publishing Company;2015.
36. Northouse PG, Northouse LL. *Health communication: strategies for health professionals*. 2nd ed. Norwalk, Conn.: Appleton & Lange;1992.