Why We "craft": The Significance of Narratives in Aerospace Healthcare and Beyond

Jeff Thompson, PhD
Edinburgh Napier University, School of Health and Social Care
Lipscomb University, College of Leadership and Public Service
Mediator.jeff@gmail.com

Abstract

This article advocates for the adoption of evidence-based, and, crucially, practical approaches to crafting personal narratives as a means of addressing the professional and personal challenges aerospace medical and healthcare professionals experience. Crafting personal narratives and utilizing them while supporting others can foster positive upward spirals that can both enhance professional competencies and be supportive of personal well-being. Instead of seeing narrative craft practices as a distraction, embracing this approach encourages a transformation working in these high-stress and other related work environments moving beyond merely surviving to genuinely thriving.

Keywords: Aerospace medicine, narrative psychology, narrative medicine, well-being, mental health, story-telling

Por qué "creamos": La importancia de las narrativas en la atención médica aeroespacial y más allá

Resumen

Este artículo aboga por la adopción de enfoques basados en la evidencia y, fundamentalmente, prácticos para la elaboración de narrativas personales, con el fin de abordar los desafíos profesionales y personales que enfrentan los profesionales de la medicina y la salud aeroespacial. Elaborar narrativas personales y utilizarlas al apoyar a otros puede fomentar espirales de progreso positivos que pueden mejorar las competencias profesionales y contribuir al bienestar personal. En lugar de considerar las prácticas de elaboración de narrativas como una distracción, adoptar este enfoque fomenta una transformación en estos entornos laborales de alto estrés y otros similares, que va más allá de la simple supervivencia para alcanzar un verdadero éxito.

 doi: 10.18278/sesa.6.1.4

Palabras clave: Medicina aeroespacial, psicología narrativa, medicina narrativa, bienestar, salud mental, narración de historias

我们为何要“精心打造”：叙事在航空航天医疗保健及其他领域的重要性

摘要

本文倡导采用循证且至关重要的实用方法来构建个人叙事，以此应对航空航天医疗保健专业人员在职业和个人方面所面临的挑战。构建个人叙事并在支持他人的过程中加以运用，能促进积极的良性循环，既能提升专业能力，又能促进个人福祉。与其将叙事创作视为一种干扰，不如拥抱这种方法，它能帮助人们在高压及其他相关工作环境中实现转变——从生存转变为真正蓬勃发展。

关键词：航空航天医学，叙事心理学，叙事医学，福祉，心理健康，讲故事

Due to the nature of their work, aerospace medical and healthcare-related professionals are at risk suffering, when compared to the general public, increased mental health conditions, substance use disorders, suicide rates, and the pervasive effects of stigma—manifesting in reluctance to seek help and increased burnout. These concerns are not unique to aerospace healthcare professionals; they also affect other high-risk, high-pressure, help-providing professionals, including more broadly physicians (Andrew & Brenner, 2022) and nurses (National Academies of Sciences, Engineering, and Medicine, 2021), first responders (Jacobowitz et al., 2024), and astronauts (Arone et al., 2021).

This article advocates for the adoption of evidence-based, and, crucially, practical approaches to crafting personal narratives as a means of addressing the challenges that these aerospace medical and healthcare-related professionals are facing. Recent related studies demonstrate that by fostering positive upward spirals, such narrative practices can both enhance professional competencies and support their well-being (Launer & Wohlmann, 2023; Loy & Kowalski, 2024; Thompson & Launer, 2025; Thompson, 2023; Thompson & Jensen, 2023; Zaharias, 2018). This shift encourages a transformation in these high-stress aerospace work environments moving beyond merely surviving to genuinely thriving.

In the context of narrative medicine, and more broadly, narrative psychology and narrative health, crafting could appear synonymous with other story-development terms such as writing, telling, building, or creating. How-

ever, this article contends that crafting carries a distinct and purposeful significance, particularly in the aerospace healthcare profession, and its relevance extends well beyond this specific domain. As Dr. Rita Charon explains, the practice of narrative medicine represents "a commitment to understanding patients' lives, caring for the caregivers, and giving voice to the suffering" (Krisberg, 2017, para. 8[t]). More broadly, in literary terms, crafting has been described as "weaving evidence into a compelling narrative, writers make complex ideas accessible, create coherence and continuity, provide context and meaning, and make arguments more persuasive" (Mintz, 2024, para. 17).

In healthcare settings, crafting a narrative entails the intentional development of a personal story that honors the humanity and dignity of the individual, the others involved, and acknowledges the witnesses to the experience. This narrative crafting process can take multiple literary and creative forms, including written stories, poetry, visual art, and digital media (Charon, 2001; Charon et al., 2016). Participants are encouraged to engage in introspective reflection, write freely or in response to prompts, and participate in group discussions.

Far from being a distraction in clinical encounters, personal narratives are an essential component of aerospace healthcare practice and broader healthcare too—particularly when supporting individuals who are suffering. As the adapted wisdom of Sir William Osler reminds us, a good healthcare professional treats the disease, but a great one treats the person who is suffering (Centor, 2007).

Suffering, along with conflict, grief, anguish, and despair, are often embedded in the narratives emerging from aerospace medicine as well as healthcare, first responders, and others working in high-stress, care-oriented environments. Yet through purposeful crafting, these stories can also inspire hope, optimism, meaning, and purpose. They can evoke emotions such as gratitude, awe, and a sense of connectedness. When narratives are crafted with this degree of intention, the focus shifts away from rigidity, binary judgements, or over-analysis. Instead, as John Launer (2021, p.3) suggests, we adopt a stance of curiosity–moving from the question "What is really going on here?" to "How are people giving an account of their experience?" Importantly, this perspective applies both to our own stories and to the stories that we are exposed to.

Aerospace healthcare professionals are uniquely positioned to help others craft personal narratives that enable those they are supporting, the "authors" of their own experiences, to make sense of uncertainty, counter burnout and cynicism, derive meaning from ambiguity, and construct a more coherent understanding of their evolving life stories—all necessary for aerospace professionals, including but not limited to, astronauts and those working in analog environments. This process can also illuminate personal resilience and deepen a sense of connection with others.

Launer (2008) describes this practice as *Conversations Inviting Change*, a process that inspires hope in individuals and provides practical, supportive engagement, even in peer-to-peer interactions among colleagues.

For those suffering or struggling, the healthcare professional plays a vital and honored role as "co-author" or guide, helping to shape that part of the individual's life journey (Morgan, 2000). In this role, the professional facilitates the crafting of a re-storied narrative—one that is coherent, expresses self-efficacy, and affirms social connectedness.

It is important to emphasize that this work is not limited to healthcare professionals alone working in aerospace. Peer support personnel, for example, can provide similarly therapeutic-like forms of assistance. While not a substitute for professional care, peer support can play a valuable role in fostering well-being and resilience. One of its most significant benefits is its potential to encourage potential help-seeking–an approach that has gained increasing traction across several aerospace professions, including the aviation industry,[1] law enforcement (Drew & Martin, 2023), medicine (Tolins et al., 2023), and nursing (Pace et al., 2020).

When narrative crafting is implemented in small group settings as part of professional healthcare development, it can simultaneously enhance clinical or professional competence and promote personal well-being. Such settings cultivate mutual recognition of the humanity shared between caregiver and care recipient (Loy & Kowalsky, 2024). Participating in narrative practices within a supportive community of peers fosters a sense of belonging, which is particularly effective in mitigating burnout, moral injury, and professional cynicism. These environments generate upward spirals of both normative competence (the requisite professional skills) and narrative competence, all within a psychologically safe and collegial space–one that fosters esprit de corps.

Crafting and sharing narratives, and listening to the narratives of others reveals how the core practices of narrative medicine—attention, representation, and affiliation (Charon, 2005)—extend beyond literary texts and definitions, demonstrating their practical and profound effect on all of those involved in the story and those now bearing witness to it. Supporting the argument that "stories are science" (Thompson, 2025), honoring the experiences and perspectives of patients and healthcare professionals can improve overall well-being (Loy & Kowalsky, 2024).

While this article is a proponent of the notion that "stories are science" and crafting both professional and personal narratives can contribute to enhancing aerospace professional skills

1 Draft Aerospace Medical Association (AsMA) Resolution 2024-01 - *Integrating a Program of Mental Health and Wellness into Safety Management Systems (SMS) Across Aviation* - was recently passed by the AsMA Council and has since been put to a general membership vote.

and thriving in life, it is not without its limitations. Honing one's craft in narratives, or narrative competence, is never intended to replace normative competence, or the proficiency in the professionals' skills that are requisite for healthcare and aerospace professionals (Thompson & Launer, 2025). Further, when engaging in sharing narratives that involve others, such as those involving patients, aerospace healthcare professionals need to be mindful to not violate the rights and privacy of others. Additionally, crafting narratives need to be part of a diverse array of resilience and professional skill-building practices and strategies. Much like how there is not a single cause to suicide and the complexity of mental health conditions, these well-being and professional development efforts must also be diverse.

Crafting narratives illustrates that stories do not merely recount people's lives, they create them. As aerospace healthcare professionals, and fundamentally as human beings, we can continually refine our narrative capacities. This process enables us to flourish in our privileged roles, supporting others through the complex terrain of human experience—on the ground, in the sky, and beyond.

Conflict of Interest

The author has no conflict of interest to report related to the writing and submission of this article including receiving no funding.

References

Andrew, L.B., & Brenner, B. E. (2022, July 13). *Physician Suicide*. Medscape. https://emedicine.medscape.com/article/806779-overview?form=fpf

Arone, A., Ivaldi, T., Loganovsky, K., Palermo, S., Parra, E., Flamini, W., & Marazziti, D. (2021). The Burden of Space Exploration on the Mental Health of Astronauts: A Narrative Review. *Clinical neuropsychiatry, 18*(5), 237–246. https://doi.org/10.36131/cnfioritieditore20210502

Centor, R. M. (2007). To be a great physician, you must understand the whole story. *Medscape General Medicine, 9*(1), 59. https://pmc.ncbi.nlm.nih.gov/articles/PMC1924990/

Charon. R. (2001). Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA, 286*(15), 1897–1902. doi:10.1001/jama.286.15.1897

Charon, R. (2005). Narrative Medicine: Attention, Representation, Affiliation. *Narrative, 13*(3), 261–270. http://www.jstor.org/stable/20079651

Charon, R., DasGupta, S., Hermann, N., Irvine, C., Marcus, R. R., Colsn, E. R., Spencer, D., Spiegel, M. (2016). *The Principles and Practice of Narrative Medicine.* Oxford Academic. https://doi.org/10.1093/med/9780199360192.001.0001

Drew, J.M., & Martin, S. (2023). Mental health and wellness initiatives supporting United States law enforcement personnel: The current state-of-play. *Journal of Community Safety and Well-Being, 8*(Suppl 1), S12–S22. https://doi.org/10.35502/jcswb.298

Jacobowitz, R., Nitza, A., Tobin, K., & Harzard, J. (2024). *New York State First Responder Mental Health Needs Assessment*. The Benjamin Center at SUNY New Paltz. https://www.governor.ny.gov/sites/default/files/2025-02/First-Responder-MHNA-Final-Report.pdf

Krisberg, K. (2017, March 28). *Narrative medicine: Every patient has a story.* AAMC.org. https://www.aamc.org/news/narrative-medicine-every-patient-has-story

Launer, J. (2008). Conversations inviting change. *Postgraduate Medical Journal, 84*(987), 4–5. https://doi.org/10.1136/pgmj.2007.067009

Launer, J., & Wohlmann, A. (2023). Narrative medicine, narrative practice, and the creation of meaning. *Lancet, 401*(10371), 98–99. https://doi.org/10.1016/S0140-6736(23)00017-X

Loy, M., & Kowalsky, R. (2024). Narrative Medicine: The Power of Shared Stories to Enhance Inclusive Clinical Care, Clinician Well-Being, and Medical Education. *The Permanente journal*, *28*(2), 93–101. https://doi.org/10.7812/TPP/23.116

Mintz, S. (2024, June 14). *The Power of a Story Arc in Scholarly Writing*. Inside Higher Education. https://www.insidehighered.com/opinion/blogs/higher-ed-gamma/2024/06/14/how-scholarly-writing-can-transform-research-narratives

Morgan, A. (2000). *What is Narrative Therapy?* Dulwich Centre Publications.

National Academies of Sciences, Engineering, and Medicine. (2021). *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity*. Washington, D.C.: The National Academies Press. https://doi.org/10.17226/25982.

Pace, E.M., Kesterson, C., Garcia, K., Denious, J., Finnell, D.S., & Bayless, S.D. (2020). Experiences and outcomes of nurses referred to a peer health assistance program: Recommendations for nursing management. *Journal of Nursing Management, 28*(1), 35–42. https://doi.org/10.1111/jonm.12874

Thompson, J. (2025). *Narrative psychology: Examining the science of awe stories in fostering resilience and wellbeing.* Thesis (PhD Doctorate). Edinburgh Napier, University, School of Health and Social Care. Edinburgh, Scotland.

Thompson, J., & Launer, J. (2025). Illuminating humanity: Narrative medicine practices for crisis negotiators. *Journal of Police and Criminal Psychology*. https://doi.org/10.1007/s11896-025-09756-4

Thompson, J. (2025). *Narrative psychology: Examining the science of awe stories in fostering resilience and wellbeing*. Thesis (PhD Doctorate). Edinburgh Napier, University, School of Health and Social Care. Edinburgh, Scotland.

Tolins, M. L., Rana, J. S., Lippert, S., LeMaster, C., Kimura, Y. F., & Sax, D. R. (2023). Implementation and effectiveness of a physician-focused peer support program. *PloS one*, *18*(11), e0292917. https://doi.org/10.1371/journal.pone.0292917

Zaharias G. (2018). What is narrative-based medicine? Narrative-based medicine 1. *Canadian family physician Medecin de famille canadien, 64*(3), 176–180.