2026, Volume 59, Issue 0, 1-2, e-ISSN 1938-3800

Family Medicine

BOOK AND MEDIA REVIEW

Narrative Practices for Resilience and Hope: Rewriting Stories of Trauma in Clinical Work

Esther Strahan, PhD

AUTHOR AFFILIATION:

St Rita's Family Medicine Residency, Lima, OH

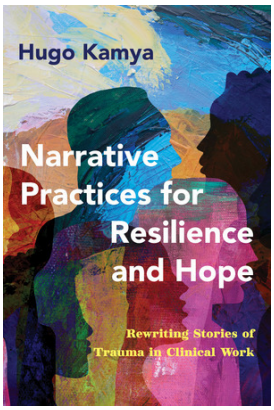
CORRESPONDING AUTHOR:

Esther Strahan, St Rita's Family Medicine Residency, Lima, OH, eystrahan@mercy.com

HOW TO CITE: Strahan E. Narrative Practices for Resilience and Hope: Rewriting Stories of Trauma in Clinical Work. *Fam Med.* 2026;59(0):1-2.
doi: 10.22454/FamMed.2026.0555

FIRST PUBLISHED: November 11, 2026

© Society of Teachers of Family Medicine



Book Title: Narrative Practices for Resilience and Hope: Rewriting Stories of Trauma in Clinical Work

Author: Hugo Kamya

Publication Details: Norton Professional Books, 2026, 282 pp., $32.99, paperback

Family physicians spend all day listening to their patients' stories. Best medical practices, including patient-centered interviewing, collaborative agenda setting, motivational interviewing, or any of the multitude of strategies family physicians use, are all built on the framework of understanding the patient's story, respecting it, and collaboratively planning how to address challenges the patient is facing.

Narrative medicine is imbued with a spirit of respect and compassion that allows the physician to walk alongside the patient through life's ups and downs. As described by Dr Rita Charon in her seminal article on this topic,

"A scientifically competent medicine alone cannot help a patient grapple with the loss of health or find meaning in suffering. Along with scientific ability, physicians need the ability to listen to the narratives of the patient, grasp and honor their meanings, and be moved to act on the patient's behalf."[1]

Dr Hugo Kamya is a psychologist and clinical social worker who teaches at the School for Social Work at Smith College. He also has a Master of Divinity, and his faith is a core part of his story. He is active in partnering on program development in Uganda, Rwanda, Kenya, South Africa, and Australia. He has an obvious passion for narrative therapy, and his earlier scholarly output has focused on cross-cultural research and the immigrant or refugee experience. The primary intended audience for this book appears to be social workers, counselors, and clinical psychologists, particularly those doing trauma work who are interested in learning more about narrative therapy.

Kamya begins by describing his childhood in Uganda, where his elders taught important life lessons via storytelling. He discusses the terror of having to flee political and social upheaval in Uganda, eventually making his way to Kenya and then to the United States, where he began volunteering at a home for people with mental illness.

His discussion of what it was like to be a Black man in the United States is compelling. Being Black became a defining characteristic in the United States, whereas before it had not been particularly salient. As he describes it, "The elephant (whiteness) is not in the room. Whiteness, in the context of the United States, IS THE ROOM" (p. 12). Another strength of Kamya's book is the excerpts of clinical sessions in which he uses narrative techniques to help his patients navigate their trauma histories and to help them find meaning and healing in their new lives. For instance, he uses "quest narratives" (p. 171) to help patients make sense of their illnesses. His use of cross-cultural examples is thought-provoking and helpful.

Limitations of this book are also prominent. The book is geared toward counselors and social workers, and there is a mismatch between the book's intended audience and the needs of family physicians. While the latter can benefit from the core concepts of narrative practice, they could more usefully and effectively gain knowledge geared toward the practice of medicine by reading one of many articles or books on narrative medicine.[2-5]

The most problematic aspect of the book is the writing style. Kamya has a ponderous and professorial tone and he often departs from the story he is telling to provide a commentary on the topic at hand. Frustratingly, and perhaps ironically, these discussions

frequently break the narrative thread. His teaching explanations are filled with jargon that is unlikely to resonate with physicians, as exemplified by this quote from Beaudoin and Monk[6] on page 40:

> "'Co-centering allows decentered practices to be influential, as it provides space for practitioners to honor the tradition of privileging clients' knowledge, while also integrating attention to affective, nonverbal, and embodied elements expressed by both therapist and client.'"

Kamya tackles topics that are important to anyone treating patients with trauma, which includes all physicians. He demonstrates obvious deep compassion for those he treats. His work with refugees and other victims of trauma, and his desire to share his insights, form the heart of this book. However, the barriers created by his writing style mean that anyone outside of his immediate discipline will find reading it a bit of a slog. Rather than make their way through this challenging prose, interested readers might benefit from bypassing Kamya's book and reading a classic work in the field such as Rita Charon's *Narrative Medicine: Honoring the Stories of Illness*.[7] Charon's prose is lively and accessible, and the intended audience is a likely better fit for our readers.

REFERENCES

1. Charon R. The patient-physician relationship. Narrative medicine: a model for empathy, reflection, profession, and trust. *JAMA*. 2001;286(15):1897–1902. doi:10.1001/jama.286.15.1897
2. Kirmayer L, Gómez-Carillo A, Sukhanova E, Garrido E. *Person Centered Medicine*. Springer; 2023.
3. Liu W, Xu R, Ji H, Liu Y, Hu C. The role of narrative medicine in cultivating professional competencies: a mediation analysis of empathy among medical students. *BMC Med Educ*. 2026;26(1):845. doi:10.1186/s12909-026-09183-x
4. Loy M, Kowalsky R. Narrative medicine: the power of shared stories to enhance inclusive clinical care, clinical well-being, and medical education. *Perm J*. 2024;28(2):93–101. doi:10.7812/TPP/23.116
5. Mohama A, Shih S, Behel J. From compassion fatigue to connection: the role of story and art in healthcare. *J Gen Intern Med*. 2025;40(14):3477–3480. doi:10.1007/s11606-025-09587-3
6. Beaudoin M, Monk G. *Narrative practices and emotions: 40+ days to support the emergence of flourishing identities*. Norton; 2024.
7. Charon R. *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press; 2008.