



# A Bibliometric Study of Illness Narratives Research in Chinese Academic Publications

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## Abstract

This study provides a bibliometric analysis of illness narratives research in Chinese academic publications from 1996 to 2023. Using CiteSpace as an analytical tool, a total of 619 relevant publications were identified and examined to explore research trends, institutional collaboration, keyword evolution, and thematic development. The findings reveal that: (1) Southern Medical University is a leading research institution in this research area. (2) Illness narratives research primarily forms an interdisciplinary study between literature and medicine through narrative medicine. (3) The most frequently discussed topics in the literature area include metaphor studies, ethics considerations, gender discussion, healthcare communication, while medical humanities and narrative nursing are mostly discussed in the medical field. (4) Illness narratives research in China has undergone three stages of development and has now entered a mature phase, focusing on medical narratives. (5) In the future, related research will delve deeper into interdisciplinary studies between literature and medicine. Additionally, it will seek collaborative research opportunities with other humanities disciplines to explore new pathways.

## Keywords

Narrative Medicine; Medical Humanities; Bibliometric Analysis; CiteSpace; Research Trends

## 1. Introduction

Since the 1980s, due to the growing academic interest in the constructive meaning of “narrative”, “illness narratives” have emerged as a truly interdisciplinary research topic. Scholars from diverse fields such as medical humanities, sociology, and anthropology have recognized the value and significance of illness narratives. In recent years, numerous literary journals have introduced sections dedicated to illness, delving into the aesthetic, social, and cultural connotations of illness narratives in literature. For instance, the 2014 issue of *Tulsa Studies in Women’s Literature* published a special issue titled “Theorizing Breast Cancer: Narrative, Politics, and Memory”. Similarly, in 2018, *CLCWEB: Comparative Literature and Culture* featured a special issue on “Life, Illness, and Disabilities in Life Writing and Medical Narratives”. In 2021, the journal *Bronte Studies* published a special issue titled “The Brontes: Sickness, Contagion, Isolation”.

Amid the growing international academic focus on illness narratives, how are scholars on the Chinese mainland approaching the study of illness and illness narratives? In fact, both illness and its narrative have garnered significant attention from scholars on the Chinese mainland. This paper will conduct a bibliometric analysis based on CiteSpace, drawing on relevant research achievements in illness narratives within the Chinese mainland, in an effort to present a relatively objective and comprehensive overview of the current state of illness narratives research in the region.

## 2. Research design

### 2.1 Research tools and methods

CiteSpace, short for Citation Space, is a software tool designed to analyze the latent knowledge contained within scientific literature. It has developed within the context of scientometrics, data, and information visualization as a multivariate, time-variant, and dynamic citation visualization analysis software (Li, 2016). Employing bibliometric analysis methods, this paper employs CiteSpace to visually depict the co-occurrence map of institutional collaboration networks, keyword networks, keyword clustering map, keyword time zone maps, and keyword burst maps. Concurrently, it applies relevant expertise to analyze pertinent research hotspots and forecast future trends of high-frequency keywords.

### 2.2 Data source and inclusion criteria

This paper takes the literature of China National Knowledge Infrastructure (CNKI) as the data source, and adopts the advanced search method of the keywords “illness” and “narrative”. The search period is not restricted, targeting “journal literature” exclusively. The search date is November 14, 2023, yielding a total of 715 related documents. After retrieval, manual screening was performed to exclude invalid data such as conference proceedings, newspaper articles, essays, and studies with minimal relevance to the research objectives. As a result, 621 valid articles were identified for statistical analysis. Using automated filtering with CiteSpace software, 619 valid articles were ultimately included in the analysis.

### 2.3 Research questions

By employing the bibliometric visualization tool CiteSpace, supplemented with traditional bibliometric analysis methods, this paper reviews and summarizes the progress of narrative medicine research in China up to November 14, 2023. The following key questions are explored: 1) an overview of narrative medicine research in China; 2) research hotspots in domestic narrative medicine; 3) trends in the development of narrative medicine in China; and 4) future directions for narrative medicine research in China.

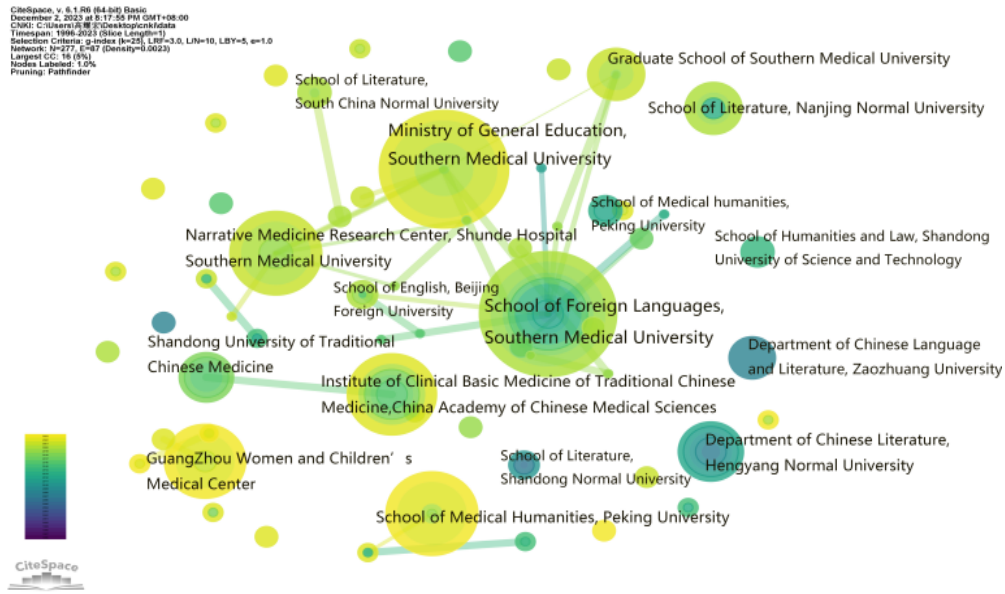
## 3. Research results and discussion

### 3.1 Analysis of institutions

The collaboration network can reveal the social relationships among scholars, countries, or research institutions within a specific research field, offering a new perspective for evaluating the academic influence of researchers, countries, or institutions, which helps identify those deserving of attention (Chen et al., 2015). By setting specific parameters in the CiteSpace software, with a time range of 1996-2023 and node type as institutions, an institutional collaboration network for illness narratives research can be generated (see Figure 1). In this network, each node represents an institution involved in narrative medicine research. The size of the node is positively correlated with the research output of the institution, with larger nodes indicating more significant contributions to the field. Nodes are displayed in the form of growth rings, where the color of the rings represents the publication time, ranging from dark blue to light green, corresponding to the years 1996-2023. The greater the thickness of the same-colored rings, the higher the publication volume in that year. The number of connections between nodes represents the collaboration density of the institution, with more connections indicating more extensive cooperation with other institutions.

Firstly, an examination of the node sizes in Figure 1 reveals that the three institutions contributing most significantly to illness narratives research are the School of Foreign Languages at Southern Medical University, the General Education Department at Southern Medical University, and the Narrative Medicine Research Center at Shunde Hospital of Southern Medical University. It is noteworthy that all three institutions are affiliated with Southern Medical University.

Secondly, regarding the node colors in Figure 1, the scarcity of dark-colored nodes indicates that early research on illness narratives in the Chinese mainland was limited. From dark to light colors, the top five institutions are the Chinese Department at Zaozhuang University, the Chinese Department at Hengyang Normal University, the College of Literature at Shandong Normal University, the School of Foreign Languages at Southern Medical University, and the Institute of Medical Humanities at Peking University. Among these, Southern Medical University and Peking University have been pioneering research on illness narratives since an early stage and continue to do so.



**Figure 1. An institutional collaboration network map.**

Furthermore, an analysis of the links between nodes in Figure 1 indicates that the top three institutions in terms of collaborative partnerships are: the School of Foreign Languages at Southern Medical University, the Narrative Medicine Research Center at Shunde Hospital of Southern Medical University, and the General Education Department at Southern Medical University. This suggests that Southern Medical University has the most extensive external collaborations, including partnerships with esteemed literary research institutions such as the Graduate School at Beijing Foreign Studies University and the Postdoctoral Mobile Station of Foreign Languages and Literatures at Nanjing University, as well as prestigious medical research institutions like the Institute of Medical Humanities at Peking University and the Institute of Basic Clinical Medicine of Traditional Chinese Medicine at the China Academy of Chinese Medical Sciences.

In summary, it is evident that: 1) Southern Medical University demonstrates relatively high research productivity for illness narratives research in the Chinese mainland. 2) Southern Medical University and Peking University were among the earliest institutions at the forefront of illness narratives research. 3) Some medical schools and foreign language departments have begun collaborative research on illness narratives, indicating an emerging trend of interdisciplinary studies between medicine and literature in China.

### 3.2 Analysis of topics

Keywords are the essence of an article, serving as a concise summary of its content. High-frequency keywords highlight the focal points of a research field. The author conducted a keyword co-occurrence analysis on 619 journal articles using Citespace 6.1, resulting in 429 nodes and 706 connections, as depicted in Figure 2. Each node represents a keyword, with its size of the node proportional to the frequency of the keyword's appearance. The node colors indicate the year of publication, with darker colors representing earlier publication dates; each node is displayed as annual rings, where wider rings of the same color denote a higher occurrence of the keyword within that year. The connections between nodes represent the relationships between keywords, with a greater number indicating a greater number of associations with other keywords.

The frequency of keyword occurrences and their betweenness centrality are critical indicators for assessing the importance of keywords within a specific research field. A higher betweenness centrality indicates that a keyword serves as a crucial connector among other nodes, signifying its increased importance. Based on the keyword co-occurrence network map, this paper has compiled statistics on the frequency and betweenness centrality of the top 15 most frequently occurring keywords, as illustrated in Table 1. Typically, keywords with a centrality greater than 0.1 are considered core keywords. It is important to note that the frequency of keyword occurrences does not necessarily correlate with their betweenness centrality. For instance, the term “narrative nursing” has a higher frequency than

“illness narratives,” but it exhibits lower centrality. This suggests that while “narrative nursing” is frequently used in research, it does not extensively connect to other research areas.

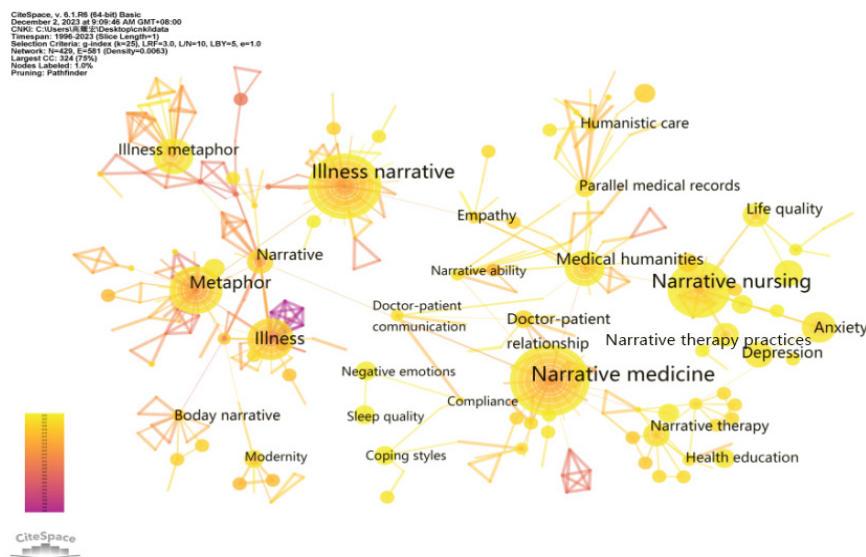


Figure 2. A keyword co-occurrence map.

Table 1. A table of keywords' betweenness centrality and frequency

Serial number	Frequency	Centrality	Keywords	Year
1	136	0.57	Narrative medicine	2011
2	80	0.18	Narrative nursing	2018
3	78	0.4	illness narratives	2007
4	29	0.25	Illness	2008
5	26	0.25	Metaphor	2006
6	19	0.39	Medical humanities	2013
7	17	0.08	Illness metaphor	2013
8	17	0.06	Anxious	2019
9	14	0.43	Narrative	2008
10	14	0.04	Life quality	2019
11	13	0.1	Doctor-patient relationship	2014
12	13	0.07	Depression	2019
13	11	0.05	Humanistic care	2016
14	10	0.32	Empathy	2016
15	9	0.09	Narrative therapy practices	2019
16	9	0.05	Parallel medical records	2020
17	7	0.06	Modernity	2017
18	7	0.01	Negative emotions	2020
19	7	0	Narrative therapy	2011
20	6	0.05	Body narrative	2006

Upon analyzing the aforementioned network maps, the following conclusions are drawn:

Firstly, the concept of “illness narratives” primarily appears in two domains: medicine and literature, with current research in the medical field exceeding that in literature. This conclusion can be proved by the following two points.

On the one hand, as shown in the frequency column of Table 1, the five most frequently occurring keywords are “narrative medicine” (136 times), “narrative nursing” (80 times), “illness narratives” (78 times), “illness” (29 times), and “metaphor” (26 times). The first two keywords are mainly associated with the field of medicine, while the latter three are primarily linked to literature. Additionally, keywords closely related to “narrative medicine”, such as “medical humanities” and “doctor-patient relationship”, have high occurrence frequencies of 19 and 13 times, respectively. Similarly, keywords associated with “narrative nursing”, including “anxiety”, “quality of life”, and “depression”, have high frequencies of 17, 14, and 13 times, respectively. These figures far exceed those related to “illness narratives” in literature, such as “body narration” and “modernity”. These data indicate that domestic scholars’ current discussions on illness narratives are primarily concentrated in the medical field.

On the other hand, from the betweenness centrality column in Table 1, it is evident that the depth of research on illness narratives in the medical field is rapidly catching up with that in the literary domain. Arranging the relevant keywords by their betweenness centrality, those with centrality greater than 0.1 include: “narrative medicine” (0.57), “narrative” (0.43), “illness narratives” (0.39), “medical humanities” (0.32), “empathy” (0.25), “disease” and “metaphor” (0.25), “narrative nursing” (0.18), and “doctor-patient relationship” (0.1). Among these core keywords, the five related to medical research only emerged after 2011, yet their betweenness centrality is almost on par with the remaining keywords. This indicates that research on illness narratives in the domestic medical field has developed rapidly, with a significant number of research papers emerging in a short time, leading scholars to engage in more in-depth explorations of this topic.

Secondly, research on illness narratives exhibits limited interactivity between the fields of medicine and literature, primarily forming cross-disciplinary studies through narrative medicine, which can also be seen from the following two points.

First of all, according to Figure 2, keywords reflecting “illness narratives” in literature are mainly distributed on the left side, while those in the medical domain are predominantly on the right. The scarcity of links between nodes on both sides indicates minimal interactivity of illness narratives research between the areas of medicine and literature. Additionally, as shown in Figure 2, the “narrative medicine” node is the largest and has the most links, corresponding to its high frequency and betweenness centrality in Table 1. This indicates that “narrative medicine,” as an interdisciplinary field where medicine and literature converge within illness narratives research, is experiencing strong growth.

What’s more, narrative medicine is the integration of medicine and literature, referring to the ability of clinicians to absorb, interpret, and respond to patients’ illness stories and challenges, providing care that is respectful, empathetic, and life-affirming (Yan et al., 2022). In other words, research on “narrative medicine” is closely linked with doctors, patients, and the medical humanities. Figures 2 and Table 1 illustrate keywords related to doctors, such as “parallel cases”, “narrative therapy”, and “narrative treatment”, with occurrence frequencies of 10, 9, and 9 times, respectively. Keywords related to patients, including “depression”, “anxiety”, and “negative emotions”, have frequencies of 17, 13, and 7 times. Keywords related to “medical humanities”, such as “humanitarian care” and “empathy”, also have high frequencies of 11 and 10 times. Thus, it is evident that “illness narratives” are thriving in the medical field, with scholars gradually forming more specialized research perspectives. In addition, Keywords like “self-efficacy” and “health education” are shown in Figure 2. Although their node color and size indicate a later start and fewer publications, they still suggest that the development of “narrative medicine” has begun to permeate into fields such as anthropology and education.

### 3.3 Analysis of development and evolution

Citespace is proficient in automatically extracting keywords or noun phrases from cited literature to generate cluster labels, which are pivotal for investigating the focal points of clusters. Each cluster can be viewed as an independent research domain with relatively close connections. Using CiteSpace 6.1, a keyword clustering map was conducted on the 619 journal articles obtained, resulting in Figure 3.

The Modularity Q value and silhouette value serve as critical criteria for assessing the efficacy of the map. When the Q value exceeds 0.3 and the S value is above 0.5, the cluster results are deemed significant and reasonable (Sun & Cui, 2022). In Figure 3, the Q value is 0.8962 and the S value is 0.9759, indicating a strong correlation between

the themes of the cluster nodes. This high reliability underscores the map's reference value. Figure 3 showcases 13 clusters, encompassing 429 nodes and 581 connections among these nodes. The largest connected component includes 324 nodes, comprising 75% of the network. Clusters are numbered 0-12; lower numbers indicate more nodes and richer research themes. Cluster labels represent research frontiers and trends, forming the core themes of domestic illness narratives research. Lines within clusters show connections between research themes, while lines between clusters indicate associations between different cluster labels.

Through the analysis of Figure 3, it is evident that among the 13 clusters, clusters 0, 2, 3, 7, 9, and 12 predominantly contain nodes related to literature. The number of nodes in these clusters is 45, 35, 29, 22, 19, and 15, respectively, totaling 165 nodes. These clusters exhibit significant thematic overlap, frequently addressing topics such as metaphor, ethics, gender narratives, body narration, and trauma narratives. Scholars continuously explore more in-depth perspectives within these recurring themes. For instance, studies on metaphor encompass cultural metaphors and illness metaphors, while research on ethics includes illness ethics, love ethics, ethical dilemmas, and ethical choices. Gender narrative research has introduced concepts such as gender politics, gender symbols, and women's bodies.

In contrast, clusters 1, 4, 5, 6, 8, 10, and 11 primarily contain nodes related to medicine, with node counts of 37, 24, 21, 20, 22, 19, and 16, respectively, totaling 159 nodes. The themes within these clusters are relatively focused, with minimal overlap between clusters. For example, the primary theme in cluster 4 pertains to patients, while cluster 5 focuses on doctors. It is worth noting that Cluster 6 and Cluster 11 represent medical humanities and the humanities, respectively, and both research themes include the keyword "humanities", resulting in significantly more connections between these two clusters than others.

The findings suggest that while illness narratives research has progressed rapidly in the medical field, it remains in its early stages. Most scholars currently focus on individual topics, with limited cross-disciplinary studies between different research themes. In contrast, research in the literary field has matured, as evidenced by the recurrent discussion of literary themes across various clusters.

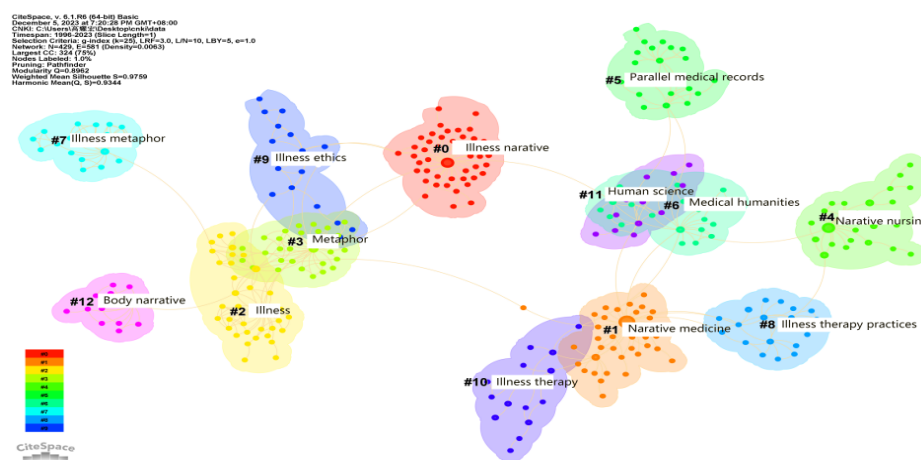


Figure 3. A keyword clustering map.

By utilizing CiteSpace's clustering method and timeline presentation mode, a Timeline view can be obtained to depict the relationships between clusters and the historical span of literature within each cluster. Based on Figure 3, a keyword cluster timeline map for illness narratives research from 1996 to 2023 was generated using CiteSpace's Timeline function, as shown in Figure 4. This map intuitively displays the development of different clusters over time, highlighting the emergence, prosperity, and decline of clusters.

In Figure 4, the time axis is at the top, with each line representing a different cluster. The keyword cluster labels on the right side correspond to those in Figure 3. Solid lines indicate the presence of nodes, while dotted lines show periods with no nodes, signifying research voids. The leftmost node of each solid line marks the earliest appearance of that cluster, and the rightmost node indicates the latest appearance. Node colors represent the years when research emerged, as shown by the color block at the bottom left. Curves extending from each node signify the evolution of research; more curves indicate higher research activity, and longer curves denote a greater time span of research.

Figure 4 reveals that the development and evolution of illness narratives in the Chinese mainland can be divided into three stages: The initial state, the growth state, and the maturation stage.

(1) The Initial State: 1996-2005

By observing the lines representing each cluster, it is evident that only cluster 2 appeared before 2005. During this period, domestic research on illness narratives was relatively limited, with few topics beyond “illness” itself reaching a significant scale. The line for cluster 2 contains fewer nodes, indicating that research themes derived from illness were sparse. Examining the colors of the nodes reveals that the research focus before 2005 was on metaphors, pain, female narratives, and humanism, with notable researchers including Lu Xun, Zhang Ailing, Bi Shumin, and Huang Beijia.

(2) The Growth Stage: 2005-2011

During this period, nodes began to appear in the lines representing clusters 0, 3, 6, 9, and 12. The relevant themes included illness narratives, metaphors, medical humanities, illness ethics, and body narration, indicating that illness was primarily discussed within the field of literature at this time. Notably, cluster 6 represents medical humanities, suggesting that discussions related to humanities existed before the concept of narrative medicine was introduced in China. Additionally, the nodes during the 2005-2011 period all have darker annual rings, indicating that previously unsystematic research, such as metaphors and body narration, began to mature gradually. Meanwhile, the lines representing clusters 9 and 12 have been in a dotted state in recent years, indicating that illness ethics and body narration are no longer the focus of scholarly attention.

(3) The Maturation Stage: Since 2011

In this period, the lines representing clusters 1, 4, 5, 8, 10, and 11 emerged, generating a large number of nodes and connections. The colors of these nodes, mostly dark yellow or light yellow, indicate that these topics have become prominent among scholars only in the last decade. The emergence of keywords such as “psychoanalysis”, “humanistic spirit”, “depression”, “prenatal anxiety”, “health belief”, “hope level”, and “clinical communication” suggests that during this stage, illness narratives have been primarily discussed in the medical field, leading to a proliferation of related keywords. Notably, cluster 4 produced many nodes in a short time, with relatively thick node sizes, indicating that domestic scholars have conducted extensive research on illness nursing, making it a focal point of recent research.

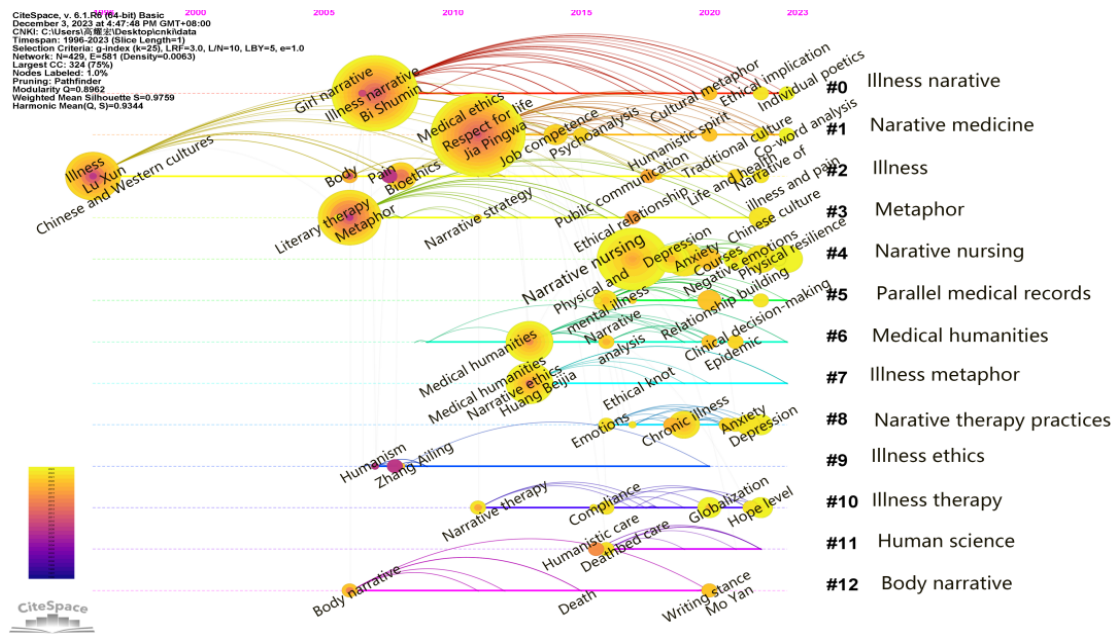


Figure 4. A keyword cluster timeline map.

3.4 Analysis of current development trend

Burst terms are words that appear frequently within a short period. Changes in their frequency can identify research frontiers and trends. By analyzing high-frequency keywords from illness narratives research using CiteSpace’s burst function, the top 10 keywords with the highest burst strength were identified, as shown in Figure 5. This analysis helps scholars explore emerging concepts and potential research issues in domestic illness narratives research over

the past decade, providing deeper insights into the field's research frontiers.

The start year of a keyword indicates a surge in scholarly attention, while the end year signifies a decline. Each small square of the line represents a year. Light blue lines in the figure represent years with little attention to the burst term, dark blue lines indicate minimal attention, and red lines signify high levels of discussion.

According to Figure 5, research on illness in China existed before 2006, but it was not until then that a broader range of topics gained significant scholarly attention. Since 2006, "metaphor" and "narrative" have become key terms with high burst strength, especially "metaphor", which had the longest duration and highest burst strength from 2006 to 2017. Metaphors help individuals understand illness through familiar conceptual frameworks, providing meaning at both individual and social levels (Chen, 2020). Therefore, metaphor has become a key research subject in illness narratives as an important cognitive tool for understanding illness.

Subsequently, research related to "narrative medicine," "modernity," "illness," and "doctor-patient relationships" emerged and became declining mutations, with the number of relevant publications decreasing and gradually stabilizing. In contrast, "anxiety," "parallel charts," "narrative nursing," and "quality of life" became emergent terms after 2019, and their research popularity has continued till now. Among them, "narrative nursing" had a mutation strength of 8.04, significantly higher than other emergent terms, indicating that it has garnered considerable attention from scholars and is developing robustly. "Anxiety" became an emergent term in 2019, with a strength of 2.96, and "quality of life" emerged in 2021 with a strength of 2.44. This suggests that recent narrative medicine research has focused on improving patient care experiences and overall quality of life through narrative approaches, including addressing patients' psychological issues. "Parallel charts" refer to the subjective, narrative medical records written by healthcare professionals after listening to patients' stories about their disease progression (Wang & Geng, 2019). This concept emerged as a mutation in 2020, with a strength of 1.99, indicating a growing focus on psychological healing within the current medical field.

In summary, in the field of literature, research on illness narratives has primarily focused on the two key themes of "narrative" and "metaphor," although its popularity has slightly declined in recent years. In contrast, in the medical field, research interest in narrative medicine is rising, with diverse themes emerging based on different research subjects. For instance, studies related to patients focus on issues such as "anxiety" and "life quality," while those related to doctors and treatments have centered on themes like "parallel cases."

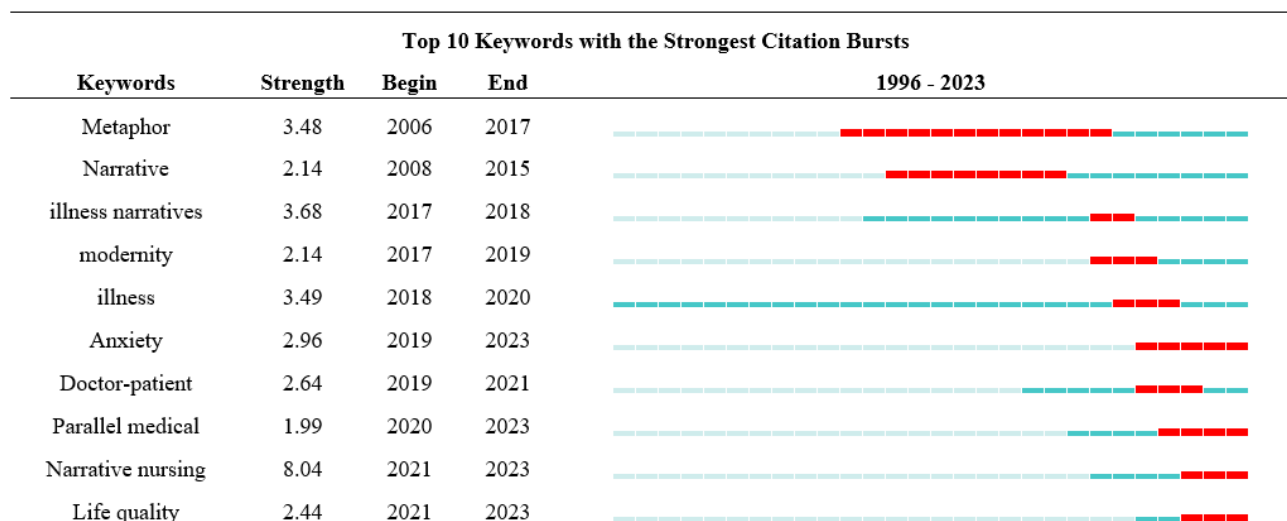


Figure 5. A table of keyword bursts.

## 4. Outlook for future trends of illness narratives research

### 4.1 The interdisciplinary research between medical practice and literary practice

Illness narratives research will increasingly engage in deeper interdisciplinary studies between literary and medical practices.

Firstly, literary illness narratives research will become more integrated into medical practice. Illness, doctors, and

patients are the three core aspects of medicine, each with its own stories (Man et al., 2016), providing ample room for literary narratives to develop within narrative medicine research. Based on the emergent terms that remain prominent today, medical practice is incorporating more literary elements. For instance, writing parallel charts involves reexamining and interpreting what is observed, heard, and felt during the diagnostic process from a new perspective (Qiu, Gu, & Huang, 2022), reflecting the role of literary skills in medical practice. In fact, parallel cases represent only a small facet of how literary illness narratives contribute to medical practice. Narrative medicine provides two key tools for the application of literature in medical practice: close reading and reflective writing. Close reading focuses on “input”, while reflective writing emphasizes “output” (Yan & Zhou, 2020), both of which are manifestations of enhanced medical skills grounded in literature. Close reading involves not only physicians carefully reading patients’ written narratives but also doctors and patients reading fictional or non-fictional illness narratives together. Reflective writing, on the one hand, allows physicians to retell patients’ stories, revealing the emotional and conceptual significance of illness, while on the other hand, it enables patients to articulate their complex emotions toward illness, life, and the world through their own writing. This indicates that medical practice will increasingly incorporate elements of literary illness narratives.

Secondly, medical practice will be more frequently reflected in literary illness narratives research and works. In today’s society, where health issues are a growing concern, illness narratives literature strives to transcend the de-historicized reality and explores possibilities for re-historicization (Chen, 2009), with medical practice being one of the key areas examined. For example, in Albert Camus’s *The Plague*, the experiences and moral choices of patients, doctors, and society during the plague are documented, while in Chinese writer Bi Shumin’s *Save the Breasts*, the trauma and post-traumatic growth of breast cancer patients are captured through literary means. These works have an undeniable influence on the guidance of narrative medicine. It is foreseeable that future medical practices will incorporate more representative literary works on illness to guide the healing process, while more literary works will draw on the authenticity of medical practice to create non-fiction narratives, allowing patients to find resonance with illness in these works and understand the construction of life’s meaning.

#### 4.2 An in-depth study of literary works in narrative medical education

The development of narrative medicine has now extended into the field of education, and it can be reasonably predicted that future narrative medicine education in China will increasingly focus on the in-depth exploration of literary works.

The concept of narrative medicine was first introduced in 2001 by Professor Rita Charon of Columbia University, referring to clinical practices influenced by the theory and practice of reading, writing, listening, and telling stories (Rita Chron, 2015). Since then, many universities abroad have introduced courses on medical humanities, and the new medical education philosophy embodied by narrative medicine courses has gained widespread attention. The educational philosophy of narrative medicine places the cultivation of narrative competence at the forefront of medical education, integrating both medical and literary narratives of illness into the curriculum design (Guo, 2020). If medical education only provides students with superficial training in medical humanities or philosophy, students may develop stronger logical thinking skills but may not necessarily become morally sound doctors (Ouyang & Wang, 2021). As interdisciplinary teaching materials, literary works can offer students a more authentic understanding of illness, thereby improving the effectiveness of medical practice.

In China, discussions on doctor-patient communication and relationships only began to increase after 2000, but most studies were based on sociological and management perspectives and lacked a mature theoretical framework. After 2011, narrative medicine began to attract the attention of domestic medical experts, and scholars started to recognize its significance in fostering medical humanism. In 2011, Xiaolin Yang pointed out the necessity of establishing a multidisciplinary, integrated research framework on doctor-patient communication through narrative studies. This framework would provide healthcare professionals and medical students with valuable guidance in listening, analyzing, and interpreting patients’ life stories and illness narratives, while also exploring how narrative medicine courses could be adapted to China’s specific conditions (He, 2010). Since then, China’s narrative medicine education has seen further developments. In 2017, the Ministry of Education emphasized the importance of “integrating professional courses with humanities courses” in medical talent cultivation. In 2018, the Chinese Society of Gerontology’s Emergency Medicine Branch established a special committee on narrative medicine, launched the Narrative Medicine journal, and incorporated narrative medicine into residency training curricula. It also became a public elective course at Southern Medical University and Hainan Medical University (Yang, 2011). In 2019, the Ministry of

Education launched the “New Four Disciplines” initiative, which includes the development of new medical disciplines.

It is foreseeable that more medical schools will introduce narrative-related humanities courses, with literary works becoming a central focus in medical humanities education. As narrative medicine rapidly develops, the ability to rationally use literary works to gain insights into illness, life, and interpersonal relationships will be as important as the scientific knowledge used to diagnose and treat diseases (Ling et al., 2019). Therefore, the development of narrative medicine education will inevitably be closely tied to relevant literary works.

### 4.3 An integrated approach in illness narratives study

In the future, research on illness narratives will adopt more interdisciplinary approaches, integrating theories and methods from fields such as literature, sociology, and psychology to deepen the understanding and application of illness.

First, the emergent strength of keywords like “anxiety” and “life quality” highlights the growing attention to the psychological and emotional impacts of illness. Life quality refers to an individual’s subjective perception and overall satisfaction regarding their physical, psychological, spiritual, and social functioning (Spitzer ICA, 1987). This indicates that illness extends far beyond physiological issues. Psychological and mental health should also be included in the process of describing and treating illness. Anxiety and depression are common negative emotions experienced by patients during treatment, and narrative medicine, as a new humanistic care practice, shifts the focus from disease to the person. By receiving care and respect through narrative approaches, patients experience reduced anxiety and depression (Jiang et al., 2019). This suggests that future research will be closely linked to psychology, delving deeper into how narrative medicine can address mental health issues and improve emotional support systems for patients, reflecting a holistic approach to the impact of illness on individuals.

Second, “narrative nursing” has emerged as the keyword with the highest burst intensity since 2021, indicating that future research on disease narratives will focus on improving nursing quality and patient experiences through narrative methods. This direction emphasizes integrating narrative practices into nursing and healthcare to enhance patient outcomes and experiences. Notably, the term “doctor-patient relationship” also shows significant burst intensity, reflecting Chinese scholars’ growing interest in the dynamics between healthcare providers and patients, as well as new narrative forms that document patient experiences. These trends suggest that future research will be more closely related to nursing, focusing on themes such as trust, communication, and empathy in healthcare settings, as well as the authenticity and relevance of illness narratives.

Lastly, the emergent term “modernity” suggests that future research may explore how modern technology and cultural changes influence the depiction of illness in literature. As public understanding and descriptions of illness increasingly rely on media such as the internet, film, television, newspapers, and advertising, illness narratives can be disseminated more effectively. For example, films, as a narrative form that combines sound and visuals, not only shape public perceptions of illness but also provide a deeper emotional experience. Films often focus not on the illness itself but on the emotional paradigms constructed around illness. Through physical disabilities, films evoke empathy, creating emotional and visual resonance (Xie, 2022). Consequently, research on illness narratives will also extend into the media industry, exploring how illness narratives researchers can build effective health narratives for the public.

In conclusion, future research on illness narratives will move toward greater diversification and interdisciplinarity. The integration of fields such as psychology, nursing, and modern media will offer new perspectives and methods for the theoretical development of illness narratives. Beyond the humanities fields related to literature and medicine, future studies will also extend to the forefront of cultural and technological changes, driving the dissemination and application of illness narratives and supporting the construction of a richer health narrative framework.

## 5. Conclusion

This study is an exploratory investigation supported by a bibliometric analysis of illness narratives research. It examines the status and development trends of illness narratives research in the Chinese mainland, providing scholars with a comprehensive understanding of the past, present, and future trends in this field, which has not been thoroughly explored in previous research. Using CiteSpace, this study graphically presents institutional collaborations, topics, research evolution, and current and future trends of illness narratives studies.

Research on illness narratives has evolved from initial exploration to gradual maturity. In terms of research institutions, Southern Medical University has emerged as the leading force in the study of narrative medicine on the Chinese mainland. Regarding research topics, the literary field has focused more on topics such as metaphor, ethics, and gender, while the medical field has centered on key issues like medical humanities and narrative nursing. Before 2005, related studies were in the early stages, with a focus on literary research between 2005 and 2011, while the focus has shifted towards the medical field since 2011. Based on current trends in illness narratives research, it is reasonable to predict that future studies will further deepen the interdisciplinary integration between literature and medicine, promote the development of education, and enhance the understanding of illness through interdisciplinary approaches.

This study holds significant value for the international community in understanding illness narratives research in the Chinese mainland. It allows scholars to quickly grasp the institutions, topics, and research trends involved, thereby aiding those interested in the field of illness narratives in the Chinese mainland.

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