Controversial new psychological and immunological studies have found that writing narratives (stories) about trauma, stress, and cancer led to short-term, clinically significant health improvements such as pain reduction and decreased incidence of symptoms related to cancer. **How can writing illness narratives lead to psychological and biological effects? What are possible mechanisms of action?** To answer these questions, journal articles and texts on illness narratives, health, and coping were consulted in a variety of fields: biology, psychology, sociology, humanities, medicine, nursing, and education. In this interdisciplinary literature review and analysis, I propose that illness narratives help patients cope with illness through psychological, social, and literary processes that lead to biological effects and improve health.

Aspinwall and Taylor’s psychological model of negative event processing was applied to the general experience of illness, with an emphasis on the coping efforts exerted by ill people. Coping efforts are comprised of a framework of discrete behaviors related to (1) distance, (2) control, (3) social support networks, (4) self-esteem maintenance, (5) hope, and (6) insight and meaning. Similarly, the act of writing an illness narrative can incorporate or promote many of these coping behaviors, due to psychological, social, and literary processes involved in the construction of a coherent narrative about a traumatic illness experience. Qualitative analyses as well as quantitative studies support the claim that the act of writing an illness narrative can help a person cope with illness. For further support, the cancer narratives of Anatole Broyard, Audre Lorde, and Reynolds Price were examined as case studies via the coping framework outlined previously. Reading comparisons revealed that each cancer narrative demonstrated each of the six types of coping behaviors.

Given the previous evidence that illness narratives can help people cope with the stress and trauma of illness while simultaneously leading to short-term psychological and physical health benefits, the following questions arose: **How can physicians apply illness narratives in clinical practice?** How does a deeper understanding of illness narratives impact practitioners and patients? A case study of the narrative medicine program at Columbia University Health System was included to demonstrate the plethora of possible applications of illness narratives and narrative knowledge. Possible implications for increasing humanism in medicine, improving communication, reducing health disparities, and harnessing the therapeutic value of narrative were discussed. Directions for future illness narratives research were also outlined.