

NICHOLAS A. JOHN, *The Age of Sharing*, Polity Press, 2017, 200 pp.

The book has appeared as a project for a postdoctoral research integrated in the domain of communication studies for the social interaction in digital era, but, not only. IN the acknowledgements, the author has confessed that the starting point of the research has been in the Department of Communication and Journalism at the Hebrew University in 2010, with a topic for a post-doctoral research involving the key concepts – globalization and multichannel television. The challenge has been much bigger when the issue has been directed to sharing. But the subject has become a disease, being contagious, so that he has to share the information about the definition, meaning, interpretation and evaluation of sharing as a dynamic concept with colleagues, friends, experts and, even family. The result a research materialized in a book, object and subject of this review.

Sharing has been defined in a three dimensional perspective: (i) as a constitutive activity of social media; (ii) as a model of economic behaviour according to our human condition in everyday life: producer and consumer and (iii) sharing as a category of speech. These three trends have suggested a functional and constructivist framework denominated as ‘the spheres of sharing’ with their methodology. In this regard, the book has tried to reveal to the reader in an empirical mood the implications of technologies as mediators/ intermediators of our lives, but, also, the condition of a human being in a network society, where we are producers and consumers of goods-material or immaterial-see information as good. Creating content in market driven daily life and the emotional dimension of our life in the social interactions involved in our life in either formal or non-formal contexts are other two approaches offered by the author. Thus, sharing has engaged a set of values proving that the concept has become the embodiment of an entity with form and content, with form and meaning as any other social institutions.

The conceptual mapping perspective has been developed in the structure of the book marked by an argument with an overview of the scholars interested by sharing as a rationale for research. The author has focused on current studies about digital culture [Meikle, 2016]<sup>1</sup>, digital anthropology, the consequences of sharing upon consumer behaviour [Belk, 2014]<sup>2</sup>, defined in the quotation as a ‘a type of

<sup>1</sup> Apud John, 2017: 13-Meikle, G. (2016). *Social Media: Communication, Sharing and Visibility*, New York, Routledge.

<sup>2</sup> Apud John, 2017:13, Belk, R. (2014). Sharing versus pseudo-sharing in *Web 2.0. The Anthropologist* 18/1: 7–23.



third distribution'. The works of the scholars used as resources for the current interpretation has been evaluated in a critical view. Marking the practices of sharing in media, communication and society, Nicholas A. John has accepted the stance of other scholar Kennedy<sup>3</sup> in 2013 and 2016 that our use of term seemed to promote pointing practices that 'are not really' sharing. The originality of the book consist in explaining why it is necessary to research the practice in the spheres suggested, interpreting the sharing as a type of communication that implies interpersonal relations, roles assumed by the participants in social interaction, even the symbolic one, and evaluating the contract of communication in sharing throughout economic, political and cultural dimensions as a social institution. The style the book is written has invited the reader to join the community by using 'our society is..', 'we understand that..' offering the opportunity for participating and sharing the points of view or not.

The author, Nicholas A. John, has proved his keen interest in knowledge and his background in education and career by the well-organized text, starting with the definition of sharing from multiple sources; Oxford English Dictionary, but he has focused on the polysemantic keyword sharing, with its economic, political, cultural, sociologic, linguistic, communicative approaches. Following coherent the text, the reader can find the interpretation of sharing by the application of the pattern for research in certain perspectives; the technological one throughout new media and social media – chapter 'Sharing and Internet', the economic behaviour in our daily lives as producers and consumers – chapter 'Sharing Economics', and, the last one the personal emotions with the consequences in our everyday life, namely advantages and disadvantages of sharing as social practice in interaction. Important for recommending the book, it is the critical analysis of sharing as constitutive activity of the new media and social media, the biases of the model for production and consumption and as a type of talk, discursive practice in everyday conversation, debate or other form of social interaction.

The book, *The Age of Sharing*, has given the opportunity for the author, not only to research the issue, but to give much more information in communicating science, the concept of sharing in different contexts. One, the author has emphasized, is the Dave Eggers's novel 'The Circle' published in 2013<sup>4</sup>. The narrative has main reference a Silicon Valley company specialized in IT presented by the new employee perspective, Mae. Company has a slogan – intertextuality can explain more – 'Secrets are lies. Sharing is caring Privacy is theft'. The Mae's experiences of sharing or not her personal life have become topic of chat with her boss. It is or not sharing an intrusive tool in our personal life? A question the reader puts at the end. But the conclusion has been obvious, the sharing is a social practice

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<sup>3</sup> Apud John, 2017:15. Kennedy, J. (2014) Sharing in networked culture, imagination, labour and desire (Phd dissertation). Melbourne. Victoria: Swinburne University, and Kennedy, J. (2016). Conceptual boundaries of sharing. *Information Communication & Society*19/4: 461–74.

<sup>4</sup> Apud John, 2017: 151. Eggers, D. (2013). *The Circle-a novel*. Penguin Books.

which might close social gaps, but, according the author's own words, the sharing 'seems to be restorative from excesses of capitalist society'. The set of values that sharing is offering can be positive or negative, but quoting Raymond Williams, it is a social practice materialized in a keyword that 'some important social and historical processes occur *within* language'. [Williams, 1976: 22]<sup>5</sup> This final remark has given the reviewer a personal thought we are sharing, but we are not caring, what we can do with the language in use.

The title of the book has created in our minds the historical perspective of the usage of sharing, Nicholas A. John has gone back in time to the Oxford Group, the first community around 1930, which has organized a type of intimate talk to community parties, where people have been sharing. The Chapter 'Sharing our Feelings' has analyzed and evaluated discussions from the group. The multiplication of the modality for the Anonymous Alcoholics has created a therapeutically approach. While in American counterculture has been used, in the mid of 20<sup>th</sup> century – 1960–1970, as a form of self-expression and consumerism.

At the end of the book, the author has expressed its research evaluation: 'Pragmatically speaking, sharing represents an alternative to capitalism, and at the same time it is the mode of our participation in its cutting edge. Sharing is a type of communication I use when I want to discuss personal matters of import with my significant other, but when we I do that with the assistance of communication technologies, my communication is commodified. This is the paradox of sharing ... sharing combines digital culture with therapy culture with an attractive model of economics' [John, 2017: 154]. Although it is a personal evaluation has been based on an accurate research from a Critical Discourse Analysis approach, but with a subjective view focused on scientific bibliography and other resources which have given the reader the opportunity to read more and to find out much more information in non-scientific resources as novels, cultural events.

Nicholas A. John has suggested to read the book as an exercise for a lively mathematics: 'The outcome of this exercise is thus greater than to sum up its parts: sharing emerges as a complex and contradictory set of practices and meanings through we can read and make sense of large swathes of contemporary society: it is a normative yardstick by which we evaluate the way we live'. If you read the book *The Age of Sharing*, you can find the childhood and the youth of the concept, and to evaluate de tradition and the innovation of the meanings at the maturity the concept is living now.

As any book, which has been read in a bookshop and it has been bought by the interest for the domain, the most important recommendation offered by one scholar – in the area of IT: Nancy Baym, principal researcher at Microsoft Research – 'the word sharing has become so ubiquitous that rarely stop to inquire into its meanings, let alone the ideological work it does in diverse contexts of its

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<sup>5</sup> Apud John, 2017:155, Williams, R. (1976). *Keywords. A vocabulary of culture and society*. Oxford: Oxford University Press

use. John's engaging historical analysis of sharing across three domains is essential reading, offering deep insight into the implicit values that shape our interactions and economies'.

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RITA CHARON, *Narrative Medicine – Honoring the stories of illness*, Oxford University Press, 2006, 266 pp.

As oddly as it could have sounded before becoming a respected discipline in clinical studies of medicine, narrative medicine has gained weight after icebreakers like Rita Charon, MD. Narrative medicine is defined as medicine practiced with consideration to the stories of illness, expressed along the doctor-patient relationship. The stories of illness, as told by the patients and received by their doctors are filled with metaphors, life stories, symbols and narrative concepts. Rita Charon has been the pioneer in narrative medicine writings, explaining at the beginning of the book how she became involved in what later on it became a medical discipline, focused on delivering better medical services, with a real concern to patient suffering, paying attention to what they say, feel and develop as personal story of illness and, eventually, death. The book covers the issues of terminal illnesses and dealing with terminally ill patients, who have very particular stories as seen by them, by their families and, lastly, their caretakers and physicians.

The book is structured in four parts – Part I explaining the concept of narrative medicine “What Is Narrative Medicine”, Part II is focused on the narrative of illness – “Narrative of Illness”, Part III touches the more practical aspects on how to develop narrative competence – “Developing Narrative Competence” and Part IV, about the benefits of narrative approach with the patients, “Dividends of Narrative Medicine”.

As for a relatively new hybrid area of study, the first two chapters of the book focus on defining what narrative medicine is, as a necessary explanatory and quite didactic approach. Paying attention to narrative elements in personal stories could lead to better care, more efficient and more humane approach to illness and death. It is a win-win situation for both doctors and patients, but the reader should not get mesmerized with only narrative. Medicine practiced with narrative knowledge is still medicine, as we know it, only more patient-focused. Basically, it could offer a solution of how to fit all medical information one doctor receives from its patients in a very short-timed visit, while he describes how he feels, how his suffering is consuming his everyday life and what his story truly is.

While explaining the benefits of narrative medicine as a better approach to patients and their stories, Charon touches the reason the understanding gap between health practitioners, patients and sometimes their families occurs. One description

of the reason this gap occurs is in the second chapter “Bridging Health Care’s Divides” where Charon mentions that no matter how knowledgeable the health practitioners are in their services, about the diseases they cure, they sometimes may be ignorant of the abyss their patients stand due to the fact they experience frightening signs of illness, weakness, changes and terror (Charon, 2006, 19). One other differentiator in patient-doctor relationship is the imagination, or “imaginary scenario” (Charon, 2006, 20) which immensely differ one from another – the doctor cannot and would not walk in his patient’s shoes, while the patient is already imagining life beyond the doctor-patient encounter while fighting with fear and effects of an illness.

One special mention should go to the concept of “dignity” and “dignifying” the lives of the sick people the doctor interacts with in his practice. Doctors are all together united in the effort to treat patients, which gives them the capacity to dignify the suffering and the stories of illness (Charon, 2006, 226). The patient’s self has to be the same or at least as inserted and associated with healthy people, to feel that he hasn’t changed after falling ill and his dignity as a human being is intact.

While considering the doctor-patient interaction, although trained and detached from emotions while treating a patient, the doctors themselves suffer “conflicting delusions” (Charon, 2006, 23), especially about death. While the majority of Charon book’s readers are not necessarily doctors, the insight she gives on how the doctors feel are valuable and explanatory. It appears that doctors are torn apart in two conflicting delusions – the medical training they pursue have them believe at some level that they are immortal, but confronted with their patient’s mortality, doctors become aware of the terminal effects of some illnesses. Doctors, being exposed to death, acquire one irrational belief that they are immortal themselves. On the other hand, patients have their own rapport with death – either feeling death is a close enemy or a distant abstraction, based on their own experience with it.

To be able to listen to a story, one should know there is a story unfolding before him. Charon pinpoints that the way of changing the patient-doctor dynamics in regular interviews is to pay attention to the story the patient is trying to tell, even if he’s not using words. “Listening to the stories is what we in health care must learn to do. To listen for stories, we have to know, first of all, that there are stories being told” (Charon, 2006, 67). Except for the psychiatrists and mental health professionals, there are very few medical doctors who listen and interpret the metaphors, the mundane elements, personal issues, intimate details or apparently non-related things that occur in patient’s discourse. They, based on Charon’s evaluation, are not interested nor trained to listen “with the third ear” (Charon, 2006, 67) as, for instance, psychoanalysts.

The benefits of listening with the third ear could be found in the concept of patient-centered-care, honouring the stories of illness as means of a better, sympathetic medical care with better results, comforting the patients and his

family. Charon defines four types of divides which set distance between patients and their caretakers: *the relation to mortality* (the way doctors and patients relate so differently to death, doctors accepting it as a material fact of life, looking at it from almost technical point of view, while patients being unprepared for death, depending on their own and personal experience about passing); *the context of illness* (doctors rather see the event of sickness as a separate event, while patients frame the illness within their entire life); *beliefs about disease causality* (the ideas about the cause and symptoms of a disease are sometimes deeply conflicting, as seen by doctors and patients); *the emotions of shame, blame and fear* (these are not the only emotions populating the illness's landscape, but one of the most powerful – those emotions of shame, blame and fear, if not explicitly discussed could irrevocably distance the patient from his doctor) (Charon, 2006, 21).

Trying to explain and close the gap between doctors and patients, in order to get better, more humane and efficient health care, the book shows that actually the distance is not that significant if paying attention to the narratives. The benefits of acknowledging there is a story to be told by the doctors themselves became evident when medical practitioners began writing about their own patients and experiences with illness and death. Doctors who write about their experiences with patients are becoming more numerous after Charon's book was published in 2006, but even before with Oliver Sacks's non-fiction "Awakenings" published originally in 1973, depicting the life histories of those who had been victims of the 1920s encephalitis lethargica epidemic. Nowadays, we have the works of Danielle Ofri, Louise Aronson, Barron H. Lerner, Sandeep Jauhar, Perri Klass, Jerome Groopman, Lisa Sanders or Atul Gawande, focusing on the doctor-patient relationship. Linking the dots between what doctors and patients feel makes the medical approach more personal, aware of individual stories, more connected, and therefore more efficient.

As Charon explains, all the medical doctors writing about their patients became aware of how urgent is to reflect on their own lives and perceptions to illness and death, not being immune to emotions and perceptions.

As for a better and more efficient health service, Charon recalls the story of a gastroenterologist who's patient was in for bulimia (Charon, 2006, 79), but after managing to listen to her story he found out, just in attentive conversation, that the patient had in addition to what seemed to be an eating disorder, frightening nightmares. The gastroenterologist just went above his specialty and evaluated those nightmares as signs of sexual abuse, which the patient was trying to cope by eating; therefore he referred her to a psychotherapist in order to help the patient targeting the root of her sufferance. Eventually, the patient was healed, resumed college studies and improved her life situation.

One special section is dedicated to the bioethics of narrative medicine – as the doctors and the medical personnel has access to patients story, particularities, and sometimes information which they are prevented by the medical ethics to share

or to use for a different purpose but trying to heal the patients and “accompany them on their journeys” (Charon, 2006, 203).

Medical practitioners have to have skills, concludes Charon. Apart from interviewing the patients from clinical perspective, doctors must listen to several voices – voices of illnesses, voices of body, voices of patient’s emotions. Sometimes these seem not related, as in the rape victim’s case that went to see a gastroenterologist for her eating disorder. In the same time “narrative, by its nature, is disruptive. Unlike lists or formulas, narrative is not clean, predictable, or obeisant.” (Charon, 2006, 217). But the advantages of narratives in medicine are innumerable – it builds bridges among health care professionals, patients and communities, to decrease what, inevitably, are present in healthcare (Charon, 2006, 228).

“What is required is the skill of stereophonic listening, the ability to hear the body and the person who inhabits it. What is required is the capacity to recognize the many voices of sickness – in their contradiction, their secrecy, and their exposure of the self” (Charon, 2006, 97).

Time has never been a friend of overworked health practitioners. Developing narrative skills in medicine could improve the doctor-patient relationship and this is the “honouring the stories of illness” mean in Rita Charon’s book.

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