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5 The uses of narrative research

As you will have seen from the examples in the last two chapters, narrative research can be very appealing. Researchers, like most people, love stories: the specificities that draw you in, show you new worlds and challenge you to think differently; the commonalities that you can relate to; the emotional intensity; the humour. What, in intellectual and practical rather than personal terms though, draws us to narrative research? Why would we choose this kind of research to address the questions that interest us?

We have seen some examples of the uses of narrative research in the case studies in Chapters 3 and 4. This chapter examines the usefulness of narrative research more generally. Sometimes, people do narrative research because they are interested in structural issues about language. For instance, they may be interested in what constitutes a story rather than a narrative, as we discussed when considering *fabula* and *syuzhet* in Chapter 2, or in the language characteristics of different kinds of stories. Generally, these are the interests of linguists rather than social researchers. Usually, even if social researchers do have such structural interests, those interests are also tied to broader concerns. For when social researchers consider the uses of narrative research, they generally argue that narratives show us little-known phenomena, tell us about lives, demonstrate cognitive and emotional realities and interrelate with social and cultural worlds. They also suggest that narrative research contributes very fruitfully to some particular social research fields. The ones we discuss below are the field of health and illness research, where narrative research's contribution lies particularly in the realm of practice, and the field of what are called 'sensitive' topics, where narrative research contributes to a more complex and processual framing of research and research ethics. There are many other fields we could have discussed: education; social work; crime; work and leisure; politics and human rights; social movements; international development; counselling and psychotherapy; media and communication; art; performance; and management and organizational studies, for

instance (Boje, 2001; Lewis, 2010; Ryan, 2004; Smith and Schafer, 2004; Wells, 2011; White and Epston, 1990). And so, in this chapter, we consider narrative research's usefulness in this double way, in relation to its general characteristics and in relation to how it works in particular fields.

A. Finding out about little-known phenomena and exploring narrative 'voice'

Qualitative research in general is said to have value because it can shed light on phenomena about which little is known. It is often used in an exploratory way to 'illuminate' the life circumstances of individuals and communities, particularly those circumstances that deepen forms of harm and exclusion. The case study on violence and abuse presented in Chapter 4 is an example. There we argued that one problem faced by people who experience violence is finding a safe way in which to be able to give voice to their story, have it heard and legitimized. In what follows, we look more closely at another example of research investigating phenomena about which little is known, in connection with critical reflections on narrative 'voice'.

The following extract comes from an interview with Alan who participated in research conducted in Scotland to inform health promotion for gay men with Human Immunodeficiency Virus (HIV; Davis and Flowers, 2011; Flowers and Davis, 2013). In the example below, Alan, who has HIV, discusses HIV treatment, its effects and considerations for his HIV negative partner:

We found that once we settled well into the relationship, I became very comfortable with the whole kind of HIV thing, and I suppose I, at some stage in that time, decided well it wouldn't be that bad a thing, given today's treatments and you know, today's kind of view of HIV and such like. It wouldn't be that bad a thing if it were to happen. So I took the view that I wasn't going to be this, 'Right we've got to do every last thing properly and not share toothbrushes and be very careful with razors!' ... I just thought 'no, we use razors and if you cut yourself, you know, stick it in the bin or something'. You know, it would just be that. But of course that's not always enough because you don't always see things right? I don't know how many people normally get that off a razor, probably never, [laughter] ... people can be very, you know, would separate everything and the

different towels and just do everything, doing condoms for everything and I just took the view that wasn't really a kind of normal way of viewing our relationship . . . I suppose kind of sort of settled into this idea, well this might happen at some stage, you know, and I think once I started to take that view, even things like condoms they'd disappear, at least until the point when either of us were going to cum sort of thing. (Alan, aged 30)

This extract can be read as 'illuminatory' and exercising narrative voice in several ways:

1. Alan's extract permits insight into the nuance and mutability of his experience of HIV positive serostatus. The extract's value depends on seeing it as Alan's perspective on life with HIV: his experiences, words and related meanings. Insight provided by Alan's account is important to the HIV field where biomedical research approaches dominate, particularly since the introduction of effective HIV treatment in the mid-1990s to late 1990s in the global North. Indeed, Alan's account is predicated on this transition when he refers to 'today's treatments and you know, today's kind of view of HIV and such like'. Collecting Alan's account and others like it adds grassroots voices to what is mainly a biomedicalized and expert-led field in the affluent, global North.
2. The emphasis on domesticity and life with his partner underlines Alan's speaking position. Intimacy and its meanings are axiomatically and complexly said to be both deeply personal and relational. It is perhaps only through the voice of the narrator that we can gain insight into such personal dimensions of experience.
3. The exercise of narrative voice can also establish the means for sociopolitical action. Alan's account works to create such means. It 'gives voice' to life experience, not simply as subject to HIV's history, but as active interpretation of (and questioning of, and even resistance to) the complexities of life with HIV. Through narrative voice, Alan is able to establish his HIV identity in the historical context of effective treatments and to reflect on implications for his relationship.

Valuing narrative voice in the ways we have described depends on several assumptions. Key among these are notions of 'possession' and 'authenticity' which assume that the voice of the narrator is their own and that it

gives unrivalled access to their lived experience. Such views are supported by the idea that narrators create their own stories and that how a life is imagined has value simply because it depends on the memory and creative storytelling of the individual.

However, it is also possible to question narrative voice, its assumptions and therefore its ability to shed light on little-known phenomena. Key critiques include:

1. Romanticization. Researchers may rely on, and be complicit with, the idea that the narrating subject has special status as the generator of meaning, over and above history and social mores. Such romanticization may lead researchers to overlook the partial qualities of personal experience accounts, for example, omissions due to failures of memory and the possibility of social desirability bias in the research interaction (for further discussion, see Atkinson, 2009).
2. Reinforcing social exclusion. Giving emphasis to the narrative voice of the researched, and in particular that of the hidden and marginal, can have the effect of reinscribing social exclusion (Mauthner, 2002). To approach the socially excluded and to collect, interpret and edit what they say about their lives *as socially excluded subjects* may have the effect of deepening their lack of power. However, as we shall see later in this chapter, the bringing together of such life stories can also enable collective action, helping to move subjects from the excluded margins to the centre.

Narrative voice is co-constructed and performed. As we noted in Chapter 2, Section C, and as demonstrated in the new media case study from Chapter 3, Section C, narrative depends on tellers and audiences. Speaking of one's intimate life or relating to others' experiences that are difficult to tell are processes that also depend on the listener. Narrative voice, then, is not altogether singular and simply possessed and given; it is negotiated, performed and therefore dialogical.

These critiques, however, can be addressed by making them part of the research. For example, Alan's extract can be addressed for how he positions himself in relation to the implications of HIV treatments for himself and his partner. It can also be read along with other similar and differing narratives, and in relation to the more general history of the advent of effective treatments. In this way, the research can moderate possible critiques of it romanticizing narrative voice. Similarly, narrative researchers can address

power and social exclusion directly. Chapter 4's case study on violence and abuse is based on the idea that some stories were difficult, perhaps impossible, to tell until shifts in gender politics made it easier for such stories to be aired and addressed. In this way, the case study makes social exclusion both a substantive and a methodological problem, reducing the chance that it will reproduce the effects of power on the oppressed.

It is possible, then, to strengthen narrative research by reflecting on criticisms. As we will see in Chapter 6, Section F, this self-critical approach is also relevant for the ethical conduct of research, where concerns such as power in the researcher–researched relationship and the depiction of narrative take centre stage.

B. Understanding lives

We have seen how narrative research can be used to explore social experiences about which little is known and, relatedly, how the voice of the narrator can be an important resource. We also explored some of the provisions that apply to the uncritical exercise of the idea of narrative voice. Underlying these provisions are questions to do with the relationship between narrative and lived experience.

Narrative research seems to allow us vivid pictures and deep understandings of people's lives. It lets us grasp some of the complexity, multiplicity and contradiction within lives as within stories. This section discusses different perspectives on the relationship between lives and stories.

As with any social research, the narrative analyst will have a more or less explicit position with regard to the relationship between their research materials and participants' lives. As we discussed in Chapter 1, Section E, 'Where does narrative research come from?', research approaches to the narrative/experience relation are diverse. Some researchers take narratives to be the research object, for example, when they examine the structures of narrative in literature (Phillips, 2009), film (Anderson, 2010) and social media (Page, 2010). Others examine the interplay of those structures with social and historical relations (Culler, 2002). Within social research, a related approach is that focused on life stories, such as in biographical and autobiographical writing, where major life events are read as organized into the logic of, and giving texture to, the trajectory of the life course. Written life histories in particular can be read as revealing the orderly, phased/staged unfolding of the life course. Life history research, too, may search

for the intersections of social forces and lived possibilities, as in research on working-class lives undergoing transformation within the life course and generationally (Connell et al., 1993; see also Harrison, 2009).

There are also stories within stories. Accounting for one's life history can lead to narratives of particular events and situations seen as important. Some of this recounting might even take the form of stories of storytelling, as is the case when people speak of having narrated their lives and experiences for others. For example, in Mark Davis's research on new media, discussed in Chapter 3, interviewees spoke of how they used various internet technologies, such as Facebook and health information fora, to create and share narratives of their lives (Davis, 2011). In this view, aspects of new-media lives appear to be particularly heavily narrativized.

At times, however, narrative researchers might want to analyse life stories that are not about anyone in particular. For example, they might focus on human lives in general as depicted in literature or in social science, reflecting on the general and the exceptional in the body of 'life stories' and what they therefore make possible or proscribe. Such researchers also focus on the political economy of life stories, such as the way that stories of the self have become broadcast and new media currency and more particularly, which stories are given value and which are not. In these cases, a narrative itself is examined, in a sense, in terms of its own 'life' (Davis, 2011).

All these kinds of stories regarding lived experience can be analysed to tell us about lives in different ways. The substantive content of the stories might be salient for research. The analyst may focus on understanding narratives in terms of: what happened; in what situation; with what consequences; who was there; the language used to relay the story and so on.

Another interpretive strategy is to articulate life stories in relation to a more general notion of narrative. For example, Arthur Frank (2006) has examined accounts of illness experience as variations on a more general 'strategic' health narrative, emphasizing the agency of the person who constructs their story. For Frank, the 'strategic' nature of illness narratives is found in how they articulate the problem of healing, even, or especially, if that does not seem immediately possible. Such reflection can be framed by what is termed 'restitution' narrative, that is, addressing negative health events in ways that accommodate and perhaps even overcome them (Frank, 1995). Alternatives, according to Frank, are 'chaos' and 'quest' narratives, each supplying a different way of addressing one's life and the effects of a health event. Some have examined these healing possibilities

of narrative in medical and therapeutic contexts. Narrative, it is argued, complements health care, by offering ways of making sense of major life events, such as cancer diagnosis or chronic illness such as diabetes (for a discussion of narrative medicine, see Charon, 2006; Greenhalgh and Hurwitz, 1999). Similarly, within narrative therapy and some family systems therapy, narrative is seen as allowing explicit attention to the nature and the possible reframing of life stories, and as enabling the reconstruction and performance of varying identities that are shaped by narratives (for a discussion of narrative's uses within systems and narrative therapy, see Vetere and Dowling, 2005; White and Epston, 1990).

Other narrative researchers focus on the convergence of narrative forms with sociopolitical change within stories. For example, Francesca Polletta's (2006) work on the stories told among civil rights activists in the 1960s examines the relationship between particular types of stories of racialization and changes in the racialized structure of the activist movements.

When the researcher wants to say something about experience over and above the production and consumption of narrative, assumptions regarding the relation of narrative to life experience come to the fore. Some researchers assume that narrative provides a window onto external and internal realities and that a systematic approach to story structures and meaning can provide information about those realities. In Biographic-Narrative Interpretive method, for example, researchers search for what are called 'deep structures' of the personal experience account (Wengraf, 2004). The focus in this situation is on the historical and biographical location of subjectivity, the 'person behind the text'. At the same time, this approach looks to distinguish 'lived life' realities from the personal experience story, which holds out another, psychological, form of reality.

Psychoanalytically oriented narrative research asserts that individuals may not be aware of features of their social existence that shape and constrain what they can and cannot do (Hollway and Jefferson, 2000). Due to repression and other unconscious processes, the narrator may not be wholly in touch with the meanings they convey in their storytelling. Psychoanalysis also suggests how the researcher-researched relation is shaped in ways outside both conscious personal relations and the power effects discussed in Sections C and D in this chapter, since the unconscious elements of the interaction may influence what is said and not said and the direction taken in the research dialogue.

Further, it has been argued, from a variety of theoretical perspectives, that the significance of narrative is not necessarily in the narrator's telling (Georgakopoulou, 2007; Ricoeur, 1984). As we have argued in this book, narratives are co-constructed and co-performed. This implies that when someone relates an aspect of their experience to others, there is no guarantee that it will have the effects the narrator intended. In addition, narrative production might be somewhat experimental and negotiated as storytellers feel their way through what it is possible to say in an interview or in other interactional circumstances. The social effects, then, of the narrative-as-heard or as-read may be as or more important than the life story *per se*.

Despite the diverse ways in which narrative can be deployed when researching lives, these strategies are joined in the sense that they all take some position on the relationship between narrative and life experience. The relationship that narrative, or any research object, has with life is commonly addressed in narrative research through the framework of social constructionism, which assumes, broadly, that language is the central means by which we know of the world (e.g. Potter and Wetherell, 1987). There is, of course, lively debate on social constructionism and its implications for social science and the humanities (Burr, 1995; Hacking, 1999). Taking a minimal social-constructionist position, some narrative researchers assume that what people say about themselves and their experiences gives more or less transparent access to their realities, notwithstanding the intervening elements of their memories and willingness to provide such accounts. From this perspective, language and narrative are tools for engaging with an external reality, much more than constructors of that reality. People's stories of their life experiences mediate reality and the research enterprise. This assumption can be important in applied research that seeks to make arguments concerning the social needs of particular groups. For example, it can be valuable to argue that people living with HIV in Alan's situation, described in the previous section, are at the same time creatively sense-making through narratives, and conveying important new 'social facts' about relationships for HIV positive people in the antiretroviral treatment era.

A more radical social constructionist position is that narrative fully constitutes lived experience. In this framing, language and its meanings are all important, with some going so far as to say that there is nothing, or nothing significant, outside the meanings people use to understand their

lives. This kind of approach can run into problems in situations where the material constraints on lives are clearly relevant, as in research on social inequality, or indeed as in Alan's case, where the biomedical parameters of his relationship are fundamental to his narrative and life.

Many of those who do want their research to have an effect adopt an implicitly 'pragmatic' position, an approach we introduced in Chapter 1, Section C, combining elements of the approaches we have examined. The pragmatic approach assumes that narrative does shape experience, that experience is subjective, but also that material constraints and historical moments enable some experiences and their narratives and close down others.

This pragmatic approach can be seen in the case study on narratives and the body we developed in Chapter 3, Section A. Here, we argued that the presence, movement and paralinguistic mediations of the body have been neglected in narrative research, partly because researchers have focused on verbal narrative structures, semantics and context. Nevertheless, the body asserts itself, since it is central to lived experience and cannot be narrated away. It is a physical fact on which narrative performance depends. But equally, embodiment is shaped by narrative. Listeners attend to storytellers, perceiving, interpreting and emoting and so modifying narrative performance. This idea that the body's physical presence and symbolic effects are bound up with narrative performance is pragmatic in the sense that it emphasizes the constitutive power of narrative on bodily possibilities, without letting go of the idea that physical realities can also condition and shape narrative.

Similarly, a pragmatic orientation to the narrative/experience relation figures in the case study on narratives, sexuality and power among young women in Turkey, discussed in Chapter 4, Section C. Here, too, embodied experience is important since the regulation of sexuality implies the inspection and deportment of the body. The regulation of sexual experience can be seen in the political and cultural implications of women's visibility as sexual citizens and matters such as sexual debut and pleasure. As we noted in the case study, narratives were used in the research to engage with the historical and cultural possibilities and constraints played out in the sexual experience of women in Turkey. This is also a pragmatic approach since it recognizes narratives as enablers of women's retelling of their sexuality, but not outside of their historical and cultural moment and not without recognition of how sexual embodiment is experienced.

Narrative research, then, variously subscribes to the notion that language has an important part to play in life experience, on a continuum from simply revealing that experience through to determining it. Inherent in this view is the idea that the narrator is also a variably reliable witness of their social reality.

It is important to recognize that the qualifications implied in these critiques are not devastating for narrative research. All research, including pure science and laboratory research, as well as other kinds of qualitative and quantitative social research, has to contend with scientific limitations on its truth claims. Further, these critical perspectives can be used to strengthen narrative research and make it more nuanced. For example, in the article discussed in Section A of this chapter, we made reference to the perspectives of people living with or affected by HIV, like Alan, regarding their lives and sexual relations. We did this in ways that acknowledged the personal, interpersonal and social dimensions of the accounts, and also made allowance for inconsistencies, contradictions and blind spots, both within individuals' accounts and across the different accounts analysed for the research.

C. Understanding stories in relation to cognition

Narrative research may, some argue, be of use in helping us understand some psychological aspects of human functioning, particularly cognition. William Labov's work on event narratives explicitly assumed that spoken stories express cognitively stored records of events that have occurred. In some of his later work on South African Truth and Reconciliation narratives, Labov's (2001) understanding of how memories underlie stories led to him trying to identify, like a kind of linguist detective, the parts of narratives that had been omitted by perpetrators of violence testifying about their actions. Most narrative researchers do not make such strong assumptions about the relations between stories and memories or other cognitions, let alone between stories and what actually happened. As we suggested in the previous section, they may take a relaxed attitude towards narratives' truth claims; they may be interested in narratives' social and personal meanings in a way which does not address cognition; or they may be concerned with narrative as communication rather than meaning, let alone structures of thinking.

However, many narrative researchers, like Labov, have made assumptions about narratives' interactions with cognition. An increasing amount

of recent narrative work explores convergences between narrative forms and socio-cognitive structures. Several researchers have deployed Labov's framework to argue usefully from narratives to thinking. Susan Bell (2009), for instance, analysed the narratives produced by 'DES daughters', women experiencing severe reproductive problems as a results of their mothers taking diethylstilbestrol to combat pregnancy nausea. She approached the women's stories of different times in their lives using Labovian categories of evaluation, to argue that they both narrated and understood the medical condition in more sophisticated ways as their lives progressed. Jordens and colleagues (2001) suggested that the amount of evaluation in post-cancer diagnosis narratives related to the amount of social support available. The support did not directly shape the stories. Perhaps, though, it allowed patients to think more fully about what the diagnosis meant for them, and thus to narrate their diagnosis stories with more explicit attention to what they meant. We could argue that Alan's story of 'habitual events', presented earlier in this chapter, does indeed tell us, via its evaluations, a great deal about unfamiliar phenomena and about how a group of people may be negotiating such phenomena in their lives. But we could also suggest that it tells us how Alan copes with cognitive complexities, because of the understanding it gives us of his thinking about normative and non-normative understandings of risk and relationships. We could, in addition, suggest that Rose Kerrigan's story, told by Molly Andrews in her discussion of political narratives, offers us a window onto her, and our own, thinking about social injustice that relates strongly to work on cognitions about difference, inequality and efficacy.

Some contemporary narrative work is asking whether the way we tell stories reflects the way we think and at the same time helps us think about difficult aspects of our worlds. A number of cognitive narratologists now focus explicitly on 'mind-relevant aspects of storytelling practices' (Fludernik, 2010) when considering narrative. They are interested, as David Herman (2013: 179) describes it, in examining 'how engaging with stories entails mapping textual cues onto WHEN, WHAT, WHERE, WHO, HOW, and WHY dimensions of *mentally configured* worlds' (our emphasis). This approach assumes that because we are all embodied subjects, and because our thinking is part of that embodiment, we are going to think and narrate in broadly similar ways, whoever we are and whatever narrative media we use. It draws on aspects of cognitive psychology to underpin other kinds of linguistic, personal, social, cultural and poststructuralist narrative analyses.

In this way, it grounds narratives in their cognitive properties. It might, for instance, if addressing Obama's story, focus on how his use of the historical present tense promotes readers' and listeners' involvement and sets up a powerful continuity between the narrator then and the narrator now.

There are some problems with this approach. The cognitive studies on which it is based are often highly specific and complex. Their results are strongly dependent on exactly how they were conducted. They are difficult to generalize from. For example, if we were to analyse Obama's use of the historical present tense, we would need to take into account that the entertainment value of contemporary spoken-English narratives has been found to depend on a number of factors as well as tense, such as references to the senses and emotions, certainty and tentativeness (Dudukovic et al., 2004).

Cognitive psychology has been extensively criticised for its boxed-off, non-social understandings of thinking. These understandings tend to be imported into cognitive notions of stories, leading to the assumption that we all understand stories in the same way. The historical present tense's ability to convey social informality in current, spoken, US English, for example, and the tie that this informality makes between Ashley and Obama himself, seem important in the Ashley story, but it would be a mistake to conclude that such story forms would work well within other language communities. If you were adopting a cognitive approach, you might be tempted to generalize from this example, without paying attention to its socio-historical specificity. The story and its tenses also link to a much broader national narrative related to the Constitution, to which it is quite hard to do justice in cognitive terms. Such wider meta-narratives need us to think about factors other than stories' relationships to human ways of thinking, in order to understand them.

D. Understanding narratives in relation to social, cultural and political contexts

What can narratives tell us about the social, political and cultural contexts in which they are constructed and function? Even the most personal of narratives do not talk only about individuals; they also give a picture of the social worlds, communities and generations of which they speak. Narrative's function as a window onto a particular socio-historical moment, and a way of understanding that moment's meaning for the narrator, is, then,

the first formulation of the connection between stories and their wider contexts that we will consider.

Molly Andrews (2002) argues that individuals tell their stories as members of a historically specific generation. Each generation has a different way of constructing and narrating stories, which reflect 'both the specificity of their location and their position within a wider historical perspective' (Andrews, 2002: 82). Narratives of each generation are constitutive of a consciousness which enables that generation to come to a deeper understanding of its historical location and to appreciate its ability to work on the social world in which it is constructed (Andrews, 2002: 79–80). There is a close mutual connection between narratives and social change in this account, based on the admittedly limited degree to which people identify as part of relatively homogeneous generational groups.

We have discussed the interconnection between narratives and social change in the Chapter 4 section on Esin's research on sexual narratives and how they are interconnected with narratives of sociopolitical transformation within the specific context of Turkish modernity. Less straightforwardly, Davis's research on internet-related practices analyses how narratives constructed *with* new social media serve also as narratives *of* social media, offering the possibility of researching the social effects of social media at the same time as researching the media themselves.

There is also a close and direct connection in many contemporary societies between narratives and social movements. Social movements create the possibility for new stories to emerge and be heard at specific historical moments through the social changes they help to produce. Narratives of social change are themselves historically and culturally specific constructions which invite and motivate individuals to participate in democratic movements. And storytelling can be a political action that contributes to the development of participatory political cultures, as Plummer (1995) states. For example, the telling of intimate stories, such as sexual stories, has created shifts in the ways in which politics are conceptualized and performed in contemporary societies. Movements around identity politics, such as feminism, gay and lesbian civil rights and disability rights movements, and movements against newly recognized forms of oppression such as campaigns against sexual harassment and violence against women would not have flourished if people had not told stories and these stories had not been heard.

Plummer (1995) and Polletta (2006) argue that narratives gather people together and potentiate social action, as Obama's Ashley story seems to have done. We might indeed argue, as philosophers like Alasdair MacIntyre (1984), psychologists such as Jerome Bruner (1990) and the social theorist Judith Butler (2005) have done, from very different theoretical positions, that narrative has an inevitably socio-moral, not just social, function, because it positions people as social actors who must account for themselves, and not just communicate.

This understanding of the sociality of narrative leads us to think about smaller-scale narratives as also highly social. For many researchers, a self-narrative is always an articulation or performance of self-identity, of the self in relation to others (Riessman, 2008). To achieve this, narratives work, often in complex and often contradictory ways, by positioning their makers, their other characters and their audiences (Phoenix, 2008) socially as well as personally. Alan's story, told to Davis and Flowers (2011), positions him in relation to an interviewer he clearly thinks will understand his story, but also strongly identifies Alan as a responsible as well as loving partner in the context of the current UK epidemic. In Chapter 4, the stories told by young women to Esin, in her research on sexualities, position the narrators' parents as forward-thinking women and men, within a specific Turkish context which the women expect Esin to understand. The Ashley story was addressed by the first prospective president of colour to a sympathetic immediate audience, but also to a much less sympathetic nation, including many wavering Democratic supporters and many non-affluent white voters unsure of the candidate's commitment to them. Moreover, the story was told at a particular time in the campaign, when issues around 'race' had become big news. The narrated alliance between the older African-American man and the younger white woman (both, we can infer, working-class) positioned Obama himself as on the side of both, as well as on the side of a historical trajectory impelling the United States to fulfil the best of its Constitutional promise.

More generally, we can say that particular *forms* of stories have a social and historical significance of their own. Part of narrative researchers' interest is in what kinds of stories are possible to tell and hear, that is, what stories have currency, within a specific historical and social context. Margareta Hydén's account of narratives of interpersonal violence and the coming out stories and narratives of HIV referred to in Chapter 1 and in this chapter foreground a whole set of stories that, as Plummer (2001) has

noted, would not have been heard, at least not to the same extent, before the second half of the twentieth century.

Another obvious example of a recent narrative type in contemporary western popular culture is the story of personal progress or salvation that you see on many reality TV shows and also hear people telling in everyday lives: the 'it's been a journey' story. Is this a new story, or a new form of a very old one – the religious conversion story, perhaps? Does Obama's Ashley story belong to this salvational or redemptive narrative type, also? (McAdams, 2006). It seems a little different; it ends with a coda about the nation, not about Ashley or even Obama. However, the condensed rhetoric of 'I am here because of Ashley' does, in its assertion of commonality in the face of suffering, seem to signal a testimonial narrative, a kind of *parable*. This narrative form resonates also with the restitutive narrative more commonly linked with the life course and health, as noted above. In this view, the 'healing' properties of the Obama speech might be of interest to the narrative researcher.

Sometimes, narrative researchers draw on existing literary work on genres to understand social narrative repertoires. For instance, Ron Jacobs (2004) has grouped US media stories on racialized conflict within the categories of tragedy, irony, comedy and romance and has pointed out the regressive effects of the tragedy genre particularly, which represents such conflict as inevitable and is fatalistic about its outcomes. At other times, particularly in working with narratives of illness, researchers develop genre categories from their data – as noted, Arthur Frank's (1995/2013) categories of restitution, chaos and quest illness narratives, presented as means of understanding lives through stories, are very influential examples (see also Crossley, 2000; Kleinman, 1988). Finally, some researchers work with their data, but also with a wide range of contemporary media genres, to relate the stories in their material to how narrative genres are working more generally within social and cultural lives (Edley, 2002; Squire, 2007).

These social 'genre' accounts of narratives have the advantage of linking people's stories with the wider social and cultural representations with which they live. However, they can apply genre categories simplistically or over-generalize from their own data when creating new genres. They also tend to ignore particular sociopolitical contexts, such as the campaign moment that made Obama's story so significant, as opposed to the '*parable*' genre into which it fits, as well as the specificities of personal narratives, which interest so many narrative researchers.

E. Understanding health and illness: narrative research's effects on practice

Health and illness research is an area where there has been a large amount of narrative work, highly influential outside the academic field, and worth specific consideration. We are including a specific section on the uses of narrative around health and illness, because it is an example of a subfield of narrative research where the uses of the approach are very clear, and often discussed. They appear in health and illness research generally, in the work and the training of doctors and other medical professionals, and in the ways in which patients and others now respond to health and illness discourse and practice.

One simple example here is the extent to which the popular currency of 'illness narratives' has become part of the ways in which we relate to others' and our own illnesses. Illness narratives are often thought of as sick people's narratives about their illnesses and the effect on their lives. They can also include the narratives of relatives about the effects the illnesses have had on their relationships with the sick people and on their own lives. These kinds of illness narratives often occur as oral narratives in everyday conversations with family, friends and colleagues. During recent decades, however, illness narratives have become common media products, with written and published biographical or autobiographical accounts of illnesses – what the American literary theorist Anne Hawkins has called pathographies (Hawkins, 1993). In the twenty-first century, online illness narratives, particularly of cancer diagnosis, treatment and survival, via specific illness websites, personal blogs, even Twitter, have also become powerful means of spreading information, sharing emotions and gathering together illness communities.

More complex effects on professional as well as popular practices around health and illness have emerged from narrative health research. This research, on the forms and functions of illness narratives, expanded rapidly during the later decades of the twentieth century. It is marked by great diversity in theoretical perspectives and methods and an address to a wide variety of problems. The field covers interview studies of patient narratives of illnesses as well as studies of the way narratives are used in the interaction between medical staff and patients. Across this diversity though, the understandings derived from narrative health research have become regular concerns for many other health researchers, but also

for many medical practitioners. They are now also frequently built into programmes of medical training. Below, we consider a few of the more influential perspectives.

In the mid-1990s, the medical sociologist Arthur Frank (1995/2013) suggested that our interest in health and ill-health stories has to do with ill persons in late modernity wanting to have their own suffering recognized in its individual particularity. Patients' illness narratives capture the individual's suffering in an everyday context, in contrast to the medical narratives that reflect the needs of the medical professions and institutions. They concern illness, rather than disease. This reframing was one that powerfully affected many medical practitioners, and it has been incorporated into a great deal of professional training.

Beginning in the 1980s, a number of psychologists and sociologists, building on the work of Michael Bury, explored the biographical disruptions and reconstitutions that can accompany serious long-term illness (Bury, 1982, 2001). Almost all types of illnesses affect a person's experience of self and continuity. Illness is often experienced as a more or less external event that intrudes upon an ongoing life process. When the illness seems to lack a connection with earlier events, it may cause a rupture not only in the sense of continuity but also identity. Those stories a person usually tells about himself or herself may become problematic, as they do not account not for the illness and its consequences. This, of course, becomes especially poignant in cases of severe diseases like cancer or when a person suffers a severe trauma.

In narrative terms, the basic 'narrative threads' of a person's life become broken and need to be re-connected (Bury, 1982). Trying to tell new stories through reconstructing and revising previous stories offers an opportunity to knit together the split ends of life. In such new or revised stories, it becomes possible to construct a new storyline that encompasses both the illness event and surrounding life events. This would entail creating an understanding not only of the illness, but also of the individual's past as well as of the future.

The reconstruction of life stories is a way of contextualizing illness events and illness symptoms by bringing them together within a biographical context. By weaving the threads of illness events into the fabric of our personal lives, physical symptoms are transformed into aspects of our lives, and diagnoses and prognoses attain meaning within the framework of personal biography (Williams, 1984). These processes are now often

acknowledged by many working within the health and illness field, and are viewed by them as part of processes of healing, recovery and survival.

The telling of stories about illness enables other people to comment on the narrative and to offer new interpretations and suggestions. Thus, narratives serve as arenas or forums for presenting, discussing and negotiating illness and how we relate to illness (Clark and Mishler, 1992). This also indicates that illness narratives can be used as a means of *transforming individual experience into a collective experience*. Traditionally, illness narratives concern the *individual's* experience of illness. Several chronic illnesses like acquired immunodeficiency syndrome (AIDS) lead to the questions being posed of whether the narrative is able to *collectivize* the illness experience and asks what the social implications of illness are. The illness experience is removed from the private sphere and becomes a part of an all-encompassing, political and social narrative and context. Through the narrative, the illness experience becomes a collective experience. We can, perhaps, start to see this happening in the work discussed earlier in this chapter, in the first section, where people living with HIV such as Alan start to discuss – first with intimate others, later perhaps with friends and doctors as well as researchers, as in this case – what the changing circumstances of this still very uncertain epidemic mean for them (Davis and Flowers, 2011; see also Squire, 2007). This kind of collectivizing is often a first and important step in generating health advocacy and activism, and is recognized as such by many patient groups and campaigning health organizations.

Several researchers have emphasized the importance of the illness narrative as a means by which doctors and other medical professionals can acquire a more detailed clinical picture of the patient. It is through becoming versed in the patient's narratives that it becomes possible for the medical professional not only to make a correct diagnosis but also to propose a treatment programme that is feasible and acceptable to the patient. Again, we heard in Alan, in Section A, a patient 'voice' that doctors certainly need to hear if they are going to work effectively in the areas of HIV treatment and prevention. In many cases, the place of the patient 'voice' has acquired institutional recognition, for instance, in the commitment of medical organizations concerned with HIV to the principle of always involving people living with HIV themselves in policy considerations.

Becoming acquainted with the patient's illness narratives also plays an important role in determining how the communication between doctor

and patient develops and how the patient experiences the information conveyed by the doctor. In the case of HIV, again, it is clear that for Alan and many others, medical information, often confusing in itself, and particularly ambiguous in the area of HIV's transmissibility, needs to be negotiated with equally complex narratives of HIV illness's now quite 'normalized' meaning within relationships. Medical practitioners' understanding of this requirement for dialogic narrative appears often now in their own involvement with patient groups, and more institutionally, in their integration of patients and patient-led organizations into their treatment procedures.

F. Understanding 'sensitive topics' and 'sensitive events'

Narrative researchers typically work hard to create space for research participants to tell about the topic in focus. Without the limitations of too many questions or a pre-set theoretical frame, the participant is encouraged and supported in order to give his or her view and the researcher is prepared to listen. This makes narrative approaches well suited for the study of sensitive topics and events.

It is important to emphasize the difference between an *event* that involves sensitive, even traumatic, experiences and a sensitive *topic*. An event is something you experience and a topic is something that appears in a discussion and is dealt with discursively. An event that involves a traumatic experience has the potential to form a sensitive topic, without necessarily doing so. Talk about a traumatic experience, for example, may pose a threat and may re-traumatize the traumatized, but such talk can just as well hold out the possibility of healing.

The relationship between teller and listener is the defining factor for what is a sensitive topic and what is not. It also reflects the cultural situatedness of this relationship. According to prevailing norms in most cultures, sensitive topics, especially if they are also intimate topics, should not be discussed in public, or with unknown persons. They can be discussed in intimate relationships such as between a couple, within the family or with a close friend. This type of talk even defines such relationships. Outside of intimate relationships, sensitive topics can be discussed in special relationships using particular discourses that strip the topics of their intimacy, like doctor–patient discourses. The researcher–informant relationship is another example. For the shared aim of gaining knowledge on intimate

and potentially sensitive topics, the researcher and informant are in agreement in defining their relationship as one in which sensitive topics can be discussed.

Even if a narrative researcher is trained to create space in which vulnerable interviewees, such as victims of violence, can talk about sensitive events, this is not a straightforward task. As a researcher, you are the one who asks your interviewees for something that is valuable to you, that is, their experiences. Your interviewees are in the dominant position and you are in the subordinate. However, things are a bit more complex than that. As a researcher you hold a culturally highly valued position; that might be the reason why people want to talk with you. Despite this esteemed and powerful position, if the potential interviewee does not want to talk with you, you are powerless.

In this sense, the research interview is a complicated power relation that needs to be carefully negotiated, in order to serve as a safe space for dealing with sensitive topics. This negotiation needs to be done before the research encounter starts, in order to get an informed consent from the potential informant, but it might need to be renegotiated during the course of the research process. It is not always possible to foresee when sensitive topics may emerge.

A narrative approach to your research can serve as the foundation for such negotiations, as for your research project as a whole. As a narrative researcher, you can offer a solid frame for the encounter between yourself and the interviewee, based on a joint interest in what he or she has to tell. You do not equip yourself with a battery of questions that will inexorably interrupt the interviewee and split the story. Your opening question is a variation of one of the inviting questions we all know, 'tell me about it'. This question offers a tangible base for the interview, at the same time as it indicates the existence of two different positions, the interviewee as teller and the interviewer as listener. A narrative approach also includes the researcher's responsibility for the interview situation and a preparedness to intervene if the story gets too hard to tell. This responsibility is always important to be aware of, but even more so if the topic for the interview is a sensitive one. Taking a narrative approach thus leads you, as a researcher, to a helpfully complex understanding of research process and ethics around 'sensitivity'.

A narrative approach to 'sensitive topics' research is, as we can see, capable of dealing with many of the complexities and variabilities that

come along with a commitment to such topics. In this chapter, we have looked at this and a number of other productive outcomes that can come about from conducting narrative research. In the chapter that follows, we pay more explicit attention to the difficulties that narrative researchers encounter, and to how they negotiate the processes of doing narrative research.