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Telling stories: Writing narrative

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The Narrative Practitioner

Developing Excellence in Research, Education and Practice

The International Journal
of
Narrative Practice

International Journal of Narrative Practice (IJNP)

Introduction

This new journal is an eclectic publication that draws on different uses of narratives in research, education and practice. As such, it is not confined to any one area or discipline. Submissions from practitioners and academics in any discipline are encouraged and it is planned to have guest editors and single theme issues. The publication will come out four times a year (Spring, Summer, Autumn and Winter) and the first and second issues will be devoted to presentations and papers from the 2nd. International Narrative practitioner Conference, held at Glyndŵr University in June 2008.

The journal will initially be published as an online journal but it is planned to develop it as an academic journal, published in hard copy.

Vision

Much of human life is conducted through narrative accounts of events and experiences. Many of our social institutions are comprised almost entirely of opportunities for telling and re-telling stories, for sharing the narratives that constitute our lives. We have all had experience of relating to and living vicariously inside the stories that are told by others, whether they are stories about their own lives or stories of the kind that we encounter in literature and film, that writers create, using elements of their experience. Narratives, therefore offer a method of teaching and communicating with one another about professional matters.

The aims of the journal are:

To engage participants in a multidisciplinary dialogue around the use of narratives in research education and practice

To facilitate ongoing collaboration in the development of narrative communities

The International Journal of Narrative Practice (IJNP)

Welcome and Introduction

I want to welcome you to the first issue of our new journal, The International Journal of Narrative Practice (IJNP). The journal is for anyone, in any context, who uses narratives in any way. We welcome narratives from fields as diverse as the Arts, Humanities, Social Sciences, Philosophy and Ethics as well as from professionals in any area. The first issue is the beginning of an ongoing conversation, which we hope you will join with. The journal will come out four times a year corresponding to Spring, Summer, Autumn and Winter issues (see Notes for contributors).

This issue comes out just as the 3rd.International Conference takes place at Keele University, UK. It promises to be a very exciting event with a variety of workshops, art exhibitions, performances, presentations, music and storytelling. Next year's conference will take place in North Wales at Glyndŵr University in June 2010. We hope you will join us (www.thenarrativepractitioner.co.uk.).

There are a variety of interesting ways of using narratives and this is reflected in this issue. Papers in this issue were presented at the 2nd. International Conference on Narratives at Glyndŵr University in June 2008. I hope you enjoy this first issue and that it motivates you to engage with the community of narrative practitioners.

Alex Carson (Chief Executive Editor)

The 4th International Narrative Practitioner Conference
Glyndwr University, Wales, UK
June 21-23 2010
Speakers include Arthur Frank, Alex Carson and others to be announced

For more details visit the website
http://www.thenarrativepractitioner.co.uk

Telling stories: Writing narrative. Marjorie Lloyd

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Abstract

Narrative research is about helping people to tell their stories but it is only when these stories are crafted together do they become narratives (Frank 2008). This paper will discuss the creation of narrative from the stories of individuals who have experienced the mental health care system in the UK. Their stories highlight a number of issues that are often unheard or dismissed as being too subjective to be of value for (objective) evidenced based practice. This paper will discuss how using traditional data collection methods, stories from "hard to reach" participants can be woven together to form strong narratives. Narrative methods are used to analyse the stories in a way that will authentically support evidence based practice that at the same time respects and values the subjective collective voice.

It is only when stories are collected together into some form of cohesive order e.g. *that* together with *this* …….. can we develop narratives (Frank 2008). Narratives are therefore something that is built upon and developed rather than reduced. Neither do they induce something from nothing as there will always be a story to build upon whether that is in the here and now or in the "history" of an event. However this is not always as straightforward as it sounds and there are often times when we do not pay attention to the history of the service we provide in any great detail and may even, during periods of change, totally ignore the experience and advice of others.

One often advises rulers, statesmen and people to learn from the experience of history. But what experience and history teaches is that peoples and governments have never yet learnt from history, let alone acted according to its lessons. Hegel 1837 (1953:8)

Historically, literary criticism provides many narratives in the form of novel or prose to examine the meaning behind the story and what messages the author is trying to communicate through the actions and behaviours of the characters (Trilling 1971, Frank 2008). However Arendt (1958) in her study of *The Human Condition* identified the interrelatedness of action between people as a way of connecting with and supporting each other. This connection provides a powerful force of people who share a common goal or purpose, sometimes with devastating results such as the holocaust but also as a critical mass such as mental health survivor movements and pressure groups which has led to the call for more involvement in their own care. Arendt (1958) was able to argue respectively that people who followed such commands were under the influence of this powerful force. Taylor (1991) suggests that this approach towards solidarity looses the individual identity of the person so that they no longer know why they act in a particular way but are following some sort of rational objective without question. More recently he suggests that a focus on narcissistic individualism encouraged by the liberal movement has led to a lack of social cohesion and the destruction of cultural norms which tips the balance in the opposite direction. An equal balance is therefore required between society and the individual that incorporates an objective account of the subjective experience. Story and the use of narrative methods in research can begin to bridge the gap between the hard ground of research and the soft life experiences of everyday people
 However we all need to learn rules to help us interpret the moral world and in such circumstances we need some sort of categorisation or ideology. Althusser (1971) suggests that a moral ideology is a set of rules that is taught from a very young age so that by time we are adults they are part of our natural view on life. Problems can occur however, when subjectivity as an allegiance to a particular

society or culture prevents us from experiencing individual personhood or authenticity. Taylor (1991:65) suggests that *wholeness is different from the achievement of morality … it engages us totally in a way that morality cannot.* Althusser (1971) describes the categorisation or ideology of morality as an "imaginary law" which we recognise but is not written down. He provides an example of the waving of one person across the street as "hailing" them to take notice and respond. This hailing can result in an automatic response that follows without thinking and is termed "interpellation" which changes beings into subjects who respond in a certain way according to their culture. In particular situations we need to think about how this happens in everyday life and examine in more detail the taken for granted rituals that we perform without question. Service user involvement has become one of those situations in many areas of practice which is accepted but never really questioned. And yet when asked service users and carers may give a totally different version of events of a story to the one experienced by the practitioner. Church (1995:126) in her study of service user involvement in Canada entitled *Forbidden Narratives,* identifies with the taken for granted assumptions that are made around service user involvement that are not spoken but expected. These assumptions can cause many problems and distress for people who are involved in service development as they struggle between "patienthood and personhood". She goes on to argue for a need to explore "the white spaces" on the page. That which is not said can sometimes mean more than that which is. Her own health suffered during the process and she recognised that

My experience alone suggests that professional deconstruction / reconstruction is an anguished passage in which emotional bending, stretching and (sometimes) breaking is unavoidable (p127).

 Kleinman (1988) in his book *The Illness Narratives* suggests that this is true of what we understand of taken for granted words such as illness and disease. The former being an interpretation of the lived experience of symptoms and disability while the latter is a professional interpretation that is reduced to a treatable cause.
When chest pain can be reduced to treatable acute lobar pneumonia, this biological reductionism is an enormous success. (Kleinman 1988:5)

Indeed (Frank 1997:32) is exploring his own experiences was not really aware of this lack of personhood until his own physical health was threatened with heart disease and then cancer

Then I began to realise that despite my cancer centres' claims to treat the "whole person" any sense that was going to be made of my experience was going to have to come from me

This embodiment or illness and indeed any experience is often ignored or dismissed as being too subjective and not objective enough to be of any concern. Yet Coffey (1999: 59) argues that *the body is negotiated in everyday life, serving as an agent of cultural reproduction and as a site of cultural representation.* This paper argues that the subjective embodiment of service users and carers and how they interpret their experiences must be taken into account for their involvement to be effective and meaningful for all involved. This requires further exploration of their stories to create a narrative that embodies the subjective experience and does not assume that as professionals we know or can assume knowledge from objective observation. Garfinkel (1984:50) takes this stance using the work of Schultz in describing that

…. for the conduct of his everyday affairs the person assumes, assumes the other person assumes as well, and assumes that as he assumes it of the other person, the other person assumes it of him, that a relationship of undoubted correspondence is the sanctioned relationship between the actual appearances of an object and the intended object that appears in a particular way.

Ethnomethodological approaches can help us to explore the collective subjective experience of groups of people and their cultural approaches to everyday events. This approach analyses the taken

for granted assumptions that we make about one another in everyday practices or interpellation as suggested by Althusser (1971) and in this situation the involvement of service users and their carers in mental health services.

An Ethnomethodological approach to narrative research
Garfinkel and Sacks (1970:339) were perhaps the first to talk about the categorisation and interpellation of subjective experiences into a cultural norm as "indexical expression". This term depicts the language and behaviour used to account for everyday action that is common amongst cultural groups. This action of language together with bodily expression can be analysed to identify individual and social rules that are authentic to personhood (Taylor 1991) or who we are at any given moment. Garfinkel and Sacks (1970) suggest that ethnomethodology does not take the same route of analysis as constructivists who attempt to "repair" social theory through model building, cost benefit analysis, statistical analysis, experimental design or metaphor building. Instead ethnomethodology focuses upon the indexical properties that are ordered and are found regularly in everyday action of language and behaviour that is consistent within historical and cultural moral boundaries. Individuals who take part in everyday activities become members of a group who develop methods or rituals to express themselves. These methods once identified are then analysed by exploring the language and behaviour used to describe the methods.

Analysis therefore takes the role of reflexivity as a way of uncovering hidden meanings and observations that may be unnoticed during everyday interaction. In ethnomethodology, reflexivity is taken to mean the self study of an account of an event to explore the phenomenon in much greater detail (Ten Have 2004). For example Althusser's (1971) interpellation of the waving hand across the street could be explored in greater detail using reflective practices to help us understand the many meanings that it might have and which of those are accepted in everyday practice. This form of reflexivity therefore considers not only meaning but the history of an event in order to capture the cultural horizon within which it lies (Taylor 1991). Authentic explanations of an event can therefore only be found within the reflexive analysis of meaning and horizon upon which it is based (history). This form of analysis links back to Hegel's (1837) work on *Reason in History* who uses the term horizon to depict all that has gone before the event and how it has helped to shape the event. Hegel (1837) argues that we cannot ignore past history because it is that that will shape the future. However history is often too quickly ignored or even forgotten. In mental health services oppressive practices are not that long ago as to be forgotten but sometimes they are ignored as being an inherent part of a person's history in the mental health services. Thornicroft (2006) in his book *Shunned* identifies many ways in which people who suffer from a mental illness are still discriminated against and do not access services either because they have to wait too long or the treatment options and not favourable. He also identifies media coverage as a negative affect upon service users becoming more involved in their own care and the service that provides it. In this study it was important therefore to use an approach that could capture the whole person on how they see themselves becoming more involved. It was not enough to simply provide the opportunity to become more involved if some of the above issues around involvement are not addressed. Using an ethnomethodological approach, culture and history is captured and retained rather than discarded or ignored in a person's account of an event such as involvement. Hegel (1807) provides an example of this search for meaning as
When we want to see an oak with all its vigour of trunk, its spreading branches, and mass of foliage, we are not satisfied to be shown an acorn instead (p76).

One way of reflecting upon everyday practice is by using narrative methods. Narratives provide us with stories or accounts of everyday events that are often taken for granted. This particular research project aimed to explore the taken for granted assumption of service user and carer involvement in mental health services, from individual care to service planning.

Narrative methods

In narrative practice we are not looking to find out if the story is true, although it would make our job a lot easier in some areas of practice (for example the police or forensic science) but how it is embodied by what it *means* to the individual and / or group. A story is however re-crafted with other stories to make a narrative which is a much stronger argument than an individual story alone (Frank 2008, Kleinman 1988 and Taylor 1991).

Analytical formula

There are different formulas that can be followed when analysing stories and that can be of some guidance to those who wish to use this method of research. This formula created by Labov and Waletsky (1967 cited in Elliot 2005) closely aligns itself to grounded theory and to ethno methodology but instead of creating a totally new concept from practice, works with what is already there and crafts it. The essence of the data therefore remains intact but the reflexivity that occurs following a period of intense reflection and clarification (analysis) of the data provides a rich narrative of events.

Nelson (1997) suggests that there are five ways of using narratives in research and bioethics. Stories can be used to be listened to, to be told about history and events, to compare with others and for analysis. Finally stories may be invoked using some or all of the above to discover meaning. In this paper one story will be used as an example of invoking an everyday event in a service user's life. Analysis of the story can be carried out using the narrative method developed by Labov and Waletsky (1967 cited in Elliot 2005) which explores the following areas of the story.

An *Abstract* provides a summary of the whole story from which *orientation* is identified in order to set the scene. The *complicating action* is identified as the significant event and a brief *evaluation* of the event takes place. Following evaluation a *resolution* is given as to how the story ended and a *code (or coda)* is provided that summarises the results of the analysis.

Example – A Carer's story

*We were given a form to fill in, about health and medical conditions, (**abstract**) to join a walking group (**orientation**) and he said he didn't want to put down that he was ill, he said I'm so fed up of years of being schizophrenic, I just don't want to put it on. And I thought well you don't have to, not to go walking about ……. (**Event**) But he said it with feeling (**evaluation**), I'm not going to put that down because its such an emotive word isn't it? (**Resolution**) Theme - Diversity - Stigma (**Coda**)*

The service user narrative

The above story was taken from research that was carried out with service users and carers on their taken for granted assumptions about involvement in mental health services. 30 people and their stories were involved in the research which mainly took place in focus groups. The data gathered was taped and transcribed verbatim so that analysis of the data could be coded and later themed. This was intended to give the data structure and identify meaning from taken for granted assumptions and no data was excluded from this process. Analysis was originally carried out using a constant comparative method to identify codes and consequently themes. This method of constant comparison allows the researcher to build or craft stories together into a narrative of events that leads to a horizon or history of service user involvement for this particular group of people. The data therefore was historical in that is was based upon the experience of people with many years in the service who were able to identify what had been influential in them becoming involved and what had not. From the reflexive analysis of the stories three themes were identified as *Universality, Recovery and Diversity*.

Universality reflected the need for goals to be shared when service users and carers were invited to get involved. These goals needed to be explicit and relevant to both service users and service providers. There seemed little point in attending meetings for the sake of it or for providing feedback on consultation documents that would never be acted upon. Universality therefore required recognition of the needs for recovery and diversity of the service user by regaining skills and confidence through participation and in the process, helping to improve services by making them more user friendly. In the participants story participation in a walking group would help him to recover but he was afraid that stigma might prevent him if he disclosed his disease.

Diversity was identified as being able to recognise different needs within different individuals and groups and not treating all service users and carers as the same. This may be an obvious observation to some but still many service users and carers are assumed to have access to the internet and a computer, transport to attend meetings and resources to get them their either in a car or skills in using public transport. These are all things that are expected from professionals but cannot be assumed to be accessible by service users. The service user in the above story did not want to be known by his illness but as a participant with individual needs.

Recovery is a more familiar term in mental health settings with most people having a general understanding as meaning an improvement in mental health symptoms. However it is also assumed that people need to get involved with professionals to do this and that other forms of support are not effective. The importance of supportive relationships was identified as significant in mental illness that will provide reassurance and encouragement to return to a level of functioning and quality of life. Recovery therefore of the individual and the service becomes evident as dependency decreases and daily functioning improves taking a whole person approach (Kleinman 1988 Frank 1997). In the above story the service user wishes to move on from being "a schizophrenic" to becoming a person who is supported in increasing his own independence.

Conclusion

In creating a narrative the above story was coded as a story about how stigma affected the way in which people with mental health problems presented their own personhood. The white spaces (Church 1995) identified that this was important to him. The above service user had decided that his subjectivity was not just about being schizophrenic. Although as Frank (2008, 1997) and Kleinman (1998) suggests, the illness was embodied within him he was also capable of other actions that did not involve his disease. He recognized that informing others of his disease would risk losing his history as a person (Hegel 1807, Taylor 1991) by becoming categorised (Althusser 1971) as a subject within a group of people who suffer from mental illness. The service user narrative indicates that there is more to being mentally ill than the symptoms (Taylor 1991) although these can be all consuming when acutely ill. In the meantime they need to live as ordinary lives as possible that will promote their recovery (Coffey 1999). The themes identified above indicate that there should be plans in place to address some of the needs of service users and carers to become more involved. These include shared goals or visions, recognition of individual needs and a focus upon recovery. These methods or actions when in place could facilitate involvement and consequent recovery for the individual and mental health services that reduces dependence and increases recovery of the whole person.

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