

2. *Middle*: the major part of the story centred around the diagnosis of cancer, the surgery (radical or otherwise) and the reaction of the patient and that of their family, friends or colleagues.

3. *End*: this involved looking back on the disruption in their lives; how they began to redefine themselves as a survivor of the disease; how their life expectations and experiences changed.

For some researchers, summarizing all the interviews can be a tedious task. However, it is an important task, as it makes the researcher familiar with the different narratives. It is also important in developing an analytic frame that can encapsulate all the narrative accounts. Thus, we develop an initial analytic frame and then engage with the other narrative accounts, all the time considering its adequacy and how it can be modified.

Having developed the analysis of the narratives, we can then proceed to writing a report or paper that is grounded in the interviews. It is important to have in mind what is the key argument or message that you want to convey from your reading of the narratives. It is then possible to select paradigmatic cases that best illustrate the central argument being developed by the researcher (Becker, 1997; Gray et al., 2002). In this chapter, I have chosen two cases that illustrate how people make sense of illness through connecting their current experiences with earlier life experiences. The selection of the narratives was guided by our understanding of Gergen and Gergen's (1984) temporal model. An initial reading of the narratives suggested that this model was a useful means of organizing much of the material.

The stable/regressive narrative portrayed life as being a litany of woes. In these narratives, childhood was described as being difficult with few improvements since becoming an adult. Despite many attempts to overcome various challenges, they seemed to be endless. Not only did these challenges recur but they also seemed to have little redeeming value. Cancer was another of these bleak challenges. The case of Mrs Brown, which is described in Box 6.2, illustrates this stable/regressive narrative.

A contrary narrative is one in which life is portrayed as a series of challenges that provide an opportunity for advancement. Even life-threatening events such as the diagnosis of cancer could be characterized as such an opportunity. The case of Mrs Jones, which is summarized in Box 6.3, illustrates this more progressive narrative. She had given her 'heart to the Lord' at an early stage, and ever since she had felt her life to be a series of life-enhancing opportunities. Cancer was one of these opportunities.

Besides these two contrasting narratives, many other women interviewed provided what could be described as more even or stable narrative accounts. They tended not to highlight particular events in their lives but to describe them in almost mundane terms. The diagnosis of cancer was

Box 6.2 Stable/regressive narrative

Summary: Mrs Brown was a 50-year-old single mother. She described her upbringing as difficult. Her mother died when she was 2, and she and her siblings were sent to different orphanages. There they were very badly treated by the guardians. On leaving the orphanage, she trained to be a nurse. She found it difficult to establish a secure relationship but wanted to have children. She had three children by different partners but never married. Two of the children had grown up and left home. The third was aged 12 years. She had not held a full-time job for about ten years. About ten years ago, she had been diagnosed with breast cancer and had undergone a lumpectomy. Mrs Brown's life was difficult and the diagnosis of cancer was devastating. This summary can be extended into a three-part narrative to help clarify particular features.

Beginning: Throughout her account Mrs Brown emphasized her problems. She described her childhood in the orphanage as a very painful experience. Not only was she separated from her siblings but she also felt that the teachers were very harsh towards her. After she left the orphanage, she found it difficult to establish relationships. In general, her life was difficult.

Middle: The diagnosis of cancer was yet another ordeal. At the time, she was not working, she had three children and she was finding it difficult to make ends meet. When the surgeon told her she had cancer she was very upset:

Mrs B: It really flipped me right out.

Int: Yeah.

Mrs B: It really flipped me out, but it was so quick.

Int: Hmm, hmm.

Mrs B: Like, I never had time to stop and think.

Int: Right.

Mrs B: Like, they told me, and then I cried for three weeks, and then next week I was in hospital and had it all done.

She had a lumpectomy, and on discharge from hospital she found it very difficult to cope:

Int: Was it a mastectomy or a lumpectomy?

Mrs B: No, it was just a lumpectomy.

Int: OK.

Mrs B: Right, and so I went through all that, and then I went through a year of chemo and radiation and went through hell, but like by myself.

Int: Hmm, hmm.

Mrs B: You know, no husband and three little kids. They were young then, right.

continued

Int.: Oh, it must have been hard.
Mrs. B.: And it was terrible, it was absolutely terrible. I had no moral support. I had no one here to help.

Mrs. Brown emphasized that without any social support from family or friends and the fact that she had lost any religious belief because of her difficult childhood experiences, the experience of cancer was frightening.

End.: Looking back, although she had survived, the whole experience was difficult. Sometimes she would blame God for her misfortune:

Int.: Did you ever think 'why me'?

Mrs. B.: Oh many times.

Int.: Yeah?

Mrs. B.: Many times, like holy, never stops, never stops. I be scrubbing the floor, I be scrubbing out a tub, I be bathing one of the kids, I be like 'why, why?' you know. There's no one here to take these kids.

Int.: Hmm, hmm.

Mrs. B.: Why are you taking me? I thought I was going to die.

Int.: Yeah.

Mrs. B.: Naturally.

Int.: Hmm, hmm.

Mrs. B.: You know, somebody tells you 'you got cancer'. First thing, I'm dead.

The ongoing fear of death pervaded her everyday life: 'You have it, it never leaves you. I don't care what I'm doing, I could be baking bread and I'm always thinking, it was always there with me, maybe it's because I'm alone.' She was very anxious about the implications for her children if there was a recurrence of cancer:

Mrs. B.: If it happens tomorrow, and he's only 12, I will flip, I will go really, really crazy.

Int.: Hmm, hmm.

Mrs. B.: Yeah, because what's going to happen to him?

Int.: Yeah.

Mrs. B.: Welfare would come and take him, [I] always worry about that kind of stuff. I worry about all that kind of stuff.

She felt despondent about her future life:

Mrs. B.: Just give me more life and just keep it going and don't take it on me – that's the main thing.

Int.: Yeah.

Mrs. B.: You know and like I don't aspire to any greatness or anything.

continued

Int.: Hmm, hmm.
Mrs. B.: I really don't, I don't aspire to going back to work and to make another file and to go travelling again. I never think of it. It seems like a dream.

In terms of narrative structure, *Mrs. Brown's* story is both stable and regressive. Her whole life had been difficult and the diagnosis of cancer only served to highlight these problems. The lack of social support and the lack of religious faith left her feeling isolated. She felt she had substantial family responsibilities and cancer threatened her ability to live up to these responsibilities. Although she had managed so far, the potential recurrence of cancer remained a threat.

another such routine event. This threefold characterization of the accounts of cancer (stable/regressive, progressive opportunity and stable/routine) provides a useful means of exploring the connections that the narrators place on their lives and the different narrative identities constructed in their accounts.

Connecting the Stories with the Context

This example of narrative accounts of the experience of cancer illustrates the way people can use narratives to forge links between the exceptional and the ordinary' (Bruner, 1990: 47). When given the opportunity in the interview, the women were eager to provide detailed narrative accounts. Indeed, once she had introduced the topic, the interviewer's role was minimal. Often the women were enthused at the opportunity of providing a detailed narrative account of their experience. Sometimes they mentioned that they felt that the giving of the account was therapeutic.

This eagerness to talk after surviving a personal threat is an established phenomenon. In religious terms, the phenomenon is known as 'giving witness', a term that in Greek is cognate with such terms as 'martyr' and 'testimony' (Scott, 1997). The public display of giving witness has spread from its original religious form to a more secular form in the modern world through the phenomenon of 'coming out', which has extensive currency not only in terms of sexual identity but also in terms of survivors of abuse and torture. This form of public narration is a means of developing a community of support and also of challenging certain repressive societal narratives.

In terms of structure, the women's stories had the classic beginning, middle and end. The beginning set the scene, the middle detailed the experience of breast cancer, and the end concerned the impact of the disease on their lives. In the example, the stable/regressive narrative connected the woman's account of cancer with her previous experiences, the interpersonal

Box 6.3 Progressive narrative

Summary: Mrs Jones was a 45-year-old married woman. She had six children. Although she had previously worked as a teacher, since the surgery for breast cancer she had devoted herself full-time to religious work. When she was young, she had not been particularly religious, although she had attended a Catholic church and school. When she was 16 years old, she met her future husband, who was a very devout evangelical Christian. Mrs Jones converted to his religion, and since then her devout religious belief has pervaded her whole life, including her experience of cancer. For her, having breast cancer was an opportunity to strengthen her faith and as such could be welcomed.

Beginning: Early in the interview, Mrs Jones provided a detailed account of her religious conversion: 'I started going to the Salvation Army church first and then started going to the Pentecostal church. So after we got married I kept going to the Pentecostal church and I gave my heart to the Lord and I have been going there since.'

Middle: She was diagnosed with breast cancer and underwent lumpectomy. Initially, the signs were good, but at follow-up there were signs of recurrence. Mrs Jones described the importance of her faith. The surgery was successful and at the time of the interview there were no signs of recurrence. Mrs Jones felt very optimistic: 'I feel that I'm healed. I feel that the Lord healed me.'

End: Looking back, Mrs Jones emphasized the positive experience of having cancer: 'I think that everything in life has been an experience to make me grow and I think it has brought me closer to the Lord.'

This narrative account was progressive. Although cancer was a major challenge, Mrs Jones had transformed this into an opportunity for heightened religious experience. Her narrative account became almost a testimony in itself. Throughout she gave praise to the Lord and all his glory. Her narrative was one of liberation. The disease strengthened her faith. Her recovery was confirmation of the power of religion.

context and her broader social beliefs in creating a particular narrative identity. For Mrs Brown, life had been difficult. At a time when she felt she had little support, she was diagnosed as having cancer. This was just not fair. She felt that she did not ask for much out of life. Her narrative ended with almost an appeal to let her be healthy at least until her youngest child had grown.

At the personal level of analysis, the narrative reflects the different experiences of the women. The main challenge for Mrs Brown was her

responsibilities to her children. The onset of cancer was a major threat to this and thus was a threat to her life chances. In developing her narrative account, Mrs Brown works backwards from the present, describing earlier experiences of difficulties and lack of support. There is a coherence in the narrative identity that she presents.

At the interpersonal level, the narrative analyst is interested in how the participant conveys her story to the interviewer. In her story, what issues does she emphasize? Her whole life has been one of trials and she does not expect much in the future. 'I don't aspire to greatness,' she says. In comparison to her, the young interviewer was fortunate. She seemed to be healthy and in good employment. The diagnosis of breast cancer was yet another tribulation for Mrs Brown. During the interview, she spent considerable time detailing her childhood experiences of abuse and connecting this to her current circumstances. Her narrative account was developed in opposition to what was perceived as a less painful life history.

At the societal level, these narrative accounts mesh with the broader moral universes of the women. From a moral perspective (Noblit and Dempsey, 1996), narratives can be seen as tales of right and wrong, of attempts to do the virtuous thing during times of challenge. For Mrs Brown, the moral universe was one of emptiness and despair. God had in many ways let her down before, and this was one more piece of evidence to illustrate that she had been rejected by the world. Without this belief in the sacred, she found it difficult to see any transcending qualities in the experience. Conversely, Mrs Jones had strong religious convictions; an all-pervading spiritual glow pervaded her universe. For her, the experience of cancer was transformed by defining it as an opportunity presented by God to reassess her life.

Further Analyses

This example provides an illustration of the process of narrative analysis. It is not the only way of conducting such an analysis. Unlike other forms of qualitative analysis that break the interviews down into themes, the aim of the narrative analysis is to take the full narrative account, to examine how it is structured and to connect it to the broader context. The important challenge is that the researcher is explicit in the initial theoretical formulation and then engages with the narrative account.

The narrative researcher can bring different theoretical frameworks to help make sense of the story told. Holway and Jefferson (2000) compare the process of theoretical engagement with tossing a stone into a pond. An appropriate theory will spread its ripples out through the narrative account, revealing particular features that had been neglected by another theory. They used a psychodynamic framework that considers hidden anxieties as

providing an underlying structure in narratives. Applying this framework to the breast cancer narrative previously discussed, we can begin to connect the woman's anxiety about her early experience of abandonment to her fear about the impact of the cancer on her children.

In narrative accounts developed in focus groups, it is important to note how collective stories are developed. The identification of collective terms such as 'we' and 'us' can assist in identifying these more social narratives. They can also be seen in the way some narratives are developed in contrast to the stories of the collective 'other' that are described using terms such as 'they' and 'them'. These terms are also apparent in individual narratives and illustrate to what extent the individual identifies with certain social stories or attempts to develop more oppositional narratives.

The researcher can also involve the participants in the process of narrative analysis. For example, one could ask them to review the narrative transcripts or their personal journals and to highlight certain features of interest, in a way for them to begin to develop a coding scheme. From this review, they, either as individuals or as part of a group, can begin the process of analysis. The researcher could also use the study of the narrative accounts as the beginning of a process of reflection for the participants. An extension to the cancer study described would be to invite the women to participate in a group setting to reflect upon their common experiences. Such a process could be emotionally charged for both the researcher and participants, but it also holds the possibility of converting the narrative research into a form of action research (see Chapter 10 of this volume; Lykes, 1997). In this form of research, the participants can begin to reflect upon the power of dominant societal narratives in shaping their experiences and, as a group, to consider alternative, more enhancing narratives.

In conclusion, the opportunities provided by narrative research are extensive and still being developed. In conducting a study, researchers should ask what are they trying to understand, what are the participants trying to say and why are they trying to say that. The aim is to reveal the underlying structure of narrative accounts that shape not only the way we account for our actions and those of others but also our very identity.

Further Reading

Bruner, J. (1990) *Acts of Meaning*. Cambridge, MA: Harvard University Press.

A short monograph that distinguishes paradigmatic and narrative modes of thinking.

Freeman, M. (1993) *Rewriting the Self: History, Memory, Narrative*. London and New York: Routledge.

A fascinating analysis of a range of classic autobiographies that illustrates the narrative construction of identity.

Mishler, E.G. (1986) *Research Interviewing: Context and Narrative*. Cambridge, MA: Harvard University Press.

A detailed introduction to narrative interviewing and analysis.

Sarbin, T. (ed.) (1986) *Narrative Psychology: The Storied Nature of Human Conduct*. New York: Praeger.

A collection of innovative articles on narrative psychology.

Valdes, M.J. (ed.) (1991) *A Ricoeur Reader: Reflection and Imagination*. Toronto: University of Toronto Press.

A selection of important articles on hermeneutic philosophy and narrative theory.

