



Narratives of nostalgia in the face of death: The importance of lighter stories of the past in palliative care



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ABSTRACT

My research on the stories of palliative care patients emphasizes the heterogeneity of the types of stories they tell, including stories of illness, of everyday life, of the future, and of the past (Synnes, 2012). This article pays special attention to the prevalence of stories of past experiences in which the past is portrayed through idyllic and nostalgic interpretation. In contrast to most research on illness narratives and narrative gerontology that is preoccupied with stories of change, these stories of nostalgia are characterized by a plot where nothing in particular happens. However, this may be the primary purpose for the storytellers in their particular situation of illness and imminent death. The main purpose of nostalgia is precisely to ensure the continuity of identity in the face of adversity (Davis, 1979). In this article, I argue that these stories of nostalgia are vital aspects of maintaining the continuity of the self, or a narrative identity, when much else in life is characterized by discontinuity and uncertainty. Thus, stories of nostalgia should not be dismissed as escapism but valued and listened to as important aspects of narrative care among palliative care patients, and as a way of preserving the sense of a narrative identity.

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Everybody needs his memories. They keep the wolf of insignificance from the door.

[Bellow (1970/2004, p. 156).]

Why nostalgia?

For several years, I have been working with storytelling and creative writing among the elderly, both those living at home and those residing in institutions (Ådlandsvik, 2012; Synnes, Sætre, & Ådlandsvik, 2003) and among palliative care patients (Synnes, 2012). In the many stories of the past that I have encountered, I have noticed a prevalence of nostalgia; however, in general, those are the stories to which I have paid the least attention. With my background in literary studies, I was trained

to be skeptical of nostalgia, as it is usually considered a hallmark of bad art and a banal representation of the world. This was also my initial, but partly unconscious, thought when I began analyzing the narratives of the palliative care patients in my research. My primary research interest was to understand how stories could be seen as various narrative identity constructions, and in my analysis of the empirical material, I initially tended to overlook these lighter stories of the past. It was as if the stories that portrayed the experience of illness or other aspects of life in an ambivalent or complex way were more genuine than the idyllic presentations of a past where nothing in particular happened. Furthermore, the nostalgic stories seemed to contradict the common understanding of narrative as being precisely characterized by “trouble.” As Jerome Bruner (2002) stated, “Everybody agrees that a story begins with some breach in the expected state of things—Aristotle’s *peripeteia*. Something goes awry, otherwise there’s nothing to tell about” (p. 34). Moreover, in the work of William Labov (1972), so influential in the analysis of personal

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narratives, the complicating action is seen as the spine of the narrative. A central question becomes how the protagonist and narrator respond to the complicating action, that is, the newfound situation. However, Patterson (2013) emphasized that an exclusive focus on narrative events can exclude many narratives from the research focus. Bamberg (2006) and Georgakopoulou (2006, 2007) offer another criticism of the narrative canon in their work on the importance of small stories that calls for

a much needed antidote to the longstanding tradition of “big stories” which, be they in the form of life stories or of stories of landmark events, have monopolized the inquiry into tellers’ representations of past events and themselves in light of these events.

[Georgakopoulou, 2007, p. 147]

The stories of my palliative care patients abounded with what I would call small stories—stories from the past, where nothing in particular happened, jokes, simple stories, and anecdotes from their everyday lives. More often than not, these were stories that did not require explicit meaning-making on the part of the narrator. In this article, I will focus on the smaller stories of the past that I will place within the concept of nostalgia. These lighter stories of the past became particularly important among the elderly palliative care patients in a bed care unit of a nursing home, where the situation of the patients had deteriorated. By placing the lighter stories of the past under the term nostalgia, I want to emphasize the importance of such stories as vital ways of upholding the continuity of identity, which Davis (1979) argued is the primary purpose of nostalgia. In narrative gerontology and the tradition of reminiscence, lighter stories of the past are often termed “simple reminiscence” (Bohlmeijer & Westerhof, 2011; Rybarczyk & Bell, 1997), and in some cases even “negative reminiscence” or “escapist reminiscence,” due to the fact that the stories represent a glorification of the past (Rybarczyk & Bell, 1997; Wong, 1995).

Now, the term nostalgia can be seen as a negative or derogatory term, like the terms simple or escapist reminiscence (e.g., Chandler & Ray, 2002, use the term nostalgic reminiscence for escapist reminiscence). My argument will be grounded in an understanding of nostalgia that is seen as a complex identity preservation relating to the continuity of personal identity (Davis, 1979; Wilson, 2005). As such, nostalgia can be seen as a vital component of a narrative identity (Giddens, 1991; Ricoeur, 1992)—something that can be easily overlooked by the terms simple and escapist reminiscence. Thus, I will show how narratives of nostalgia can be of the utmost importance when trying to uphold a narrative identity among palliative care patients. This argument will also be closely related to the concept of narrative care (Bohlmeijer, Kenyon, & Randall, 2011), in that I will argue for an understanding of narratives of nostalgia in palliative care that also implies the heightened awareness of health care professionals to attending to and honoring these versions of patients’ lifeworlds. There is a danger of neglecting the lighter stories of the past, particularly given their importance to the palliative care patients. There is more at stake than a simple form of reminiscence.

Background

Narrative identity as a struggle for continuity

Before turning to the concept of nostalgia, I will make some brief remarks on the concept of narrative identity, as the subsequent discussion on nostalgia in stories will relate to the understanding of narrative identity. A common denominator in the academic discussion on narrative identity is that a person’s identity is not an essential quality of the inner self but a result of what happens throughout life and the interpretation of these events (Ritvo, 2008). A narrative understanding implies the consequential linking of events, the creation of a meaningful pattern on an otherwise contingent or disconnected reality (Riessman, 2008). Regarding his theory of narrative identity, French philosopher Paul Ricoeur (1988, 1992) argued that a narrative identity links two types of identity: identity as sameness (*idem*), characterized by stability and continuity, and identity as selfhood (*ipse*), characterized by change. These two identities are intertwined through the configuration of the plot, which synthesizes concordance and discordance. In addition to giving continuity to the self, it “can include change, mutability, within the cohesion of one lifetime” (Ricoeur, 1988, p. 246). At the same time, a narrative identity is vulnerable, and the discordances or breaches of the expected can be too severe to be implemented into the narrative identity. Our stories need some sort of concordance—an identity of sheer change implies a narrative breakdown of configuration (Ricoeur, 1992). In other words, the stories of the self require some sort of continuity; yet this continuity is not necessarily a direct continuation of a previous life but an interpretation of events as part of the ongoing story of the self. This notion is central to Anthony Giddens’s (1991) understanding of the reflexive self in his claim that a person’s identity is found “in the capacity to keep a particular narrative going” (p. 54).

Narrative identity—in illness and old age

The concept of narrative identity has been influential in narrative perspectives in health care; for example, in the understanding of illness and in gerontology. In the tradition of illness narratives, illness is seen as a biographical disruption (Bury, 1982) that must be met with a narrative reconfiguration (Williams, 1984). Frank (1995) expressed this understanding when he claimed that

Becoming seriously ill is a call for stories....Stories have to repair the damage that illness has done to the ill person’s sense of where she is in life, and where she may be going. Stories are a way of redrawing maps and finding new destinations. (p. 53)

In the tradition of illness narratives, narrative is seen as a reinterpretation of the illness and the situation here and now of finding new paths; alternatively, it can be that this newfound situation is too devastating for the narrator to find a new direction, and thus it ends in chaos. Despite the vast literature on illness narratives, the research has been predominantly occupied with stories and interpretations of the illness experience. Norwegian anthropologist Unni Wikan (2000) recognized the following:

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