



## Narrative ethics for narrative care



Clive Baldwin\*

School of Social Work, St Thomas University, 51 Dineen Drive, Fredericton, NB E3B 5G3, Canada

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### ABSTRACT

Narrative permeates health care—from patients' stories taken as medical histories to the development of health policy. The narrative approach to health care has involved the move from narratives in health care as objects of study to the lens through which health care is studied and, more recently, to narrative as a form of care. In this paper, I argue that narrative care requires a move in the field of ethics—from a position where narratives are used to inform ethical decision making to one in which narrative is the form and process of ethical decision making. In other words, I argue for a narrative ethics for narrative care. The argument is relatively straightforward. If, as I argue, humans are narrative beings who make sense of themselves, others, and the world in and through narrative, we need to see our actions as both narratively based and narratively contextual and thus understanding the nature, form, and content of the narratives of which we are a part, and the process of narrativity, provides an intersubjective basis for ethical action.

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Narrative permeates health care—from the use of literature in medical education to patients' stories informing clinical decision making. More recently, narrative has taken up a more therapeutic role in the form of “narrative care,” an approach that relies on storytelling to promote health and well-being. This approach focuses on the uniqueness of individual lives and roots care in the stories that people tell, in all their messiness, ambiguity, and indeterminacy. This move in the role of narrative gives us pause to reappraise current ethical frameworks that are dominant in health care, such as principlism with its abstractions and claims to universalism. In this paper, I argue that narrative care requires a narrative ethics and attempt to outline some of the broad contours of that ethics.

### Narrative care

The concept of narrative care is only just starting to coalesce as a field of study and practice. While some narrative practices have been around for a while (e.g., narrative therapy, developed by White and Epston in the early 1990s), others are more

recently formulated (see Bohlmeijer, Kenyon, & Randall, 2011), and while there is a sense that these approaches have something in common, it is probably too early to conduct a systematic concept analysis of the term “narrative care.” Having said that, I will attempt to draw out some of what I see as the underlying similarities of different narrative approaches as the background to my argument that narrative care (whatever it turns out to be) requires a narrative ethics.

At root, narrative care entails an understanding that the stories people tell about their lives, the stories that are told about their lives by others, and the wider community, social, and discursive stories that shape human life are central to, or at least very significant in, the well-being of individuals and groups. This understanding is reflected in the following examples of such care: biographical interviews with residents of long-term care settings celebrating residents' lives (Noonan, 2011); reminiscence groups with returning veterans (Westwood, McLean, Cave, Borgen, & Slakov, 2010); lifeworld telling with survivors of the Holocaust (Greenwald, Ben-Ari, Strous, & Laub, 2006); life-review therapy with depressed older adults (Korte, Bohlmeijer, Cappeliez, Smit, & Westerhof, 2012); work with male perpetrators of domestic violence (Augusta-Scott & Dankwort, 2002); reminiscence activity with people

\* Tel.: +1 506 452 9596; fax: +1 506 452 0611.

E-mail address: [Baldwin@stu.ca](mailto:Baldwin@stu.ca).

living with dementia (Gibb, Morris, & Gleisberg, 1997) or HIV infection during pregnancy (Kelly, 2013); identity reconstruction following spinal cord injury through playing sport (Smith & Sparkes, 2005); and life-writing among older adults (Synnes, 2004).

Broadly defined, then, “narrative care” entails listening openly and respectfully to some portion or version of the story of a person’s life, with the person being listened to experiencing an increased sense of insight, meaning, and empowerment, and thus a measure of emotional–spiritual healing.

What these approaches have in common, I think, are the following features. First, narrative is in some way experiential. Indeed, Crites (1971) has argued that experience is laid down in memory in narrative form. Second, narrative in some way brings meaning to experience—for example, in the construction of restitution or quest narratives that help people understand illness in the context of their lives (see Frank, 2013). Such meanings are situated in experience, relationships, place, and history. Third, narratives are unique—they are told by a particular person to a particular audience, at a particular time and in a particular way for a particular purpose (Phelan, 2007). Fourth, narratives are inherently relational—at the very least involving the author/speaker and a reader/listener, even if the reader/listener is the author her/himself, as in the case of the narratives of private journals. Most narratives are, of course, intended for an external audience and are thus constructed accordingly. The story of my divorce, for instance, may be different according to whether the audience consists of my colleagues at work or my wife’s divorce lawyer. Many narratives are more deeply relational in that they are co-constructed between author/reader–speaker/listener. This is a fundamental tenet in such narrative approaches as narrative therapy (see White & Epston, 1990), but can also be found in other approaches such as dementia care (see Williams & Keady, 2005). Fifth, narratives are fundamentally unstable, in the sense that they can be rewritten, with different meanings attributed to events, and with different future trajectories (see Freedman & Combs, 1996). Finally, narrative is seen as a means of facilitating change within individuals; in narrative terms, a form of character development.

These six features of narrative care rest, I suggest, on three, related understandings of narrative—that the self is constituted in and through narrative, that narrative is a primary means of communication, and that narratives act in the world.

### *Narrative and the self*

It is commonplace, although not uncontested, nowadays to refer to the “narrative self.” This term, in and of itself, begs more questions than it provides clarity, and, indeed, what different authors mean by the narrative self is often very different. Broadly speaking, there are two approaches to the narrative self: the first views narrative as a means through which to access the self, a self that is pre-existing but finds expression in and through narrative. This is the approach found in many narrative studies of identity and is what I shall call here the “weak” sense of narrative self. The second approach utilizes a deeper conceptualization of narrative, narrative as constitutive of the self. In Oliver Sacks’s (1998) words, “We have, each of us, a lifeworld, an inner narrative—whose continuity, whose sense is our lives. It might be said that each of us constructs and lives,

a ‘narrative,’ and that this narrative is us, our identities” (p. 110, emphasis in the original). This “strong” sense of narrative self is found in psychology with authors such as Schechtman (1996) and Bruner (1987a, 1987b, 1990, 2006) and, as far as the self is constituted in and through experience, in more philosophical works such as those of Crites (1971) and Carr (1986), who argue that experience itself is structured narratively, and Dennett (1992), who conceptualizes the self as the center of narrative gravity.

Two further considerations extend these notions of the narrative self. First, drawing on Levinas (1969), it is important to note that even a deep narrative understanding of another individual does not exhaust what can be known about that person, and, ultimately, that person is radically other “in the sense of transcendence, of existing apart, of being beyond and surpassing” (Jopling, 1991, p. 413). In other words, no narrative can ever fully express what it means to be that person. Second, because of the fluid, dynamic nature of narrative, the self is always a self-in-becoming, the current narrative being unable to finalize the self. As Bakhtin (1984) says, “As long as a person is alive he lives by the fact that he is not yet finalized, that he has not yet uttered his ultimate word” (p. 59).

Narratives of the self are constructed and may be told not only by ourselves but also by others and, of course, hybrids of self-other narratives. Personhood is, then, personal and interpersonal, individual, social, and institutional. Sometimes such self-other narratives converge, facilitating the construction and maintenance of the self as the center of narrative gravity; sometimes divergent narratives compete for privilege to be accepted in preference to other possible narratives and thus personhood becomes vulnerable. For example, people living with dementia often become increasingly unable to construct self-narratives in ways that are understandable to the cognitively intact. As this process continues, the narratives of others often become more important in the maintenance of personhood. In this people living with dementia are akin to Pirandello’s *Six Characters in Search of an Author*, requiring others to complete their story. Often, this story is one of loss of self, as expressed by one family carer, “The loss of the person, the loss of their contribution to your life and who they were and the shared memories. The loss of all that person and the gaining of another difficult person in their place.”

However, this need not be so, and other carers find stories to tell of their relatives that maintain a positive sense of self:

She’s part of the home, she’s part of the family and she enriches us in ways that are phenomenal sometimes. This is the lady who has never been particularly fond of babies but she met her two great nephews, one is 1 and one 4. She’s met one of them before, they’ve come from Australia, and she was enthralled with the baby. She’s never loved babies in her life but at this moment in time babies are what fits, she likes babies and ... to have that amount of pleasure given you, it makes everything worthwhile.

The characterization of others in the stories we tell about them is, I suggest, an ethical issue. We can construct people in ways that focus on deficits, failings, impairments, challenging behavior, loss of self, and difficulty. Indeed, it is often such constructions that lead to diagnoses of mental disorder, labeling of deviance, and the imposition of social service

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