"Telling the patient’s story" is appearing with somewhat alarming frequency as an ostensible justification for a wide range of creative approaches to qualitative health research writing. While one might argue the common wisdom that everyone has a story to tell, that assertion falls short of meeting any reasonable standard for which stories ought to be understood to have met the bar for consideration as publishable papers. The editorial team for this journal considers thoughtful and critical reflection about such trends as fundamental to the development of our particular genre of science if it is to play a meaningful role within the health knowledge environment rather than disintegrating into some other form of intellectual activity.

As narrative inquiry takes an increasingly prominent place in qualitative health research, it seems important to revisit the matter of how we draw those sometimes blurry lines between formal scholarship, journalism, or studiously crafted storytelling. Although we use the term *story* somewhat loosely to reference the dominant narrative an individual might take in framing his or her experience toward the anticipated needs of a particular audience, in the research sense, we generally intend our reader to consider what we write as reflecting some aspect of a potentially generalizable truth claim, accessed through the lens of the individual account.

When narrative inquiry was initially taken up as a formal qualitative health research approach, it explicitly acknowledged the human tendency to shape, tailor, and reframe memory about what happened into a particular literary form that represents a recognizable mode of discourse. In this context, narrative was understood to be a rhetorical device whose ancestry lay in the use of parables for complex social purposes such as collective memory, group identity, and meaning making. Thus, scholars with one foot in each of the health and social sciences found it fascinating to document the manner in which various health and illness experiences were differentially socially constructed and framed into such narrative forms as morality tales, cautionary accounts, or heroic journeys. These kinds of accounts were understood as informative to those who might encounter these health and illness phenomena in practice, so that they might better appreciate the human capacity to sort and organize sometimes chaotic and random experience into coherent and thematic experiential explanations. However, because there was a clear recognition that narrative methodology derived from the study of the human capacity through fiction and many other literary forms to frame ideas toward the tacit receptivity of a particular audience, it was never assumed that experiential accounts, once rendered into narrative form, actually represented forms of truth.

What is it then that draws health researchers into this narrative form as a scholarly practice? Certainly the narrative style is a comfortable and familiar cultural knowledge exchange mechanism, something we likely learned at our grandparents’ knees and would love to extend into the engagement with patients if only there was the time. Those of us in the health professions uphold a fundamental commitment to individualizing care, and yet recognize the essential tension inherent in how little opportunity we typically have to get to know our patients as individuals.

So, does the narrative research form in some way assuage that guilt and provide us a window into what we might learn if we had the capacity to dive deeper into the story that each of our patients represents? Or is there some notion that, within the story form, we can uncover more intricate and nuanced meaning forms than are accessible using other forms of qualitative interviewing? Certainly the heritage of ethnographic research upon which many of the currently popular qualitative interview approaches was derived held a much more skeptical and critical stance on what story represented in the continuance of culture, belief, and community identity. In that context, rather like the narrative of literary tradition, a story was understood as having purpose well beyond its substance and detail, and was appreciated for its agency in creating particular kinds of meanings. An ethnographer would always assume he or she had tapped only one version of a story and that there might well be many as yet unarticulated layers of meaning underlying the version presented. With the memory of that heritage firmly embedded in the qualitative methodological traditions we have built upon, most
of us do enter data collection with an understanding that, although there is a particularly important form of knowledge to be gained from inquiry at the source, the documentation of source material cannot be reinscribed as a generalizable truth. Indeed, the work involved in transforming credible source insights into a knowledge form that may eventually be construed as having some generalizable truth value is a profoundly complex, technical, methodological, and even philosophical operation.

In much of the current qualitative research writing, narrative is put forward as if it is a self-evident approach to understanding all existential and experiential phenomena by virtue of an acknowledgement that language is what makes them most accessible. What is intriguing about this kind of claim is that it glosses over and obscures an incredible array of confusing links between narrative as method and the essential structure of experience. Taken uncritically, language is what is most easily accessible to us. It is much easier to interview or review text than it is to systematically observe and interpret action and deed. Although there is an extant body of science on the matter of language signifiers and the analysis of discourse, there seems something about narrative methodology, or our affinity to it in the health research arena, that wants to sit within the more simplistic world of public life. The discourse around election time makes that all too apparent. In that domain, we share a collective sense of certainty that words and expressions are primarily matters of strategic positioning and public posturing. We reward those who demonstrate mastery of the narrative form by entrusting them to public office. In the health research world, we are seeking quite the opposite trend, toward a literalist reading of narrative as if it were an essential structure of experience. Taken uncritically, the story was there to be told. Thus, the researcher has become the vehicle through which the rest of us have the opportunity to be witness to that particular telling, perhaps akin to being told what it was like to be looking through the microscope at a particularly intriguing microorganism specimen.

A single case narrative should always prompt us to require some in-depth, and likely collateral, knowledge of the specific source. As products of families, most of us will know full well how the story of a shared event will shift in the telling between one family member and another. Family stories evolve in a manner that defies any singular truth, and often the truth that is revealed tells more about the individual teller than about the event itself. Our anthropological ancestors certainly recognized this in their documentation of such central stories as the creation myths by which various cultures are bound. So when we know the narrator only as narrator, with a sprinkling of demographic characteristics to provide location, we probably miss really understanding whether characterological dramatizing, philosophizing, minimizing, or moralizing are detectable parts of the message. In other words, when we use narrative in individual cases, we likely miss what narrative method is really all about.

The single case narrative also raises a dizzying array of questions when it comes to what authors tell us we are expected to understand or interpret on the basis of it. In order to format the story into research, the single case narrative reporter typically bookends it in relevant theorizing, and uses the narrative “findings”
as a launching pad from which to expound upon ideas that were most likely either pre-existing biases or interesting options from the literature. While we as readers might sympathize with the urge to use a single case analysis as a base from which to wax theoretical, it is entirely relevant to demand clarity as to the point at which claims about implications deriving from findings have become a matter of mere opinion. As guardians of the integrity of the qualitative health research tradition, it seems especially fitting that we pose these questions of any study that does not appear to demonstrate the hallmarks of methodological application and inductive analysis.

Complicating this issue entirely is the possibility that we in the qualitative health research world have created our own versions of cultural narrative form in the linguistic signifiers with which we justify our conclusions from analysis of story. Once we have performed the hollow trop of acknowledging the inherent limitations on any qualitative method, we often all too quickly follow it with a “however” claim, usually taking the form of postulating all of the conclusions and implications we would have liked to have established but haven’t. This “yes, but” kind of conclusion in some odd sort of way seems to satisfy our expectation that there is scientific logic to the argument we have put forward, and provides some sort of moral justification for the intellectual gymnastic exercise we have put the reader through. But if we knew we were right before we started, has the narrative simply become a platform for portraying opinion as if it were some other kind of knowledge claim?

Although I have called to question the credibility and validity of narrative inquiry as a qualitative health research technique, I suspect it has a great deal to offer if only we could get it right. Rather than justifying the role that story plays in the social world and encouraging people to extract text in the narrative format, I’d encourage narrative health research proponents to build us a truly rigorous methodological platform from which to confidently distinguish science from all of the other things that story can possibly represent. If advocates of narrative approaches could thoughtfully and intelligently articulate the logical relationship between what they did, what they found, and what conclusions they have properly reached, perhaps story—in all its elegance—could find a rightful place within our most rigorous and insightful qualitative research products.

I actually hope so. I do like a really good story.

Sally E. Thorne, PhD
University of British Columbia

For reprints and permission queries, please visit SAGE’s Web site at http://www.sagepub.com/journalsPermissions.nav.