

Narratives, identity and resilience

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Narrative inquiry, resilience and identity

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- Narrative inquiry and identity
- Resilience and identity
- Solution focused healthcare and practitioner resilience
- Current interests: undoing resilience, resilient subject in health and social care, resilience as performative, gendered and embodied
- Strengths and limits
- Implications for theory, research, policy or practice

Narrative inquiry: key assumptions

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- World we live in is a storied world and our stories determine who we are
- Generative of reality - narratives enable us to make sense of our past experiences and to act on the world in the future
- When narratives made explicit, they generate change in thinking and behaviour
- The stories we tell to explain our lives thus give our lives order and meaning, and always have a cultural contextual basis (Frank 2010; Bochner 2010, Riessman 1993)

Narrative Inquiry – contested terrain (Thomas 2010)

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- Conceptual slippage – definitions, methodologies & approaches (Squire, Andrews & Tamboukou 2008)
- Experiences, events, socio-cultural discourses – personal and the cultural (Squire 2008)
- Realist, critical, deconstructive and reflexive tales (Lather1991)
- Big stories – little stories continuum (Ochs & Capps 2001)

Narrative inquiry: contested terrain

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- Story teller vs story analyst ?
- Knowledge production - innocent practices devoid of ideological interests, possible to be objective, dispassionate, received ideas on what must do and how to do it...
- Or a messy, political and moral enterprise, value-laden, experiential, participatory, emotional, performative, first person and dialogic (Bochner & Frank 2010)
- Experience/knowledge – found or made (Rorty 1999)

Background to narrative inquiry in sociology of health and illness

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- ‘Turn to narrative’ social sciences – interest in biographical, life history, therapeutic era, recognition of difference & identity
- Medical sociology – experiences of illness, long term conditions, disability, end of life, ageing but also health and health inequalities
- Healthcare research - nursing & workforce (Holloway & Freshwater 2007, McAllister & Mckinnon 2008)

Narratives and health, illness and healthcare

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- Policy - health and well being
- Strength based approaches
- Salutogenesis social capital and resilience

- Contingent, moral and core (Bury 2001) disability & illness
- Counter narratives, narrative repair and identity construction (Fisher & Godfrey (2007, Smith & Sparkes 2007)

- Health Inequalities –‘knowledgeable narratives’ provides the link between experience, micro everyday and macros, structure, context, activities and relations shape individual biographies - lived collectively (Williams 2004)

Health Assets in a Global Context: Theory, Methods, Action.

- Asset approaches create the potential for unlocking some of the existing barriers to effective action on health inequities, so far characterised by more risk-based or deficit approaches.
- Concepts that include salutogenesis, resilience and social capital (Second International Symposium on ***Health Assets in a Global Context: Theory Methods Action. Sept.2011***)
- Aim : translate asset model into policy, theory and practice

Solution focused healthcare

- Doing practice differently – McAllister (2003)
- Importance of resilience in healthcare practitioners education – theory & practice McAllister & McKinnon (2008)
- Students strength, focus and endurance in the workplace
- Transformative education – creative, empowering, problem solving - promoting social justice & equality

Resilience and practitioners

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- Research to identify, understand, extend and apply both generic protective factors and those specific to the health professions is important
- To date, the prevailing research paradigm within the health sector remains problem oriented (McAllister, 2007)
- and focuses on reductionist approaches to understanding causative mechanisms of risk and protective factors for workers

How to.....?

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- Identity building work
- Coping, capacity and strengths development
- Learning leadership for change
- Exposure to positive role models who share strategies on how to thrive in health workplaces
- Genuine dialogue between all teams to ensure that questioning, challenging and team decision-making is not only safe, but common
- professional cultural generativity should be engendered.

Narrative Inquiry

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- Narrative research is well placed to use researching and theorising the humanization of healthcare (Todres, Galvin and Holloway 2009,75)
- Practitioners – telling stories, narrating has the potential to develop critical reflexivity
- Critically reflexive practitioner is better equipped to identify and separate organisational custom and practice from empathic, relational practice (Freshwater and Rolfe 2001).

Why Identity and Resilience?

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- Make sense of our experiences from pre-existing systems of language and meaning found in narratives or discourses
- This means who we are, our sense of self, and identities are privately experienced but also relationally and collectively lived (Lawler, 2008)
- We are defined and positioned by our identities and these authorise, anticipate and guide social action.

Identity: key assumptions

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- Identity, subjectivity not our property or possession but an outcome of positions and relationships
- *We produce and we are produced – we contribute to determining what determines us*
- Self conceptualised : diminished, regulated or governed an unconscious or narcissistic and a storied, performative or reflexive self
- Self as fluid, diverse and dialogic (created through interaction), generative and situational formed in relation to specific cultural and historical contexts

Identity and social action (Wetherell et al 2009)

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- Identity is configured and reconfigured in people's individual biographies and personal trajectories at times of change, transition and movement (Wetherell 2009:12)
- Interactions, practices and cultures construct identities
- ... and identity practices work to fix and unfix or create or perform new identities and narratives of belonging or investment and identification with, and in dialogue with, particular and generational identities

Stories of resilience and identity

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- Constructionist (Ungar 2004, 2005, Ungar et al 2008, Ungar 2010)
- **Constructed through self** in relationships, processes, communities, environments, resources
- Complex, relational, contextual, plural, diverse – **resilience as resistance** (Bottrell 2009, Munford & Saunders 2008)
- Personal meets the **political** – gendered, normative

Doing resilience

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- Resilience not something we have but something **we do** (processes & relationships)
- Dialogic space : contested claims and practices
- Understanding of **power** – operates and its effects
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- Deconstructive & Reflexive tales (thinking the unthinkable) resilience vs Realist, Critical tales (found and made)
- Neo-conservative adaptation vs challenge and **change**

Stories of resilience – performative

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- **Performativity** (Butler 1990, 2004).

Incessant activity performed without one's knowing or willing, a practice of improvisation within a scene of constraint

- Resilient self in process - constantly negotiated, historically contingent, dialogic, relational (language and relationships)
- Directed towards types of **recognition** - misrecognition leads to injustice, disadvantage, exclusion
- Aim : keep stories of resilience provisional and open to critique, to revision, to re-imagine norms

Stories of resilience as embodied

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- Relationship between physical **body and subjectivity**
- 'Markers of difference' unacceptable or monstrous bodies
- Embodiment - experiences and sense of self generated through the body, through embodied practices
- Transforming and disciplining the body

Evaluating narrative inquiry

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- Strengths – rich, evocative, inter-subjective understanding
- Limitations – conceptual slippage, structure vs processes, how and why rather than what, and not testable or verifiable
- Or different evaluative criteria - plausible and useful
- Old stories – need for new?

All inquiry/research – Pragmatism?

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- Ideas and practices judged in terms of usefulness, workability and practicality than by criteria of truth, rightness and value
- **Purpose of enquiry is to achieve a consensus about what to do**
- Use of trial and error and creative effort
- Important political distinction between use of force and use of persuasion
- No deep split between theory and practice, theory is always already practice – Rorty 1999: xxv.

Keep rewriting stories – Rorty

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- Contingency - telling a story about one's causes in a new language
- Irony as radical and continuing doubts over language and stories
- Solidarity - inclusive understandings of 'us', develop imaginative stories about new possibilities

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