

Harter, Lynn M., Japp, Phyllis M., & Beck, Christina S. (Eds.). (2005). *Narratives, Health, and Healing: Communication Theory, Research, and Practice*. Mahwah, NJ: Lawrence Erlbaum.

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When Walter Fisher proposed in 1984 that human beings should be called “*Homo narrans*” (p. 6), conveying the idea that we are storytellers by nature, the now vibrant area of health communication was largely undefined and fragmented. Since that time, the narrative paradigm has been widely accepted by communication scholars, including health communication researchers. As the narrative paradigm has gained popularity in the communication discipline, scholars from a variety of other academic disciplines, including sociology, psychology, and medicine, have realized the implications of narrative for health and health care, and they have contributed greatly to the development of narrative approaches to understanding social life.

In *Narratives, Health, and Healing*, the editors and contributors draw on developments in narrative theory from each of these traditions to form an important collection of essays and studies that use a variety of narrative approaches to further our understanding of the concepts of health, health care, and healing. The book reveals the multifaceted nature of narratives and the many ways theories about narratives can shed light on a surprising array of health communication issues. For example, the contributors to the book demonstrate that narrative approaches can increase our understanding of health and identity, provider-patient interaction, new health communication technologies, social support processes, illness survivorship, health-related stories in the media, health campaigns, and a broad range of other health communication concerns. As an individual who recently edited a volume of health communication essays, I have great respect for the highly adept and skilled editors of this book in terms of their ability to assemble a broad range of essays into a highly coherent and thought-provoking book.

This volume is an important contribution to the area of health communication in a variety of ways. It represents the only scholarly text within the area of health communication that provides an in-depth focus on narrative, and the chapters advance both narrative theory and health communication theory. A central argument of the book as a whole is that narrative is inextricably tied to health identities, our understanding of the nature of health and healing, and how we communicate about health with members of our social networks, including health care professionals. The contributors represent many of the finest health communication scholars in the communication discipline, and the editors do an outstanding job integrating the issues raised in the individual chapters into a larger discussion of health narrative theory and its pragmatic implications for promoting health, healing, and quality health care. The book is unique in the way it frames a variety of health communication issues from the standpoint of narrative theory, and it contains discussions of many topics underrepresented in current edited texts and textbooks in health communication, such as discussions about health

identities, hospice and palliative care, communication about death and dying, living with illness, and overcoming the loss of a loved one. Most chapters are stimulating to read, and I feel that the book has the potential to serve as an important pedagogical tool in graduate level health communication seminars.

In the first chapter, the editors provide an important overview of narrative theory and poignantly describe a multitude of ways narrative theory can be used as a framework when studying health communication. For example, the chapter examines how narrative theory can be applied to issues such as identity construction among people who are confronting illness, narrative as dialogue between storytellers and listeners within health-related settings, and the notion of narrative as “situated knowledge” and its implications for challenging established worldviews about health issues. The second chapter, by Austin Babrow, Kimberly Kline, and William Rawlins, discusses how various aspects of narrative theory can be used to inform problematic integration theory. Specifically, the authors discuss how storytelling can be used to manage uncertainty among individuals coping with health concerns. This chapter is a “must-read” for health communication scholars who are interested in problematic integration theory.

In chapter 3, Christina Beck explores the narratives of journalist Cathy Hainer, who told her story of battling cancer through *USA Today*. The chapter explores the notion of narrative as embodied rhetoric, or the idea that illness stories are not only about the body but are also told through the person living with the illness, and its implications for negotiating individual and relational identities. This chapter underscores the power of narrative in terms of challenging the medical establishment’s view of cancer and asserting an alternative view. The chapter also shows how one person’s cancer narrative can be used to articulate the feelings of thousands of individuals facing similar circumstances. Chapter 4, by Lynn Harter, Erika Kirby, Autumn Edwards, and Andrea McClanahan, investigates the public narratives surrounding age-related infertility (ARI) and the dialectical struggle between the dominant ARI narrative scripts of the medical establishment and personal narratives. For example, the chapter explores how medical discourse about the “biological clock” constrains women’s choices about the appropriate time to have a child while research that refutes the biological-clock narrative is often kept out of public discourse. In addition, the chapter explores the enabling and constraining aspects of narratives surrounding the predominant discourse about medical technology as a means for addressing ARI. This chapter takes an interesting look at the impact of narratives in popular media.

Phyllis Japp and Debra Japp discuss legitimacy narratives in chapter 5. Legitimacy narratives are common surrounding diseases or health conditions that have yet to be recognized as bona fide diseases by the medical community and the public. This chapter brought to mind my own interest in alcoholism and how for many years it was seen as a moral problem as opposed to a physical disease, and how organizations such as Alcoholics Anonymous used narrative to legitimize the disease. In recent years, we have witnessed other individuals who have struggled to legitimize illnesses they were facing (e.g., Gulf War syndrome, chronic fatigue syndrome). The chapter explores the

process of how people go about using narrative when seeking legitimacy, such as using story to legitimize suffering and challenging the master narratives of biomedicine when seeking medical and public legitimacy. In chapter 6, Thomas Workman explores the implications of the media's use of death stories, particularly the story of Massachusetts Institute of Technology student Scott Kreuger, who died of binge drinking, as a representative construction of the binge-drinking problem on many college campuses. Using a content analysis of prominent media stories, Workman argues that such narratives have a number of limitations as prevention tools for health issues such as binge drinking, including lack of narrative fidelity, socioeconomic and social-class issues associated with key story characters, and the audience's ability to identify with the "victim" in the story. This chapter should appeal to health-campaign designers who are considering using similar anecdotes to influence health behaviors.

In chapter 7, Teodora Carabas and Lynn Harter examine state-induced illness through the "forbidden" stories of Romanians who suffered from political oppression. The authors focus on how such stories are censored or controlled in the media by oppressive governments. The chapter explores the politics of storytelling under such political regimes and the therapeutic value of telling stories of abuse and neglect for those who lived through these experiences. This chapter has important implications for studying health narratives in other societies where abuse has taken place, such as the politics surrounding HIV transmission in mainland China or politically motivated abuse in Iraq.

In chapter 8, Arvind Singhal, Ketan Chitnis, and Ami Sengupta use narrative transparency theory as a framework for studying how young people in India interpret messages about safe sex in an episode of the American sitcom *Friends*. Narrative transparency theory posits that individuals are capable of deriving multiple meanings from stories on the basis of cultural norms. These scholars explored four aspects of narrative transparency in an episode of *Friends* dealing with the issue of safe sex. Their analysis revealed that members of their sample negotiated a number of unique culturally based meanings for the actions that occurred in the episode. This chapter is an important contribution to the area of intercultural health issues, particularly in terms of underscoring the polysemic nature of texts used for the purpose of promoting health awareness.

Chapter 9, by William Rawlins, explores the key role of narrative in terms of everyday medical work for physicians through stories of the author's father, Jack Rawlins, MD. The chapter explores the role of physicians as characters in stories from patients as well as the how the professional discourse of medicine is co-constructed through narrative in daily interactions among physicians and other health care professionals. This chapter provides unique insight into the role of everyday narratives in health care settings from the standpoint of a physician. Similarly, Jayne Morgan-Witte investigates the everyday narratives of nurses in chapter 10. Morgan-Witte looks at some of the key roles narratives play within health care organizations on the basis of observations of nurses in a catheterization laboratory and an emergency room setting. The chapter

underscores the importance of having “narrative knowledge” about patients and the functions of stories in terms of relieving stress, dealing with identity and power issues, and reassuring patients.

In chapter 11, Sunwolf, Lawrence Frey, and Lisa Keranen examine the healing effects of storytelling and story listening in medical settings. The authors propose a functional model of the effects of storytelling in the practice of medicine. The model includes storytelling as a way of connecting common experiences, explaining illness, and remembering experiences. In addition, the chapter underscores the importance of narrative for influencing positive health outcomes for patients, providers, and communities of people living with illness. In chapter 12, Sandra Ragan, Tiffany Mindt, and Elaine Wittenberg-Lyles explore the role of narrative in educating providers about palliative care. Given that most provider education emphasizes a curative approach to medicine, there are relatively few opportunities for practitioners to learn about palliative care. These authors argue that including palliative care narratives within the medical curriculum may help providers learn important narrative skills such as interpretation, empathy, and reflection. Moreover, using narratives as a pedagogical tool may help challenge providers’ cultural notions of what constitutes a “good death.”

In chapter 13, Patrice Buzzanell and Laura Ellingson examine competing narratives surrounding the issue of maternity in the workplace. The chapter reveals how maternity stands in contrast to narratives of the ideal productive worker in American organizations. Organizational narratives tend to reinforce organizational norms that subtly portray pregnancy as a deviant condition. This chapter highlights an understudied health communication topic, and it provides important insights into the politics of maternity in the workplace. Chapter 14, by Magdalyn Miller, Patricia Geist Martin, and Kristen Cannon Beatty, explore the use of counternarratives as a tactic for repairing individual and community identities. The authors use the Tariq Khamisa Foundation as a case study to examine how narratives can be used to promote nonviolence.

In chapter 15, Barbara Sharf discusses her difficult experience with a surgeon who was unwilling to work with her as a coparticipant in making decisions about a hip problem. Her story illustrates the ways in which competing narratives about the “best” approach to medical concerns are often revealed through discourse between physicians and patients.

In chapter 16, Wayne Beach and Jenny Mandelbaum use conversation analysis to examine how patients reveal psychosocial concerns during interactions with physicians. Their analysis reveals the subtle ways psychosocial issues are introduced within routine physician-patient interactions and the implications this has for raising patient and physician awareness of these concerns. In chapter 17, Maureen Keeley and Jody Koenig Kellas explore final conversation narratives using retrospective interviews with people about their final conversations with dying loved ones. Their analyses reveal the importance of these narratives in terms of reconstructing relational identities, reaffirming the importance of the relationship, and preparing the dying individuals and loved ones for death. This chapter makes an important contribution to

the area of communicating about death and dying, which has received relatively little empirical attention among health communication scholars.

In chapter 18, Cecilia Bosticco and Teresa Thompson examine the role of narratives and storytelling among bereaved parents. This chapter reveals the powerful role of narrative in terms of making sense of a traumatic event such as losing a child, and it provides insight into how individuals come to understand and manage their loss. This chapter provides important insights into how narratives can be used to better understand how individuals cope with grief. Finally, Dan O’Hair, Denise Scannell, and Sharlene Thompson explore ways in which narrative can be used to help cancer patients manage their experience of living with cancer. The chapter looks at issues such as how narratives among cancer patients can reveal how they manage identity threats, discuss their experiences with loved ones, confront issues with health care providers, and deal with the uncertainty of navigating the health care system.

Overall, the chapters are engaging, and the writers encourage the reader to think about the nature of health communication in much different ways than most other scholarly health communication books. Although the writing styles and methodological approaches of the chapters vary considerably, there is coherence in terms of common narrative issues within each section of the book. Some scholars might take issue with the somewhat broad generalizations drawn from relatively small samples of interviewees and texts or the case studies and personal experiences in several of the empirically based chapters. However, the authors of each chapter acknowledge these limitations for the most part. There is some repetition throughout many of the chapters in terms of similar summaries of Fisher’s work on narrative theory, yet lesser known aspects of narrative theory from outside the communication discipline are also introduced to the reader. The excerpts featured in the majority of chapters as exemplars of theoretical concepts are powerful in and of themselves in terms of illustrating the central role of narrative in the lives of individuals dealing with health concerns. The book represents an important and meritorious contribution to the area of health communication and the narrative paradigm.

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Reference

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