

ARTICLES

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Narrative Gerontology: Introducing the Field

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Abstract

Narrative gerontology is a growing approach to understanding the experiences of later life. Narratives provide a type of raw material to gain an “insider’s perspective” on older age. The term “narrative” (coined in 1994) describes various types of stories that can range from a few sentences to a grand that covers a person’s lifetime. Depending on discipline (e.g., anthropology, medicine), narratives can be used in different ways (e.g., understanding perspectives within culture, understanding a patient’s perspective on an experience or condition). Key considerations regarding narrative gerontology include how best to elicit a story, the difference between big and small stories, analytical strategies, and issues of power, perspective and language. Overall, narrative gerontology isn’t limited to one single approach but instead encompasses many perspectives linked to putting experiences into words.

Interest in narrative methods in gerontology, the social sciences, medicine and others has increased dramatically over the past several years. Yet, many remain unclear on exactly what “narrative” entails including narrative as a mode of inquiry and/or research method and strategies for narrative analysis. This paper presents research on the historical use and theoretical development of narrative approaches and brings together a wealth of perspectives on narratives that will benefit researchers interested in considering incorporating narratives in their work.

In gerontology, the study of narratives plays an especially important role since narratives provide a type of raw material from which to gain an “insider’s perspective” on

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later life. As Kenyon, Clark and de Vries (2001) argue, “we age biographically as much as we age biologically, psychologically, and socially” (p. xx). Of course, we also age culturally. The types of stories we are given directly influence which experiences can be made known in a given situation. Narrative gerontology is therefore a broad term describing many ways that aging and older lives can be understood through stories (narratives). Narrative gerontology can be thought of as a framework to examine how people, cultures and societies come to know and reveal themselves to others through stories. It is also an approach to understand how stories, personal and public, mingle, change, and become co-authored by others.

What is Meant by “Narrative”?

In their classic work on narrative, Labov and Waletzky’s (1967) define narrative as any sequence of clauses that contains at least one temporal juncture. Narratives are about events or experiences that occur in time rather than random words or phrases having no time-based connection. Rather, narratives normally serve the function of personal interest from the point of the teller or speaker; the order of events disclosed cannot be changed without changing the inferred sequence of events. For Labov and Waletzky, the structural aspects of how the narrative unfolds is an important part of the story. Labov (2003) later updated the definition to include the following criteria that narratives must include reportable events, temporally ordered and centered around the narrator’s theory of causality. In other words, the narrator frames the story, including the details and order of events disclosed, around their central idea of what caused the event to occur in the first place. In addition, this revised definition grounds narrative in the experience and expressions of the teller/speaker and distinguishes narrative from story types such as stream-of-consciousness, or strictly imagined happenings unless they can be retold.

Other definitions of narratives include Donald Polkinghorne’s (1988) “the process of making a story, to the cognitive scheme of the story, or to the result of the process – also called ‘stories,’ ‘tales,’ or ‘histories’” (p. 13) or Gay Becker’s (1997) “the stories that people tell about themselves. Elliott Mishler (1986) takes a slightly different view suggesting that the most important part of a narrative is the quality of mind by the speaker/writer that is transmitted to the listener/reader through characterization, motivation, description, and commentary. For Mishler, it isn’t the way in which events are presented but rather the larger, deeper meaning that is at the heart of narrative.

Given these multiple, complex views of narrative, narrative in this paper will be simply defined as a telling some aspect of self through ordered symbols, whereby symbols can include language, images, movement, and other forms of expression (de Medeiros, 2013). This brief definition of narrative conveys the notion of temporality to some degree in that narratives have an ordered telling or plot. Events unfold in a way that the narrator hopes can be interpreted by the listener/reader. This definition

also speaks to Mishler's point of quality of mind in that some aspect of the narrator is being represented in the narrative. In other words, there is a point to the story that the narrator wants to be made known. It should be noted that although the focus in narrative is typically on stories told through language, stories are not restricted to language and can be told through other forms of expression (e.g., painting, dance.)

Some common terms used in conjunction within narrative are discourse, biography, autobiography, memoir, life story, and life review. Discourse is a broad term referring to expression through language (Labov, 2003); narratives are a type of discourse. The next three terms describe literary genres which are types of narratives. Biography is an account of a real person told by someone else with emphasis on capturing the subject's temperament and endeavors (Abrams & Harpham, 2011). Autobiography is a narrative written by a real person about him or herself an account autobiography with emphasis on his/her developing self over time (Eakin, 1999). Memoirs are similar to autobiographies except that the emphasis is on events rather than on the person (Abrams & Harpham, 2011). A life story describes stories people tell about their own lives and is generally in the form of narrative (Linde, 1993). Life stories can be oral or written. Finally, the life review is a purposeful reflection on past life events and their meaning. The life review is associated with psychiatrist Robert Butler, who coined the term in 1963, to describe people's need to revisit and come to terms with past conflict (Burnside, 1996; Butler, 1963). The life review doesn't necessarily take the form of narrative, although it can.

Brief History of Narrative Gerontology

James Birren, Hans Schroots, Gary Kenyon and Jan-Eric Ruth are among the scholars in gerontology credited with the development of narrative gerontology in the 1990s. Jan-Eric Ruth (1994) is cited as the person who coined the term. Kenyon and Ruth (1996) continued developing the concept, drawing from scholars in narrative psychology such as Jerome Bruner (1991). Kenyon and Randall (1999) describe narrative gerontology as a type of heuristic rather than a particular theory or method. Instead, it is lens through which to see aging, specifically through how experience is put into story form and what those stories say.

Another important feature of narrative gerontology is that it is not limited to stories alone or the use of stories as a form of data but also considers how various dimensions of stories (e.g., plot, word choices, themes, genre) can help build synergistic links of knowledge about growing older between and within disciplines (de Medeiros, 2011; Kenyon, Ruth, & Mader, 1999). As narrative gerontology has evolved in concept and scope, so have methods, analytical strategies, and interpretive stances. The next section explores some of the ways in which narratives have been used in various disciplines which focus on later life. Subsequent sections take a closer look at different analytical strategies.

Overview of Narrative in Research by Discipline

Given the multi-disciplinary nature of gerontology, how narratives are defined, obtained, and used can differ slightly. The following provides some examples of how narratives are used in different disciplines.

Anthropology. For anthropologists, “narrative” may focus on stories of and about cultures, including the culturally constructed self. This type of narrative research, therefore, extends beyond the story itself and instead encompasses the larger cultural factors (e.g., values, norms, ideals) that influence how narratives are told and what they mean. Such narratives may be analyzed for overarching themes, or presented in the form of case studies for a focus on particular participants. For example, Barbara Myerhoff’s (1980) well-known work about a retirement community in California was based on stories told by the informants about their experiences. Her goal was to understand the culture of the community through the stories people told. Other anthropologists have used narratives to understand cultural constructions of later life experiences such as being childless (Rubinstein, 1987), suffering (Black & Rubinstein, 2004), and generativity (Rubinstein, Girling, de Medeiros, Brazda, & Hannum, 2014). Narratives in this discipline are typically oral, obtained through one-on-one, semi-structured interviews over a series of time or multiple interviews.

Humanities. Scholars from the humanities may use narratives, fictional or otherwise, to consider the ways in which perceptions of self and reality are filtered through the complexity of language and genre (e.g., autobiography, letter). The story is the focus in this perspective. Often, the narratives are written (e.g., a novel), but not always. Ray (2000), for example, used narratives written in a life story writing class to better understand older women’s constructions of self.

Medicine and Nursing. Physician Rita Charon (2011) practices a type of narrative that she calls narrative medicine. She describes the “novelization of the body” in medicine or “the exposure of the body’s plot, form, voice, temporality, and governing images” (p. 47). For her, narratives unfold in clinical encounters between clinicians and patients. The role of the clinician is to elicit such narratives and, through careful listening, gain insight into what the patient is experiencing. The field of nursing has used narratives in a similar way (Burnside, 1996; Jones, 2003), sometimes combined with reminiscence or life review techniques. As with narrative medicine, the goal is to gain an understanding of the person and, as a clinician, to help address that person’s need in the best way possible.

Psychology. In slight contrast, narratives in psychology are often more linked to understanding the context of behaviors or emotions than on the story itself. The focus on narratives in this case is on the explanation they can provide for a given action or outcome as opposed to narratives acting as a way to better understand the cultural milieu. These narratives may be analyzed for specific details (e.g., names of people or events), for grammatical structure (e.g., use of passive voice) or other features that

provide insight into a person's inner world. Narratives have also been used to understand mental health issues such as depression (de Medeiros & Rubinstein, 2015) and as an intervention to improve memory performance and self-concept (Bluck & Levine, 1998; de Medeiros, Mosby, Hanley, Pedraza, & Brandt, 2011; Labov, 2003)

Public Policy. Narrative research in the realm of public policy explores how stories are strategically constructed and positioned to exert influence (Clark, 2007). In other words, using stories (e.g., experiences of older people with housing challenges) to create a larger narrative for action (e.g., increased government support for housing) is one way that narratives are used in policy. Another approach involves studying the way that policy arguments are made (i.e., the stories that they tell) to better position counter-arguments.

Sociology. Although sociology has long recognized the importance of personal narratives and individual lives (Elliott, 2005), many have pointed to tension between quantitative and qualitative approaches (Richardson, 1990). Sociologist Arthur Frank (1991), used his own experience with cancer to create an illness narrative. Using an approach he calls "thinking with stories," Frank (1998) argues that rather than acting on stories, as in the role of "expert" or analyst, people should let stories act on them (Frank, 2010). In other words, rather than coming to a narrative with a pre-formed idea of what the narrative should be or should express and a sense of professional distance from emotions, listeners/readers should open themselves up to emotional possibilities.

Interviews, Stories and Analysis

The past section discussed some of the ways that narratives are used in disciplines to understand experience. This section will provide more information on narratives can be elicited and analyzed. As mentioned earlier, narratives can be oral or written. How one obtains the narrative will greatly affect what is told through the narrative. Also important to consider are the many stories that occur within a story, the big stories and small stories. Finally, various analytical approaches can bring out different aspects of what's being told beyond the basic plot and action.

Eliciting a narrative. A question that invites a responder to tell a story (e.g., "tell me about a time when you were afraid") is different than a question that invites a responder to provide an answer (e.g., "Have you ever been afraid?"). In the first, the interviewer is asking for a story. In the second, the interviewer seems to be asking for a "yes" or "no" response and will likely not elicit a narrative. How a question is asked is very important when doing narrative work.

Eliciting a narrative can be as simple as asking, "Can you tell me a story about x." However, the interviewer (in the case of an oral interview) or listener/reader plays a significant role in shaping what stories are voiced. Consequently, stories may not represent some hidden "truth" about the responder but may simply serve to reconfirm what the interviewer had expected in the first place. Consider a questions by an in-

interviewer to a responder: “Tell me about a time when you were frightened about your health?” If the responder begins a story that is seemingly unrelated, (e.g., “Well, I come from a large family in the East”), the interviewer may be tempted to interrupt to keep the responder on track (e.g., “Could you just tell me about when you were frightened about your health?”). In this example, the resulting story may be one that the interviewer is interested in but not necessarily one that is important to the responder. The responder will quickly “learn” what the interviewer wants to hear and will alter his or her responses accordingly. It is therefore important to be aware of how the interviewer, questions, narrative type, or other considerations shape what stories are being told.

As mentioned earlier, genre or literary form can also shape what is told. Genres such as autobiography or traditional life story approaches, can also limit the types of stories that are told. Autobiography, for example, is a genre that developed based on the public accomplishments of men. Life stories, which often use a memoir format, also predispose the writer to highlight publically recognizable milestones in a person’s life, such as marriage, education, career. Although these may be important to some aspects of the person, other important experiences may be entirely omitted due to the limits of the genre. Often times, though, the potential of narrative is not realized because of limitations in how the narrative is obtained.

However, many times, researchers look for “spontaneous” stories or stories that occur as a result of another action or question. For example, researchers studying a topic such as pain in later life might want to know about the types of stories people tell in relation to their own pain. They may therefore ask to tell a story when pain was unbearable or when the person first became aware of pain. This will elicit a different response than simply asking if the person had experienced pain. Of course, stories about pain may emerge in a question asking about a life story. This latter example is the type of spontaneous story that can occur outside of the interview question.

Big stories and small stories

As mentioned earlier, there are roughly two types of narratives that one can study in the context of oral or written work: big stories and small stories. Bamberg (2006) and others distinguish between what they call big stories, or the fully developed, comprehensive narratives about our lives, and small stories which refer to types of narrative activities such as allusions to other stories or brief stories (in comparison to big stories) to include stories about events in the present and future as well as hypothetical events (Watson, 2007). Big stories are akin to over-arching narratives such as a complete story of one’s life or a full narrative on how one chose a career. Small stories are the “mini” stories that occur within the big story. For example, in a big story where a person tells about choosing a career, there are likely many small stories about friends, situations that came up during the process that challenged the career path, and other

seemingly small moments. To use an analogy, the big story is the chapter, the small story a few lines within the chapter.

Big stories are widely recognized as topics of research. For example, it is common in many gerontological research studies that use narrative to ask the responder to tell the story of his or her life or to tell a story about something, as was addressed in the previous section on eliciting narratives. However, what's often overlooked are the small stories that are embedded within the larger story. In the previous section, the example of a narrator who was seemingly getting sidetrack was used: Interviewer: "Tell me about a time when you were frightened about your health?" Responder: "Well, I come from a large family in the East". Although the response may at first seem off topic, it is actually a small story embedded within the larger story of becoming frightened about his or her health. These small stories can be analyzed on their own or juxtaposed to the larger story. Both approaches are discussed in the next section.

Analytical strategies. There are multiple analytical strategies one can use with oral or written narrative data. Much depends on the research question and the richness of the data available. This section will briefly describe eight strategies: 1) the entire story (Riessman, 1993); 2) bounded stories (Labov, 2003); 3) context of the story (Teun, 1997); 4) critical analysis (Clark, Kenyon, Bohlmeijer, & Randall, 2011); 5) indexicality and positioning (Watson, 2007); 6) temporal structure (Labov & Waletzky, 1967); and 7) thematic analysis and coding (Reissman, 2008). The first, the entire story, describes taking the big story at face value and considering questions such as what were the key events, what was the overall plot, and who were the main characters? In contrast, the bounded story (the second strategy) looks specifically at points in the text where there is a clear beginning, middle, and end. Bounded stories can be found in big stories and small stories. They can be a series of a few sentences or cover pages or minutes of talk. The third, context of the story, is described by Van Dijk (1997) as "the structure of those properties of the social situation that are systematically relevant for the discourse" (p. 11). These includes participants (to include not only the characters in the story but the salient characteristics of those characters such as gender, age, social position, and so on), setting, props and actions. Critical analysis involves questions such as: What genre is applied? Who is the author of the narrative? What are the constraints of the narrative? How might the narrative be different if told by someone else? What is the purpose? What type of language is being used?

Indexicality considers words, such as pronouns and other parts of speech that may have different meanings or referents depending on how or when they are used. Paying close attention to the actual word selection can provide new ways of interpreting a narrative. Positioning analysis examines the ways in which the speaker/writer alter their presentation based on either the response of the listener or the anticipated response of the reader (Davies & Harré, 1990). For example, in a narrative where a person is describing his or her age relative to another, the person may position him or herself as "old," "older," "younger," or some other category depending on who the listener or

anticipated reader is. The way in which the speaker/reader changes position, in relation to the listener/reader can provide insight into what perceived issues the speaker/writer is trying to address. In the case of positioning one's self as older or younger, the position that the speaker/writer takes says a lot about how he or she views him or herself in relation to others.

Temporal structure analysis examines the order in which events are unfolded in a narrative (Labov & Waletzky, 1967). As mentioned earlier, theorist such as Labov (2003) have argued that the order of events disclosed cannot be changed without changing the inferred sequence of events. Questions that one might consider in a temporal analysis are: Why are these events disclosed in this particular way? Are they chronologically based? If not, why? What does the speaker/writer hope to convey through the way in which events are ordered? Finally, thematic analysis looks at overarching patterns within the narrative (Riessman, 1993, 2007). Themes go beyond the structural aspects of the narratives themselves and instead speak to some larger meaning. This refers back to Mishler's (1986) perspective mentioned earlier which suggests that despite being limited by the ways in which a story can be told, narrators still work to convey a larger sense of meaning that exists beyond the structural aspects of the story itself. For example, in a narrative about moving from one home to another, an overarching theme might be something like "home as identity." In this respect, the analysis is not so concerned about the discrete patterns of speech used or events disclosed but rather is concerned with exploring some of the larger meaning units within the story. Overall, as with all research, the analytical method will depend on the research question and the data available.

Key Considerations Regarding Narratives and Narrative Data

Other key considerations related to narrative gerontology include issues of power, master narratives, the role of narrative forms, and language itself. Issues of power related to storytelling include which person or groups of people get to tell their story and which do not; what types of stories are privileged, and language as power. For example, stories by people with dementia are often not included in narrative work. Instead, their stories are "re-interpreted" and told by others. There is also very little narrative work involving ethnic and racial minorities, people who are economically or socially disadvantaged, and other marginalized groups. To understand the experience of older age, it is important to include the stories from all groups of older adults rather than focus on select groups.

Another consideration is the role of master narratives and counter stories (Nelson & Lindemann, 2001). For example, many narrative approaches (e.g., interviews, writing groups) are based on the assumption that the past is most relevant to an older person. It is common to ask about a person's past, where he/she worked, historical events that he/she may have witnessed, and so forth. This forms a master narrative of nostalgia,

thereby creating an expectation by both the speaker/writer and listener/reader that stories about the past are the most important stories for older people. This assumption may not allow stories about a person's hopes, plans and dreams for the future. Another example of a master cultural narrative can be found in the United States' ideal of "rags to riches." This master cultural narrative forms an expectation that anyone who works hard enough can succeed. It ignores social structures and inequalities that complicate this narrative. A counter narrative would be one that challenges this stereotype by describing an experience or situation whereby such a transition is not possible (e.g., a poor child who does not have access to quality education and is therefore severely disadvantaged in succeeding.) Recognizing master cultural narratives is important since they may be providing pre-established plotlines that do not reflect the person's experience.

Finally, language has been described as a tool of empowerment or disempowerment. Social constructionists have argued that language, as the vehicle for communicating social norms and realities, influences experience and perceptions of power. For example, regional accents that differ from the accents of the dominant group can cause one group to be perceived as less capable than other. As mentioned earlier, "language" also encompasses the repertoire of narrative forms that are available to the speaker/writer. Narrative researchers should therefore be aware of the array of contexts in which the narratives are produced.

Summary

Overall, narrative gerontology is not limited to one perspective or approach but instead encompasses many perspectives linked to storying experience. Different specific disciplines may have particular ways in which they use narratives, but narrative gerontology is not bound to any one disciplinary perspective. Rather, approach will depend on what knowledge is being sought, what data are available, and what unique features emerge in the narratives obtained. Future developments in the field include the concept of narrative care, introduced by Gary Kenyon and William Randall, which describes narrative research and practice with respects to intervention. In this respect, narratives become more than ways to understand experience but instead become vehicles for change.

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