

Narrative as Construct and Construction

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Narrative is a fundamental human way of giving meaning to experience. In both telling and interpreting experiences, narrative mediates between an inner world of thought-feeling and an outer world of observable actions and states of affairs (J. Bruner 1986; Carrithers 1992; Mattingly and Garro 1994; Mattingly 1998a). Creating a narrative, as well as attending to one, is an active and constructive process—one that depends on both personal and cultural resources. Stories can provide a powerful medium for learning and gaining understanding about others by affording a context for insights into what one has not personally experienced. By reading, for example, Laura Bohannon's (1966) account of the lively interchange that occurred when she was cajoled into telling a story to a group of Tiv men in West Africa during her field research, we come to share, albeit vicariously and partially, in this experience and the understanding that it engendered. Initially she is confident that Shakespeare's *Hamlet* has "only one possible interpretation" as "the general plot and motivation of the greater tragedies would always be clear—everywhere—although some details of custom might have to be explained and difficulties of translation might produce other slight changes" (1966:28). She views this storytelling occasion as her "chance to prove *Hamlet* universally intelligible" (29). Instead, her telling brings about numerous opportunities for Tiv elders to present alternative interpretations of why the story unfolds as it does, thereby instructing her about its "true meaning" (for, as they tell Bohannon as she nears the end of the

story, "it is clear that the elders of your country have never told you what the story really means" [33]). One of many such instances occurs when Bohannon explains that Hamlet seeks to kill his uncle, who is also his father's murderer, and by this act to avenge his father's death. She recounts:

This time I had shocked my audience seriously. "For a man to raise his hand against his father's brother and the one who has become his father—that is a terrible thing. The elders ought to let such a man be bewitched."

I nibbled at my kola nut in some perplexity, then pointed out that after all the man had killed Hamlet's father.

"No," pronounced the old man, speaking less to me than to the young men sitting behind the elders. "If your father's brother has killed your father, you must appeal to your father's age mates; *they* may avenge him. No man may use violence against his senior relatives." Another thought struck him. "But if his father's brother had indeed been wicked enough to bewitch Hamlet and make him mad that would be a good story indeed, for it would be his fault that Hamlet, being mad, no longer had any sense and thus was ready to kill his father's brother."

There was a murmur of applause. *Hamlet* was again a good story to them, but it no longer seemed quite the same story to me. (Bohannon 1966:32)

For the listeners, hearing the story sets in motion a search for meaning among possible meanings (Iser 1978). By the end of Bohannon's article, the key events have remained the same, but alternative interpretations of these events have been put forward, recastings consistent with Tiv understandings of the social and moral order. A co-constructed narrative emerges through the push and pull between Bohannon's telling of a story world and the world where the story is told.

Exploring narrative as a theoretical construct provides a broader context for considering what happened in this particular telling, in this particular co-construction of *Hamlet*. The claim that narrative is a fundamental mode of thought has been eloquently put forward by Jerome Bruner. He contends that narrative offers a way of "ordering experience, of constructing reality" (1986:11) that deals in "intention and action and the vicissitudes and consequences that mark their course" (13). Bruner follows literary critic Algirdas Julien Greimas in arguing that a story constructs two landscapes, one of action and another of consciousness. The landscape of action focuses on what actors do in particular situations. The landscape of consciousness concerns "what those involved in the action know, think, or feel, or do not know, think, or feel. The two landscapes are essential and distinct: it is the difference between Oedipus sharing Jocasta's bed before and after he learns from the

messenger that she is his mother" (J. Bruner 1986:14). Comprehending the plot of a story means "therefore to have some notion of the changes in an inner landscape of thought in the participants as well as the outer landscape of events" (Carrithers 1992:84). The meaning one attributes to emplotted events reflects expectations and understandings gained through participating in a specific social and moral world. The Tiv elders make sense of the events recounted in the story of *Hamlet* by filling in what they perceive as gaps and reframing what the main actors must have thought and felt in order to act the way they did. Even though *Hamlet* is a story from another cultural world, it is understood by the listeners with reference to their own involvements with the world. And through Bohannon's interactions with the elders, she comes to better understand the emotional, moral, and social grounding of the Tiv through the version of the story they construct. As a "powerful means of socializing values and world views to children and other intimates" (Capps and Ochs 1995:13), narrative mediates emergent constructions of reality. And, finally, narrative is open to alternative readings, as can be seen in the elder's deliberations quoted earlier, as it traffics in "human possibilities rather than settled certainties" (J. Bruner 1986:26).

From his studies of storytelling among urban youths in the United States, William Labov tells us that the most important narrative question a storyteller must answer (and answer so well that the question is never explicitly raised) is "So what?" (Labov 1972, 1981; Labov and Waletzky 1967). The interventions by the Tiv elders serve to keep Bohannon's rendition of *Hamlet* on track so that ultimately it is judged "a very good story" (Bohannon 1966:33). In contrast, a failed story is one that leaves the audience wondering why anyone bothered to tell it. A story may be well formed from a purely structural perspective, and it may have a clear "point," but if the audience doesn't know why the point matters to them, if the events in the story never touch them, then the story doesn't work.

EMERGENCE OF NARRATIVE THEORY IN ANTHROPOLOGY

This implicit "So what?" narrative question can be leveled at the recent proliferation of narrative studies in anthropology. What is suddenly so appealing about stories, about narrative? After all, there is nothing recent about the entrance of stories into anthropology. Anthropologists are quite accustomed to overhearing, eliciting, and analyzing stories told

by their interlocutors as a standard part of their cultural investigations. They have studied myths, folktales, and proverbs, a culture's repertoire of well-known tales. They have long been interested in stories of personal experience in the form of life histories (e.g., Radin [1926] 1983; Peacock and Holland 1993; Crapanzano 1977, 1984; G. Frank 1996, 2000; Langness and Frank 1981). Linguistic anthropologists and folklorists have also studied naturally occurring personal stories, such as gossip or the "tall tale," which emerge as a casual part of everyday social discourse (e.g., Baumann 1986; Briggs 1996). Although social and cultural anthropologists have always dealt in stories (their own and those of their informants), they have not always explicitly heeded the fact that so much of their data has come in narrative form. With the notable exception of studies influenced by linguistics (e.g., Hymes 1981; Brenneis 1984, 1996; C. Goodwin 1984; M. H. Goodwin 1990; Haviland 1977, 1996; Ochs, Smith, and Taylor 1996; Brenneis and Lein, 1977; Capps and Ochs 1995; Ochs and Capps in press), this neglect has been especially marked when it comes to personal tales through which a teller might couch an experience or recount to an audience important events in the social world. Even when anthropologists have been highly cognizant of the aesthetic qualities of a culture's enduring myths and folktales, they have not always been so keenly aware that the personal stories they were hearing might be more than transparent mediums for communicating significant social facts.

Lately, however, things have changed. Anthropologists are noticing stories everywhere. Furthermore, they are paying increasing attention to the complex relation between narrative form, narrative performance, and referential content. While interest in narrative cannot be described as new, what characterizes the recent surge of attention among a wide range of scholars is the pronounced concern to take stories seriously. With regard to the life history tradition, for example, critiques pointing to the neglect of the life story as text or as oral performance (Crapanzano 1980; Peacock and Holland 1993; Agar 1980; Chamberlain and Thompson 1998) have contributed to a renewed interest and an enhanced appreciation of the complexities involved in representing and analyzing life stories. Overall, anthropologists are less content to treat stories as the accidental form in which the data come—a critical attentiveness that extends to work in medical anthropology. A more extended discussion of this critical attentiveness is offered in the closing chapter.

As part of their exploration of narrative, anthropologists have introduced constructs drawn from a range of disciplines—linguistics, literary

theory, history, cognitive psychology, philosophy—to investigate relations between narrative form and narrative content, between an individual's stories of personal experience and cultural knowledge, or narrative as communicative act. There has been a concern for the pragmatics of narrative, how interlocutors are "doing things with stories," and how, therefore, narratives carry rhetorical weight. Increased awareness about narrative as form and rhetorical practice has also added a critical dimension to anthropological discourse. At the same time, anthropologists have begun to wonder what is and what is not useful in the efflorescence of narrative theorizing that pervades the writing of so many contemporary anthropologists.

This volume has been inspired by the possibilities of narrative, that is, how narratives from healers and patients serve to illuminate aspects of practices and experiences that surround illness but might not otherwise be recognized. It has also been inspired by the possibilities of increased theoretical consciousness with regard to the elicitation and analysis of narratives of illness and healing. What can be learned by taking a comparative look at the range of narrative theories and styles of narrative analysis being used by anthropologists to make sense of their ethnographic data? Do divergent strategies of narrative analysis offer different ways to understand illness and healing? Does the focus on narrative detract from or conceal other, more fruitful, avenues for exploring the experiences of illness and the practices of healing? The essays in this collection, taken together, explore just these kinds of questions and do so by offering a range of answers.

The idea for this volume developed gradually. Our initial collaboration—a symposium organized for the 1990 American Anthropological Association (AAA) meetings—was sparked by our mutual curiosity about the quite different perspectives we each bring to our work on narrative. While we each consider problems relevant to medical anthropology, one of us (Mattingly) is primarily concerned with the relation between narrative and lived experience, drawing extensively on literary and philosophical perspectives, while the other (Garro) is concerned with narrative as a way to relate the study of culture to the study of mind. Many of the papers from this first symposium later appeared in a special issue of *Social Science and Medicine* entitled *Narrative Representations of Illness and Healing* (Garro and Mattingly 1994).

Our enduring interest in exploring alternative modes of narrative analysis germane to medical anthropology led to a second AAA symposium and subsequently to the essays in this book. Chapters by anthro-

pologists predominate, but there are also contributions from individuals trained in sociology, psychiatry, and psychology. In narrative studies it makes little sense to band together in exclusionary disciplinary tribes. There is too much to be gained from cross-fertilizations that draw widely upon the social sciences, as well as literature, history, and philosophy. And, indeed, the essays in this book rely upon a broad range of analytic approaches: phenomenological, literary, critical, cognitive, linguistic, constructivist, hermeneutic, and autobiographical. While these approaches do not represent stable or mutually exclusive systems of thought, they have emerged from various home disciplines that often define narrative in distinct ways.

In forming this collection, we also encouraged contributions from scholars with a skepticism about the recent enthusiasm for narrative. Several of the chapters raise questions about prevailing trends in narrative theory or widespread assumptions about narrative. Some ask how adequately narrative models capture cultural life, social action, or personal experience and wonder what is likely to be neglected by a reliance on a narrative model of social life. We believe these critical voices are essential if narrative analysis is to offer an enduring contribution to medical anthropology and not merely a fashionable gloss on interpretations that gain no analytic depth from being dressed up as narrative theory.

This introductory chapter serves as a backdrop situating these papers within broader trends, trends confined neither to medical anthropology nor to cultural anthropology more generally, but extending into diverse disciplines. The recent emphasis on narrative in cultural studies of illness and healing is part of a very deep and broad contemporary current. One may reasonably claim, as Jerome Bruner does in *Acts of Meaning* (1990, also 1996), that there is now a narrative turn on the horizon of the human sciences. This turn has had a powerful influence in cross-cultural studies of illness and healing.

NARRATIVE IN MEDICINE

The centrality of narrative to some forms of therapeutic practice dates at least to the end of the nineteenth century in the writings of Sigmund Freud. A primary assumption of Freud's psychoanalytic theory is that "the symptom carries a meaning and is connected with the experience of the patient" (Freud 1920:221). Freud is portrayed by Donald Spence (1982:21) as a "master" of "the narrative tradition" who had the ability to take "pieces of the patient's associations, dreams, and memories"

and to weave them into a coherent pattern that integrates and makes sense of "previously random happenings" and memories.

Freud made us aware of the persuasive power of the coherent narrative—in particular, of the way in which an aptly chosen reconstruction can fill the gap between two apparently unrelated events, and in the process, make sense out of nonsense. There seems no doubt but that a well-constructed story possesses a kind of narrative truth that is real and immediate and carries an important significance for the process of therapeutic change. (Spence 1982:21)

Contemporary psychotherapeutic practices continue to stress the role of narrative in decoding and reframing the past to make sense of the present and provide an orientation for the future. Young (1995) studied a Veterans Administration psychiatric facility specializing in the diagnosis and treatment of war-related posttraumatic stress disorder (PTSD). A basic assumption of the treatment program is that in order for a patient to recover, the traumatic memory must be recalled and told to others: "The memory/narrative is the Rosetta stone of his disorder. The patient's postwar histories are generally saturated with misfortune and failure. . . . A properly decoded traumatic memory gives the chaotic surface a coherent subtext" (Young 1995:185).¹ Waitzkin and Magaña, writing about their therapeutic work with Central American refugees who have experienced severe trauma, point to "the importance of a patient's enunciating a coherent narrative . . . as a critical component of the healing process" (Waitzkin and Magaña 1997:822).

Taking a somewhat broader sweep, Eisenberg has suggested that the co-construction of a tenable account between the patient and healer is an important part of clinical care and psychiatric practice:

The decision to seek medical consultation is a request for interpretation. . . . Patient and doctor together reconstruct the meanings of events in a shared mythopoesis. . . . Once things fall into place, once experience and interpretation appear to coincide, once the patient has a coherent "explanation" which leaves him no longer feeling the victim of the inexplicable and the uncontrollable, the symptoms are, usually, exorcised. (Eisenberg 1981:245)

Writing about narrative processes in psychotherapeutic interactions, Capps and Ochs (1995:176) maintain that "telling and retelling experiences" provide the opportunity for collaborations between therapist and client in developing "alternative versions of stories" that "create new understandings" while also conveying "a revised view of self and others that not only reshapes the past but creates new paths for the future."

In recent years there has been increased attention to the processual and hermeneutic nature of psychotherapeutic practices (e.g., Kirmayer

1994; Schafer 1981, 1992; Spence 1982). For example, concern with how a therapist "functions more as a pattern maker than a pattern finder" (Spence 1982:293) has led to research illuminating how the therapist works to shape an emerging narrative with the patient to be compatible with the narrative expectations of preexisting theories or ideologies. Situations in which patients and therapists converge on a co-constructed account, as well those in which they do not, shed light on the interactive dynamics and structural relationships in clinical encounters (e.g., Kirmayer this volume; Waitzkin and Britt 1993; Young 1995).

Despite this recognition of the role of narrative in the clinical specialty of psychiatry, a specialty that is "regarded as marginal by the rest of biomedicine" (Kleinman 1995:2), much of Western medicine can be described as traditionally hostile to connotative discourse. But this legacy is eroding. As Good (1994) points out, a crisis of representation has found its way into the world of the clinic. Narrative has constituted an alternative mode of representation that is somehow more appropriate to certain aspects of clinical experience (M. Good 1995; M. Good et al. 1992; Hunter 1991; Mattingly 1998b; Brody 1987). Clinicians themselves have also recognized the narrative qualities of their work (e.g., Coles 1989; Eisenberg 1981; Sacks 1987b, 1995; Luria 1968, 1972; Zimmerman and Dickerson 1994).

What has drawn the clinical community to narrative? One reason is that narrative foregrounds the human dramas surrounding illness. This is wonderfully expressed by the neurologist Oliver Sacks. Speaking critically of authorized medical discourse, he distinguishes the traditional medical history from narrative proper in which the "human subject" rather than the pathology is the central character. "Such [medical] histories," he writes,

are a form of natural history—but they tell us nothing about the individual and his history; they convey nothing of the person, and the experience of the person, as he faces, and struggles to survive, his disease. There is no "subject" in a narrow case history; modern case histories allude to the subject in a cursory phrase ("a trisomic albino female of 21") which could as well apply to a rat as a human being. (1987b:viii)

Sacks advocates narrative discourse as a way to bring persons, with their particular experiences of illness, into focus:

To restore the human subject at the center—the suffering, afflicted, fighting, human subject—we must deepen a case history to a narrative or tale; only then do we have a "who" as well as a "what," a real person, a patient, in relation to disease—in relation to the physical. (1987b:viii)

Through his writings and his therapeutic practices, Sacks, like Luria before him, envisions the possibilities of a "romantic science" that "treats analytic science and synthetic biography of the individual case as essentially complementary" (Cole 1996:346) and can be portrayed as "the dream of a novelist and a scientist combined" (Sacks 1987a:xii).²

Much recent work argues the need to get at illness experience through illness narratives (e.g., Kleinman 1988, 1995; Broyard 1992; Frank 1995). Physicians have published accounts of their own afflictions and encounters with the medical profession, typically conveying their hard-won realization that there is more to the story of being a patient than can be captured by a medical synopsis or charted medical history. Such "wounded healers" have written about how their experiences have significantly affected or transformed the way they think about their broader lives as well their understanding of the medical profession and its practices (Hahn 1995:254; for an insightful review of a number of accounts written by physicians, see Hahn 1995:ch. 9; for a case example of a "wounded healer," see Kleinman 1988:211-13). An important thread in the literature which has emerged from or is directed toward the clinical community and aspires to reorient medical practices in society, is the need to distinguish disease, as phenomena seen from the practitioner's perspective (from the outside), from illness, as phenomena seen from the perspective of the sufferer. Writing as both physician and anthropologist, Kleinman (1988:3) turns to illness narratives to impart "the innately human experience of symptoms and suffering."

WHAT IS A STORY?

Before looking more closely at the implications of this narrative shift in medical anthropology, we attempt to come to grips with what is meant by a story and then to explore some of the different uses of the narrative form. In ordinary speech and in much scholarly writing, there is a certain tendency to treat a story as a "natural" object that needs no explaining, which one can somehow just point to. Yet it is plagued by a kind of pervasiveness, an unboundedness. It is as common as air. When are we not telling or hearing stories? More diffusely, if identity itself is essentially a narrative matter, as many have suggested (e.g., MacIntyre 1981; Polkinghorne 1991; Gergen and Gergen 1997), is there anything in human life that is *not* a story? Are we always living out stories? Some would argue that even science itself is essentially a storytelling enterprise (Landau 1997; MacIntyre 1980). Provocative as these claims are, the far

reach of narrative means that rather than having any stable meaning, this term is flung far and wide.

Without attempting to offer anything too precise, we propose a few remarks about the nature of stories that hold generally true across cultures and analytic traditions and turn out to be significant when we try to understand why narrative analysis has become so powerful in studies of illness and healing. If we begin, very simply, by noting that stories seem to offer some fundamental way to make sense of experience, this already suggests that there is some basic form which we call "a story," that underneath the extreme variability of kinds of stories, functions of stories, and situations of telling, there exists a shared core, a fundamental "storyness" belonging to all particular stories. French structuralists, following the Russian formalists (notably Propp 1968) who studied fairy tales, have been energetic advocates and explorers in the search for fundamental narrative form. This exploration has come under serious attack, even by its own early enthusiasts. Roland Barthes, one of those early narratologists, later offered one of the most succinct criticisms in literary theory of the whole enterprise. He opens *S/Z* with this:

There are said to be certain Buddhists whose ascetic practices enable them to see a whole landscape in a bean. Precisely what the first analysts of narrative were attempting: to see all the world's stories (and there have been ever so many) within a single structure: we shall, they thought, extract from each tale its model, then out of these models we shall make a great narrative structure, which we shall reapply (for verification) to any one narrative: a task as exhausting (ninety-nine percent perspiration, as the saying goes) as it is ultimately undesirable, for the text thereby loses its difference. (1974:3)

No tight formal model of story may actually exist, or, if it can be constructed, it may turn out to be a foolishly empty category, a useless abstraction, as Barthes suggests. Although there may well be no fundamental narrative structure to uncover, nor any simple and consistent notion of "story," this does not mean that less ambitious structural endeavors are fruitless or that creating a language in aid of such an enterprise is foolish. And, as it happens, a few things about the nature of stories can reliably be noted. Most basic, stories concern action, more specifically human or humanlike action, even more specifically, social interaction. They offer us "dramatistic" forays into social life (Burke 1945), exploring the meaning of events by linking motive, act, and consequence. Some would even claim that in this chaining they offer causal explanations of events (Fisher 1997; Mattingly 1991a, 1998b), a claim

made compellingly by Aristotle (1970), for whom narrative plot was a form of moral argument.

Stories also concern events as experienced and suffered through by quite specific actors. They allow us (the audience) to infer something about what it *feels like* to be in that story world, that is, they give form to feeling (Langer 1953). Telling a story is a "relational act" that necessarily implicates the audience (Linde 1993:112-13). Stories are intended to be evocative and provocative. Story language is very often image-dense, connotative rather than denotative (Jakobson 1960). Furthermore, following a story, especially one rich in metaphor and featuring highly charged human dramas, provokes an experience in the audience. Put another way, following a compelling story is no mere abstract matter; it involves an imaginative journey into a story world.

A story, an effective one at least, not only is about something but also *does* something. This is what John Austin (1962) designates the perlocutionary and illocutionary functions of language. Austin speaks of two ways in which words do things. One, much more thoroughly discussed by anthropologists, he labels the "illocutionary function." This involves saying something in a conventional situation (say, a ritual), in which the saying is a performance of a cultural act, for instance, baptizing a child or marrying a couple. Inefficacy of an illocutionary act is a public matter, a matter of infraction of some socially agreed upon conventions. But a perlocutionary act is much less clear or predictable in its outcome. Because efficacy depends upon the rhetorical power of words to persuade and influence the listener, the audience plays an active role in the creation of meaning. It works, as an action, if it can engender certain effects in the listener. In telling stories narrators moralize the events they recount and seek to convince others to see some part of reality in a particular way. But whether this occurs depends upon what sort of contract the listener is willing to make. Stories are very often acts of this particularly vulnerable kind.³ If they have power as actions, this only comes through developing a particular kind of relationship between teller (or text) and audience, one in which the listener comes to care about the events recounted.

Telling stories allows narrators to communicate what is significant in their lives, how things matter to them (Rosaldo 1986:98). Narratives offer a powerful way to shape conduct because they have something to say about what gives life meaning, what is inspiring in our lives, what is dangerous and worth taking risks for. Compelling stories move us to see life

(and to act out life) in one way rather than another. Interestingly, this is not because stories tell us about the usual round of affairs. As Rosaldo (1986:98) points out: "Narratives often reveal more about what can make life worth living than about how it is routinely lived." This very focus on the singular can reveal what is worth risk and struggle, what situations matter enough that actors are "in suspense" about what will happen next.

THE NARRATIVE CONSTRUCT: TERMINOLOGICAL MATTERS (AND MUDDLES)

Some, like Wikan in this volume, question whether anything at all is added by the construct of narrative that is not already contained in "story." And indeed, when one begins to examine narrative studies, the welter of confusing categories can prove daunting and even obfuscating. For something that starts out to be such an intuitively obvious act (telling a story), the specialized vocabulary that has grown up around it can appear to mask more than it illuminates. In this chapter and throughout this volume, narrative and story are often used interchangeably. In some schools of narrative analysis, however, the terms have come to designate two quite distinct phenomena—though what these entities are depends upon which school of analysis one turns to. As well, other terms have been advanced either to be consistent with preexisting positions or to stake out new terrain. Despite such semantic confusion, there are several specific theoretical grounds for elaborating terminology which make it possible to distinguish different sorts of narrative phenomena.

In much of literary theory, maintaining a narrative construct that is separate from story serves to mark the artifice of the text where *narrative* or *discourse* refers to the discursive rendering and 'story' (or 'fabula' or 'histoire') to the underlying events that the narrative recounts. Scholars draw upon this distinction to portray the aesthetic reworkings of sequential time, which are an integral part of creating a compelling plot. The literary critic Culler notes the importance and prevalence of this convention within structuralist literary theory, stating that "if these theorists agree on anything it is this: that the theory of narrative requires a distinction between what I shall call 'story'—a sequence of actions or events, conceived as independent of their manifestation in discourse—and what I shall call 'discourse,' the discursive presentation of events" (1981:169–70). This convention underscores that any narrative that is told (or written) necessarily changes the structure of the original events,

which literary critics often take to be a simple chronology (Bal 1985). In literary circles, this differentiation expresses a view not only that there is a gap between narrative discourse and life as lived but also that any narrative text (whether purportedly true or not) is a "distortion" of the events recounted (Genette 1982; Forster 1927; White 1980). Thus the convention belongs to a literary movement associated with both modernism and postmodernism in which representation itself becomes an object of study and one is never allowed to forget that any representation colors our view of the world portrayed.

Others, working within linguistic traditions, may follow Roman Jakobson's (1971) work and distinguish "narrated events" from "narrative events." The folklorist Richard Bauman argues that both narrated events and narrative events emerge in the process of performance itself: "The narrated event, as one dimension of the story's meaning, evoked by formal verbal means in the narrative text, is in this respect emergent in performance, whatever the external status of the narrated event may be, whether it in some sense 'actually occurred' or is narratively constructed by participants out of cultural knowledge of how events are—or are not, or may be—constituted in social life" (1986:6). In this differentiation, there is no prior chronology of events that exist in some way outside the story performance. There is nothing "out there" waiting to be narrated.

Along quite different lines, scholars have differentiated between individual stories and their underlying hypothesized organizational principles, structures, or patterns. For instance, a prevailing construct in cognitive theories across various disciplines is that of a schema (D'Andrade 1992). Schemas are interpretive processes, integral to the constructive nature of cognition, which mediate our understanding of the world. For both teller and audience, schemas organize the hearing, telling, and remembering of stories. Schemas are involved in conveying the specifics of a given story but also supply the narrative structures that characterize stories more generally. General-level story schemas or story grammars have been proposed by cognitive psychologists (e.g., Johnson and Mandler 1980, Mandler 1984, Mancuso 1986; for an anthropological application, see Mathews 1992). From such a perspective, it thus becomes possible to explore how any given oral story or text is "shaped by implicit theories of narrative and narration" (Neisser 1994:9).⁴

That these implicit narrative theories are culturally constituted is explicitly acknowledged by some psychologists. Bruner and Feldman note that the "facts" of the past, by themselves, "do not supply the pattern-

ing or schematic structure of narrated reports." They maintain that such narrated reports "must be constructed of cultural material." To shape one's past experiences, for example, "meaningfully into a public and communicable form," it is necessary to draw upon "narrative properties like genre and plot type that are widely shared within a culture, shared in a way that permits others to construe meaning the way the narrator has" (1996:293).

Within a culture, this two-level distinction—with particular instances of storytelling differentiated from but also linked with more general culturally based narrative patterns or properties—provides a way to theorize about what is shared across stories without disregarding the uniqueness of individual accounts. Holland and Kipnis (1994), in their analysis of stories of embarrassment in American culture, found that over 90 percent of the stories they collected were consistent with a four-step "prototypic event sequence" for embarrassment.

Along somewhat similar lines, Arthur Frank, a medical sociologist, uses *story* when "referring to the actual tales people tell" and *narrative* when discussing the general structural types that comprise various stories" (A. Frank 1995:188 n. 5). According to Frank: "A narrative type is the most general storyline that can be recognized underlying the plot and tensions of particular stories. People tell their own unique stories, but they compose these stories by adapting and combining narrative types that cultures make available" (A. Frank 1995:75; cf. Schank 1990; Bruner and Feldman 1996). Drawing on stories of illness in principally North American settings, Frank points to three underlying thematic types—"restitution," "chaos," and "quest" narratives—and explains that different narrative types can be present in the same story.

A final illustration of the value of differentiating between underlying narrative structure and the particularities of an individual story comes from research carried out by Allan Young at a U.S. Veterans Administration psychiatric unit specializing in the treatment of service-related PTSD. Young (1995) examines how treatment staff (referred to as "presenters") relate case histories at diagnostic sessions for discussion with other staff members. In analyzing the presenter's opening accounts about individual patients and the applicability of the PTSD diagnosis, Young found that while the *content* of the narrated accounts changes from case to case, the *structure* remains constant. He notes:

Listening to a presenter's opening account, it is easy to get the impression that narrative structure is intrinsic to the details provided by the interviewees, and that the structure of a presenter's narrative is also the structure of his inter-

viewer's life. In practice, the structure of these narratives exists prior to their content. Even before an interviewer has begun to collect his statements, the organization of this account is already in place, embedded in the composition and clustering of the questions making up his protocols. Even before his audience has heard all the details, they know, in a general way, what is coming next and how it all fits together: the structure of the account is presupposed in their knowledge of the account of PTSD provided in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*. (Young 1995:169-70)

Young's findings suggest that attending to underlying narrative structure may allow a researcher to see more clearly the imprint of institutionalized practices and ideology.

Yet another slant and terminology have been developed by scholars wishing to describe narrative patterning across stories told by the same individual at temporally discontinuous occasions or within extended discourse, for example, in research interviews, where what comes to be referred to as the individual's story is not necessarily bounded as a unit. The heterogeneous literature on self-narrative life history, or life story (see discussion in Peacock and Holland 1993 and Mishler 1995:95-96) brings together groupings of stories told by the same person, usually at different points in time. According to Linde (1993), the life story is a "particularly important" type of everyday discourse (3) as "every normal adult in this [American] culture engages in telling a life story in a more or less elaborated form" (43). A life story consists of "a set of stories that are retold in various forms over a long period of time and that are subject to revision and change as the speaker drops some old meanings and adds new meanings to portions of the life story" (219-20; cf. Fitzgerald 1996:369; Barclay and DeCooke 1988:120; Capps and Ochs 1995:14-15; Price 1995). Linde examines the variety of ways coherence is created and how the life story relates to the "internal, subjective sense of having a private life story that organizes our understanding of our past life, our current situation, and our imagined future" (11). According to Peacock and Holland (1993:374), life stories are "likely important in self-formation and self-expression, though not perhaps in all cultures."

As intimated in this last statement from Peacock and Holland, questions concerning the comparability of narrative forms or underlying narrative structures across cultural settings are likely to remain the subject of debate for some time to come. Linde, who provides an assessment of life histories in anthropology (1993:47-48), concludes that "the notion of a life story itself is not universal, but is the product of a particular

culture" (220). When Renato Rosaldo began his attempt to elicit a life history from Tukbaw, an Ilongot man, he shared in what he considered to be a common anthropological assumption that "the life history is a natural and universal narrative form" (Rosaldo 1976:145). A useful summary of what transpired between Rosaldo and Tukbaw is provided by Linde (1993:47-48). She informs us that Rosaldo:

found that his expectations that Tukbaw, his intelligent and introspective subject, would produce a deep and intricate life story were not fulfilled. Rather, Tukbaw's account focused on his public self and public actions, but hardly touched on what Rosaldo considered a necessary description of his private self. To obtain such material, Rosaldo found himself eliciting narratives that his informant never would have produced on his own. Life story narratives were not familiar discourse types in his informant's culture. Narratives were familiar; so stories of hunting expeditions, raids, and fishing trips were easy to elicit. But narratives about the self—particularly what we would call intimate or revealing narratives—were simply not known. (Linde 1993:47-48)

Rosaldo (1976:122) describes the elicitation of Tukbaw's life history as "an exploration of a little known cultural domain." This example highlights that while storytelling can be considered a universal activity, what are considered natural forms of discourse are likely to vary across cultural settings. In addition, it serves to underscore the potential for distortion when "life material is forced into the ethnographer's a priori (and Western) notion of biography or determined by the ethnographer's categories of inquiry" (Kendall 1988:12).

As this brief excursion into models of narrative analysis shows, the terminology surrounding studies of stories follows no single standard. What does hold across traditions is a need to elaborate a language in order to analyze that pervasive act—telling a story—and the relation of that apparently simple act to making decisions, taking future actions, making sense of experiences, and living a life. The infusion of new vocabulary into narrative studies also points to the contemporary power of narrative to capture a wide range of concerns, including a search for more dynamic and agent-centered ways to analyze key aspects of cultural life.

NARRATIVE AS CULTURAL PROCESS AND SOCIAL DRAMA

As narrative is constructed, narrative constructs. One theme that recurs throughout these essays is narrative as something that is enacted in specific contexts and reflects culturally based constructive processes.

These chapters explore stories as ways of thinking through the past, ways of making sense of ongoing situations and guides for future action. They repeatedly stress that narratives shape action just as actions shape stories told about them, and that stories suggest the course of future actions as well as giving form to past experience. The study of narrative becomes a place to explore cultural life as an unfolding personal and social drama.

Geertz (1980) has suggested that there is a broad shift within the human sciences from mechanistic to dramatic metaphors in the analysis of social life. If anthropologists once primarily saw societies as well-functioning machines or evolving organisms, there has lately been more inclination to think in terms of constructions, performances, enactments, contestations, plots, and counterplots. Narrative easily fits within this family of dramaturgical terms, which emphasize action, motive, event, and process as the key ingredients of social life. Narrative offers an avenue for exploring human temporality, the way we move through time (Ricoeur 1984, 1985, 1987). As the philosopher David Carr (1986:9) argues, "narrative structure pervades our very experience of time and social existence." Telling stories allows anthropologists to attend to temporality in cultural life, enabling them "to deal more directly with change, and thereby to make structural and symbolic studies more dynamic" (E. Bruner 1986a:141). When drama is a root metaphor, life becomes considerably less tidy, its social construction considerably more ambiguous and contested than in traditional structural-functional studies (Turner 1986; Turner and Bruner 1986; Laderman and Roseman 1996; Kapferer 1983; Hinchman and Hinchman 1997). A number of the essays in this volume emphasize illness and healing from the perspective of cultural drama, drawing upon narrative to emphasize how events and experiences are constructed through the complex interactions of agents who occupy different social positions, with differential access to power, and different points of view. The examination of narrative as both social and aesthetic practice connects to growing work in medical anthropology centering on what Laderman and Roseman call "the trope of 'performance'" (1996:3). There are several reasons for the ascendance of narrative, but a considerable one is how useful stories are in helping the anthropologist address life as an unfolding affair, an engagement of actors who very often find themselves in interpretive and practical struggles.

These struggles may concern not only individual contenders (or allies) but also a variety of moral and structural positions. The construc-

tive power of narrative becomes evident when noting its rhetorical force, a theme taken up by many of the essays included here. Because effective stories have perlocutionary power, they can influence the subsequent actions of narrator and audience. Powerful stories can shape future actions in decisive ways, and this only increases the complex and intertwined relation between telling stories and taking actions. The study of narrative has invited investigation of social life as an interplay of differently positioned actors and different moral and persuasive voices. A story, especially a personal story, allows us to see that—from other perspectives and/or through alternative “editing”—other stories might have been told. Even the seductive powers of the compelling story cannot easily disguise its status as a positioned account. Chapters by Riessman, Kirmayer, Wikan, Hunt, and Mattingly especially point toward the complex negotiations and contestations that often surround illness, ones that extend far beyond the illness itself into the very fabric of everyday social life. Chapters by Garro, Good and Good, and by Pollock reveal the way individual narratives become shaped by cultural norms and, in turn, contribute to the development or maintenance of those attitudes and values.

Narrative practices, including who is entitled to tell a story and when it can be told, “reflect and establish power relations in a wide range of domestic and community institutions” (Ochs and Capps 1996:35). Good (1994) writes of an interview situation in Turkey where family members entered into and dominated the telling of the illness story of a young daughter-in-law. Although she was present, the young woman, an outsider who had married into a powerful family, was not allowed to tell her story:

The image of her sitting quietly while the others told her story reminded us of local power relations in the pragmatics of narrative. Relations of power and gender are expressed not only in the structure of the story, in the point of view it assumes, but in the elementary framing of who is allowed to articulate the illness which belongs not to an individual but to a family. (1994:160)

Entitlement to tell the story of another’s illness, however, can also serve as a marker of other types of social relationships. Among the Australian Aborigines of Darwin fringe camps, for example, in cases where persons are “grabbed” by an illness that renders them dependent on others for care, only those who “rescue” the sick are empowered to later recount the story. The ill person is not considered to be of right mind and is not

aware of what transpired. But more than this, entitlement to narrate reflects an enduring social relationship, one of indebtedness incurred by the patient: “The debt between patient and caring helper lasts for as long as they both shall live” (Sansom 1982:188).

As many of the essays in this volume point out, the perspective taken in narrative accounts may reflect one’s sociocultural memberships, such as professional status (e.g., Hunt 1994; M. Good et al. 1994; Good and Good this volume; Pollock this volume), gender (e.g., Mathews 1992; Hunt this volume; Pollock this volume; Riessman this volume), or an individual’s story as drawing on a broader “collective autobiography” (Connerton 1989; see, e.g., Lang 1989; Garro 1995, this volume; White 1991).

Scholars from a variety of backgrounds have turned to narrative to examine questions of special concern to them. Interpretive theorists with a strong phenomenological bent have looked at narrative as a form for representing personal experience as well as at the ways narrative gives expression to and “domesticates” experience by rendering it in cultural form (e.g., Kleinman 1988; Becker 1997). Those concerned with narrative as enactment have examined storytelling as an aesthetic performance that does social work, and looked at the way stories help shape future actions as well as explore past actions (e.g., Kirmayer this volume; Mattingly 1994, 1998a, 1998b, this volume). Cognitive anthropologists have addressed the relationship between personal experience, individual understandings, and cultural models (e.g., Price 1987; Mathews, Lannin, and Mitchell 1994; Garro 1994, this volume). Sociolinguistically inclined studies have examined stories as speech acts, carefully noting the kinds of linguistic rules that govern the generation and suppression of particular narratives and how these communicative acts influence what can be discussed in social encounters (e.g., Brenneis 1996; Haviland 1996; Mishler 1986b).

NARRATIVE AND (ETHNOGRAPHIC) REPRESENTATION

As well as being part of a broad and deep current extending across diverse disciplines, the narrative turn within anthropology has gained momentum from internal critiques of culture theory and practice. Writing about three of the most influential approaches to the study of culture in the 1960s and 1970s—Levi-Straussian structuralism, the Chicago

school of symbolic anthropology, and ethnohistory—Shore notes that they

tended to give us disembodied systems, structures, or programs—knowledge without any particular knower in mind and structures of thought that lacked any flesh-and-blood thinkers. Real people were replaced by hypothetical entities—“the savage mind,” the “typical” or “average” members of a community. People appeared more as the passive sites of cultural programming than as purposeful agents, strategists, and meaning makers. . . . We came to know more about cultural systems in general than we did about people in particular. (Shore 1996:54)

In contrast, during the last two decades, “the agents of culture are no longer hypothetical or average natives but look like real individuals with specific histories, particular interests, and concrete strategies. Rather than as members of homogenous cultures, we now are more likely to conceive of our natives as enmeshed in complex power relations” (Shore 1996:55) and draw attention to the contested and emergent qualities of culture. As the preceding section illustrates, narrative meshes easily with this expansion of the anthropological gaze and has captured the attention of those wishing for an anthropology that allows the individual to emerge in all her particularity while exploring the relationship between the personal and the cultural.⁵ It has also been taken up by those who wish to explore how life (both social and individual) unfolds through time and by those who wish not only to speak of emotion but also to create it, to write from a place where the reader can also feel something. When we want to write an anthropology that “breaks your heart,” as Behar (1996) puts it, we tell stories.

Along with a narrative turn, anthropology has also taken a reflexive turn. Attention to anthropological practices—including the practice of telling its own and other people’s stories—has engendered an intensified interest in the role of narrative within anthropology. For some, this shifting of attention to narrative is linked to a perceived “crisis” in traditional modes of ethnographic representation (Fischer 1986). Increasingly, anthropologists tell not only the stories of others but personal stories as well. Ethnographies built around personal stories emphasize the “de-centered” character of anthropological research and introduce the anthropologist’s voice in no uncertain terms. Viewed in this way, autobiography may serve as a “handmaiden of ethnography” (Behar 1996:18). Traditional life histories are being reinvented as places in which personal stories and stories of one’s interlocutor co-mingle (Frank 2000). As Behar writes in her eloquent collection of essays, *The Vulner-*

able Observer, “The genres of life history and life story are merging with the *testimonio*, which speaks to the role of witnessing in our time as a key form of approaching and transforming reality” (1996:27).

The telling of personal tales, intersected with observations of one’s ethnographic subjects, highlights the place of the anthropologist as personal witness. A powerful example is Renato Rosaldo’s (1984) account of his struggle to understand the Ilongot’s fierce anger when mourning the death of loved ones. Understanding comes only with the loss of his own wife, as rage overwhelms him. In his essay, he intertwines personal storytelling with a discussion of Ilongot headhunting, recognizing that this personal storytelling is central to his analytic voice. As he states, “The paramount claim made here . . . concerns the ways in which my own mourning and consequent reflection on Ilongot bereavement, rage, and headhunting raise methodological issues of general concern in anthropology” (1984:185). In this volume, Wikan uses narrative to assume a double role, as researcher and as research subject, giving an account of her own illness experience against a backdrop of stories of suffering she has heard and written about. These personal stories are more than seductive ploys that serve to draw the reader in—though they may also be that. They are produced to undermine any pretense to objectivity. They further the reflective stance of anthropology precisely by bringing the researcher out into the open where she, too, may be seen (see also Riessman this volume).

The contemporary interest in investigating lived experience, in “cultural phenomenology” (Csordas 1994b, 1996), embodiment (Csordas 1994a), and a reconsideration of ritual as performance have also abetted the storytelling impulse within anthropology (Mattingly 1998a, this volume). Rather than describing rituals in the language of generic “plot structures” and the “typical event,” anthropologists are foregrounding individual performances and the quite specific actions, thoughts, and feelings of particular actors. It should be noted, however, that many anthropologists who write of the “performance of healing” or a “sensuous” anthropology (i.e., one that is able to interpret and examine the nonlinguistic aspects of cultural life), even while telling compelling tales, work to distance themselves from the anthropological focus on narrative and on language or “action as text” metaphors more broadly (Stoller 1989, 1997; Laderman and Roseman 1996; Hughes-Freeland 1998). Narrative, as one genre of discourse, sometimes comes under attack as part of the sweeping critique concerning the role of language as the primary conveyer of cultural knowledge and understanding. Rather than draw-

ing nearer to the body, or the cultural meaning of illness and experience, it is argued that narratives reduce meaning to "mere" text (see Mattingly, this volume and 1998a, for an extended discussion of such objections).

Within anthropology, the growing use of narrative has gone hand in hand with a heightened acknowledgment that the notion of narrative as "representation" is anything but clear. Some would contend that the use of the term "representation" is misleading and others that "representation" entails construction. Whatever one's semantic stance (and consistent with the preceding discussion), a story is never merely a representation if this is taken to be a passive portrait of some prior events or experiences. A story is not neutral. Nor is it a hidden text which the anthropologist somehow unearths like buried treasure. Narratives never simply mirror lived experience or an ideational cosmos, nor is a story a clear window through which the world, or some chunk of it, may be seen. Telling a story, enacting one, or listening to one is a constructive process, grounded in a specific cultural setting, interaction, and history. Text, context, and meaning are intertwined.

The reflexive turn has also resulted in a fundamental critique of ethnographic representation that places narrative at center stage (Fischer and Marcus 1986; Clifford and Marcus 1986; Marcus 1998; Rabinow 1997). Sometimes in this critical and self-conscious movement narrative is treated in grand and abstract terms, inspired in part by Lyotard's (1984) discussion of the postmodern demise of master narratives. But such critiques have also generated quite specific examinations of the narrativizing strategies within ethnographic writing. Reminiscent, but with a different twist, of the potential for life story material to be shaped by the ethnographer's preconceptions both in the field and when transformed into text, Edward Bruner's influential essay "Ethnography as Narrative" asserts that "ethnographies are guided by an implicit narrative structure, by a story we tell about the peoples we study" (1986a: 139). The pivotal claim that Bruner makes is that these underlying narratives precede and give structure to anthropological research. Anthropologists do not build stories out of data, but discover data because of stories that shape their perceptions of the field: "The narrative structures we construct are not secondary narratives about data but primary narratives that establish what is to count as data" (E. Bruner 1986a: 142-43).⁶ Narratives provide, as Marcus puts it, "fictions of the whole in which to ground [the] facts" (1998: 36). Literary theory has offered anthropologists a potent skeptical gaze, which has created a burgeoning interest in the anthropologist as storyteller. The anthropological story-

teller who emerges in this portrait is of necessity a storytelling liar, a "trickster," as Crapanzano says. Through narratives, it is argued, cultures and lives are provided a fictional coherence which they lack in actuality (E. Bruner 1984, 1986a; Crapanzano 1984, 1986; Hoskins 1998; Kondo 1990. See Mattingly 1998b and this volume for an extended discussion of this argument). If prior narratives, and often implicit ones, guide the anthropologist's search for data, the narrative aspects of the ethnographic enterprise are not a matter of choosing a particular kind of data to collect or a discursive strategy for presenting the findings. Rather, the task of a reflexive anthropology has been an unmasking of these undergirding narrative structures. From this perspective, explorations of narrative are prompted not only by criticisms of the inadequacy of the traditional ethnographic model but also by a more radical critique concerning the validity, the believability, of any representation at all. While many anthropologists strongly protest the notion that the ethnographic text is necessarily fictive, there is no doubt that debates about the epistemological status of anthropological knowledge have transformed narrative from a specialized interest (especially among linguists and folklorists) to a central construct within the discipline.

It is important to stress that an intensified preoccupation with narrative in the social sciences need not be connected to a postmodern rejection of realist representation nor feature reflexive assessments of the author vis-à-vis the research enterprise. While none of the essays adopts what could be called a postmodern position in any strong sense, several take up questions also posed by postmodernists. These questions, fundamentally philosophical in nature, concern such things as the status of narrative as a model or icon for cultural action or personal experience, and they address the relation between narrative and some external world of events.

TELLING STORIES AND MAKING SENSE: MEDIATING THE PERSONAL AND THE CULTURAL

Whether from the position of observers, listeners, or tellers, the essays in this volume highlight narrative as a mode of thinking, a way of making sense of experience. A number of scholars have pointed to the "vital human capacity" (Shore 1996: 319) to confer meaning and create sense out of experience (e.g., Bartlett 1932; J. Bruner 1986, 1990; Goffman 1974; Shore 1996). As noted earlier, Jerome Bruner (1986: 11) has portrayed narrative as a fundamental mode of thought that offers a way of

"ordering experience, of constructing reality." ⁷ But, as also highlighted in the introductory section, it is a mode of thinking that marries singular circumstances with shared expectations and understandings acquired through participation in a specific culture. Narrative is linked to human sociality and the human ability to make "cultural sense" of actions. Carriethers (1992) examines narrative thinking from an anthropological point of view, stating that:

narrative thought consists not merely in telling stories . . . [rather] human beings perceive any current action within a large temporal envelope, and within that envelope they perceive any given action, not as a response to the immediate circumstances or current mental state of an interlocutor or of oneself, but as part of an unfolding story. (82)

In addition, narrative as a mode of thinking can be linked to the growing interest in the situated nature of learning. Lave and Wenger (1991:33-34) explain that "even so-called general knowledge only has power in specific circumstances," being "thoroughly situated, in the lives of persons and in the culture that makes it possible":

That is why stories can be so powerful in conveying ideas, often more so than the articulation of the idea itself. What is called general knowledge is not privileged with respect to other "kinds" of knowledge. And it too must be brought into play in specific circumstances. The generality of any form of knowledge always lies in the power to renegotiate the meaning of the past and future in constructing the meaning of present circumstances.

Within anthropology (though this is not exclusive to anthropology), what binds together the diversity of analytic approaches to narrative is an appreciation of the intertwining of the personal and the cultural. Thus, concern for narrative reflects an interest in representing those the anthropologist studies, not just as members of a cultural group but as individuals with their own personal histories. Narrative becomes a vehicle for the problematic issue of representing experiences and events as seen from the perspective of particular actors and as elements of a cultural account that can tell us something about a social world, however local that world. In the case of illness, especially long-term illness, treatment settings and health care institutions may form an important part of the social world. The telling of personal experience with a chronic condition may be "deeply embedded within the various institutional structures that influence its production as a story" (Saris 1995:39-40).

Narrative portrayals are also shaped by cultural understandings about appropriate behaviors and feelings. In the naturally occurring ac-

counts of illness recorded in Ecuador by Price (1987), narratives often implicitly, but almost always emphatically, conveyed "I did the right thing." This occurred not only through what was said but also through what was left unsaid. For example, it was expected that mothers, in particular, would make herculean efforts to take care of their ill children without complaint or resentment. These efforts are typically taken for granted and are not highlighted through narrative. In contrast, narratives, told from an observer's viewpoint and put forward as counterexamples, portraying mothers whose response to a child's illness is found wanting, were so emotionally charged "that it can be said that if cultural models of social roles drive the narratives, emotional propositions are the fuel that empower them" (Price 1987:319).

Furthermore, narrative provides a way to approach the relationship between individual and culture by attending to the "role of cultural forms in the creation of meaning" (Shore 1996:316). Learning how to tell a story is a cultural matter, guided by a culture's notions of what constitutes a proper story, who can tell what kinds of stories in what kinds of circumstances, and the like. Creating and conveying meaning through narrative is a constructive process and a learned skill (Bruner and Feldman 1996; cf. Frank 1995:3). Based on a series of developmental studies, Fivush, Haden, and Reese (1996:344) claim that through telling stories with others about the past: "Children are learning the skills of remembering and reminiscing, not the content of particular experiences." Thus, children are not learning *what* to recall, but rather *how* to recall, the culturally appropriate narrative forms for recounting the past. Fieldworkers and other newcomers to cultural settings come to be readers and perhaps tellers of stories consonant with those settings through learning constructive narrative practices. Part of fieldwork in an Anishinaabe community (see Garro in press) involved reaching an understanding of the culturally appropriate narrative form that connects misfortune with culturally defined acts of transgression.

From an anthropological perspective, it is possible to ask how individuals acquire such narrative skills and the ways in which they are culturally embedded. In this volume, the chapter by Good and Good traces how medical students learn to constitute disease through a distinctive set of narrative practices, practices which reflect the fundamental narrativity of clinical reasoning and are learned through practical engagements in clinical settings. To learn to practice, they imply, involves learning how to tell and read a profession's stories. Another example comes from Cain's (1991; see also Steffen 1997) research on how individuals come

to reframe their lives as expressed in personal stories told according to the principles of Alcoholics Anonymous (AA). She provides insight into the learning process and its consequences through a compelling analysis of individual narratives at different points in this process. Through participation in AA meetings and assimilating the messages in the stories of established AA members, a culturally specific narrative form or genre is learned, one that provides the schematic basis for the reflexive construction and communication of an individual's past: "The AA member learns the AA story model, and learns to place the events and experiences of his own life into the model, he learns to tell and to understand his own life as an AA life, and himself as an AA alcoholic" (Cain 1991:215). Through this process, an individual's life story comes to more closely resemble the prototypical AA story.⁸ The stories of those who fit the AA model of what it means to be an alcoholic come to be resources that may help guide how others come to reconstruct their past. A number of other settings, including therapeutic interactions (as discussed in an earlier section), create opportunities for learning new narrative frameworks for constructing and interpreting experience.

At a pragmatic level, hearing narrative accounts is a principal means through which cultural understandings about illness—including possible causes, appropriate social responses, healing strategies, and characteristics of therapeutic alternatives—are acquired, confirmed, refined, or modified (e.g., Early 1982, 1988; Price 1987). A story about an unusual or novel illness augments the listener's "fund of cultural knowledge" with which to meet the future (Price 1987:315). Stories help to maintain narrative frameworks as a cultural resource for understanding illness experience (Garro in press and this volume). In the Haitian village studied by Farmer (1994), stories told about known individuals with a then unfamiliar illness, AIDS, served as the medium through which broadly shared understandings gradually became established. As these examples illustrate, cultural knowledge informs stories while stories help to link personal experience and cultural meaning, mediating between particularities and generalities.

ILLNESS, HEALING, AND THE NARRATIVE CONSTRUCTION OF SELF

The concern to mediate between the personal and the social is particularly evident in studies that address the meaning of illness for a person's

sense of identity. The search for an experience-near way to explore and represent the lives of others (or occasionally, even one's own life) has drawn anthropologists to stories (e.g., Wikan 1990, 1991, this volume). Within medical anthropology and related writings, narrative provides a means for conveying the biographical disruption caused by illness, especially chronic illness (e.g., Bury 1982; Garro 1992; Kleinman 1988; Williams 1984; Becker 1997). Rather than stories about illness, such accounts are better characterized as being about a life disrupted by illness. Research adopting a life history approach has been particularly valuable in looking at how a chronic or congenital condition shapes a person's sense of identity and selfhood (e.g., Obeyesekere 1981; Frank 1984, 1986, 2000; Kaufman 1988; Monks and Frankenberg 1995; Cain 1991). Life histories offer a processual rather than a static view of cultural life (Peacock and Holland 1993), which has proved useful in tracing illness experience as an ongoing history.

As Arthur Frank stresses, stories of illness are "told *through* a wounded body," for the "body sets in motion the need for new stories when disease disrupts the old stories" (1995:2). In giving voice to illness experiences, narrative is seen as providing a phenomenologically attuned means for enacting bodily experience (e.g., Becker 1997; Murphy 1987; Kleinman 1988; Good 1992; Good and Good 1994). The "body's insistence on meaning" (Kirmayer 1992) gains expression through metaphor and narrative. Narratives, as "extended metaphor" (Ricoeur 1984), draw upon rich connotative images to evoke a world. And while language is not the only means available for communicating and ordering experience, narrative "is an essential resource in the struggle to bring experience to conscious awareness" (Ochs and Capps 1996:23).⁹ Based on her extensive research with Americans who have experienced a variety of life disruptions, Becker (1997) suggests that especially in the United States, where "sensation and bodily expression are undervalued" (26) and "verbal self-expression is highly valued" (194), narrative "is our primary means of accessing the world of bodily experience and is essential to our understanding of that experience" (26).¹⁰ Communicating somatic experience through a narrative medium is also a profoundly cultural process:

The intersection of body and voice is an intimate process that cannot be fully known by others. What *can* be known and is accessible is the way in which culture is manifested in this process. That is, we can understand the permeability of culture through bodily experience as well as through narrative.

Cultural processes are mediated at their most elemental level through subjective experience which enables people to take in and reformulate the external world. (Becker 1997:193-94)

In studies of self-making, narrative offers an avenue for linking personal experience to cultural knowledge, norms, and tenets. A number of studies highlight how culturally based understandings shape or are reflected in stories about specific, often very personal, experiences with illness (e.g., Early 1982, 1988; Garro 1988, 1994, 1995; Price 1987; Mathews, Lannin, and Mitchell 1994; Becker 1994, 1997). Narrative provides an arena for "coming to terms" (to borrow a phrase from Mathews et al.'s 1994 study) with a problematic experience and making some sense, at least provisionally, of what is happening. Early, working in Egypt, found that women use "any of a number of cultural percepts and a narrative context to negotiate the reality of an episode and of right curative action" (1982:1491). Ill individuals, particularly when illness persists, may struggle with multiple, divergent, preexisting culturally based models with different therapeutic ramifications. Narrative provides a window on the processes involved in aligning an individual's experiences with one or more of these preexisting models and how these alignments change in light of continuing experiences and new information (Mathews, Lannin, and Mitchell 1994; Hydén 1995). For individuals with a chronic and often difficult to treat illness attributed to the temporomandibular joint (the condition is commonly referred to simply as TMJ), narrative provided a vehicle for confronting contradictions between an individual's experience and expectations based on shared cultural models about illness and its care, divergences between what was expected and what transpired (Garro 1994).

Moreover, individuals diagnosed with TMJ commonly faced significant disruption and alteration in their lives caused by chronic pain and illness. At a fundamental level, such disruption of the taken-for-granted world of everyday life can be seen as "nothing less than an ontological assault" (Pellegrino 1979:44). Through their stories, people conveyed how the lived experience of chronic pain affected the way they thought about themselves, their lives, and their futures. Goals, plans, and expectations about life were often radically revised in the face of an illness with no foreseeable end. At the same time, much of what individuals said concerned their attempts to maintain a sense of self and purpose in the face of this profound life disruption (see Brody 1987; Bury 1982; Kelley 1986:665; Kleinman 1986, 1988; Williams 1984:179). Indeed, this "dual nature of sickness—the way it can make us different persons

while we remain the same person" (Brody 1987:x) is an integral part of the narratives told by chronic pain sufferers.

Becker (1997) views narratives as enabling the narrator to reestablish a culture-specific sense of order and continuity in life after a disruption. In American culture, such narratives reflect the struggle to come to terms with moral ideologies concerning normalcy in the face of disruptive experiences. Either told to themselves or told to others, narratives are part of the process of healing. When this culture work is successful, "narrative ameliorates disruption: it enables the narrator to mend the disruption by weaving it into the fabric of life, to put experience into perspective" (Becker 1997:166-67; see also Capps and Ochs 1995).

NARRATIVE AS COMMUNICATION

Anthropologists have become increasingly cognizant of the relations between narrative content and the contexts in which narratives are offered, including the position of the ethnographer who has heard the narratives. It is now normative in presentations of narrative material to pay at least "precautionary attention to the role of the ethnographer in the production of ethnographic data" (Herzfeld 1996:74). In addition, anthropologists are more aware of their own role as storytellers—fashioning the stories they "bring back" to effectively communicate messages of their own to a very different audience. As exemplified by the chapters in this volume, anthropologists evince a double concern with narrative. There is a concern to elicit and interpret the stories of informants and a concern to present those stories in a way that draws their readers close—to be, in a sense, a good storyteller of other people's stories.

In presenting the stories of others, anthropologists play a critical role in selecting, juxtaposing, and summarizing material, often from interviews, to represent an individual's "story."¹¹ While fashioning an account that captures the key points or core aspects is more commonly an undiscussed and rather intuitive analytic process, research devoted to close textual analysis of conversations or interviews serves to highlight the often neglected complexities in identifying and interpreting data as narrative (e.g., Mishler 1986b, Viney and Bousfield 1991). This is exemplified by much of Riessman's work where she focuses on "longer stretches of talk that take the form of narrative—a discourse organized around time and consequential events in a 'world' recreated by the narrator" (Riessman 1990:1195) and explores interpretive possibilities for weaving together these narrative units and how the performance of nar-

rative, and its reading, is a collaborative endeavor (e.g., Riessman 1990, 1993, this volume). Riessman provides a highly reflective account of the multilayered processes and accompanying ambiguities involved in reading and representing interview data to probe what the narrative discourse means (see also Mishler 1986a).

Stories are fashioned to be persuasive accounts. Recounting personal experiences in ways that are vivid, detailed, and/or studded with emotional elaboration contributes to the sense that the narrative is truthful, accurate, or believable (Pillemer 1992; Edwards, Potter, and Middleton 1992). Persuasiveness may derive from re-creating an event in a way that imparts how the event takes on meaning, so that the listener identifies with what is at stake for the teller. Support for one's perspective may also be bolstered by directly or indirectly asserting a correspondence with professional knowledge and culturally authorized discourses. There is a link to social power, as professionals draw upon their claims to knowledge in efforts to construct persuasive narrative scenarios for those who seek their assistance (Hunt 1994; M. Good et al. 1994; Mattingly 1998b; Kirmayer this volume).

Many of the chapters in this volume explore these and other means through which stories gain perlocutionary force. Several draw upon literary theory in their narrative analyses. This concentration on narrative as aesthetic form or aesthetic performance represents a relatively new direction in medical anthropology. In narrative studies of illness and healing influenced by literary traditions, scholars have examined the poetic strategies narrators draw upon to dramatize core cultural beliefs (Bilu and Witzum 1993). They have also attended to the symbolically and metaphorically dense qualities of narratives as these give meaning and coherence to lives (Jackson 1994; Monks and Frankenberg 1995) and "give voice" to the complexities and ambiguities of illness and healing (Sacks 1984, 1995; Frank 1984, 1986, 2000; Coles 1989).

OVERVIEW OF CHAPTERS

While the essays contained in this book have already been mentioned in connection with the themes previously outlined, this closing section discusses each individual chapter with particular attention to the kind of narrative analysis each offers and, when appropriate, the particular analytic tradition drawn upon.

The opening chapter by Byron Good and Mary-Jo DelVecchio Good highlights just how deep narrative runs in the everyday medical world.

Their data can be seen as narrative in (at least) a double sense, for they elicit stories from medical students, which in turn are about medical stories told in the normal course of medical practice. In this phenomenological account, Good and Good consider the path to mature physicianhood as admission into a narrative world and examine how students "enter the world of medical stories" and become transformed through this process. Disturbed by seemingly arbitrary and "fictional" aspects of medical stories early in their clinical training, toward the end they moved to "a deeply embodied sense that truly *medical* stories are mimetic while stories of suffering maintain a fictional quality."

Both this chapter and a later one by Pollock explore the central (and often neglected) moral dimensions of medical practice, noting that narrative seems to provide the place in which difficult and disturbing moral issues can be raised, issues that are neglected within the "scientific" and canonical practices of medical case presentation. Each of these chapters, in different ways, observes how morally central issues are pushed to the margins in canonical discourse. Underscored is another theme that runs through many of the chapters—our human need to tell stories about situations that disturb us, particularly experiences that are either morally ambiguous or morally problematic.

Good and Good introduce the propitious notion of "narrative practices," arguing that narrative infuses all the "closely interlinked *practices* through which the objects of the medical lifeworld are constituted and engaged." They mean more, here, than the simple idea that all case accounts have a narrative structure. Rather, they want to make a more subtle point that the "medicalized object" is "constituted in narrative terms." Their chapter uses narrative to explore the "temporal dimension of disease and the struggle to find coherent plots." While, they grant, temporality does indeed enter the way diseases are understood in medical reasoning (diseases as evolving processes), the narrativity of these constructions of disease is not generally noted. Along with the chapter by Mattingly, this chapter argues for narrative not as a discursive form distinct from social action and practice but as an integral aspect of practice and a structure of temporality.

Linda Garro's chapter examines how the interplay of personal experience and cultural knowledge shapes illness narratives. Her essay, grounded in cognitive theories of both narrative and memory, examines "how cultural knowledge serves as a resource in guiding remembering about the past." She looks at the way cultural knowledge is variably and flexibly drawn upon by members of an Anishinaabe community in of-

fering accounts of their experiences with diabetes: "Through remembering, culturally available knowledge becomes situated knowledge, connected to a particular person, context, and illness history." Many of her informants recognized limitations in their doctor's explanations of diabetes (e.g., that it was caused by too much sugar or alcohol consumption), especially when these explanations did not accord with their own experience. In providing alternative explanations, many informants' narratives drew upon a shared narrative of the collective colonial history of the Anishinaabe, which was interwoven with individual explanations of illness and personal autobiographies. Garro shows how individual accounts draw strength and verisimilitude as they are nested within accounts of a collective past. Thus individual stories of personal histories often included accounts of how the Anishinaabe diet had changed over the years as food supplies became scarce or contaminated by white men's technology and as the Anishinaabe relied more and more heavily on white men's foods. Furthermore, these reconstructions of past personal and collective experience played a powerful role in guiding action, influencing and justifying decisions about how to combat the illness (including decisions to reject the doctor's advice), and shaping expectations about what the future would hold.

Linda Hunt's chapter also highlights illness narratives as guides to present and future actions, in her case, through the refashioning of social roles in local cultural worlds. Drawing on fieldwork with cancer patients in Oaxaca, Mexico, she examines the illness narratives of two Mexican patients stricken with cancer who have had surgery in which part of their reproductive systems were removed. She explores the ways the stories they construct of their illness intersect with their evolving life stories, particularly how they are able to use their illness to reconstruct problematic gender identities. She focuses on the creation of an illness narrative as a reflective process, noting that the chronically ill individual "may enter into a period of self-reflection and reorientation: a moment where conventional structure is realigned with personal endeavor as well as social constraint." She argues, "In examining the strategic implications of illness narratives, we open a window onto understanding the rhetorical processes (Brodwin 1994) by which chronic illness and its associated role disruptions are woven into ongoing negotiations over questions of power and powerlessness within patients' lives." Hunt's essay thus connects the strategic construction of illness narratives with the reconstruction of gender roles which "effectively turned suffering into

a social asset, and role destruction into an opportunity for personal empowerment."

Donald Pollock's chapter returns us to stories told by physicians, but these are quite different from the ones considered by Good and Good. Pollock looks at published autobiographical accounts written by physicians and examines what such accounts can tell us when viewed from the perspective of the reader rather than that of the writer or teller of the tale. Pollock explores the connection between the narrative form and the messages these accounts convey not only about the personal lives of their narrators but also about the social world of medicine. As he puts it, he is attempting to read physician narrative through the history of medicine, that is, to see how these accounts as narrative genres have been shaped by the shifting social scene within medicine itself. He singles out two genres of physician tales for analysis. One is the "female physician" story, which he uses to explore the emergence of feminist issues in medicine. Another genre is the "training tale"—autobiographies that concern the novice physician and his apprenticeship. He examines these as morality tales that comment on changes in medicine that their authors (and quite likely the reading public) find disturbing or problematic. Most particularly, he asks, how does a genre of narrative, such as the training tale, gain authenticity? Why is it that such tales written by novices are so popular? He concludes that they offer a "counterpoint" to "the extravagant, almost science-fiction-like promises of the medical essayist," who promotes medicine as a practical advance of technology and science.

The chapter by Catherine Riessman, drawing on a sociolinguistic tradition of narrative analysis, takes a close look at the emergence of meaning in an interview setting through the interactions of a woman telling a series of interlinked stories and her audience. The narrative text examined here is not a finished product as in Pollock's chapter but is far more fragile and emergent. Riessman situates her analysis in relation to the problem of infertility in India and the tremendous stigma attached to those who cannot conceive. Her essay moves between broad cultural and feminist concerns and in-depth analysis of a set of narrative performances as she examines "the interactional production and performance of narrative" in her encounters with one informant. Through her presentation of these narrative performances, Riessman offers both a subtle portrayal of childlessness for one young woman and a discussion about the cultural meaning of childlessness in a South Indian context as she considers how women combat a subordinated status. This essay also

offers an account of Riessman's own shifting interpretations of the stories she is told and how she revises her understanding of them. She notes the way narrative meanings are problematic and ambiguous because these are shaped by the particular interactional context in which the stories are told and the role of the interviewer in shaping the narrative performance.

Laurence Kirmayer also emphasizes interactional context in his chapter, but this time through an analysis of a clinical encounter between a psychiatrist and a patient in which the different perspectives each brings to the encounter prevent the construction of any coherent story. Kirmayer introduces a framework for the analysis of clinical narratives drawn from rhetoric or "the verbal art of persuading others." While approaching narrative through an exploration of the poetics of discourse, Kirmayer challenges reliance on literary models that treat narratives as texts to be read because, he argues, these presume more coherence than one finds in everyday storytelling—at least in clinical sessions. He insists on considering narrative as a social process, as an enactment, and as a place in which the issues of power and legitimacy (Whose story gets to be the authoritative version?) are of central concern.

Kirmayer reflects on the relationship between narrative and personal identity, touching upon some of the questions about narrative memory and narrative reconstruction raised by Garro. His concerns about narrative coherence also enter into this discussion. Kirmayer notes that "in acute illness, narratives are often fragmentary or undeveloped" and that metaphors, rather than narratives, may play a more significant role in shaping the ill person's experience of illness and sense of self. His chapter contemplates the connection between self-identity and narrative coherence. He contends that if it is true that "through narrative we construct a morally valued and conceptually coherent identity and sense of self," as many argue, "a corollary of this synthetic function of narrative is that identity can become fragmented through ruptures in narrative."

Cheryl Mattingly's chapter concerns what she calls "emergent narratives," stories that are created largely through actions rather than through words. She, too, explores the interaction between health professionals and clients, focusing on a single clinical encounter between an occupational therapist and a patient. Like Kirmayer, she also draws upon literary notions of narrative to consider the poetics of the clinical interaction. Unlike Kirmayer, she relies on philosophical hermeneutics rather than rhetoric in considering the place of narrative in clinical work, and she explores the narrative structure of action rather than narrative dis-

course. She engages debates within literary theory and anthropology concerning the relationship between life as narrated and life as lived. She asks: "Might it be possible to avoid both naive realism and 'action-as-text' semiotic treatment of social life while preserving the idea that stories and action have a special correspondence?" The problem, she notes, "is how to bring these two terms—narrative and action—into a close interpretive relationship without reducing either to a pale copy, a 'mere' representation or enactment of the other. How do we see narrative in terms of life and life in terms of narrative without loss of richness and complexity, without neglecting the phenomenological complexities of lived experience and the creative artifice of narrative?"

Her chapter differs in other ways from both Kirmayer's and the final chapter in this collection by Dreier. They emphasize the conflicts and contestations within therapy as the various agents with their own perspectives and their own stakes try to shape therapeutic time to further their particular concerns, tending to get in each other's way in the process of doing so. Kirmayer takes a medical encounter and examines how, throughout the conversation, different story lines or narrative possibilities are tendered and contested by the two participants. In his example there is a failure to construct a shared narrative to guide future joint action. By contrast, Mattingly explores how collaborative therapeutic interactions lead to the creation of narrative within clinical time. Based on videotape analysis of a therapeutic interaction between a therapist and a nine-year-old patient with sensory and motor difficulties, an encounter that involves exercises and play rather than a conversation, she argues that narratives may be created in action even if never explicitly told. Such emergent narratives question the presumption that lived experience lacks narrative form.

The chapter by Unni Wikan is unique in telling a personal story about illness. She interweaves autobiography with material from her ethnographic research to explore the complex relationship between illness narratives, illness experience, and personal identity. She begins with a story of her own about an illness experience and then relates a story from her ethnographic work, told by a poor woman living in Cairo whom she has known for many years. She uses these stories both to say some things about the surprises of illness and how it speaks to a person's sense of self and to raise a series of critical questions about narrative theory. Wikan wonders about the usefulness of recent terminology surrounding studies of narrative (including the very use of the term "narrative"). She critiques the predominance of the "I" in many life story and autobio-

graphical accounts of illness, which may pay insufficient attention to the web of social relations into which the illness falls. She also questions the notion that stories provide a coherence that is missing in lived experience, contending that stories that are told are not so coherent as theorists sometimes lead us to believe.

Wikan also raises a concern about illness narratives themselves. Perhaps we make too much of them, or misread what we hear, when we elicit illness narratives as researchers. She asks, "How can we know that the illness narratives we elicit as researchers tap the experience of suffering? People's compelling concerns could be different; they need not be the illness, even when illness looms large in a person's life." Her question has particular salience for those who study illness among the very poor, as Wikan has. Poverty itself can create such an array of difficulties that physical illness, even significant illness, may not figure as tremendously important in and of itself. Her call to interweave the study of illness with concerns that may run much deeper, such as intimate social relationships or economic struggles, echoes themes also developed in Hunt's chapter.

One of Wikan's most cogent points is that the stories she can tell about her illness experience are, like her life itself, without a clear sense of beginning, middle, and end. Or, rather, while she can locate a clear beginning, the rest is still unfolding. She reflects on the story she tells about her illness, saying, "I certainly did *not* know where to stop, as I began telling you my story. . . . Nor did I know, as I began telling you my story, where it would take me. For it (my life, my illness) branches off in all kinds of directions." Her words resonate with Kirmayer's when he claims that coherent narratives are less likely to be experience-near than those that are more fragmented. But even stories whose end is unclear can be told. "Stories," she writes, "can just as well be made out of beginnings, a good beginning."

Ole Dreier's chapter provides the most sustained challenge to narrative analysis in this group of essays. He raises themes that concern conflict, power, and legitimacy as he examines a series of interactions between a family psychotherapist and family members. Like Kirmayer, he too highlights the fragile and contested character of clinical interactions, but his chapter provides an intriguing contrast to Kirmayer's because he brings a very different analytic frame to bear. Drawing from his background in critical psychology and practice theory, he uses the constructs of "social practices" and "social contexts" to argue that practices and contexts provide the key structuring devices of everyday life, and that in

these everyday contexts (unlike the therapeutic one), talk is not necessarily the primary medium through which family members create and maintain their relationships. He disputes the centrality of narrative as a model for social life in general and points out that through emphasizing the temporal dimension of human experience, narrative models downplay the complex spatial embeddedness of everyday social life. In addition to a temporal dimension, we simultaneously inhabit and move across many diverse contexts and structures of social practice, which have their own distinct social rules, expectations, and the like.

Dreier examines psychotherapy as one context (and a temporary one) in the many contexts of family members' everyday lives. He focuses on "how clients reflect on the meaning of sessions as part of their ongoing everyday life," drawing upon interviews with family members about therapy, family problems, and family life. He challenges certain widely held assumptions about why therapy effects change. From his data, he concludes that therapy does not teach family members to talk or solve problems together in a particular way so much as to provide a peculiar setting distinctly different from any pattern of interaction that occurs ordinarily among family members. It is this enduring difference, and the strategic use family members make of it, that creates possibilities for change in family relationships. However, the uses and meanings individual members make of sessions are neither obvious nor congruent. He argues that research on therapy is misleading because "the dominant tradition of research analyzes therapy viewed within the context of sessions," but to really understand the effects of therapy it is important to regard clients as "experiencing agents . . . in and across the various contexts of their everyday lives."

We continue our discussion of this collection in the final chapter through some extended reflections on how illness and healing are constructed through narrative. We examine points of both convergence and divergence across this group of essays. Stories may be good things to think with, but it is important to be self-conscious about what sort of things they are, what they help us think about, and when they limit our view. In the epilogue, we propose to do some of that.

NOTES

1. This quote comes from Young's description of the psychiatric unit. His analyses of PTSD and what transpires in diagnosis and treatment are complex. Some of his ideas linking narrative and clinical practices will be examined in a later section.

2. Another innovative approach examines how narrative models offer alternative ways to understand clinical problems. In his book *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, Shay (1994) draws parallels between the story recounting the downfall of the hero Achilles in Homer's *Iliad* and the accounts of combat trauma and postwar experiences told by Vietnam veterans. Mishler (1995:98), in his précis of Shay's book, states:

His analysis is an imaginative and instructive example of the contribution of a narrative approach to a complex psychological and social problem. It allowed him to enlarge the scope of our understanding of trauma and its consequences beyond the narrow medical model of posttraumatic stress disorder. Shay taught us that the effects of combat trauma—and perhaps other traumas as well—depend on whether or not it occurs against a background of betrayal by a moral authority. If it does, it sets off a process that leads to the “undoing of character”—not simply bad dreams or psychosomatic symptoms. And he teaches us as well that we can arrive at this understanding by listening to and analyzing stories, because narrative is the form through which the process is represented.

3. Of course, narratives are often included in traditional cultural acts, ritual acts (courtroom dramas, for example) that carry illocutionary force as well.

4. Although beyond the scope of this chapter to discuss in detail, the surge of interest in narrative in cognitive psychology combined with the prevailing schema-based constructive view of human cognition leads into questions about the relationship between language, memory, and experience—between using culturally appropriate narrative forms and the organization of experience and how the act of narration affects memory for that experience and thus future reconstructions of the experience (see, e.g., Schank 1990; Frivush, Haden, and Reese 1996).

5. It should be noted that Shore, among others, does not view these developments as “wholly salutary,” for they have come at a serious cost: “As the concrete person has been given new life in anthropology, the very concept of culture that has been at the heart of the discipline has receded from view and is all but lost to us” (1996:55; cf. Strauss and Quinn 1997). Rather than expansion of the anthropological gaze, the situation is but a shift in focus with one blind spot replaced with another. Shore entreats anthropologists to strike a balance between a focus on particular persons within a culture and attention to the development of culture theory. Encompassing narrative as a type of cultural model, Shore writes: “I am very sympathetic with the anthropologist's shift of attention to human agency and contingency in cultural life. Yet properly conceived, this focus should lead us further *into* issues of the relations among culture, mind and model, rather than signal a retreat from the cognitivist paradigm” (1996:55). The chapter in this volume by Garro (see also Garro in press) is oriented around such an exploration.

6. To provide support for his social constructionist position, Edward Bruner takes the dominant story told by anthropologists about American Indians in the 1930s and contrasts it with the quite different story told in the 1970s. Intriguingly, though, he argues that “both American anthropologists and American In-

dians share the same narratives as they are both part of the same larger society during the same time frame. If this is so, the subject-object distinction is dissolved and it becomes difficult to differentiate the outside view and the inside view. Anthropologists and Indians are co-conspirators who construct their ethnography together, in part because they share the same plot structures” (1986b:19).

7. With reference to Jerome Bruner, Donald (1991) points to the emergence of narrative thinking as a key transition in his evolutionary account based on the interdependence of culture and cognition. From a different perspective, Sperber (1985) suggests that narrative may provide a useful entrée to learning about human cognitive abilities. Starting with the observation that stories tend to be easily remembered, Sperber asks what are the formal properties of such representations that relate to their psychological properties and thus make them more susceptible to becoming cultural representations (i.e., widely distributed).

8. J. Bruner maintains “we become the autobiographical narratives by which we ‘tell’ about our lives” (1987:15) so that “a life is not ‘how it was’ but how it is interpreted and reinterpreted, told and retold” (31). Without presuming any past events shapes future remembering of these events.

9. Ochs and Capps (1996:19) define narratives of personal experience quite broadly to include “verbalized, visualized, and/or embodied framings of a sequence of actual or possible life events.”

10. Giving narrative voice to bodily experiences, however, can pose its own challenges, as the following quote from a woman who suffers from panic attacks and agoraphobia illustrates: “It's sort of strange talking about these things, you know? I mean it took me quite a while to even begin to put it into words for other people, you know people who hadn't experienced panic themselves, because these attacks or whatever you want to call them were so strange” (Capps and Ochs 1995:175).

11. Mishler (1995:95) describes “the typical problem of a narrative researcher: namely, how to extract a narrative from a stretch of discourse.” Calling for a more reflective stance among researchers he aptly notes: “we do not find stories; we make stories” (117).

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