The 11th Palliative Care Congress, SECC, Glasgow

Speaker Handout

Research Methods Masterclass
March 11, 2016

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Robert Merton's dilemma; sociological findings divided between:
what we believe is definitely true, but it's not interesting;
what's interesting, but less certainly true.

My history in/with research:
interest in "experience-near" research
eventually settled on "narrative"
    stories as "selection/evaluation devices"
    stories people tell themselves, to sustain sufficient continuity of identity
    stories people tell others:
        membership claims in groups;
        claims on behalf of distinctive self;
        accounts for specific actions;
        search for shared terms of selection-relevance & evaluation;
        group formation and cohesion:
            a *group* comprises people who know the same stories and share sufficiently similar terms of evaluation of past, present and future stories
            narrative habitus: stories an individual knows, shared within groups, that affect what stories that individual will feel comfortable hearings and will be disposed to tell.

Narrative research:
Who tells which stories?
Who shares which stories with whom?
What courses of action do those stories predispose?
    What actions are judged impossible, off the radar?
Which stories are *not* told by particular individuals and groups?
Who, both within groups and outside those groups, *pays what price* for configuring reality in preferred stories (narratable) and excluding other narrative configurations (i.e., the not-narratable)?

Why do narrative research?
amplification: to give voice to stories that would be otherwise marginalized;
connection: to give collective force to otherwise disparate voices that would be dismissed if they remained isolated.

people know their own stories, but cannot get outside of these stories;
 need to *name* their stories;
  understand personal story within culturally shared narratives; e.g., restitution narrative of illness;
  thus learn to *externalize* the story; then decide on what terms to choose it.
thus, my preference of identifying narrative types:
 culture is availability of ways of making life narratable
 core principle: each narrative type is both honourable & dangerous:
  each expresses a fundamental truth about people's lives;
  each risks *totalizing* that truth.
not to engage in what Foucault calls objectification, classification, and "normalizing judgments"
 not make membership in group categories, e.g., diagnostic/prognostic categories into totalizing judgments;
 not *finalize* persons, but recognize what does constrain them.

Example: Kübler-Ross's *On Death and Dying* as most "successful" end-of-life research project.
praise:
 quoted people extensively; made their voices paramount;
 in its typological scheme (denial, anger, etc.), gave dying people a means of hearing themselves and reflecting on the story they were telling;
 gave others (family and healthcare professionals) a way of hearing difficult speech, gaining some *distance* from which to accept that speech;
problems:
 (ethics of how stories were collected; how collaborators were treated;)
 stages became totalizing schema--Procrustean:
  inhibit listening rather than enabling it;
  lend themselves to normalizing judgments; e.g., "patient stuck in denial"
  routinized care rather than personalizing it;
 for dying people, awareness of stages turned them into self-fulfilling prophecy;
 gave them force of expectation;
 "acceptance" as normalizing telos
  dying evaluated as to whether acceptance is "reached".

Core research problems:
palliative care ideals--whole person, spiritual care--versus institutional routinization;
 investigative research: describe practices, ask what interests/ideal they represent.
burden on family caregivers;
 advocacy research: necessary resources for support.
narrative research: ethnographies of storytelling.
how is palliative care a setting of *narrative facilitation*?
 who tells what kind of story to whom;
  how do conditions of storytelling enable/constrain telling?
 who needs what listener/witness to respond in which ways?
 how do different caregivers engage in sustained story development?

limits & need to guide people toward better/good story.

Selected Bibliography:

David Barnard, Anna Towers, Patricia Boston, Yanna Lambrinidou. *Crossing Over: Narrative of Palliative Care*. Oxford, 2000.
For me, this book remains the exemplar of qualitative research in palliative care. While not specifically narrative in focus, the development of both patient and staff stories is the constant focus. The book is not only a model of research; it's also an excellent source of material to which your own data/observations can be compared.
Arthur W. Frank, *The Wounded Storyteller*. University of Chicago Press, second edition 2013.
Written before I was thinking specifically of narrative research/analysis, the book presents a typology of narratives told by seriously ill people, drawing on multiple sources.
Arthur W. Frank, *The Renewal of Generosity*. University of Chicago Press, 2004.
Focuses on the problem of what is a *good* story, in an ethical sense. Chapter five is specifically about palliative care, using material from Barnard et al., *Crossing Over*, and thus illustrating how to do secondary analyses of material already available.
Arthur W. Frank, *Letting Stories Breathe*. University of Chicago Press, 2010.
My fullest discussion of how stories figure in human lives and possibilities of narrative analysis.
Yasmin Gunaratnam and David Oliviere, eds. *Narratives and Stories in Health Care: Illness, Dying, and Bereavement*. Oxford, 2005.
Chapters both exemplify narrative analysis and present specific research methods. Includes my chapter "The necessity and dangers of illness narratives, especially at the end of life."
James Holstein and Jaber Gurbrium, eds. *Varieties of Narrative Analysis*. Sage, 2012.
The most comprehensive single volume on narrative research, including a variety of perspectives. My own chapter "Practicing Dialogical Narrative Analysis" is included.