
Original Article

Taking story seriously

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Abstract In narrative approaches to health and illness, a distinction between *narrative* and *story* has been lost or occluded. This paper considers how the terms *narrative* and *story* are defined and how they are used in practice in order to focus on rehearsed or ‘worked up’ stories, including fiction, rather than minimally defined narrative fragments. Story – written, spoken and shared – is a powerful way of contextualising health and illness in a wider landscape of human values and interests and, as a form of enchantment in the face of scientific rationalisation, a human necessity. Some reasons why sociology, and particularly medical sociology, has avoided defining fictional stories as part of its material and its method are explored. The reasons why a sociology of health, illness and medicine might want to include fictionalised story are sketched. Complex moments of human experience, including sick physicians’ experience of alienation from both themselves and their medical treatment, necessitate metaphor-laden and sometimes fictionalised writing to represent the subjective contradictions. Story, including fictionalised story, represents a means of including imaginative elements of human life in sociological view.

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People think that stories are shaped by people. In fact it’s the other way round (Pratchett, 2005).

Sociologists tell stories as if they weren’t storytellers, and as if storytelling were a less rigorous and honest pursuit than theirs (Game and Metcalfe, 1996).

Introduction

Stories of illness and suffering – the encounter with healing professionals leading to an uncertain outcome – are fascinating within and beyond the academy. The appetite for illness narratives is not confined to sociology, with



illness memoirs (e.g. Cockburn and Cockburn, 2011) and patient reportage (e.g. Diski, 2014b) proving compelling reading for a popular as well as an academic audience. This paper revisits how health social scientists use the terms *narrative* and *story*, to argue that sometimes at least, a story is much more than a narrative fragment, in being a polished, shaped account designed to entertain, captivate and enchant. Stories represent the experience of illness and the medical encounter in ways that are affecting, encapsulating the subjectivity of suffering with the techniques of fiction. Fiction is not (with exceptions Longo, 2016) the realm of sociology and sociological writing that exhibits too many of the features of fiction has been treated as suspiciously lacking in serious intent (Clifford and Marcus, 1986). The lack of overlap between sociology and fictionalised story is a loss to sociology in terms of the paradoxical and absurd subjectivity of the human experience of both illness and health and in the range of futures that can be imagined.

Auguste Comte promoted sociology as Queen of the Sciences through its inclusion and integration of other sciences, relating their findings to a cohesive science of human society. With regard to health and illness, this claim depends on encompassing methods and material ranging from the aesthetics of suffering to the workings of capital in global health corporations. Narrative and story in the sociology of health and illness have tended to treat solicited (interview) talk and spontaneous conversation to illuminate how narrative fragments illuminate subjectivity and identity with respect to the experience of health and illness. These everyday forms of narrative are put forward as 'data from below', whose analysis offers democratising insights into the social experience of health, illness and medicine in everyday settings. Memory, nostalgia and the messiness of human existence and immense complexity of the social world, all suggest that forms of story in addition to everyday narratives might be relevant evidence. Stories with a fictional flavour offer sociological possibilities for understanding health, illness and the encounter with medicine that go beyond the interview and everyday speech that preoccupy narrative approaches to health and illness.

Writers of fiction and of sociology are working common ground, drawing on similar resources and often seeking to illuminate similar phenomena (Longo, 2016). Sociologists use the 'the same sources of description (mutual knowledge) as novelists or others who write fictional accounts of social life' (Giddens, 1984, p. 402). Writers of fiction and sociological analysis use their insider knowledge of a society in order to describe practice and interpret its meaning in ways that are recognisable and plausible. The reliance on 'mutual knowledge' by novelists and sociologists alike in describing the social world points up a division between the two groups of writers: sociology emerged as an institutional discipline in parallel with the European social realist novel as



an exploration of subjectivity in social context, so why is there so little cross-over? Have sociological texts got to be dull (Fine, 1988), difficult to read (Law, 2004, pp. 11–12) to define themselves in contra-distinction to the captivation of a novel in order to be taken seriously?

Sociology belongs to the enlightenment project of reason and logical inquiry, banishing superstition, magical and supernatural beliefs. Durkheim (1858–1917) established the science of the social, whereby social facts could be explained sociologically without recourse to psychological or philosophical theory (Turner, 1995). The complexities of society have been explicated through systematic scientific methods to distinguish social facts (Durkheim *et al.*, 2014). Biology was a key discipline at the turn of the nineteenth century, with the first (joint) Professor of Sociology in Britain [Hobhouse (1864–1929)] described social questions as ‘the biological principles which underlay the life of society’ (Renwick, 2012). The authority of the experimental sciences meant that the new conceptual frameworks of biomedicine became the lens through which sociologists came to select appropriate founders and classic works for the discipline, to define the ‘essence’ of sociology and its landscape (Collyer, 2010, p. 102).

Disenchantment and the End of Magical Thinking

Max Weber (1864–1920) saw the making and remaking of common humanity through stories as associated with ‘traditional society’ where the supernatural was part of ‘a great enchanted garden’ (Weber, 1963). Refusing both magical thinking and a belief in miracles, the scientific capitalism of modernity promised better living conditions and the avoidance of pain and suffering through the future-oriented ideology of science. The potency of this promise was confirmed by the astonishing effectiveness of penicillin, steroids and birth control that appeared in the mid-twentieth century; therapeutic effects that did not depend on obeisance to a god or belief in the supernatural. Medicalisation, whereby existential and relationship problems are treated bio-medically, is part of the secular, rationalisation that endorses value-neutral scientific understandings in the pursuit of rational goals (Weber, 1963).

The disenchantment of modernist society is epitomised by the excesses of modern biomedicine: the treatment of biological, genetic, immunological bodies without attention to their human, spiritual and social dimensions; cruder forms of evidence-based medicine which only admit numeric material as valid. The shift from curing disease to promoting wellbeing, has allowed rationalist accounts to be applied to a range of goals beyond communicable infections: despair, anti-social behaviour, alcoholism, infertility, are treated as medical matters, where once they might have been addressed by the priest,



the police or the magistrate. With medical progress, the limits of rationalist reasoning to explain problems that have no medical cure, for instance, hearing voices (auditory hallucination), depression and infertility, suggesting that other forms of understanding, explanation or description are still needed.

Alongside sociology's rationalist scientific inheritance are traditions of philosophical romanticism, in particular through Mead's (1863–1931) influence on the Chicago School (Gouldner, 1973). This tradition suggests that the social and cultural world is so complex that our theories and models will never encompass a range of processes that are irreducible to one another, since their interaction produces further complexity. In this view, theory remains an inadequate, flawed assessment of the social world. Philosophical romanticism is a progenitor of post-structuralism that contests the rationalist notion of a specific external reality that research can describe and interrogate as an independent truth (Law, 2004).

Sociology's dual rationalist and romantic origins are part of its emergence in the intellectual landscape in a location between experimental science and literature. At the start of the nineteenth century social realist novelists such as Honoré Balzac (1799–1850) and George Eliot (1819–1880) were tracing changes to institutions, including gender and class, exploring how society was developing. Indeed Emile Zola (1840–1902) proposed an experimental novel that, by way of close documentation, offered a dispassionate observation of the world. For Zola, an experimental 'naturalist' novel would draw upon a database of primary research material akin to an ethnographer's field notes to offer insight that could not be otherwise attained.

Proximity to literature necessitated a sharp distinction from literary schemes as sociology contested its right to 'offer the key orientation for modern civilisation and to constitute the guide to living appropriate to industrial society' (Lepenies, 1988, p. 1), against the claims of novelists. In the first half of the nineteenth century, as sociology crystallised out as an institutional discipline, the social realistic novel offered serious competition as an objective, scientific representation of a changing society: Zola termed his novels a 'sociologie pratique' (Lepenies, 1988, p. 7). Sociology emerged as a third culture between science and literature (Lepenies, 1988; Longo, 2016).

While a unitary theoretical or methodological approach has never united sociology, it nonetheless describes itself as an empirical practice, with distinct theories and methods. Despite variation between the Durkheimian natural science approach and the Weberian historically inflected approach, sociology's separation from literature is deeply established (Longo, 2016). Post-structuralism and the philosophical romantics have powered the rise of methods that seek alternative ways of apprehending the social world as contingent, labile and qualified, undermining any claims to ultimate truth and



universal applicability. Post-structuralist theory challenges the idea that the social world consists in a set of potentially discoverable processes and disrupts the anthropocentric convictions of humanism with

the logic of the simulacrum, the disappearance of man as creative subject, the cult of pastiche and parody of times past as tokens of a depthless, ahistorical present (Kearney, 1988, p. 20).

The deconstruction of imagination is of a piece with the general announcement of the contemporary ‘Disappearance of Man’ (Kearney, 1988, p. 28). In his philosophical narrative inquiry, Kearney seeks to reinstate ‘creative imagination’ which post-structuralism has dismissed as ‘a passing illusion of Western humanist culture’ through telling stories of imagination in Western culture. He ultimately advocates a

model of a poetical-ethical imagination ... capable of preserving, through reinterpretation, the functions of narrative identity and creativity—or what we call a poetics of the possible (Kearney, 1988, p. 32).

The dearth of imagination in modern social theory is accounted for historically with reference the failure of H. G. Wells to secure an institutional position as a Founder of British Sociology (Levitas, 2010). The imaginative possibilities of utopian thinking are held up as the means of reinvigorating theoretical approaches to re-imagining a good society (Levitas, 2013). Levitas argues for utopian thinking with an internal coherence that is theoretically (if not politically) possible, as crucial to maintaining a progressive social theory that keeps sustainable social justice in view. Utopia may never be realised, but the process and practice of imagining it are nonetheless important.

Despite the divide between sociology and literature, sociologists intuitively grasp the worth of fictional sources to illuminate non-fictional aspects of the social world (Longo, 2016, p. 2), but the use of non-sociological materials raises analytic paradoxes (Carlin, 2010). To cite a particular novel (e.g. Kafka’s *Metamorphosis* Longo, 2016, Peake’s *Titus Groan* McHoul, 1988) or author (e.g. Houellebecq Brinkmann, 2009) as sociological evidence requires specific theoretical justification – fictional representations of the social world cannot be cited without special pleading.

This paper considers the sociology of health and illness and the particular reasons why fiction has been ignored, connected with its location in the ‘interstices between the citadel of medicine and the suburb of sociology’ (Horobin, 1985, p. 95). Below, what is meant in theory and in practice by the terms *narrative* and *story*, is considered. Fictionalised stories as method, evidence or theoretical approach to understanding the human processes



around illness and healthcare tend to have been avoided and this paper makes the case that sociology should take stories seriously.

Story and Narrative: Interchangeable Terms?

Narrative cannot be confined to a single scholarly field (Riessman, 1993) with the idea of stories offering human universality and accessibility appealing to a wide range of disciplinary traditions. While the inherently human nature of narrative may account for its appeal, universality can impede analytic definition. The breadth of research that adopts a narrative approach limits the common conceptual ground between approaches, with the material treated varying from elicited speech in interviews (Cheshire and Zeibland, 2005) and story-telling (Labov and Waletzky, 1967), through spontaneous interactions of casual conversation (Egginis and Slade, 2006) to written and visual material (Squire, 2012). The concept of story is defined in such a variety of ways in these different traditions and with respect to such a range of material for analysis, that to include them all risks reducing the concept of narrative to triviality (Squire, 2005). Narrative can be understood in terms of its function – why is the story being told – and its structure – how a series of clauses are linked temporally and causatively. A widely employed minimal definition of story has two events that are linked sequentially such that re-ordering the events changes the meaning of the story as follows:

I got sick. I went to the doctor
compared with
I went to the doctor. I got sick.

Story can be defined in terms of the minimum elements that should be present – complicating action and resolution – but may include others such as abstract, orientation, evaluation, coda (Labov and Waletzky, 1967; Thornborrow and Coates, 2005, p. 4). A minimal definition of a narrative unit tends to be two complicating action clauses where verbs are in the past and where we can infer that the order of the clauses matches the order in which the recounted events took place. The ‘small story’ of everyday apparently inconsequential small-talk is contrasted with grand narrative (Georgakopoulou, 2006) and the big/small story contrast is taken up elsewhere to classify interviews as ‘big story’ (Sools, 2012). The current paper does not contribute to the classification of narrative nor the methodology of analysis but rather discusses the conceptual work of stories (Squire, 2005).

The relationship between *narrative* and *story* is unclear in much research, with the terms regularly used interchangeably, sometimes taking the meaning



of *story* for granted (Thornborrow and Coates, 2005, p. 3). Beyond individuals' representation of their own experiences to themselves and their immediate interlocutors to create coherence and construct, display and reinforce a sense of self (Cheshire and Zeibland, 2005), is the relationship of this self to the wider social world (Bruner, 2004). The social processes of narrative, in which collective knowledge (or folk psychology) connects events through stories, can be contrasted with paradigmatic knowledge based on classifying and categorising, characteristic of the natural sciences (Bruner, 1986). This paper attempts to survey neither how structures and functions of narrative interrelate (Thornborrow and Coates, 2005), nor how theories of narrative relate to other theories (Murray, 2002). Its intention is rather, within the profusion of narrative research, to make a case for story as a worked up and not necessarily documentary account of the self in the world of health and illness.

Aristotle's definition of a story as having a beginning, a middle and an end does not necessarily depend on events being reported in the past (as has been claimed, e.g. Cheshire and Zeibland, 2005, p. 21), since the story might be projected into the future, have a disrupted time-line and the tripartite form may be acknowledged through disregard. A human tendency to organise events and time according to the logic of narrative (Ricoeur *et al*, 1984) means that story not only conveys sequenced information ('I got ill. I recovered'), but goes further in terms of structuring information to interpret and make meaning. Beyond making meaning, some stories not only instruct but also entertain and by constructing a world that holds the attention of the audience, captivate and even enchant. Story is a form of knowledge that is readily retained and recalled: anecdotes with characters, plots, motivations, and actions provoke human interest. Story goes beyond the medium in which it is delivered, recognisable in written, spoken, sung, acted, danced and pictorial representations. In the course of communicating something, a good story has more elements than the minimally defined narrative clause, including; metaphor, aphorism, simile, irony, sarcasm, over-exaggeration for comic effect – all the tricks of an entertaining storyteller's toolbox. And it is these elements of a story that disqualify such accounts from being reliable, valid sources of sociological evidence, betraying as they do, the hand of embellishment and rehearsal. It is the artfulness that makes them inauthentic as sociological evidence in empirical research.

Story as Human

Stories are a way of being human (Bruner, 1990), a means to express and explore a shared humanity, with their form ranging from epic oral poems to



online graphic novels. Philip Pullman underlines the centrality of the human need for stories, stating that ‘after nourishment, shelter and companionship, stories are the thing we need most in the world’. Stories permit us to communicate with long-dead generations of forebears in their function as ‘machines for the suppression of time’ (Doja, 2008) and by compressing time, accounts have persisted beyond the length of a human life time in the absence of written forms. Stories represent an ‘expression of yearning for the great escape from death’ (Tolkien, 1947) and a form of escapism from the grim inevitability which has taken religious, fantastic and magical forms. Escaping the limitations of a human life a story can enchant, transporting listener and teller beyond the space–time constraints of quotidian, embodied life. Stories comfort our fear and dread at the prospect of our short and limited lives as well as providing answers to the big metaphysical questions of our existence: our origins, our nature, our relationship to the animal, the divine and the monstrous (Kearney, 2002). Stories form humanity in that they are not only a way of ‘organising knowledge, but they are constitutive rather than descriptive’ (Game and Metcalfe, 1996, p. 40).

Ill, Distressed and Injured Bodies

The individual story is severely compromised by the onset of disease and injury. The experience of illness can disrupt a person from their own biography and their image of themselves as a person (Bury, 1982) in the world of work, family and normal social ties (Frank, 1991). The boundary between the world of the well and sick is hard to cross and illness can mean a fundamental alienation.

With the demographic shift from infectious to non-infectious disease as the main cause of death, greater numbers of people are spending time with a serious chronic illness, making sense of their expulsion from the experience of health and wellbeing. So called autopathography (Aronson, 2000) – written accounts of living with a grave diagnosis – proliferate, to the extent that the cancer diary risks being a cliché (Diski, 2014a). The first person account of a potentially fatal illness can be compelling reading: feeling the nearness of death, attempting to be rehabilitated in the world of the well, with the awareness of the disease’s ongoing effects offers a ready-made narrative drive, rendered with humour (Diamond, 1998), despair (Conway, 1997), lyricism (Burnside, 2006) and pathos (Picardie, 1998). These accounts respond to the questions of order and control: asking ‘Why me? Why now?’ in an attempt to re-establish control over the experience of a life disordered by the intrusion of



illness or diagnosis (Kleinman, 1988). With a fatal diagnosis, the question of 'How long have I got?' (Laqueur, 2016) is both practical and existential.

Attempts to render the disruptive and disordered nature of illness meaningful necessitate metaphor, as Sontag points out in the title of her 1979 volume 'Illness as metaphor' which opens:

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place (Sontag, 1979).

Military metaphors of the body under threat of invasion while valiantly fighting the unwanted interloper constitute another cliché for the cancer diarist to dodge. Illness as a generic rebuke to life and hope risks the ill person being seen as morally failed, inadequately happy or positive. Illness acts 'like a sponge, illness soaks up personal and social significance from the world of the sick person' (Kleinman, 1988). The author who labours with metaphor and simile may create a context to re-interpret the disorder of disease, re-making meaning to reassert humanity in the midst of disorder. Arthur Frank describes the re-interpretation of the sense of an embodied life as falling into three patterns, characterising these structures of meaning-making as 'quest', 'restitution' or 'chaos' (Frank, 2013). The *quest* to overcome the illness or wound might ultimately constitute a *restitution* whereby some order is restored or re-established, with the assault on wellbeing absorbed into a new story. The possibility of *chaos* continuing to characterise the story suggests how illness and suffering can resist attempts to contain their meaning in story-form.

The urgent need to make sense of experience in terms that are neither clinical nor scientific is particularly stark with professionals who struggle to make sense of a bodily failing, when their previous strategies of self-determination fail (e.g. Conway, 1997). For physician authors the transition to being recipient of, rather than provider of services (Greene, 1971) and the limitations of scientific and technical expertise to comfort existential pain and suffering can be deeply troubling. If accounts of life in the alien kingdom of illness are compelling, then reflections of the ill physician are captivating because s/he should have mastered the culture, language and rituals of the modern hospital. And yet

Even the doctor, fluent in the language and customs of the place, finds herself a stranger in the land of backless gowns, plastic bracelets and helplessness when she becomes a patient (Laqueur, 2016).



Confronted with a lung cancer diagnosis in his 30s, Paul Kalanithi, familiar with others' mortality through his work as a neurosurgeon, did not expect his own to be 'so disorienting, so dislocating' (Kalanithi and Verghese, 2016). The strangeness and unfamiliarity of being a patient is not confined to physicians with a terminal diagnosis. Oliver Sacks describes the lack of comfort to be gained from his physicians' insights and advice on the occasion of a serious injury to his leg. While Sacks recognises the logic that informs his medical care, it does not assuage the suffering which amounts to more than damaged nerves, flesh and bone, but consisting in psychic violence to his sense of bodily and social integrity (Sacks, 1986). Even though Sacks' broken body is well met by surgical and orthopaedic technique, such that bones and ligaments mend, he experiences horror, alienation and disorientation. His distress is not assuaged by expert information, nor is it encompassed in a depression and anxiety score, and it cannot be adequately described as symptoms of shock. As a writer and storyteller Sacks communicates the contingency, vulnerability and alienation of injury; the complexity of suffering that ensues even apparently straight-forward somatic problems (Sacks, 1985).

Written accounts of a formerly well person encountering pain, suffering and uncertainty offer a glimpse of the land of the sick, an exotic spectacle in itself. When the ill or injured person is also a physician, the double-alienation of being ill or injured and of being disconcerted in a world that should be familiar, adds to the exotic spectacle. Stories laced with metaphor explore contradictions and overlaps of doctor-as-patient. Even more exotic than insight to the land of the sick is the unavoidable and premature encounter with death. Posthumously published accounts of living with fatal illness have a dramatic tension built in as the narrator approaches death (Kalanithi and Verghese, 2016; Nobel, 2005). The finality of death can be overcome, for instance when the narrative voice is taken over by the dead person's partner (Kalanithi and Verghese, 2016). After Ruth Picardie's death her pathography concluded with a description of her last days written by her husband, Matt Seaton (Picardie, 1998), who went on to write his own account of her death and its aftermath (Seaton, 2002). Ruth's sister Justine wrote the story of her desperation to make contact with her dead sister leading her to seek out spiritualists, mediums and psychics in a sort of a ghost detective story where the central mystery is the process of mourning (Picardie, 2001).

The enormous gap between the experience of mental illness and the psychiatric and psychological service provided has been explored in various fictional genres. The verisimilitude of the experience of mental illness, is rendered through the techniques of fiction (Galloway, 1990; Piercy, 1979) and poetry (Plath, 1966). The urgent need for non-medical sources of support and succour such as booze and fighting (Burnside, 2006) which may appear self-



destructive to a medical view, can be rendered logical with a metaphorical representation of the experience of anxiety and depression. The techniques of concrete poetry whereby marginal notes disappear into the book's binding illustrate the narrator's disintegrating sense of self in a fictionalised version of a nervous break-down (Galloway, 1990). Janet Frame's poetry, short stories, novels and autobiography covered her experience of despair and severe mental illness and its treatment in psychiatric hospitals, including ECT, insulin and a lobotomy that was scheduled and then cancelled. The entangled interconnectedness of distress from early family life, symptoms and their brutal treatment showed how medicine regularly compounded rather than alleviated despair.

The distress and alienation occasioned by medical treatment, even when the patient knowingly and willingly consents to procedures that are ethically and professionally administered, is a feature of various cancer diaries. Jenny Diski describes the assault on her personhood of radiotherapy, including how the cool, disconnected attitude of staff added to her own existential distress (Diski, 2015). The account suggests that had staff attended to Diski's basic bodily comfort during the procedure, she would have avoided being cold and unnecessarily naked, which might have made matters less horrific. However, the subtlety of the writing holds out the possibility that the terminal diagnosis and harsh treatment regimen might be inherently awful.

The break-down of health is an experience that produces uncertainties and paradoxes that the encounter with services does not necessarily resolve. Stories can present these different perspectives simultaneously, without the need to resolve the truth of the matter with reference to reliable and valid evidence. Story might include irony and foreground the unreliable nature of the narrator, to the extent that it does not count as valid sociological evidence.

Bodies in Health

The subjective experience of health is no less problematic than illness and injury: as a multidimensional, contingent and complex quality, its evaluation varies by gender and across the lifecourse (Blaxter, 1990). Health is a 'chimera' – a quality that is hoped for, yet which is illusory or impossible to attain, but the unfeasibility of attainment does not reduce its desirability. A narrative approach can make sense of the interaction of health with other life issues, its temporal nature and the way that it is regularly taken for granted (Sools, 2012). While the role of *narrative* in health and medicine (Greenhalgh and Hurwitz, 1998) has been covered, the possibility of *story*, with its



uncertainty around truthful valid and reliable characteristics, has been less considered.

As an embodied quality which, at least in medical logic, is notable largely through its absence, the individual or collective experience of health is not easily rendered through standard documentary approaches. The chimeric, mirage quality of health implies the role of imaginative and creative approaches to explore its dimensions. I explored ideas about good health with young women in Glasgow during the 1990s and the limitations of medical definitions of health presented themselves starkly in that women in their early 20s had very little to say about health *per se*. They did however, have a lot to say about other matters that concerned their wellbeing and the main challenge identified was unwanted pregnancy.¹ The imagined consequences of pregnancy for unmarried women dominated many young women's thinking about wellbeing, given the significant implications for their identity, social role and life chances (Bradby, 1996).

The widely held conviction of the disastrous consequences of having a baby outside a family-sanctioned marriage contrasted with the rare cases where such a pregnancy had actually taken place, where the circumstances had been normalised. As a qualitative researcher, I recognised the cultural logic of women's fears around unplanned pregnancy, and was engaged with mapping how the gendered policing of young people's behaviour had implications beyond reproductive health (Bradby, 1999). The strong sense of the calamity of unplanned pregnancy for an unmarried girl was relevant for understanding smoking, drinking (Bradby, 2007) and access to health services.

Taking my lead from an exceptional woman who took an unplanned pregnancy in her stride, I wrote a fictionalised account of a pregnancy conceived within the cultural constraints that young women described but that was ultimately positive. The freer interpretation of material from interviews and participant-observation gave rise to a sociologically plausible but optimistic version of the possibilities for a pregnant woman (Bradby, 2005). The fictionalised representation of women's stories included insights that could not easily appear in empirically justified analyses either because they compromised anonymity or because they consisted in dreams, jokes and speculations, rather than observable behaviours and their justification.

Fictionalising a positive (rather than disastrous) way of having and keeping a baby took its lead from informants' stories and embroidered. As an exercise in sociological imagination (Mills, 1959) responding to a moral appeal from the future (Squire, 2012), the story represents a utopian account (Levitas, 2010), but one that is rooted enough in the social realism of empirical traditions of sociology to have some predictive power. The story addressed the central challenge of living a decent life as identified by Punjabi women in their



20s, which meant finding a way of having a sexual identity while staying on good terms with their family. While this was their most compelling health issue, it was seen as beyond the remit of health professionals.

Closing Questions

Sociology's emergence as an institutionalised discipline alongside the rise of natural sciences as the source of authoritative knowledge and the development of the European novel, may account for its reluctance to make use of fictionalised representations of the social world. The emergence of the experimental sciences as the most authoritative knowledge source is part of why fictionalised story cannot qualify as trustworthy evidence. With science asserting the universal truth of its knowledge claims, story offers more ambiguous, paradoxical approaches to establishing the workings of the social world and the place of self, in times health, illness, injury and madness.

Physicians' stories of dual alienation from both themselves and from the practices of medicine in the face of serious injury and terminal diagnosis represent the type of contradictory existential experience that is not easily represented in scientific documentary evidence. Poems, memoirs and novels about the complex suffering of serious depression and anxiety, compounded by medical treatment show how stories can represent paradoxical dimensions of subjectivity.

Sociology's unwillingness to engage with evidence that represents inconsistent and contradictory accounts, particularly when fictionalised, exists alongside an intense interest in narrative. Medical sociology has regularly highlighted the limits of medical rationalist practice and yet it nonetheless adheres to a scientific basis for establishing authoritative knowledge claims and in so doing, ignores or dismisses certain types of evidence. Spontaneous talk as found in interviews or clinical consultations have been identified as a form of knowledge that offers insights into people's experience and logic around illness and health. Such narrative fragments are acknowledged as legitimate knowledge, but story, in the sense of artful written accounts, is not.

Taking story seriously as a method and a medium for representing aspects of human experience in social context responds to the call to exercise sociological imagination (Mills, 1959) which has been threatened by post-structuralist visions of post-modernity (Kearney, 1988), that limit our collective ability to imagine a good society (Levitas, 2013).

Hannah Arendt's suggestion that 'storytelling reveals meaning without committing the error of defining it' (Arendt, 1968) offers a rationale for the political possibilities of story. As a method for participation story allows values



to be situated in a wider context thereby reinterpreting medicine's benefits. As a material, story resists reduction to simplistic metrics and gathering stories implies collaborative knowledge production with shared research ownership.

Could sociology admit fictionalised stories as part of its evidence base? Would vulnerable and occluded populations and their healthcare needs be well represented through story? What sociological stories would emerge if we were unhampered by the necessity of asserting scientific authority that would fit into the form of the existing evidence-base? Would our ability to understand and represent the human verisimilitude of a situation be supported by techniques of fiction? Would recognisably sociological stories emerge as a genre?

How can sociology grapple with stories as evidence, especially those that do not claim to be documentary? How might fictionalised stories be incorporated, without harming the truth claims of research? Could criteria for assessing the suitability of fictionalised sociology be developed? Story offers a means, not only of exploring different view-points, but of configuring alternative forms of collaborative knowledge production.

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About the Author

Hannah Bradby works at Uppsala University, Sweden, where she is looking at how people living in highly diverse neighbourhoods put together orthodox and informal healthcare and welfare services to meet their needs. The research is a comparative research project together with colleagues in Germany, Portugal and the UK. Hannah has published and edited both fiction and standard empirical research papers.



Note

- 1 The research took place before the post-coital contraceptive pill was available without prescription.

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