

Understanding personal narratives: an approach to practice

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Aim. This paper explores the need for and nature of personal narratives and their relevance to nursing practice. It proposes that the co-creative aesthetic process can be used to understand and co-create personal narratives through an emphasis on self-defining memories and metaphor.

Background. Many authors in nursing and other human sciences have recognized the need for and importance of personal narrative, its relationship to aesthetic knowing and its value in qualitative research and in practice. The role of memory and metaphor in the creation of meaning in personal narratives, however, has not been sufficiently explored in nursing literature.

Discussion. The nature of personal narrative is explored, focusing on the way meaning is created from self-defining memories using metaphor. Then, the importance of personal narratives in nursing practice is considered, followed by discussion about how meaning in personal narratives may be co-created between clients and nurses using an aesthetic process developed by the author.

Conclusion. The co-creative aesthetic process is an example of nursing as art and can be used to co-create personal narratives in practice. The experience of co-creating a self story with a nurse can be healing, as the self story is heard by a caring person, memories are understood in new ways, and the self story is both confirmed and recreated.

Keywords: nursing, personal narrative, aesthetic, co-create, metaphor, memory

Introduction

Many authors in nursing have recognized the importance of personal narrative, the relationship to aesthetic knowing and the value in qualitative research and in practice. The role of memory and metaphor in the creation of meaning in personal narratives, however, has not been sufficiently explored in nursing literature. The purpose of this paper is to explore the need for and nature of personal narratives and their relevance to nursing practice. It is suggested that the co-creative aesthetic process can be used to understand and co-create personal narratives through an emphasis on self-defining memories and metaphor.

People make sense of the world and themselves in it by creating self stories which have the qualities of narratives.

They have a beginning, middle and end. They have plots and sub-plots and are peopled by interesting and varied characters who move the plot along. Each narrative has themes that are both explicit and implicit. As nurses, we get a glimpse into these personal narratives when we take a history or carry out an admission to a care setting. Personal narratives are especially relevant in mental health nursing, where they become the currency for care. Patients offer their personal stories in exchange for care. They are not only seeking symptom management and a safe environment, but are also anxious to be understood and to find meaning in their self stories. Working with people to uncover deep meanings in their stories creates opportunities for healing and for hope as old self stories are rewritten and new ones are envisioned. The personal effort to express as a story what has been most

important in the unfolding of one's life has been variously named personal narrative, self story, personal story, life story, life history and life journey. These terms are used interchangeably here to refer to the personal myth (archetypal story, not untruth) of the self formed by self-defining memories and organized into a narrative.

Personal narratives have long been important in the human sciences but they have been abbreviated or distorted in clinical applications as practitioners have sought to fit rich and varied narratives into the format of the 'admission form' or 'clinical history.' Recently, there has been an effort to research the value of personal narratives in clinical nursing settings. The conclusions of these studies are that personal storytelling is a useful tool in practice (Coker 1998) and, more importantly, a way of understanding the personhood of patients (Banks-Wallace 1998, 1999).

Watson's (1985) theory of nursing provides a framework for understanding the importance of personal narratives in practice. Her model of the caring occasion shows that both patient and nurse bring a causal past to the encounter, and this influences the experience of caring and healing outcomes for both patient and nurse. The causal past is everything in the life history of a person that has brought that person to the encounter. Self stories explicitly express in narrative form a person's understanding of their causal past.

Background

During the late 1980s, I began to develop a practice that integrates nursing with visual art, based on Joseph Campbell's (1968) description of the ubiquitous myth of the Hero's Journey. In this practice, a co-creative aesthetic process is used to reveal self-defining memories of the individual's life journey. These memories, often verbally expressed as metaphors, are translated into symbols (visual metaphors) that become a portrait of the life journey. In this way the co-creative aesthetic process and the Life Journey Portrait have become the basis for a nursing practice in which I help individuals to find new meanings and healing in their lives by reflecting to them, in an image, the essential aspects of their own Hero's Journey. Casting the person as the hero of their own story rather than as a victim of life circumstances changes the self-image in a positive way and places the nurse appropriately as a peripheral figure in the person's story. This shift from Victim to Hero makes patient (or person)-centred care a reality as emphasis is shifted from the nurse and nursing interventions to the person and the unfolding meaning of the life journey.

Unlike art therapy, with the Life Journey Portrait the individual does not do the art but co-creates it with the nurse-

artist as self-defining memories are translated into metaphors and then symbols that become the basis for the portrait. Virtually any artistic medium could be used to create a Life Journey Portrait, and many nurses are skilled artists. Dance, weaving, photography and story are all ways that nurses have used their own art interests, skills and talents in practice (Chinn & Watson 1994, Skillman-Hull 1999). The co-creative aesthetic process may also be used in a variety of settings by nurses who do not identify themselves as artists but who are interested in using personal narratives as the basis for helping people to better understand their lives and their potential. Understanding the need for personal narrative, its nature, how memory works, how meaning is created, and the co-creative aesthetic process is especially relevant to mental health nursing, in which the therapeutic use of self is elevated from technique to artform.

Personal narrative

The need for personal narrative

Personal narrative is a form of autobiographical storytelling that gives shape to life experience. Written narratives are enjoying resurgence in popular literature that speaks to the human need to be truly known. In a how-to book on personal narrative, Maguire (1998) observed that, in the modern effort towards material progress, people have relinquished much of their individual power to the collective. Activities and entertainments are flashy but not soul-satisfying. He suggested that a certain 'core vitality – our feeling of having direct contact with the lives we lead, of relating meaningfully with others, and of being individuals in our own right, with our own clear identities' (p. xiii) has been lost. Maguire proposed that personal narrative is a way to restore this core vitality.

The desire for personal narrative has been kindled by the need for the mythic in everyday life. The monomyth of the hero's journey, as explored by Joseph Campbell and in Carl Jung's archetypes, has returned the mythic dimension to personal stories (Levoy 1997). In *The Cry for Myth*, May (1991, p. 63) quoted Jung: '[The man] who thinks he can live without myth, or outside it, like one uprooted, has no true link either with the past, or with ancestral life which continues within him, or yet with contemporary human society. This plaything of his reason never grips his vitals'. About personal storying and the need for the mythic in ordinary lives, Bond (1993, p. 3) observed:

Insofar as what we do seems to have intention and purpose, we are living in a myth. Insofar as our lives are seen as an unfolding story, we are living in a myth. Insofar as we claim meaning that glows

below the surface of the simple acts of daily living, we are living in a mythological context, because meaning requires an act of the imagination. Myths are not only those universal stories told around ancient fires, but just as well the haze of subjective contexts we walk through day by day.

The nature of personal narrative

Polkinghorne (1988) has studied narrative knowing in the human sciences extensively. He noted that life is virtually saturated with narrative – stories told and heard, dreams that become stories, memories retold as stories and imagined stories. When a story is read or heard, it becomes intertwined with and interpreted through the lens of one's own personal story. This observation is consistent with Watson's idea that in the caring moment the phenomenal fields of both patient and nurse intersect and interact, and cause changes in both patient and nurse (Watson 1985).

Personal narrative is a form of autobiographical storytelling that gives shape to experience. Polkinghorne (1988) suggested that personal narratives, like other stories, have specific plots; events are ordered to illuminate certain themes. Figures of speech, metaphors and similes, and other linguistic devices are used to filter and organize the personal story. Additionally, the way one part of the story is related to another is important in creating coherence and meaning in the story; therefore, the way a personal story is told is important.

A personal narrative is not a simple chronology (Polkinghorne 1988, Braid 1996), and following a personal narrative is not a linear process (Braid 1996). People begin their stories in many different places, usually starting with memories that are less emotionally intense but nevertheless important to self-definition (Gaydos 2003). Regardless of where the story begins, when really following it the listener is pulled into it and interprets it in the light of their own experiences; then this interpretation becomes a resource and a memory for the listener as well as the narrator.

Memory and meaning

Memory is crucial to the creation of the self story. Psychologist John Kotre (1996) wrote that people create themselves through memory. He noted a widely held (though erroneous) view of the way memory works, in which every experience is somehow 'filed' in the brain and then, with the right stimulus, it is brought forth whole and unchanged in just the way it really happened. What is known about the way memory actually works to create self stories is summarized as follows (Kotre 1996).

Autobiographical memories are created out of the original perception of an event, and subsequent information is supplied after the event. When a memory is recalled, it is a creative blending of the two. Additionally, memory is encoded in the physical body and can be resurrected through sensation. Any time that an autobiographical memory is checked against external records, the memory 'comes up short'. That is, it does not conform exactly to the facts of the actual event. However, what is important about a memory is not strictly dependent on accuracy of the details.

The essential role of memory is the creation of meaning about the self (Kotre 1996). Once a memory has been invested with meaning, similar events diminish in importance because memories exist in a hierarchy of meaning. The least complex level of meaning houses those memories that are recalled as a single event. These become absorbed into higher levels of more generic memories of similar events. At the top level, memories become more thematic and reflective of self-image. Over the years, as autobiographical memory shapes itself into patterns, a self story begins to emerge and connect itself within the larger contexts of family, culture and humanity.

Personal narratives in nursing practice

When memories are told and really heard, they become the experience of two people – the narrator and the listener. In this way, memories not only offer insight into a person's history but also create and maintain a relationship in the present. Meaning is thus constructed between the person telling the story and the person listening. Therefore, the interaction of a listening nurse with a narrating patient is critical to revealing meaning in the self story and to creating new meanings that are necessary to re-envision the self story. The ability to reconstruct memories over time allows for meanings to change, evolve and have relevance throughout life (Kotre 1996). The therapeutic process of reframing a memory is the exchange of one set of meanings for another. In this process, the new set of meanings creates a different perspective that highlights or downplays different aspects of the memory (Kotre 1996). Often memories and their meanings are expressed as metaphors.

Metaphor

The importance of metaphor in uncovering meaning has been discussed by nursing scholars (Watson 1987, Froggatt 1998, Hutchings 1998). The imagination's ability to create metaphors is universal, and is evident very early in human development (Dissanayake 1995). In the use of a metaphor,

something is understood in terms of something else. For example, 'My life is a dirt road leading to a black hole' is a metaphor in which the life might be understood as barren, rough, dusty, dry and leading to a deep nothingness. This metaphor vividly describes a self story in which a central feature might be a lack of hope. However, meanings in metaphors may be both personal and universal. This person's particular meaning in the metaphor may be that a dirt road is something unusual and a black hole is something immense and special. Another interpretation might be that this person sees their life as out of the ordinary, large and special. The first interpretation is more universal in meaning, while the second is more particular.

A simile is a kind of metaphor that begins with the word 'like'. The metaphor above would be a simile if it were stated as, 'My life is like a dirt road...'. Making a simile out of a metaphor creates a certain linguistic and psychological distance. A metaphor is more direct than a simile because this distancing is not present when the word 'like' is not used (Polanyi & Prosch 1975). Although it is useful to recognize this kind of distancing in narration, the term metaphor is used in this paper inclusively to mean both metaphor and simile. Making personal narratives relevant in practice requires the validation of meanings in metaphors and the intuitive use of nursing knowledge and skills.

Intuition

A nurse's intuitive ability is especially important in grasping meanings in the personal narrative, and in knowing if and when a person is ready to engage in self storying. It should be noted that severely symptomatic patients are unlikely to use metaphor, but rather to engage in very concrete thinking that is too disorganized to formulate into a narrative. The use of personal narrative in practice is most suitable for people who have symptoms under control - those who, for a variety of healthy reasons, may want a witness to their story, or those who are seeking guidance to develop their potential.

Rew (1989) described the characteristics that define intuition as knowledge which is immediate, received as a whole, and not the product of analytical reasoning. Another way of understanding intuition has been proposed by Benner and Tanner (1987), who describe it as a judgment, although a different type of judgement from that which reasoning produces.

Leners (1992) conducted an important study of the meaning of intuition in nursing practice. Using an ethnological approach, Leners found that the use of intuition by nurses deepened their relationships with clients and led to a greater understanding of them. It was observed that, although

the use of intuition was seen as a professional risk, nurses judged most excellent by their peers were also seen to be highly intuitive.

One definition of the art of nursing is an ability to grasp the meaning in patient encounters (Johnson 1994). Grasping meaning is an intuitive act performed in the moment and is grounded in nursing knowledge (Chinn & Kramer 1999). Furthermore, 'the intuitive aspect of creating form is what we typically refer to as creativity' (Chinn & Kramer, p. 189). The personal narrative is a form of story co-created between narrator and listener. As such, it is necessarily an intuitive and aesthetic process.

Co-creating meaning in personal narratives

The narrator and the listener co-create meaning in personal narratives; therefore, it is useful to describe the process of co-creating. The term 'co-create', as used in nursing literature, is generally understood to be something beyond collaboration and different from individual creativity. A description about co-creating as an aesthetic process was developed by Gaydos (1999) from an inquiry about the lives of contemporary women healers. This study employed the Life Journey Portrait, and it has been recently refined through further research about the life journeys of hospice nurses (Gaydos 2004). This description arose out of the experience of co-creating an art form, and so perhaps it is not surprising that it has much in common with descriptions of the art of nursing by Peplau, Skillman-Hull, Patterson & Zderdad, Parse, Watson, and Chinn and Kramer, as summarized by Gramling (2002), and Parse's (1992) description of co-creating as rhythmical patterns of relating. Gramling (2002) suggested that, instead of asking, 'What is the art of nursing?', a more fruitful question would be, 'When is the art of nursing?' The co-creative aesthetic process is one example of *when* nursing is art.

The co-creative aesthetic process has four aspects: engagement, mutuality, movement and new form. The process is not linear or sequential. Rather, it is creative, spontaneous, rhythmic and unpredictable. Each co-creative aesthetic interaction is unique to the moment and to the people involved, and cannot be recreated or revised. A complete discussion of the process is beyond the scope of this paper, but it is briefly discussed here as applied specifically to understanding personal narratives. It may also be applied to other nursing situations. Although the process is intuitive and whole rather than rational and linear, it has a discernible beginning and end. In co-creating meaning in personal narratives, the process is initiated by asking the person to 'Tell me your life story', 'Describe those memories that you think have made you who you are' or something similar aimed at getting

at self-defining memories. It ends when the person and nurse are satisfied that deeper meaning in the life story has been revealed, co-created and understood.

Engagement

Initial engagement starts the process and re-engagement signals that a new form has been co-created and the process is starting over again to move in a different direction. Even if there has been a prior relationship, engagement signals the beginning of something new in the relationship between the person and the nurse as together they reach out to each other for the specific purpose of telling and hearing the life story. Engagement is based on valuing the other person and the process of self storying.

Mutuality

Caring and empathy demonstrate mutuality. Caring is revealed in full presence to the other, authenticity, honouring, commitment and respect, and regard for oneself, the other person, and the experience. Empathy is defined as feeling oneself into another (Dissanayake 1995). Empathy may be both the motivation for and an extension of caring. In mutuality, both the person telling the narrative and the nurse are open to the co-creative aesthetic process as an intensely person experience.

Movement

Two modes of interactive movement are experienced in the co-creative aesthetic process: movement within, which creates rhythm, and movement through, which creates pattern. Both the rhythm and the pattern are unique to the relationship and to the moment. Movement within (rhythm) is created by the synchronous going back and forth between the person and the nurse, and between certain experiences within the process, for example between touching and not touching, between silence and speech (Gaydos 2003). The rhythm of relating has been similarly described by Chinn and Kramer (1999) as an aesthetic process, by Newman (1999) as a pattern of interaction of consciousness, and by Parse (1992) as mutual participation of the human-environment in which each participates in the pattern of the other.

Movement through (pattern) describes the temporal way in which all life is experienced and stories are told: beginning, middle and end. The pattern also refers to the recursive nature of the co-creative aesthetic process as the person and nurse move through the whole experience from engagement through new form over and over again, creating a unique pattern of relating. During the Movement aspect the nurse makes note of:

- How the story is told: where it starts and how memories are connected to each other.
- The metaphors the person spontaneously uses to describe these memories and the feelings associated with specific memories.

Exploring connects Movement Within and Movement Through. Exploring occurs as the person and the nurse propose possible meanings in the self story. It is important when exploring that the nurse is comfortable with not knowing the exact significance and meaning of a memory. Being open to not knowing creates psychological space for new meanings to be created (Munhall 1993, Gaydos 1999). Not knowing creates the freedom necessary for exploration. Confident knowing by the nurse of what something means before it has been thoroughly explored stops the process, while staying in the moment promotes it. The nurse explores meanings by:

- Making observations about possible meanings in the way the story is told and the way memories are connected.
- Reflecting in 'word pictures' what the metaphors suggest. For example, 'My life is a dirt road leading to a black hole' could be reflected by the nurse as a word picture by saying, 'I see a barren, rough, dusty, dry, path that leads to a shapeless darkness. Is that your meaning here?'

New form

In personal narratives, new forms appear within the narrative and as a newly constructed whole. These forms are created as new meanings arise, through the co-creating of new metaphors or revisions of old ones or the assigning of new meanings to a memory in the process of revision of the narrative. The nurse can co-create new forms by proposing:

- Metaphors that occur to the nurse in response to the story, but are not used by the person.
- Translation of specific events, people or feelings into metaphor and offering examples of these.
- The exchange of one metaphor (or set of metaphors) for another, thereby changing the meaning of a memory.

Memory inscribed with new meanings can be a source of hope for the future as the self story is both validated and revised. Typically, new meanings (forms) are recognized with relief, gratitude, and sometimes awe. The whole process may be recognized by both the person and nurse as a healing experience.

Conclusion

Personal narratives are important in nursing and especially in psychiatric mental health nursing, where a person's self story is often the source of much suffering or the starting point for

What is already known about this topic

- Watson's (1985) theory of nursing provides a framework for recognizing the relevance of personal narratives to nursing practice.
- The role of memory and metaphor in the creation of meaning in personal narratives has not been sufficiently explored in the nursing literature.
- A specific process for helping nurses elicit and make sense of personal narratives is needed.

What this paper adds

- The role of memory and metaphor in the creation of meaning in personal narratives.
- A specific process that nurses might use to elicit and make sense of a person's personal narrative.
- This process is both co-creative and aesthetic and is an example of nursing as art.

seeking growth and development of personal potential. The need for personal narrative speaks to the universal desire to be understood and the need for the mythic in everyday life. Personal narratives in the human sciences have been described as co-created with an order that is not necessarily chronological. Memory creates the self story and personal narratives often describe memories in metaphoric terms that reveal both particular and universal meanings. Understanding personal narratives in nursing practice is a matter of intuition and art as well as of reasoning and science. The co-creative aesthetic process is an example of when nursing is art, and it can be used to co-create personal narratives in practice. The experience of co-creating a self story with a nurse can be healing as the self story is witnessed by a caring person, memories are understood in new ways, and the self story is both confirmed and recreated.

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