

# 2

## Practicing Dialogical Narrative Analysis

---

*Arthur W. Frank*

**D**ialogical narrative analysis (DNA) understands stories as artful representations of lives; stories reshape the past and imaginatively project the future. Stories revise people's sense of self, and they situate people in groups (Frank 2006). Stories are always told within dialogues: Storytelling responds to others—whether actually present or imagined—and anticipates future responses, including the retelling of the story, with variations. These are DNA's most crucial questions:

- First, what multiple voices can be heard in any single speaker's voice; how do these voices merge, and when do they contest each other?
- Second, what makes stories distinct from other forms of narration; what counts as a story, and what does not?
- Third, why is someone choosing to tell a story, among other expressive possibilities? What particular capacities of stories does the storyteller seek to utilize?
- Fourth, what stakes does the storyteller have riding on telling this story, at this time, to these listeners? Or as I prefer to phrase it, How is the storyteller holding his or her own in the act of storytelling? By *holding one's own*, I mean seeking to sustain the value of one's self or identity in response to whatever threatens to diminish that self or identity. Groups also hold their own by means of their stories; thus, how do stories create group identities and boundaries (Linde, 2009; Polletta, 2006)?

In sum, What is the storyteller's art, through which she or he represents life in the form of a story? And what form of life is reflected in such a representation, including the resources to tell particular kinds of stories, affinities with those who will listen to and understand such stories, vulnerabilities including not being able to tell an adequate story, and contests, including which version of a story trumps which other versions?

This chapter's first section presents five methodological commitments that are foundational to DNA. The emphasis on dialogue recognizes the importance of the Russian literary critic and philosopher, Mikhail Bakhtin (1895–1975) (Bell & Gardiner, 1998; Clark & Holquist, 1984; Frank, 2004, 2005, 2010; Hirschkop, 1999). The chapter's longer second section presents the stages of practicing DNA, from developing an interest through collecting and analyzing stories to the difficult issue of how to end an analysis that, in principle, rejects last words.

## Five Commitments

To practice DNA is to sustain a tension between dialogue and analysis. Bakhtin (1984) wrote that in the dialogical novel “the author speaks not *about* a character, but *with* him” (p. 63; original emphases). DNA's concern is how to speak *with* a research participant rather than about him or her. Analysis, however, seems to require speaking *about* one who becomes the object of analysts' talk. This tension is evident in Bakhtin's statement of what makes Dostoevsky's novels dialogical: “This is no stenographer's report of a *finished* dialogue, from which the author has already withdrawn and *over* which he is now located as if in some higher decision-making position” (p. 63; original emphases). Bakhtin understood any withdrawn speech to be false: “The truth about a man in the mouths of others, not directed to him dialogically and therefore a *secondhand* truth, becomes a *lie* degrading and demeaning him” (p. 59; original emphases). I quote Bakhtin not to critique non-dialogical practices—these methods have other purposes for doing what they do. Bakhtin's ethical understanding of dialogue instigates DNA's almost obsessive concern over what can be said about someone “in the mouths of others,” those others including narrative analysts.

DNA's first commitment is to recognize that any individual voice is actually a dialogue between voices. “Two voices is the minimum for life,” Bakhtin (1984) wrote, “the minimum for existence” (p. 252). Dialogue is not simply two or more persons talking. Any one voice always comprises multiple voices. When narrative analysts whose work is most influenced by discourse analysis refer to how a story is co-constructed, they are primarily interested in how the story is built up in conversation through a process of turns at

talk, in which each speaker adds to what becomes the emerging story (Gubrium & Holstein, 2009; Riessman, 2008). That process is real and worth studying, but the dialogical narrative analyst understands co-construction differently. DNA's interest is in hearing how multiple voices find expression within any single voice. A storyteller tells a story that is his or her own, but no story is ever entirely anyone's own. Stories are composed from fragments of previous stories, artfully rearranged but never original.

Bakhtin offered two conceptual terms to describe this dialogue within any speaker's story: *polyphony* and *heteroglossia*. The distinction is subtle. I understand polyphony as emphasizing how one speaker's voice is always resonant with the voices of specific others—people whom the speaker listens to and whose response she or he anticipates. Heteroglossia emphasizes how every story is assembled from multiple codes of language usage and genre. The others who are present in the heteroglossic dialogue are the generalized others of a speech community, not specific individuals. In any one person's speech, multiple communities intersect.

In my work on illness narratives (Frank, 1995, 2004), for example, ill people's stories are polyphonic insofar as each story merges voices: medical professionals with their explanations of disease and treatment effects, loved ones and friends with their hopes and expectations, and fellow ill people as they are encountered in waiting rooms, support groups, and chat groups. These voices can be heard in borrowed words and phrases as well as in choices of plot and genre: Is this situation properly represented as a comedy or a tragedy? Illness stories are heteroglossic as they speak in multiple codes: codes of professional jargon, codes of emotional expression, codes reflecting expectations for plot progression (which events precipitate which outcomes), and again, codes governing which genres are appropriate to represent which situations.

DNA's second commitment is to remain suspicious of what Bakhtin (1984) posited as the opposite of dialogue, which is *monologue*. "In a monological design," Bakhtin wrote, "the hero is closed . . . he acts, experiences, thinks, and is conscious within the limits of what he is . . . he cannot cease to be himself" (p. 52). Most social science is monological. The ideal type as a methodological device imagines people within limits that define who they can be (Schutz, 1967). The ideal typical actor "cannot cease to be himself," in Bakhtin's phrase. By contrast, Dostoevsky's dialogical practice "constructs no objectified image of the hero at all" (Bakhtin, 1984, p. 53). What then are social scientists able to say? What are the bases of a dialogical analysis?

The narrative analyst's personal privilege and most significant professional claim to expertise is that she or he hears multiple stories from many storytellers. When I was writing *The Wounded Storyteller* (Frank, 1995) and trying to attend carefully to people's stories of illness, what mattered to me

was not to discover some truth that had escaped the attention of the storytellers, whether by an act of repression (the Freudian analytic move) or false consciousness (the Marxist move). What mattered was to *witness*, in the simplest sense of gathering voices to give them a more evocative force so that these storytellers could hear each other, and so that they could be heard collectively. In the mid-1990s, first-person narratives of illness were struggling to emerge as a distinctive genre of stories. One work of narrative analysis was to bring diffuse voices into contact with each other, enabling each voice to be heard alongside other voices that expressed similar experiences, thus giving shape to what could become a dialogue.

The third commitment seeks to extend the dialogue further than Bakhtin explicitly did, at least in my understanding of his writing. After working with stories for decades and hearing such different people tell the same stories and claim them as their own, I was forced to recognize what I long resisted: that stories have provisionally independent lives. To say that humans live in a storied world means not only that we incessantly tell stories. Stories are presences that surround us, call for our attention, offer themselves for our adaptation, and have a symbiotic existence with us. Stories need humans in order to be told, and humans need stories in order to represent experiences that remain inchoate until they can be given narrative form (Frank, 2010; Mattingly, 1998). Thus stories are both subjective—as I tell the story, it becomes radically mine—as well as external: When given close consideration, no story is ever anyone’s own, but is always borrowed in its parts.

We humans are able to express ourselves only because so many stories already exist for us to adapt, and these stories shape whatever sense we have of ourselves. Selfhood always trades in borrowed goods. As the sociology of Erving Goffman (1967; see Collins, 2004, pp. 16–25) reminds us, the sacred object of Durkheim’s “cult of the self” is patched together from presentational resources scrounged and more or less (often less) refitted. Humans’ very real sense of selfhood is constrained by the resources we have available to tell our own story, as well as by the stories that are told about people like us (Nelson, 2001), group categorizations depending on the circulation of particular stories.

The fourth commitment, and perhaps the most important in Bakhtin’s understanding of dialogue, is to the unfinalized nature of persons. Bakhtin defined his concept of *unfinalizability* in terms of Dostoevsky’s progress as a novelist, but Bakhtin’s complex identification with Dostoevsky (Clark & Holquist, 1984, pp. 238–39, 242) during a period of Stalinist censorship makes passages like the following readable as his own philosophical claim:

Dostoevsky attempt[ed] to show . . . *that internally unfinalizable something in man*. . . They all acutely sense their own inner unfinalizability, their capacity

to outgrow, as it were, from within and to render *untrue* any externalizing and finalizing definition of them. As long as a person is alive he lives by the fact that he is not yet finalized, that he has not yet uttered his ultimate word. . . . (Bakhtin, 1984, pp. 58–59; original emphases)

This passage underscores DNA's balance of another tension. On the one hand, there is no ending: People tell stories in order to revise their self-understanding, and any story stands to be revised in subsequent stories. But on the other, research reports have a practical need to end.

To understand research as a dialogue requires respecting each participant's capacity for continuing change. The tension is that analysis requires that something remain constant. What remains remarkably the same are not storytellers but rather narrative resources. "We make sense of the world using astoundingly simple cultural resources," wrote the sociologist Philip Smith (2005, p. 14) as he sought to understand the stories that move people to engage in wars. This stability of narrative resources—in particular, the finite number of character types, plot lines, and genres—allows research reports to draw conclusions and come to an end. But this stability of people's resources should not be confused with the finalization of storytellers themselves.

Fifth and finally, the commitment of dialogical narrative analysis is not to summarize *findings*—an undialogical word, with its implication of ending the conversation and taking a position apart from and above it—but rather to open continuing possibilities of listening and of responding to what is heard. Analysis aims at increasing people's possibilities for hearing themselves and others. It seeks to expand people's sense of *responsibility* (a Bakhtinian pun on *response*) in how they might respond to what is heard. DNA rarely, if ever, prescribes responses. It seeks to show what is at stake in a story as a form of response.

## Doing Dialogical Narrative Analysis

### Animating Interest

To start a research project—or to get things moving again when a project loses its way—be as clear as possible about the fundamental interest. What has animated my work for at least the last 25 years is this: *Medical treatment too often increases patients' suffering rather than reducing this suffering; why is this, and how could it change?* That is what I return to when I am confused or lost. It is the true north of my compass.

The tone of advocacy in my statement of animating interest requires qualification. A word like *change* can be misleading. Most social science

begins with a belief that humans are not organizing some aspect of their lives as well as they could. But without rehearsing a vast literature, I agree with those who argue that to describe the world may be the most effective way to change it (Latour, 2005, pp. 154–55; Smith, 2005, p. 33). What is unquestionably necessary is to begin research without a preconception of what ought to change; that would foreclose dialogue.

In dialogical narrative analysis, an initial interest proceeds from a *standpoint* (Frank, 2000). I situate standpoint within C. Wright Mills' (1959) well-known advice to trace the relationship between personal troubles and social issues. A standpoint begins with someone's personal troubles. A standpoint hears someone's stories first and gives those stories prominence in the eventual report. Of course, those are not the only troubles or the only stories. The researcher should realize that people in all the interacting groups have troubles, but in any particular research report, bringing in multiple groups' stories may neither be practical in terms of resources (including time for data collection and length of the report), nor strategic in terms of giving voice to stories that are less often heard and may be suppressed, by either commission or omission.

I cannot defend in principle keeping one standpoint in the foreground, but as I observe research practice, most of the narrative analyses I admire (Draus, 2004; Erikson, 1976; Mattingly, 1998; Williams, 1984) emphasize one standpoint, often exclusively (but for a model dialogical study of contesting standpoints, see Cruikshank, 1998, pp. 71–97). What justifies this apparent one-sidedness is the recognition that the reports present stories not as transparently accurate descriptions of what is—not as having some privileged understanding—but rather as storytellers' representations of what they perceive. People's stories report their reality as they need to tell it, as well as reporting what they believe their listeners are prepared to hear (Frank, 2010, pp. 88–93).

## Varieties of Fieldwork

In my understanding, all qualitative research begins as ethnography. Narrative research can enter into dialogue with people's stories only if the researcher has sufficient proximate experience of the everyday circumstances in which people learn and tell their stories. Getting into the field happens in diverse ways: Some researchers plan how they will do fieldwork, possibly after an initial chance encounter (Duneier, 1999); some research is privately contracted (Linde, 2009), some researchers plan but then find themselves pulled into unexpected involvements (Wacquant, 2004), some engage in activities as working participants and turn that into research (Draus, 2004), and a few are conscripted, either as researchers (Erikson, 1976) or, like me,

as humans vulnerable to disruption. I got sick, stayed sick, and then supported a family member through her terminal illness (Frank, 1991). Later, I participated as a member of support groups, and I worked with physicians on committees to improve healthcare, all of which had many of the effects of fieldwork. I went places, associated with people whom I would not otherwise have known, learned their ways of thinking and speaking, gained a provisional competence in others' work, and assimilated others' values to the point that action based on those values became plausible to me—this is fieldwork.

Conscripted fieldwork certainly has disadvantages: Having too much at stake leads to reacting quickly to what happens and feeling invested in those initial reactions. Some time is then required to imagine the scene from alternative perspectives. But the singular advantage is that being a conscript provides an *embodied* experience of the compelled engagement that moves those for whom “the field” is where and how they survive. If I had spent the same time in hospitals as an ethnographic observer, my observations might have had greater reliability and validity—although years before, when I was in hospitals with sociological observation as my sole agenda, I, like any researcher, was only in one place at a time, caught up in particular networks of patronage and friendship, and was subject to institutional politics and pressures (Bosk, 2008).

The non-conscript easily misses feeling what compels lives that are conscripted: In the case of being a medical patient, the overwhelming lack of choice about being there; the absolute, physical dependence and how that conditions other actions and attitudes; plus, having to deal with the hospital's routines, delays, and impersonal affronts to dignity while your body is exhausted, in pain, and otherwise breaking down, thus increasing fears and anxieties. I hope that as an observer I would have noted these aspects of patients' embodiment, but I could never have felt them. And I would never have heard ill people's stories as I have.

Loïc Wacquant (2004) made the same argument as he reflected on becoming a boxer in order to study boxing:

It is imperative that the sociologist submit himself to the fire of action *in situ*; that to the greatest extent possible he put his own organism, sensibility, and incarnate intelligence at the epicenter of the array of material and symbolic forces that he intends to dissect; that he strive to acquire the appetites and the competencies that make the diligent agent in the universe under consideration. (p. vii)

This statement seems too imperative in its impossibility to implement in many areas of research, but Wacquant (2004) expresses a serious ideal. For the narrative analyst, being in the field is less about the content of particular

observations and more about experiencing, however partially and even artificially, the same “fire of action” as the storytellers who are being studied. Only through that shared experience can the analysis comprehend members’ appetites and competencies, as Wacquant calls them.

Dialogue begins in bodies before it is expressed in symbols, and it returns to bodies once those symbols are expressed. At some point and in some way, the narrative analyst must “get close enough to grasp it *with one’s body*” (Wacquant, 2004, p. 7; original emphases). Dialogical listening is a responsive act of grasping with one’s body. Fieldwork can take many different forms and durations depending on all sorts of contingencies, including ethics committees whose commitment to risk management means restricting bodily engagement. Another limit is that if narrative analysis means following the stories, stories travel further—plots are borrowed and tropes resonate—than any one narrative analyst’s possibility of direct observation. But some engaged, embodied fieldwork is necessary as a beginning.

## Collecting Stories

Researchers collect stories that seem to speak to their animating interest. Begin by being widely inclusive, cultivating reflexive uncertainty about which stories will eventually be most useful. Stories are told in informal talk and in formal interviews, they appear in mass media and new digital media, and they are found in published memoirs. Because so much has been written about interviews, let me praise the value of published memoirs as sources of stories. I believe that published memoirs should be prerequisite reading before interviews are conducted. In memoirs, it is easiest to see the commonly shared stock of narrative resources that are available to represent what become people’s experiences. Some memoirs rightly claim to expand this stock of resources; all memoirs utilize it (Frank, 2009). Not the least advantage of memoirs is that the public accessibility of complete texts allows colleagues to check how a researcher has adapted a story to fit the report.

Memoirs are the revised reflections of especially articulate individuals; they offer focused descriptions of periods in the author’s life. Memoirs attract readers because they evoke a sense of being there, participating in the experiences that the author describes; they may lead readers to reinterpret their own experiences. Memoirs achieve publication—and most do not—because editors who read a good deal of that kind of material find what is said to be interesting, which is not assured by methodological correctness. Thus, memoirs set the standard for how *informative* social science research reports need to be to merit publication. If a research report does not go beyond confirming what memoirists have already discovered

through personal experiences, then the report should say that. The research may still be a contribution, but the acknowledgment of what memoirists have already recognized is simply good scholarship (“review of the literature”) and intellectual honesty. Of course, social scientists may find the most interesting aspect of a collection of memoirs to be what is left out—the systematic silences in the discourse. Then the question is how extensively pervasive those silences are, and interviews can be useful to determine that.

Eventual closure in story selection is practical, justified by human finitude, not principle. The dialectical analyst never forgets that people are still out there, telling new stories in which they discover new possibilities for who they can be. The decision to impose closure will be justified by what is interesting in the report, not by claims of having exhausted some field of activity and materials.

What stories are collected from whatever source—interviews, mass media, specialized archives, and document collections—depends on the narrative analyst’s depth of response to this crucial and not so easily answered question: What exactly is worth calling a story?

## Deciding What Is a Story

Having undertaken fieldwork, what segments of writing, speech, or bodily enactment count as stories? Narrative analysis raises the thorny question of whether there is a distinction between narratives and stories (Frank, 2010; Riessman, 2008, pp. 6–7). Not all narratives are stories—a distinction exemplified by the sociologist Charles Tilly’s (2006) differentiation between *technical accounts* and *stories*. Technical accounts often take a narrative form—events follow in sequential order, with some causal relation between them—and can look like stories, especially when they are popularized (p. 154). But technical accounts depend on specialized knowledge authorized by experts: “They assume shared knowledge of previously accumulated practices, and findings . . . they signal relationships with possessors of esoteric knowledge” (p. 131).

Stories are non-specialized. If technical accounts depend on expertise, stories, on my observation, depend on imagination. Plus, as Tilly (2006) emphasized, stories are driven by character: “Actors’ dispositions (rather than, say, pure accident or fate) will cause most or all of their actions” (p. 70). I would add that technical accounts look most like stories when they anthropomorphize non-human entities, endowing them with dispositions and thus creating characters. The crucial research issue here is why people choose to tell a story, as opposed to saying what they have to say in some other discursive form.

What, then, is a story? Definitions proliferate, especially in literary narratology (Abbot, 2002), but these definitions remind me of the fable of the blind men grasping some part of an elephant and each declaring what the beast is on the basis of the particular part he holds. Each definition expresses some insight into stories, but each is only part of what stories are. As a practical matter of which segments of talk or text to designate as stories, I imagine stories horizontally, vertically, and from the perspective of a child.

On a horizontal dimension, unfolding in real time, stories are well described by the template the sociolinguist William Labov presented in multiple publications (Riessman, 2008, pp. 81–86). A story begins with an *abstract*, which announces that a story will be told and often locates it within a genre. Next comes an *orientation*, which sets the time, place, and central characters. The core of the story is a *complicating action*, in which something out of the ordinary happens, requiring the characters to respond. The story moves toward its ending with a *resolution* to the complication and then an *evaluation* of what has happened: Was it done well or badly? Finally, a *coda* marks the end of the story; in conversation, turn taking returns to other speakers. Labov is clear that only “fully formed” narratives have all these elements. The story told by a child and much analyzed by Harvey Sacks (1974)—“The baby cried. The mommy picked it up.”—is a story, but less than fully formed. Stripped down to a complicating action and resolution, it exemplifies a minimal but still recognizable story.

Labov’s useful description of the progress of a narration tells us little about what distinctive capacities of stories lead people to tell them, as opposed to speaking in other narrative forms, which have their own distinctive capacities. Another dimension is thus required, which can be thought of as vertical. Here we find the elements extensively explored by literary narratologists: characters, point of view, genre, suspense, and, what I believe to be most important of all, imagination. A narration that does not animate imagination might display all of Labov’s elements of being fully formed, but most people would not consider it much of a story. Storytellers construct stories in recognizable, generally sequential segments, but stories have their distinctive effects—whether to instruct, to explain oneself, to enroll others in a cause, or simply to entertain—because they engage imagination.

What a story is should remain fuzzy at the boundaries. Horizontally, a story is a segment of talk, writing, or other communicative symbolism that has at least a complicating event and a resolution. Vertically, stories have enough of the aspects that include characters, suspense, and imagination. What is *enough* can be determined by the bedtime test. If a self-respecting child wants to hear a story before bed, simply telling a complicating action is rarely enough; a story has to make that action suspenseful, and that usually

hinges on strengths and flaws of the characters who deal with the complication. Younger children often ask for the same bedtime stories, so another useful lesson of the bedtime test is that a story should remain recognizable across multiple retellings. Even though the effects of a specific retelling may depend crucially on the distinctive language used on that occasion, a story always exceeds the particular language in which it is told.

### Selecting Stories for Analysis: Practicing *Phronesis*

For the analysis to remain truly narrative, each story must be considered as a whole; methods that fragment stories serve other purposes. Thus, from the original collection of stories, comparatively few will actually be discussed in the research report. Which stories to select is crucial. Most qualitative methodologists would, at this point, recommend some systematic method for sorting through the stories that have been collected and making accountable decisions about which ones the analysis will focus on; their sense of method lies in that accountability. DNA has different priorities.

DNA selects stories for focused attention on the basis of *phronesis* (Flyvbjerg, 2001): The practical wisdom gained through analytic experience. In practice, *phronesis* is, first of all, the analyst's cultivated capacity to hear, from the total collection of stories, those that call out as needing to be written about. My writing has had the best response when I felt the stories I was representing had chosen me. The feeling of being chosen by a story is not, however, unaccountably intuitive. Judgment depends crucially on what has been learned during fieldwork, even if a considerable part of this knowledge remains tacit, even to the fieldworker. Second, *phronesis* means making selections based on specified value commitments. Flyvbjerg (2001) wrote that in *phronesis*-based method, "choices must be deemed good (or bad) in relation to certain values and interests in order for good and bad to have meaning" (p. 57). Here we return to DNA being grounded in specific ethical commitments, principally the unfinalizability of storytellers.

Third, *phronesis* is practiced—and it is a craft, not a procedure—in an iterative process of hearing stories speak to the original research interest, then representing those stories in writing, revising story selections as the writing develops its arguments, and revising the writing as those stories require. The analysis of the selected stories takes place in attempts to write. The research report is not post hoc to an analysis that is completed before writing. Rather, reports emerge in multiple drafts that progressively discover what is to be included and how those stories hang together. In DNA, stories are first-order representations of life, and writing about stories is a second-order act of narrative representation.

To support what is defensibly scientific in this conjunction of analysis and writing, here is Bruno Latour (2005), writing as an ethnographer of scientific laboratories:

It's not because you become attentive to the writing that you have shed the quest for truth. . . . Textual accounts are the social scientist's laboratory and if laboratory practice is any guide, it's *because* of the artificial nature of the place that objectivity might be. (p. 127; original emphases)

Analysis happens in what Latour (2005) calls “continuous and obsessive attention” (p. 127) to writing a well-written report. Decisions are constantly made about what belongs in this representation, what should be set aside for later, and how the stories fit together—that’s analysis.

The dialogical analyst freely admits that the collection could be assembled and sorted in multiple ways, yielding different analyses; doing those other analyses would expand the dialogue. Dialogical analysis has no interest in presenting itself as the last word. What requires exclusionary gestures is unclear at best and suspect at worst. Part of what makes a dialogical report good is the opening it creates to further representations. Here again is the dialogical commitment to unfinalizability.

But accepting that analysis takes place in the process of writing, writing has to begin somewhere. To get analysis moving, I propose an open-ended set of questions, each of which will have different utility with respect to different stories. Some questions will be most useful for thinking about why they do not apply to a story. Others can open up what was unnoticed about the story.

## Opening Up Analysis

Analysis can begin with resource questions. What resources shape how the story is being told? Complementary to that, What resources shape how listeners comprehend the story? And then, How are narrative resources distributed between different groups; who has access to which resources, and who is under what form of constraint in the resources they utilize?

The primary resources for telling a new story are the stories that are already circulating in the setting; again, recognizable character types, plot lines, genre choices, and tropes. (For example, I once had a list of all the illness stories I knew that used a shipwreck metaphor.) Having considered which resources are available to whom, the next question becomes this: What other narrative resources, if available, might lead to different stories

and change people's sense of possibility in such settings? What might be preventing those alternative narrative resources from being mobilized?

Circulation questions are second. Who tells which stories to whom? In medical settings, patients, physicians, and other health professionals (including nurses and occupational therapists) are remarkably self-enclosed storytelling communities. Some stories are told between these communities, but the stories that people consider most expressive of their lives often remain told within only one community. Thus, when stories are told in interviews or during ethnographic inquiry, one of the most important follow-up questions is this: Who would immediately understand that story and who wouldn't? And, as another follow-up question, Are there some people whom you wouldn't tell that story to, and why not? If the story is told in a published source, the question becomes how the story is framed to anticipate certain readers and to be ignored by other readers. Controversies that follow the publication of some stories—who objects to what story being told and who defends it—are especially useful material.

Affiliation questions are third. Who will be affiliated into a group of those who share a common understanding of a particular story? Whom does the story render external or other to that group? Who is excluded from the “we” who share the story? Stories in sacred texts and in the popular literature of faith traditions, which are many people's template of storytelling, collect the faithful and exclude the unfaithful. All stories—even “The baby cried. The mommy picked it up.”—set boundaries. The tacit recognition that the baby might not have been picked up is the ominous overtone that gives the story its suspense. The story sets a boundary between properly concerned, caring parents and the others, and this boundary counts crucially for the child telling the story. In their work of boundary setting, all stories are political (Smith, 2005; Tilly, 2002).

Identity questions are fourth. How does the story teach people who they are, and how do people tell stories to explore whom they might become? Here DNA reaches the complex issue of narrative identity (Bruner, 1986; Frank, 2010; MacIntyre, 1984). In the briefest terms, storytelling plays upon a tension between forces that would finalize lives and the imagination of life as unfinalized. Stories provide an imaginative space in which people can claim identities, reject identities, and experiment with identities (Mattingly, 1998; Nelson, 2001). But constructing that sentence with *people* as the active subject biases the issue. Stories are always already there enabling people to take up identities and delimiting their identity possibilities. In stories, people contest identity finalizations, as in folktales of unpromising younger-son peasants who end up marrying the king's daughter. But the

contest is circumscribed by the availability of narrative resources, such as the stock character of the unrecognized younger son and the reversal-of-fortune plot. People express personal identities in stories, but their stories are made up from stock expressions.

Last, but by no means finally, are questions about what is at stake. How is the storyteller holding his or her own in the act of telling that particular story, in that way? Or put the other way, How do the stories that some people have available convince them of what they have to do and to be in order to hold their own? In placing my emphasis on these questions, DNA imagines life as primarily a condition of vulnerability. Holding one's own is a response to vulnerability; sometimes this response is spontaneous, other times it can be strategic and reflective. Storytelling is an act in which people hold their own, but also, the stories that people know set the parameters of what they can imagine as their own to hold.

Each of these questions involves the fundamental balances of DNA; in particular, How is the story both subjective and external; how is the story an authentic expression of how the storyteller grasps his or her world, yet equally, how is it an external condition that limits what the storyteller can know of his or her world? The most relevant balance may be between the storyteller's expertise and the analyst's enlarged perspective. How does analysis proceed not by claiming privileged insight into particular stories, and much less into the minds of storytellers, but rather by knowing more stories, told from diverse perspectives? The fundamental difference between storytellers and narrative analysts, insofar as I have been able to grasp it, might be called *narrative cosmopolitanism*. The analyst has the leisure to get around, hear more stories, defer response to any particular story and to the conditions that require its telling, and to wonder: In what conditions of living do people hold their own by telling stories like these?

## Building a Typology

The questions just presented open up inquiry, but they are not, in themselves, sufficient to structure a report. There are multiple forms of DNA (Frank, 2010, pp. 112–144). This chapter will discuss only one of these many ways, which is to structure the research report around a typology of stories. One dialogical advantage of developing a typology of stories is that the individual storytellers can be left unfinalized; only their available narrative resources are treated as finite.

Typologies justify themselves, first, insofar as they render orderly what initially seems merely individual in its variety. A second justification is that typologies show how the actors in whatever field are effected—enabled to be as they are—by their available narrative resources. As surely as people are

positioned by such variables as income, education, and ethnicity, they are positioned by the stories they know, feel comfortable telling, and can take seriously. Unfamiliar stories do impose themselves; I think of this as *narrative ambush* (Frank, 2010, pp. 58–60). But in everyday life, most stories are familiar.

The three types of illness stories that I propose in *The Wounded Storyteller* (Frank, 1995) are a useful example of a typology. After my conscripted fieldwork and collection of diverse stories, I eventually (that is, after about two years of revising) identified three core narratives that most specific stories depend on. In the briefest terms, the restitution narrative's plot is that someone gets sick, is treated, the treatment is eventually successful, and the person is restored to at least a reasonable approximation of the life that was led before illness. The primary actors are medical staff, especially physicians, supported by nurses and technologies (machines, pharmaceuticals). The suspense is whether the person actually will be restored to a version of his or her life before illness.

The plot of the chaos narrative features a protagonist who has multiple problems, crystallized by an illness (or illnesses) but usually not limited to that illness. One bad thing has led to another, and life is collapsing around this person. Efforts to stop the collapse are futile; everything has been tried, and each potential form of assistance is blocked. All the actors are buffeted by forces they cannot control, and the plot leads to no resolution, which is its chaos. Chaos stories are *anti*-narrative in the sense that while one thing happens after another, none of it goes anywhere. The sense of simultaneity stifles suspense; things will worsen, but too slowly for the expected end to offer any relief.

Finally, quest narratives are based on an explicit or implicit journey metaphor. In genre terms, they are romances, in which a character encounters a sequence of obstacles and gains wisdom and stature through the process of overcoming these (Frye, 1957). The suspense is whether the sufferer's original attitude toward the illness will transform into understanding the transformative potential in the illness experience. The storyteller of quest narratives is most likely to claim to have elaborated the narrative resources available to future ill people—that elaboration is part of the quest.

These three types are not descriptions of personalities or dispositional structures of ill people. My interest was not in looking for principles that could predict which individuals would represent their illnesses in which combination of narrative types. What impressed me during my conscripted fieldwork were the differences in narrative resources available to ill people. In particular, What constrained ill people's mobilization of different resources? For example, medical staff effectively convey their preference that patients frame their stories as restitution narratives. Staff members tell patients restitution stories, either about other patients with whom a comparison is proposed, or about the present patient's future, as the medical staff claim

authority to imagine that. By contrast, chaos narratives are not narrative resources for other stories; on the contrary, they exemplify attempts to narrate in the absence of sufficient resources. Chaos narratives are anti-narrative in (non) causal structure, and that makes them heroic as attempts to represent lives about which stories are generally not told.

In contrast to restitution stories that draw primarily on thin medical resources—prognoses often are told as narratives but are technical accounts, not stories—and differing from chaos narratives that have no resources, quest stories draw on the broadest diversity of resources: spiritual stories, political resistance stories, and again, romances of the hero overcoming some apparently insurmountable obstacle to fulfillment and happiness. Quest stories also draw upon established genres of stories of suffering: for example, Holocaust narratives. I have tried to show how Audre Lorde's (1980) quest narrative draws on a folkloric tradition of trickster stories (Frank, 2009). Most important, the narrator of a quest narrative claims his or her unfinalizability, which should be distinguished from the embodied finitude of the story's protagonist, who may be facing death. This distancing between the narrator and the protagonist is a means of transcending illness—not denying it, but evading its banality—and establishing that distance is one way that the storyteller holds his or her own in conditions of extreme vulnerability.

What does this typology do? For whom is it useful, to do what? My intention was that it could help clinicians who work with the ill to hear how the three narrative types weave within any specific story that a patient tells on a particular day. I believed that professional listening would be enhanced if medical staff had a simple structure of what to listen for. I limited the typology to three types, in part because these three seemed to be sufficient to describe my collection of stories, but equally, I believed that three types were all that a working clinician could hold in her or his head while listening to patients. Given my objective, such a practical consideration was reasonable.

The typology has also proven useful to ill people who use it to reflect on what story they have been telling—what enabled that story and how that story was affecting their life—and even more important, what story they were not telling, leading them to ask why not. The most general use of DNA is in assisting people to become more reflective narrators of their lives. In particular, naming the chaos narrative opened a silence in clinical practice. It helped ill people to hear a previously unacknowledged aspect of their own stories.

My point was never to recommend one type as preferred. Each type reflects people's narrative resources or lack thereof. I specifically sought to avoid creating a typology that could be used as some kind of diagnostic or classificatory instrument that would extend clinical power. Writing with an

awareness of Michel Foucault (1997, 2000), it was crucially important that my typology not become a form of *truth game* (Foucault's description of practices of self-knowledge by which people are made into proper subjects of institutional necessity). A typology is dangerous because its categories propose terms in which people can feel constrained to identify themselves and to finalize themselves, in Bakhtin's terms. Administrative interests like typologies because to administer is often to finalize. Foucault was not, however, being ironic when he linked truth games to practices he called "care of the self," which he took seriously as the basis of aspiring to a life that was both ethical and also free (1997, pp. 284–285). Recognizing the inherent dangerousness of practices does not preclude engaging in those practices, but it is a necessary prerequisite to engagement (Foucault, 1997, p. 256). Truth games are dangerous precisely because they are productive. The issue is not renouncing truth games, but learning to play them well—another instance of *phronesis*.

While a typology can structure the content presented in a narrative analysis, a typology is never an end in itself. Here I return full circle to the interest that first animates the research and the standpoint of that research. The dialogical test of a typology is whether it enhances people's capacity to hold their own in circumstances of vulnerability. A good typology explains how the available range of narrative resources limits people. For example, those who can represent their lives only in chaos stories are limited in imagining anything that could make those lives better; their story becomes their fate. DNA sets aside, at least provisionally, the idea of people telling stories, and it thinks instead of stories imposing themselves on people, and these people then being limited to representing their lives according to whatever imagination the stories make available. Thus DNA circles back, repeatedly, to asking this question: How well served are people by their stories? That question, adaptable to multiple research fields, is fundamental.

## Possible Endings

The ending of a dialogical narrative analysis need not be tentative, but given the commitment to unfinalizability, any ending is necessarily provisional. As I wrote earlier, people's experience of participating in research—and later, possibly reading the research report—will probably instigate more stories, including different versions of stories told to researchers. But if life always goes on, writing comes to an end. So as an ending to this chapter, here are three issues that I keep in mind when considering how to end a dialogical narrative analysis.

First, an analysis that truly has been a dialogue should end with appreciation for the storytellers and their art, as well as appreciation for the stories that help

humans make this world fit for habitation. To recognize what to appreciate, ask yourself, How are people telling stories to discover who they are and to explore who they might become? How are they using stories to hold their own in difficult conditions? All too often, how one group holds its own can be dangerous to others (Frank, 2010). Commitment to doing research in a dialogical relation does not require affirming whatever stories people tell. Rather, when people tell stories that are dangerous to others, deprecating others' identities and making them fit objects of violence, DNA asks what has driven those people to hold their own by telling those dangerous, injurious stories? My appreciation for others' stories definitely has limits, but I push those limits by putting the stories back into the conditions of the storyteller's lives—especially the stories they have grown up on, as those resources have shaped people's sense of how they could and should respond to what they face.

Second, analysis can end with the relationships that stories instigate: Whom does the story bring together, and whom does it designate as outside its boundaries, with what consequences for those outsiders? In *The Wounded Storyteller* (Frank, 1995), the relationships are between ill people and the healthy world around them, and the ending is about what difference it would make if those who are healthy could hear more of the stories ill people tell, rather than only those that get through various narrative filters. How might people's lives change if they heard their own stories with enhanced reflective awareness and if they heard others' stories with a more generous sense of what makes these stories viable representations of the lives those storytellers live?

Finally, an ending can recognize how people's lives are affected by how they use or misuse their imagination. Stories are representations not so much of life as it is, but of life as it is imagined, with that imagination shaped by previous stories. Storytelling is a dialogue of imaginations. This dialogue is real in its consequences for how people act—sometimes brutally real, and sometimes heroically real. Narrative analysis never stands apart from this dialogue. Narrative analysis gives increased audibility to some stories, recasts how other stories are understood, and necessarily neglects many stories. But one analyst's neglect is another's possibility—less cause for criticism than for appreciation. The dialogue always continues.

## References

- Abbott, H. P. (2002). *The Cambridge introduction to narrative*. Cambridge, UK: Cambridge University Press.
- Bakhtin, M. (1984). *Problems of Dostoevsky's poetics* (C. Emerson, Trans.). Minneapolis: University of Minnesota Press.

- Bell, M. M., & Gardiner, M. (Eds.). (1998). *Bakhtin and the human sciences: No last words*. London: Sage.
- Bosk, C. (2008). *What would you do? Juggling bioethics & ethnography*. Chicago: University of Chicago Press.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Clark, K., & Holquist, M. (1984). *Mikhail Bakhtin*. Cambridge, MA: Harvard University Press.
- Collins, R. (2004). *Interaction ritual chains*. Princeton, NJ: Princeton University Press.
- Cruikshank, J. (1998). *The social life of stories: Narrative and knowledge in the Yukon territories*. Lincoln: University of Nebraska Press.
- Draug, P. (2004). *Consumed in the city: Observing tuberculosis at century's end*. Philadelphia, PA: Temple University Press.
- Duneier, M. (1999). *Sidewalk*. New York: Farrar, Straus, and Giroux.
- Erikson, K. T. (1976). *Everything in its path: Destruction in the Buffalo Creek flood*. New York: Touchstone.
- Foucault, M. (1997). *Ethics: Subjectivity and truth*. P. Rabinow (Ed.). New York: The New Press.
- Foucault, M. (2000). *Power* (J. D. Faubion, Ed.). New York: The New Press.
- Flyvbjerg, B. (2001). *Making social science matter: Why social inquiry fails and how it can succeed again*. Cambridge, UK: Cambridge University Press.
- Frank, A. W. (1991). *At the will of the body: Reflections on illness*. Boston: Houghton Mifflin.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: University of Chicago Press.
- Frank, A. W. (2000). The standpoint of storyteller. *Qualitative Health Research*, 10(1), 354–365.
- Frank, A. W. (2004). *The renewal of generosity: Illness, medicine, and how to live*. Chicago: University of Chicago Press.
- Frank, A. W. (2005). What is dialogical research, and why should we do it? *Qualitative Health Research*, 15(7), 964–974.
- Frank, A. W. (2006). Health stories as connectors and subjectifiers. *Health: An Interdisciplinary Journal*, 10(4), 421–440.
- Frank, A. W. (2009). Trickster narrates the balance of health. In L. M. Harter, M. J. Dutta, & C. E. Cole (Eds.), *Communicating for social impact: Engaging theory, research, and pedagogy* (pp. 21–31). Cresskill, NJ: Hampton Press. International Communication Association Theme Book Series.
- Frank, A. W. (2010). *Letting stories breathe: A socio-narratology*. Chicago: University of Chicago Press.
- Frye, N. (1957). *The anatomy of criticism*. Princeton, NJ: Princeton University Press.
- Goffman, E. (1967). *Interaction ritual: Essays in face-to-face behavior*. Garden City, NY: Anchor Books.
- Gubrium, J. F., & Holstein, J. A. (2009). *Analyzing narrative reality*. Thousand Oaks, CA: Sage.

- Hirschkop, K. (1999). *Mikhail Bakhtin: An aesthetic for democracy*. Oxford, UK: Oxford University Press.
- Latour, B. (2005). *Reassembling the social: An introduction to actor-network-theory*. New York: Oxford.
- Linde, C. (2009). *Working the past: Narrative and institutional memory*. New York: Oxford.
- Lorde, A. (1980). *The cancer journals*. San Francisco: spinsters/aunt lute.
- MacIntyre, A. (1984). *After virtue*. Notre Dame, IN: Notre Dame University Press.
- Mattingly, C. (1998). *Healing dramas and clinical plots: The narrative structure of experience*. Cambridge UK: Cambridge University Press.
- Mills, C. W. (1959). *The sociological imagination*. New York: Oxford University Press.
- Nelson, H. L. (2001). *Damaged identities, narrative repair*. Ithaca, NY: Cornell University Press.
- Polletta, F. (2006). *It was like a fever: Storytelling in protest and politics*. Chicago: University of Chicago Press.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oakes, CA: Sage.
- Sacks, H. (1974). On the analysability of stories told by children. In R. Turner (Ed.), *Ethnomethodology* (pp. 216–232). Middlesex, UK: Penguin.
- Schutz, A. (1967). *The phenomenology of the social world* (G. Walsh & F. Lehnert, Trans.). Evanston: Northwestern University Press.
- Smith, P. (2005). *Why war? The cultural logic of Iraq, the Gulf war, and Suez*. Chicago: University of Chicago Press.
- Tilly, C. (2002). *Stories, identities, and political change*. Lanham, MD: Rowman & Littlefield.
- Tilly, C. (2006). *Why?* Princeton, NJ: Princeton University Press.
- Wacquant, L. (2004). *Body & soul: Notebooks of an apprentice boxer*. New York: Oxford University Press.
- Williams, G. (1984). The genesis of chronic illness: Narrative re-construction. *Sociology of Health and Illness*, 6(2), 175–200.