



## Editorial

### Illness Stories and Family Nursing

Descriptions of living offered in the first person or by a narrator have long been part of our world and our traditions. From the fairy tale to the autobiography, the storyteller weaves language to render a description for a specific purpose and usually for a specific audience. My children love hearing bedtime stories about my family-of-origin. Frequently constructed from stories I have been told by other family members, each family story I tell—even the rendering of a familiar story—is shaped to fit the nuances of the moment and the audience. The stories I tell my children about my father get edited and embellished differently when I tell the same story to my children in his presence!

These descriptions of living called stories have been increasingly recognized as important processes in helping people describe and make sense of the lives they are called to live. A valuing and elevation of the story or the narrative account has shaped professional language and practice. In recent books, periodicals, and conferences, there is a fascination with ideas such as “stories,” “voice,” “restorying,” “narratives,” and so forth. Books like Art Frank’s *The Wounded Storyteller* (1995) advocate the usefulness of telling the story of one’s experience of illness, and family journals like *Family Process and Families, Systems & Health* have published a number of articles which focus on narrative ideas to assist with healing in families. Influenced by an Australian family therapist named Michael White, a postmodern approach to treatment has been called narrative therapy.

Ask an ill person or their family members about their illness and you frequently get an answer which describes symptoms, medication, treatment, or medical investigations. Arthur Kleinman (1988) offers a useful distinction between disease and illness. Disease, he argues, invites a biomedical description dealing in the domains of diagnosis, treatment, and cure (a medical narrative). Illness, however, refers to “how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability” (p. 3). Helping to uncover and understand the lived experience of health and illness versus focusing on disease is not new to either nursing science or practice. In fact, it is considered fundamental to how we define the nature of the discipline.

In our work with families experiencing illness, we have found that both the medical narrative of disease and the illness narrative are important (Wright, Watson, & Bell, 1996). However, families seem conditioned to primarily relate details of the medical story of disease at the exclusion of the illness story. Why has the story of disease been privileged over the story of illness in both health care and social conversations? What constrains us from inquiring about the illness story? Nurses, we argue, are in an incredibly privileged position to hear and affirm the illness story; “Illness narratives include stories of sickness and suffering that need to be told” (Wright et al., 1996, p. 61). The listening, witnessing, and documenting of illness stories is important work that nurses are capable of—even morally obligated to do. The telling of the illness story can be

therapeutic for the both the storyteller and the listener. By inviting family members' stories of suffering, sickness, strength, spirituality; tenacity, and tenderness, there is the potential that the storyteller may experience being heard and hence, validated. There is the potential that all listeners—family members as well as the nurse—will be changed.

It takes knowledge, skill, sensitivity, and courage to uncover and distinguish illness stories with the individuals and families with whom we work. As Sandelowski (1991) observed, "lives can be understood, revealed, and transformed in stories and by the very act of storytelling" (p. 163). When illness has affected lives and relationships, it is important therapeutic work to influence the conversation in a manner that will give voice to the human experience and help family members feel understood, not just by the nurse, but more important, by each other. It is elegant therapeutic work when ideas are offered to expand the audience of the illness story; challenge the creation of new stories, and alleviate the suffering associated with the old story of the illness experience. In a special focus section of this issue, the applicability of narrative approaches to the nursing of families is addressed in three articles. Narrative approaches offer one of many ways to conceptualize and maximize opportunities for healing conversations between nurses and families to occur.

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