Guest Editorial
A Cautionary Tale About Stories

In sickness, health, lives, relationships, and families, we create, maintain, and carry stories of experience, suffering, success, love, and heartbreak. As I complete a hermeneutic study on grief, I am called to a caution around our preferences in the language we choose to describe human life and experience. Paradoxically, the very thing that sustains and tethers interpretive work is language and yet it is a particular word, so often seen in qualitative work, which beckons a caution.

At the heart of postmodern practice and qualitative research, nurses among other practitioners, are called to a recognition that all theory is buoyed by the particular, that whatever we do and think is grounded in human examples. In our responsible efforts to collaborate, de-mystify, and reduce hierarchy, something may have occurred that could be regarded as an exalting of another kind of privileging in practice and language: the practice of revering stories.

The revering of stories is not unfounded, in fact, as interpretive researchers, we are champions of stories and are committed to conserve, honor, listen, and give ear, voice, and interpretation to stories. In the hermeneutic tradition, however, other perspectives necessarily have to exist for in the uncovering of one thing, we discover another; in choosing particular language, we leave out other words.

The professional language of "story" has broadly taken off from its historical context. Story was originally the way that things were passed on, messages communicated, morals disseminated, teaching embedded, and legacies immortalized. Stories, according to Abram (1996), have been the traditional way in which history has been passed. Stories embody practical knowledge, historical events, wisdom of elders, and religious beliefs; they can be rich with parables, animate forms, unforgettable characters, and embedded meaning (Abram, 1996). Parry and Doan (1996) spoke of stories as images of meaningfulness in lives, rather than truthful representations.

We honor the language of story for all these right reasons. However, in this taking up of folk language, in the careful attunement to what we have been handed, something else may have emerged. Story has been consumed by professionalism. It has become a buzzword and even rhetoric. It finds itself in team meetings, in the administration of health care systems, in practice. In helping professions, with narrative traditions as our helmsman, we may have humbly and benevolently embraced a containment of people's experience as something that exists only in the stories we carry with us. Hermes, then, as our guide calls us to the question "Has our language of story become an albatross hanging about the neck of the work of honoring them?" This word that originated in a therapeutic genre as something original and traditional perhaps attempted to capture the essence of human experience, but it has taken on a life of its own with the word becoming something assumed at many levels, except perhaps the level where it matters most. Therefore, when clients tell heart-rendering descriptions of their experiences of loss, of what it is like to lose a child, to watch a child die in your arms, and the clinician with all good narrative intentions comments on the power of hearing such a story, and the client responds, "Well, I didn't make it up," one has to take a step back and wonder about the power and risk of using language that might trivialize pain and suffering. It is not just a story to the people in the midst of difficult experiences; it is not something made up. Story has the implications of being contrived, without substance, a weaving of myth and fiction.

Story has taken on a life of its own, if you will, a story of its own. *Story* is defined in the dictionary as a fictitious literary composition; a narrative, tale, or legend; a news event or report; an aggregate of facts or circumstances; an account; an anecdote or joke (Agnes & Guralnik, 1999). Family experiences might be none of these things or some of them, but they cannot be captured in anyone of them.

I am arguing that the word *story* has perhaps come to mean something else to practitioners than it has to clients, and it is in this very separation where language can stand in the way of the important work of hearing what needs to be heard and acknowledging the pain, history, events, and legacies behind the words. The complexity of all this is not just a story and can never be contained within only one story.

I do not suggest we abandon our honoring of narratives of experience, but we use the language with a caution that invites us to recognize that we not only enter into stories of suffering, not simply recounted, but we enter into experiences of suffering. It is our work, as family nurses, to not just to hear an accounting, composition, narrative, legend, report or aggregate but to slip behind the word and hear the pain, the experience, the profound spiritual recalibration that is required in this kind of experience.

Wittig Albert (1996) wrote,

our stories arise from our hearts and souls. In this sense, telling our stories becomes a sacred gesture, opening a clear way to that deep, ecstatic center where we are most uniquely our selves, individual and unique, yet joined together at the heart . . . our ordinary stories are extraordinarily spirit filled. (p. 8)

Stories of grief and loss, illness, and suffering are filled with spirit. This spirit is about experiences, memories, tales, reports, hopes, dreams, beliefs, and relationships. At the deep ecstatic center of families. It is not ever just a story.

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