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## Book review:

### **Narrative Research in Health and Illness**

Eds Brian Hurwitz, Trisha Greenhalgh, Vieda Skultans  
Blackwell and BMJ Books, £45, pp 456  
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Is “narrative” a story, a drama, or a life? Is it a general class of text? According to this collection, narrative can be any of these things—and more. This raises an interesting question. Why do researchers focus on “narrative” when the meaning of the term is so ambiguous and variously interpreted?

The main motivation of this type of research seems to be to counter the social fragmentation that goes with specialisation. Specialisation creates communication barriers between experts and non-experts and also between different tribes of experts. Narrative bridges the first divide by allowing health professionals and researchers to connect with patients and research participants on the common ground of natural language. This is part of a growing humanistic tendency in medicine, which is welcomed by those who are long weary of medicine's scientific posturing. Narrative bridges the second divide by providing a theme common to different academic disciplines. This has led to productive dialogue between (for example) medical sociology, bioethics, and the medical humanities.

The “narrative turn” in medical research has thus been a boundary crossing exercise; and this collection of papers, together with its antecedent volume, *Narrative-Based Medicine: Dialogue and Discourse in Clinical Practice* (BMJ Books, 1998), is a record of some of its research output. Both collections warrant close attention from people who seek to understand the narrative turn in medicine. Those who want to learn how to do narrative research should perhaps look else-where, however. If ambiguity about the meaning of the term narrative has permitted the bridging of divides, the bridge is now straining. The term has become a category without boundaries and has thereby come to represent many different ways of meaning. The less clear the boundaries, the more baggage it collects. If this trend continues, the bridge may collapse. This may not be such a bad thing, however.

Narrative increasingly seems to be the flagship of a growing field of research that has yet to become conscious of itself as the study of language as it relates to health, illness, and health care. The study of stories is the most natural and appealing route into the study of language generally. This explains the fixation on “narrative.” In order to reason about language more generally, however, researchers

need to differentiate between different ways of meaning. Collapsing them into super-categories is of little use to the practical task of analysis. Moreover, it is increasingly apparent that we need a theory of language that will provide researchers with a common terminology for describing linguistic phenomena. Without this, the meaning of basic terms will continue to differ, and the research will continue to be incommensurable. Useful theories of language exist (such as S Eggins's *An Introduction to Systemic Functional Linguistics*, 2004), and they provide language explorers with invaluable tools as well as a lingua franca.

*Narrative Research in Health and Illness* may mark the limit of an arc in the “narrative turn.” Looking back, we can see that the term narrative has been productively overworked. Looking forward, we can surmise that medicine may be developing a linguistic subspecialty, as did education last century. This is because technicality, as well as ambiguity, has its uses.