

## The narrative field in *Journal Ciência & Saúde Coletiva*

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**Abstract** *This paper analyzes Journal Ciência & Saúde Coletiva's approach to the narrative field. The concept of "narrative field" is built on the relationships of three dimensions, namely, the cognitive (epistemic), the socio-political-pedagogical, and the applied. This is an analytical, quantitative, and qualitative research of authors, themes, theoretical and methodological approaches, concepts, and disciplines. The search on the SciELO database was developed in two stages: 1. Context – Restricted to the health publications, research on 29/01/2019, with the Portuguese descriptor "narrativa" + "saúde" (without filter); 2. Bibliometric research – data collected in December 2019 using descriptor "narrative" + "ciência e saúde coletiva", period 2002-2019. No reference was found in the searched journal before 2002. In the analysis of the 43 texts, the keywords were grouped into narrative analyses, narrative reviews, narrative texts, biography, and translation. We conclude by affirming the relevance of the theme, despite the small number of works, and suggest scholars emphasize in future works the theoretical approaches of narrative work and demarcate their perspectives, as an approach or an object, or both.*

**Key words** *Narrative field, Narrative, Journal Ciência & Saúde Coletiva narrative, Narrative research*

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## Introduction

In 2008, when revisiting narrative methodologies, Stanley and Temple<sup>1</sup> pointed out that “narrative studies include several divergent theories, approaches, and methodologies”, but “[...] remain a relatively open intellectual space, characterized by diversity, but also by fragmentation”. Consequently, “several different approaches coexist within the structure of the enterprise called narrative”, as a pioneering concept in transdisciplinary studies and one of the “most successful watchwords in literature, history, cultural studies, philosophy and health studies”<sup>2</sup>.

Its innumerable possibilities had already been presented when, in the second half of 1960, Barthes<sup>3</sup> analyzed how the narrative could be “sustained” by the most different languages (oral or written, by the fixed or mobile image, by the gesture or by the orderly mix of all these substances); and by its presence; in multiple expression forms (myth, legend, fable, short story, novel, epic, history, tragedy, drama, comedy, mime, painting, stained glass windows, cinema, comics, news, and conversation); in its “almost infinite diverse forms”, “present in each age, in each place, in each society; it begins with the very history of humanity, and there has never been, anywhere and at any time, a people without a narrative [...] it is simply there, like life itself”. We wish to state that the relationship between life-narrative-life was central to the thought of the psychologist Bruner<sup>4</sup> – “Narrative imitates life, life imitates narrative.” Other essential discussions analyzed the narrative as a “metaphor”, or as a “concept traveling” between different fields<sup>5</sup>. As an “open space”, it expanded between disciplines<sup>6</sup>, became inter and transdisciplinary, and crossed national borders. This point can be observed in Meuter’s detailed study<sup>7</sup> on narrations in literary studies, arts, historical sciences, psychology, psychoanalysis, philosophy, ethics, sociology, theology, legal studies, philosophy of science, citing the challenge of natural science to the narrative field. Another concept found in the studies is that of “narrative turn.” According to Hyvärinen<sup>8</sup>, the first “narrative turn” occurred in literary studies (1960) and later in historiography (the late 1980s). The author affirms that “the narrative turn in social sciences began in the early 1980s, encompassing different issues, namely, positive evaluation of narratives as such, a general and often humanistic anti-positivist approach to the study of human psychology and culture”.

With the health sciences, especially in medicine, the concept of narrative began to appear in the early 1980s and extended to other areas, such as nursing, physical education, medical education, health and mental illness, care and healthcare, health policies health, among others. Without a doubt, the narrative possibilities about health/illness/care are of the most varied species, from lay to scientific, artistic, ethical, literary, historical, journalistic, which are formalized in oral, written, visual reports, and are presented and disseminated in books, articles, reports, documentaries, testimonials, films, radio and TV programs, internet, patient groups, among others.

Although, as Hyvärinen<sup>8</sup> points out, there was no “conscious and unitary movement of scholars” around narratives in its origins, it can be said that we currently have, in different areas, a perspective of what I call “narrative field”, which is expressed by a cognitive (epistemic), socio-political-pedagogical, and applicative dimension, with a higher or lower level of institutionalization [of the field] depending on the local and national conditions of its emergence and development. The concept presents some approximations with the notion of “field of narrative interaction”<sup>9</sup>, systematized by Becker and Quastanoff<sup>10</sup> in the study that allows “differentiating between different concepts of narrative and different research interests.” The proposed scheme crosses two axes. The horizontal “represents the multidimensional narrative”, and the vertical, the “cultural semiotic extension, focusing on the one side, the individual, and on the other, society”, opening up possibilities of “open narrative” and “default narrative” (someone chosen as a narrator, relatively separate from the context, among other attributes). The scheme also measures the micro and macro-structural levels, pointing out two types of research: the underlying narrative and its applicative approach (including educational purposes).

Several dimensions can be addressed in a narrative-centered study. Based on published works found online, such as in the *Journal Ciência & Saúde Coletiva*, this paper aims to approach the narrative field from exploratory quantitative-qualitative research of authors, themes, theoretical and methodological approaches, concepts and disciplines, and this production contextualizes the set of publications on collective health. While it is not intended to emphasize in detail the three dimensions mentioned above in the same way, they will be analyzed considering that the narrative field rests on this tripod, as needed.

## Methods

The previous presentation exposed the complexity of a study based on the narrative, especially since the idea is not to start from a previous concept but identify how it is situated in theoretical and empirical texts. However, we anticipate some essential points that cannot be excluded: the dimensions that characterize it as an experience, its temporal relationship, and its socio-cultural context. We would add methodological issues, as shown below. Thus,

*classifying the richness of the narrative analysis concerns the question of whether the narrative is seen, in specific studies, mainly as a characteristic of an approach or as an object. [...] for some, narrative analysis requires the application of a narrative analytical approach to examine empirical data [...]. For others, narrative analysis is the research field designed to analyze narratives, understood, for example, as artifacts that exhibit stories<sup>11</sup>.*

This research perspective does not abandon the possibilities of quantitative research in the narrative field, and bibliometric studies are associated with them.

Empirical research on the SciELO database was developed in two stages: 1. Characterization of the context – This context is restricted to its presence in publications in the health sciences, research on 29/01/2019, with the Portuguese descriptor “*narrativa*” + “*saúde*” (without filter), listing journals, countries, languages, areas of knowledge; 2. Bibliometric research – data collected in December 2019, using the Portuguese terms “*narrativa* + “*ciência & saúde coletiva*”, for the 2002-2019 period, as descriptor. Exhaustive search was done directly on the texts of the Journal itself and the Journal’s website in the search by “subject”, but no paper was published before 2002. We wish to point out that the first five papers were published in the 1995-1999 period in the journal *História, Ciências, Saúde – Manguinhos*. The third stage of the research was to arrange the material to analyze “What narratives say”. The author/text/narrator relationship was emphasized, analyzing the narratives from the grouping of keywords, with one or more examples in narrative analyses, narrative reviews, narrative texts, biography, and translation.

Ninety-six references were found for this study period. The first filter removed all duplications, which resulted in 48 papers. A second filter was applied to check whether all texts were adequate to the study proposal, with the reading of abstracts and papers; at that moment, five papers

of an essayistic nature (which could be a form of narrative, but not in the cases) did not fit, and the study was empirically based on 43 texts.

## Context

Contextualizing the narrative field has become a challenging task, as shown previously. The geometric growth of the theme and its popularization requires a broader spectrum of information and is not the objective of this presentation, which is limited to its presence in publications in the health sciences.

In total, 416 references were found by country. Brazil ranked first with 357, followed by Portugal (26), Colombia (16), and, subsequently, several Latin American countries with less than five references. Time distribution was irregular in 535 references during the 1965-2019 period, ranging from 1 to 89, the latter being that of 2019.

Regarding journals, in a total of 629 references, precedence is for *Interface (Botucatu)* (112), *Journal Ciência & Saúde Coletiva* (98), *Cadernos de Saúde Pública* (50), *Physis: Revista de Saúde Coletiva* (48), *Saúde e Sociedade* (36), *Revista de Saúde Pública* (22), *História, Ciências, Saúde – Manguinhos* (20), *Saúde em Debate* (12), and *Revista Brasileira de Epidemiologia* (6). The three languages used are Portuguese (504), English (228), and Spanish (66). Health Sciences lead as a knowledge area with 546 references, followed by Human Sciences (270), Multidisciplinary (15), Applied Social Sciences (14), Engineering (1) and Linguistics, Letters, and Arts (1). Interestingly, in this context, 259 references refer to Public, Environmental and Occupational health, followed by Education and Educational Research (123), Health Policies and Services (98), Nursing (69), Health Sciences and Services (25), History and Philosophy of Science (20). General and Internal Medicine, Medical Ethics, and Ethics appear in the last places, with less than 20 citations.

## Via a bibliometric study

As already pointed out, some instruments that are notably found in bibliometrics were applied in the quantitative study of the research. Bibliometric indicators are divided into scientific quality indicators (peer review), scientific activity indicators (development, number, and distribution of published works, authors’ productivity), scientific impact indicators, and thematic association indicators<sup>12</sup>. In this research, some approximations will be made with these indica-

tors. The works' impacts (number of citations received) and source impact indicators will not be calculated (this is a thematic study and not the journal's impact), but thematic issues will be addressed. From the viewpoint of scientific quality, all papers were evaluated by peers from the scientific community of Public Health, within the criteria of *Journal Ciência & Saúde Coletiva*.

The following was found when analyzing the number of papers produced and the number of authors: 113 authors of 43 papers, of which 88% (99) are authors of a single work and 12% (14) of more than one work. Five was the maximum number of papers written by the same author. Only 18% are individual authors, and 82% belong to groups of authors. It appears that the theme is spread by a multiplicity of authors, also from different institutions, with some concentration in two of these institutions. There are 34 institutions, including universities, public services, and hospitals. The institution with the highest number of references is the Oswaldo Cruz Foundation (Fiocruz) – (17 papers, 40% of the production), with 12 authors; followed by the State University of Rio de Janeiro (UERJ) – (12 papers, 30% of the production), with 16 authors; the State University of Campinas (Unicamp) – (5 papers, 15% of the production), with 11 authors; University of São Paulo (USP) – (4 articles, 12% of the production) and five authors, while others had lower numbers of references. Only one international institution (Universidad del Valle – Colombia) was recorded, with two papers; seven foreign authors appear in the set of papers, one from McGill University, and six from Universidad del Valle.

It is interesting to note that, even within institutions, papers are distributed among the most different departments and postgraduate programs. Thus, without reference to numbers, the following can be mentioned: Nutrition, Nursing, Law, Collective Health, Information Technology, Communication, and Psychiatry.

A total of 188 keywords were found, and worth remembering here is the difference between descriptors and keywords, as many are “random and taken from free language texts”<sup>13</sup>. Portuguese terms *narrativa* and *narrativas* appear only in ten papers (5%); *revisão narrativa*, in 13 papers (7%); *pesquisa qualitativa* in six papers (3%); *violência*, in four papers (2%) (one of violence against women and one against children and adolescents), and *saúde mental*, also with four papers (2%). Therefore, 151 (80.3%) keywords are named just once, twice or three times.

After full-text reading, keywords were re-grouped to carry out an analysis of their contents into narrative analysis – 19 (44%), narrative reviews – 13 (30%), theoretical texts – 9 (20%), biography and translation of the original English McGill Illness Narrative Interview, one paper (2.3%), respectively. The 43 works total 1,651 bibliographic references (38.4 references/paper). Regarding the “narrative classics”, six mention Paul Ricoeur, four Walter Benjamin, and two Jerome Bruner.

### What narratives say

The previous data confirm the existence of a narrative field but do not specify how the narrative paths were built. The author or authors, now as narrator or narrators, should reveal characters, scenarios, and narrative content, and even include the field of knowledge itself or a singular figure as a “character”. In the language of Foucault<sup>14</sup>

*[...] the author's name serves to characterize a certain way of being in the discourse [...]; it indicates that this discourse is not floating and fleeting... it must be apprehended in a certain way [...] receive a certain status. [...] the author's name does not transit as a given name [...] it embroiders texts, selecting them, delimiting them, manifesting their way of being or, at least, characterizing them.*

The analyses will be made from the grouping of keywords with one or more examples. The texts have different approaches to the narrative theory, depending on “where” the authors are talking, technically, what the “narrative focus” is, which turns them into narrators. Ochs and Capps<sup>9</sup> affirm that narration can vary in the continuum from active narrator to multiple, active co-narrators. In the scientific field, the authors/narrators have standardized (through publications and science bias) how to proceed in their writing. However, the presence of groups of researchers and multidisciplinary research leads to an internal distribution of tasks and, then, the highlight of the author or authors.

The findings showed a huge number (35) of authors grouped in the preparation of the text, but only eight are single authors. While not all participants worked on writing the texts, they approved the one presented and previously written by one, two, or three members of the group. It should be noted that, in twenty papers (46.5%), the authors report participation by all members in all stages of the work, including writing. Thus, in these works, the narrative of the narratives –

the writing had a “collective” nature, which must not be confused with the issue of “collective narrative practices”, which has its own theoretical and methodological specificities.

### Narrative analyses

The 20 narrative analyzes addressed a highly diversified theme, including educational processes, violence, telehealth, medication, mental health, the elderly, social support, empathy, qualitative health research, health management, nurse’s work, chronic illness, intersubjectivity, religiosity, psychiatric reform, subject in public health, medical discourse, sexuality, and scientific information. While the authors have not conceptualized narrative analysis, it is essential to highlight its meaning. According to Figgou and Pavlopoulos<sup>14</sup>,

*A narrative analysis refers to a cluster of analytical methods for interpreting texts or visual data built from stories. A common assumption of narrative methods is that people tell stories to help organize and make sense of their lives, and their narrative stories are functional and purposeful.*

We found that this proposal can be observed in works that spanned different themes and theoretical and methodological approaches, with particular reference to dialectical hermeneutics and Kleinman’s illness narrative; in research techniques, mainly, in-depth interviews and focus groups.

Mention is made of the analysis of the narratives of health professionals<sup>15</sup> in order to exemplify. Noteworthy are the authors’ initial notes when taking the narrative “both as an object of study and a method, and a way used to organize the experience and memory of human events.” The authors/narrators approached this theme seeking “the experiences of professionals in courses aimed at developing health education knowledge and practices”, based on a complex theoretical and conceptual framework derived from Ricoeur, Kristeva, Burke, and Schutz. They explicitly write:

*We aimed to find elements that reveal mediations between discourse and action, structure and events, and memory and political action – that indicate the shift from the representation of theoretical wisdom (what is known) to practical wisdom (what is done)<sup>15</sup>.*

The context was called “training waves” with the construction of narratives that could capture the “individual path in the course, highlighting facilities and difficulties in learning and developing the competence profile”, revealed by the “reflective narrative of the path of learning to com-

pose a TCC [course completion work].” In the proposal for an “interpretative synthesis”, they conclude: “The analyzed narratives orbited around the experiences of health professionals experienced from their performance as facilitators in educational processes. The narrators did not take a course on active methodologies, but experienced them in progress”. I associate the paper with the comment made by the Finnish sociologist Hyvärinen<sup>16</sup> due to its pertinence on the topic:

One of the most distant and important places that the narrative has reached during its several trips is set by professional practices. Teachers, health care professionals, social workers, and therapists have taken on new forms of work that emphasize telling and listening to stories.

### Narrative reviews

The papers classified as narrative reviews also addressed a significant thematic diversification: healthy eating, voice disorder, public policies, and mental health, traditional, complementary and integrative medicine, adolescence, health promotion, science, technology and innovation, social marginalization, nutritionist’s practice, health measurement instruments, social networks, and drugs, coping with chronic diseases, and air pollution.

Interestingly, there was a common point, namely, eight papers. They define narrative review and are based on Edna Terezinha Rother’s editorial<sup>17</sup>, which differentiates systematic review from a narrative review. The author says that “narrative review papers are broad publications appropriate to describe and discuss the development or ‘state of the art’ of a given subject, from a theoretical or conceptual viewpoint.”

“As already mentioned by Foucault, it allows a meeting of the author with the text.” Although the reproduction of his methodology is impossible, Rother argues that “narrative reviews can contribute to the debate of certain themes, raising questions and collaborating in the acquisition and updating of knowledge in a short period.”

The following example illustrates this possibility within the narrative field. Randomly, the selected paper<sup>18</sup> reviews

The reporting of historical processes, including social subjects, the production of knowledge, the facts that marked the path of the inclusion of WRVD (Work-Related Voice Disorder) in the list of work-related diseases of the Ministry of Health.

The authors explain the method: “This is a qualitative, narrative review, understood as a broader publication, appropriate to discuss state of the art on a given subject. It emerges as a critical and personal analysis by the authors, who do not intend to generalize”, following the concept given by Rother<sup>17</sup>. They state that, as authors, they participated in the search for recognition of the WRVD; they are subject-objects of this story. The sources used primarily were technical documents, papers from scientific journals, and annals of events, which formed the basis for the historical narrative, “stitched” by the current legislation concerning WRVD. A quick citation of some topics covered reveals the narrative sequence given by the authors: technical-scientific analysis – empirical evidence on the relationship between voice disorder and work; political-professional analysis – a movement for the recognition of WRVD in Brazil; difficulties in establishing the causal link (including the multifactorial character of the voice disorder). The authors affirm that

‘A non-linear process was revealed, marked by successes and setbacks, moments of great optimism and conflicts, frustrations and ancillary initiatives that, while giving visibility to the issue, did not obtain the formal recognition of the WRVD’ including the ‘imposition of the Medical Act, with a difficult return to dialogue.’

They report that the official publication of the WRVD Protocol occurred between the date of approval of the paper and its effective publication (July 31, 2018).

### Theoretical texts

While they do not delve deeper into the issue of “narrative theory”, as a theory, the papers classified as “theoretical”, taken as a whole, sought to locate their sources.

In a first example, the paper addresses the “narrative epistemology”<sup>19</sup> of the clinical discourse using the medical records of patients with Down syndrome, advancing several fundamental discussions in the narrative field, including “semiotic reading” of the medical discourse and “disease narratives”. Based on Paul Ricoeur, they address historicity and narrativity. The authors revisit the historiography of the disease-narrative relationships (illness narrative) by Kleinman, Hydén, Arthur Frank, and other authors; they highlight the different approaches and the role of biomedicine in removing the subject from diagnosis and treatment in the name of “effective neutrality.”

Another example, in the field of mental health (evaluative research; research on the experience of illness; research on the experience of working in mental health), addresses in detail the narrativity in Ricoeur (“it resumes tradition as a default of official stories”), Benjamin’s historical perspective, and the field of medical anthropology<sup>20</sup>.

A third example can be illustrated with the narrative about a discipline<sup>21</sup>, with the study of narrative constructions in health sociology, where two works by two social scientists (José Carlos M. Pereira and Maria Cecília de S. Minayo) are analyzed, respectively, the social practice of medicine within functionalist, comprehensive and dialectical materialism perspectives (Pereira), and qualitative research (Minayo). *Regarding the qualitative analysis, “it is established as a treatise of a qualitative method that carries in its pragmatic formulations the theoretical density that sustains them”, in a relationship between theory and method. The theoretical basis is based on Maines<sup>22</sup> – “genuine narrative sociology can have a double face: to be a sociology of narratives, and more inclusively and reflexively, to include narratives of sociology.”*

*Within the framework of the disciplines, another study discusses the contribution of psychiatry to present times. It points out that an articulation of the planes of the body, experience, and narrative in a permanent dialogue is imposed in the “ethical and epistemological challenge of knowledge and care practice whose object is psychological suffering.” Paul Ricoeur and Kleinman are among the references<sup>23</sup>.*

A fifth example of the application of narrative analysis for health sociology is the research of eleven textbooks in this field produced in the United States and England in the 1900-2010 period. The analyzed manuals were classified by the main narrative’s characteristics: doctor-centered, interdisciplinary, pedagogical, analytical, quasi-autobiographical, critical, and synthetic-reflective. Theoretically, it is based on Maines<sup>22</sup>, when he recalls that the sociology of narratives sees sociologists as narrators and asks what they do with their own stories and those of other people<sup>24</sup>.

A comprehensive review was carried out from the perspective of illness sociology, called by the author<sup>25</sup> “narrative analysis”, highlighting theoretical issues, the relationship between structure and social action, experience and action in the path of the health-disease-care process. The primary authors referenced are White, Bamberg, Riessman, Atkinson, Kleinman, Bury, Ricoeur, Benjamin, Jovchelovitch, Bauer, among others.

We attempted to evaluate the illness narratives in the field of qualitative research, reviewing the field but establishing relevant theoretical issues<sup>25</sup>.

Three other works<sup>26-28</sup> fall into the category of theoretical narrative texts: on the methodological principles of phenomenology and medical anthropology for the production of first-person reports; the challenges of ethnographic research and the process of analysis in qualitative research, the latter, referenced, among others, in philosophers and sociologists Gadamer, Adorno, Heidegger, Merleau-Ponty, and Habermas.

### Biography

The biographical narrative, or as Zinn<sup>29</sup> calls it “biographical research”, presents two approaches. The first “emphasizes the reconstruction of the unique case and the development of ‘personality’ throughout life”. The other highlights the “problem-specific action modes, and is more concerned with the systematic comparison of different action modes than with the general structures of personality”. While not explained in this way, these two dimensions are present in the paper<sup>30</sup> that narrates the path of Vitor Valla (1937-2009), associating biographical and autobiographical contents, highlighting not only the theoretical but the popular education activist.

### Translation

It is important to note that the magazine published the “translation and cultural adaptation into Portuguese of the McGill Illness Narrative Interview (MINI), an interview model for researching meanings and ways of narrating the experience of illness, tested in the Brazilian context for psychiatric and cancer-related problems.”<sup>30</sup> The careful work of elaboration within the processes of translation and cross-cultural adaptation used by specialists in the field lasted one year and, as the authors conclude, “they met the

criteria of semantic equivalence and indicated that this interview guide serves in our environment to access the same type of narrative about the illness experience proposed in the culture of its origin”<sup>31</sup>.

### Final considerations

The presentation showed that the issue of a narrative is relevant in *Journal Ciência & Saúde Coletiva*, even considering the small number of papers (less than 50). The study allowed reaffirming a conclusion made twenty years ago by Sheehan and Rode<sup>32</sup>, which is that the narrative discourse and the scientific are not incompatible genres.

Considering the extensive borders of the health field and the “healthy heterogeneity” of the theoretical approaches to narrative work - “from postmodernism to rhetorical analysis, communication theory, pragmatism, functionalism, structuralism, and hermeneutics”, future works cannot ignore this question. We should also remember that the narrative can be an approach or an object, or both. Robert and Shenhav<sup>11</sup> argue that the distinction between these perspectives is essential when the researcher delimits “the nature of the boundaries planned for his research, whether it is mainly by methods or by content”<sup>32</sup>.

We perceive in *Journal Ciência & Saúde Coletiva* a clear perspective on the proposed narrative. However, one should not sideline the theoretical issues that contribute to enrich the empirical knowledge of health/disease/care/health institutions/disciplines, just like what happened when the fundamental theoretical issues emerged (1980/1990), with the concepts of *illness narratives*, *biographical disruption*, *life trajectories in illness narratives*, *illness experience*, *narrative-as-testimony*, *narrative-as-account*.

After all, as Somers<sup>33</sup> wrote, “narrativity allows knowing, understanding and giving meaning to the social world”.

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