

WEEK 9 – THE ROLE OF NARRATIVES IN POLICY

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The use of narratives or autobiographies in health policy is not new. In the research literature, narratives are also called by other names-- life stories, life history, personal history, narrative analyses, and/or representation of lives.

The interest in narrative research emerged in the policy sciences around the early 1980s. Since policy makers and researchers have different agendas, the use of narratives can help explain the what works and why part of a question. Narratives are not anecdotal. We define anecdotes as short biographical or autobiographical accountings that are generally used to be conversationally amusing.

Narratives, on the other hand, are stories that are told and heard critically, contextually, and reflexively. Narratives are designed to evoke a response in relaying autobiographical information targeted to help produce a specific outcome or decision. Another way to look at narratives is how they provide practical knowledge or praxis.

Paul Gionfriddo, who is in the Connecticut state legislature, discusses how his understanding of mental health systems in 1978 resulted in systems that failed his own son, who has schizophrenia. Which is one of the more devastating and difficult to treat mental illnesses. Pay particular attention to how Paul describes the importance of language within and across stakeholder groups as you read his article assigned to class.

The Bill of Rights, created by the National Federation of Families for Children's Mental Health can also be seen as a narrative. Written in the first person, it is autobiographical in that as an individual, these are my rights. Further, as a parent or caregiver for my children, I have the right to advocate for these rights, so my children receive the stories and supports and services they need to have the quality of life to which they are entitled.

And as a parent caregiver I can add their voice to the larger voice of parents and caregivers to pursue these fights for all children. As you read Gionfriddo's story, or you listen to Ruth's story, remember to focus critically on what each is saying to contextualize what each is saying in terms of policy. And finally, reflect on how each story does or does not inform the audience.

As a graduate student or as a policy maker, better yet, consider going back and rewatching Jack's story from week number one. This time, on how effective it is as a narrative being told by others. Now, Ruth's story.

Ruth is a family member of a son with a serious mental illness. She was invited to provide testimony to the Florida Commission on Mental Health and Substance Abuse at the meeting which examined the state of the science in mental health. There are a lot of ways to view Ruth's story.

She is a professional, a lawyer, a mother, and a member of Naomi, who selected her to be its representative to the commission meeting. Hence, she is a member of a number of what we call discourse communities. As we've discussed earlier in the course, each type of community has its own way of framing and its own language in how it describes its understanding of the world.

From the communication perspective, each is speaking for himself or herself as well as for others. Each individual brings tacit knowledge that is their life experiences. Each person also brings the voice of Naomi to the meeting. And we look at effective advocacy in this next section.