CHAPTER TWO

Narrative, Experience, and Aging

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The relationship between narrative and experience is anything but straightforward. The old concept that, under ideal conditions, there is a one-to-one correspondence between the two, that one mirrors the other, has given way to the perspective that all manner of social and cultural conditions mediate the connection. Narrative and experience are now viewed in complex and dynamic relationship with each other (see Birren et al., 1996; Bruner, 1987; Kenyon & Randall, 1997; Rosenwald & Ochberg, 1992).

This is not to say that narrative's relationship to experience is arbitrary. While it has been argued, especially by postmodern advocates of a totalized world of images, that the stories we tell and, in particular, the messages conveyed, are bandied about the fleeting tides of hyperreality (see Baudrillard, 1983 for example), messages continue to be about recognizable experiences. While experience is simulated within a vast landscape of media representations, the stories told still resonate with the classic themes of our lives—celebration, tragedy, time, space, birth, aging, and death. Rather than doing away altogether with the concrete semblance of a world of reality, my own view, and I believe that of others in this volume, is to strive for a middle path, turning to particular sites, occasions, and texts of lived experience to discern in detail how experience is narratively conveyed in the ways it is or otherwise could be.

Of course, changing discourses of subjectivity designate the meaning of experience in their own right. We need only compare the
contrasting portraits of “discipline and punishment” on the opening pages of Michel Foucault’s (1977) now classic study of the birth of the prison to realize that experience has only belonged to the individual for the last few centuries. If French regicide Damiens’ body is drawn, burned, flayed, and quartered in agonizing detail in the first portrait presented by Foucault from Damiens’ public execution in central Paris on March 2, 1757, we are led to believe that it isn’t Damiens himself—his self—who is viewed as experiencing the event, but the king (the crown) in relation to an undisciplined and ruinous appendage. A mere 80 years later, discipline and punishment have radically changed. It is now criminals themselves—their selves—who suffer the daily regimen of rehabilitation centered rationally on the reformable entities that individuals are seen to be. It is their own experience that is now deployed in the gaze of criminal justice, something separate and distinct from the crown’s, belonging to the imprisoned individuals in question. The experientially real here is real enough, even as its contrasting discourses construct realistic difference.

My purpose in the following comments is to present some of the important analytic contours of this middle path as it applies to aging and everyday life from the perspective of a social constructionist. Other important perspectives, of course, will be presented in the following chapters. Narrative gerontology is informed by all of them. My aim in these initial comments is to emphasize the complex and dynamic relationship between narrative and experience as it applies to aging, which in my view is far from being hyperreal but, rather, is eminently ordinary and practical.

LOCAL SPHERES OF MEANING

One of the most significant mediating conditions of narrative and experience is the local spheres of meaning that bear on and enter into the relationship. For example, when an adult family member conveys to other family members what it means to care for a frail and demented parent at home, the story is articulated in relation to understandings about the particular domestic responsibilities of that family. Given similar conditions of frailty and cognitive impairment, members from another family engaged in home care could
very well articulate an entirely different story, informed by the understandings of its particular domestic world (see Hess & Handel, 1959). While I don’t mean to suggest that such familial understandings determine what is conveyed, they do offer horizons of shared and recognizable meaning for what is expressed and how that is interpreted.

Local spheres of meaning in matters of home care are not limited to familial constructions, even while these do exert significant influences on how we represent the domestic front and its sentiments, especially as they apply to interpersonal relations (see Berger & Kellner, 1970; Hess & Handel, 1959; Reiss, 1981). Friendship groups and other circles of interaction outside of the family also bear on the matter. For example, Cynthia Burnley (1987) describes compellingly how the understandings of family members can narratively overshadow the intact, but often hidden nonfamilial and equally supportive outside relationships of single individuals who are involved in caregiving. The never-married women Burnley interviewed told stories of not being taken seriously when it came to who was responsible for caring for an aging parent. The overriding assumption was that the single adult daughter, in particular, has less to give up than her married siblings. As Burnley explains, “The parallel emotional support systems of the married and single caregivers go unrecognized” (p. 253). Because the unmarried sibling’s emotional support system is not viewed as “familial” by married family members, the related sentiments and competing filial obligations of storytelling concerning the responsibilities of caregiving privilege married narratives over unmarried ones. As single caregivers’ own supportive relationships are eclipsed by their married siblings’ ostensibly more “real” familial obligations, single caregivers’ accounts are rhetorically silenced and their own emotional need for sympathetic understanding ignored.

If we multiply these local spheres of meaning to include the huge landscape of going concerns outside the domestic sphere that increasingly bears on the articulation of experience, we greatly expand the mediating conditions of storytelling. What I have in mind here is the burgeoning nexus of institutions, large and small, whose virtual business it is to discern, categorize, offer advice concerning, treat, or otherwise alter the identities involved in, and the troubles attendant to, growing up and growing old. For example, human service
agencies abound, offering help and advice at every turn. Schools, day care centers, and churches socialize the young, while “12-step” programs and support groups see us through midlife and the later years. These are but a fraction of the settings that narratively mediate contemporary life, as their leading stories are integrated into participants’ accounts of personal experience. On any given Sunday, one can scan the local newspaper and find literally dozens of self-help and support groups listed for recovering alcoholics, families of alcoholics, codependents of substance abusers, cancer sufferers, survivors of cancer, Viet Nam veterans and their families, the friends and significant others of AIDS sufferers, and Alzheimer’s disease caregivers, many of which bear on the experience of aging. Robert Wuthnow (1994) has estimated that 40 percent of the U.S. population participates in such groups, narratively conveying their experience in seeking personal meaning and community.

This landscape is a highly variegated source of narrative plots for storying our lives. With life more and more intertwined with such institutions, individual experience is increasingly represented in a set of themes hatched and deployed in public places, over and above the private individuals we are commonly portrayed as being (see Holstein & Gubrium, 2000). Indeed, as more of these going concerns are charged with assessing or facilitating talk about experience, personal meaning is increasingly “deprivatized” (Gubrium & Holstein, 1995b; Holstein & Gubrium, 1995b). Our lives are ubiquitously constructed from distinctive circumstances so that experience takes hyphenated form: “the-family-according-to-this-agency,” “life-satisfaction-and-well-being from that professional standpoint,” “the-elderly-person-as-viewed-by-this-expert,” “caregiving-and-responsibility-as-seen-in-that-support-group,” and so on. The diversity of storytelling, it seems, is limited only by available narrative resources. The multisitedness of a deprivatized world evokes narratives of experience as distinct as the occasions and conditions that incite related talk and interaction.

**ACTIVE STORYTELLERS**

At the same time, I don’t mean to suggest that the variability and nuances of contemporary narrative representation are effected only
by institutional mediations. Storytellers are not fully embedded in institutional narratives; as Harold Garfinkel (1967) might have put it, they aren’t narrative “dopes.” Rather, while they attend to local spheres of meaning in constructing their stories, taking them into account in forming their thoughts, and organizing their actions, they also use elements of their own biographies to specify meanings shared with others (Gubrium & Holstein, 1995a, 1998). The stories we tell and live by are not wholesale reproductions of existing narratives but conglomerations of what is narratively received and locally taken-for-granted on the one hand, and what is artfully added to the brew by individual storytellers on the other.

In other words, we are active storytellers. Everyday life is rent with received, unfolding, and emergent narratives. In my own field research in support groups for the adult caregivers of Alzheimer’s disease (AD) sufferers, it was not uncommon for individual groups to have formed distinct local understandings of particular features of the caregiving experience (Gubrium, 1986, 1993b). For example, where some groups might have figured that caregiver adjustment to the ravages of AD progressed in distinct stages, members of other groups would repeatedly explain that they “see no rhyme or reason” in the course of caregiving. In the former groups, stories of caregiving tended to be articulated in the language of stages, which meant that as members shared their experiences through time, they were narratively accountable for representations that were structured in developmental terms. In the latter groups, experiential representation was less centered on such shared narrative structures. Rather, it progressed in relation to the unfolding interpersonal comparisons of the biographical particulars of individual accounts. One’s own caregiving story, in other words, was not appreciated or responded to in terms of a more generalized narrative but rather was assembled in relation to stories just told, resurrected from the past, or offered as views of the future.

Yet, despite such differences in narrative patterning, in none of the groups were caregiving stories merely shared reproductions of experience. Although, of course, there were discernible differences in the particular mix of received and newly articulated accounts, even the most locally crystallized narratives were actively assembled by group members and were never bereft of artful formulation. This served to add newness even to well established narrative structures.
For example, in a few of the groups, the progress of the caregiving experience borrowed from Elisabeth Kübler-Ross’s (1969) popular model of the stages of adjustment to dying to represent the caregiver’s adjustment to the progress of Alzheimer’s disease. According to Kübler-Ross, adjustment to dying is progressively saturated with experiences of denial and depression, which, it is hoped, eventually leads to the acceptance of inevitable death. Similarly, the caregiver’s adjustment to AD is viewed as following along a path from the early denial that AD is an irreversible disease of cognitive decline, to the depression accompanying the realization of irreversibility, and finally to an acceptance of the personal “empty shell” that typifies the disease’s end stages.

Still, even the stories of such comparatively well-structured narrative environments had to be actively assembled in their particulars. If there was a semblance of agreement about what broadly constituted denial, the denial assembled within one story could contrast strikingly with the denial constructed in another. In one group meeting, for instance, a member was accused of denying the inevitable because she refused to read anything “sensible” about the progress of the disease. According to a co-participant, the member in question was “just putting her head in the sand when it comes to really knowing what happens down the road to the cognitively impaired” (Gubrium, 1986, 1993b). While denial anchored the account, its particulars were constructed out of the member’s apparent ignorance of the disease’s descriptive literature. Interestingly enough, the co-participant was herself accused of denial later in the same meeting, but it was particularized in a story of her persistent refusal to recognize that, despite the inevitable progress of the disease, the sufferer could experience so-called lucid moments. If one member denied decline, the other member denied the possibility of occasional remission. In this way, biographical particulars were used to construct continuing difference in accounts of the caregiving experience even within local environments of comparatively crystallized meanings.

In practice, active storytellers necessarily mediate narrative and experience because shared spheres of meaning must always be articulated with the flow of storytelling occasions. Narrative practice works against the patterning tendencies of shared meaning. Practical contingencies such as who one’s audience is, the audience’s tolerance for ambiguity, the occasion’s narrative horizons, the narrative re-
sources of storytellers, the storytellers’ rhetorical aims, and the concrete course of the experience in question, among other contingencies of storytelling, all activate narrativity. Everyday life is indeed beset by an “artfulness” that is part and parcel of its own articulations. To put shared meanings into practice is invariably to actively construct them in circumstantially sensitive terms.

This resonates with anthropologist Lila Abu-Lughod’s (1991) call for “writing against culture.” Writ small, a locally shared sphere of meaning, is akin to the patterned beliefs, understandings, and practices that constitute a culture. Abu-Lughod argues, as I do here, that in narrative practice, culture comes to life with both patterning and artfulness, even in forms of storied resistance to customary understandings. Her own fieldwork in an Egyptian Bedouin settlement shows that attending to the constructive contours of everyday storytelling casts narrative patterning in a different light than the familiar museum view of patterning which the idea of culture often conveys. In the stories that Abu-Lughod hears from Bedouin women, it is clear that the traditionally represented patriarchy of Bedouin society is noticeably narratively complex. Patriarchy is not simply narrative reproduced in the women’s stories. As active storytellers, the women particularize patriarchy in terms that work against the view of a totalized sphere of meanings, showing the women’s sentiments to be diversely linked with the men in their lives. As such, to use Abu-Lughod’s phrasing, storytelling in practice works against culture. This doesn’t abrogate culture so much as it provides a basis for orienting to it as a working web of meaning for everyday life, shared understandings that are put to work to make meaning.

A view to the active storyteller in the context of later life reveals storytelling to be as narratively productive of aging as it reproduces the received wisdom about what it means to be old. This perspective was Sharon Kaufman’s (1986) goal in interviewing her elderly respondents, who were aged 70 to 97. Each was given the opportunity to tell his or her story in their own terms, unencumbered by the usual structured format of the social survey. While the conventional wisdom was that these respondents, like others, would anchor their lives in significant generational experiences, such as having lived through the Great Depression and World War II, Kaufman found that these historical events were not necessary narratively privileged in her respondents’ accounts. Many formulated narrative anchors
of their own, around which they then articulated the meaning of events, anchors such as the value of being “carefree” and “romantic” in respondent Ben’s narrative, and the continuing significance of productivity and excellence in respondent Stella’s story. While these elders spoke of shared generational experiences, they used those experiences to assemble personally tailored accounts, weaving in biographical particulars as they conveyed who they were through storytelling.

**AGING AS NARRATIVE CONSTRUCTION**

Narrative gerontology takes its significance from this complex analytic space. Rather than beginning with the *aging* individual, a view that tends to reify old age and separate it from its diverse social and cultural mediations, we might work in relation to Kaufman’s (1986) orientation to the meaning of being old. Kaufman discerns the orientation by way of her respondents’ perspective on aging: “The old Americans I studied do not perceive meaning in aging itself; rather, they perceive meaning in being themselves in old age” (p. 6). This view emerged from the deliberate choice at the outset not to frame respondents as aging individuals. Rather, respondents were both theoretically and methodologically permitted to articulate the age-related contours of their lives in their own terms.

Kaufman was especially interested in the “sources of meaning in late life,” as her book is subtitled. Not taken for granted, aging and old age were problematized as narrative constructions. While she did not attend to how her respondents’ stories were affected by narrative circumstance and the varied going concerns of today’s world, she did find that the individuals she interviewed actively assembled distinct senses of who they were in the later years. Their individuality as “aging” persons was formulated from the varied spheres of meaning they used to construct their accounts.

If Kaufman presents detailed portraits of ways of making meaning in the later years, she does not provide us with an analytic vocabulary for interpreting *how* narrators of the aging experience assemble their accounts. What is the structure of active storytelling? What is it, in other words, that storytellers do when they assemble accounts of their lives, say, as “aging” persons? Answers to such questions address
the *procedural* organization of "being themselves in old age." The assumption here is that what one is in old age is not simply there for the asking but is actively produced in the telling.

A few years ago, as part of a study of subjective views of the quality of life and of care in nursing homes, I was led to consider this precise issue (see Gubrium, 1993a). Within an evaluation environment in which the quality of life and of care for residents was commonly assessed through paper-and-pencil inventories completed by staff members, I proposed that we might put the issue of quality to the residents themselves and, equally important, encourage them to address it in relation to their lives as a whole. After all, those who live and die in nursing homes are not just residents; they don't leave their lives behind when they check in. One could assume that they would articulate the quality of their lives and of care in these facilities in relation to lifelong experiences. The plan was to begin each interview with the request to the resident to "tell us something about your life." This provided a lifelong experiential context for both the interviewer and the respondent to actively explore together the present quality of the resident's life in the nursing home (see Holstein & Gubrium, 1995a).

Analysis of the interview material showed immediately that the qualities of life and of care were constructed by the residents as they variably *linked* these matters with biographical particulars. For example, while one resident stated that she felt imprisoned in the nursing home and that, as a result, the quality of her life now left much to be desired, another figured that "this is the best I've ever had." The quality of the latter resident's daily living now was better than it ever had been because, as she put it, she'd "lived from hand-to-mouth" most of her life and could never depend on "three hots and a cot" (three hot meals daily and a bed each night) as she does now. These residents' objective health status was similar and their nursing homes were relatively undistinguished, so these didn't figure significantly in differentiating their accounts. Narrative difference, rather, was drawn from the way they linked their present lives with their pasts. One might say that while, objectively, the qualities of their present lives and their care were similar and could have been evaluated this way on evaluation forms, the residents themselves told contrasting stories to subjectively construct difference.
Thus the concept of “narrative linkage” was born and became useful in analyzing the process of narrative construction. The active storyteller assembles his or her account by linking together different spheres of meaning in the context of lifelong experiences. Particular meanings are not self-evidently found in specific experiences so much as they are assembled as narrative linkages in the stories told about the experiences. In narrative practice—in storytelling—meaning grows out of distinct linkages. Meaning, in other words, is a linkage, and storytelling a meaning-making activity.

This formed an empirical basis for the development of an entire analytic vocabulary for researching the process of narrative construction or how meaning is made through storytelling. The vocabulary is discussed in considerable detail elsewhere (see Gubrium & Holstein, 1997; Holstein & Gubrium, 2000), so I’ll only briefly mention one other, derivative concept here. In listening to the residents tell their stories, it soon became evident that they not only actively made meaning by linking their experiences together in different ways, but that they also occasionally stepped out of their stories to give them shape as well as to shape the environment for their reception. They were, in effect, editing their accounts and thus actively engaging in “narrative editing.”

This was brought home to me quite poignantly on one occasion when one of my respondents, whom I’ll call Gladys, in the middle of linking parts of her lifestory to the quality of care, paused ever so slightly and said, “Now, don’t think I’m just one of those cranky, dried up old ladies who acts like her life is over.” It immediately occurred to me that she was urging me not to hear her story and other comments as those of a “cranky, dried up old lady” but, rather, as I soon was told, as those of “just a person, like yourself, who’s doing pretty well making a life for myself in this place.” Gladys stepped out of her account and proceeded to edit it by suggesting that I interpret her comments as being those of anyone in her circumstances, not those of a frail, elderly person. She, in effect, was working to emplot her narrative outside of the context of aging by formulating it for us both as those of a successfully adjusting person.

The moral consequence of treating Gladys’s editing seriously was to take her at her word, which in the context of the storytelling “degerontologized” the account. In her own way, by stepping out of her story and telling me what she was saying and how I should hear
that, she built a subjectively preferred context for her present life and its linkages. Directing her editorial comments to me in the interview, she presented a moral environment for my own responses. I was being asked to accept what she was telling me as the responses of someone in her circumstances, not as those of a "cranky" old woman.

If that wasn't unsettling, the resulting methodological consequences of taking such moral transformations seriously were dizzying. Questions exploded. Following the editing, to whom should I now address my other concerns? Could I now ask further questions that were originally framed as applicable to aging nursing home residents? How would I categorize and code what Gladys said at this point in the interview? Was her story now codeable as that of the "same" respondent Gladys was before her editorial comments? The questions made it clear that who and what Gladys was as a respondent were tied in practice to how she constructed her narrative, one consequence of which was that aging was both thematized and dethematized as her story unfolded.

It is concepts and stories such as these that sensitize us to the depth and ongoing significance of the narrativity of experience. If experience indeed comes to us in the form of stories, it is important also to figure that storytelling, in turn, profoundly shapes what we know about ourselves and others. Whether it is aging or some other facet of life, narrative conveys to us not only what our experiences mean but how we are expected to take them into account. The moral, not just the scientific, contours of experience are always lurking within the very narrative process we enter into to convey it.

REFERENCES


