Meaning and coherence of self and health: An approach based on narratives of life events

Isabelle Villea,*, Myriam Khlatb

aNational Institute of Health and Medical Research, Cermes, France
bNational Institute of Demographic Studies, France

Available online 22 November 2006

Abstract

Using contributions from the fields of interactionist sociology and narrative studies and the results of an empirical study, in this article we examine the subject’s mediation between life events and state of health. Examining narratives focusing on significant life events from 26 men and women aged between 51 and 73 from the administrative region of Ile de France, we suggest that dimensions of meaning and coherence of self need not be taken as internal dispositions, but rather as the product of sociocognitive work on self-narration. The characterisation of the types of causal relationships that the narrators establish between significant events and other events, situations or periods in their lives, opens up avenues for the development of a methodological tool to replace traditional ways of measuring sense of coherence and meaning/purpose in life using psychometric methods. This alternative perspective based on a conception of the self as narrative might provide a remedy for certain conceptual and methodological difficulties that are found within the field of coping research.

Keywords: France; Sense of coherence; Biographical work; Meaning construction; Narratives; Coping

Introduction

Research on stress and coping and their relation to health came into prominence from the end of the 1960s but would now appear to be becoming less popular. Whilst it remains a conceptually unified field of research, two major orientations nevertheless stand out. On the one hand we have “life-event research”, which focuses on stressful situations and life events and aims at identifying and ranking those events according to their severity and potential impact. On the other hand we have “coping research”, which focuses on the individual and the processes of adapting to stress, and which aims to identify personal characteristics (personality, lifestyle, coping strategies) which are likely to positively or negatively affect how stress impacts health.

Our contribution focuses on the activities of individuals and therefore belongs to the second orientation (coping research). It has both empirical and conceptual dimensions, and offers a new perspective on this type of approach, by highlighting the role of the sociocognitive work that subjects do to give meaning and coherence to the events and situations they encounter, and more generally, to their life stories. The specificity of this approach is to restore to the subject that part of
In the first part of the paper we take a brief look at literature in the field of research on stress and coping, in order to better delineate the contours of our approach; then we compare the contributions of two distinct theoretical currents, namely symbolic interactionism and narrative studies. Our aim is to examine these approaches under the light of two concepts they have in common—meaning and coherence. In the second part of the paper, we present our empirical study and discuss new leads for directly operationalising the dimensions of coherence and meaningfulness which are built by the subjects themselves and reflected in their life event narratives.

The idea that individuals react differently to adverse conditions of existence, and that these reactions can affect their health and their well-being, is firmly rooted in social representations and gives direction to numerous social practices. Understanding the forms of the subject’s mediation and its effects on health, both in terms of physical functioning and psychosocial well-being, is extremely important for public health. Health psychology is the discipline most relevant to this type of approach, employing methods which—linked to those of epidemiology—enable one to objectivise this type of phenomenon and to look at how it is distributed throughout a population. This question is also raised in interactionist sociology, albeit using different conceptions and approaches. Yet it is striking to note that researchers from these two traditions sometimes use the same concepts when they are looking at how a subject contributes towards his/her own state of health. These concepts are defined, depending on the conceptions of the subject underlying them, as either individual characteristics, or as the product of socio-cognitive activity. Two of these concepts are often mentioned: meaningfulness, which is sometimes considered to be an inclination to perceive one’s life as being objective-oriented, and at other times as the outcome of “biographical work” through which people attempt to give meaning to their existence; coherence, which sometimes refers to a “sense of coherence” which determines a person’s vision of the world, and at other times refers to “constructed coherence”, i.e. coherence that is built through people’s narratives of their lives. These two dimensions are often linked to well-being and health, and the reconciliation of these two disciplinary viewpoints might be fruitful.

**Meaningfulness and coherence: given or built?**

The concept of defence proposed by Freud at the end of the nineteenth century already provides certain keys to understanding the mechanisms of adaptation and stress. But from the 1950s, with the prominence of the positivist school of thought, focus on the unconscious gave way to an objectivist orientation for stress research (Somerfield & McCrae, 2000). Driven by Holmes and Rahe (1967), various life event checklists were developed and numerous studies carried out to assess the relationship between life events and the onset of illness (Kessler, 1997). The checklist approach assigns varying weights to events, depending on the level of stress deemed to be attached to them. Unstable results and certain criticisms1 have led to the development of the contextual approach which postulates that the meaning of a given event depends on the context within which it arises. Brown and Harris (1989) constructed a method for very accurately characterising life-events on the basis of the information available in their respondents’ narratives. From this perspective, the importance of a particular event depends on the social position and value system of the person in question. This sociological orientation of life event research nevertheless remains objectivist, as it focuses on the characterisation of life events rather than on the subjective outlook of the interviewees. Although it uses qualitative information provided by the interviewees, the meaning of the events is defined by a panel of investigators rather than by the people themselves, the aim being to regroup events comparable in terms of meaning and severity and thus analyse their impact on mental health.

By contrast, in focusing on “how individual efforts to manage distressing problems and emotions affect the physical and psychological outcomes of stress” (Somerfield & McCrae, 2000, p. 620) stress and coping research grants central position to the individual. From this perspective, the impact of an event depends on how the subject perceives and interprets it (Adler & Matthews, 1994; Bruchon-Schweitzer & Quintard, 2001). Yet the way in which

---

1The link between stressful events and the onset of illness would appear to have been overestimated (Bruchon-Schweitzer & Quintard, 2001; Cohen & Edwards, 1989).
an individual is taken into consideration is significantly influenced by the history of psychology and by the dominance of positivism (Chamberlain, 2000; Danziger, 1985; Murray, 1997). In this tradition, individual differences in personal coping resources are seen as the reflection of dispositions that precede and determine actions. Efforts have been concentrated on building psychometric tools with which to assess the various aspects of this “personality”. A large number of “constructs”\textsuperscript{2} have thus been studied in relation to different indicators of health status. Among these constructs “meaning in life/ purpose in life” and “sense of coherence” have been the subject of considerable study.

Concern with meaning in life has its roots in the writings of Frenkl (1959); see also Zika and Chamberlain (1992). Considered to be relatively stable, a person’s sense of meaning leads back to “… the cognizance of order, coherence and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfilment” (Reker & Wong, 1988, p. 221). Various tools were created to assess meaning/purpose in life\textsuperscript{3} and numerous studies linked this approach with health measures often based on subjective and self-declared information. Significant correlations between meaning/purpose in life scores and depression, hopelessness, well-being, quality of life and, more generally, mental health have been found (Zika & Chamberlain, 1992). Other studies demonstrate a link between these same measurements and suicide ideation and adjustment after injury (Edwards, Holden, Beutler, & Moos, 2003; Thompson, Coker, Krause, & Henry, 2003). Nonetheless, careful observation of the items making up the tools raises the question of the independence of the indicators tested. Other works have demonstrated a negative correlation between “meaning in life” and substance abuse (Zika & Chamberlain, 1992), but, on the other hand these types of behaviour are linked to depression. Finally, in other studies meaning/purpose in life is seen to be a dimension of well-being (Ryff & Keyes, 1995) and can be used, in turn, as an indicator to assess the effectiveness of a given programme (Kinney, Rodgers, Nash, & Bray, 2003; Waisberg & Porter, 1994). Thus from being a determinant of well-being and health meaning/purpose in life becomes the consequence of specific actions. Above and beyond the question of the status of this indicator, the heterogeneity of these works leads us to question the independence of the different measurements and of the direction of causality in the relationships observed.

In the same vein, the “sense of coherence” (SOC) core concept of Antonovsky’s salutogenic approach (1987) is described as a universal construct that facilitate successful coping, and is defined as a global orientation with three components: a dispositional orientation, in which the world is seen, to a greater or lesser extent, as comprehensible (the cognitive component), manageable (the instrumental component) and meaningful (the motivational component) (Antonovsky, 1993a). Antonovsky’s salutogenic orientation has attracted widespread attention and SOC has been employed in a number of studies (Antonovsky, 1993b; Geyer, 1997; Richardson & Ratner, 2005). Its psychometric assessment nevertheless raises the same problems as that of the meaning/purpose in life construct. As Geyer (1997) stresses, there is no firm empirical basis for the association between SOC and health, the strong correlation between SOC measurements and depression/anxiety measurements suggesting that the instruments used may assess the same phenomenon.

More generally, there is a gap between dynamic and integrative theoretical approaches and the methodologies used to empirically support them. For both conceptual and methodological reasons, this research orientation has not lived up to expectations and “the seemingly boundless enthusiasm for coping research seen in the 1980s has been replaced with widespread disaffection, intense scrutiny, and corresponding calls for change” (Somerfield & McCrae, 2000, p. 660).

In fact, we can assume that the difficulty in objectivising the subject’s mediation between life events and state of health stems from the failure, within a model of mechanist inspiration, to restore an active subject, despite the fact that it is generally recognised in theory. Research within this field

\textsuperscript{2}Cronbach and Meehl (1955) define a construct as “a hypothetical attribute of individuals that is supposed to be reflected by the results of a test”.

\textsuperscript{3}These tools gather very general opinions that people have of themselves, outside of any context. Among the most commonly used tools we might mention the Purpose In Life Test (Crumbaugh & Maholie, 1964) which contains 20 antinomic propositions in relation to which people must place themselves using a 7-point scale; examples of these are: “My personal existence is: utterly meaningless, without purpose/very purposeful and meaningful”; “As I view the world in relation with my life, the world: completely confuses me/fits meaningfully with my life”; “I regard my ability to find a meaning, a purpose, or mission in life as: practically none/very great”.

\textsuperscript{5}As a hypothetical construct, the core of the study was the measurement of meaning in life. The tool used was the Purpose In Life Test (Crumbaugh & Maholie, 1964) which contains 20 antinomic propositions in relation to which people must place themselves using a 7-point scale; examples of these are: “My personal existence is: utterly meaningless, without purpose/very purposeful and meaningful”; “As I view the world in relation with my life, the world: completely confuses me/fits meaningfully with my life”; “I regard my ability to find a meaning, a purpose, or mission in life as: practically none/very great”.

\textsuperscript{6}The study used the Sense of Coherence Scale (Zika & Chamberlain, 1992) which contains 20 items scored on a 7-point scale; examples of these are: “The world is: completely confuses me/fits meaningfully with my life”; “I regard my ability to find a meaning, a purpose, or mission in life as: practically none/very great”.

\textsuperscript{7}Geyer (1997) stresses, there is no firm empirical basis for the association between SOC and health, the strong correlation between SOC measurements and depression/anxiety measurements suggesting that the instruments used may assess the same phenomenon.
would benefit from seeing the individual as a “psychological activist” (Thoits, 1994) and from considering the very process of meaning construction (Gerhardt, 1979).

In the field of medical sociology, a number of authors have examined the subjective work of actors and the way in which they create meaning from their experiences embedded in different levels of interpersonal, structural and symbolic contexts. They all share the idea that people are not passive when facing the experience of their illness but try to find a line of continuity with the past in order to once again give meaning and coherence to their life history, sometimes innovating by adopting new representations and new values (among others: Bury, 1982; Charmaz, 1983, 1991, 2000; Corbin & Strauss, 1988; Lawton, 2003; Pierret, 2003; Strauss & Glaser, 1975; Ville, 2005; Ville & Paicheler, 2000; Williams, 1984).

Corbin and Strauss (1988) have described the different phases of “biographical work” as “unending work” following on from the experience of chronic illness. In cases where resources are available and where the context is favourable, biographical work allows people to “transcend their losses, resolve their feelings about them, and emerge with a stronger, more valued self” (Charmaz, 1999, p. 72).

Numerous studies have investigated the way in which people narrate their health experiences, identifying various forms of narrative. For instance, using Gergen and Gergen’s typology (1986) relating to the achievement of valued life goals, positive views of the self and the assertion of control over the disease, Robinson (1990) shows that people with multiple sclerosis express progressive personal narratives more often than expected. Experience of the illness represents a crisis, a disruption to the continuity and internal coherence of the biography. “Narrativising the chronic illness within the framework of one’s own life history makes it possible to give meaning to events that have disrupted and changed the course of one’s life” (Hydén, 1997, p. 51; see also Bury, 1982; Williams, 1984). Thus, through the narratives of their experiences of cancer, “women begin to reduce the fear of the unknown and instead to construct a language of hope … and so distance themselves from the threat of cancer” (Murray, 1997, p. 15).

The main utility of these works was that they went beyond the traditional biomedical model by bringing people’s creative activity back into interpersonal and structural contexts. Some health psychologists have followed in the footsteps of the narrative trend, although Murray (1997) has stated that “while the self-reports of story-tellers would suggest that the process of narrative recounting is beneficial, the empirical evidence for such change is more limited” (p. 17).

The “narrative turn” has spread throughout all of the humanities, including psychology. A now widespread conception of the self or identity as narrative construction is challenging the traditional view of a natural self with its own existence (among others: Bruner, 1990; Freeman, 1993; Somers, 1994; Vollmer, 2005).

Different versions share the common idea that the “construction of self and life worlds draws on a particular genre of language usage: narration” (Brockmeier & Carbaugh, 2001). The act of narrating is an act of meaning, i.e. storytelling, a human activity par excellence, allows us to create order from disorder, to make sense of the chaos resulting from the flow of situations in which we find ourselves. We try to give unity to our life history, constantly revising the plot in order to incorporate new events. Conceived in this manner, the self is a configuration of personal events within a historical unity that includes not only what one has been, but also the anticipations of what one will become (Polkinghorne, 1988; Ricoeur, 1984).

From this point of view, coherence and meaningfulness in life are not intrinsic dispositions preceding action, but rather the product, at a given moment in time, of sociocognitive activity which takes form in the narrative. They can thus be conceived as reflecting the subject’s active mediation between events in his/her life history and his/her state of health.

With regard to studies on coping, we suggest replacing the psychometric instruments used to measure personal dispositions relating to a sense of coherence and meaning with a tool, yet to be constructed, the purpose of which would be to assess meaning and coherence as reflected in narratives of life events. Method then becomes crucial. How can we objectivise the meaningfulness and coherence of a narrative? What indicators enable the comparison of different narratives in accordance with these dimensions? Pennebaker, Mayne, and Francis (1997) suggested an approach based on the analysis of narratives of traumatic events. Noting that “the construction process [of the narratives] emerges over time with repeated writing or telling, often moving from a vague and dis-
organized account of the trauma to a coherent and insightful explanation of event and feeling” (p. 864), they suggest locating this “cognitive change” using two general text dimensions: a self-reflective dimension including words such as realise, think and consider and a causal dimension including words such as cause, effect, reason and because. The results of different experiments, based on the computerised location of these words and counting how often they occur, confirms the hypothesis and shows that people who have had to write about a significant event over a period of several consecutive days, and whose use of the cognitive dimension has increased, see the number of their visits to the doctor and the number of their reported symptoms diminish during the months following the experience. However, application to a real situation did not allow the authors to confirm the initial results. Also, counting certain words chosen for their semantic content, and taken out of context, only provides an approximate idea of the coherence and meaningfulness dimensions of a narrative.

First step towards the construction of a tool: empirical analysis

In this section, we present a qualitative analysis of narratives of life events specifically oriented for the construction of a tool with which to assess meaning and coherence in life events. Two points need to be raised beforehand:

- Given that narrative studies vary considerably with the status conferred upon the narratives (Vollmer, 2005), we must first clarify our position in this regard. We consider, with Riessman (1993), that narratives reveal a truth—not an objective truth, but the truth of experience. In this sense we believe that the way in which a given event narrative is organised reflects the experience of the narrator, the way in which he/she has or has not been able to subjectively work on the event, give it meaning and integrate it into his/her biography.

- There are different ways of analysing any given narrative, and the choice depends upon the objectives that have been set. The work presented here is part of a wider project to study the role of health events in biographical stories (Ville & Khlat, 2004). To this end, the whole body of narratives which we collected was subjected to a “thick analysis”. There is no standard method to analyse narratives, and therefore we have combined several approaches in order to emphasise agency and subjectivity. Within the traditional framework of ethnosociology and symbolic interactionism, we first identified the diachronic structure of each narrative by reconstructing the sequence of situations, events and actions, in order to allow the understanding of sequential cause-and-effect relations (Young, 1987). We then tried to locate eventual ‘turning points’ or ‘epiphanies’ (Denzin, 1988). Lastly, we used Labov’s structural categories (Labov, 1982) to analyse the piecing together of the “plot” of salient events. We were able to demonstrate in this way the complexity and diversity of the registers used by the narrators to integrate the significant events into their life story. However, the lengthy and complex methods used are not appropriate for systematic assessment of life-event narratives. For the present purpose, we propose to focus on a limited part of the analysis which does not attempt to interpret the narratives but which focuses on the way in which they are organised. More precisely, we suggest to objectivise the meaningfulness and coherence of the narratives by focusing on the various elements that are likely to reflect these two dimensions and to differentiate between the narratives, namely the links that the narrator makes between the different elements that make up an event, and, more broadly, the links established between different events, situations and periods of his/her biography.

Yet even though health is often the subject of the narratives, we do not pretend to analyse the relationship between the meaning and coherence of the narratives and state of health. Such an objective could only be envisaged as a second stage and other methods would be required. What we aim to do is to examine the links established by the narrators in relation to the emotions that accompany the narratives. We hope that this exploratory work will be thought-provoking and that it will help in the development of a tool with which to gain a better and direct understanding of the dimensions of meaning and coherence through analysis of event narratives.

Method

We gathered narratives focusing on significant events or periods in life from 26 people (14 men, 12 women)
aged between 51 and 73 from the administrative region of Ile de France who had previously taken part in the “biographie et entourage” study (GRAB (Groupe de Réflexion sur l’Approche Biographique), 1999) and who were subsequently interviewed. The narratives were requested using the following introduction: “Rather than telling me your life story from birth until the present time, can you tell me about an event or a period in your life that particularly marked you, whether it be a difficult or hard time, or a happy time?” Then, if they did not do so spontaneously, the interviewees were asked to talk about the periods before and after the event. More often than not, they linked several event narratives together, and when this was not the case, they were asked to talk about a second event. All of the interviewees ended up describing several “significant” events.

The interviews lasted an average of 2 h and 30 min and were tape-recorded and written down in full, including non-verbal signs (laughter, silence, sighs, change in speaking rhythm, intonation, etc.).

Results

The first part of the analysis directly relates to the links established by the narrators in specific event narratives and in their narratives as a whole. The analysis of the entirety of the narratives leads to the emergence of the main dimensions demonstrating variations between the narratives—strength, foundation and transversality of causal relationships, with the latter depending on the level of integration of several specific event narratives into an overall narrative—and attempts to link the variations observed to the feelings and emotions expressed by the narrators. We also look at the particular case where a single event is salient with regard to the integrated whole of the narrative. We then examine—above and beyond the internal organisation of the narratives—the implementation characteristics that might throw more light upon the question.

Generally speaking, most of the links that the narrators established between events, situations or periods, be it within the context of a particular event or of the narrative as a whole, have two major characteristics:

- they follow a logical reasoning which is characterised by relationships of causality/consequence within a chronology;
- these relationships of causality/consequence are founded upon common representations or knowledge which define rationality in everyday life (Gerhardt, 1979) and situate the coherence and meaning of the narrative within a particular time/place.

The characteristics of causality: strength, foundation and transversality

Comparative analysis of narrative organisation, based upon these general observations, allowed us to identify three distinguishing characteristics.

One main difference between the narratives relates to the strength of the causality of an event. It might be perfectly clear, with no doubts at all, for the narrator, just as it might be hypothetical and unstable. In the latter case, doubts are then expressed and alternative hypotheses put forward. Another difference relates to the foundation of this causality, which may or may not be founded on shared beliefs or knowledge. Finally, a third difference relates to the transversality of these causality relationships. They might be limited to a single episode or event, or cover several events or periods thus giving meaningfulness to all or part of the personal story by providing what Somers calls “ontological narratives” (Somers, 1994).

In order to illustrate the differences between these characteristics we will rely on two particularly typical narratives which offer a somewhat condensed vision of the findings by exemplifying two extreme forms with regard to the three dimensions which we have discussed. The first demonstrates strong relationships of causality, founded on shared knowledge and including several events which occurred over a period stretching from childhood to the time of the study.

Anne chose to narrate a trip that she said was a voluntary act designed to free her from a suffocating childhood atmosphere. The narrative begins with a summary of the event, followed by a detailed chronological account: we find a description of the context, then of the trip itself, its immediate and unexpected consequence—that of meeting her future husband, and the long-term consequences.

The thing that marked me the most was, um, arriving in Jerusalem in August 1972. That was when I stopped being a teenager and became an adult. Because I came from a village in Alsace, and there was no reason to think I’d ever marry a Palestinian (laughs).
[...] I come from a very strict background. On top of that I was like a lot of people from Alsace at that time; I went to a school run by nuns until I was 19. So there was always the yoke of religion around my neck. [...] I wasn’t very happy. But as soon as I started working I felt the need to break away from a number of things [...] So I think that was the most important thing, because it was a turning point [...] And yes, I think it pretty much changed my life because there weren’t many girls of my age who had left France or even the Haut Rhin region, you know; so I was a bit different from the others. But that was, that was ... how can I put it ... it was a big change for me, you know. I changed when I left Alsace, I really ... It was a reconversion. I started a new life ...

Coherence of the “travel” event is created by the relationships of causality established between a difficult situation (provincial milieu, strict education), a “need to break away” which leads to the significant event (travel) and to its consequences on her biography (major change, reconversion, new life).

Later on, Anne relates another significant event, the death of her elder sister from cancer. The sister is described in a heroic fashion as a “strong woman” who “never complained”. Yet the narrator links this attitude to education and makes it an indirect cause of her sister’s death.

We were taught not to coddle ourselves, to do what we had to do without complaining. That’s how we were brought up. So she did nothing about it, it was painful but ... ‘its alright, it will go away’ ... and then it was too late, when she decided to do something about it, it was too late! It had metastasised and nothing could be done.

The coherence of this second narrative comes from the presence of two factors: the relationship of causality between a mode of education and its consequences in terms of attitude and behaviour on the one hand, and a shared knowledge that the education received during childhood affects behaviour as an adult on the other.

At the intersection of her two narratives, other links are established which make the type of education a central aspect of her biographical construction. As the cause of both the heroism and consequently the death of her elder sister, the type of education is also causally linked to the celibacy of the younger sister who stayed at home to look after her elderly parents and who, the narrator tells us, “was not very happy”. Furthermore, it lends meaning to Anne’s trajectory; led by a need to get away from the “yoke around my neck”, she left home at a very young age, unlike her sisters who remained in the region. The event that underscores this self-distancing is the trip to Israel that the narrator is quick to denote as being “the most important thing”. The overall significance can be logically deduced from the previous relationships: through this trip and the long separation that followed on from it, Anne was able to break away from the unhappy fate of her sisters, which was itself due to the education that all three had been given.

The entire narrative revolves around well-established and culturally founded relationships of causality, i.e. in harmony with shared knowledge and representations (in this case cultural psychology), an essential backdrop to the construction of meaning. These relationships integrate different periods, situations and events (childhood, travel, sister’s death) and bring them together in a meaning which covers a long period of time, from childhood to the present. Emotions are not directly visible within the narrative, but are conveyed through lexical choices that, in particular, allow the pre-travel period to be negatively qualified (as is evident by the use of words such as ‘yoke’ and ‘strict’).

In contrast, the second narrative we focus on describes weak and unstable causal relationships that are not always founded. Indeed, the different events, situations and periods are not very integrated into the global narrative.

It was not easy for Gisèle to choose a significant period or event. She finally relates how difficult it was for her to conceive her second child.

For the second, well, I really did have problems because I was obliged to have treatment for four years. At the time I lived in the country, which meant that I had to regularly come to Paris to be treated, and with the analyses and stuff it was hard to cope, I mean really. [...] And then I have to say that at one moment I said to myself well, too bad if I don’t have any, and in fact that’s when it worked. Why? Was it a psychological thing? Was it the fact of really, really, really wanting one that blocked the whole process up?

Gisèle also borrowed from the cultural psychology frame of thought by talking about a psychological cause for the couple’s problem of sterility—her
(too?) strong desire to have a baby. Yet the fact that she asks the question shows that it is only a possibility. In addition to the event itself, there is the difficulty of living through the period of treatment, a difficulty which is first explained by the length of the journeys and by the treatment itself. But then another reason for the difficulty is added to the previous ones, that of her solitude when faced with the problem.

And then well, I had to cope entirely on my own, I mean my husband, well he just ignored the issue, he wasn’t in the slightest bit interested, not the slightest, so I had to cope all on my own. Well, I have to say that maybe my husband didn’t really want a second child; I was the one who was desperate to have another one, so I really did cope all alone.

The cause of this solitude is the husband’s lack of interest, which is justified in the last sentence by the introduction of an evaluative dimension: as it is the narrator who wants a child, and not her husband, it is “normal” that she has to deal on her own with the consequences of her unshared desire. Then arises an alternative causality of the sterility which contradicts the previous one:

And then again, it might also have been a case of male sterility, but we never thought about that, you know, never, not at all! In fact we based all the treatment on me, and you know, in fact it must have been me who was no longer the way I should be, that’s all.

The hypothesis is quickly abandoned, with the narrator finally taking responsibility for the couple’s sterility. Yet this responsibility is not founded on psychological causality, as before, but is expressed as a fatality (something obvious) “it must have been me” and in a negative and normative manner: Gisèle was “no longer the way” she should be.

The situation where there is a “difficulty in having a child” has no established causality. Several conflicting causes are envisaged and the last one is not founded on any common knowledge. These two aspects are detrimental to the coherence of the narrative.

Further on in the narrative, Gisèle comes back to this period and introduces a new link between her very strong desire to have a child and her relationship with her husband. The causality is nevertheless softened by the “maybe”:

After my daughter was born, I was happy, things were okay and that lasted for a while. After that I went through a sort of emotional void, I felt that my husband wasn’t very … well, things weren’t going well, so maybe that’s why I did everything I could to have a second child!

Unlike the previous narrative, the links of causality between events and situations (desire for a baby, problems within the couple, sterility) are not very explicit and remain hypothetical. Alternative hypotheses are sometimes suggested. Gisèle’s narrative provides other examples, especially when she talks about her conflicting relationship with her son as a possible cause of her high blood pressure, a cause which is later attributed to having a high work load, and then, finally, to a pre-disposition inherited from her mother. This fluctuation leads to an incomplete coherence, and numerous doubts (sometimes contradictions) remain. Furthermore, whilst the narrative offers a profusion of details about a wide number of subjects (childhood, couple, education of the children, health problems, etc.), the narrator makes few connections between these different aspects of her existence, which are in fact more often than not juxtaposed, giving the whole narrative a low level of integration.

Finally, unlike with Anne, in this narrative emotions are very present. They are expressed through the choice of words and the use of numerous adverbs which accentuate the insistence (“hard to cope”, “really”, “entirely on my own”, “not the slightest bit interested”, “cope all alone”) and the repetitions (“really, really, really wanting”, “not the slightest bit interested, not the slightest”, “never thought about that, you know, never, not at all”) and also through non-verbal indicators such as changes in intonation, acceleration in rhythm of speech.

The narratives show a high variability between the three characteristics that we have identified: strength of causality; foundation of causality and transversality of relationships of causality. Some are constructed more as a succession of periods or events that are either weakly related or not related at all, leading to “contingent narratives” (Bury, 2001), whilst others stand out by the fact that the narrative of an initial event or period enables the entire biography to unfold just as the person built it. The majority offer intermediate forms with strong and founded causal relationships which integrate a part of the events and situations of the overall
narrative. Furthermore, these three dimensions of narrative organisation seem to accurately reflect the qualities of coherence and meaningfulness: relationships of causality which are strong and founded upon common knowledge contribute towards good coherence and integration of events and situations over long periods of time, due to the establishment of transversal causalities, enhances meaningfulness.

The saliency of a singular event

Within this general framework of links that underpin narrative organisation, it is by no means rare for a particular event to escape being “biographically smoothed over” in as much as it does not integrate a whole which might demonstrate good coherence and meaningfulness.

This “saliency” of an event or a period operates in two ways in the narratives; it stems either from a particularity of the causality or from the absence of any causality.

Fantasy causality

This is where the event in question is connected to other periods or events by a causality link, but where the causality link has no rational foundation yet cannot be refuted on the basis of any culturally established beliefs or knowledge. The operative mechanism of causality is thus difficult to explain. The relationship nevertheless exists as far as the narrator is concerned, and gives the narrative a fantasy dimension.

Anne links her father’s death to her feeling unwell when she was thousands of kilometres away.

We had gone to Bethlehem for Christmas, and on Christmas Eve I felt something but I didn’t know what was wrong with me. I was so happy to be in the basilica, to be there […] after half an hour I had to leave the enclosure of the basilica because I felt really ill and I didn’t know what was wrong. And my sister told me later ‘Daddy didn’t go to midnight mass’ which he always did every year. My sister brought the communion home to him. And I told myself that something must have happened, you see. It was unusual! And when I had gone to Alsace on the 9th of December to celebrate Christmas early with my nephews and parents, he said ‘you will think of me when you are in Bethlehem’ and he said ‘in any case, I won’t see you again’. It’s impossible! How can you …? It was as if it were programmed, you know? And he died a natural death … the family doctor came, declared the death. […] He went as he had wanted. I think it is extraordinary!

The fantasy element is based upon the transformation of the joint occurrence of two events (the narrator feeling unwell and the dying father) into a causal relationship (the former is caused by the latter). This relationship is induced by a prediction made by the father. The narrator establishes causality, but the underlying process is hard to follow. Paradoxically, the coherence of the narrative is not affected. For whilst common sense makes it hard to accept explanations that contradict shared representations and knowledge, it does leave room for some mystery. Recourse to the fantasy register gives the narrative a singular character, a status of exception, probably on par with the narrator’s admiration of her father.

We found one other example of fantasy causality in the narrative of a particularly tragic event involving the accidental death of one of the narrator’s children. In both cases the narrative conveys positive emotions, and an impression of something wonderful. We might wonder whether recourse to the fantasy register is not an effective means of getting over a particularly painful event.

Absence of link

Another way of highlighting a particular event within a narrative is to refrain from embedding it in a network of causality. The very absence of a link renders the event even more salient, and, by construction, confers upon it an unpredictable nature (because it is not linked to any previous history) that is often inexplicable.

In the narratives we collected it is often the case of recent events which are particularly painful (e.g. the death of a partner or redundancy) and for which there may not have been enough time for them to be integrated into a personal biography. Talking about them is a highly emotional process that involves direct non-verbal manifestations (silences or sobs) and which reveals the immediacy of the intolerable nature of the experience in question.

It also happens that a particular event is not integrated into causal relationships despite the length of time since it occurred. It remains disconnected, as if the narrator is unable to give it meaning.
One illustration of this is provided by Louis’ narrative concerning the deterioration in health and then the death of his father. It happened all of a sudden on a Monday in January [...] and it really was very abrupt. You know, it wasn’t something that could be predicted, which had been predicted. There was no … how can I explain? He wasn’t ill. Suddenly, just like that, like a watch spring breaking, you wake up and you don’t know why, but the spring is broken.

Yet further on in the narrative, Louis talks about a cerebral vascular accident that his father had had. Rather than linking the two events as the consequences of the same cause (the hypothesis of a relapse would make sense), he distinguishes them, as if the sudden unpredictable nature conveyed by the particular choice of words (sudden, abrupt, not predicted, just like that) applied to the second event and not to the first.

A few years earlier, just before he retired, he had a stroke. Well, he was okay, he was well looked after, he did physiotherapy, he was alright, everything was fine, a bit disabled but it was okay. But the other time there was absolutely nothing, it just happened like that, suddenly.

It would seem that the two events are distinguished more by their consequences than by their premises; favourable consequences for the former (everything was fine), unfavourable for the latter (deterioration in health followed by death). Furthermore, the latter event has consequences for the narrator that he is unable to face.

I couldn’t go to see him any more. I couldn’t stand it any longer (silence) [...] to see him like that, completely vegetative, he just ate and that’s all. And in those rare moments when he was lucid, he cried. [...] And I didn’t have the strength to face the problem (silence). That’s the way it is, that’s the way it is! [...] She [his wife] was with me all the time, she never criticised me. She knew I wasn’t able to visit my father and she went instead of me.

The absence (refusal) of causality which accentuates the inexplicable nature of the event might reduce the narrator’s feeling of guilt at not being able to be with his father. But it is hard to contain the emotion and this accentuates the contrast between the narrative of the event and the narrative as a whole.

It is important to differentiate between recourse to a fantasy causality or to an absence of causality in the narrative of a singular event, and the establishment of unstable or unfounded links as in Gisèle’s narrative. The cases we observed come from highly constructed narratives with high levels of coherence and meaningfulness, thus strengthening the saliency of the event. The use of a fantasy register can be considered as a strategy for creating meaning within a general framework controlled by the three characteristics that we have suggested.

Type of event and speed of evocation: other indicators of biographical work

Independently of the links which define narrative organisation, certain other characteristics can provide additional information on the biographical construction underlying narratives. These are: (1) the characteristics of the “significant” event that begins the narrative and (2) the extent to which the narrator finds it easy to choose the event.

More often than not, the event which begins the narrative is the death of someone close to the narrator. It might also be a collective event (war, riots), a health problem (sterility, depression) or a specific social problem (unemployment, retirement, separation). Most of these events are felt to be undesirable, at least at the time they occur. Yet three people chose a trip they had planned as their “significant event”. Joining a union and a choice of a new career were also selected as being “significant events”. The latter events result from narrators’ decisions and actions and are in contrast with the undesirable and inflicted nature of most of the narrated events. The choice of an event resulting from an intentionality would seem to suggest a feeling of control on the part of the narrator, who, through this type of biographical construction, sees himself/herself as an actor who is responsible for his/her own life.4 In the cases we have observed, the narratives which include intentional events demonstrate good coherence and meaningfulness in terms of the criteria that we have set out.

Finally, one other difference observed between interviewees concerns the ease with which they were able to choose a significant event or period. Some had trouble making their choice, whilst others

4This observation must be linked to psychology’s “locus of control” which compares the individual characteristics of internality and externality.
showed no hesitation at all. The latter provided two types of narrative. On the one hand, narratives are with a high level of coherence and integration. Here it would seem that a definite biographical construction already existed before the interview and that the significant event had already been identified as such. On the other hand, there are narratives in which a painful event (frequently a recent one) dominates and resists the integration in the life history. So the ease (or lack of) with which a person identifies a “significant” event provides ambiguous information. It might reflect the quality of the underlying biographical work just as it might reflect the failure or incomplete nature of the work. This characteristic can nevertheless be useful when examined in relation to others.

Discussion

The three characteristics (strength of causal relationships and foundation of causal relationships between the elements making up a narrative on the one hand, transversality enabling integration of the different events or periods on the other) allow us to qualify life narratives and to analyse their coherence and meaningfulness. The saliency of a singular event throws additional light on the significance of the whole. Furthermore, in addition to narrative organisation, information such as the type of event chosen as being “significant”, whether or not they involve intentionality on the part of the narrator, and the facility with which the narrator chooses them, are additional factors that can provide information on the quality of the biographical work underpinning the narratives. Finally, even though our study does not pretend to examine the links between the type of narrative organisation and the emotions relating to it, it provides clues to help orientate future research. In particular, in narratives which are strongly structured around the three designated characteristics, emotions appear to be mainly mediated through the narrator’s choice of vocabulary. On the other hand, in the less coherent and poorly integrated narratives, emotions are more frequently expressed and use channels other than language.

The meaning and coherence built into the narratives would therefore appear to facilitate the distancing of emotions associated with significant narrated events. This general observation is in line with other works in the field of narrative studies (Murray, 1997), and reinforces the hypothesis according to which the activity of building meaning and coherence which underlies the narrativisation of self might play a positive role in coping with stressful events.

The results of this study open up alternative routes for looking at the mediation between a stressful event and health. Based on the theory of the “self as narrative”, we suggest considering the dimensions of meaning and of coherence of self, not as internal characteristics, but as the product of the cognitive activity of narrating one’s own life. The results provide ideas for building a tool which directly delineates these two dimensions on the basis of life event narratives.

Such work has yet to be done and would require certain obstacles being overcome. An initial difficulty derives from the way the narratives fluctuate depending on the situations (Riessman, 1993). If it is possible to build as many different narratives of a given event as there are situations to relate it, then what is the validity of the narrative that the researcher happens to gather? Without pretending to answer this question, we might nevertheless think that what interests us at first—i.e. the causal relationships established between events and situations and their foundations which make up the skeleton of the narrative—will remain relatively stable from one context to another, at least as long as there is nothing strategic at stake.

The next step towards the construction of an operational tool would be to systematise the methods of assessment for the three dimensions, based on the leads opened up by our findings. Regarding the strength of the links, one could look within the narratives for any alternative hypotheses or for hypotheses contradicting causality, as well as for elements which either reinforce or alleviate the causality. Regarding the dimension of transversality, one could look at the number of events or situations linked together by the narrator, the period of time covered by the narrative as a whole and the number of biographical domains concerned (e.g. family, work, etc.).

Whilst the strength and transversality of links are relatively simple characteristics to spot in event narratives, the criteria for the foundation of these links, which are founded upon local representations and knowledge, are less easy to define. This dimension is not solely dependent on cognitive activity, but also relates to common cultural rules and knowledge. Our work demonstrates that cultural psychology is often mobilised in order to
give meaning to the connections established within the narratives. Further work is necessary to determine simple criteria for narrative acceptability, and the establishment of parallels with ethnomethodology and with the notion of accountability proposed by Garfinkel (1967) might be fruitful.

Furthermore—and this is one of the limits of this work—the evaluative dimension which is usually present in the narratives is not taken into account, despite the fact that it too affects the meaning of the narratives. Complementary studies are also needed to integrate this dimension.

Once operational, such a tool would be able to assess the meaning and coherence of the life event narratives resulting from the subject’s activity at a given moment of a life trajectory. It could be used at regular intervals when monitoring cohorts and the data could then be linked to subjective and objective health indicators. It would allow us to study the way narratives evolve over time and, more precisely, to analyse how specific events may or may not be connected to other events to elaborate a meaningful and coherent narrative and, in fine, to investigate the potential influence of self-narration on health.

Finally, in future works on the mediation of a subject between life event and state of health, it would seem important to distinguish between subjective health (e.g. well-being, life satisfaction, quality of life, etc.) and objective health (biological and clinical measurements). If, as various studies suggest (Charmaz, 1999; Franck, 1995; Murray, 1997; Robinson, 1990) biographical construction is favourable to well-being and personal satisfaction, it is uncertain whether this is also true for health as it is objectively assessed. The processes that underpin the two facets of health may well be different.

In particular, the subjective dimension of health has its roots in cultural meanings and values which are themselves embedded in the historical context. So the propensity to build meaning and coherence into one’s own history can be seen as the endpoint of an adaptive process in response to recent evolutions that are characterised by the gradual disintegration of traditional social institutions (e.g., work, family, religion, etc.) and by the increasing complexity of individual trajectories. “In our culturally and functionally heterogeneous society [...] roles and social positions are no longer adequate to define the stable elements of action, since individuals are not living out a programme but seeking to construct a unity from the diverse elements of their social life and from the multiplicity of orientations they carry within them.” (Dubet, 1994, p. 16; see also Gergen, 1991).

At the same time, the production of coherence and meaningfulness has been brought firmly to the fore, and its beneficial impact on health and well-being has often been taken for granted, as certain clinical and social practices show. Numerous therapies focus on biographical (re)construction and clinical holistic medicine attempts to reconcile mind and body (Ray, 2004; Ventegodt, Andersen & Merrick, 2003). Such practices can be a part of social control in cultures where individuals are expected to be more and more responsible.

Given this dual historical and cultural context, a positive relationship between the meaning and coherence of one’s personal history on the one hand, and well-being, quality of life or any other expression of happiness on the other, might simply translate the satisfaction of responding favourably to social expectations. The hypothesis of any protective role of cognitive activities of construction of meaning and coherence on subsequent physical health, acting as a buffer against the stress generated by undesirable life events, requires the use of objective health indicators to be tested.

Being able to take into account the agency of the subject by using a tool that delineates the meaning and coherence of life narratives, along with health indicators that depend as little as possible on the sociohistorical context, should improve conditions under which to effectively test a hypothesis; however, whilst it is tempting to develop such an approach, we must not ignore its potentially ideological basis.

Acknowledgements

This research was made possible by funding from the “Sciences bio-médicales, Santé et Société” Program (Inserm, Cnrs, MiRe/Drees). We would like to thank all the participants for the rich and colourful material they provided, Myriam Winance and Jean-François Ravaud for their precious advice and Christopher Hinton for his help in the translation and the three anonymous referees for their constructive suggestions and criticisms.

References


