# NARRATIVE PERSPECTIVES AND PERSPECTIVES ON NARRATIVE

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## 1. Introduction

In April 2014, during my postdoctoral fellowship at the University of Waikato, The Waikato Narrative Group organized a symposium on narrative perceptions and practices in Aotearoa. The purpose of our symposium was to acknowledge and celebrate the multifaceted and widespread research involving narrative across New Zealand disciplines. Academics from philosophy, literature, linguistics, anthropology, media studies, education, Pacific studies and business came together to share their thoughts, experiences and practices, from their disciplinary perspectives, on the interpretations of 'narrative', the use of narrative as methodology, and narrative as an oral and visual performative embodiment of individuals and communities' life experiences. The outcome of the symposium was this special section of *Te Reo*, which brings a multi-disciplinary perspective on how questions of narrative identity are addressed across New Zealand disciplines.

This opening article has two purposes: firstly, it identifies the three narrative research umbrellas of the collection: narrative as methodology, an emphasis on the told narrative's form, and the narrative as a performative action. Secondly, to demonstrate the importance of analysing the place of narrative in shaping individual and societal identity, this article analyses the evolution of societal illness narratives in the Western world. I discuss how the

evolving narratives determine our (re)actions and worldviews towards disease, illness and sickness. Through the above discussions, I demonstrate the two central themes of this special section of the journal: narratives and identities are not immutable, and our identities and the narratives that we tell and hear have a mutual effect on each other.

## 2. Perspectives on narrative

The traditional use of the term 'narrative' lies in the field of narratology, which arose out of literary theory in the 1960s and 1970s. In these early studies, the focus was restricted to textual analysis of written fictional literature (Brockmeier and Carbaugh 2001). The definition that is predominantly used today, and in this collection, extends narrative out of the world of literature and makes it central to our everyday lives:

> Narrative is a culture-specific and contextualized mode of interaction, which, through its construction, has the function of creating realities and negotiating the identities of all involved in the interaction. (Gounder 2015: 1)

In this collection, there are three major strands of narrative research. The first two are based on Polkinghorne's (1995) divisions. Narratives can either be produced as data (*analysis of narratives*) or they can be reconstructed as a means of making sense of different data (*narrative analysis*). A third area is the situated context of the interaction in which the narrative is performed (*narrative performance*). I will look at each of these research areas in turn.

*Analysis of narrative* involves analysing data acquired in the form of narrative. Here, research is interested in the narrative's internal structure and content. The aim is to find underlying themes to understand how the narrative is part of a teller's agency and identity. In most research, the narrative's structural components are based on Labov and Waletzky's (1967) seminal work as well as Labov's later works on the structure of narratives of personal experience (1972, 1997, 2003, 2011, 2013). The delineation of the story world is through the structural elements of orientation, complicating action, resolution and coda. The orientation provides information on the characters, and where the action takes place, both temporally and spatially. The complicating action, or the main action of the narrative, may be followed by the optional elements of resolution, which contains the narrative's dénouement, and the coda, which provides the cultural moral of the narrative. The narrative also

contains evaluative elements, which encode the discursive performance of the narration. Labov's deconstruction of a well-formed narrative of personal experience into its relative components has been adopted and adapted to suit different narrative genres (for instance, see Bury 1982; Frank 1995; Robinson 1990 for the illness narrative genre).

Nash (this volume) applies Labov's narrative structure to the mythical narrative and relates narrative to collective identity construction. The paper explores the collective memory of a people through the commemorative practice of codifying a significant myth within their topological landscape, which allows the community to 'remember'. Nash investigates these relationships by analyzing how the myth of the Mutiny on the Bounty has been codified into placenames on Norfolk Island.

A second area of study, *narrative analysis*, is the researcher's construction of narrative out of data, which do not necessarily take the form of narratives (participant observations, diary entries, notes, reports, interviews, field notes), but when brought together, can be used to produce a coherent narrative, as seen in Kearney's research (this volume) into the reconstruction of Scottish and Irish identities within a New Zealand context. Kearney's study brings an interesting dimension to the multi-layered ways in which we answer 'who am I?' and 'who do I want to be?'. In Barkhuizen, Hiratsuka, Khan and Mendieta's study (this volume), the analysis of data as narrative is done from the perspective of applied linguistics. Drawing on their respective research situated in Japan, Pakistan and Columbia, the authors exemplify how Barkhuizen's (2013) framework provides a method of reconstructing data as narrative within the multidimensional web of influences beginning from the interaction between the teller(s) and listener(s) to the wider societal aspects that play a role in determining the content and function of a story. The framework plays a crucial role for the researcher and the ongoing research process. By analyzing the dimensions along which the research is located, the framework serves a reflective purpose to determine one's process and influences in the reconstruction process.

A third area of analysis is narrative performance, where the research emphasizes the situated context of narrative production. The research takes a closer look at narrative as a performed interaction. Research under narrative performance seeks to answer the question 'Why is this narrative told and why is it told in this way?' Research may involve analysing one narrative telling. Hydén (2010), for instance, focuses on the performance of telling illness narratives by persons with dementia. Through an analysis of the evaluation

component of narrative, Hayden discusses the strategies narrators use to claim identities through the illness narrative.

Research may also involve analysing how the same events can be narrated by the same narrator in contexts altered through one or more of the following factors: time, place and different interlocutors, resulting in a changed narrative. In an oft-cited study, Riessman (2003) analyses the performance of two thrice-told personal narratives about multiple sclerosis, told by two men, who use the narratives to reconstruct their versions of masculinity. Riessman demonstrates the importance of taking into consideration social structures (in this case, gender and class), as well as the narrator's and audience's historical contexts. The intersection of the social structures and contexts shape the narrative's topic choice; what is made explicit, which is determined by the shared knowledge between narrator and audience; the audience's knowledge and understanding about multiple sclerosis and what the illness's effects entail for the teller in the social world.

Narrative co-construction is another important area for interactional narrative analysis. In their study, Lee, Hunter and Franken (this volume) analyse the interplay between participants' and researchers' roles in story sharing. In another study, Sakellariou, Boniface and Brown (2013) analyse the co-construction of narrative coherence and meaning between individuals with motor neuron disease and their carers in an interview situation. The findings of both studies demonstrate that while there are multiple perspectives from which a narrative can be told, what determines the perspective is the contextual and cultural knowledge that the tellers bring to the narrative. In addition, the narrative's structure and content is shaped through the language choices of the narrators, and through the use of contextualization cues, such as gestures (see Aaltonen 2010 and Phoenix 2013 for similar findings).

In this volume, Vaioleti discusses the importance of co-construction between researcher and participants within the Pacific setting. In presenting the talanoa framework, he argues the need for narrative methodologies that are heuristic, grounded within the context and culture of the participants and which are mutually beneficial for the researcher and participants. The study is the only one in our collection that focuses on the interrelationship between narrative and culture within the indigenous South Pacific context. The importance of this article lies in its demonstration of the contribution that Pacific-centred research can make to narrative analysis.

A final area of performative analysis is the study of the embodied narrative, where the researcher places emphasis on the body as narrator. Hydén's (2013)

focus is on the bodily movements, such as gestures, voice, silence, gaze and the positioning of the body in both narrative telling and listening. Langellier (2001), in her study on breast cancer, tattoo and narrative performance, analyses the narrated body as a performance of resistance. Langellier demonstrates how the narrative is situated within an interactive setting, largely populated with medical professionals. The narrative progresses from the unagentive position of the narrator getting tattooed through radiation therapy to agentively getting a tattoo. The narrative focuses on others' reactions towards her tattoo. These reactions are situated within their perceptions of what 'tattoo' symbolizes. Through her narrative, the narrator demonstrates her tattooed body as a site of contest and resistance, where she gives new meaning to 'tattoo', and in the process, reclaims power and agency over her body.

A dominant theme in all three strands of narrative research, as seen in the articles in this collection, is the interrelationship between narrative telling and identity construction. As Lumsden (this volume) emphasizes, the narrative approach provides an integral means of analysing the interdependence of identity *at* a time and identity *through* time. The identity construction may be of the tellers and also of the researchers, who bring their own narratives to their research and are also influenced by the narratives of their participants. The rest of this article demonstrates the interrelationship between narrative and identity through the analysis of the evolution of the illness narratives and how these narratives govern our perspective on how we see the world, our attitudes and behaviours, and are therefore, central to our identity construction.

## 3. Narrative perspectives

In relation to narrative's correlation with identity at the individual and wider societal levels, narratives change with our changing attitudes about how the world should be. Our narratives can either conform to societal norms and expectations or they can question what we consider to be normative and may lead to a change in the way we frame our narratives.

The manner in which we 'story' the world is directly linked to our perceptions and behaviours and are quite often informed by the societal "master" narratives (also termed grand narratives, cultural narratives, big narratives (cf. Bamberg 2005)), which are themselves not immutable. We can illustrate the evolution of societal master narratives by looking at the illness narrative genre, an area that has recently become important in the field

of narrative inquiry (cf. Gygax and Locher 2015). Illness narratives can be organized under three types: biomedical, structural and health behavioural. I look at the three narratives in turn to discuss how they play an important role in shaping societal behaviours.

### 3.1 The biomedical narrative

Historically, biomedical narratives were the dominant and authoritative narratives. Medical notions of diagnosis, treatment and intervention pervaded our discourse on health and wellbeing.

Research has detailed a wide and varying range of activities that have become increasingly medicalized over the years. These include childbirth (Oaklye 1984), breastfeeding (Auerbach 1995), menopause and the use of Hormone Replacement Therapy (HRT) (Froehle 2013), the increasing medicalization of behaviour classified as madness (Foucault 1965), hyperactivity in children, mental illness, alcoholism, opiate addiction (Conrad and Schneider, 2010), pornography (Clarkson and Kopaczewski 2013), and other somatic problems (Fainzang 2013). The dominance of the biomedical narrative is not solely due to the medical profession wielding greater control over a passive lay population. Research has demonstrated that the public can also actively promote the extension/utilization of the biomedical narrative, through seeking specific treatments for ailments (Williams Martin and Gabe 2011), seeking medical interventions (Riessman 1983), as well as lobbying for their experiences to be classified as a medical conditions, such as chronic fatigue (Dickson, Knussen and Flowers 2007) and repetitive strain injury (Newton, Southall, Raphael, Ashford and LeMarchand 2013) in order to legitimize their experiences.

On the other hand, research also demonstrates areas that are moving outside the jurisdiction of the biomedical narrative. These include the declassification of homosexuality as an illness by the Amercan Psychiatric Association, which has led homosexuality 'to be seen in many affluent countries as neither disease nor deviance, but as a lifestyle choice' (Ballard and Elston 2005: 235), the changing viewpoints of obesity through the 20th and 21st centuries from a marker of an inability to exercise restraint, to a sickness and finally, to today's politically correct acceptance of larger bodies (Lupton 2012), the demand for childbirth to be seen as a natural process without the need for medical monitoring (Ten Hoope-Bender 1997).

The dominance of the biomedical narrative has not remained constant over the years. As we have seen above, the influences of the biomedical

narrative depends on 'macrohistorical process, sociostructural systems and the pheonomenological experiences of individuals' (Clarke 1992: 288), with shifts in viewpoints leading to the increase or decrease of the popularity of the biomedical master narrative in any given area of human activity. At the same time, concern has been expressed over the influence of the biomedical narrative on society and its encroachment on the social functions of traditional institutions, such as religion and law (Illich 1977).

Parallel to the growing dissatisfaction with the widespread dominance of the medical discourse (cf. Illich 1976, 1977; Zola 1972, 1983) is the division of ill-health into the three categories of disease, illness and sickness. Disease is the presence of pathogens or abnormalities, which deviate the body from a biological norm and which can be medically diagnosed. On the other hand, illness and sickness are sociocultural constructs, with illness being an individual's feeling of unwellness, which may or may not be accompanied by disease and sickness being a society's acceptance of the person's status as being unwell, generally when they are medically diagnosed with a disease (Kleinman 1978).

Once the distinctions were made between disease, illness and sickness, the medical narrative's dominance was challenged. Moreover, health and wellbeing were no longer seen as being the sole responsibility of an individual; rather, the wider societal response to health became important. Hence, as society made distinctions between disease, illness and sickness, narratives in the structural and health behaviour frames also became critical in discussions of illness management.

## 3.2 The structural narrative

The structural narrative of health is a broad category that encompasses the relationship of social structures, such as class, caste, gender and ethnicity with macrolevel social, economic and political developments that govern people's health and wellbeing status and determine their access to biomedical and ethnomedical healthcare. The perspective is a reaction to the biomedical narrative's lack of consideration of these sociostructural contexts of illness and healing.

The structural narrative draws on three major fields of investigation. The first explores the relationship of class structure and capitalism in relation to medical access, and takes into account the historical developments that have brought about the changes. Such research analyses the intersection of social structures of class, race, gender and sexual orientation and how this determines

access to medical health care (Carlson 1996; Li, Holroyd, Li and Lau 2014; Singer 1994), and the impact of society's moral panic on those infected and affected by HIV (Lieber, Li, Wu, Rotheram-Borus and Guan 2006; Parker and Aggleton 2003; Wagner, Hart, Mohammed, Ivanova, Wong and Loutfy 2010; Kheswa 2014). Secondly, studies demonstrate how medicine can become an instrument of social control leading to and even promoting socioeconomic inequality. An example is Kayal's (1993) study on the impact of stigmatization and scapegoating of homosexuals on their access to medical care. Thirdly, studies analyse the causal relationship between how biomedical advancements in the Developed worlds lead to underdevelopment in third world countries (Altman 1999; Lee and Zwi 1996; Shadlen 2007). As seen from the examples cited here, studies on structural narratives can be locally situated and focus on the dynamics within a country's geopolitical structure and how they impact the local people or they may be macro-analytical and examine the impacts of global interactions on a country's access to healthcare.

### 3.3 The health behaviour narrative

The health behaviour narrative focuses on individuals' likelihood of undertaking adaptive health practices around a particular illness. The health behaviour narrative derives from the interconnections between individuals' beliefs about the perceived likelihood of suffering from an illness, the perceived severity of the illness, the desire to avoid or overcome the illness, the confidence that undertaking a recommended course of action will reduce their likelihood of suffering from the illness and the self-belief in one's ability to carry out the recommended course of action. A large number of studies have analysed the intersection of HIV and health behaviour.

Studies into health behaviour narratives of illness response can be at the macrolevel or at the individual level of personal experience. An example of macrolevel narrative focus is the impact of media narratives on society's knowledge, beliefs and practices around illness. Studies have looked into the impact of media on HIV beliefs and knowledge about HIV transmission (Hertog and Fan, 1995; Romer et. al 2009). Other studies have demonstrated the positive correlation between media access and exposure with increased HIV awareness and knowledge about protective sexual practices and treatment (Agarwal and de Araujo 2014; Hirose, Nakaune and Ishizuka 1998; Muli and Lawoko 2014; Oyekale and Oyekale 2010; Shukla and Pradhan 2013).

On the other hand, health behaviour narrative research may focus on individuals' personal experience in illness coping or prevention. Studies

include HIV disclosure narratives (Moskowitz and Roloff 2008), local conceptualizations of HIV through the lens of personal narratives, anchored within the local moral and social order and encoded within customary practices (Thomas 2008), Haitian American adolescents' conceptions and misconceptions about transmission and prevention of HIV (Mercelin, McCoy and DiClemente 2006), traditional healers' false knowledge about HIV prevention, diagnosis and treatment and gender difference in the lay population about HIV knowledge (Chomat, Wilson, Wanke, Selvakumar and Isaac 2009), direct correlation of patients' ART response on both their attitudes towards their illness and environment and their health-seeking behaviours (Siril, Fawzi, Toddy, Wyatt, Kilewo, Ware and Kaaya 2014), short and long-term attitudinal and behavioural trauma responses of women diagnosed HIV positive (Stevens and Hildebrandt 2006), high religiosity correlated with lower risk behaviour (Shaw and El-Bassel 2014; Kudel, Cotton, Szaflarski, Holmes and Tsevat 2011) and the use of religious belief as a coping mechanism for individuals with HIV (Bernstein, D'Angelo, and Lyon 2013).

The health behaviour narrative's emphasis is on prevention of illness. Being ill or well is the responsibility of the individual, with illness being the consequence of poor lifestyle choices. The individual is, therefore, seen as being able to make changes to her habits and to have control over her ability to prevent illness, or a reoccurrence of the illness. The inability to make beneficial/constructive behavioural and attitudinal changes to enhance their health is seen as a flaw in the individual's character (Clarke 1992).

## 4. Narrative perspectives and identity construction

Through this overview of the three dominant illness narratives, we can see how these societal narratives alter our conceptualizations of health and wellbeing. Under the medical narrative, illness is positioned as an individualized concern, where the emphasis is on diagnosis and medical treatment. The health behaviour narrative also sees illness as an individual's concern but emphasizes prevention. The structural narrative moves to position illness as a societal issue. The three competing narratives differ in emphasis on causes, treatments and prevention of diseases. Therefore, the dominance of any one of these narratives on how we think about illness and healing has far-reaching consequences on how an individual and a society responds to their own and others health and wellbeing; what they consider to be areas

of concern regarding health matters; the criteria for measuring oneself as healthy or unhealthy, well or unwell; the policies that are put into place to govern health related behaviours, the allocation of funding for "research, treatment, prevention and health promotion" (Clarke 1992: 291); and the (de) establishment and enforcement of laws around what is considered normal and deviant behaviours (Conrad 2008; 2013; Conrad and Schneider 1980a, 1980b, 1992; Foucault 1965; Lowenberg and Davis 1994).

One of the most salient domains for the occurrence of master narratives is as media narratives. Research on health-related narratives has shown journalists' awareness of these three dominant narratives and the influence of the narratives in governing which issues are considered suitable health topics and the related information given to the general public via the mass media (Hodgetts, Chamberlain, Scammell, Karapu and Nikora 2008). Furthermore, the dominance of the medical, structural and health behaviour narratives of illness has been found to be different in different societies. For instance, in the presentation of HIV in media narratives, the structural narrative, which makes HIV a societal concern, is found to be predominant in the Pacific region (Gounder Unpublished manuscript), while in the USA, the medical and health behaviour narratives, which individualize the illness' response, are more predominant (Clarke 1992). The findings underscore the cultural-specificity of narrative construction and provide an area for further research.

The impact of media narratives on audience has been well documented. Kahneman and Tversky (1984, cited in Entman 1993: 53–54) demonstrate the power of news stories, through the narrative's selective presentation of a topic, in directing audience's attention towards, and therefore, away from other aspects of reality around an issue. Research has also demonstrated the impact news story perspectives have on audience' interpretations (de Vreese 2004), recollections (Valkenburg, Semetko and de Vreese 1999), attitudes (Shen 2004), evaluations and decision-making (de Vreese and Boomgaarden 2003) on national issues and policies. Given that our attitudes, perceptions and behaviour are major components of our identity (Lumsden, this volume), the narratives that we tell and hear have a significant impact on who we are both individually and as a community.

## 5. Conclusion

In this opening article, I have provided an overview of the three major strands of narrative research, as exemplified by the research within this volume. I have also used the illness narrative genre to examine the evolution of the societal master narratives of illness to demonstrate how our societal narratives structure our ideologies, behaviours and attitudes in our everyday lives. The remainder of this collection continues exploring the relationship of narrative and identity constructions. Just as narratives can be told from different perspectives, they can also be read through different perspectives; hence, each article within this section can be viewed through different lenses. The aim of the section is to generate and facilitate the multi-facetted and interdisciplinary discussions on narrative and identity through our collection.

## References

Aaltonen, Tarja. 2010. "Mind-reading', a method for understanding the broken narrative of an aphasic man.' In Matti Hyvärinen (Ed.). *Beyond Narrative Coherence.* Amsterdam: John Benjamins Publishing.49–66.

Agarwal, Smriti and Pedro de Araujo. 2014. 'Access to media and HIV knowledge in India.' *Economies, 2*(2): 124–146.

Altman, Dennis. 1999. 'Globalization, political economy, and HIV/AIDS.' *Theory and Society, 28*(4): 559–584.

Auerbach, Kathleen, G. 1995. 'The medicalization of breastfeeding.' *Journal of Human Lactation: Official Journal of International Lactation Consultant Association, 11*(4): 259–60.

Ballard, Karen and Mary Ann Elston. 2005. 'Medicalisation: A multi-dimensional concept.' *Social Theory & Health, 3*(3): 228–241.

Bamberg, Michael. 2010. 'Master narrative.' In David Herman, Jahn Manfred, and Marie-Laure Ryan (eds.) *Routledge Encyclopedia of Narrative Theory.* New York: Routledge. 287–288.

Bernstein, Karen, Lawrence J. D'Angelo and Maureen E. Lyon. 2013. 'An exploratory study of HIV+ adolescents' spirituality: Will you pray with me?' *Journal of Religion and Health, 52*(4): 1253–1266.

Brockmeier, Jens and Donal A. Carbaugh. (eds.). 2001. *Narrative and Identity: Studies in Autobiography, Self and Culture.* Amsterdam: John Benjamins Publishing.

Bury, Mike. 2001. 'Illness narratives: Fact or fiction?' *Sociology of Health & Illness, 23*(3): 263–285.

Carlson, Robert. G. 1996. 'The political economy of AIDS among drug users in the United States.' *American Anthropologist, 98*(2): 266–278.

Chomat, Anne Marie Belz, Ira B. Wilson, Christine A. Wanke, A. Selvakumar, K. R. John, and Rita Isaac. 2009. 'Knowledge, beliefs, and health care practices relating to treatment of HIV in Vellore, India.' *AIDS Patient Care and STDs*, *23*(6): 477–484.

Clarke, Juanne. N. 1992. 'Cancer, heart disease, and AIDS: What do the media tell us about these diseases?' *Health Communication*, *4*(2): 105–120.

Clarkson, Jay and Shana Kopaczewski. 2013. 'Pornography addiction and the medicalization of free speech.' *Journal of Communication Inquiry*, *37*(2): 128–148.

Conrad, Peter. 2008. *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore: John Hopkins University Press.

Conrad, Peter. 2013. 'Medicalization: Changing contours, characteristics, and contexts.' In William C. Cockerham (ed.). *Medical Sociology on the Move: New Directions in Theory*. Dordrecht: Springer. 195–214.

Conrad, Peter. and Joseph W. Schneider. 2010. *Deviance and Medicalization: From Badness to Sickness*. Philadelphia: Temple University Press.

De Vreese, Claes. H. 2004. 'The effects of frames in political television news on issue interpretation and frame salience.' *Journalism & Mass Communication Quarterly*, *81*(1): 36–52.

De Vreese, Claes. and Hajo Boomgaarden. 2003. 'Valenced news frames and public support for the EU.' *Communications*, *28*(4): 361–381.

Dickson, Adele, Christina Knussen, and Paul Flowers. 2000. 'Stigma and the delegitimation experience: An interpretative phenomenological analysis of people living with chronic fatigue syndrome.' *Psychology and Health*, *22*(7): 851–867.

Entman, Robert. M. 1993. 'Framing: Toward clarification of a fractured paradigm.' *Journal of Communication*, *43*(4): 51–58.

Fainzang, Sylvie. 2013. 'The other side of medicalization: Self-medicalization and self-medication.' *Culture, Medicine, and Psychiatry*, *37*(3): 488–504.

Foucault, Michel. 1965. *Madness and Civilization*. trans. R. Howard. New York: Pantheon.

Frank, Arthur. W. 1998. 'Just listening: Narrative and deep illness.' *Families, Systems, & Health, 16*(3): 197.

Froehle, Andrew. W. 2013. 'Postmenopausal health and disease from the perspective of evolutionary medicine.' *Anthropology & Aging, 34*(3): 61–86.

Gounder, Farzana. 2015. *Narrative and Identity Construction in the Pacific Islands*. Amsterdam: John Benjamins Publishing.

Gounder, Farzana. (Unpublished manuscript). "Sex like sweet potatoes'. Framing HIV in Fiji media.' Retrieved from http://farzanagounder.com/publications-and-conferences/

Gygax, Franziska and Miriam. A. Locher. 2015. *Narrative Matters in Medical Contexts across Disciplines*. Amsterdam: John Benjamins Publishing.

Hertog, James K. and David P. Fan. 1995. 'The Impact of Press Coverage on Social

Beliefs: The Case of HIV Transmission.' *Communication Research, 22*(5): 545–574.

Hirose, Hirotada, Naoko Nakaune, Tomoichi Ishizuka, Shoji Tsuchida, and Yasue Takanashi. 1998. 'A study on the role of AIDS mass communication: How do the mass media affect HIV testing behavior?' *Japanese Psychological Research, 40*(4): 246–255.

Hodgetts, Darrin, Bridgette Masters, and Neville Robertson. 2004. 'Media coverage of 'decades of disparity' in ethnic mortality in Aotearoa.' *Journal of Community & Applied Social Psychology, 14*(6): 455–472.

Hydén, Lars-Christer. 2010. 'Identity, self, narrative.' In Matti Hyvärinen (ed.). *Beyond Narrative Coherence*. Amsterdam: John Benjamins Publishing. 33–47.

Hydén, Lars-Christer. 2013. 'Bodies, embodiment and stories.' In Molly Andrews, Corinne Squire, and Maria Tamboukou (eds.). *Doing Narrative Research.* London: Sage Publishers. 126–141.

Illich, Ivan. 1976. *Limits to Medicine*. Marion Boyars.

Illich, Ivan. 1977. *Medical Nemesis: The Expropriation of Health*. New York: Bantam Books.

Kayal, Philip. M. 1993. *Bearing Witness: Gay Men's Health Crisis and the Politics of AIDS*. Boulder, CO, US: Westview Press.

Kheswa, Gcina. 2014. 'Exploring HIV and AIDS stigmatisation: Children's perspectives.' *Mediterranean Journal of Social Sciences, 5*(15): 529.

Kleinman, Arthur. 1978. 'Concepts and a model for the comparison of medical systems as cultural systems.' *Social Science & Medicine. Part B: Medical Anthropology, 12:* 85–93.

Kudel, Ian, Sian Cotton, Magda Szaflarski, William C. Holmes, and Joel Tsevat. 2011. 'Spirituality and religiosity in patients with HIV: A test and expansion of a model.' *Annals of Behavioral Medicine, 41*(1): 92–103.

Labov, William. 2011. 'Oral Narratives of Personal Experience.' In Patrick. C. Hogan (ed.). *Cambridge Encyclopedia of the Language Sciences*. Cambridge: Cambridge University Press. 546–548.

Labov, William and Joshua Waletzky. 1967. 'Narrative analysis.' In June Helm (ed.), *Essays on the Verbal and Visual Arts*. Seattle: University of Washington Press. 12–44.

Labov, William. 1972. 'The transformation of experience in narrative syntax.' *Language in the Inner City*. Philadelphia: University of Pennsylvania Press. 354–405.

Labov, William. 1997. 'Some further steps in narrative analysis.' *Journal of Narrative and Life History, 7*(1-4): 395–415.

Labov, William. 2003. 'Uncovering the event structure of narrative.' In Deborah Tannen and James. E. Alatis (Eds.), *Linguistics, Language and the Real World: Discourse and Beyond: Volume 2001 of the Georgetown Roundtable on Languages and Linguistics*. Georgetown: Georgetown University Press. 63–68.

Labov, William. 2013. *The Language of Life and Death: The Transformation of Experience in Oral Narrative*. Cambridge: Cambridge University Press.

Langellier, Kristin. M. 2001. '"You're marked": Breast cancer, tattoo, and the narrative performance of identity.' In Jens Brockmeier and Daniel Carbaugh (eds.) *Narrative and Identity*. Amsterdam: John Benjamins Publishing. 145–184.

Lee, Kelley and Anthony B. Zwi. 1996. 'A global political economy approach to AIDS: Ideology, interests and implications.' *New Political Economy*, *1*(3): 355–373.

Li, Li., Mary Jane Rotheram-Borus., Yao Lu., Zunyou Wu., Chunqing Lin., and Jihui Guan. 2009. 'Mass media and HIV/AIDS in China.' *Journal of Health Communication*, *14*(5): 424–438.

Lieber, Eli, Li Li, Zunyou Wu, Mary Jane Rotheram-Borus, Jihui Guan, and National Institute of Mental Health (NIMH) Collaborative HIV Prevention Trial Group. (2006). 'HIV/STD stigmatization fears as health-seeking barriers in China.' *AIDS and Behavior*, *10*(5): 463–471.

Lowenberg, June. S. and Fred Davis. 1994. 'Beyond medicalisation–demedicalisation: The case of holistic health.' *Sociology of Health & Illness*, *16*(5): 579–599.

Lupton, Deborah. 2012. *Fat*. London: Routledge.

Marcelin, Louis Herns, Virginia McCoy, and Ralph J. DiClemente. 2006. 'HIV/AIDS knowledge and beliefs among Haitian adolescents in Miami-Dade County, Florida.' *Journal of HIV/AIDS Prevention in Children & Youth*, *7*(1): 121–138.

Moskowitz, David. A. and Michael E. Roloff. 2007. 'The existence of a bug chasing subculture.' *Culture, Health & Sexuality*, *9*(4): 347–357.

Muli, Irene and Stephen Lawoko. 2014. 'The relationship between access to mass media and HIV/AIDS related knowledge, beliefs and behaviours in Kenya.' *Psychology*, *5*(7): 736–743.

Newton, Benjamin. J., Jane L. Southall, Jon H. Raphael, Robert L. Ashford, and Karen LeMarchand. 2013. 'A narrative review of the impact of disbelief in chronic pain.' *Pain Management Nursing*, *14*(3): 161–171.

Oaklye, Ann. 1984. *The Captured Womb: A History of the Medical Care of Pregnant Women*. Oxford: Basil Blackwell.

Oyekale, Abayome. S. and Tolulope O. Oyekale. 2010. 'Application of health belief model for promoting behaviour change among Nigerian single youths: Original research.' *Journal of Reproductive Health*, *14*(2): 63–75.

Parker, Richard and Peter Aggleton. 2003. 'HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action.' *Social Science & Medicine*, *57*(1): 13–24.

Phoenix, Ann. 2013. 'Analysing narrative contexts.' In Molly Andrews, Corinne Squire and Maria Tamboukou (eds.). *Doing Narrative Research*. London: Sage Publishers. 72–87.

Polkinghorne, Donald. E. 1995. 'Narrative configuration in qualitative analysis.' *International Journal of Qualitative Studies in Education*, *8*(1): 5–23.

Riessman, Catherine. K. 1983. 'Women and medicalization: A new perspective.' *Social Policy*, *14*(1): 3–8.

Riessman, Catherine K. 2003. 'Performing identities in illness narrative: Masculinity and multiple sclerosis.' *Qualitative Research, 3*(1): 5–33.

Robinson, Ian. 1990. 'Personal narratives, social careers and medical courses: Analysing life trajectories in autobiographies of people with multiple sclerosis.' *Social Science & Medicine, 30*(11): 1173–1186.

Romer, Daniel., Sharon Sznitman., Ralph DiClemente., Laura F. Salazar., Peter A. Vanable., Michael P. Carey., Michael Hennessy., Larry K. Brown., Robert F. Valois., Bonita F. Stanton., Thierry Fortune., and Ivan Juzang. 2009. 'Mass media as an HIV-prevention strategy: Using culturally sensitive messages to reduce HIV-associated sexual behavior of at-risk African American youth.' *American Journal of Public Health, 99*(12): 2150.

Sakellariou, Dikaios, Gail Boniface, and Paul Brown. 2013. 'Using joint interviews in a narrative-based study on illness experiences.' *Qualitative Health Research, 23*(11), 1563–1570.

Shadlen, Kenneth. C. 2007. 'The political economy of AIDS treatment: Intellectual property and the transformation of generic supply.' *International Studies Quarterly, 51*(3): 559–581.

Shaw, Stacey. A and Nabila El-Bassel. 2014. 'The influence of religion on sexual HIV risk.' *AIDS and Behavior, 18*(8): 1569–1594.

Shen, Fuyuan. 2004. 'Effects of news frames and schemas on individuals' issue interpretations and attitudes.' *Journalism & Mass Communication Quarterly, 81*(2): 400–416.

Shukla Priyanka and Madhurima Pradhan. 2013. 'HIV risk behaviors and risk beliefs among young adults.' *Indian Journal of Health and Wellbeing, 4*(5): 1120–1123.

Singer, Merrill. 1994. 'AIDS and the health crisis of the US urban poor: The perspective of critical medical anthropology.' *Social Science & Medicine, 39*(7): 931–948.

Siril, Hellen, Mary C. Smith Fawzi, Jim Todd, Monique Wyatt, Japheth Kilewo, Norma Ware, and Sylvia Kaaya (2014). 'Hopefulness Fosters Affective and Cognitive Constructs for Actions to Cope and Enhance Quality of Life among People Living with HIV in Dar Es Salaam, Tanzania.' *Journal of the International Association of Providers of AIDS Care*. [Epub ahead of print]

Stevens, Patricia E., and Eugenie Hildebrandt. 2006. 'Life changing words: Women's responses to being diagnosed with HIV infection.' *Advances in Nursing Science, 29*(3): 207–221.

Ten Hoope-Bender, Petra. 1997. 'The demedicalization of childbirth.' *World Health, 50*(2): 6–7.

Thomas, Felicity. 2008. 'Indigenous narratives of HIV/AIDS: Morality and blame in a time of change.' *Medical Anthropology, 27*(3): 227–256.

Valkenburg, Patti M., Holli A. Semetko and Claes H. De Vreese. 1999. 'The effects of news frames on readers' thoughts and recall.' *Communication Research, 26*(5): 550–569.

Wagner, Anne C., Trevor A. Hart, Saira Mohammed, Elena Ivanova, Joanna

Wong, and Mona R. Loutfy. 2010. 'Correlates of HIV stigma in HIV-positive women.' *Archives of Women's Mental Health*, *13*(3): 207–214.

Williams, Simon J., Paul Martin., and Jonathan Gabe. 2011. 'The pharmaceuticalisation of society? A framework for analysis.' *Sociology of Health & Illness*, *33*(5): 710–725.

Zola, Irving K. 1972. 'Medicine as an institution of social control.' *The Sociological Review*, *20*(4): 487–504.

Zola, Irving K. 1983. *Socio-medical Inquiries*. Philadelphia: Temple University Press.