

Why Wounded Storytellers Need to be Vulnerable Readers

Arthur W. Frank

Volume 11, 2022

Special Issue: Narrative and Personal and Social Transformation

URI : <https://id.erudit.org/iderudit/1108954ar>

DOI : <https://doi.org/10.7202/1108954ar>

[Aller au sommaire du numéro](#)

Éditeur(s)

Centre for Digital Scholarship, University of New Brunswick

ISSN

1925-0622 (numérique)

[Découvrir la revue](#)

Citer cet article

Frank, A. (2022). Why Wounded Storytellers Need to be Vulnerable Readers. *Narrative Works*, 11, 61–72. <https://doi.org/10.7202/1108954ar>

Résumé de l'article

The essay examines the interdependences between experience, narration, and dialogue. I begin by reflecting on my early work, *The Wounded Storyteller*, and progress to my current work on vulnerable reading. Questions raised include the extent to which people can tell stories they call their own, and where people acquire the resources to tell stories. Responses to these issues depend on the distinction between stories as particular, local, and contingent, and narratives as generally available cultural resources. Shared background knowledge of narratives makes specific stories tellable and recognizable. Experience, I argue, is given shape as it is articulated in stories, but it always exceeds what a story can tell.

This article is free to use, with proper attribution, in educational and other non-commercial settings © Arthur W. Frank, 2022

Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter en ligne.

<https://apropos.erudit.org/fr/usagers/politique-dutilisation/>



**SPECIAL ISSUE:
NARRATIVE AND PERSONAL AND SOCIAL
TRANSFORMATION**

**Why Wounded Storytellers Need to be Vulnerable
Readers**

Arthur W. Frank

Professor Emeritus, University of Calgary
arthurwfrank@gmail.com

The essay examines the interdependences between experience, narration, and dialogue. I begin by reflecting on my early work, *The Wounded Storyteller*, and progress to my current work on vulnerable reading. Questions raised include the extent to which people can tell stories they call their own, and where people acquire the resources to tell stories. Responses to these issues depend on the distinction between stories as particular, local, and contingent, and narratives as generally available cultural resources. Shared background knowledge of narratives makes specific stories tellable and recognizable. Experience, I argue, is given shape as it is articulated in stories, but it always exceeds what a story can tell.

Keywords:

illness, experience, narration, dialogue

The topic of illness experience has been, for me, an occasion to study the entwining of experience, narration, and dialogue. The difficulty of each of these words lies in their interdependence; none of the words can stand by itself without the other two. The relation between experience, narration, and dialogue seems to me to be like a game of rock, paper, and scissors, but this game is more complicated, because experience, narration, and dialogue each have all three of the properties of rocks, paper, and scissors. Each term cracks or cuts open the other two, and each enfolds the other two. Acts of narration, which include storytelling, unfold

experience, but experience cracks open narrations that inevitably fail to contain it. Narrations happen in relations of dialogue, and engagement in dialogue makes experience available not only to other people but also to ourselves, especially as we hear ourselves telling those narrations we call life stories.

To explore how experience, narration, and dialogue each brings us back to the other two, I begin by returning to the book I published in 1995, *The Wounded Storyteller*. That leads to my present work, which recognizes how the figure of the wounded storyteller requires a complementary figure that I call the vulnerable reader. I will conclude with a brief statement of what, through all this, I think I've learned about what we call narrative, how narratives do their work, and why stories matter to us in our lives.

THE BRICOLAGE OF ILLNESS STORIES

For me, writing is grounded in need. I wrote *The Wounded Storyteller* at a moment when I felt reprieved. Physicians had suspected I was having a recurrence of cancer, I had a scary operation to biopsy what scans were showing, and it turned out I had something else. I could never take that something else as seriously as I should have, because all I could hear was that I didn't have cancer. Thus I wrote *The Wounded Storyteller* not as a memoir—I had already written a memoir—but as a work of writing something down while I had time, because I didn't know how long my reprieve might last. Today, simply because of age, I have something of that same feeling of immediate need. That feeling can be a great gift to a writer.

I wrote *The Wounded Storyteller* to take stock of, and I hope to honour, the relationships with ill people that saturated my life at that time. Those relationships were not, I emphasize, research. They were how I survived a period of extreme fragility; they sustained me. To some of these ill people, I was a grateful reader, taking refuge in their stories; to others, I was an editor, helping them to tell their story; and to others I was either an invited speaker in support group meetings or a member of those groups. None of these relationships stayed in any discrete compartment. The academic pretense that the activity of doing research has boundaries made no sense to me then, nor does it now. Either I am always doing research, or else, according to some canonical versions of methodology, I've never done proper research. That's what it is to work on narrative while living lives that we each perpetually narrate, while we are receiving and responding to the narrations of others.

What I would call either the commitment or the discipline of *The Wounded Storyteller* was to write about these stories of illness experience outside the purview of the medical gaze. At the time it was unusual, even radical, for academic or professional writing to give unqualified privilege to the usually dis-privileged voices of those whom medicine calls patients. That way of writing responded to ill people's problem of how to narrate experiences that didn't fit the parameters of narration imposed by institutional healthcare's vocabulary, its preferred plot structures, its sense of relevance in what is worth telling, and especially its imperative desire for an ending that justifies the means to that end. How, I asked, could ill people tell stories that they can call their own? We might call this the question of narrative authenticity, although I'll now deconstruct that ideal.

As I asked this question of how people can tell stories worth calling their own, the part of me that's a sociologist realized its impossibility. Bluntly put, we humans never tell stories that are uniquely our own. My preferred description is that humans are narrative bricoleurs, adapting the figure proposed by the anthropologist Claude Levi-Strauss (1966). We are always gathering bits and pieces of other narrations and repurposing them to make up stories we call our own. The forms of our stories—their plot structures, their character types, their tropes, and metaphors—render these stories like rented suits of clothes in which we appear on some occasion and then take back to the shop for someone else to wear. The stories in which we represent our experiences are never our own in more than a provisional sense. That's not a problem for us, but it does require our recognition, lest we misunderstand what we know as our experience, because experience is continually being cast into narrative form and then remembered and retold as stories.

The Wounded Storyteller proceeds in three parts, and to my regret but not to my surprise, the first and third parts have gotten far less discussion than the middle part. In the first part, I argue that bodies, by getting sick, do more than provide the occasion and topic of illness stories. Individual sedimentations of embodiment predispose what kind of story the storyteller tells. Illness stories are not only about bodies. First-person stories of illness are emanations of the bodies that tell them. As to what it means for a story to be of the body that tells it, I'll fall back on a great phrase from Audre Lorde's *The Cancer Journals* (1981). Lorde wrote that she had to write about cancer "in order to keep me available to myself" (p. 65). She was struggling to find a new way of living in her post-mastectomy body. Surgical mutilation, what she called her new landscape, required she find new terms of self-knowing. But self-knowing cannot be centred in or on the self; it cannot reify the self as self-sufficient. Lorde understands that remaining available

to herself depends on making herself available to others; her book is, maybe most of all, a plea for mutual recognition among those who share the plight of illness. Lorde knows that bodies are always in some form of dialogue with other bodies, each knowing itself only in relation to others. These dialogical relations are mediated by forms of narration: we narrate ourselves through narrations to others, and in those narrations experience becomes, in Lorde's word, available to us.

The middle chapters of *The Wounded Storyteller* present three types of narrative that are available to ill people at a cultural moment that I don't see as having changed much since 1995. New media of telling have developed—the Internet has proliferated illness stories—but I don't observe much change in core narrative structures. If anything, stories told on electronic media seem to require readers' more immediate recognition of what type of story is being told and whether that type fits their expectations. Here I reach a distinction that's important to me, though it's not a distinction everyone recognizes. This distinction is between narratives and stories.

Especially in my book *Letting Stories Breathe* (2010), I've argued the need to be clear, both as scholars of narrative and as storytellers in our own lives, that what we call stories recollect local details of particular lives; they recollect the contingencies of experiences, and they recapitulate the history of stories the storyteller has heard. But storytellers frame these particularities—memories of characters, events, and other stories—within culturally recognizable narrative forms that comprise skeleton plots and expressive rhetoric.

Narratives in this sense are close to what Mikhail Bakhtin (1986) called speech genres: ways of speaking that situate the speaker in a community of those who know themselves by sharing a mode of expression; or, speech genres are ways of speaking that make a community recognizable to itself and make speakers recognizable as members of that community. At any historical moment, among any collection of persons who share stories among themselves, there are only a finite number of narratives. Any particular story mixes narrative forms, and in that mixing lies the originality and diversity of stories. But a good improvisation stays close enough to the form on which it improvises. For stories to be recognizable to others, and even to the self, the narrative forms need to show through. To summarize: narratives, as I refer to them, are finite, while stories, each with their local and contingent particularities, are infinite.

As a footnote, a biographical irony of saying what I just did is that after teaching sociological theory for decades and each year feeling least interested in Emile Durkheim, what I now see around me demands becoming a Durkheimian. Durkheim's book *Suicide* (1951) proposes a metaphor of communal life as a tension

between the centripetal forces that bind persons to collectivities and the centrifugal forces of individualities that want to assert themselves as existing independent of those communal bonds. In my usage, narratives are the centripetal forces pulling us into communal recognizability, and stories are centrifugal attempts to assert something individually distinctive from what everyone else experiences.

Writing *The Wounded Storyteller*, it made sense to me as a sociologist to organize illness stories by creating types of narratives. Sociologists favour types and typologies as a way of representing what they observe. Some types refer to persons, their social location, and what they do in that location. Georg Simmel's "the stranger" (1971) and Max Weber's "charismatic leader" (1958) do not describe personalities. Rather, they describe ways of being-able-to-be in particular places at historical moments and, complementary to that, ways of enabling others to be. Narrative types are ways to express experience that reflect the historical and institutional location of those expressions; they are ways people place themselves in, and sometimes against, where they are located. Bodies, as the origin point of narratives, are always located.

The phenomenologist Alfred Schütz (1971) distinguishes between first and second order types. First order types are what everyone uses in everyday life to make manageable the unpredictable complexity of variation that we encounter. To negotiate a world filled with infinite particularities, we reduce our perceptions to finite types, each of which indicates an appropriate mode of response. Second order types are the meta-types that social scientists create. The boundary between first and second order types is necessarily fuzzy. In *The Wounded Storyteller*, my three types of narrative—restitution, chaos, and quest narratives—are second-order types as I propose them, but these have proved to be immediately recognizable to ill people themselves, thus sometimes achieving a first-order status. Types constrain what we're able to perceive—that's their utility—but they also make visible patterns.

Thus types are, as Schütz emphasizes, both of the everyday world and also the creations of social scientists describing that world. The wrinkle is that we humans treat our creations as having their own reality. One example is the physician and writer Abraham Verghese's (2008) description of the professional creation of iPatient, which is what Verghese calls the representations of sick people that institutional medicine makes appear on computer screens, reducing each person to mostly numerical data: test results and such. Institutional medicine needs to create iPatients; doing so simplifies the work flow and accountability. Verghese is not arguing against such representations any more than Schütz is arguing against types and typologies. Types make possible a reduced, tightly focused perception of

people, which has its uses, but then the type perpetuates that reduction as being the reality. We—social scientists, clinicians, or we employing types to negotiate our everyday lives—readily forget that the type is our creation, our fetish, as Marx (1977) uses that term. Then we become confused, even upset, when specific individual people refuse to act like the kind of puppet we categorize them to be. The biggest problem—a problem because it cuts off dialogue—is the imagination that types are all that needs to be said, that invoking them somehow explains something or justifies courses of action.

These reservations about types and typologies mean that for me the third part of *The Wounded Storyteller* had to be an antidote to the second part: the argument needed to move to those qualities of testimony that elude typification. Or, after putting illness stories into these three boxes of narrative types, I had to take them out again. That involves asking a question I would now phrase using a word from Bakhtin (1990): How are we who hear testimonial stories answerable to them? To hear someone's story is always to be answerable in our response, though the stakes may be low or high. The great dialogical tradition—George Herbert Mead, Martin Buber, Emmanuel Levinas, and of course Bakhtin—reminds us that the self comes to be—it is made and kept available to itself—through dialogical engagement with others. Storytellers must hear themselves, and they must hear themselves being heard. A story is composed and told in anticipation of a response, and in the real time of storytelling, any story is already changing as those actual responses are perceived. In the moment of a story being told, it is neither more nor less than a story-on-trial, awaiting the responses that will reshape it. Just as no story is ever anyone's own, no story ever remains stable. A crucial problem of so-called narrative analysis, especially when it rests on interview methods, is to keep that quality of flux in the foreground of everyone's attention.

As a final note on *The Wounded Storyteller*, I believe that we who study narratives inescapably propose preferred narratives; we're players as well as observers, and that's one understanding of hermeneutics. Throughout the three parts of my book, the wounded storyteller is a character who, like Jacob in the Hebrew Bible, has wrestled through a long night, bears a wound, and seeks a blessing. But Jacob's story doesn't end there. If you continue reading Jacob's story to the part that few clergy would want to read to their congregations (Genesis, 34), Jacob is complicit in tribal violences that make us ask what our relation to these ancient people can be—how can their ethics inform ours today? Put in narrative terms, Jacob was and never stops being a trickster, and tricksters always have two sides: creation and destruction. Tricksters give the gift of life, and tricksters' actions are often cautionary tales of how not to live. Tricksters force us to acknowledge and

embrace that duality in ourselves. We have to find a way to live with our own dividedness, whether that is as individuals or as collectivities.

WHERE DO WE LEARN TO TELL STORIES?

The Wounded Storyteller sought to find what might be best in the stories that I heard and read people already telling, and to ask what those stories want as their answerability. A different approach is to ask what wounded storytellers might tell. What do storytellers need, if they—who are at some point we—are to tell stories that do a better job making our experiences available to ourselves and to others who witness our testimony? My type or figure that expresses a response to this need is the vulnerable reader.

My recent work is most easily summarized by saying that every wounded storyteller can tell better stories by becoming a vulnerable reader. That troublesome qualifying adjective better is, for me, another dialogical word; that is, what counts as better is something that speakers have to keep working out among themselves, in local and contingent circumstances. I'm doubtful of attempts to theorize any universalistic standard of what's better; such work risks tipping into monological assertion, which both scholastic and everyday thinking always hover on the edge of. Rejecting monologue is not, however, a surrender to relativism. We humans can engage in dialogues in which we reshape each others' stories in search of what we recognize as better, without needing to specify a finalized standard or to impose standards on others. In that continuing process, we will often be wrong, but then—and here the dialogical narrative stance is bottomless—when we're wrong, we can tell ourselves stories about that, and we use those stories to move on.

The vulnerable reader is someone who hears stories, whether these are works of literature or everyday talk, through the lens of their own troubles, both immediate and anticipated. Vulnerable readers are moderately self-conscious of being bricoleurs, picking things up without a clear idea of their future need and allowing what's picked up to refine their sense of what might be useful. The sense of purpose in vulnerable reading is recursive: purpose is always being reshaped by changing needs and the usefulness of what has been collected to respond to those needs. But abstractions are less useful than introducing you to a particular vulnerable reader.

My model of a vulnerable reader is described by Philip Davis in his book *Reading for Life* (2020). For some years Davis has organized and studied small groups of people who come together to read novels, short stories, and poems.

They meet in community centres, medical offices, prisons, and sometimes mental hospitals. Participants come from multiple social locations, and they often defy stereotypes of what someone with that education would be reading. One such reader is Georgina, who has had what Davis tactfully suggests is a disadvantaged life. She offers us a wonderful evocation of vulnerable reading.

On this occasion, Georgina has a medical appointment, and while she waits to be seen, she reads Joseph Conrad: “When I took *Lord Jim* into hospital, in the waiting room I got it out with a sort of ‘OK, come on, show me something then’” (pp. 211-12). For purposes of this essay, we can stop right there, before Georgina gets to what the novel does show her. All we need is Georgina’s description of herself asking of the story, “Come on, show me something then.” That challenge, situated in a hospital waiting room as a typical scene of anxiety, is vulnerable reading. The ambitions of vulnerable reading are modest. *Lord Jim* won’t solve anything for Georgina; instead, the story might offer her a different way of living with problems neither she nor anyone else can solve.

Engaging Georgina in vulnerable reading is a complementary approach to asking her to tell her own story, and it has advantages. Davis does not interview Georgina about her life; instead, he seeks to have a conversation with her about her reading, which is reading that he shares with her, as a fellow reader. We could and maybe should leave it there. But let’s say Georgina does choose to tell a version of her own life story. What would her story be? On my account of experience and narration, any life story is the result of bricolage, when the stuff that’s been picked up is put into use. What proves useful in which way is often a surprise. Certainly for me, and I think for Davis, Georgina reads without specific expectations; she never knows in advance how her reading will affect her. All that’s certain, at least to me, is that without what has been gathered, nothing could have been put together. In that moment in the hospital waiting room, Georgina picks up Conrad, and he shows her something. But he does more than tell her a story. Conrad extends Georgina’s capacity for her own storytelling.

My turn to vulnerable reading thus responds to a problem I increasingly had with first-person storytelling about illness. What seemed thirty years ago to be ill people’s need to tell stories of their experiences in their own voices is now often experienced as a demand for telling. Anne Boyer, in her memoir of breast cancer, *The Undying* (2019), writes: “At least in an age of ‘awareness’ ... what we are told must be given up for the common good is not so much one’s own life as one’s life story. The silence around breast cancer that [Audre] Lorde once wrote into is now the din of breast cancer’s extraordinary production of language” (p. 8). In that demand to tell, or in Boyer’s words to give up one’s story, people feel called upon

to fit their experience to expected narratives with their rhetorical conventions. Instead, vulnerable reading puts people in the company of stories, mostly stories that do not concern illness, and these stories offer refuge from the din that oppresses Boyer. Literary stories and poetry can offer resources for imagining alternative ways to tell, including new ways to imagine what needs telling. That is why wounded storytellers need to be vulnerable readers.

One way to study vulnerable reading would be to proceed as Davis does, having conversations with people like Georgina. In part because my recent work was done during pandemic lockdown, I proceed (Frank, 2022) by offering a demonstration of vulnerable reading, with myself as the reader of *King Lear*. I read *King Lear* by asking Georgina's question: what have you got to show me? My point is to show one way of collecting fragments that may be of present or future consolation.

In showing my readers what Shakespeare shows me, I'm authorizing them to read in ways that classroom versions of literary criticism have often discouraged, although that is changing (for example, Anderson, Felski, and Moi, 2019). One specific authorization is for readers to identify with characters, but also to think about the limits of that identification. Beyond identifying with characters, I suggest how characters can talk back to us; thus my reading grants literary characters existences outside the texts that brought them into existence.

Next, I ask how the story in a literary work might be adapted by readers to offer them a place they might inhabit. To me, a criterion of what makes a story is that it can be retold in different words, and even reset in different times and places. Stories invite adaptation, as the multiple adaptations of Shakespeare's stories exemplify. For vulnerable reading, all literary storytelling is interactive, inviting readers to reset it in contexts that reflect their own lives.

Not finally but sufficiently for this essay, vulnerable reading authorizes what Shakespeare's readers have always done, which is to take his language—phrases and short quotations—out of context and allow these words to reappear in diverse situations. As we quote Shakespeare, his words allow us to express what our own words could not. I'm especially interested in the uncanny experience of speaking words that are simultaneously our own and not ours. Quoting Shakespeare—and sometimes better yet, misquoting him—creates another layer of dialogue; speaking his words as a response to our immediate needs in our context makes our speech permeable rather than territorial. I count that as a good thing.

NARRATIVE DISCERNMENT

What I have said does not conclude, but here are four things that I have learned about stories and storytelling. Some of these follow from what I've been saying about wounded storytellers and vulnerable readers, and some push those types in further directions.

First, I have never felt comfortable with the idea of what's called the narrative self. I believe that what we call the self does comprise narrative fragments, along with images and sound bites, but I don't believe that selves as they are being lived follow any cohesive narrative of the sort that most autobiographies retrospectively construct. Thus, I'm always attracted by moments in illness narratives when the author reflects on all that is left out and all that is made much more coherent in its retelling than it was experienced at the time; or, moments in memoirs that open the gap between what happened and what gets told in stories about that. Vulnerable reading offers material—characters, plots, quotations—that people can use in their works of narrative reconstruction, works that include filling in what once could not yet be told, but might be expressed now if new resources are available.

Second, experience needs stories if it is to become what we can reflect upon and share, but as narrative enfolds experience, experiences cut their way back out of narrative form. Listening requires hearing the sound of that cutting. Or in a visual metaphor, we need to see the aura of inexpressibility around any story. What deserves to be called dialogue means hearing the other person's struggle to tell, and sensing what remains beyond what can be told. Stories never say it all.

Third, and maybe most controversially, I believe stories have lives of their own, and as stories live their lives, they themselves are tricksters. Stories are most obviously shape shifters, reappearing as recognizably the same in different times and places. They are dangerous tricksters in the amorality with which they variously create and destroy. Stories-as-tricksters intrigue us humans, and being intrigued, we easily lose track of whether we should hear stories as a caution or as an inspiration. We should never let ourselves be too sure where a story is leading us.

Finally, and going most against the academic grain. I wish we who study narrative would speak less about doing narrative analysis and give more attention to learning ourselves, and then struggling to model in our writing and teaching, narrative discernment. By that I mean discerning which stories we should regard as cautions, showing us how not to behave, and which we take as inspirations. Most stories entwine the cautionary and the inspirational, because both aspects are

usually inseparable. Being bricoleurs requires discerning what we pick up: which stories we take into our lives, as their fragments will work their way into becoming stories we call our own. Narrative discernment may be most difficult when we push ourselves to engage stories we don't want to hear, stories that initially repel us. Those stories are often the ones whose characters we need to hear talking back to us. Vulnerable reading, as I've tried to demonstrate its practice, is a pedagogy of narrative discernment.

Learning discernment is, for me, not just a big deal, it's the big deal of our times. A problem with narrative and experience has been intensifying for nearly a century. Walter Benjamin (2019), in his 1936 essay, "The Storyteller," written as the Nazis consolidated state power, asserted that "the art of storytelling is dying out. Encounters with people who know how to tell a story properly are becoming ever rarer" (p. 48). Today, I hear more people repeating slogans that imply a story, but when those people are asked to express themselves in a more fully told story, they can only repeat the slogan as if it were a story. Stories are always, in one aspect, tokens of group membership. But some tokens that claim to pass as stories too readily assume shared experience instead of working—and it is hard work—to make experience available to ourselves and others.

One task of narrative studies is to understand, and then to defend, what Benjamin meant when he wrote, far too cryptically, of telling a story properly. Even if there can never and should never be codified boundaries that prescribe a proper telling, to back away from discernment about what are proper stories would fail to help people as they struggle to become available to themselves, both individually and collectively.

References

- Anderson, A., R. Felski, and T. Moi. (2019). *Character: Three inquiries in literary studies*. University of Chicago Press.
- Bakhtin, M. (1986). *Speech genres and other late essays*. University of Texas Press.
- Bakhtin, M. (1990). *Art and answerability: Early philosophical essays*. University of Texas Press.
- Benjamin, W. (2019). *The storyteller essays*. New York Review Books.
- Boyer, A. (2019). *The Undying*. Picador Press.
- Davis, P. (2020). *Reading for Life*. Oxford.
- Durkheim, E. (1951). *Suicide: A study in sociology*. The Free Press.
- Frank, A.W. (1995/2013). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.
- Frank, A.W. (2010). *Letting Stories Breathe*. University of Chicago Press.
- Frank, A.W. (2022). *King Lear: Shakespeare's dark consolations*. Oxford University Press.
- Levi-Strauss, C. (1966) *The Savage Mind*. University of Chicago Press.
- Lorde, A. (1981) *The Cancer Journals*. San Francisco: spinsters/aunt lute.

- Marx, K. (1977). The fetishism of commodities. In: D. McLellan (Ed.). *Karl Marx: Selected writings*. (Pp. 435-443). Oxford University Press.
- O'Brien, T. (1990). *The things they carried*. Broadway Books.
- Schütz, A. (1971) *Collected papers I.: The problem of social reality*. Martinus Nijhoff.
- Simmel, G. (1971). *On individuality and social forms*. D. Levine (Ed.). University of Chicago Press.
- Weber, M. (1958). *From Max Weber: Essays in sociology*. H. Gerth and C.W. Mills (Eds.) Oxford University Press.
- Verghese, A. (2008). Culture shock—Patient as icon, icon as patient. *New England Journal of Medicine* 359: 2748-2751.