

## Defining Moments

Lynn M. Harter<sup>1</sup>

No one moves through life unscathed. Life marks us all as we tell tales that tell us. We reach for stories when expectations go awry, disrupting the continuity of scenes once quiet. A teenager grapples with the diagnosis of Osteosarcoma coupled with a biomedical endgame of N.E.D.—i.e., no evidence of disease. A survivor brands a disease with an iconic image and social marketing ensues. A family copes with the intergenerational and chronic experience of Type 2 Diabetes Mellitus, uninvited but expected in rural Appalachia. An ethnographer attends the funeral of a research participant, friend, co-creator of knowledge and humanity. Some scars are welcome reminders of transformation, other wounds heal jaggedly or remain raw. In notable cases, hope lingers amidst the scent of despair not quite masked by antiseptic. *Defining Moments* is a new narrative feature of *Health Communication* inviting authors to reach out with the subtle power of an evocative account and move contemplators to size up circumstances, craft livable truths, and envision “possible worlds” (Bruner, 1986). Storytelling helps people define moments and otherwise interpret their lives. In turn, those moments define them.

Narratives endow human experience with meaning by connecting characters in webs of relationships arising within and shaped by symbolic, institutional, and material contexts. *Narrating* as *emplotting* refers to how characters and actions are organized in time and space in sequenced storylines that imply agency and causality (Harter, Japp, & Beck, 2005). It is conversion of disruption into sense-making about selves and social orders that makes a well-wrought story so powerful, comforting, dangerous, and culturally essential. Narrativity and its

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<sup>1</sup> Lynn M. Harter is the Steven and Barbara Schoonover Professor of Health Communication in the School of Communication Studies at Ohio University, Senior Editor of *Health Communication*, and creator of the *Defining Moments* feature. Questions and correspondence about this feature can be directed to her at [harter@ohio.edu](mailto:harter@ohio.edu).

by-products circulate and have varied consequences within society. In other words, stories do things for people, institutions, and cultures. Stories can reinvent selves, create empathy across social locations, and warrant and legitimate decision-making (Sharf & Vanderford, 2003). In contexts of health and healing, the heuristic potential of storytelling is realized when a patient draws on the ordering impulses of narrative to re-envision her life in the midst of profound uncertainty, an activist group advances the mobilizing narratives of its members to personalize health inequities and set the stage for collective action, and a politician draws on the emotional pathos and character-related ethos of personal stories to urge the Senate Appropriations Committee to shift health care resources.

*Defining Moments* summons essays that coax journeys or turning points into narratives, disrupting the ambient, opaque silence that too often surrounds vulnerability. We seek anecdotes that reach beyond self-expression to engage audiences and enlarge their potential and sense of the possible. Meaning is co-produced in complex interplays between people in social and historical particularities. Readers bring cultural filters to the interpretive process just as storytellers offer partisan and partial accounts. Poetic intensity depends on the writer's skill in creating conditions through which the plot and plight of characters have cultural resonance, at once stirring the reader's sense of the familiar and capacity to break through crusts of convention. Insofar as stories call upon the residue of past experiences, lead readers beyond the text at hand and prepare them for the contingencies of daily living, they function as what Burke termed (1973) equipment for living.

We invite accounts from individuals writing from diverse standpoints—health care provider, patient, chaplain, scholar, or activist—and grappling with issues related but not limited to:

- Clinical encounters, patient empowerment, and family-centered care;
- Social support and/or bereavement processes;
- Socialization, stress, and emotion work of health care providers;
- Organizing of health care resources;
- Health activism and community-based organizing for social change;
- Public health initiatives and policy development;
- Emergent technologies and health communication;
- Cultural competence and post-colonial concerns;
- Fieldwork dilemmas, vulnerabilities, and potentialities in health contexts;
- Living well amidst inescapable episodic or chronic conditions, and the difficulty therein.

We encourage authors to exercise creativity in conferring form, the poetic processes through which experience is represented. Focusing attention on an event and interpreting it culminates in form (e.g., an essay, painting, lyrics and rhythm). Even if printed on papyrus, stitched and bound in leather, books and academic journals unduly privilege linguistic representations while other expressive forms involving scent, touch, and movement remain under-represented. That said, artful sense-making can more fully infuse first-person accounts if authors invoke more inventive use of language to build characters that build interest, and expand textual devices such as metaphors, allusions, temporal collapses and shifts. Embodied accounts of experience enlarge generic conventions and move narrators and contemplators alike to *make sense of sensations*—sight, sound, smell, touch, and motion. We also support literary forms that rely on third person, fictionalized prose arising from ethnographic fieldwork and auto-ethnographic introspection (see Ellingson, 2009). Finally, we seek essays coupling the written

and spoken word with other means of expressing lived realities including, for example, photographs and drawings.

Bochner (2000) posed the questions, “Instead of asking, how can this be true? We could ask, what if this were true? What then?” (p. 267). We ask authors to develop and offer their stories as scaffolding for broader commentary on social processes of interest to readers of *Health Communication*. Storytelling matters—it reflects and contributes to idioms shaping people’s thoughts and actions. What might any given story awaken or evoke in the onlooker? What can it teach, incite, inspire, or provoke? Under what conditions and contexts could it give rise to edifying dialogue or shift communication practices? What questions does it raise or rekindle? What did you learn in writing it? Ultimately, we become the stories we know. Even as societies offer arsenals of canonical scripts by which to live, individuals can enlarge the culturally available repertoire of plots. Through the essays it publishes, *Defining Moments* will showcase storytelling and in so doing move between unique and personal anecdotes and wide-reaching concerns like access to care, health literacy, aging and advanced care directives. Storytelling is by no means a panacea for troubling times, but it can offer diverse entry points for re-figuring the experience of living, signal problems in policies and standards of care, and humanize health communication.

Essays will be peer-reviewed prior to and as a condition of publication. We ask authors to submit manuscripts no longer than 2,500 words. Additional information about online submission guidelines and requirements are posted at *Health Communication’s* online editorial manager at: <http://www.editorialmanager.com/hc/>. Essays to be considered by *Defining Moments* should be clearly identified as such in the cover letter accompanying the submission.

## References

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