

# Manipulating practices

A critical physiotherapy reader

---

Barbara E. Gibson, David A. Nicholls, Jenny Setchell  
and Karen Synne Groven (eds.)



## CHAPTER 15

# Using narrative perspectives in the clinical setting of physiotherapy. Why and how?

Birgitte Ahlsen | Department of Physiotherapy, Oslo and Akershus University of Applied Sciences

Kari Nyheim Solbrække | Institute of Health and Society, University of Oslo

### **Abstract**

The aim of this chapter is to show the potential of narrative approaches in the practice of critical physiotherapy. By combining a narrative approach with gender perspectives, we focus on the significance of social context and gender for how illness stories may develop in the clinical encounter. The empirical data are drawn from interviews with 10 men undergoing a rehabilitation program for chronic pain in Norway. The findings highlight how the men's stories usually present pain in terms of a localized physical disruption caused by forces outside the men's influence and control. Their stories adhere to a traditional norm of masculinity which highlights the importance of staying independent and in control. However, the men's stories also refer to changes at work, worries about sick children, divorce and loss of contact

with children: in other words, social disruptions and relational and emotional distress. In the men's recovery stories, a traditional masculine emphasis on the importance of building muscle strength is intimately interwoven with a profound human need for relational support and help from others. By focusing on how the men's stories are told, the chapter reveals how changes in family relations and working conditions enter into the men's illness narratives through a process of ongoing negotiation between interviewer and participant. We argue that narrative perspectives are important to critical physiotherapy as a way of promoting individualized treatment and care that transcend traditional gender norms.

## Introduction

The stories people tell about their own experiences of illness and disability can provide powerful insights into the meaning of illness in an individual's life (Kleinman, 1988; Mishler, 1984). In medicine and the health care sciences, the patient's illness narrative is generally discussed as being a valuable source of knowledge – in addition to knowledge from research and the therapist's own professional experience – in clinical reasoning and decision-making (Edwards, Jones, Carr, Braunack-Mayer, & Jensen, 2004; Greenhalgh, 1999). For clinicians, the patient's story provides an essential means of translating generalized knowledge, based on research involving many patients, into strategies that address the particular needs of individual patients (Montgomery, 2006). Clinical reasoning implies interpretation – of the patient's story as well as physical findings.

Emphasizing the importance of interpretation work in clinical practice, a body of research in the field of physiotherapy argues for the use of narrative as a pedagogical tool, one that can help students

and clinicians develop a capacity for critical reflection about their own experiences as well as those of their patients (Cruz, Caeiro & Pereira, 2014; Greenfield et al., 2015). Specifically, these studies argue for the usefulness of narrative skills in facilitating patient-centred care in clinical practice. The aim of this chapter is to show the potential of narrative approaches in critical physiotherapy. We demonstrate *why* a narrative approach is important in physiotherapy – and *how* it may be performed. Combining narrative approaches with a gender-sensitive perspective on the illness narrative of men with chronic muscle pain, we focus on the significance of social context and gender for how illness stories are expressed and unfold in the clinical encounter. The chapter comprises two parts. In part one, we present our theoretical framework on illness narratives and gender, a framework principally informed by social constructivist perspectives. Here we develop our case for the need to combine narrative and gender perspectives, arguing that illness narratives often end up analysing people's stories as if there were no gender patterns in the larger social environment. We also show how studies of gender and illness often end up claiming that men and women represent illness in very different ways. We find the latter to represent an essentialist, binary perspective on gender, one out of step with the idea of gender as a social (and therefore mutable) entity (West & Zimmerman, 1987; Butler, 1990). Instead, we argue for a combined application of narrative and gender perspectives towards viewing a patient's illness story as both deeply personal and shaped by their social environment, including changes at work and within the family. In part two, we use this theoretical viewpoint to analyse the narratives told by ethnic Norwegian men about their experiences of chronic muscle pain and recovery. By combining a narrative approach with a non-essentialist (constructional) conception of gender, we hope to make visible the ways in which cultural norms of masculinity manifest themselves in the men's needs

and values, as expressed in the illness stories they tell in the clinical setting. We argue that our approach has the potential to open up physiotherapy to new possibilities for individualized treatment and care, ones that capture social structures and reach beyond traditional cultural gender norms. In doing this, we aim to show that narrative perspectives can make a valuable contribution to critical physiotherapy.

## **Part one: Theories on illness narratives and gender**

### **The illness narrative**

The term “narrative” is used in a variety of ways by different disciplines (Chase, 2005). In this chapter, we emphasize narrative as verbal actions and accomplishments. This means, rather than focusing on the events or the reality to which the narrative refers, we focus on the reality shaped by the narrative. Specifically, we focus on how the men’s selves, experiences and reality are shaped through their accounts of illness experiences (Bruner, 1991; Chase, 2005).

The narrative is a fundamental way of giving meaning to experience. As such, narratives are part of people’s everyday life. However, when someone falls ill, the need for a story becomes particularly important. This is particularly the case with chronic illness, which seriously affects people’s lives and sense of self (Bury, 1982; Williams, 1984). Based on interviews with relatively young people who had just been diagnosed with rheumatoid arthritis (RA), Bury (1982) conceptualized chronic illness as a major “disruptive experience”, impacting an individual’s relationship with their body, their selfhood and the people around them and provoking them to ask such questions as “Why me?” and “Why now?” Research by Williams (1984), also involving participants with RA, showed how

the informants sought to explain their illness by finding a legitimate and meaningful space for RA in their lives. Williams concluded that by enabling individuals to rewrite their own biography so as to achieve coherence between past, present and future, self and society, illness narratives offer a way of repairing the disruption between body, self and the world (Williams, 1984, p. 197).

It does indeed seem the case that patients construct their own illness stories as a way of repairing the self and making sense of their illness experiences. At the same time, individual narratives are nourished and shaped by common stories that circulate within a specific culture (Riessman, 2008; Frank, 1995). Personal illness narratives are therefore, on the one hand, individual and particular and, on the other, common and shared; they convey something about the surrounding world (Gubrium & Holstein, 2009). This is the basis for Atkinson and colleagues' criticism of what they call a "narrative turn" in the health sciences (Atkinson & Delamont, 2006). Here they criticize what they see as a sentimental and romantic vision of illness narratives—the notion that narrators reveal their authentic selves and speak only in their own voice, as if those selves and voices were not already mediated by their social context. In line with others, these authors argue that individual stories do not simply mirror some antecedent reality; rather they help create that reality through the way they are told.

The view of illness narratives as socially constructed embraces the gendered aspects of illness: the existence of different cultural expectations to live up to according to one's gender, precisely because of which illness narratives are permeated with cultural gender norms. In critical physiotherapy research, we would stress the need to take an interest not only in the content of the story—*what* the story is about—but also in *how* the story is told. It is important to explore *how* people communicate meaning through a range of linguistic and social practices; *how* their stories are

embedded in the interaction between the researcher and the patient; *how* they make sense of personal experience in relation to cultural norms; and *how* they draw on, resist or transform those discourses as they narrate their experiences (Chase, 2005; Riessman, 2008). In addition, we argue that narrative approaches can help clarify what physiotherapy may be able to accomplish for individual patients.

## Gender

One aspect of illness narratives, until now largely neglected within the field of physiotherapy, is precisely how such narratives may be influenced by gender—that is, the socially constructed norms and performances of femininity and masculinity (West & Zimmerman, 1987; Butler, 1990). For example, research on women coping with and recovering from long-term conditions such as chronic pain and fibromyalgia suggests that the women negotiate stereotypical presumptions associating femininity with weakness (Grape et al., 2017; Werner & Malterud, 2003). Studies have explored how women living with chronic pain (pain that is medically unexplained) engage in performative work during medical encounters to prove they are really sick in an attempt to counteract “the stereotype medical discourse of the crazy, lazy, illness-fixed or weak woman” (Werner et al., 2004). Broader-based sociological investigations have shown how notions of femininity infuse medical knowledge and specific diagnoses (Annandale & Riska, 2009). For example, Lian and Bondevik (2015) found that diagnoses of conditions such as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) – conditions carrying connotations of a lack of individual strength – seemed to resonate with historical constructions of femininity that remain entrenched in medical knowledge and clinical practice (Lian & Bondevik, 2015).

This suggests that studies of gender in the medical context have considerable relevance for physiotherapy, given that norms regarding femininity and masculinity are likely to affect therapists' clinical reasoning and decision-making.

Recent studies have drawn attention to the risks attached to a one-sided focus on women in gender research on illness and health. As Annandale and Clarke (1996) note, by ignoring men and treating women as a priority distinct from men, such a focus ends up constructing women's health as "poor" against the implicit assumption that men's health is "good". Given such a binary perspective, "women 'cannot' be well and importantly, men cannot be ill; they are 'needed' to be well to construct women as sick" (Annandale & Clark, 1996, p. 32).

Research on the illness narratives of men with chronic muscle pain has challenged such assumptions and offered a corrective to the one-sided focus on women. Ahlсен and colleagues suggest that the tendency of previous studies of people with chronic muscle pain to use phrases such as "women's experiences" and "women's needs" may be misleading; in fact such experiences may represent profound *human* needs in the context of chronic illness (Ahlсен, Mengshoel & Solbraekke, 2012; Ahlсен, Mengshoel & Solbraekke, 2012; Ahlсен, Bondevik, Mengshoel & Solbraekke, 2014). Such studies address the past tendency to draw sharp distinctions between men and women, suggesting that for men just as much as for women, chronic illness involves a fundamental experience of change of self, one which needs to be addressed in physiotherapy practice (Ahlсен et al., 2014; Paulson et al., 2002).

At the same time, distinct gendered social transformations do shape how illness experiences are understood and narrated. One example is the transformation that takes place in people's lives when a loving relationship changes from being a stable, secure phase of life to an unstable, risk-ridden entity that may end in



divorce (Beck & Beck-Gernsheim, 1996). We would argue that this alteration merits strong social and emotional support for both women and men in the context of illness and recovery. Taking into account that men's identity and values have traditionally been connected to work, sport and public life, we claim that there is a need to focus on the ways in which men's illness experiences might be embedded in family relations and the private sphere. Based on empirical studies of families in Norway, Aarseth (2009) argues that the current heteronormative "gold standard" of the modern family structure (comprising a working mother and a working father) allows fathers greater involvement in parenting than was the case when they were the sole breadwinner in the partnership. However, fathers, like mothers have long experienced, now find themselves in a situation where they are required to be both an emotionally competent parent *and* a strong, reliable employee (Aarseth, 2009). In other words, modern parents need a trustworthy, intimate relationship in order to stay close to their children, and they need an intimate, fulfilling family life to help them cope with growing pressures at work. Yet, we believe the implications of this intensified experience of private life on men's experiences of illness and recovery, especially when these intensified relations disrupt, are under-researched. In line with our critical narrative understanding of illness, in which social constructs such as gender are seen as to have profound implications for how physiotherapists understand and treat their patients, we advocate a more thorough investigation of the ideas and practices relating to men's emotional life.

With these perspectives as our point of departure, we now explore how different aspects of masculinity are played out in the illness and recovery narratives of men with chronic muscle pain. Our intention is to illustrate how these gendered narratives can be used as resource in the practice of physiotherapy.

## **Part two: Unpacking gendered aspects of men's narratives of recovery from chronic pain**

The analysis that follows is based on data collected as part of a larger study on the illness experiences of Norwegian men and women in rehabilitation because of chronic pain. The study was conducted in line with the Helsinki Declaration act, and was approved by Norway's Research Ethics Committee of Medicine (Ref. 2009/1017).

A total of 10 men and six women participated in the study. All were attending, or had recently attended, a multidisciplinary chronic pain rehabilitation program at a clinic in Norway. The rehabilitation clinic specializes in treating people with musculoskeletal pain. The treatment offered was developed by a multi-disciplinary team consisting of professionals with expertise in various fields of medicine, including physiotherapy, nursing, and psychology; others were specialists in nutrition and sports.

The data discussed in this chapter came from qualitative interviews with the 10 male patients, most of whom were on full-time sick leave because of their pain. Their ages varied from 28 to 47 years. Although most were skilled workers, a few were craftsmen, and one had tertiary education. All were of Norwegian ethnicity.

We regard interviews as active interactions between interviewer and participant (Gubrium & Holstein, 2003). In order to encourage participants to speak about what was important to them in their own world, the interviewer asked open questions where possible. She then asked follow-up questions to draw out the specific features of each narrative, with participants (for example) invited to elaborate on their treatment experiences. The interviews were conducted by the first author, a physiotherapist – a fact that the participants were made aware of.

Interview quotations presented below were translated from Norwegian into English by the authors.

Overall, the men's illness narratives conveyed vulnerability and suffering. Their stories referred to a number of painful events and difficult life situations, including the serious illness of a child, conflicts or unhappiness at work, unfaithfulness on the part of a spouse, and divorce. At the same time, emotional experiences were usually downplayed in favour of an emphasis on concrete, objective facts: for example, an accident or a physical impairment. In order to unpack gendered aspects of the illness narrative of men with chronic pain we will present three different narratives: 1) "blows to the head" and "backs that lock", 2) social and emotional disruptions and losses, and 3) recovery as a rebuilding of body, self and social connections.

### "Blows to the head" and "backs that lock"

Rupert, a divorced father in his 50s, worked as a plumber in the oil industry. His narrative placed great emphasis on the neck pain he currently suffered following an accident at work. He described what happened thus:

*There is a damaged disc in the neck. It was damaged, not last year, but the year before, in December—or at the end of November, I think it was—when I banged my head against a girder at work... We'd gone back and forth under that girder for a whole week, but I was in a hurry that day, and I went too far up ...and then I bumped my head against the girder, and my head was jerked backwards.*

When narrating their pain experiences, most participants likewise emphasized a sudden physical collapse or malfunction as a result of powerful external forces beyond the men's control. As such, the men's stories invoked a masculine self that is constructed as

habitually autonomous and in control of events and where chronic pain is associated with heavy work and powerful physical forces.

Jim, a married man in his 30s, had three children, one of whom was seriously ill. Jim worked as a helicopter pilot but was currently on a sick leave due to back pain. While Jim articulated considerable worry and concern about his sick child, the plot of his illness narrative was firmly linked with physical injuries he had suffered:

*There are two incidents that may have contributed [to me being here]. The first time I strained my back was when I was doing some redeco-rating four years ago. [...] I lifted some boxes of tiles in order to place them in the back of the car. They were heavy, and then my back was completely locked. That was the first time [...] The next was in May 2007. I was working all day with a rotary cultivator on a hillside, and my back became numb. Later that day, I sneezed while sitting in my car. And then it happened: I could not move.*

Jim's example illustrated how participants' illness stories, while often conveying emotional pain and distress, presented pain as definite, localized and linked to the physical body. In this type of plot, the men's need for help was to identify the injury. Presenting oneself as an active agent in this process, as Jim did in this extract, was very striking:

*[...] After a couple of weeks, I took action by going to see my GP. I got an MRI, which showed a problematic area in L4, L5[...]What I really was after was a clinic that could rehabilitate me. I have a couple of friends who have been here [to the clinic] and recommended it, and then I got the doctor to refer me [to the clinic].*

As Jim's story revealed, participants' illness narratives usually couched a need for help in terms of the men adhering to traditional masculine norms by taking action. The need for help was typically first conveyed as a need for medical investigation, such as an X-ray

or an MRI scan. The illness narrative then concluded with the identification of a localized physical problem, and efforts to fix it.

## Social and emotional disruptions and losses

In addition to descriptions of sudden blows and other bodily incidents, the men's stories contained elements that suggested they perceived pain as more than simply an event arising within the body and caused by "external forces". In this section, we will unpack these fragmentary references to social and emotional disruption and loss. We wish to clarify that emotional and social aspects of the men's pain and illness in this study were not articulated directly during interviews. It was when reading the transcripts that we were struck by the implicit presence of a social interaction (Gubrium & Holstein, 2003), which manifested itself in avoidance of any talk about emotional aspects of the illness by both the female interviewer and the male informants. Such avoidance could be seen as a traditional way of performing illness and masculinity in the medical encounter. We noted that several interviews were characterized by a form of "circular talk" revolving around "the body", "the causes of the pain" and "the working conditions", to the exclusion of other topics.

As we explored the interview transcripts closely, we identified that the men were taking small steps (or dropping hints) to redirect conversations: towards the idea of their suffering having some connection with disruptions or losses in their social and emotional lives. Disruptions and losses primarily related to two social arenas— work and family life – and the dynamic between them.

Rupert's story illustrated this dynamic well. Rupert, 45 years old and the divorced father of one child whom he saw every fourth weekend, worked in the construction industry. His worksite was far from home, and his pattern was to work for two weeks, followed

by four weeks off work. Rupert mentioned these contextual factors during the interview, but when the interviewer asked how he dealt with the situation he simply replied, “It’s okay.” Still, the story he went on to tell, in some detail, described constant changes of location at work:

*I’m not on one specific platform. I’ll be on a platform once, and then I can be on another the next trip, and another next time. [...] It may take a year before I’m back on the same platform. So it’s very varied. I meet new people, more and more new people [...] But in this way, you lose a sense of belonging. You notice the fact that those who are permanently on the platform are united as a group. For those of us who are there only a few times.... And the first time I’m there, I’m a little unsure as to whether I have taken someone’s place.*

Rupert’s story is thought provoking when read in the light of the widely held notion that men develop and confirm their identity by virtue of their access to paid work and work-based camaraderie. As we read it, Rupert’s “lack of belonging” may be linked to the phenomenon of increasingly “greedy” working institutions, and growing pressure at work that heightens employees’ need for a compensatory personal sphere.

Towards the end of the interview, the interviewer raised the subject of Rupert’s divorce. He then discussed his emotional discomfort following his former wife’s leaving him for another man, a situation he described as resulting in “a whole year of being constantly on edge.”

A close reading of how the men’s narratives unfolded during the interviews therefore revealed moments when masculine ideals of self-control and independence were transcended, illuminating other qualities such as vulnerability, and a need for belonging.

If the men’s stories of pain and recovery are viewed as a whole, several forms of social disruption emerged. In Tony’s narrative,

his daughter's illness, and unstable family situation were gradually shown to be very emotionally distressing:

*Tony: I have a sick daughter, who is struggling terribly. I accompanied her to the doctor's yesterday, and she had a collapse, you may say, at the doctor's office, and it was no fun. And as I told you, it has been very hard lately [...]*

*Interviewer: What kind of disease is it?*

*T: I do not know if you are familiar with it, but she has been diagnosed with ME fatigue syndrome. You might have heard about it, and it's no fun. There's very little that can be done about it, really. In our despair we try everything, but it...*

*I: Well, that must be a desperate situation. She lives permanently with you or ...?*

*T: No, we had shared custody, but now she lives mostly with her mom. And then, unfortunately... Last summer it was revealed that she has a particularly difficult relationship with my new live-in partner. I was not aware that it was so bad.*

*I: It sounds like you're in a terrible squeeze.*

*T: Yes, that's what the psychologist also said. "You're in a thumbscrew," she said. So, of course, all this has not made my back problems any better. Because you tie yourself up—mentally—quite unconsciously, you do.*

While most of the men's stories focused on physical damage, Tony's story had a different emphasis, one that set it apart from the "external mechanical forces leading to internal pain" plotline. As we see it, Tony's story was explicitly about "being battered emotionally": physical pain was entangled with his daughter's illness and difficult family relations. Illness stories tend to have a turning point. In Tony's case, the turning point was primarily emotional, rather than to do with his physical condition. As he explained:

*[It was] after the holiday, we [my live-in partner, my child and me] had been together for 14 days. Then I took a battering, because she [the daughter] said, "Sorry, Dad...I can't stay with you as long as she [the live-in partner] is there." I felt like I almost had to choose between my daughter and my partner... no fun. [...] I think it was so sad when she told me that she did not want to live with me that I reported sick, because I was at a loss about what to do.[...]My back was completely locked. I could not drive the car. I couldn't even manage to get out of bed. I couldn't do anything.*

This part of Tony's story clearly expressed human suffering and emotional distress as part of his illness experience. Tony felt emotionally "battered" by his daughter's not wanting to live in his house. A careful reading of his story suggests that this loss may be interrelated with his back becoming "completely locked."

In addition to physical disruption, expressed in terms of an injury, the illness narratives of men in rehabilitation for chronic pain demonstrated other types of disruption: relational breakdowns, losses, and enduring emotional distress. Such expressions of despair and fragility suggested that a de-construction of gender was taking place in the men's narratives. In our exploration of how the men's stories unfolded during interviews, we became aware of how their narratives emerged through a process of close, dynamic cooperation between participant and interviewer. What came to the fore during an interview, and what was left in the background, seemed to result from an ongoing negotiation between the two. Participant and informant appeared to work collaboratively to find a way for social disruption and emotional loss to enter the illness narrative.

In the next section, we show how the men's recovery stories convey needs that extend far beyond simple repairing of physical damage.



## Recovery as a rebuilding of body, self and social connections

Bury's (1982) conception of chronic illness as involving a major disruption of the relationship between body, self and environment resonates within the experiences of our participants, as expressed in their illness narratives. In our analysis of the men's recovery narratives, we found three particularly relevant aspects. Replete with references to pain and physical problems, the stories first conveyed changes in the men's relationship to their own body. Second, by referring to emotional blows, a sense of loss and moments of bewilderment, the accounts pointed to a changed perception of self. Third, the narratives told of disruptions in the men's social networks: for example, no longer having a sense of belonging at work, or losing contact with children following divorce.

In terms of their bodily condition, the men commonly discussed a need to rebuild muscle strength. For example, Rupert here spoke enthusiastically about the training program:

*There's a lot of group training for fitness, and spinning and strengthening exercises. But there [is] also individual training, with three, four, five exercises. Three exercises for the neck in a sling [...]. It has helped a great deal. And then ... The stiffness in my arms... has become better, too. So, fitness and everything has become better after coming here [to the clinic].*

Jim's story of recovery emphasized a need to strengthen his back muscles:

*I really need help for my back pain, and they [the physiotherapists] have set up an exercise program for me, and they have seen that I'm very weak, very weak—those stabilizing muscles at the back [are] very unstable.*

Training and exercises held a dominant place in the men's recovery narrative. Even so, this focus on training did not entirely conceal other aspects of recovery. Although physiotherapists and other health professional were often referred to in terms of their professional expertise, the men's stories also showed a more emotional aspect, in particular their desire to be accepted and cared for by these professionals. As Rupert put it:

*The expertise here is very good. And it turns out that they're very forthcoming. I listen to and notice those who are new in the group, and then when we start the group session, they [the therapists] say, "Do as much as you can" and things like that. If someone has a neck problem, they can do the exercises in the way that best suits them, and then they [the therapists] follow up if you have questions. They answer your questions and help you with the exercises and correct you if you do them wrong [...] You are looked after all the time... you are valued as [the person] you are, in the shape you are, with the problems you have.*

The need to be cared for, revealed by Rupert's noting that his therapists asked those attending group sessions how they were doing, was a frequent, if rarely explicit theme in the men's stories of recovery. The men's need for comfort and care was often linked with physical training and muscle building: traditional masculine notions of recovery.

Mike, an unmarried teacher in his 30s on sick leave because of persistent headaches, spoke of his need to be comforted when he felt afraid:

*Sometimes I react negatively to training. Often not straight away, but it comes the day after, or in the evening or something, and it's very good to have someone to talk to about it. [I] could tell them [the therapists], for instance, what has happened and simply be reassured that it's not*

*dangerous, because I'm afraid to turn bad into worse, and then I get the message: "Do an easy workout today and see how it goes." It's given me confidence in how to exercise correctly.*

A close reading of how the men's illness narratives unfolded revealed individual experiences and personal needs that challenged traditional cultural notions of men as self-reliant and independent. In fact, the men's recovery narratives spoke to a profound human need to rebuild a disrupted self through care and support. While health professionals figured most prominently in the men's stories, other factors were seen as aiding the project of reconstructing the self. Rupert was buoyed up by some comments he got in the locker room:

*Sometimes I occasionally hear when I enter the locker room... some of the elder men... one of them said to me, "Yes, you are much stronger than me," he says. He nearly always mentions that I'm in good shape. He thinks I'm in much better shape than him. Well, we've been [training] for a while, so we do get in better shape as we keep going.*

The men's illness narratives also expressed a need for others as they continued their rehabilitation. As Aarseth (2009) notes, creating a self requires self-reflection, and this in turn depends on close relations with others. Given the men's narrative inclusion of professional and personal relationship difficulties, relational and emotional support was likely to be important in the physiotherapy treatment of men with chronic pain. Like other participants in our study, Mike voiced a profound human need for a sense of connection with others:

*It's not bad having this arrangement to go to when you're on sick leave. I try to do something every day and not just stay at home. Doing exercises, getting good follow-up and meeting others with the same problems—it's pretty good. At work, my friends... aren't in the same*

*situation. It's good to have someone to talk to who has the same experiences as I do.*

In summary, the recovery narratives of men in rehabilitation for chronic pain carried many layers of meaning. While the men overtly emphasised the importance of physical training, there were also suggestions of a human need for connection with others. Traditional norms of masculinity therefore appeared to co-exist with other types, ones that seemed out of step with stereotypical and essentialist readings of gender.

## Conclusion

In this chapter, we sought to highlight the potential of narrative approaches in critical physiotherapy. By combining a narrative approach with gendered perspectives on the illness narrative of men with chronic pain, we demonstrated how people's communication of their experiences of illness and recovery cannot be separated from social context, including prevailing gender norms. Our analysis showed how men's illness narratives were shaped by cultural expectations that men be strong and independent, by presenting pain as a definite condition in the body and a need to build muscle strength. At the same time our analysis showed how men's illness narratives included less typically masculine aspects, such as relational disruptions and emotional distress, and a need for comfort and care. Importantly, our study showed how the narrator and listener constructed gender norms collaboratively. In 'individual' illness narratives, what comes to the fore and what remains in the background was a matter of continual negotiation. Given these findings, an uncritical acceptance of dominant gender norms by therapists may contribute towards keeping the men's needs veiled with regard to physiotherapy and health care. Our work thus highlights that the patient's illness narrative is an important source of

knowledge in physiotherapy practice. A narrative approach, which includes not only *what* is communicated in a clinical setting, but also *how* individual experiences are shaped, can contribute to ensuring the physiotherapist's clinical reasoning and decision-making processes suit the needs of the individual patient.

## References

- Aarseth, H. (2009). From modernized masculinity to degendered lifestyle projects: Changes in men's narratives on domestic participation 1990–2005. *Men and Masculinities*, 11(4), 424–440.
- Ahlsen, B., Bondevik, H., Mengshoel, A. M. & Solbraekke, K. N. (2014). (Un)doing gender in a rehabilitation context: A narrative analysis of gender and self in stories of chronic muscle pain. *Disability and Rehabilitation*, 36(5), 359–366. doi:10.3109/09638288.2013.793750 [doi].
- Ahlsen, B., Mengshoel, A. M. & Solbraekke, K. N. (2012a). Shelter from the storm; men with chronic pain and narratives from the rehabilitation clinic. *Patient Education and Counseling*, 89(2), 316–320. doi:10.1016/j.pec.2012.07.011.
- Ahlsen, B., Mengshoel, A. M. & Solbraekke, K. N. (2012b). Troubled bodies - troubled men: A narrative analysis of men's stories of chronic muscle pain. *Disability and Rehabilitation*, 34(21), 1765–1773. doi:10.3109/09638288.2012.660601 [doi].
- Annandale, E. & Clark, J. (1996). What is gender? Feminist theory and the sociology of human reproduction. *Sociology of Health and Illness*, 18(1), 17–44.
- Annandale, E. & Riska, E. (2009). New connections: Towards a gender-inclusive approach to women's and men's health. *Current Sociology*, 57(2), 123–133.
- Atkinson, P. & Delamont, S. (2006). Rescuing narrative from qualitative research. *Narrative Inquiry*, 16(1), 164–172.
- Beck, U. & Beck-Gernsheim, E. (1996). Individualization and 'precarious freedoms': perspectives and controversies of a subject-oriented sociology. In P. Heelas, S. Lash, & P. Morris (eds.), *Detraditionalization* (23–48). Oxford, UK: Blackwell Publishers Inc.

- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry*, 18(1), 1–21.
- Bury, M. (1982). Chronic illness as biographical disruption. *Sociology of Health and Illness*, 4(2), 167–182.
- Butler, J. (1990). *Gender Trouble*. New York, NY: Routledge.
- Chase, S. E. (2005). Narrative Inquiry; Multiple Lenses, Approaches, Voices. In N.K. Denzin & Y. S. Lincoln (eds.), *The SAGE Handbook of Qualitative Research* (Third ed., 651–679). Thousand Oaks, CA: SAGE Publications.
- Cruz, E. B., Caeiro, C. & Pereira, C. (2014). A narrative reasoning course to promote patient-centred practice in a physiotherapy undergraduate programme: A qualitative study of final year students. *Physiother Theory Pract*, 30(4), 254–260. doi:10.3109/09593985.2013.863415 [doi].
- Edwards, I., Jones, M., Carr, J., Braunack-Mayer, A. & Jensen, G. M. (2004). Clinical reasoning strategies in physical therapy. *Physical Therapy*, 84(4), 312–330.
- Frank, A. W. (1995). *The wounded storyteller; Body, illness and ethics*. Chicago and London: The University of Chicago Press.
- Grape, H. E., Solbraekke, K. N., Kirkevold, M. & Mengshoel, A. M. (2017). Tiredness and fatigue during processes of illness and recovery: A qualitative study of women recovered from fibromyalgia syndrome. *Physiother Theory Pract*, 33(1), 31–40. doi:10.1080/09593985.2016.1247933.
- Greenfield, B. H., Jensen, G. M., Delany, C. M., Mostrom, E., Knab, M. & Jampel, A. (2015). Power and promise of narrative for advancing physical therapist education and practice. *Physical Therapy*, 95(6), 924–933. doi:10.2522/ptj.20140085.
- Greenhalgh, T. (1999). Narrative based medicine: narrative based medicine in an evidence based world. *BMJ*, 318(7179), 323–325.
- Gubrium, J. F. & Holstein, J. A. (2003). *Postmodern interviewing*. Thousand Oaks, CA: Sage Publications.
- Gubrium, J. F. & Holstein, J. A. (2009). *Analyzing narrative reality*. Los Angeles, CA: Sage.
- Kleinman, A. (1988). *The Illness Narratives. Suffering, Healing & the Human Condition*. New York, NY: Basic Books.

- Lian, O. S. & Bondevik, H. (2015). Medical constructions of long-term exhaustion, past and present. *Sociology of Health and Illness*, 37(6), 920–935. doi:10.1111/1467-9566.12249 [doi].
- Mishler, E. G. (1984). *The discourse of medicine: dialectics of medical interviews*. Norwood, NJ: Ablex Publishing.
- Montgomery, K. (2006). *How Doctor's Think. Clinical Judgement and the Practice of Medicine*. Oxford, UK: Oxford University Press.
- Paulson, M., Danielson, E. & Soderberg, S. (2002). Struggling for a tolerable existence: The meaning of men's lived experiences of living with pain of fibromyalgia type. *Qualitative Health Research*, (2), 238–249. doi:10.1177/104973202129119865.
- Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York Press.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Los Angeles, CA: Sage Publications.
- Werner, A. & Malterud, K. (2003). It is hard work behaving as a credible patient: Encounters between women with chronic pain and their doctors. *Social Science and Medicine*, 57(8), 1409–1419.
- Werner, A., Isaksen, L. W. & Malterud, K. (2004). 'I am not the kind of woman who complains of everything': Illness stories on self and shame in women with chronic pain. *Social Science and Medicine*, 59(5), 1035–1045.
- West, C. & Zimmerman, D. H. (1987). Doing Gender. *Gender & Society*, 1(2), 125–151.
- Williams, G. (1984). The genesis of chronic illness: Narrative re-construction. *Sociology of Health and Illness*, 6(2), 175–200. doi:10.1111/1467-9566.ep10778250.