

**PERSONAL NARRATIVE DISCLOSURE:
COMBATTING METANARRATIVE PERSPECTIVES AND
CULTIVATING EMPATHY**

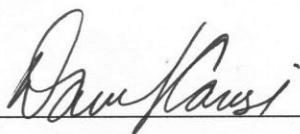
Lindsey Schrock

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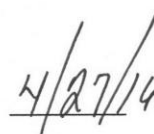
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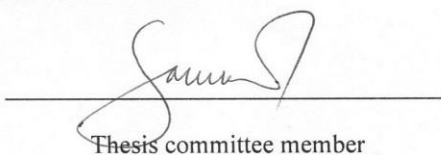
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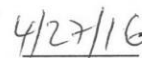
Faculty thesis advisor



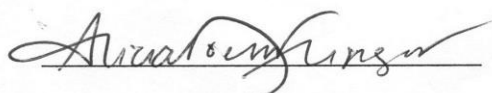
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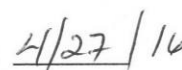
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Abstract

Exposure to narratives influences how we as a society interpret and understand experiences (Stone, 2004). Perception is at the heart of every story, and the construction and disclosure of narratives allows for perceptions to be shared and re-structured. Once shared, these narratives not only assist narrators in discovering a sense of self and coping with past experiences, but also call for reflection within the very society that constructs and upholds the perceptions in which these stories were shaped.

It is my hope that this study, consisting of extensive research, in-depth interactions with research participants, and a performance in which the personal narratives of these participants were presented to an audience, illuminates the complexities of personal narrative disclosure and its role in combatting commonly held assumptions and cultivating understanding. It also seeks to promote dialogue about delicate topics such as disability, sexual assault, and illness in order to foster a greater sense of understanding.

Keywords: narrative, metanarrative, expression, empathy, assumptions

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Table of Contents

Introduction.....	7
Literature Review.....	8
Narratives: Fidelity and Coherence.....	8
Narrative fidelity.....	9
Narrative coherence.....	10
Narrative Performance.....	10
Narrative performance and the theatrical sphere.....	11
Narrative performance and agency.....	12
Personal Narratives and Metanarratives.....	13
Methods.....	16
Participants.....	17
Data Collection.....	17
Data Analysis.....	18
Performance Details.....	18
Results: The Impacts and Functions of Narrative Disclosure.....	19
Narrative Construction as a Therapeutic Mechanism.....	19
Narrative construction and making sense of one's past.....	19
Narrative construction and freedom of expression.....	21
Narrative Disclosure as a Therapeutic Mechanism.....	22
Narrative disclosure and voice reclamation.....	22
Narrative disclosure through social networking sites.....	24
Narrative Disclosure as Self-Identification	25

Dialectical tensions of self-identification.....	26
Narrative Disclosure: Combatting Stigmas.....	31
Responding to objectification.....	31
Narrative Disclosure: Combatting Assumptions and Cultivating Understanding.....	35
Narrative Disclosure: Goals.....	39
Serving as a voice for others.....	40
Serving as an inspiration.....	43
Narrative Disclosure and Empathy.....	44
Intragroup empathy.....	46
Empathic exchanges with others.....	49
Exchanges lacking empathy.....	50
Expressions of pity.....	53
Cultivating empathy.....	55
Discussion.....	57
References.....	63

Personal Narrative Disclosure:

Combating Metanarrative Perspectives and Cultivating Empathy

“Composing one’s own story engages the individual’s imagination, facilitates the client’s discovery of his strengths and resources that he did not know that he had, and promotes transformation. In the telling of the story...one can create a ‘story world’ in which we represent ourselves against a backdrop of cultural expectations about a typical course of action; our identities as social beings emerge as we construct our own individual experiences...”(Schiffrin, 1996, p. 170).

In his groundbreaking establishment of the narrative paradigm, Walter R. Fisher (1999) argues that humans are predisposed to share personal stories—in essence, humans are storytellers (Lederman, 2008). Researchers view narrative as a structured, sequential account of experiences that the narrator upholds as truthful; once written and shared, it becomes the externalization of this internal human truth (Fisher, 1999). The personal narrative, therefore, enables an individual to cognitively structure experiences and memories into a coherent story (Loue, 2012). Once disclosed in the public realm, the narrative gains an interactional and discursive component, as audiences are exposed to the nature of the narrator’s experiences (Duggan & Grainger, 1997).

This study explores the role of narrative—both its construction and public oration—as a therapeutic means of self-expression and as a catalyst for combatting widely held assumptions. Reflections on pre-existing research, interactions with participants, and the project’s performative portion will illuminate that self-disclosure through the sharing of marginalized stories (alternative or nontraditional stories that are oppressed under a hegemonic social structure) has the potential to cultivate understanding and empathy amongst audiences.

As the topic of personal narrative demands extensive interdisciplinary research, I have cross-referenced sources from a variety of fields, including philosophy, psychology, communication, theatre, and art. I have extensively researched the role of narrative construction and disclosure in instigating self-expression, and have found data supporting the integration of narrative therapy in a number of realms— counseling, rehabilitative programming, social work, art therapy, and dramatherapy, among others. The applicability of this form of expression across numerous fields, and its proven effectiveness in these various facets, warrants its rhetorical analysis as a catalyst for reconfiguring public perception. Drawing from the conceptual frameworks presented by narrative theorists Walter R. Fisher (1987; 1999), Sonja Foss (2009), and Arthur W. Frank (1995; 2000), as well as social critics and philosophers Erving Goffman (1963), Michel Foucault (1997), Martha Nussbaum (2001), and Michael White and David Epston (1990), I will present a foundational background of narrative expression, followed by an explanation of the study and a reflection upon several themes that emerged throughout the research process.

Literature Review

Narratives: Fidelity and Coherence

The term “narrative” yields several definitions, in part due to its breadth of application in multiple disciplinary domains. For the purpose of this study, “narrative” will refer to a written or orated story that is constructed by an individual and based on that individual’s personal truth. A narrative serves as a unit of meaning that provides a framework for life experiences to be organized and conveyed (Riley, 1997). While personal narratives do not have to be tragic, they are often preconditioned by change or dissonance within a given social context (McLean &

Pasupathi, 2010). Hence, narratives emerge from intrusions in one's perceived state of stasis. For example, birth, divorce, or promotion can insight narrative.

The framework of the narrative paradigm, adopted from the oldest form of communication, asserts that all communication is storytelling. Fisher (1999) conceptualizes people as storytellers who formulate and share their stories based on personal, highly subjective interpretations of "truth" using narrative rationality (Cragan & Shields, 1995).¹ This element of credibility and truth (referred to as "narrative fidelity"), in addition to the construction and form of the story ("narrative coherence") serve as the two major principles behind Fisher's paradigm.²

Narrative fidelity. This study's definition of "narrative" assumes that one's story is not fictitious, thus granting the narrator sole authorship and upholding its truthfulness. The narrative is accepted as true according to the narrator's perceptions rather than by laws of reality (Riley, 1997; Fisher, 1999). Critics have argued that stories fictionalize real-life events and can, in the case of self-identification and self-presentation narratives, lead to invalid revelations of a fictitiously-structured and highly imaginative "self" (Denzin & Lincoln, 2000). Slightly inaccurate recollections are inevitable due to natural distortions of memory; however, the narratives are nonetheless valid. This narrative truth is therefore constructed in accordance with

¹ I differentiate "Truth" and "truth" with the capitalization of the first letter. "Truth" is the universally upheld, objective, absolute explanation that stems from the discovery paradigm (McKerrow, 2011; Merrigan & Huston, 2009). The concept of "truth" adopts the rhetorical assumption that a singular objective reality does not exist, as truth is a subjective, symbolic creation constructed through individuals' experiences and perception. Inherent in this definition, therefore, is a recognition of the existence of multiple "truths."

² Frank (1995), in referencing the process of narrative sensitization within the field of clinical ethics, discusses the importance of health professionals recognizing the fidelity and coherence of a patient's story in order to better understand the struggles they endure and to effectively communicate in the context of clinical encounters. This concept, however, can be applied on a larger scale, as all members of a community consider the moral imperative to understand an individual's story.

revisable meanings assigned to past experiences and present circumstances (Denzin & Lincoln, 2000).

Narrative coherence. The process of writing a narrative requires the structuration of events in a coherent fashion, allowing for personal reflection and the establishment of individual truth (Loue, 2012). Structuring a narrative provides the narrator with the opportunity to translate experience into language, resulting in extensive internal exploration of recollections of the past (Allen, 2012; Foss, 2004; Loue, 2012). This is accomplished through narrative logic that each storyteller inherently possesses (Cragan & Shields, 1995).

In a study examining the implications of narrative therapy programming for incarcerated adults, Ikonopoulou, Smith, and Schmidt (2015) found that the act of documenting one's story facilitates cognitive processes that lead to an increased sense of self-worth, acceptance of circumstances, and revelation of personal identity. The researchers concluded that the act of cognitively mapping a story stimulates the reauthoring of experiences, as individuals revisit past occurrences and structure them according to their present understanding. Similarly, in her studies of the psychological effects of art therapy, Riley (1997) discovered that projecting stories through artistic frameworks provides individuals with the opportunity to reinvent their life story and its outcomes, thus constructing a more positive retelling of one's recollections.

Narrative Performance

Writing narratives allows individuals to explore and document memories in a coherent fashion; performing narratives enables the disclosure of those memories (Loue, 2012).³ This externalization often instigates feelings of relief, allowing for the disclosure of messages that

³ Scholars assign various definitions to the terms "theatre", "performance", "presentation", and "narration." "Performance" in the context of this study is used synonymously with "presentation", "narration", "disclosure," or any other words suggesting public disclosure of personal narratives. "Theatre" is the public space in which these stories are delivered.

may have been muted in the past (Riley, 1999). In her research on engendering self through performance, Loue (2012) contends that both writing *and* disclosing narratives is more effective in an individual's personal journey than solely writing or performing. Together, the construction and disclosure of personal narratives have the capacity to reshape an individual's previously held interpretations, causing them to reflect upon his or her experiences in a healthy manner (Foss, 2009).

Narrative performance and the theatrical sphere. Performance creates an environment in which stories can be openly shared by permitting the temporary suspension of reality. Audiences are invited to accept the reality constructed by the "actor" in presenting a "character," or a narrator presenting him or herself. (Loue, 2012). According to the performance perspective of communication, humans constitute themselves through performance (Austin, 1917; Foss, 2009).

Indeed, the concepts upon which this research is built are theatrical in nature. Goffman (1963) takes a dramaturgical approach to exploring narrative identity and the self within social context; he posits that the self, or actor, is situated in a social context, or scene (Holstein & Gubrium, 2000). In presenting a narrative, the scene becomes one in which the actor places him or herself center stage and delivers their narrative as a monologue; the narrator then exposes audience members to the narrative's ideas and invites them to co-construct meaning through interpretation (Foss, 2009; Jones 2010).

Several theatrical works draw from transcriptions of real conversations, forming staged performances that encourage the articulation of marginalized viewpoints in order to promote awareness and understanding (Beach, Buller, Dozier, Buller, & Gutzmer, 2014). Among these transformative, everyday life performances (ELPs) are Eve Ensler's "The Vagina Monologues,"

which now serves as a fundamental work in the intersection of feminist rights and social theatre, generating over \$75 million dollars to combat sexual assault and violence against women (Beach et al., 2014; Ensler & Doyle, 2007). Similarly, touring performances of *It Gets Better: Coming Out, Overcoming Bullying, and Creating a Life Worth Living*, in which individuals within the LGBT community share their personal stories of trials and tribulations, bring messages of acceptance to the stage in an effort to convey messages of hope to struggling youths nationwide (Savage & Miller, 2011). Bhattacharyya and Gupta (2013) characterize theatre as “a mirror of human existence” that increases audience awareness of these complexities of their social environment (p. 2).

Scholars have analyzed theatrical performance as an anti-hegemonic technique for inciting audience scrutiny of socially held viewpoints (Snyder-Young, 2013). The physical space for discourse is fundamental to the realm of power relations, as sharing a story publicly allows individuals to articulate their stories and combat highly conventionalized worldviews held by audience members (McKerrow, 2011). In constructing and sharing their stories, narrators are granted the agency necessary to construct their own narratives and combat hegemonic mindsets.

Narrative performance and agency. Agency, or power and freedom for expression and interpretation, is exercised through both the construction and disclosure of narratives (McKerrow, 2011). Arnett (1998) defines agency as “one’s ability to control, shape, and mold reality consistent with a given vision” (p.145). Balinistearu (2009) similarly asserts that agency is exercised when individuals present themselves and their ideas through discourse.⁴ An individual can therefore be said to have a higher degree of agency when they are empowered to

⁴ It is interesting to note that, in this study, the participants desired to exercise as much agency as possible, electing to have their real names used in this paper rather than pseudonyms.

freely express their opinion and have that opinion upheld as valid or truthful by an audience (McKerrow, 2011).

Performance and narrative therapy grant narrators the power to share their constructed version of reality with an audience, thus molding the audience's perception of reality (Baird, 1996).⁵ As the narrators are free to express their personal stories without dictation of what should be shared or how it should be shared, they become the "agents" (Atkins, 2008; Beckerman, 1990). The process of exercising and granting agency is cyclical in nature—while it *requires* agency to share narratives, the process simultaneously *grants* agency to the narrator. This agency is necessary in order to circulate personal narratives that combat pre-existing hegemonic metanarratives.

Personal Narratives and Metanarratives

Rhetorical theorists Lucaites and Condit (1990) define narratives as "the storied forms of public discourse that extend the network of a community's public vocabulary by structuring the particular relationships between and among various characterizations" (pp. 7-8).

Characterizations, or the labels attached to experiences, lead to normalized interpretations of phenomena (such as disability, rape, or cancer) through the retelling of these narratives (Lucaites and Condit, 1990; White & Epston, 1990). Due to their pervasive nature, narratives have the potential to propel the construction of collectively held meanings, ultimately becoming "the

⁵ Narratives are inextricably linked to the societies in which they are constructed; subsequently, they are inevitably influenced and constrained by the widespread values, beliefs, and assumptions of a given society (Harter, Japp, & Beck, 2005). As hegemonic forces create the social world that shapes our experiences (and subsequently narrative construction), narrators cannot possess complete control over their narratives (Cobb, 2013). The narrator's subjective truth is subject to a culturally-propelled reality (Baird, 1996). Indeed, many social constructionists argue, "cultural forces leave no room for individual...freedom" (Nussbaum, 2001, p. 169). Therefore, there is limited agency permitted in this process of narrative construction and disclosure.

building blocks of public knowledge” and serving as the medium through which society adopts conceptualizations as objective reality (Harter, Japp, & Beck, 2005; White & Epston, 1990).

When narratives have become culturally accepted and integrated into the social vernacular through hegemonic forces, they become metanarratives. Michael Horton (2011) defines metanarrative as “a story...that claims that it is ‘beyond’ (*meta*) grand-overarching narratives that sought to explain all of reality and human existence” (p. 997; italics original). These narratives profess ideologies that are not open to individual interpretation. The undetected integration of a narrative’s proclamations into the social vernacular differentiates a narrative from a metanarrative. When a narrative becomes widely accepted and ceases to allow for interpretation, it silences any and all marginalized voices.

Atkins (2008) describes metanarratives, or in her work, “master narratives,” as “powerful social discourses that attribute to certain groups...characteristics which inhibit the development and exercise of the group members’ capacities and their ability to express their needs, wants, thoughts, and feelings” (p. 137). These metanarratives are exploitive and generate allegiance-claiming ideologies (Atkins, 2008; Horton, 2011). Once the ideologies communicated by metanarratives are engrained within society and are socially deemed acceptable, they are then integrated into the collective’s worldview to such an extent that the ideologies reflected in these metanarratives are eventually no longer recognized as illusions, but as Truth known by tenacity (McKerrow, 2011). This ossification of hegemonic ideals is referred to as “naturalization,” and occurs through the communal adoption of these metanarratives and their subsequent principles (Balinistearu, 2009, p. 52; Jones, 2010). Indeed, philosophers such as Nietzsche and Foucault

uphold that Truth is socially constructed, accepted, and mediated through the disclosure of metanarratives (Foucault, 1997; McKerrow, 2011; Riley, 1997).⁶

Individuals must share alternative interpretations of narrative meaning through personal narratives in order to override the dominant metanarrative (Arnett, 1998).⁷ As Dutta (2008) asserts, personal narratives “draw from existing cultural meanings and simultaneously offer opportunities for shifting these meanings based on the experiences of individuals, groups, and communities” (p. 91). This view serves as an intersection of social constructionism and participatory ethics, requiring that individuals articulate their stories, thus causing society to re-conceptualize previously held patterns of thought (Allen 2012; Nussbaum, 2001).⁸ While social philosopher Paul Ricoeur upholds that self-understanding is facilitated by narrative, he also argues that we cannot author these narratives, as the self is relatively powerless—unless one possesses agency to formulate narrative meaning and exercise power over how we perceive the world (as cited in Jones, 2010). The process of subjectivation (co-construction of Truth) results in normative practices of *parrhesia*, or speaking only in a way that “accords with the demands of the already constituted *demos* or public” (McKerrow, 2011, p. 261; Jones, 2010). When this occurs, there is no potential for social change (McKerrow, 2011). However, when individuals use agency in order to share stories that do not contend with these demands, audiences are

⁶ This is not to say that the stories reflected in personal narratives are not true, nor is it an assertion that master narratives never contain elements of metanarratives. Personal narratives, however, invite alternative interpretations, which demolish the ossified assumptions that have created a solidified way of viewing the world. The exclusivity and hegemony of metanarratives are obliterated, freeing individuals to express their narrative truths.

⁷ These metanarrative perceptions cannot be completely obliterated; however, the circulation of personal narratives does help to gradually shift perceptions.

⁸ Social constructionism upholds that reality (or public perceptions of reality) is co-constructed by humans through social interactions, and mediated by language (Berger & Luckmann, 1966; Riley, 1999). Principles of participatory ethics assert that, in sharing stories with an audience, an individual raises awareness of issues within these perceptions of reality (Nussbaum, 2001).

introduced to new fields of meaning. Agency is thus essential in this process of deconstructing conventional perceptions and reframing our conceptual networks (Masson, 2004). As these networks are adjusted, audiences are asked to engage in empathic behaviors by suspending previously held conceptions or present circumstances and adopting a new mindset in order to understand a narrator's perspective.

The intention of this study is to explore the intersection of narrative and performance in order to gain an understanding of how the construction and disclosure of a personal narrative impacts individuals. Information garnered from preliminary research, as well as my initial exposure to the participants' stories in the Family Communication course, led me to the following research questions:

RQ1: How does the formulation of a personal narrative and the public expression of that narrative impact a narrator?

RQ2: What is the experience of the narrator in formulating and expressing a narrative?

Methods

Students enrolled in Dr. Dawn Carusi's Family Communication course in the fall of 2014 were asked to write a family narrative, integrating whichever stories they felt were important to the development of their family identity. As the semester progressed, it became apparent that the students gravitated toward the stories that they initially felt less apt to share—stories of hardship, tragedy, illness, death, etc. The act of writing the narratives appeared therapeutic to students and aided them in coping with their past.

Students were asked to select excerpts from their narratives to share upon the completion of the course. The initial collective sense of hesitation was eventually replaced with a sense of freedom and satisfaction, as students disclosed stories of discrimination, abuse, and illness

openly with their peers. The emotional impact of my colleagues' passionate delivery of their narratives sparked my interest in this project, as I cultivated a desire for these stories to be shared within the community.

Participants

For this study, three students who shared particularly compelling personal stories in the aforementioned course revisited their narratives, altered them as they desired, and shared them publicly in a narrative event. The three participants are: Sydney, who was born with VACTERL (vertebrae, anal, cardiac, trachea, esophagus, renal, and limb abnormalities) association, a rare set of internal and external birth defects, Emily, who was raped on two occasions—once in high school by her then-friend and once in college by her then-boyfriend; and Sami, who battled and defeated Stage IV non-Hodgkin's lymphoma during her collegiate career, taking a temporary leave shortly after beginning her senior year and returning to fulfill her degree requirements the following year.

Researchers working within the interpretive paradigm claim that findings and conclusions are co-constructed by the researcher(s) and participant(s), thus allowing the conventional detachment between researcher and subject to be bridged (Denzin & Lincoln, 2000). Therefore, I considered these participants to be my co-researchers.

Data Collection

As the constructivist grounded theory approach demands, I conducted this research as a bricoleur, investigating the participants' perceptions throughout the process of constructing and sharing their narratives, analyzing interpretive data through interactive processes, and elaborating

upon pre-existing theories in a variety of fields (Allen, 2012; Denzin & Lincoln, 2000).⁹ The participants' reflections on the process's personal implications were gathered throughout the semester in three ways: 1) focus groups; 2) one-on-one interviews; and 3) personal journals. Two focus groups were held—one prior to and one following the narrative performance. Audio recordings were collected during these focus groups and interviews.

Data Analysis

What follows is a cluster analysis of emerging themes garnered from the focus groups, interviews, journal entries, and narrative manuscripts. I transcribed audio recordings from the focus groups and interviews and used Denzin and Lincoln's (2000) coding method to analyze the transcribed data, journal entries, and narrative manuscripts. Transcripts were combed and categorized into trends, themes, or repetitive constructs. Observations from the narrative performance were also collected and used in this thematic analysis. Identified themes were brought back to the participants for feedback, a common validity check in qualitative inquiries (Denzin & Lincoln, 2000).

Performance Details

The participants delivered their narrative in a small, on-campus performance on March 24, 2016. In order to grant the participants as much agency as possible, they were charged with naming the event. They chose the title "The Story Behind the Name," reflecting their desire to combat the stigmas and assumptions surrounding their experiences. Approximately 60 audience members, composed of faculty, staff, administrators, and students, were present. Following the

⁹ While Frank (2000) cautions against reducing stories to mere personal accounts or data, I use this term as an inductive, qualitative researcher to describe any topics or themes that emerged as a result of conversation with the participants or analysis of their journals and written narratives.

performance, a talkback was held, in which the participants and myself sat on a panel and answered audience members' questions.

Results: The Impacts and Functions of Narrative Disclosure

Narrative Construction as a Therapeutic Mechanism

Through dialogue with the participants, it became apparent that the process of narrative construction served as a therapeutic mechanism in a variety of ways: by allowing for the documentation and sense-making of their experiences, and by allowing for uninhibited expression of these experiences.

Narrative construction and making sense of one's past. Narratives "organize the stimuli of...experience," enabling individuals to make sense of things that have occurred in their past (Baird, 1996; Foss, 2004; White & Epston, 1990). According to the tenets of Narrative Exposure Therapy, narrative construction provides traumatized individuals with the opportunity to relay their story in a chronological and detailed fashion, resulting in re-exposure to memories. Piecing together the various elements that arouse traumatic sensations triggers healing by giving people the opportunity to "claim justice through documentation," adding sense and meaning to their experiences (Schauer, Elbert, & Neuner, 2011, p. 4).

Despite the positive impact of structuring one's narrative in order to cope with past traumas or struggles, Emily disclosed that she was initially hesitant in the Family Communication course to write her personal narrative about being raped:

I think I didn't necessarily know what I wanted to write about at first...So I just was, you know, trying to do the prompts or whatever and then I started to realize that, in some way or another, and in ways that I would know but no one else would, all of the things I was thinking about writing about were colored by that one thing...And then I was like, "You

know”—like, I think I tried to avoid it for a while cause I’d talked about it a lot but I’d never written anything, and I was like, “That’s a lot of things to try to organize into not a chaotic mess inside of my brain.”...I think I finally just accepted the fact that no matter what I wrote, that’s what I was going to be thinking about when I wrote it. So then I was like, “Fine, I’ll just—I’ll write this, you know, awful thing and maybe people won’t mind it.”...I realized more so than I even knew before just how many things that had impacted in my life.

Organizing the events of one’s life in a cohesive narrative enables individuals to recognize and identify the implicit nature of personal narrative. The self-constitution view of narrative asserts that narrators constitute their identities by interpreting individual narrative moments in the context of their life as a whole (Lippitt & Stokes, 2015). Schauer, Elbert, and Neuner’s (2011) research on Narrative Exposure Therapy and its role as a treatment option for patients suffering from traumatic stress disorders expands upon this concept, commenting that the process provides a retrospective, comprehensive overview of one’s life, revealing to an individual the interconnectedness of each experience and their collective contribution to the construction of an individual’s internal emotional network.

Emily, in constructing her narrative in written form for the first time, struggled to document her autobiographical story without acknowledging the context in which these events occurred—as a female who was raped. After writing her narrative, however, Emily realized that the process granted her agency to proclaim ownership over her story. Shortly after completing the Family Communication course, she was urged by her family and colleagues to publicly post her narrative. After publishing a copy of her story online, she discovered a new sense of empowerment:

...everyone wanted to read it, so I posted it and let people read it. I used his name in there. I didn't use his last name, but any of the people I went to high school with knew we were close...I used a statement there, I didn't use a pseudonym, I was like, "Nope! I'm calling you out."

Narrative construction and freedom of expression. The participants found that writing their narratives in the Family Communication course and redrafting them for the purposes of this study was highly therapeutic, particularly due to the freedom they possessed throughout the process. As Sami wrote in a reflection,

I find writing my narrative therapeutic because it lets me talk about my story and get it out without feeling judged. Sometimes I just want to talk about it without anyone saying anything, and writing is one of the best ways that I can do that. I also can write it exactly how I want without somebody trying to tell me what to say or how to feel. I find it relaxing and refreshing because it is just me and my thoughts without any other interference's [*sic*].

This granted the participants the agency necessary to structure their stories according to their preferences (Riley, 1999):

Sami: I have no limitations, I have no *rubric*, like, I can do *whatever* I want, and I'm *really* excited and I think that's really, really cool.

Emily: I think it will be good, cause I had Creative Writing last year...My soul was crushed after that class every day...I literally sent her [the professor] a poem once, and she was like..."This is too emotional; you need to write something else." And I was like, "This is a creative writing class!" So I was a little angry after that class. So I'm a little

happy to just be...doing some writing that's just my own writing for whatever I want that's not gonna be crushed.

Sami: No one's critiquing it, yeah.

These beneficial impacts of narrative construction were also present in the process of disclosure.

Narrative Disclosure as a Therapeutic Mechanism

Characterized by the expressive paradigm of drama therapy, performance is an agency-granting medium that allows for the uninhibited expression of thoughts and feelings, triggering the healing process (Duggan & Grainger, 1997; Riley, 1999; Sajnani & Johnson, 2014). Similar to narrative construction, narrative disclosure has repeatedly been proven as an effective means of coping with traumatic or otherwise unpleasant experiences by granting the participants the agency necessary to reclaim their voice and share their stories. (Austin, 1917; Schauer et al., 2011).

Narrative disclosure and voice reclamation. Frank (1995) writes that those who are ill “need to become storytellers in order to recover the voices that illness and its treatment often take away” (p. xii).¹⁰ Frank further argues that, the process of storytelling is an act of self-reclamation. While the participants found an aforementioned sense of freedom helpful in the process of narrative construction, Sami shared that it was similarly beneficial to freely share her story without interjection:

¹⁰ The participants in this study do not necessarily fall under Frank's (1995) definition of “ill,” which carries an implication of sickness; however, they are all “wounded storytellers” who have faced substantial struggles in their life (p. xiii). Throughout the remainder of this paper, any references to “illness” will be inclusive of the struggles undergone by these participants.

There's a lot of times I'm talking about it [cancer] and I'll be like, "Literally, don't talk, don't say anything, just shut up," cause I literally just want someone to listen to me, and just sit there and stare me.

During the first focus group, Sami described this process as a "relief." When asked to elaborate, she explained, "Just to know that people are there listening, like, I don't have to hold it all in and keep it to myself."

Emily similarly reflected that this freedom was helpful in sharing her narrative, as her voice was stifled on two occasions following her rape in high school. The first forceful silencing of her story was by her rapist:

Right after it first happened, I was like, "I need to tell somebody," because then I'm panicking, right? Like, "I have never had sex before, I'm not on birth control, I don't know how this works, I don't know—I gotta tell somebody." And so I tried to talk to him about that the night that it happened. I was like, "I gotta tell somebody; I don't know how to handle this on my own, I don't know"...I was panicking. And he said, "No," he's like, "You can't tell anyone."

The second suppression was by the prosecutor's office when she decided to report the incident a few years following its occurrence, after she had shared her story with others. Upon realizing that there was a significant lack of support within her hometown for individuals who are sexually assaulted (because, as she stated, rape "wasn't something that anyone in my town talks about"), Emily decided to bring her story to city officials:

So I went to college and I figured out that, like, "Oh, hey, this was really screwed up and wrong and it shouldn't have happened." And so I went back and I said—and I knew that it wouldn't amount to anything because I didn't have physical evidence...I was like, "I just

want people in this town to know that this happens and young people in this town to know that it's okay to come forward with it." And so I went back and I reported it and it was a terrible experience...they didn't offer me a female officer, so it was this really awkward dude with a tape recorder taking down everything in the whole history of the world in more personal detail than I had ever discussed it with anyone, and then no one would call me back for weeks. And then I would call and they would never call back, and they finally called me back and said, "The prosecutor"—who was a *woman*, by the way—"The prosecutor won't take your case, cause there's not enough evidence. Sorry."

Um...that's pretty much all they said and, like, nothing else. And so I called and I said, "I just—I know that it's not a case she can win, but I just want to meet with her and tell her why I'm doing this and why it matters to me and why I'm putting myself through that."

And she wouldn't meet with me...it just disappeared.

Once she discovered the agency-granting process of openly sharing her story, however, Emily became more outspoken about her experiences:

When I first started to come out and do things with it, it was with a professor, cause she runs the sexual assault program on campus. I started going to things and I was like, "Holy crap, it actually feels better to talk about it. Sometimes it sucks, but it feels better."

While it was not easy to face the traumas of her past, she acknowledged that sharing her story was indeed instrumental in coping with what she had endured.

Narrative disclosure through social networking sites. The use of social networking sites (SNSs) in communication processes is a rapidly growing phenomenon, particularly for inhibited individuals who prefer computer-mediated communication (CMC) in order to communicate with others (Green, Wilhelmsen, Wilmots, Dodd, & Quinn, 2016; Eden & Heiman,

2011). CMC stimulates self-disclosure, prompting a cathartic release of emotions (Chang & Bazarova, 2015; Green et al., 2016; Wright, Johnson, Bernard, & Averbeck, 2011).

According to Wright et al. (2011), computer-mediated communication provides a multitude of physical and psychological benefits to individuals struggling with a variety of health complications. Sami took advantage of various SNSs in order to disclose her personal story when she was confined to a hospital during her treatments and initiate conversation with others concerning her battle with cancer:

A little bit after my first treatment, I really started getting into posting stuff on social media about it and really starting to explain to people. And then that's when all the questions came too, like, "Oh my gosh, what's chemo?" "What are you doing?" "How's it working?" So I think actually once I started getting into it, I think that's when a lot of the questions started happening

However, Sami also expressed complications that arose as a result of her online disclosure:

When I was sick, I got a lot of people saying, like, "Oh, you're just like looking for attention" when I make posts on Facebook or something. It's just like, "No, I'm genuinely—this is how I am coping with it. Just getting it out there and getting feedback from people and all, so it's just...helping me, like, cope with it.

Despite these responses, Sami found that sharing her story, even in the early stages of her battle with cancer, granted her the agency to remain connected to her friends and family and inform them about her experiences.

Narrative Disclosure as Self-Identification

Identity and narratives are inextricably interlinked, as self-understanding is mediated by narrative (Holler & Klepper, 2013; Jones, 2010). Allen (2012) defines identity as “a fluid

progression of an individual's meanings, actions, and reactions to both structural and interpersonal interactions," and further suggests that an internalized sense of self-understanding is negotiated through social interaction (p. 64).

There exists a reciprocal relationship between story and self (Stone, 2004). The structuring and sharing of narratives leads to revelations of self-identity, as the agency-bearing self creates the text and, in turn, the text creates the self and facilitates self-understanding (Dutta, 2008; Frank, 1995; Holler & Klepper, 2013; Holstein & Gubrium, 2000; Nussbaum, 2001). This concept of identity emergence through the creation and oration of a narrative has been discussed in the context of several therapeutic fields. Art therapist Shirley Riley (1997) supports the stance that an individual's sense of identity not only emerges from such discursive work, but also evolves through the act of sharing his or her personal accounts. Similarly, Loue's (2012) examination of monologue and self-performance as a means of exploring sexual identity upholds that identity performance results in self-realization. The participants, however, alluded to a dialectical tension that existed in disclosing their sense of identity through narratives.

Dialectical tensions of self-identification. The participants repeatedly referenced intrinsic dialectical tensions concerning self-identity and self-presentation that they confronted through the construction and disclosure of their narratives. Baxter and Montgomery's (1996) concept of relational dialectics argues that social life is a continual series of human interactions through which individuals "give voice to opposing tendencies" (p. 4). These inherent, contradictory impulses are simultaneously experienced, creating tensions within the context of intrapersonal thought or interpersonal relationships (Gergen, 1984).

The first tension identified by the participants concerned the discernment of when (or if) they should cease sharing their stories:

Sami: I always think it's weird, cause it's almost been 2 years [in remission], but...I get *so* upset about it sometimes. And it's just, like, part of me is like, "I need to just move on from it."...And I don't know if...I just need to just put it behind me and move on, but it's just, I don't know, so much a part of me.

The other participants agreed, sharing stories of times they have scrutinized whether or not it was appropriate to allow their experiences to remain with them and become a part of their identity through their stories:

Emily: I hate that, when people are like, "You just need to move on and forget about it," and you're like, "I can't, because that's part of who I am."

Sami: It's me; it made me who I am today.

A second dialectical tension then emerged, as the participants struggled with conflicting desires to be associated with their particular struggles without being identified by those experiences:

Sami: It [cancer] *is* me, and I want it to be me. But then there's times when—it's funny, I'll walk past people and they'll be like, "Hi, Sami," and I'll be like, "Oh, hey!" And I walk away and for some reason in my mind, I'm like, "Oh my God, they totally were just like, 'Oh my God, that girl had cancer,'" when they walked past me...I hate that.¹¹ Like, I don't want it to be like that...I want it to be me, but at the same time not like that...I don't want my messages to be, you know, portrayed the wrong way.

Upon noticing this trend, I asked each participant to further elaborate in their personal interviews. Sami explained that she often struggled to clarify with people the degree to which she

¹¹ Goffman (1963) asserts that this response, arising from uncertainty regarding what others are thinking about him or her, is common among those who are stigmatized.

wanted them to associate her with her cancer. The persistence with which she shared her story, she felt, often distorted those wishes:

It's funny, cause I'm always like, "I don't want it to define me," but then people are like, "Sami, you kinda talk about it a lot and you kinda got a tattoo [of a cancer survivor ribbon]." And I'm just like, "Yeah, I guess it doesn't really"—It's hard, because, like, I want it to be a part of me and a part of who I am, but I don't want it to be the *only* thing about me, either...I don't want it to define me.

As Goffman (1963) asserts, inherent in the concept of personal identity is “the assumption that the individual can be differentiated from all others” (p. 57). Therefore, Sami’s repeated declaration that her battle with cancer—the very element that differentiates herself from others—largely influences her identity is accurate. She recalled a fight that ensued between her and her father in response to people gawking at her baldness. As her father chastised her for exposing herself to such ridicule by not covering her head, Sami retorted with, “It’s *me* and I’m not ashamed of it.”

Integral in this struggle is the primary dialectical tension, first identified by Baxter and Montgomery (1996), of “openness and closedness.” The authors explain that we are fraught with the conflicting desires to disclose or conceal information. Emily acknowledged this internal conflict of whether or not to openly disclose her story and possibly further marginalize herself, identifying the risks and benefits associated with sharing her story with others:

I want people to know about it—mostly just because I am that happy and cheerful person, and I want people to know that just because this awful thing happened more than once doesn't mean that I can't be a happy person or that I can't date or go do all these things that you somehow suddenly think that I can't do. But then there's the part where you're

like, "Uh, if it's gonna change the way they see me as a person," then it's like a cost and benefits kind of thing. Is the benefit of them knowing better than the cost of maybe them treating me a little differently? But yeah, that does suck.

Sydney's reflections on this tension caused me to draw my own conclusions regarding the dialectical tensions I have experienced in my personal life:

Sydney: It's hard, cause I want people to be aware of my story and I want to be proud of it and share it with people because I *am*, and I think it's important for people to understand those kinds of things...But then at the same time, people have to know that I have a life and hobbies and relationships and friendships past that [my disability]...that's just an aspect of who I am and it impacts a lot of what I do, but it's not who I am, you know?...Like, who I am: "I am Sydney."...It's like saying, "It's a person *with* that" and not, "She *is*."

Lindsey: Not to compare celiac disease to anything you guys go through...but, to put it in context, what you're saying is not to say, "Lindsey is a celiac." It's to say, "That's

Lindsey; she has celiac." ¹²

Sydney: Yeah, yes, yes, yes.

Lindsey: So it's not, "She is celiac." It's "No, that's her, and she has it."

Sydney: Right. It's not, "[That's] Sydney; she's disabled." "She's Sydney with a disability."

Psychologist Michael White has significantly contributed to this area of study by

¹² Two years ago, I was diagnosed with celiac disease, a rare autoimmune intestinal response triggered by the presence of gluten, a storage protein complex derived from wheat, barley, and rye.

elevating consciousness within clinical patients of the separation that exists between oneself and his or her struggle(s) (as cited in Tomm, 1989). White's method of externalizing the problem and internalizing personal agency grants individuals the ability to disassociate the culturally-produced, unitary label (for instance, "rape victim") from the person, eliminating any assumptions that the individual exhibiting the problem *is* the problem and ultimately reversing the impacts of the pathologizing process of social labeling (Leveton, 2010; White & Epston, 1990). Externalization, according to White and Epston (1990), "opens space for the identification of and circulation of alternative or subjugated knowledges" (p. 32).

White's externalization process also allows individuals to rid themselves of any guilt associated with their struggles (White & Epston, 1990). Emily, on several occasions, referenced a sense of self-blame concerning her rape arising after she was raped again in college. However, after becoming more vocal about her story and discovering the sense of agency that accompanies such disclosure, she was able to reduce this guilt:

It's hard not to get mad at yourself because you're like, "Oh, well, I did the thing again. I did the thing where I invited him over when there was no one else around." And so then I was always trying to teach myself to stop doing that and stop blaming myself for that because just because you invite a boy to watch a movie doesn't mean he can have sex with you.

One fundamental discrepancy exists between White's patients and these participants. By separating the experience from their identity, many psychology patients are able to recognize that they are not defined by their struggle (White, 2011). These participants took pride in their struggles and, to some degree, desired that people would associate them with their struggles. In explaining her decision to have her real name used rather than a pseudonym, Sydney stated, "I

would rather have my actual name attached to my story because I am proud of what I have been through and don't have an issue with that being public.” However, the participants wanted society to *first* identify them as individuals separate from these struggles. Therefore, underlying this dialectical tension is a desire to combat socially held stigmas and assumptions surrounding their individual experiences.

Narrative Disclosure: Combatting Stigmas

Goffman (1963) defines stigma as “an attribute that is deeply discrediting” (p. 3). Individuals are stigmatized and deemed as unacceptable due to deviations from societal normatives (Miller-Day, 2011). These stigmas are ascribed based on existing stereotypes cultural preferences during the first phase of Burke’s (1969) Theory of Identification, in which individuals are assigned labels based on characteristics that are perceived to be either desirable or undesirable.

Publicly sharing previously suppressed narratives has the potential to instigate social change by drawing society’s attention to the existence of stigmas that may have otherwise continued unnoticed (Riley, 1997). Goffman (1963) refers to this “disclosure etiquette” as a method employed by stigmatized individuals through which to introduce their “disabilities” to an audience of “normals” (those not stigmatized) as a serious topic (p. 117). In his examination of stigma, Goffman defines *virtual* social identities as expected characterizations upheld by society; he defines *actual* social identities as the attributes possessed by an individual in reality. While virtual social identities are constructed and maintained through metanarratives, these actual social identities are circulated through personal narratives.

Responding to objectification. Stigmas occur when, due to attributes that are perceived by society as incongruous with the normative, an individual is reduced in the minds of others as

“not quite human” (Goffman, 1963, p. 5).¹³ Sydney repeatedly used the word “spectacle” to describe how others regarded her, stating: “People tend to see me as more of an object—of, like, a spectacle. They know I’m a person but, like, not in the same way, I guess, as everybody else is.” She characterized her disability as a “physical barrier” that prevented others from seeing her as fully human and relatable. As Jenks (2005) asserts, “disability is located in the interplay between individuals’ physical bodies and society’s constructed meanings of difference” (pp. 145-146).

Sami also referenced this phenomenon, stating: “When you don’t know somebody really well, you usually do identify them with something. And since they don’t really know my personality or other things about me, I feel like that [cancer] is what they see.” In the first focus group, all three participants expressed similar thoughts:

Lindsey: Does it ever feel like people look at all three of you and it’s like, whatever that struggle is you had, that’s what they define you as?

Sydney: Definitely.

Sami: Yeah, I think so.

Emily: Especially if there are people who don’t really know you closely out of that context... I think, if they’re people you’re close to, you don’t have to worry about that.

But if it’s just, you know, somebody who heard you talk about it once then, that’s probably all they think about.

¹³ Goffman (1963) refers to three types of stigmas: abominations of the body (resulting from physically visible defects or deformities), blemishes of individual character (resulting from perceptions of personal disarray or impurity), or tribal (resulting from often genealogical factors such as race, ethnicity, or religion). While Emily and Sami both are stigmatized within the first category, Emily faces stigmatization in the second, as she has faced accusations of impurity, dishonesty, or inappropriate conduct that may have welcomed sexual assault.

Indeed, as Goffman (1963) asserts, “the whole problem of managing stigma is influenced by the issue of whether or not the stigmatized person is known to us personally” (p. 55). The participants wanted to use their stories to eliminate any instant judgments based solely on their struggles. Indeed, in planning the narrative event, Sami shared her excitement, stating, “[It’s] kinda like branding yourself...it’s just showing people that that’s who you are and what you’re about.”

Due to the external nature of her defects, Sydney was continuously aware the manner in which people stigmatized her.¹⁴ As Goffman (1963) states, “The fully and visibly stigmatized...must suffer the special indignity of knowing that they wear their situation on their sleeve” (p. 127). In her narrative, Sydney recalled a moment of epiphany while visiting a circus freak show with her father: “No matter what I would do in the rest of my life, my disability was how the world was going to see me.” Similarly, in an earlier interview, she said, “People know me before they know me.” Following this epiphany, Sydney was able to retroactively reflect on her childhood, uncovering countless instances of this stigmatization:

“...my high school principal, she knew me from the time I was in elementary school, because it was such a small school district. Everybody knew who I was and everybody was telling my story for me, and writing it and saying, “Oh, she’s so good in school,” and

¹⁴Sydney’s external signs of VACTERL association include radial aplasia (missing radius bones in both arms, causing her wrists to turn inwards), shortened arms (with the right measuring approximately six inches long), and an absence of several digits, including both thumbs. In her youth, Sydney was restricted to ingesting food using a gastrointestinal tube due to a tracheoesophageal fistula and a small esophageal opening. Corrective surgeries allowed her to eventually consume food without this tube. Additionally, a pollicization surgery reconfigured her index finger, allowing it to serve as a thumb. Internal signs include fused cervical vertebrae and dextracardia (a congenital heart condition in which the heart points towards the right side of the chest rather than the left). As the outward manifestations of VACTERL association had a high degree of visibility, Sydney reflected that they drew the most attention and caused the most stigmatization (Goffman, 1963).

all these things, but they don't know what's behind the scenes that gets me there. And consistently every year, my teachers would say how they've known me and how they've watched me for the past, year...I always felt kind of like they singled me out a little bit with that...Which at the time I was really, like, "Wow, they really took the time!" But in retrospect now, it's like, "No, they just—you're a spectacle..." It's kind of just kind of like that.

As Sydney grew older and began telling her own story, however, she was able to claim the agency necessary to reduce the stigmatized, spectacle-status that others assigned to her. As she said in the talkback following the first narrative performance, "It went from being my parents' story to my story." However, even in her early collegiate years, claiming agency over her story was not an easy feat. When reflecting on her freshman year of college, she stated,

Um, it was horrible. I hated it. It was the worst time of my life. I—I never felt so alone...No one wanted to talk to me. Everybody—they didn't understand. And I had never experienced that before, cause, like, I was a spectacle...Nobody wanted to come near me. Like, everybody just looked at me from a distance. And people would part the seas when I walked through and it was weird—it was *so* weird.

However, after sharing her story with her colleagues, they gradually accepted her actual social identity rather than her virtual social identity, ultimately defying the objectification inflicted upon her by her colleagues (White & Epston, 1990). Emily conveyed this message in her narrative performance, encouraging the audience to not regard them as victims: "Just because it's [our struggles] a part of us, doesn't mean it's all we are...we are not victims anymore. We are survivors."

Managing these stigmas, however, was not the only challenge presented to these participants; they also felt a need to combat assumptions through the disclosure of their narratives.

Narrative Disclosure: Combatting Assumptions and Cultivating Understanding

In Goffman's (1963) examination of stigma, he states, "Although impersonal contacts between strangers are particularly subject to stereotypical responses, as persons come to be on closer terms with each other this categoric approach recedes and gradually sympathy, understanding, and a realistic assessment of personal qualities takes its place" (p. 51). Spreading new knowledge results in the formation of new truths (Foucault, 1997). In this study, this process of combatting assumptions and cultivating understanding is accomplished through narrative disclosure.

Holstein and Gubrium (2000) discuss at length the circumstantial, cultural resources upon which identities are constructed and narratives are shared. As metanarratives create ossified viewpoints within a culture, an agent must circulate personal narratives in order to reconstruct perceptions and, ultimately, reconstruct culture (McKerrow, 2011). Goffman (1963) upholds that "a necessary condition for social life is the sharing of a single set of normative expectations by all participants, the norms being sustained in part because of being incorporated" (pp. 127-128). This process of incorporation occurs through the circulation of metanarratives and the maintenance of the perceptions they instill. Therefore, in order to "exert pressure against these stories of domination," an individual must share his or her personal story (Nelson, 1997, p. xi).

The first focus group rapidly developed into a venting session amongst the three participants in which they cathartically shared times they felt victim to others' assumptions. Upon questioning them about this trend, their response only further affirmed my suspicions:

Lindsey: How does telling your story come into play in combatting assumptions?

Sami: I think people...see me and will say, "Okay this girl has cancer." Everybody knows what cancer is and sort of what it's like and stuff, but I think people miss the things you actually go through...even the little things in my bad days, and how I threw up 25 times a day every single day. There are a lot of people who don't know that...People don't get the whole picture.

Emily: Cause they don't show all those things in the movies.

Sydney: Right, oh yeah.

Emily: And that's what most people know, is what they saw in a movie or what they read in the book, and it's not like *The Fault in Our Stars*...Life isn't really like that.

All three participants referenced a lack of understanding amongst the general population, resulting in the creation and persistence of misguided assumptions.¹⁵ They largely attributed these assumptions to the metanarratives dominating society:

Lindsey: Why do you think people have those preconceptions of what cancer is?

Sami: I think cause you hear more about that [people dying], I guess, than maybe success stories sometimes... It's just a lot more about the death and fatalities of it. Media, I think...Or, yeah, if they're going to, like, movies. I feel like everybody with cancer dies in the movies. And it's just like, "No, oh my gosh."

¹⁵ At this point in the study, I was once again able to draw personal connections to the participants' experiences. However, I acknowledged in my interviews that I did not feel at liberty to compare my experiences with theirs, as I perceived their struggles to have been much more taxing (it is interesting to note that, when I made such clarifications, the participants were quick to reassure me that my struggles, and anyone else's for that matter, were valid). I shared that, as an individual with celiac disease, I was often the recipient of snide remarks from individuals who assumed I was merely a follower of the gluten-free movement. In order to raise awareness of celiac disease, I have found that educating others through sharing my story has been immensely helpful in combatting any assumptions.

Media, according to Nussbaum (2001), serve as a deliberative tool that has the propensity to frame public conceptions in a variety of ways. Nussbaum argues that, due to this power, media often succeeds in “portraying calamities as more or less grave” (p. 434). Similarly, in discussing the cultural movements surrounding rape, Emily references a “socialization process” through which people assume that certain girls instigate rape by their dress or behavior.

These assumptions proved to be incredibly frustrating for the participants, and they voiced a desire to combat them through telling their stories. Researcher Ronald A. Carson (1997) comments that narratives construct normative expectations by shaping public perceptions. As Emily shared,

I think it [sharing my narrative] changed... the way they [close male friends] saw me as a person and changed the way they saw the world...and him [her rapist] as a person, because he was, you know, Mr. Popularity, star of the football team. And so he walked on air in high school. But I think it—because they cared about me so much, they realized that maybe some of the assumptions that they were holding—about women, especially—were not really accurate, because then they were forced to view me that way. Like, they had a little bit of...cognitive dissonance in their brain, where they were like, "You know, that doesn't make any sense anymore, so I need to figure out how to fix that." So I think that helps...it changes things; it gives you a new perspective...People aren't always what they seem on the surface. So I think hearing other people's life experiences changes you as a person; changes how you view the world and how you view other people.

In sharing stories of instances in which people assumed the cause of her deformities, Sydney articulated that she prefers when people seek clarity prior to drawing assumption-based conclusions:

I prefer them to ask than just assume things about me, because a lot of things make more sense if you ask, and then you get an actual answer rather than just sort of piecing together what you think is accurate. I mean, I've had people ask me if I was in an accident. And I'm like, "This kind of stuff doesn't happen if you're in an accident. You don't just form this way if you're in an accident." Like, I would understand that more if I was missing part of my limb or something. But sometimes, I'm just like, "People, think about it for a second! How would that happen? How would my wrist get attached to my elbow from an accident?"

She also expressed a frustration when faced with people who assumed she needed help carrying items, opening doors, or performing other tasks:

And, they don't know [that I don't need help] because they're not educated enough. Or, like, they haven't had that experience. But once you provide them with that experience, they know. And then they can't give anybody pity because they know better.

Providing these individuals with a glimpse of her experiences through narrative, therefore, cultivates a sense of understanding and presents an opportunity for change (Dutta, 2008). As Carson (1997) writes, "Narrative aims not at explanation but at understanding" (p. 232). Sydney acknowledged that in order to understand, individuals need to feel a connection to her story: "They go and they assume they know, and if it doesn't impact them directly, they don't understand." Therefore, narrative disclosure serves as a method of combatting assumptions and cultivating understanding by making the story a prominent element in their consciousness, thus altering perceptions. In discussing her ultimate goals in participating in the project, Emily professed a desire to educate others and change their perspectives surrounding sexual assault:

I think the biggest one [goal] for me, no matter where I talk about it, is just to change people's perspectives...People have this expectation that only a certain type of girl is ever in that situation. Maybe the girl who drinks, the girl who dresses a certain way...that's not true. It happens to all types of people...and it happens to men; people don't understand that, either...I like for them to know that this happens to all different kinds of people and there are different ways that people handle it. Not always just the stereotypical way...

This process of perspective-changing through the process of focalization, or providing audiences with a new lens through which to see the world, served as one of the primary goals each of the participants had at the onset of this study (Holler & Klepper, 2013). Other goals include serving as a voice for the marginalized and representative for a stigmatized group and serving as a source of inspiration for others.

Narrative Disclosure: Goals

Quest narratives, according to Frank (1995), “accept illness head on and seek to *use* it” (p. 115; emphasis original). While all three participants had different goals for their narrative, each of their narratives can be categorized as a quest narrative that reframes their respective struggle as a challenge that has been overcome (Frank, 1995).

While quest narratives use the experiences one has undergone for a greater good, restitution narratives reflect societal expectations that one who is ill will become better. Frank (1995) refers to restitution narratives as “the culturally preferred narrative” due to the fact that it “affirms that breakdowns can be fixed” (pp. 83 & 90). In restitution narratives, the ill individual’s agency is limited, as society expects him or her to return to normalcy, or life pre-interruption (Frank, 1995). Many individuals struggle with pressure from society to frame their narratives as restitution narratives rather than to use them in any other capacity. As Emily shared,

I think people...think that when you go through something and then you're able to talk about it or you're able to help other people with it, I think people assume that you've gotten over it or that...you're all better; it doesn't effect you anymore.'

However, the participants instead experienced a desire to continue telling their story, framing their struggles as journeys undergone for a greater purpose. As Sami stated, "There's a reason I went through it; it wasn't for nothing. That's why I always say, like, if I can help people, then that's—I think that's why I went through it, because I'm supposed to do that."

Serving as a voice for others. Public discourse grants individuals the agency to construct alternative interpretations within society by articulating often-marginalized stories (Duggan & Grainger, 1997; Snyder-Young, 2013). The narrator serves as the instrument through which these viewpoints are shared (Jennings, 2009; Thompson & Schechner, 2004). Emily laments a lack of knowledge about sexual assault in her youth, which postponed the vocalization of her story:

I didn't really start talking about it until I got to college and I realized that there were campaigns for this and...that the important thing is pulling it out of the shadows in small towns like that and on college campuses.

Upon learning that she should share her experiences, her determination to enlighten others through her story radically increased:

...after I put my memoir up because so many people wanted to read it, so many people that I just never would have imagined were messaging me. They were like, "Hey I want you to know what happened to me..." and I was just like, "Holy crap!"...And then I was like, this is surprising to me, but it shouldn't be, because I was this person three years ago. I was that person that nobody thought about...

Ironically, Emily recognized the need to share her story after hearing it shared in the context of a theatrical production:

One of my best friends...came home one weekend to see the play I was in, which sucked, because that play was all about sexual assault and relationship violence, and every single day I had to watch...That was terrible...So I was just standing in the wing watching that scene every time just, like, crying and trying to stay away from everyone—it was awful...It was a few months after everything had happened, and she was just talking to me after the show, and it just came out. I was like, "Oh, by the way, this is what happened to me."...I'd been holding it in for a long time. And she freaked out and she was like, "No, you have to—you have to tell somebody; you have to do something about it." And so I ended up talking to our theatre teacher and she offered to tell my parents with me but I told her I would do it, and I did the next day.

Witnessing what she had experienced in a dramatized enactment enabled Emily to confront her past and articulate her story. As she shared in her written narrative: "It's hard to convince yourself that everything's okay when you're being told everyday through this great play that it's not okay." Through this experience, she realized that she needed to serve as a voice for those who were similarly marginalized in order to empower them to find their voice. While she acknowledged that the act of narrative disclosure was not always personally beneficial to her, she recognized the need to share for the benefit of others.

It's not something necessarily that I like talking about—which is something that people think a lot, because I'm really outspoken about it and so people... sometimes think it's easy for me to do that, and, um, it's not an easy thing to do...I like it when it makes a difference for someone or it helps someone; I like that part of it...

Disclosure of domestic violence narratives such as Emily's allows for the development of social cognizance of previously unspoken issues and, subsequently, has the potential to instigate liberating interventions (Allen, 2012). Emily now plans to serve as an active voice and source of education and empowerment for others:

When I come home in May, there's some things I'm going to do...I'm gonna go to the school board and tell them..."You need to have a school-wide mandatory assembly and she [a trainer from the Justice League of Ohio] is gonna come in"... because I learned so many things in that training [I did with the Justice League of Ohio] that I didn't know... And then I'm gonna have someone come in—and maybe I'll do it—and train the police officers in how to talk to victims because that was *awful*. That was, like, the worst experience I've ever had in my entire life...They need to do some serious work and it's probably because no one reports in my town so they haven't had any practice. Um, but I want a lot of things to be different..."

While Emily found her narrative to be an empowering mechanism for the marginalized, Sydney felt it was beneficial to serve as a representative for those facing struggles similar to hers. Goffman analyzes the process in which stigmatized individuals serve as representatives for others categorized similarly; they “present a case for the stigmatized...providing a living model of fully-normal achievement...[and] proving that an individual of this kind can be a good person” (pp. 24-25). Sydney referenced a strong desire to serve as a representative for others with similar struggles:

If you're somebody with a disability and you're really nasty to somebody...that entire group of people is gonna think that everybody with a disability is mean...I always

remember that I'm representing a whole bigger culture, and I'm like, "If I'm mean to this person, it's gonna influence the whole perception that they have."

In addition to serving as a representative to others, Sydney wanted to be a source of inspiration for individuals who faced similar struggles.

Serving as an inspiration. Within the concept of Frank's (1995) quest narrative is the ethic of inspiration, or the practice of inspiring others through the disclosure of one's story. Sydney desired to give individuals with physical disabilities and birth defects a sense of hope:

This past summer, I sat on a panel of counselors. We were junior and senior counselors and just told our stories...and I was like, "I'm in college and I'm doing all these things, and I used to have accommodations but I don't anymore..." And like, *those* are the kids who are like, "Oh my gosh, you are such an inspiration," because they can take that and apply it to their *own* life and their *own* stories.¹⁶

Similarly, throughout the entire process, Sami's ultimate goal was to serve as a beacon of positivity for others and to grant hope to others enduring any struggles, health-related or not:

One of my biggest goals is I want to help people...What if I'm walking down the street talking about my story and for some reason someone hears me and is like, "Holy shit, that just inspired me," and they're gonna have a better day now? Like, then, that's fantastic! Even while receiving treatments, Sami strove to motivate others by recording and posting videos from her hospital room:

Lindsey: What were they [the videos] about?

¹⁶ The participants repeatedly clarified that by "inspiration," they meant a sense of hope and motivation for others facing struggles or in need of a role model. They expressed frustration, however, at passersby who claim that they were "inspirational" without taking the time to hear their story or understand their struggles.

Sami: One of them was just kind of a positive one...like, "Hey, if you're ever having a bad day, you can do it! You can get through it!" Like, "If I can get through this, you're gonna be fine!" I was just talking about just being positive and trying to give people...a little motivation if they're having an off day.

The primary goal shared by the participants, however, was to combat sympathy and cultivate empathy.

Narrative Disclosure and Empathy

As researcher Brené Brown states, "Empathy is feeling *with* people" (RSA, 2013). Implicit in the definition of empathy is an element of psychological involvement and intuition; an individual (sometimes involuntarily) projects him or herself into the experience of an "other" through a process of embodiment, thus recognizing and sharing the emotions of that other (Wiseman, 1996; Holler & Klepper, 2013). Empathy is, therefore, a set of constructs that connects the responses of one individual to the experiences of an other (Davis, 2006; Schmitt & Clark, 2006).

Sympathy, commonly characterized by empathy's counterpart, is an entirely separate response type (Southwell & Sar, 2005; Holler & Klepper, 2013). While sympathy, or compassion, is defined as feeling sorrow or concern for an other, an individual engaging in a sympathetic response does not partake in the other's experience or attempt to reconstruct the feelings of the other within themselves (Assman & Detmers, 2016; Nussbaum, 2001; Southwell & Sar, 2005). Rather, the individual attempts to provide a response that he or she feels is adequate rather than what they intuitively perceive to be helpful for the suffering individual (Holler & Klepper, 2013). Empathy, on the other hand, involves breaking away from

consciousness of one's own circumstances in order to temporarily adopt the circumstances of an other and respond accordingly.

This dyadic awareness of being—both as the qualitatively different self *and* the suffering other—allows one to comprehend the pain of an other as they would rather than as the self would (Nussbaum, 2001). Brown personifies empathy as descending into a hole to join a comrade in order to experience their circumstances, while sympathy is merely offering words of support or encouragement while peering into the hole from above (RSA, 2013).¹⁷ However, neither sympathy nor empathy achieves literal immersion in an other's experiences, as it is impossible for one to fully and permanently immerse themselves in an other's experiences. Temporary role taking, however, cultivates a deeper empathic understanding of an other's struggles.

Empathy allows one to acknowledge the reality of an other (Nussbaum, 2001). Therefore, narrative disclosure is a powerful means of cultivating a sense of understanding and facilitating the generation of empathic experience by exposing audience members to a narrator's reality (Holler & Klepper, 2013). As Frank (2000) states, storytellers “offer those who do not share their form of life what it means to live informed by such values, meanings, relationships, and commitments” (p. 361). Public presentation of narratives stimulates imagination within audience members, as they are asked to place themselves in the narrator's mindset.

¹⁷ A personal experience further elaborates upon this concept by providing an additional example on the fundamental difference between sympathy and empathy: At the time of conducting this study, I was portraying the role of Laura Wingfield in a collegiate production of Tennessee Williams' *The Glass Menagerie*. A childhood illness left Laura with a lame foot, forcing her to walk with a slight limp. After spending over 200 hours in rehearsal walking with a limp, I have cultivated an empathetic understanding of what it would be like to have a limp. However, I was able to discontinue the limp after each rehearsal, meaning that I have not fully experienced what an individual with a limp must relentlessly face. Therefore, I have a limited degree of understanding that has been acquired through immersing myself in those conditions. I have therefore cultivated a sense of empathy. However, even this sense of empathy cannot fully comprehend the implications of one's experiences.

The participants repeatedly articulated a strong aversion to sympathy, stating that they would rather interact with someone who made an effort to understand their experiences through empathic means rather than make unauthentic or invalidated attempts to offer consolation. As Emily commented, “The thing I think that bothers me the most is when...[people] say, ‘Oh, I know how you feel,’ when they don’t.”

She further argued that if one is only qualified to feel exercise sympathy rather than empathy, attempting to equate one’s own experiences with an other’s may be perceived as demeaning and unhelpful:

If I had known that you had never gone through what I went through and then you tried to tell me, "You need to stop doing that. You need to do this instead," that would have made me angry because, I mean, you don't know what I'm feeling inside...What I would do if I don't know...what to say, I'm just like “Tell me what you need to hear.”... I hate it when people...try to assume.

Similarly, Brown states, “If I share something with you that’s very difficult, I’d rather you say, “I don’t even know what to say right now; I’m just so glad you told me” (RSA, 2013).

Intragroup empathy. During the first focus group, it became increasingly evident that the participants possessed an elevated sense of empathic understanding for one another; while their struggles differed in nature, they understood the stigmatization they each faced. As Emily stated, “Even if the situation isn't the same, they [the other participants] understand things.”¹⁸

¹⁸ In questioning Emily and Sydney about the struggles associated with internal vs. external disabilities (as Emily’s ‘disability’ is primarily internal and Sydney’s ‘disability’ is primarily external), each participant displayed a considerable degree of empathy, acknowledging that the other’s struggles were valid and that they could not comprehend the suffering the other faced. Goffman (1963) asserts that individuals such as Emily with struggles that are more internal and thus hidden to some degree from society “understand the structure of the situation in which the fully stigmatized,” or those with a higher degree of external visibility, “are placed” (p. 127).

Similarly, Chang and Bazarova (2016) assert, “The social distance created by stigma between those who are perceived as stigmatized and those who are not influences stigmatized individuals to find comfort with similar others who share common social values with them” (p. 218).

After completing an outburst concerning being judged by others and never receiving the opportunity to make a first impression based on personality rather than appearance, Sydney apologized to the group, who then reassured her that they understood and were there to support her:

Sydney: I didn’t mean to go on, like, a twenty minute rant all by myself, but I have been holding that in for a while.

Sami: Hey, we all get it....We get each other...I remember first meeting you, and I never [thought], “What’s wrong with her?” Like, never. Because...I went out when I was bald and...I noticed people looking at me and I *hated* that. And I was like, “I will never do that to somebody, ever.” I won’t. And I don’t...we’re all different, but still, I know what it’s like to be looked at like that, for not who you are—

Sydney: Thank you.

Ethnographers observing narrative disclosure within the context of a support group for parents struggling with behaviorally challenged children discovered that sharing stories of trials, frustrations, and successes in a group setting resulted in a sense of community (Hollihan & Riley, 2009). As parents gathered to articulate their frustrations and share their stories of the detrimental behaviors of their children, a supportive network formed. The parents were able to empathize with each other, thus feeling more secure in disclosing their stories. Similarly, Sydney shared that the aforementioned youth leadership forum for children with disabilities that she served as a counselor for was similarly empathetic in nature:

It was more [of] an empathetic setting than a sympathetic setting because...the common core is that you all have some kind of a disability. It might be a different disability but you're all going through similar situations.

This concept that “human communication works by identification” is integral in Burke’s (1969) Theory of Identification, which emphasizes a rhetor’s desire to achieve consubstantiality—or identification—with an audience through the perception of shared experiences or feelings. According to this process, “A is not identical with his colleague, B. But insofar as their interests are joined, A is *identified* with B” (p. 20; emphasis original).

Burke (1969) separates the process of identification into three fundamental steps. First, a label is assigned to an individual based on internal or external properties—many of which are stigmatized characteristics. Individuals then associate or disassociate with others depending on perceived similarities. As the participants all faced stigmatization and shared a desire to alter perceptions through their stories, they were able to associate with one another. The participants then partook in the final step of identification by entering a state of consubstantiality with one another.

According to Burke (1969), identification begins with division; the branding of an individual or group as an outsider acts as a catalyst for identification. Therefore, the stigmatization of these women stimulated their formation as an empathic community. Supportive environments are conducive to sharing openly, thus inviting such consubstantiation and, consequently, the formation of group identities (Hollihan & Riley, 2009). Just as the participants were able to demonstrate a large amount of empathy towards one another, I also observed a higher degree of understanding directed towards those outside the research group.

Empathic exchanges with others. Among Wiseman's (1996) defining attributes of empathy is non-judgmentalism. During the first focus group, Sami shared her detestation for casting judgments on others without first understanding their stories:

I love that quote, "You should be kind because everybody's fighting a battle you know nothing about," and I *love* that quote, because it is so true...I'm like, "Don't judge people when you see them..." People don't give people a chance. And I think that's why I like to share my story...I always get [told], "You're just always happy."...when tell my story I'm like, "This is why I am the way I am, because this is my history; this is what made me who I am." I think if the whole world kind of worked like that, I think this world would be a much kinder place, honestly. If people took the time to actually understand and get to know people, like, I think it would make a huge difference...

I immediately became curious as to whether or not Sami's aversion to judging others resulted from her experiences with cancer:

Lindsey: You seem to be a big proponent of not judging people and not judging a book by its cover. Do you think that stems from your experiences?

Sami: Yes, for sure.

Lindsey: Were you as big of a proponent of not judging people before the experience?

Sami: Um, I think I've always been pretty decent at it. I mean, it's definitely gotten better because, like I said, when I was bald and stuff, I know what it felt to walk around and people just glare at you...you feel like a fish in an aquarium...I never wanna do that to somebody else...

Sami repeatedly voiced her appreciation for one particular display of empathy that encouraged her shortly after first entering the hospital to receive treatment. Upon learning about

Sami's diagnosis, a colleague started a seven-day bike-a-thon named "Cycle for Sami." While the individuals that participated could not experience Sami's cancer firsthand, they immersed themselves in a position of relative discomfort, cycling throughout the day and night. This provided Sami with a source of company and support:

He [my friend] was like, "Obviously I can't do anything to physically help you, but the least I can do is sit out there and ride a bike and get some money from you." They wanted to help with my money with school since I lost it that year...They did it for 24 hours a day for a whole week...I would wake up, and on my nights I would be alone or having really bad sick days, and I would go on Twitter and see who was riding the bike and what they were saying and I would just smile...it just helped. That was my biggest thing, was the support, I think. It was just, like, *huge*. Like, I could never have done that by myself.

While Sami commended this supportive demonstration of empathy, however, the participants acknowledged society's consistent failure to exercise empathy.

Exchanges lacking empathy. Each of the participants claimed that there was a substantial lack of empathy exhibited by society, and that they rarely interacted with individuals who were either a) able to empathize with them, or b) willing to listen to their stories and gain the ability to empathize with them. This aversion to narrative exposure is due to the ease with which assumptions can be adopted and stigmas can be applied to these individuals. When confronted with individuals like Sydney, whose external factors depart from normative expectations, individuals find it easier to simply adapt the perspectives propelled by the familiar and engrained hegemonic metanarratives. As Sydney stated, "You can't hide from it [disability]. You go everywhere, people know it. There's no hiding it." This caused her to experience an

abundance of sympathetic responses: “I get a lot of sympathy from people in my day-to-day life. I don't get empathy.”

On multiple occasions, the participants also referenced a lack of sensitivity and etiquette displayed by others in interactions:

Sydney: I had a lady at the beach come up and...she was like, “She [my granddaughter] just really wants to touch your hands. Can she, like, touch your hands?” And I—

Sami: That's the weirdest thing I've heard in my life.

Sydney: I didn't know what to do...,so I said, “Yeah, it doesn't matter,” and...they just, like, touched me, and they were talking about it and the lady was like, “Yeah, it's so inspirational!” And I'm like, “Why am I sitting here on the beach letting you touch my hands like I'm an animal at the zoo, letting you tell me that I'm an inspiration because I let you touch my hands?”

Emily: That's—

Sami: That's insane...There's just so much wrong with society.

Sydney expressed an intrinsic desire to react humorously when faced with these individuals who become fascinated with her arms and inquire about how they became deformed:

Sometimes...I just wanna say some stupid answer that's just not even accurate at all. Like, “Back in the fall of 1983...I was out in the sea and then this big shark-whale-thing came up. And I thought I was going to die.” Like, I just wanna tell somebody that, and them be like, “Wow, really?” And I'll be like, “No, I just came from my mother's womb, thank you.”

Goffman (1963) also refers to this phenomenon, stating that members of stigmatized

groups often “build up a story...to normals who clumsily profess sympathy, the story reaching a point where it becomes patent that the story was designed to reveal itself to be a fabrication” (p. 136).

Similarly, Sami faced insensitivity in interactions with those who were ill equipped to have conversations with suffering individuals:

Sami: I actually got the whole like “It could be worse comment” a lot, which really pissed me off.

Lindsey: What?!

Sydney: What could be worse than that [cancer]?

Sami: ... I was having a really bad day, and it happened far and in between, and...my one friend was like, “Just remember, it could be worse, you know.”

Emily: I hate it when people say that...They’re like, “Oh, well, he raped you, but at least he didn’t beat you while he did it.”¹⁹

Sydney: What?

Emily: And it’s like, that’s not any better! Like, none of those things are any better! It’s so bad; people just don’t—

Sami: People don’t think

Sami further stated that people generally did not know how to appropriately respond to upon learning of her diagnosis: “[People would say] ‘Oh yeah, my grandma just died of that’...And I was like, ‘Oh—fantastic!’” When she was bald, she also noticed a lack of diplomacy exercised by those around her:

¹⁹ Brown argues that statements such as these display a lack of understanding, stating, “Rarely, if ever, does an empathic response begin with ‘At least’” (RSA, 2013).

Sami: For the little bit I was bald, people were like, “I’m ugly” and I was just like, “Eh, okay, well—

Emily: “You have hair.”

Sami: [I’m] like, “I’m, naked all the time, so it’s fine, but thanks anyway.” [They say]

“Oh my God, I hate my hair, like what do I do with this?”

Emily: “Give it to me!”

Sami: “Fucking glue it to my head!”

While the participants voiced frustrations with this lack of decorum exhibited by those they interacted with, they expressed even greater irritation towards displays of pity.

Expressions of pity. As Sami stated during her interview, “I just hate sympathy.” While sympathy does not always equate pity, the participants reflected that oftentimes, individuals who could not empathize with them reverted to offering empty, sympathetic gestures of pity.

Sami reflected that her biggest struggle while undergoing treatment was being treated differently by those who interacted with her:

I didn't feel normal; people wouldn't make me feel normal...*Everything* I did, people were like, "Are you allowed to do that?" And I'm like...“Let me live my normal life. Just leave me alone.”

According to Brown, “One of the things we do sometimes in the face of very difficult conversations is we try to make things better” (RSA, 2013). Each of the participants expressed a strong opposition to these efforts. They perceived these efforts as empty and demeaning pitiful gestures cast towards them by society, often accompanied by futile and ignorant efforts to ‘fix’ their respective struggles:

Sami: I never wanted to be pitied; I didn't want people to feel bad for me. I just wanted...support. You don't have to feel bad for me, you don't have to do something to make yourself feel better. It's like, just be there for me; just support me, or...don't do anything at all, really.

Sydney, who shared multiple stories of people opening doors for her, and carrying items for her, and even offering her money, recalled a distinct memory from her youth:

Sydney: In, like, first grade... my class would come in every day—there was, like three or four girls, who would come in everyday and bring me a toy. It was, like, an offering. And they were like, “Here, you need it more than I do.” Like, porcelain horses, Barbies—

Emily: Like, for you to keep?

Sydney: Yeah... and then eventually it was, like, glass figurines that their grandmother had bought them for their birthday... And then later as I got older, I realized how weird that was...

When asked how these displays of pity made her feel, Sydney explained that it made her feel “devalued.” She then acknowledged that a majority of people behaved in this fashion as a result of a lack of understanding or a misguided desire to help:

Sydney: I get defensive...And that's something that I've always tried to really work on, because a lot of people don't understand....They think that they're doing you a service, being a good human...it's like charity work, kind of...I really have to make sure that I step back and tell myself that they don't see it as a demeaning kind of thing.

Sami, however, suspected ulterior motives in expressions of pity as a method of self-satisfaction and self-glorification, stating:

...people wanna pity you or have sympathy for you for themselves and it's not for you...like, "I need to send her something or tell her something nice, so I feel better about myself cause I know I did that." But in reality they kind of don't really care what you're going through; they just want to feel better about themselves and that's what's annoying.

In clarifying the difference between genuine empathy and pity, Emily stated,

It [the difference] is, "You understand now that we are both human, that we share human experiences, and that you have grown and learned from that." And then there's the, "I just wanna tell you how great you are and give you a hug because it will make me feel like a great person to do that."

Sami further elaborated upon this concept, explaining that many people who rode in the Cycle for Sami event did not know her, but openly posted pictures of themselves riding in order to frame themselves in a positive light. She stated,

People would post pictures...like, "Oh my God, look at me, riding for Sami! Go Sami!...I'm gonna post myself riding this bike for all social media to see, but I have no idea who this bitch is!"

As she later stated, "Support is support, until you make it about yourself." In order to combat this lack of empathy and abundance of sympathy (manifested in acts of pity), the participants considered it a personal objective to cultivate understanding and increase others' propensity for empathizing.

Cultivating empathy. Given that hegemonic systems cultivate distorted worldviews of marginalized realities, the circulation of these personal narratives is necessary in order to reconstruct skewed perceptions. Witnessing performances of these narratives situates the audience members in the minds of the narrator, allowing them to observe the oppressive societal

structures that constrict the narrator. This results in the reconstruction of previously held perspectives and the cultivation of understanding and empathy (Holler & Klepper, 2013; Jones, 2013; Rodríguez, Rich, Hastings, & Page, 2006).

Assman and Detmers (2016) outline five levels of empathy: the first level is the basic physiological level in which humans instinctively and ephemerally embrace the emotions of others; the second level, referred to by scholars as “imaginative empathy” or “affective resonance,” is reached when an imaginative reaction is triggered and an other’s perspective is temporarily adopted (p. 5). The third empathic level consists of an individual’s ability to retain this second sense of an other’s experience while retaining awareness of their own circumstances. The fourth level progresses to action, as empathy ceases to be mere reflection or imagination and gains attention and social support. The fifth level, which the participants hope to achieve through the disclosure of their narratives, is manifested when socially held conceptions are challenged:

On this level, an atmosphere of cognitive and emotional dissonance has to be overcome, as these acts of empathic observation and concern may not be prescribed by the norms and conventions of one’s society. On the contrary, they may contradict these norms and be challenged by strong signals of difference...” (p. 6).

Emily reflects upon her desire for members of society to not only gain an understanding of her struggles, but also be able to empathize with and assist others who undergo similar experiences:

...it [my story] is something I'm passionate about sharing with others so that we can change the way individuals and society as a whole sees this issue. I went through it alone for the most part, and that's a terrible thing for a victim to deal with alone. Being there for other people, teaching them, raising awareness, and reminding people that they do have

options, that they will heal, and that they aren't alone are a part of what makes my own healing successful.

Researcher Marshall Ganz (2011) comments on this role of narrative disclosure in the realm of social responsibility. Narrative performance, according to Ganz, is a form of civic leadership; challenging the status quo requires that leaders share their stories. Once shared, these personal narratives become public narratives, which he defines as “a leadership practice of translating values into action” (p. 274). Values are therefore shared through public narratives and are experienced emotionally by audience members; as Ganz states, “Because we identify empathetically with the character,” or narrator, “we experience the emotional content of the moment...Narratives thus become sources of learning” (p. 274).

Discussion

Postmodern skepticism upholds that narratives are highly influential mediums shaped by hegemonic powers that in turn dominate societal interpretations of reality (Arnett, 1998).

Narrative construction and disclosure grants individuals the agency necessary to deconstruct these dominant viewpoints and formulate personal narratives that circumvent oppression. Due to the fact that these individuals do not possess the power to interpret under the hegemonic metanarrative in which they operate, they must construct alternative narratives to combat these worldviews and cultivate empathic understanding. Agency therefore must be claimed in order to eradicate cultural assumptions and stigma, as reflected through the construction and disclosure of narratives.

This project originated as an investigation of the intrapersonal impact of narrative disclosure, particularly in the therapeutic realm. While this study does indeed comment on these concepts, it deviated from my original expectations, as the participants expressed a desire to

share their stories not only for themselves, but also for others. As this study is qualitative and inductive in nature, I altered my areas of focus accordingly.

While I initially regarded the participants as volunteers, I soon realized that, as Denzin and Lincoln (2000) explain, they were my co-researchers. This project ceased to be about *my* experience and became focused on *their* experience. Upon observing the passion with which they revisited and rewrote their narratives, the dedication with which they journaled their reflections, and the excitement they brought to each focus group and interview, I recognized that this experience granted them the agency they had been seeking by providing them with the opportunity to share their stories with the collegiate community. Their nervousness and excitement prior to and during the performance further affirmed my speculations.²⁰

At the performance, the audience remained visibly engaged, often making audible exclamations upon learning something about the narrator's experience that they had previously not known. During a question and answer session following the performance, a student in the audience thanked the participants for their bravery and dedication—this declaration was met with applause from the entire audience. The participants were visibly overjoyed with their reception, and audience members expressed after the performance that the experience was truly touching and had indeed successfully reconfigured their perceptions.

Interestingly, hours prior to the performance, Sami and Sydney, who had originally planned on reading their narrative, decided to share it extemporaneously, as Emily was. This enabled them to personally connect with the audience on a deeper level. When asked at the second focus group why they made this decision, Sami stated, "I want it to be real and I want it

²⁰ Sydney's excitement in sharing her story was so strong that, on the day prior to the thesis presentation, she began crying with joy when she heard fellow classmates say that they were coming to hear her speak.

to be me. And I want to look at everybody; I wanna engage with the audience...It's who I am and I just want to genuinely tell it." Similarly, Emily said, "It was more personal for me to do that...I can look at the audience...and I can understand what they need to hear next." Therefore, the decision was largely made in order to cater to the audience, thus reinforcing the participants' goals of inspiring the audience and inciting the alteration of perspectives. This choice also maximized their sense of agency, as they were able to claim complete ownership over their story. By eliminating the written narrative, they eliminated the final hegemonic force separating them from a true, organic, in-the-moment presentation of self to the audience.

In the weeks following the performance, individuals on campus began reaching out to the participants, admitting that they had not known the extent of their experiences and that they appreciated their courage and vulnerability. Several audience members contacted Emily, sharing their personal stories with her and asking how to become involved in sexual assault prevention programs. In the second focus group, Emily shared,

One of the guys that was there...he was kind of a jerkwad to me my junior year. And he sent me this big long message about, like, he had no idea, and about how sorry he was and how happy he was that I had shared it and how proud I should be of the work that I'm doing...and that was good, but it also kinda annoyed me. Cause it was like, just because you now know something else about me doesn't mean that you should feel sorry for me...But I was glad that he was there and maybe he understands people a little better. He did say that he got different perspectives from it...But I was a little annoyed.

This idea introduces a new dialectical tension: While the participants wanted people to hear the "story behind the name" and learn the truth behind their experiences, they did not want audience members to alter their perceptions of *the participants*; they wanted to alter their

perceptions of *the experiences*. While they wanted people to know what they experienced, they did not want people to change their opinion of them. This struck me as slightly contradictory to what had previously been discussed in our interactions, as they had previously disclosed a desire for people to better understand who they are. However, following the event, they expressed a desire for people to *not* change their opinion of them. Sami shared a similar experience, as an athletic coach approached her after she made a speech about her battle with cancer at a Relay for Life event:

I just met him [the coach] this past year...And I read that speech at Relay for Life. And we were walking around the track and he was like, “Oh my gosh, Sami...Mad respect, girl. I never knew that.” And I kinda just looked at him; I was like [thinking], “So you didn’t respect me before you knew that?”...I’m still the same person...I—I didn’t know how I felt.

When asked to elaborate, she continued,

Sami: Don’t change your entire viewpoint of who you think I am as a person because of that.

Lindsey: What do you want to change their viewpoint of?

Sami: I guess, just, themselves...I want people to change themselves, not the way they view me...Don’t look at me differently, look at yourself differently...

Emily: I want them to learn from it in a way that makes them think before they speak in the future...

As Frank asserts, “Storytelling is for an other just as much as it is for oneself” (p. 17).

Most of the pre-existing research referenced throughout the study focuses on the impact of narrative disclosure on a personal level—namely, its role as a coping mechanism through which

an individual confronted with illness, stigmatization, or suppression is able to reclaim a sense of personal agency and achieve a sense of self-understanding. I noticed a lack of sources discussing the transformative processes in which individuals take the self-concepts they develop through narrative construction and share them with a larger group. Furthermore, there was a lack of research on why individuals would disclose these narratives to anyone other than professionals in a clinical setting. While several texts do indeed acknowledge to some degree the benefits of narrative disclosure on a societal level, there are few works I have encountered that discuss this practice and its implications at length.

It is my hope that this work instigates further research in the realm of narrative disclosure as a means of deconstructing oppressive metanarratives and exposing audiences to the complexities of predominantly misunderstood phenomena, allowing the reconfiguration of previously held conceptions that society has been conditioned to hold. As these three women continue sharing their narratives, may society turn an attentive ear towards their stories, appreciating the truth it conveys and cultivating an understanding of the worldviews that impact those truths.

I have always been the independent type, never to be caged, never to be limited. It was always difficult for me to break away from the stigma of disability. Eventually though I learned to embrace the stigma and everything that life has thrown my way. It's all part of what has made me who I am. I don't mind people telling me that I'm an inspiration as long as they know my story. Between the surgeries and the day to day mundane struggles I go through I can see how someone would think that. But until you understand the true dexterity of my experiences you'll never completely understand what makes me strong. However, if you are one of the few individuals who does understand my story then I thank you, because that is what my story is really about. It's not about the hand you're dealt in life. It's about how you choose to play the hand you're dealt (Excerpt from Sydney's narrative).

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