Call for articles for the *Revue des sciences sociales*
In first person. Bringing suffering into the narrative(s)

Since the "narrative turn" of the 1980s and the "affective turn" of the 1990s, contemporary human and social sciences, as well as writing practices, have given increasing prominence to individual narratives seen as enriching viewpoints to better understand human experience and social reality. The "subject", long viewed with suspicion in a positivist conception of knowledge, is taking center stage in a context of weakening "metanarratives" and growing social struggles – for civil rights, for the self-determination of peoples, etc. (Grard 2017). These changes also emerge in the healthcare field: this slogan of the Disability rights movement, "Nothing about us without us", reflects a yearning to place the subject at the heart of the discourse. The rise of chronic illnesses, and in particular AIDS (Barbot 2002), has fostered forms of therapeutic activism that put multiple individual narratives of illness to the fore. While it is now generally accepted that knowledge about the medical world can be drawn from "disease trajectories" (Strauss 1992) embedded in "life stories" (Bertaux 2010), it is nonetheless essential to reflect on how these narratives are constructed, what they bring to light and what they leave in the shadows, as well as on the actual effects they produce. This new issue of the *Revue des sciences sociales* will explore how human and social sciences contribute to the production and analysis of individual narratives that shed new light on experiences of illness and suffering, by unfolding these three complementary dimensions:

1. Shaping the narrative

A first series of reflections may be centered on the modalities of storytelling. Proposals may raise methodological and ethical concerns surrounding the collection and writing of individual accounts of suffering and illness, whether they were the result of interviews, observation, medical or personal archives, or first-person testimony (singular or plural). The vast field of autoanalysis and autoethnography may be explored: autopathographies, illness narratives or even graphic memoirs (Miller 2014).

Aside from the matter of tensions between anonymization and recognition of the subject (Weber 2008), proposals may address the figure of the narrator: “whose story is it?” asks Aneta Pavlenko (Pavlenko 2002). Who speaks and for whom? What role does the subject play in the building of the narrative? Which conditions may help us avoid forms of objectification and even instrumentalization – beautiful specimens, enlightening cases – while attempting to transform experiences of distress into objects of analysis and knowledge (Perreault and Thifault 2016)? In other words, how can the voices and dignity of individuals be preserved while reporting on experiences of suffering and illness?

Contributions may also examine how human and social sciences seek to give voice to those who seem to "count for no one" (Heller-Roazen 2023), such as women who commit neonaticides and whose "inaudible violence" can, if one listens closely, be understood as the result of social inequalities in health (Ancian 2022), or the "Gavroche"(Beauchez 2022), whose

experience of drugs, prison, and life on the streets can also be interpreted as a quest for "in-dependence".

2. Speak or hush

Contributors may reflect on what enables a narrative to take shape, leading some to bear witness while others remain silent. The aim would be to account for the resources and circumstances as well as periods in history that have encouraged or, on the contrary, stifled individual voices. Articles might offer a historical perspective (such as the Romantic era "mal du siècle", the advent of psychoanalysis or testimonies of the Holocaust, for example) to contextualize the novelty, reconfiguration, and renewal of individual narration in the contemporary era.

Contributors can also focus on what is brought into the narrative and what is left unspoken: what is said about the disease or suffering and what is concealed because of decency, shame, or even blindness and ignorance? The reflection may, for example, focus on "medical humanities" and "narrative-based medicine" which seek – through the development of clinical cases taking the socio-cultural context into account – to broaden the clinical perspective to include the "social world", which is still often viewed by healthcare professionals as a "messy, impenetrable black box" (Stonington *et al*. 2018)."

Reflecting on the narrative accounting of individual experiences also requires us to look at writing forms: how can storytelling fit the constraints of scientific writing, and what is lost in the adaptation to the academic mold? To what extent can literary or even image or video narration break free from these constraints to explore other ways of serving a more sensitive understanding of the world by interweaving narrativity and aesthetics (Good 1998)?

3. Narrative aim

Last but not least, we would like to consider the purpose and recipients of these narratives. While the choice to focus on a particular individual has been widely adopted in literature as well as in the humanities and social sciences, this approach raises the question of the author's intentions: why isolate a particular person in the general flow of lives, why pin the narrative to their singular experience? An individual narrative is sometimes chosen to bear witness, following the example of Fritz Zorn on the experience of cancer (Zorn 1982) or A.R. in the DingDingDong Manifesto on Huntington's disease (Huntington and A.R. 2013). It is sometimes mobilized, alone or in a collection of added singular voices, to "think by case" (Passeron *et al*. 2005). Between tribute and testimony, the search for meaning, recognition or justice, and the production of "situated knowledge" (Haraway 1988), what does individual narrative writing aim at?

From a socio-political perspective, we might wonder if focusing on singular viewpoints prevents us from continuing to analyze structural inequalities in the healthcare world. Can we keep relying on a multiplicity of individual narratives without ending up with generalized relativism and incommensurable experiences? Is it possible to speak only about oneself, and how can the implicit "we" the individual speaks for be identified? In what manner do individual narratives provide access to a more sensitive understanding of social experiences? To take up a

conceptual distinction proposed by Arthur Kleinman (Kleinman 1988): to what extent does a subjective perspective of illness also illuminate and enrich its medical (disease) and social (sickness) dimensions?

Finally, articles could explore the performative effects of self-narratives: can stories of suffering and illness have therapeutic or restorative virtues? How can they practically contribute to the emergence of collective mobilizations in the healthcare field and in the field of care thinking? Ultimately, how do these narratives participate – by enabling the most vulnerable to be heard – in the re-evaluation of the social contract, in accordance with the principles for 21st-century humanism defined by Julia Kristeva (Kristeva 2011)?

Researchers in the human and social sciences are invited to submit their article proposals, which can present an ethnographic case, an individual narrative, a discourse analysis, or a more methodological or theoretical reflection about the creation of first-person narratives. Please submit a one-page abstract (approximately 3,000 characters) outlining the structure of the text and providing details about the original sources (empirical data, literary corpus, archives, etc.) upon which the article will be based.

Calendar:

- November 2023: call for articles
- January 12th, 2024: abstract submission and selection
- June 1st, 2024: article submission and review (approx. 40,000 characters)
- July 2025: publication of issue

Coordinators

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