

Portraiture as a Narrative Technique in Health and Hygiene Research

Mohsen Nazarzadeh Zare¹

¹Department of Educational Sciences, Faculty of Literature and Humanities, Malayer University, Malayer, Iran

*Corresponding Author: Mohsen Nazarzadeh Zare, Email: Nazarzadezare@Malayeru.ac.ir

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Dear Editor

Over recent decades, the use of qualitative research methods from the social sciences has grown significantly in health and hygiene research. A wide range of qualitative approaches, including phenomenology and ethnography, has emerged to examine narrative and storytelling data. Among these methods, portraiture research has gained attention for its ability to capture the richness, complexity, and multiple dimensions of human experiences in social and cultural contexts. While portraiture has primarily been used in sociological studies of education and educational leadership, its application has gradually expanded to fields such as psychology, criminology, health, and hygiene (1). Portraiture is a qualitative research method that investigates the intricate details of human experience through narrative and detailed analysis. It combines artistic sensibility with scientific rigor to shed light on the nuanced relationship between individual stories and their wider social and cultural settings (2). Originally developed by Sara Lawrence-Lightfoot (1983, 2004) (3), portraiture is based on the constructivist idea that knowledge is formed through lived experiences and social interactions (1). Unlike traditional qualitative methods that break experiences into parts, portraiture recreates them into complete, vivid stories that can connect with both academic and non-academic audiences (4). Lawrence-Lightfoot's portraiture methodology tries to blend artistic forms like literature, music, and visual arts with systematic research to document and show the complexity of a particular person, setting, or experience (5). At its core, portraiture aims to create stories that link science and art (6). A key feature that sets portraiture apart from many other qualitative methods is its clear focus on "goodness." This focus does not mean idealizing or romanticizing social reality; instead, it shows a conscious effort to find and understand sources of strength, value, and meaning in human experiences. While

much social science research often emphasizes critique and problem identification, portraiture tries to highlight what is constructive, resilient, and powerful (3,7). Collecting data in portraiture research typically includes recorded informal conversations, in-depth interviews, participant observation with detailed notes, and the collection of relevant artifacts. The process starts with detailed descriptions of the physical and social environment, covering spatial layouts, workplace aesthetics, and public or private spaces where participants are located. Careful attention is also paid to participants' appearance, clothing, behaviors, movements, facial expressions, language, and interactions. These contextual details are crucial to portraiture because they provide deep insights that place participants' stories within their lived environments (8). Data analysis in portraiture occurs through four connected stages that involve repeated engagement with participants' voices: receiving the story, creating poetic expressions, listening to dissenting voices, and writing analytic reports (5). "Receiving the story" means listening deeply and empathetically, along with careful transcription to capture the nuances and emotional depth of participants' narratives (1). "Creating poetic expressions" involves distilling main themes and feelings into artistic forms, like metaphorical prose or poetry, which convey the emotional richness of lived experience (9). "Listening to dissenting voices" requires engaging with different viewpoints or counter-narratives that challenge initial interpretations. This approach enriches the analysis and offers a more complex understanding of reality (1). Finally, "writing reports" brings together these analytic elements into a clear narrative portrait that respects both the scientific integrity and artistic nature of the research (6). Throughout the analysis process, portraiture researchers focus on three key elements: Context, voice, and relationship. Context includes the physical, geographical, temporal, historical, cultural, and aesthetic dimensions in



which participants' experiences exist (8). Voice is seen as co-created; the researcher's role as a witness, interpreter, and biographer is as important to the narrative as the participants' own voices (1,2). Relationships are central to portraiture research, especially the dynamics between researcher and participants, which reveal and document experiences of "goodness" (10). Therefore, portraiture findings are deeply rooted in context and interpreted within broader social, cultural, and historical settings rather than generalized across the board (1,11). For example, in health research, understanding an individual's coping strategies for chronic illness requires looking at socioeconomic conditions, family support, cultural beliefs about health, and historical access to healthcare resources (1). This contextual depth ensures that findings are not merely descriptive but also meaningful and reflective of real experiences (12,13). Recent research has suggested the importance of the contextual framework, the voice of the people involved, and the actual relationship to our work in the development of portraits. It is also identified that these constructs contribute to the creation of well-formed narrative portraits and, as such, will help us understand an individual's socio-cultural and historical context (8). Although portraiture can alter the way we look at a person's life...it is necessary to look critically at how using a strength-based approach to creating portraiture may lead to unintentional consequences. One concern regarding this approach is that we may undervalue how the systems and structures that permeate our lives shape us, and that by focusing on people's strengths, we may overlook larger structures that create power or inequity between people (14). In portraiture, an example of this would be highlighting the resilience of healthcare workers. Although this may be an accurate reflection of their lived experience, it may also obscure the underlying structural conditions that necessitated such resilience in the first place, that is, praising individuals' resilience without critically examining the systemic pressures that made resilience a requirement for survival within that system (15). Therefore, portraiture researchers need to remain aware of the structural levels of individuals' lives to develop ethical, analytically sound, and responsible narratives (4). A high level of methodological rigor and trustworthiness is also assumed in the development of portraits; however, the definition of these terms differs from the quantitative definitions (8, 16). Validation is established through authenticity and credibility and not through statistical means (8, 16). Researchers increase the authenticity of their work by asking participants for their feedback and verification through the process of member checking (1, 17). Through this process, the researcher shares the transcripts of the interviews and the emergent themes from the transcripts with participants so that they may confirm or refute their accuracy. Triangulation strengthens the credibility of research by comparing data from multiple sources. In addition to this, drawing on multiple data sources (interviews, field notes, artifacts, etc.) helps validate the interpretation and provide a more thorough understanding

of the phenomenon being studied (18). Researchers use reflexivity to increase the transparency and credibility of their research by acknowledging their positionality, assumptions, and biases (2). Taking this into account, portraiture research in the area of health and hygiene focuses on the lived experiences of individuals who work in the field of health and hygiene. Rather than concentrating only on the deficiencies of the individuals studied, portraiture research approaches the examination of individual narratives through a strength-based perspective of success and commitment to performing meaningful work. Portraiture will help explain what motivates health and hygiene professionals to continue working in their respective fields despite the many challenges they face, and how the beliefs of health and hygiene professionals regarding their organizations are shaped by specific time and space (19).

Competing Interests

The author declares that there are no competing interests or conflicts of interest related to this study.

Ethical Approval

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