Digital Stories as Data: An Etymological and Philosophical Exploration of Cocreated Data in Philosophical Hermeneutic Health Research

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Abstract
Many research methods emphasize procedures to minimize potential bias introduced by measurement tools, environmental factors, and researchers themselves. Using the example of digital storytelling, in which short films are cocreated between a researcher and participant, we examine the possibility of cocreated stories as data in philosophical hermeneutic (PH) health research. The etymological explication of the words “data” and “story” brings the meaning of these words closer together while an exploration of the ontological and epistemological assumptions of PH indicate that cocreated digital stories can be viewed as data in a similar way to traditional verbatim interview transcripts used in other types of qualitative health research. Using digital storytelling as a data generation tool in PH health research may help provide a deeper understanding of health-related phenomena by cultivating understanding through genuine conversation, addressing the challenges of language, and apprehending the immediacy of understanding.

Keywords
methodology, digital storytelling, art-based research, data collection

As a health care quality improvement professional, academic researcher, and documentary filmmaker, I (M.L.) have helped over 500 patients and family members create digital stories (DSs) over the past 8 years. I have been involved in projects in all four primary areas of digital storytelling (DST) in a health care setting including (a) health care provider education and quality improvement (Alberta Health Services, 2015–2020), (b) advocacy/public health (Canadian Mental Health Association, 2015–2017; Lang et al., 2020), (c) research (Laing et al., 2017a, 2017b; Laing et al., 2019), and (d) as a therapeutic intervention (Wellspring Calgary, 2012–2020). The most consistent feedback from participants, regardless of the primary goal of the project in which they were involved, was that the DS they created was very different than the story they thought they would tell. This same phenomena has been observed in many other health-related research studies which utilized DST (Briant et al., 2016; Brushwood-Rose & Granger, 2013; Laing et al., 2017a; Laing et al., 2019; de Jager et al., 2017; De Vecchi et al., 2016; Gubrium et al., 2014; Hardy, 2016).

The unexpectedness of the stories told through the digital storytelling process is exemplified in the story of Martina,¹ a family doctor and the director of the family medicine program at the University of Calgary (Goundry & Lang, 2018). Martina’s research focus is on touch in a health care setting, specifically on how medical education emphasizes verbal communication skills over nonverbal forms of communication (Kelly et al., 2014; Kelly et al., 2015). When reflecting on the early childhood and medical education experiences that became part of her DS on this topic, Martina said:

I never made that connection, like that just came out through us talking... I had never related those experiences [early childhood and medical education] with what I do, it was just something I did. It was just not part of becoming a doctor anyway that’s for sure... until we talked. (Goundry & Lang, 2018)

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Until she went through the process of creating a DS, Martina had never realized how specific moments and experiences in her life or history had influenced her view of touch in a health care setting. It was through the conversations with both the facilitator and the artifacts in the DST creation process, such as talking about meaningful life moments, looking through photos, writing and recording the voice-over, adding effects, transitions, and music, that she came to a deeper understanding of her own experiences with touch, a deeper understanding that was embodied in the DS itself. The essentially dialogical nature of the facilitated DST creation process, as described in Martina’s quote and in many other DST projects (De Vecchi et al.; 2017), is what makes a DS cocreated, and it is through this active conversation that deeper understandings of phenomena could emerge.

This example suggests that Martina’s DS became a richer representation of the phenomenon of touch than she could have produced in response to questions from an investigator in a traditional research interview. Indeed, when DST is used as a research methodology, many participants indicate that “their stories were communicated in a way that could not be achieved through interview-based research alone” (de Jager, et al., 2017, p. 2571). By exploring the topic of touch through a facilitated digital storytelling experience and using visual imagery and auditory cues in addition to language, Martina’s experience was opened to a multiplicity of interpretations that, when combined, could yield greater potential to cultivate a deep understanding of the topic. This prompts a question: If the purpose of a philosophical hermeneutic (PH) research project is deeper understanding of a phenomenon, could a DS cocreated with a facilitator or researcher be viewed as data in health research? In health research methodologies that are founded in a realist philosophical and epistemological foundation. Many authors have addressed a similar topic (e.g., crafting stories or the space between a word that is expressed and its meaning, “though not exclusively.”) How else could data be gathered in a PH health research study, and what aspects of hermeneutic philosophy allow for a multiplicity of data generation techniques? Furthermore, what can be considered “data” in PH health research and why would the words “data” and “analysis” be used in this context in the first place? This single sentence highlights the uniqueness of PH health research and illustrates the tension that exists between this research tradition and the dominant research paradigms of our day.

In this article, we explore the concepts of data and story in the context of PH health research beginning with an investigation into the etymology of these words. Then, we explore the ontological and epistemological assumptions of Gadamerian PHs to further elucidate how a PH methodology could include cocreated DSs as data in health research. Finally, we end with an exploration of how viewing DSs as data could enhance a PH health research study. Our goal is to demonstrate that the history and underlying assumptions of PH research allow for cocreated stories, such as DSs, to be viewed as data in a similar way as the traditional verbatim interview transcript used in other types of qualitative health research. Although other authors have addressed a similar topic (e.g., crafting stories in hermeneutic research; Crowther et al., 2017; the exploration of the ontological and epistemological differences of qualitative and quantitative health research paradigms; Moules et al., 2017, and have employed apt theoretical perspectives in both the co-creation and analysis of DS in health-related research (e.g., Rice, Chandler et al., 2018; Rice, LaMarre et al., 2018; Viscardis et al., 2019), to our knowledge, a PH methodology is not commonly used in DST-inspired health research. We believe a deeper theoretical and philosophical exploration of the synergy between DST and PH health research methodology is warranted.

**Story and Data: How Might These Words Be Understood**

A hallmark of PH research is the phraseology used in the research question that often begins with the words “how might we understand” (Moules et al., 2015). This wording demonstrates a focus on possibility and understanding, not explanation, as well as an awareness of the provisional and negotiated nature of knowledge (Gadamer, 1960/2004) and the surpluses of meaning in all language (Ricour, 1976). As PH is concerned with the “vital instability of the ‘word’” (Davey, 2006, p. xv), or the space between a word that is expressed and its meaning (Ruparell, 2017), an etymological exploration of the words “data” and “story” is an important place to start the discussion. How might we understand story? How might we understand data? Language is historically situated, generative, and constantly shifting (Ricour, 1976), and an understanding of the genesis of these words can provide insight into their meaning and relationship with PH health research.

**Data: Things Assumed and Things Given**

According to the *Oxford Dictionary of Word Histories* (Chantry, 2004), the word “data” came into common usage in the mid–17th century in philosophical literature where it referred to “things assumed to be facts” (loc. 3712). Through the influence of positivism in the 19th and 20th centuries, data began to lose the connotation of assumption and instead came to mean simply “fact or information,” with the postpositivist movement
of the 21st century bringing it back closer to its original meaning (Crotty, 1998). While a narrow interpretation of data as “fact” might be valid in certain natural or biomedical sciences, in any social research, including health research, involving human beings, the speculative nature of data must be acknowledged (Dilthey, 1900/1986). We cannot know the inner world of human beings with certainty as all language, which is to say all communication, is only a reflection or approximation of the inner experience (Dilthey, 1900/1986). Even modern quantitative health research is founded on probability-based, inferential statistics (null hypothesis testing) and therefore can never provide positive “proof” of any piece of data, only a probability that the opposite is unlikely (Moore et al., 2010). From this position, it could be proposed that in health research all numbers (quantitative) and words (qualitative) collected and treated as data are “things assumed.” Therefore, both methods could provide equally valid ways of exploring phenomena despite their philosophical and methodological differences.

Continuing the etymological exploration, data are the Latin plural of datum which means “something given” (Chantrell, 2004, loc. 3724) and comes from the Proto-Indo-European root *do- meaning “to give” (Online Etymology Dictionary, n.d.). Inherent in this etymology is a requirement of multiple actors; for something to be given, it must also be received. In this conceptualization, a piece of data is a dialogue. A participant interprets a question from the researcher and responds. The researcher then receives that response as data in numbers or words and interprets it in the analysis. In this way, despite differences in philosophies and methodologies, the fundamental dialogical nature of data is the same for both qualitative and quantitative health research. This could mean that in no health research scenario can the researcher be a purely objective observer of the health-related phenomenon being studied; a researcher always already influences the data being collected through the questions she or he asks. In hermeneutic research, the questions asked and the “leads” followed by the interviewer directly influence the data that are collected and available for analysis (Moules et al., 2015). In population-level epidemiological studies, this happens indirectly but happens nonetheless as the questions are defined by the researcher, then interpreted and responded to by participants (Oleckno, 2008) before being collected, analyzed, and interpreted again by the researcher. In each example, the researchers influence the data that are collected and analyzed through the questions they ask. As Moules et al. (2015) stated, “Scientific research, properly conducted, may be objective but the questions it addresses are ‘always already’ implicated in networks of historical and value-laden meaning” (p. 37). In this way, all health research data, both quantitative and qualitative, are always already cocreated; all health research data could be viewed as a dialogue.

At this point, it is important to ask, if health research data are a dialogue, is it possible that there are better ways for researchers to engage in this conversation? It would seem so as both qualitative and quantitative methods have a formal and informal hierarchy of data quality (Rodgers, 2005). In PH health research, like other research traditions, it is possible to collect poor-quality data that do not cultivate a deeper understanding of phenomena (Moules et al., 2015). For this reason, we believe that there could be particular PH health research settings where a DS could provide better data than through the traditional semistructured interview. Exploring the etymology of the word “story” will add further philosophical support to this claim.

**Story: Seeing Together**

The word “story” is a Middle English word from the late Latin *storia*, which is a shortening of *historia*, meaning history, account, or chronicle (Story, n.d.). Story initially was used to indicate “a historical account or representation” (Chantrell, 2004, loc. 13158) or a “recital of true events” (Story, n.d.) and was not differentiated from history until the 1500s when it took on a sense of “narrative of fictitious events meant to entertain” (Story, n.d.). The Proto-Indo-European root of *historia* is *weid- “to see” (History, n.d.).

In its foundation, the purpose of all health research is “to see” and understand health-related phenomena so that health can be improved. If it is assumed that all health research data are cocreated (dialogic), it can be said that the purpose of health research is “to see together” the phenomena of interest. Seeing together offers an alternative to the prevalent postpositivist approach, where it is assumed a dispassionate, objective observer collects data on naive research subjects (Rodgers, 2005). From a hermeneutical lens, however, it is an appropriate characterization; both the participant and the researcher are constantly remembering and interpreting their experience of the health phenomena throughout the dialogue inherent in data generation and analysis. More recent research methodologies, such as participatory action research (Koch & Kralick, 2006), emphasize health research as “seeing together” (i.e., the dialogical, co-creative nature of research), but, in the hermeneutic tradition, the cocreated nature of knowledge and understanding have been understood for over a thousand years (Grondin, 2004). Our historically effected consciousness, meaning the collective and personal history that influences the way we interpret the world around us (Gadamer, 1960/2004), makes sure that we are always already seeing together whether we realize it or not, as we can never step outside of our shared language and history (Gadamer, 1960/2004); we are perpetually situated in the story.

The idea of health research as seeing together connects directly to the purpose of sharing a story which, based on the etymology, primarily functions as a way for us to see and to understand specific phenomena or events through the experience of others. In the storytelling experience, the narrator and listener are both stepping back from the “lifeworld” (Husserl, 1936/1970), or their “unthinking immersion in the world” (Moules et al., 2015, p. 21), so that they can together reexperience an event and reflect on its many potential meanings. Through his discussion of the concept of fusion of horizons, Gadamer (1960/2004) explained how each story holds many potential meanings because our current personal and collective horizons, or “angle of commitment” (Moules et al., 2015, p. 48),
are constantly shifting. This possibility of many meanings provides more potential for new understandings of a phenomenon, and therefore, any data that hold open the potential for many meanings can be valuable in PH health research. For this reason, the analysis of DSs as data, which embodies many of the creative, generative, and interpretive aspects of storytelling through its use of metaphor, symbolism, and motif, could be a productive way of engaging in research of health phenomena.

**Unconcealment**

As a hermeneutical health researcher, it can be necessary to speak the language of the dominant academic paradigm to be understood, while at the same time uncovering what has been lost in the current interpretations of this terminology. Unconcealment of what has been hidden is a core value of the hermeneutical consciousness (Heidegger, 1927/1962). Etymology has revealed that data have not always held the connotation of numbers or pieces of information or even “fact” as it currently does in the current health research lexicon. Neither has a story always meant a fictitious relating of events for entertainment. Viewed through this historical lens, all health research data could be seen as equivalent in that the stories and words of research participants can help us to see together social phenomena of interest in the same way that experiments, tests, numbers, and statistics help us to see together biomedical phenomena. Indeed, the idea that both researchers and research participants are necessarily and unavoidably active in the creation of meaningful data is not a new concept (Holstien & Gubrium, 1995).

Although exploring the meaning of the words “data” and “story” could be an entire study unto itself when viewed as concepts that cut across history, culture, and academic discipline, this brief etymological exploration brings the meaning of these words closer together in a health research context. It is possible to both see and understand health phenomena through a cocreated DS, and for this reason, we believe it is possible to view DSs as qualitative health data in and of themselves. However, this etymological conclusion only finds fit within a certain set of ontological and epistemological assumptions. It is these assumptions to which we now turn.

**The Story of Data: From Ontology to Epistemology, and Beyond**

There have been many philosophical treatises written on ontology (i.e., the nature of reality or “what is”) and ongoing areas of discussion and debate, but for the purposes of this discussion of the nature of data and stories, we will only address the two broadest ontological categories: realism and idealism. Realism refers to the ontological notion that “realities exist outside of the mind” (Crotty, 1998, p. 9), while idealism states that “what is real is somehow confined to what is in the mind, that is, it consists only of ‘ideas’” (Crotty, 1998, p. 64). We believe that Gadamer’s (1960/2004) PH ascribes to a realist ontology as evidenced through his philosophical exploration of universality and finitude in language. Through Gadamer’s discussion of these concepts, it is clear that he believed that things exist before they are put into language and also exist despite having no language to describe them. Furthermore, despite language presenting a horizon of infinite possibility, “any given word, statement, text, or interpretation is finite within the world of meaning” (Moules et al., 2015, p. 36). In a health research context, it could be said that a topic or health phenomenon was already present before the researcher arrived and will continue beyond any present interpretation that is offered by the researcher (Moules et al., 2015). If one assumes that the life of a phenomenon exists beyond our interpretations of it, then it follows that there is an external world that exists outside of our mind. Similar to the ontology of postpositivist research traditions that dominate health research and practice, PH maintains the assumption of an objective world “out there” and recognizes the possibility of objective data. However, the possibility of grasping this objective data is where PH begins to diverge. The primary split between the modern received view of science and PH begins with epistemology.

Again, there are many philosophical debates on epistemology, or “how we know what we know” (Crotty, 1998, p. 8), but the basic epistemological positions of concern in this discussion are objectivism and subjectivism. Objectivist epistemology states that “meaning exists in objects independently of any consciousness” (Crotty, 1998, p. 10), while subjectivist epistemology maintains that meaning “is imposed on the object by the subject” (Crotty, 1998, p. 9). Postpositivist research traditions embody a realist ontology and objectivist epistemology by stating that there is an external world that can be explored objectively by removing most, if not all, meaning that may be imposed on an object (i.e., bias). Alternatively, Gadamer’s PH embodies a realist ontology and subjectivist epistemology by asserting that although there is an external world, it is not possible to explore it objectively as our historically effected consciousness ensures that we can never completely remove all preunderstanding from an object. According to PH, researchers should instead embrace the possibilities for deeper understanding that the unrecognizable biases of our shared language and history has bequeathed us. Alternatively, the philosophical position of postpositive research traditions would discount a DS as legitimate data because in the data generation process (i.e., conversing, writing, image selection, video editing) the researcher could not remove, or bracket, their experiences. Consequently, when viewing DSs as data, researchers in the postpositivist tradition naturally ask, “Whose voice is it really?” In contrast, a PH health researcher could view DSs as data since it is assumed that it is impossible to remove ourselves from the data and we are always already implicated in it. PH researchers ask instead, “Can it cultivate understanding?”

In some ways, the PH perspective is closer to the original dialogical notion of data as “something given.” Similarly, the etymological implications of story as “seeing together” are more closely aligned PH. Taken together, this opens the possibility of a multiplicity of data generation techniques...
including DSs. However, two questions relevant to using digital storytelling in PH research remain: Why would one want to collect data through a DS? and what possibilities could it offer that a research interview does not?

**DSs as Data: Implications for Understanding**

In his essay, *The Universality of the Hermeneutical Problem*, Gadamer (1966/2007) questioned the methodical approach to life, particularly the assumption that modern research methodologies provide access to undistorted data. He argued that a hermeneutical consciousness can see what is questionable in unquestioned method (Gadamer, 1966/2007), and this discussion provides justification for PH health research refusing a definite method. In studies guided by PH, the way to pursue understanding of a phenomenon should be determined by the phenomenon (Moules et al., 2015), and by extension, the data that could provide a better understanding of a phenomenon is the data that should be collected. Moules et al. (2015) stated:

> Everything is potential data if it helps to further the interpretation of the questionability of the topic. Data may come in the form of photographs, art, poetry, textbooks, policy, newspaper articles, scholarly literatures, philosophical texts, literary texts, conversations, or any other medium. (p. 83, emphasis added)

Using this PH conceptualization of data, a health phenomenon might be best understood not only through the verbal stories captured in an interview but also through the images selected to illustrate the story, the music used to set a mood, and the way all these pieces are combined in a DS. If DSs are data, then digital storytelling is the process of creating and collecting, or generating, that data. We offer three reasons that digital storytelling as a data generation tool in health research may help provide a deeper understanding of health-related phenomena: (a) cultivating understanding through genuine conversation, (b) addressing the challenges of language, and (c) apprehending the immediacy of understanding.

**Cultivating Understanding Through Genuine Conversation**

A genuine conversation is described as “never the one we wanted to conduct” (Gadamer, 1960/2004, p. 401), and according to Gadamer, “the more genuine a conversation is, the less its conduct lies within the will of either partner” (1960/2004, p. 401). Gadamer (1960/2004) asserted that it is through genuine conversations that the event of understanding is most likely to occur. Therefore, in PH health research, a data generation process that moves closer toward a genuine conversation experience could produce a deeper understanding of a phenomenon. Moules et al. (2015) stated that a research interview cannot be a genuine conversation because of its predetermined topic and purpose, however, we believe it could be possible for different qualitative data generation techniques to move closer toward the conditions of a genuine conversation. Digital storytelling could be one such data generation process.

When creating a DS, it is necessary to start with the broadest possible topic and purpose so that creative possibility is maintained. When this broad topic and purpose is maintained, the events, images, and theme of the story surface through the conversation between participant and researcher (Gubrium et al., 2014). Often, life events that may seem random or unrelated can be drawn into the story to produce powerful metaphors and imagery that cultivate a deeper understanding of the phenomenon in both the participant and researcher. In this way, the unstructured conversation inherent in the digital storytelling co-creation process could provide a possibility of understanding that goes beyond what a standard qualitative interview could produce.

Martina’s story is a good example of how the digital storytelling process can move closer toward a genuine conversation. Martina had many formative experiences that shaped her understanding of touch, but these experiences had been left unquestioned. It was through the conversation with the facilitator, and the subsequent writing and building of her DS, that these experiences became meaningful. In this process, the facilitator was not simply a passive observer but took an active role in drawing out these unquestioned stories and working together with Martina to connect them in a cohesive story. In this situation, the only purpose of the interaction between Martina and the facilitator was to create a DS that explored her role as a caregiver, and neither was sure of what would be produced. It was in conversation that both Martina and the facilitator came to understand that the DS should be about the phenomenon of touch as a caregiving act in a medical setting. Digital storytelling is a fundamentally different process than the traditional structured or semi-structured qualitative interview which are predicated on a specific topic with a list of questions established in advance. DS creation could be another tool for PH health researchers to move toward the conditions of Gadamer’s (1960/2004) genuine conversation.

**Addressing the Challenges of Language**

Gadamer (1960/2004) stated, “Being that can be understood is language” (p. 490). By this, we believe he was saying language can function as a lens that makes reality, or a phenomenon, more intelligible. Conversely, if someone does not fully understand a phenomenon, they may not have the language to express their thoughts. This presents a challenge in qualitative health research as participants may not understand their own experience of the phenomenon being explored and therefore be unable to communicate it verbally to the researcher in an interview (Glegg, 2019). In Martina’s example, she was not able to express some of her thoughts about touch, but when asked “What does that look like?” and given the opportunity to look through images that could be related to touch, she was able to point out an image that resonated and then explain why. Through this process, an image of a steaming cup of tea on a
kitchen table helped her understand that she appreciates the personal touch inherent in family medicine.

According to Gadamer’s quote above, language is not just words and phrases, it includes anything that contributes to an understanding of being. Through the creation of a DS, the participant and the facilitator can play with metaphor, imagery, and symbolism to further their understanding of a phenomenon. The ability to visually associate something they do understand with another thing they cannot yet articulate can foster a deeper understanding which is then concretized in the DS itself.

**Apprehending the Immediacy of Understanding**

There is an immediacy of understanding that occurs in all conversations with another human being in front of you as words, gestures, intonation, facial expressions, and the back-and-forth play of conversation all combine to make the intended meaning of the speaker explicit (Grondin, 1994). However, this immediacy of understanding is lost in written communication and the intended meaning of the authors must be interpreted. The fundamental challenge of textual interpretation concerns how we can apprehend the immediacy of understanding that occurs in conversation (Schleiermacher, 1829/1986). For this reason, in PH research, interview transcription could include stutters, silences, or “ums,” and “ahs” in an attempt to capture both the verbal and nonverbal communication that occurs in a conversation (Moules et al., 2015). Interpretive memos and field notes can contain further information about the conversations themselves (Moules et al., 2015); however, this does not overcome the challenge of interpreting words that are decontextualized from the immediate experience.

In this context, we believe that the DS co-creation process can capture the immediacy of understanding, as the DS itself contains the distilled understanding and meaning from the conversations that created it. The historical encounter is embedded in the DS in the same way that it is embedded in written text; however, through a DS, there are more ways to connect with the intended meaning of the authors (e.g., images, music, and composition). The DS is the verbatim transcript, interpretive memo, and field note all in one. A DS apprehends the immediacy of understanding within itself while at the same time opening interpretive potential through the artistic incorporation of metaphor, imagery, and symbolism. In this way, a DS can be both a closer representation of the author’s intent and, at the same time, open up significant interpretive potential to cultivate a deeper understanding of a phenomenon. Data shared in a DS are powerful and can effectively restore phenomena to their original complexity. If the goal of hermeneutics is “not to have the last word, but to keep the conversation going” (Moules et al., 2015, p. 68), then the question becomes how and where to enter the discussion. Based on our experiences with DST in a health research setting, we believe that DSs are a compelling way to enter a conversation and keep it going.

**Aletheia: Turning Around Digital Storytelling in PH Health Research**

Perhaps more than anything, the PH of Gadamer emphasizes the provisional, unfinished nature of knowledge and all the intractable mystery and constant possibility that this entails (Caputo, 1987). PHs “strives to keep itself open to the mystery and it commits to be true to the movement back and forth that occurs in play” (Moules et al., 2015, p. 7). The philosophical and methodological concepts of PH embody the humility and constant movement that is essential to understanding (Davey, 2015), but perhaps no more so than in the idea of truth as unconcealment, expressed in the Greek word _aletheia_ (Heidegger, 1927/1962). _Aletheia_ is “the event of concealment or unconcealment” (Caputo, 1987, p. 115) and emphasizes that when something is revealed, something else is unavoidably covered over, in the same way that one side of a coin is always hidden from the eye as it is turned around. Through this concept of _aletheia_, PH requires us to end this discussion by exploring the challenges and limitations of DSs as data in PH health research and briefly explore the other methodological approaches health researchers have used in conjunction with DST.

First of all, using DSs as data in PH health research requires that a certain level of rigor be maintained in the digital storytelling process itself. Skilled facilitation is required for the data generation (i.e., digital storytelling) process to move toward the conditions of a genuine conversation and create DSs that address the challenges of language and apprehend the immediacy of understanding (Gubrium et al., 2016; Laing et al., 2019). Secondly, there are significant ethical considerations to address when using digital storytelling as a PH data generation tool. The issues of consent, de-identification, storyteller well-being, and public dissemination are just some of these challenges (Gubrium et al., 2013). Thirdly, there are certain health research topics and contexts that may not be amenable to a DST data generation process (Moreau et al., 2018). While we recognize that digital storytelling may not be productive, or even ethical, in all health research situations, we maintain that when enacted skillfully and ethically, in the right context, with the right topic, it can be a fruitful PH health research data generation tool. Finally, both the short length of a DS and promoting the equivalence of “stories” and “data” in PH health research could be seen as reductionist when researching complex health phenomena. In response to the first critique, we align with other researcher/practitioners who view the DST process not as a reduction, but a distillation of meaningful life experience into a potent form which effectively promotes hermeneutical excess and opens up greater possibilities for understanding and praxis (Douglas et al., 2019; Rice, Chandler et al., 2018). Similarly, the etymological equivalence of data and stories as “seeing together” does not reduce either to the other but highlights the cocreated nature of all health research, opening up potentialities to gather experience and cultivate deeper understanding of health phenomena.

Recently, there has been a significant increase in the number of health researchers utilizing DST (de Jager et al., 2017).
There are numerous research methodologies employed across diverse theoretical perspectives such as constructionism (Parsons et al., 2015; Robertson et al., 2012; Shin, 2016; Wang & Zhan, 2010; Yang & Wu, 2012), critical inquiry (Gubrium et al., 2013; Rice, Chandler et al., 2018), interpretivism (Christiansen, 2011; Laing et al., 2017a, 2017b; Rasmor, 2014), and feminism (DiFulvio et al., 2016; Gubrium et al., 2014; Lenette et al., 2015). Despite some researchers attempting to employ empirical tools in their health-related DST research (Goodman & Newman, 2014), the majority use qualitative interviews during and after the DST process as the primary data source (de Jager et al., 2017; De Vecchi et al., 2016). In this context, it is the comments about the DS or the DST process that are collected and analyzed, not the DS themselves. With a few notable exceptions (e.g., the disability and gender-focused research of the ReVision Center at the University of Guelph), DS are often presented as examples or illustrations of research themes, but they are not formally analyzed as “data” in the way that could be accomplished using a PH health research methodology.

Conclusion
In the same way that aletheia requires us to explore how viewing DSs as data could both reveal and conceal health-related phenomena, it also leads us to ask, in the great successes of health science and research over the past 200 years, What has been lost? What has been covered over? We believe that one of the important understandings that has been covered over is how all data in a health research context is always already co-created. If researchers are always already part of the process, and their historically effected consciousness, biases, and preunderstandings are always already embedded in the results of their research, we can ask the question of all research, “Whose voice is it really?” Perhaps our modern conceptualization of data has taken us as far as we can go in understanding certain health-related phenomena. It could be time to re-question our modern conceptualization of data as both reveal and conceal health-related phenomena.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Michael Lang’s doctoral studies are funded by the Canadian Institutes for Health Research, Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award, and the University of Calgary Eye’s High Doctoral Recruitment Award. Dr. Nancy Moules acknowledges Kids Cancer Care for their financial support of the Chair in Child and Family Cancer Care which she holds.

Notes
1. The video production referenced to is publicly available at www.storiesforcaregivers.com/project/4, and therefore, no pseudonym is used.

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