Telling Stories: Narrative Approaches in Qualitative Research

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There is a new attention across disciplines to narrative knowing—the impulse to story life events into order and meaning. In this paper, narrative is presented as a framework for understanding the subject and interview data in qualitative research. Examples of narrative approaches are offered, narrative analyses are contrasted with other kinds of qualitative analyses, and truth in narratives is considered.

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One mark of the turn away from positivism and toward interpretation in the behavioral and social sciences has been a renewed attention to the human "impulse to narrate" (White, 1980, p. 5). Mourning the devaluation of narratives as sources of knowledge, and emphasizing the moral force, healing power, and emancipatory thrust of stories, scholars across the disciplines have (re) discovered the narrative nature of human beings (Banks, 1982; Bell, 1988; Brody, 1987; Heilbrun, 1988; Polkinghorne, 1988). Many scholars now view physicians and patients, analysts and analysands, fieldworkers and natives, and researchers and subjects as partners engaged in the distinctively "historic and hermeneutic" (Banks, 1982, p. 23) activity of storytelling. Patients, analysands, natives, and subjects recount the events of their lives and narrate them into temporal order and meaning and physicians, analysts, fieldworkers, and researchers, in turn, narrate their versions of those lives in their clinical case studies, research reports and scientific treatises. Such diverse phenomena as ethnography (E. Bruner, 1986), psychoanalysis (Spence, 1982, 1987), the life course (Cohler, 1982), the life history (Peacock, 1984), the research interview (Mishler, 1986), the physician-patient relationship (Brody, 1987), developmental theories (Gergen & Gergen, 1986), and everyday explanations (Gergen, 1988) have been viewed as having traditions, forms and structures exemplifying the narrative, as opposed to the logico-scientific, mode of thought (J. Bruner, 1986).

Scientists under the influence of such interpretive traditions as phenomenology, hermeneutics, symbolic interactionism, and feminist and cultural criticism have developed a "literary consciousness" (Marcus, 1986, p. 262), assuming standpoints and employing techniques once distinctively associated with literary analysis and criticism. Newly preoccupied with forms of expression, literary devices, rhetorical conventions, and the reading and writing of texts of experience (including bodies, lives, and literature), scholars now see the story in the study, the tale in the theory, the parable in the principle, and the drama in the life (Bordo, 1990; Clifford & Marcus, 1986; Rosaldo, 1989; Ruby, 1982; Sacks, 1987; Suleiman, 1986; Turner & Bruner, 1986). Scientific texts, for example, have been viewed as Kuhnian tales where theories are presumed to be largely governed by prevailing plots and aesthetic forms (E. Bruner, 1986; Gergen & Gergen, 1986). Such literary devices and narrative conventions as the use of the third person and passive voice in typical science reports and the securing of method from results and from interpretation are deemed "anti-narrative" strategies that separate authors from their texts and mask the narrativity of science (Myerhoff & Ruby, 1982, p. 22).

The study of narratives has linked the sciences with history, literature and everyday life to reflect the increasing reflexivity that characterizes contemporary inquiry and furthers the postmodern deconstruction of the already tenuous boundaries among disciplines and realms of meaning (Ruby, 1982).

This (re)conceptualization of human beings as narrators and of their products as texts to be interpreted constitutes a potentially critical moment for nursing scholars (especially those engaged in qualitative inquiry) because it reveals, and suggests solutions for, analytic problems that have typically been disguised in conventional theory-and-method debates about objectivity and validity. These analytic problems involve the ambiguous nature of truth, the metaphoric nature of language in communicating a putatively objective reality, the temporality and liminality of human beings' interpretation of their lives, the historical and sociocultural constraints against which individuals labor to impart information about themselves to other individuals who, in turn, labor to listen, and, most significantly, the inherently contradictory project of making something scientific out of everything biographical (Barthes, 1982a; Geertz, 1988).

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Narrative approaches to the study of lives reveal the extent to which these problems have been conditioned by empirical rather than narrative or biographical standards of truth and by a preoccupation with obtaining information at the expense of understanding expression. Anthropologist James Peacock, for example, observed that the narrative patternning in life history is important in its own right, but has been ignored and “cannibalized to feed analyses at other levels” (1984, p. 96). Narrative analyses of texts force scholars to attend first to what is placed immediately before them — stories — before transforming them into descriptions and theories of the lives they represent. Narrative analyses reveal the discontinuities between story and experience and focus on discourse: on the tellings themselves and the devices individuals use to make meaning in stories. By contrast, analytic techniques, such as content analysis and constant comparison (as typically used in nursing research) that emphasize informational content, assume a close correspondence between a telling and the experience that is told and ignore such features of talk as asides and the storied placement (as opposed to actual sequencing) of events. Narrative as an interactive and interpretive product is the focus even before it becomes subject to the researcher’s purposes. The interview and the research report need to be rescued from efforts to standardize and scientize them and be reclaimed as occasions for storytelling (Denzin, 1989a; Mishler, 1986). Because lives are understood as and shaped by narratives, narrative approaches to inquiry parallel the ways individuals inquire about experience (Cohler, 1982) and, in a sense, naturalize (or remove some of the artifice from) the research process.

Like other scholars practiced in the empirical realm but drawn to the aesthetic and synoptic visions of literature and history by virtue of their human subject matter, we nursing scholars remain largely “literary innocents.” (Geertz, 1988, p. 24) unschooled in the techniques of the historian and biographer, and only marginally concerned with the reflexivity and silences of talk (Barthes, 1982). Recent nursing publications have addressed the dilemmas of discourse (Dickson, 1990; Hays, 1989) and nurses conducting qualitative studies typically create conditions in which stories are told; yet, we have not explored directly the storied nature of human interpretation and placed it at the center of our analyses. Accordingly, in this paper I consider narrative as a framework for: a) understanding the human being as subject of nursing inquiry; b) conceptualizing the interview; and c) analyzing and interpreting interview data. Although narrative knowing assumes that all the parties in inquiry — research subjects, researchers, and readers of research — are narrators and places them in a hermeneutic circle of interpretation, I focus here on issues distinctively related to research respondents as narrators and on the interpretive possibilities for nursing in their narratives. I begin with a necessarily abbreviated overview of narrative knowing.

In Search of Stories

A prevailing conceptualization of narrative is that it is one of many modes of transforming knowing into telling (Mishler, 1986). Competing views of narrative are that it is the paradigmatic mode in which experience is shared and that experience itself is storied, or it has a narrative pattern. Human beings are “immersed in narrative,” telling themselves stories in a “virtually uninterrupted monologue” (Polkinghorne, 1988, p. 160) and tirelessly listening to and recognizing in their own stories the stories of others. Literary scholar Roland Barthes (1982b) noted the “prodigious variety of genres” constituting narratives that are present in language, image, gesture and myth, painting and conversation. Narratives assume many forms. They are heard, seen and read; they are told, performed, painted, sculpted and written. They are international, trans-historical and transcultural: “simply there, like life itself” (p. 252).

Narrativists across the disciplines have many views of what a telling must consist of to be labeled as narrative, variously emphasizing such factors as rhythm and pacing, time and place, human agency, categories of narrators and audiences, complicating action and plot (Bal, 1989; Chatman, 1978; Polkinghorne, 1988; Toolan, 1988). Literary critic Seymour Chatman (1978), for example, viewed narratives as having both content and expression that are manifested in different media, such as the novel, film or painting. Narratives are composed of a story or fabula, comprised of actions, happenings, characters, settings, discourse or plot — the way the story is communicated. The same story elements may accordingly, be differently plotted, resulting in a variety of narratives. (Nursing theories might be viewed as different narratives produced by different emplacements of nurse, patient, environment and health). Sociolinguist William Labov (1972) viewed a complete oral narrative as composed of an abstract, or what the story is about; an orientation, or the who, when, where and what of the story; some complicating action, or the then-what-happened; an evaluation, or the so-what; a resolution, or the what-finally-happened; and a coda, or a signal that the story is over and a return to the present (A conventional scientific research report, a clinical case study may be viewed as oral or written narratives).

Generally, narratives are understood as stories that include a temporal ordering of events and an effort to make something out of those events: to render, or to signify, the experiences of persons-in-flux in a personally and culturally coherent, plausible manner. Narration is a threshold activity in that it captures a narrator’s interpretation of a link among elements of the past, present and future at a liminal place and fleeting moment in time (Churchill & Churchill, 1982). Narrators are socially positioned to tell stories at given biographical and historical moments and under the influence of prevailing cultural conventions surrounding storytelling, the social context of narration and the audience for a telling (Bruner, 1984; Polanyi, 1985; Rosaldo, 1989). For example, Westerners expect stories to have beginnings, middles and ends that are meaningfully related to each other. What in one culture constitutes a story may in another constitute a lie (Toolan, 1988). What to one person constitutes a good story to live by (for example, the traditional marriage-and-children narrative for women) may to another person constitute a story that must be resisted (Heilbrun, 1988; Personal Narratives Group, 1989). Not surprisingly, the narrative conventions and audiences in everyday conversations differ from those in formal research or clinical interviews. Moreover, the relationship between teller and listener is generally asymmetrical in the conventional research or clinical interview situation, with the interviewer-listener typically dominant and often directing and even preventing or interrupting respondent-tellers’ narrative efforts (Agar & Hobbs, 1982; Fisher, 1988; Fisher & Todd, 1983; Mishler, 1984, 1986; Todd, 1989).
In tellings, events are selected and then given cohesion, meaning and direction; they are made to flow and are given a sense of linearity and even inevitability. The problem of telling is illuminated when it is understood as the necessity of communicating the seeing-things-together as one thing-after-another (Polkinghorne, 1988; Rosaldo, 1989). Literary theorist Frank Kermode observed how advantageous it was to find in life the simplicity of narrative order; to be able to say that when one thing happened, another thing happened. The mind is put to rest by the illusion of sequence and order, the appearance of causality and the look of necessity (1967, p. 127). Narratives (like scientific theories) tidy things up — things that in real life may (or even ought to) be left lying awkwardly around (Humm, 1989, p. 52). Narration, therefore, constitutes a kind of: a) causal thinking, in that stories are efforts to explore questions of human agency and explain lives; b) historical (as opposed to scientific) understanding that events cannot be explained except in retrospect; c) moral enterprise, in that stories are used to justify and serve as models for lives; and a kind of d) political undertaking, in that individuals often struggle to create new narratives to protest a perceived storylessness in the old ones (Freeman, 1984; Heilbrun, 1988; Robinson & Hawpe, 1986, Rosaldo, 1989).

The imposition of a narrative order on life illuminates the differences among what anthropologist Edward Bruner (1984) called a life-as-lived (what actually happened), a life-as-experienced (the images, feelings, desires, thoughts, and meanings known to the person whose life it is), and a life-as-told (a narrative). Persons would have to be letter-perfect copies of their culture, with no discrepancies among outer behavior, inner state, and, most importantly, how they chose to characterize these behaviors and states in stories, for there to be an ideal correspondence among their three lives. A life history, or self-story, or any personal account is still a story, a representation of a life at a given moment rather than the life itself. Moreover, these representations do not simply represent, but rather (re)construct lives in every act of telling for, at the very least, the outcome of any one telling is necessarily re-telling.

Narrative Techniques

Narratives have been studied from a variety of perspectives. Mishler (1986) summarized analyses of spoken narratives as emphasizing: a) textual matters, or the syntactic and semantic devices internally connecting parts of the text; b) ideational matters, or the referential meaning of what is said; and c) interpersonal matters, or the role relationships between teller and listener as reflected in speech. Narrative analyses have incorporated sociolinguistic, ethnomethodological and phenomenological techniques (Agar & Hobs, 1982; Paget, 1982; Swartz & Swartz, 1987).

Narrative research can also be categorized as descriptive and explanatory (Polkinghorne, 1988). In descriptive narrative research, the researcher may seek to describe: a) individual and group narratives of life stories or particular life episodes; b) the conditions under which one storyline, or employment and significaion of events, prevails over, coheres with, or conflicts with other storylines; c) the relationship between individual stories and the available cultural stock of stories; and d) the function that certain life episodes serve in individuals' employment of their lives. In explana-
of infertility stories, and as a member of a pronatalist culture that pities couples unable to conceive, views the achievement of pregnancy as the best resolution to infertility and values persistence in the pursuit of goals until success is achieved.

In contrast, one of the respondent couples (especially the wife) protested the familiar cultural narrative that married couples and, most particularly, women, want children of their own, that infertility is tragic and adoption is a second-best way to become a parent. This couple's story stood out from the others because infertility never functioned as a factor moving them away from a goal (biological parenthood), but rather as one moving them toward a goal (alternatively presented as voluntary childlessness or adoptive parenthood). This couple's narrative was characterized by a we-are-different trope; they viewed themselves as different from other infertile couples in always being more attracted to adoption than pregnancy as a means of achieving parenthood, in having experienced ambivalence toward having children at all, and in feeling less anxious about having to wait for a child to adopt than other infertile and adopting couples. Moreover, their characterization of themselves as different rang true when they mentioned that friends had told them that infertility had happened to the right couple because of their low investment in pregnancy. Significantly, this couple's story revealed their recognition of, but protest against, typical infertility stories in which infertility is plotted as a negative event.

In searching for emplotments, researchers look for the ways respondents (re)sort life events to create differently formed narratives, for a story once told as a tragedy can become a romance or comedy in another telling. Narrative forms reveal individuals' construction of past and future life events at given moments in time. Analysts can look for model and variant forms in individuals experiencing common events (pregnancy, illness, hospitalization). Reversals in story lines and the steepness of up-and-down slopes can be indicators of the intensity and drama with which events are experienced as well as illuminate critical moments in which changes in health and wellbeing are likely to occur. For example, infertile couples often experience the achievement of pregnancy as a sudden reversal and, consequently, suffer from shock, disorientation and a sense of disbelief that may delay acceptance of pregnancy. In addition, infertile couples may experience the period of pregnancy as a move to happier times, to being on-track with other pregnant couples or as troubled as the preconceptional period. In the former instance, pregnancy constitutes a reversal to good times; in the latter instance, pregnancy constitutes turmoil as usual.

Descriptive narrative research can also reveal how respondents explain their situations. For example, employing a narrative framework based on Arthur Kleinman's (1980, 1988) conceptualization of explanatory models and Gareth Williams' (1984) configuration of narrative reconstruction, we described how infertile couples used two critical references — the presence or absence of a child, and the timing of these presences or absences in relation to infertility — to construct explanations of infertility that resolved its medical and cultural paradoxes. (Sandelowski, Holditch-Davis, and Harris 1990) The narrative framework offered a satisfactory solution to the analytic problem of capturing the momentary and liminal nature of these couples' explanations.

In contrast to narrative research that aims to describe the nature and function of stories, the goal of narrative explanation is to provide an intelligible, coherent, and verisimilar rendering of why something happened that is well grounded and constitutes a supportable description of events (actions and intentions). Explanatory narrative research (exemplified in history, investigative journalism and psychoanalytic therapy, but typically not used in the sciences), is retrospective and retrodictive in that: a) certain events in the past are interpreted as hanging together by being narrated into a story with a beginning, middle, and end; and b) a story must be ended before it can be explained. A life event is not explainable while it is happening; only when it is over can it become the subject of narration. The researcher is interested in cause — in presenting an explanation of an end or outcome — by locating those critical moments of human action and intention when the story could have ended differently. Employing a what-if strategy, the researcher looks for what has happened and imagines what has not happened by asking such questions as: what if this particular action had not been taken? what if that particular motivation had not been operative? Would the outcome have changed (Polkinghorne, 1988)? For example, an important question in the study of infertility is why some couples quickly terminate medical treatment for infertility while other couples remain in treatment for years without achieving conception. Explanatory narrative research suggests an alternative to statistical techniques for establishing cause and claims the concept of cause from formal science. Moreover, narrative explanations exhibit rather than demonstrate causal connections by clarifying the significance of events (including perceptions, motivations and actual occurrences) in relation to a pre-selected end (Polkinghorne, 1988). Such explanations may ultimately be useful in making predictions (a typically scientific aim), but the larger objective of narrative explanation is not so much to foretell as to tell and re-tell: to provide an insight only possible when looking back (Freeman, 1984).

Although analyses of narratives in oral accounts elicited in the course of interviews is new and needs much development and refinement for nursing projects, they are potentially very useful for grabbing fleeting configurations of wholes, for capturing the continuity and change in the phenomena nurses researchers most often study and for dramatically engaging informants with a project in which they are already engaged by virtue of being human: storytelling. Moreover, the method contributes to the phenomenological mission of nursing inquiry: the understanding of lives in health, illness, and transition.

In Search of True Stories

I regret the replacement of Literature by Science as Clio's closest ally. Research has been substituted for imagination; the True has fallen victim to the Actual (Treman, 1983, p. 134).

In the narrative context, the concept of truth (like the concept of cause) is reclaimed from logical positivism (Polkinghorne, 1988). Narrative truth is distinguished from other kinds of formal science truths by its emphasis on the life-like, intelligible and plausible story. Stories typically reflect a coherence (as opposed to correspondence) theory of truth in that the narrator strives for narrative probability — a story that makes sense; narrative fidelity — a story
consistent with past experiences or other stories; and aesthetic finitude — a story with satisfactory closure and representational appeal (Brody, 1987; Spence, 1982). Narrators, in a "remembering moment," (Spence, 1982, p. 31) strive to achieve the most internally consistent interpretation of the past-in-the-present, the experienced present and the anticipated-in-the-present future. Tellings are remembrances, retrospections and constructions about the past in a fleeting present moment soon to be past (Freeman, 1984, p. 4).

Located in a hermeneutic circle of (re)interpretation, narratives with common story elements can be reasonably expected to change from telling to telling, making the idea of empirically validating them for consistency or stability completely alien to the concept of narrative truth. Misguided efforts to verify findings (for example, the use of test-retest and interrater reliability kind of measures) suggest a misplaced preoccupation with empirical rather than narrative standards of truth and a profound lack of understanding of the temporal and liminal nature and vital meaning-making functions of storytelling. Extending Jerome Bruner's (1986) observation, what preoccupies the storyteller and audience (here, the subject and researcher) is not how to know truth, but rather how experience is endowed with meaning.

If the concept of narrative effaces the distinctions between story and study and literature and science, it also illuminates the artificial distinction between truth and fiction. Anthropologist Clifford Geertz (1988) noted the longstanding Western confusion of the imagined with the imaginary, the fictional with the false, and the making-things-out with making-things-up (p. 140). Sociologist Norman Denzin (1989a, 1989b) observed that a life story is a fictional (often literary) production, something made up out of experience. He defined (auto) biographical truth as agreement within a community of minds with events believed to have occurred (facts) and with how these events were experienced by interacting individuals (factualities). Fictions are not opposed to truths in the narrative context, but rather they are truths within the stories that contain them. Narratives are truthful fictions, but fiction is itself linked to interpretation in that all interpretation (even scientific explanation) involves human fabrication; the making out of what happened and the making up of what something means. As writer Annie Dillard (1982) observed, all interpretations (meaning all mental activity) "miss their mark or invent it, make it up. Humanity has but one product, and that is fiction" (p. 148), with various fictional enterprises (whether stories or theories) having different rules for their fabrication.

Toward a New Narrative in Qualitative Analysis

A decision to view respondents in qualitative research as narrators and interview data as stories poses new problems but also provides new opportunities for nursing research. Narrative approaches move us to develop some of the analytic sensitivities and skills of the literary critic and historian. A narrative framework affords nursing scholars a special access to the human experience of time, order, and change, and it obligates us to listen to the human impulse to tell tales.

References


