



# University of HUDDERSFIELD

## University of Huddersfield Repository

Riessman, Catherine Kohler

Narrative Analysis

### Original Citation

Riessman, Catherine Kohler (2005) Narrative Analysis. In: Narrative, Memory & Everyday Life. University of Huddersfield, Huddersfield, pp. 1-7.

This version is available at <http://eprints.hud.ac.uk/id/eprint/4920/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: [E.mailbox@hud.ac.uk](mailto:E.mailbox@hud.ac.uk).

<http://eprints.hud.ac.uk/>

# 1 Narrative Analysis

CATHERINE KOHLER RIESSMAN

**Narrative analysis** in the human sciences refers to a family of approaches to diverse kinds of texts, which have in common a storied form. As nations and governments construct preferred narratives about history, so do social movements, organisations, scientists, other professionals, ethnic/racial groups, and individuals in stories of experience. What makes such diverse texts “narrative” is sequence and consequence: events are selected, organised, connected, and evaluated as meaningful for a particular audience. Storytellers interpret the world and experience in it; they sometimes create moral tales – how the world should be. Narratives represent storied ways of knowing and communicating (Hinchman and Hinchman, 1997). I focus here on oral narratives of personal experience.

Research interest in narrative emerged from several contemporary movements: the “narrative turn” in the human sciences away from POSITIVIST modes of inquiry and the master narratives of theory [eg. Marxism]; the “memoir boom” in literature and popular culture; identity politics in US, European, and transnational movements – emancipation efforts of people of colour, women, gays and lesbian, and other marginalised groups; and the burgeoning therapeutic culture – exploration of personal life in therapies of various kinds.

Embedded in the lives of the ordinary, the marginalized, and the muted, personal narrative responds to the disintegration of master narratives as people make sense of experience, claim identities, and ‘get a life’ by telling and writing their stories.

(Langellier, 2001: 700)

Among investigators there is considerable variation in definitions of personal narrative, often linked to discipline. In social history and anthropology, narrative can refer to an entire life story, woven from the threads of interviews, observation, and documents (eg. Barbara Myerhoff’s ethnography of elderly Jews in Venice, California). In sociolinguistics and other fields, the concept of narrative is restricted, referring to brief, topically specific stories organised around characters, setting, and plot (eg. Labovian narratives in answer to a single interview question). In another tradition (common in psychology and sociology), personal narrative encompasses long sections of talk – extended accounts of lives in context that develop over the course of single or multiple interviews. Investigators’ definitions of narrative lead to different methods of analysis, but all require them to construct texts for further analysis, that is, select and organise documents, compose FIELD NOTES,

and/or choose sections of interview TRANSCRIPTS for close inspection. Narratives do not speak for themselves or have unanalysed merit; they require interpretation when used as data in social research.

### **Models of Narrative Analysis**

Several typologies exist (cf. Cortazzi, 2001; Mishler, 1995). The one I sketch is a heuristic effort to describe a range of contemporary approaches particularly suited to oral narratives of personal experience. (On organisational narratives, see Boje, 2001). The typology is not intended to be hierarchical or evaluative, although I do raise questions about each. In practice, different approaches can be combined; they are not mutually exclusive and, as with all typologies, boundaries are fuzzy. I offer several examples of each, admittedly my favourites, drawn from the field of health and illness.

**Thematic analysis.** Emphasis is on the content of a text, “what” is said more than “how” it is said, the “told” rather than the “telling”. A (unacknowledged) philosophy of language underpins the approach: language is a direct and unambiguous route to meaning. As GROUNDED THEORISTS do, investigators collect many stories and inductively create conceptual groupings from the data. A typology of narratives organised by theme is the typical representational strategy, with case studies or vignettes providing illustration.

Gareth Williams (1984), in an early paper in the illness narrative genre, shows how individuals manage the assault on identity that accompanies rheumatoid arthritis by narratively reconstructing putative causes – an interpretive process that connects the body, illness, self, and society. From analysis of how 30 individuals account for the genesis of their illness, he constructs a typology, using three cases as exemplars; they illustrate thematic variation and extend existing theory on chronic illness as biographical disruption. His interview excerpts often take the classic, temporally ordered narrative form, but analysis of formal properties is not attempted.

Carole Cain goes a bit further (1991) in her study of identity acquisition among members of an Alcoholics Anonymous group, in which she uses observation and interviews. There are common propositions about drinking in the classic AA story, which new members acquire as they participate in the organisation; over time they learn to place the events and experiences in their lives into a patterned life story that is recognisable to AA audiences. She identifies a general cultural story, and analyses how it shapes the “personal” stories of group members – key moments in the drinking career, often told as episodes. By examining narrative structure in a beginning way, her work segues into the text type.

---

The thematic approach is useful for theorising across a number of cases – finding common thematic elements across research participants and the events they report. A typology can be constructed to elaborate a developing theory. Because interest lies in the content of speech, analysts interpret what is said by focusing on the meaning that any competent user of the language would find in a story. Language is viewed as a resource, not a topic of investigation. But does the approach mimic OBJECTIVIST modes of inquiry, suggesting themes are unmediated by the investigator’s theoretical perspective, interests, and mode of questioning? The contexts of an utterance – in the interview, in wider institutional and cultural discourses – are not usually studied. Readers must assume, when many narratives are grouped into a similar thematic category, that everyone in the group means the same thing by what they say. What happens to ambiguities, “deviant” responses that don’t fit into a typology, the unspoken?

**Structural analysis.** Emphasis shifts to the telling, the *way* a story is told. Although thematic content does not slip away, focus is equally on form – how a teller by selecting particular narrative devices makes a story persuasive. Unlike the thematic approach, language is treated seriously – an object for close investigation – over and beyond its referential content.

Arguably the first method of narrative analysis developed by William Labov and colleagues more than 30 years ago, this structural approach analyses the *function* of a clause in the overall narrative – the communicative work it accomplishes. Labov (1982) later modified the approach to examine first person accounts of violence – brief, topically-centred and temporally-ordered stories, but he retained the basic components of a narrative’s structure: the abstract (summary and/or point of the story); orientation (to time, place, characters and situation); complicating action (the event sequence, or plot, usually with a crisis and turning point); evaluation (where the narrator steps back from the action to comment on meaning and communicate emotion – the “soul” of the narrative); resolution (the outcome of the plot); and a coda (ending the story and bringing action back to the present). Not all stories contain all elements, and they can occur in varying sequences. Labov’s micro-analysis convincingly shows how violent actions (in bars, on the street, etc.) are the outcome of speech acts gone awry. From a small corpus of narratives and prior work of Goffman, he develops a theory of the rules of requests, which explains violent eruptions in various settings experienced by a diverse group of narrators.

An ethnopoetic structural approach is suitable for lengthy narratives that do not take the classic temporal story form. Building on work of Dell Hymes and others, James Gee (1991) analyses the speech of a woman hospitalised with schizophrenia, and finds it artful and meaningful. Episodically (rather than temporally) organised, the analyst parses the narrative into idea units, stanzas, strophes, and parts, based on how the narrative is *spoken*. Meaning and

interpretation are constrained by features of the spoken narrative. Gee develops a theory of units of discourse that goes beyond the sentential.

Because structural approaches require examination of syntactic and prosodic features of talk, they are not suitable for large numbers, but can be very useful for detailed case studies and comparison of several narrative accounts. Microanalysis of a few cases can build theories that relate language and meaning in ways that are missed when transparency is assumed, as in thematic analysis. Investigators must decide, depending on the focus of a project, how much transcription detail is necessary. There is the danger that interview excerpts can become unreadable for those unfamiliar with socio-linguistics, compromising communication across disciplinary boundaries. Like the thematic approach, strict application of the structural approach can de-contextualise narratives by ignoring historical, interactional and institutional factors. Research settings and relationships constrain what can be narrated and shape the way a particular story develops.

**Interactional analysis.** Here the emphasis is on the dialogic process between teller and listener. Narratives of experience are occasioned in particular settings, such as medical, social service, and court situations, where storyteller and questioner jointly participate in conversation. Attention to thematic content and narrative structure are not abandoned in the interactional approach, but interest shifts to storytelling as a process of co-construction, where teller and listener create meaning collaboratively. Stories of personal experience, organised around the life world of the teller, may be inserted into question and answer exchanges. The approach requires transcripts that include all participants in the conversation, and is strengthened when paralinguistic features of interaction are included as well.

Some research questions require interactional analysis. Jack Clark and Elliot Mishler (1992) sought to distinguish the features that differentiated “attentive” medical interviews from others. By analysing pauses, interruptions, topic chaining and other aspects of conversation, they show how medical interviews can (and cannot) result in patient narratives that provide knowledge for accurate diagnosis and treatment.

Susan Bell (1999) compares the illness narratives of two women, separated in time by the women’s health movement and activism. Interrogating her participation in the research interviews, she shows how the emergent narratives are situated historically and politically. Contexts shape possibilities in the women’s lives, their experiences of illness, and the specific illness narratives the women produce collaboratively with the author. Microanalysis of language and interaction, in addition to narrative organisation and structure, are essential to her method.

An interactional approach is useful for studies of relationships between speakers in diverse field settings (courts of law, classrooms, social service organisations, psychotherapy offices, and the research interview itself). Like

structural approaches, studies of interaction typically represent speech in all its complexity, not simply as a vehicle for content. As in CONVERSATION ANALYSIS, transcripts may be difficult for the uninitiated. Pauses, disfluencies, and other aspects of talk are typically included, but what cannot be represented in a transcript (unlike a videotape) is the unspoken. What happens to gesture, gaze, and other displays that are enacted and embodied?

**Performative analysis.** Extending the interactional approach, interest goes beyond the spoken word and, as the stage metaphor implies, storytelling is seen as performance – by a “self” with a past – who involves, persuades, and (perhaps) moves an audience through language and gesture, “doing” rather than telling alone. Variation exists in the performative approach, ranging from dramaturgic to narrative as praxis – a form of social action. Consequently narrative researchers may analyse different features: actors allowed on stage in an oral narrative (eg. characters and their positionings in a story, including narrator/protagonist); settings (the conditions of performance, and setting of the story performed); the enactment of dialogue between characters (reported speech); and audience response (the listener[s] who interprets the drama as it unfolds, and the interpreter in later reading[s]). Performative analysis is emergent in narrative studies, although the dramaturgic view originated with Goffman, and researchers are experimenting with it in studies of identities – vested presentations of “self” (Riessman, 2003).

Kristin Langellier and Eric Peterson (2003) provide a compelling theory and many empirical examples, ranging from detailed analysis of family (group) storytelling, and an illness narrative told by a breast cancer survivor. They analyse the positioning of storyteller, audience, and characters in each performance; storytelling is a communicative practice that is embodied, situated and material, discursive, and open to legitimation and critique.

The performative view is appropriate for studies of communication practices, and for detailed studies of identity construction – how narrators want to be known, and precisely how they involve the audience in “doing” their identities. The approach invites study of how audiences are implicated in the art of narrative performance. As Wolfgang Iser and reader-response theorists suggest, readers are the ultimate interpreters, perhaps reading a narrative differently than either teller or investigator. Integrating the visual (through filming and photography) with the spoken narrative represents an innovative contemporary turn (Radley and Taylor, 2003).

## **Conclusion**

Analysis of narrative is no longer the province of literary study alone; it has penetrated all the human sciences, and practicing professions. The various methods reviewed are suited to different kinds of projects and texts, but each provides a way to systematically study personal narratives of experience.

Critics argue (legitimately, in some cases) that narrative research can reify the interior “self”, pretend to offer an “authentic” voice – unalloyed subjective truth, and idealise individual agency (Atkinson and Silverman, 1997; Bury, 2001). There is a real danger of over-personalising the personal narrative.

Narrative approaches are not appropriate for studies of large numbers of nameless and faceless subjects. Some modes of analysis are slow and painstaking, requiring attention to subtlety: nuances of speech, the organisation of a response, relations between researcher and subject, social and historical contexts – cultural narratives that make “personal” stories possible. In a recent reflexive turn, scholars in AUTOETHNOGRAPHY and other traditions are producing their own narratives, relating their biographies to their research materials (Riessman, 2002).

Narratives do not mirror, they refract the past. Imagination and strategic interests influence how storytellers choose to connect events and make them meaningful for others. Narratives are useful in research precisely because storytellers interpret the past rather than reproduce it as it was. The “truths” of narrative accounts are not in their faithful representations of a past world, but in the shifting connections they forge among past, present, and future. They offer storytellers a way to re-imagine lives (as narratives do for nations, organisations, ethnic/racial and other groups forming collective identities). Building on C. Wright Mills, narrative analysis can forge connections between personal biography and social structure – the personal and the political.

### **Acknowledgement**

This article was first published in M.S. Lewis-Beck, A. Bryman and T. Futing Liao, eds (2003), *The Sage Encyclopedia of Social Science Research Methods*, 3 Vol. boxed set, Sage. Reprinted by permission of Sage Publications.

### **References**

- Atkinson, P. and Silverman, D. (1997) “Kundera’s ‘Immortality’: The Interview Society and the Invention of Self”, *Qualitative Inquiry*, 3(3): 304-325.
- Bell, S.E. (1999) “Narratives and lives: Women’s health politics and the diagnosis of cancer for DES daughters”, *Narrative Inquiry*, 9(2): 1-43.
- Boje, D.M. (2001) *Narrative Methods for Organizational and Communication Research*, Thousand Oaks, CA., Sage.
- Bury, M. (2001) “Illness narratives: Fact or fiction?” *Sociology of Health and Illness*, 23(3): 263-285.

- 
- Cain, C. (1991) "Personal stories: Identity acquisition and self-understanding in Alcoholics Anonymous", *Ethos*, 19: 210-253.
- Clark, J.A. and Mishler, E.G. (1992) "Attending to patients' stories: Reframing the clinical task", *Sociology of Health and Illness*, 14: 344-370.
- Cortazzi, M. (2001) "Narrative analysis in ethnography", in P. Atkinson, A. Coffey, S. Delamont, J. Lofland and L. Lofland (eds), *Handbook of Ethnography*, Thousand Oaks, CA., Sage.
- Gee, J.P. (1991) "A linguistic approach to narrative", *Journal of Narrative and Life History*, 1: 15-39.
- Hinchman, L.P. and Hinchman, S.K. (eds) (1997) *Memory, Identity, Community: The Idea of Narrative in the Human Sciences*, Albany NY, State University of NY Press.
- Labov, W. (1982) "Speech actions and reactions in personal narrative", in D. Tannen (ed) *Analyzing Discourse: Text and Talk*, Washington DC, Georgetown University Press.
- Langellier, K.M. (2001) "Personal narrative", in M. Jolly (ed), *Encyclopedia of Life Writing: Autobiographical and Biographical Forms*, Vol.2, London, Fitzroy Dearborn.
- Langellier, K.M. and Peterson, E.E. (2003) *Performing Narrative: The Communicative Practice of Storytelling*, Philadelphia PA, Temple University Press.
- Mishler, E.G. (1995) "Models of narrative analysis: A typology", *Journal of Narrative and Life History*, 5(2): 87-123.
- Radley, A. and Taylor, D. (2003) "Remembering one's stay in hospital: A study in recovery, photography and forgetting", *Health: An interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 7(2).
- Riessman, C.K. (2002) "Doing justice: Positioning the interpreter in narrative work", in W. Patterson (ed), *Strategic Narrative: New Perspectives on the Power of Personal and Cultural Storytelling*, Lanham MA and Oxford UK, Lexington Books, 2002, pp.195-216.
- Riessman, C.K. (2003) "Performing identities in illness narrative: Masculinity and multiple sclerosis", *Qualitative Research*, 3(1).
- Williams, G. (1984) "The genesis of chronic illness: Narrative reconstruction", *Sociology of Health & Illness*, 6(2): 175-200.



