

# **An Introduction to the Biographical Narrative Interpretive Method**

## **ABSTRACT**

**Aim** The purpose of this paper is to introduce the Biographical Narrative Interpretive Method (BNIM) to nurse researchers in search of a research methodology and method. The core methodological assumptions underpinning BNIM are outlined and an overview of the application of the method is detailed.

**Background** Listening to and interpreting the narratives of patients are a core feature of nursing practice. Good nursing care is influenced by a narrative understanding of the person in context. Frequently research methodologies and methods do not, in final research reports convey an explicit understanding of the human elements involved for their participants, as they do not have the capacity to fully account for the historical, psycho-social and biographical dynamic of people's lives.

**Discussion** The core assumptions of BNIM are intentionally broad based. The analytic strategy it adopts endeavours to analyse three interrelated facets of humanity. These are: the person's whole life history /life story (Biography), how they tell it (Narrative) whilst appreciating that narratives are subject to social interpretation (Interpretive). BNIM in practice uses a unique interviewing technique to elicit an uninterrupted story from participants. The BNIM analytic tool is formulaic and uses a nine stage case process of individual case analysis. A tenth stage facilitates analysis across cases.

**Conclusion** BNIM methodology and methods enable research participants to articulate the vicissitudes of their life and illness experiences while also, providing the researcher with a framework for data generation and data analyses that interprets and gives meaning to individual's life stories.

**Implications for research/practice** The BNIM interview technique and analytic framework are useful tools to facilitate an in depth qualitative exploration of life stories in context.

**Keywords,**

**Biographical** Narrative Interpretive Method, Methodology, Interviewing, Data Analysis, Interpreting Panels

**Introduction**

Listening to patient stories is a core feature of nursing practice. In nursing research, there is scope for methodologies and methods which understand and illuminate the socio historical complexities which influence and shape the telling of such stories. A framework for qualitative research practice is an essential part of a researcher's toolkit (Seale 1999, Denzin and Lincoln 2005). Choices about paradigms and research frameworks are influenced by the phenomenon under investigation and to fulfil the research objectives and research questions (Sarantakos 1993, Grix 2002). Paradigms determine both the ontological and epistemological basis of a chosen method.

Clarifying and making explicit the assumptions underpinning a methodology and method and the methodological choices made throughout the research process are core features of credible robust research (Seale 1999, Cote and Turgeon 2005). In terms of research, understanding and making explicit the human elements is often a

challenge, as many methodological approaches and methods fail to fully account for the historical, psycho-social and biographical dynamic of people's lives. We make this comment to highlight the (necessary) specificity inherent in methodologies and methods; we do not intend to critique any existing one. The assumptions of BNIM are intentionally broad based; its analytic strategy endeavours to analyse three interrelated facets of humanity: the person's whole life history /life story (Biography), how they tell it (Narrative) whilst appreciating that narratives are subject to social interpretation (Interpretive). Many factors have the capacity to influence the telling (or not) of a story, the interpretation of that story and the subsequent relaying of that story to others (Fisher 1978, Sandelowski 2002, Plummer 2005). The historical situatedness of the told story and its associated subjectivity is particularly borne in mind through the BNIM process. In the authors' opinion, this research approach is not unlike considerations that nurses utilise in their daily practice. As a result, we believe that this method will have particular resonance with prospective nurse researchers. A brief methodological discussion about BNIM outlines how this research approach functions and integrates the concepts of biography, narrative and interpretation.

**Biography:** Biography is the process of accounting for an individual's life history or life story. BNIM can be adapted to study both life histories (full lives) and life stories (for example a life story of living with chronic disease). The 'biographical narrative turn' in social science research emerged from a growing realisation by researchers that their findings were not adequately representing full accounts of the shifting power bases between individual agency and the structural determinants in societies (Chamberlyane & King, 2000). Accounting for biography enables nurse researchers to illustrate how historical and structural aspects of a given society

influence how people choose to act or not act (Miller 2000, Breckner and Rupp 2002). This is an important consideration for nurses who practice in health care arenas that are perpetually in transition. Exploring the biography of the person enables their lived lives to be examined in more detail. It offers greater insight into the choices individuals make in their lives and the transitory nature of decisions made at different points during one's life. The appreciation of one's biography allows social researchers to describe people as historically formed actors whose actions are only fully intelligible within a historical context (Gubrium and Holstein 2009, Gunaratnam and Oliviere 2009).

For example, BNIM was successfully used to examine how treatment decisions were made in the care of older patients in hospitals (O' Neill, 2011). This approach allowed the researcher to maintain the identity preservation of the patients involved and also showed how the relatives of the older people involved in the decision making processes, narratively worked out the best decision to make, in situations that sometimes were end- of -life decisions.

**Narrative:** A narrative is a means by which individuals account for themselves.

This can be done either through written or spoken media. Humans are inextricably linked with the generation of narratives and it is human beings as characters or actors who create meaning and knowledge in society (Montgomery-Hunter 1997, Polkinghorne 1988, 2005). The subject matter of narrative is the 'vicissitudes of human intentions' (Polkinghorne 1988:17)- that is the changing directions and goals of human story telling. Despite the dependence in nursing practice and in health care on the patient's story, within the nursing and research literature, diverse definitions and accounts of narrative abound, (Mishler ,1995, Squire, 2005; Thomas, 2010).

Despite the lack of definitional consensus it is possible to classify narratives as operating at two distinct levels; the socio-cultural and personal (Ricoeur 1981). At the socio-cultural level, community, family, religion, and societal institutions create meta-narratives that shape the meaning of lived experiences and personal accounts of such experiences. For example, cultural perspectives on the experience of pain may influence how a patient expresses it to a nurse. Perhaps the language used by the patient may minimise the intensity of pain. Sometimes personal narratives go against societal meta-narratives. For example, older individuals who enjoy being tattooed could be said to go against the meta-narrative of an older person's identity in society. People craft narratives, constructing who they were in the past, who they presently are and where they envisage themselves in the future. In this way, a narrative mode of reasoning or 'narrative logic' (Polkinghorne, 1988: 35) draws on principles informed by personal and meta narratives. A sentiment of holism that resonates with the conduct of nursing practice which endeavours to ascertain the meanings behind patients' stories by making sense of the parts which are expressed. In relation to particular life experiences, often there are times where there is 'a breach between ideal and real, self and society'. BNIM facilitates the exploration of how and why individuals tell their stories in the way that they do. Narratives, of course are always interpreted.

**Interpretivism:** Interpretivism is a paradigm which recognises that the 'truth' of a phenomenon is dependent upon its interpretation by others. Interpretive methodologies acknowledge the importance of meanings for people which prompt them to act (or not to act) in a particular way. This understanding is relevant for both participants and researchers who 'interpret' their reality and construct meanings

based upon those interpretations. An understanding of meaning is also relevant for nurses who seek to interpret how patients account for themselves in an illness and healthcare context; a context which generally renders them physically and emotionally vulnerable. For interpretive researchers, believability, verisimilitude or plausibility (rather than absolute truth) is what can be obtained from the process of interpretive analysis (Denzin 1989a, Denzin 1989b, Scott 1998, Hoffman 2007). Similarly, the ‘truth’ of the reader’s interpretation of this data is invariably contextually situated and influenced by dominant social discourses (Plummer 2005, Stanley 1992, Riessman 2008). BNIM acknowledges the pervasive nature of interpretivism by recognising the subjectivity of participants and researchers. Cognisance of interpretivism is not exclusive to the ‘researched’ – rather, it recognises that both researcher and researched are subject to what Fisher (1978) claims is a somewhat paradoxical situation. As he suggests, “the human who engages in self interaction with self as an object and an active interpreter, both at the same time, is a dynamic being whose principal characteristic is action – on the environment and on the self” (Fisher 1978 p.171). In short, individuals craft and shape their own meanings as they recount their stories. This is not done explicitly or intentionally and is prompted mostly by habit, characteristics or impulse. These assumptions reinforce the complexity of interpretivist research, illustrating that many factors have the capacity to influence the telling (or not) of a story, the interpretation of that story and the subsequent relaying of that story to others (Fisher 1978, Sandelowski 2002, Plummer 2005). In an effort to help the researcher to see wider possibilities and broaden their own personal interpretations, BNIM incorporates a collective interpretive approach through the use of interpretive panel analysis. This aspect of the analysis framework is discussed later in this paper. The following

section provides an overview of the key tenets of data generation and data analysis using BNIM.

### **The key tenets of BNIM practice**

Whilst the earlier section briefly discussed the methodology underpinning BNIM, this section details how BNIM is operationalized in practice. It is important to point out that there is a BNIM interview technique and a BNIM analytic strategy. Whilst it is possible to use the BNIM interviewing technique to obtain data for analysis using a separate method; the BNIM analytic strategy is dependent on using BNIM interviewing as a data collection tool (Wengraf 2006).

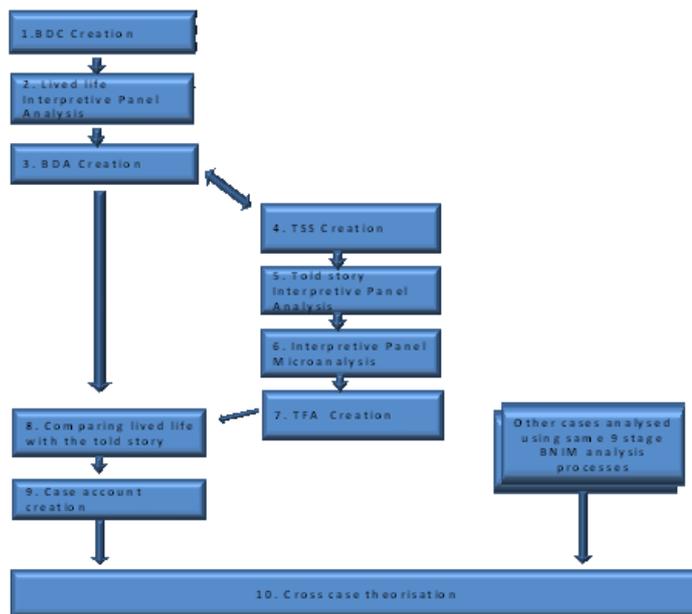
**The BNIM interview technique:** BNIM interviewing is predominantly an open narrative interview process. This process (which can involve two or three sub-sessions) always begins with a single framing question. This Single Question aimed at Inducing Narrative (SQUIN) (Wengraf 2006, Wengraf 2013) is intentionally broad based, however, provides a useful means of eliciting data which empowers participants to begin, construct and end their narrative on their own terms (Jones 2003, Meares 2007, Nicholson 2009). An example of a SQUIN can be found in the table below:

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The nature of the SQUIN uncovers what participants want to say, not what the researcher wants them to say as is often the case in semi-structured and structured interview schedules (Bryman 2008). This key difference is useful in ascertaining how

persons make sense of themselves in their life story and enables the researcher to study how participants account for their life experiences. After the first SQUIN interview, it is possible to ask more probing questions in subsequent interviews (sub-sessions two and three). However, the questions asked in sub-session two are intended to relate to the participant's responses to the SQUIN, allowing the researcher the opportunity to clarify or pick up on particular incident narratives. Anecdotally, this technique was surprisingly effective in generating a lot of data and research participants commented on how comfortable they felt in being asked the SQUIN (Corbally, 2011). Brief contextual and situational data is recorded following the interview by the interviewer in the form of a private debriefing exercise. This exercise proves useful in refreshing one's memory regarding the context of the interview prior to engaging in the analytic process.

**The BNIM analytic strategy:** As highlighted earlier, BNIM analysis uses a formulaic pattern of analysis to explore individuals and their life stories/histories. Due to the intensity of analysis, sample sizes are typically small and are dependent on a full verbatim transcript of the interview. When using BNIM in its full capacity, nine stages are undertaken on each individual case. The tenth stage is operationalised to compare similarities across cases (Jones 2003, Chamberlayne and King 2000, Jones 2001, Chamberlayne, Bornat and Apitzch 2004). Figure 1 provides a pictorial overview of the stages inherent in BNIM analysis.



**Figure 1: Stages of the BNIM analytic strategy**

The generation of case based accounts emerges from a sequential detailed analysis of the lived life and told story of a participant as outlined in figure 1 above. The first three stages focus on the lived life pattern; the next four explore how a person told their story. The remaining two stages bring both together to create a case account of the person. If other cases are involved – a tenth stage of comparison across cases is initiated.

The lived life pattern refers to the life story events as told by the individual. The lived life analysis pattern incorporates the ‘facts’ of situations and experiences (Denzin and Lincoln 2005). These facts are distilled from the data initially and placed in chronological order. It is known as a Biographical Data Chronology (BDC) (Wengraf 2006). In the BDC, subjective judgements are separated from the events mentioned in the person’s life.

The researcher is then required to imagine how that person could have lived their life in that way and interpret why this life may have been lived in this fashion. The analysis of the lived life pattern is done with the assistance of, and in conjunction with a lived life interpretive panel. The combination of the BDC, panel analysis and researcher analysis of the participant life story events informs the construction of the participant Biographical Data Analysis (BDA). This represents the outcome of the interpretive analysis of chronological events within the participant's life story.

Stages four to seven of the BNIM analytic process focus on the analysis of how the story is told. Initially, the transcript is subject to an analysis of the textual structure of the narrative. The Text Structure Sequentialisation (TSS) involves initially reviewing the text for changes in speaker, topic and tone. After this is completed, a further inspection of the textual structure to what Wengraf terms the 'TextSort' (Wengraf 2006) is undertaken. Undertaking a BNIM TextSort involves inspection of the text to identify six different changes in the structure of the text which include: Descriptions, Evaluations, Argumentations, Reporting, General Incident Narratives, Particular Incident Narratives and Typical Incident Narratives (Wengraf 2008). The analytic technique of creating the TSS (Wengraf 2006) is informed by Labov and Waletzky's theory of structure within textual narratives (Labov and Waletzky 1997, Cortazzi 1999).

When the TSS is complete, the meaning of the sequencing of events is also considered in this aspect of BNIM analysis. The second phase of the 'told story' analysis strategy is more akin to traditional narrative analysis (Kohler Riessman 2008). In this stage of BNIM analysis, themes within the flow of narrative, contextual

and environmental influences are consolidated in this section of analysis. This stage (underpinned by the interpretive panel analysis for the told story) is useful as it unearths multiple hypotheses regarding the told story and the possible defended subjectivities underlying its narrative reconstruction. The structural analysis of the text and the thematic analysis of the data are merged into a final interpretive analysis of the participant's told story known as a Thematic Field Analysis (TFA) (Wengraf 2006).

**Interpretive panels:** As highlighted earlier, both patterns of BNIM analysis use interpretive panels to augment data interpretation. Up to three panels per case can be used though the microanalysis panel is not always required. The technique of using interpretive panels as an analytic technique is useful in generating broader interpretive perspectives and exhausting alternatives (Hollway and Jefferson 2000, Paley and Eva 2005, Kvale and Brinkman 2009). The use of interpretive panels in research is useful also insofar as it prevents what Wengraf terms the 'biographic inevitability illusion' where the researcher has already decided on the (possibly narrow) interpretation of a story. The effectiveness of interpretive panels in deepening interpretations and minimising researcher bias has been identified by others (Jones 2003, Meares 2007). Interpretive panels are ideally comprised of between three and eight individuals and attempt to explore alternative possibilities and interpretations regarding the lived life and told story of the participant. They do this by viewing information presented to them in a 'future blind, chunk by chunk' fashion. The rationale for this is that the participant's experiences of their life were also lived future blind (Wengraf 2008). The 'lived life' interpretive panel focuses on interpretations surrounding the possibilities surrounding the lived life as articulated. The 'told story' interpretive

panel examines interpretations regarding how and why individuals told their story in a particular sequence and fashion. If a researcher encounters a puzzling section of text in the transcript, a 'microanalysis' interpretive panel can be used if required. More detail regarding the practicalities of facilitating these panels can be found in (Jones 2003, Jones 2001, Jones and Rupp 2000). The authors, based on their experiences of facilitating interpretive panels, suggest that this approach has a threefold benefit, insofar as it clearly augments the analysis process, it provides a bolus dose (using the analogy of IV medications) of interpretations which boosts the researcher's progress by providing a lot of information in a condensed time period. Finally, it is suggested that this technique strengthens the research findings generated by this research method as aspects of the data and findings have already been subject to a test of its 'interpretations' during the process.

## **Conclusion**

The skill of interpreting stories is inextricably linked with the conduct of nursing internationally. Individual's sense making informs actions (or inaction) regarding living and dying. Research in nursing will continue to endeavour to describe, explain, and predict, the many factors which influence the day to day delivery of care to persons. Discourses and the narratives used in health are fertile resources to examine and analyse how knowledge is socially constructed in the constantly changing arenas of health care. It is important that care providers have an appreciation of discourses and the narratives used to articulate an individual's expression of their illness are shaped by structural and agency constraints and also the historical context within which these are constructed. Mindfulness of the patient or service user's story is more important than ever in an era of cost containment and service user involvement

internationally (Apitzch and Inolocki 2000). BNIM offers health and nursing research another resource from which to explore stories of health and or illness. We concur with Sandelowski's assertion (Sandelowski 2002, Sandelowski 2011) that 'empirical intimacy' associated with the analysis of a case or indeed a small number of cases through the BNIM method are a useful means of transcending divides. Although credence is deservedly given to the empirical weight of randomised controlled trials, we suggest that individual case histories/ case stories (emerging through the BNIM processes) have a unique merit as they can provide a useful means by which connections between policy, professional practice and the individual can be made (Chamberlayne 2002).

This paper has introduced the theory and practice underpinning the Biographical Narrative Interpretive Method. It began by providing a brief background to the methodological frameworks underpinning it and the steps of BNIM practice were illustrated. In essence, this paper provides a taster of the BNIM methodology which has been used effectively by both authors of this paper. We argue based on our experience that this method provides a useful framework for researchers in search of a broad inclusive method, from which to examine the complexities of life and how people account for it.

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