Summative Analysis: A Qualitative Method for Social Science and Health Research

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Abstract

In this paper the author describes a new qualitative analytic technique that she has been perfecting across a range of health research studies. She describes the summative analysis method, which is a group, collaborative analytic technique that concentrates on consensus-building activities, illustrating its use within a study of Holocaust survivor testimony that aimed to clarify how health and well-being were presented in Holocaust testimonials and what that might reveal about professional perceptions of trauma suffering. The author contextualizes the four stages of summative analysis with data from one Holocaust survivor’s health interviews. The Holocaust study is briefly described, as is the survivor’s background and experiences during the war. The author reflects on the study data and offers examples of individual and group analysis exercises to represent the method in practice. The author concludes with a consideration of the wider uses and implications of summative analysis within health and social scientific contexts.

Keywords: summative analysis, collaborative working, Holocaust data, health interviews, building consensus, qualitative methodology
Purpose

The purpose of this paper is to describe a new qualitative research method, summative analysis, which the researcher has been developing over the past four years to effectively manage, organize, and clarify large bodies of qualitative, textual data. Summative analysis is a collaborative analytic technique that enables a wide range of researchers, academics, and scientists to come together through group analysis sessions to explore the details of textual data. It uses consensus-building activities to reveal major issues inherent in data. The method has purposefully been called summative analysis rather than collaborative analysis or any other term, in spite of its collaborative aspect, to emphasize the value placed on the form of working: Summative analysis prepares people to grasp an essentialized understanding of text.

To emphasize the versatility of the method, the author has worked with others to apply summative analysis across a variety of research studies, settings, and textual data types, such as

- focus groups with people at risk of breast cancer to consider the value of electronic decision aids for supporting their decisions for care (Rapport, Iredale, et al., 2006);
- biographies from general practitioners and community pharmacists to clarify situated practice and patient-centered approaches to work across community workspaces (Rapport, Doel & Elwyn, 2007; Rapport, Doel, & Wainwright, 2008); and
- Interviews: with gastroenterologists and nurse managers to examine innovation in endoscopy services across 40 National Health Service (NHS) trusts in England (Rapport, Jerzembek, et al., 2009).

The author begins the paper by describing the choice of summative analysis as a method and its various uses before presenting the most recent use of the method: a Holocaust study that aimed to explore ‘how notions of health and well-being were in evidence in survivor testimonies and what narrative forms they took’. The Holocaust study aimed to clarify what survivor testimonies might tell us about the ongoing health needs and expectations of people who have suffered extraordinary, traumatic events like the Holocaust. The overall objective of the study was to consider how health professionals might best support survivors and their families, through well-attuned understanding of their mental and physical health needs and through a greater understanding of the value of the health narrative in assisting with the clinical encounter.

This paper does not present the Holocaust study as an empirical study per se but, rather, in relation to the analytic method, using examples taken from the study to illustrate different stages of the method and to situate that knowledge in very practical and real terms. Having described the Holocaust study, the author describes the four stages of summative analysis using examples from the study. The paper concludes with a discussion of the wider implications of summative analysis for qualitative researchers and social scientists so that others might consider its place in their own research portfolio.

Choosing summative analysis

Qualitative researchers and social scientists now have an array of choices regarding the analysis of qualitative data and the representation of their data as results. Consequently, it is important that principled, informed, and strategic decisions are made, in line with the specific purposes of the research in question. Qualitative researchers must also reflect on the methodological issues related to the construction of each kind of data representation. For example, constructing a
standard realist tale from data can often be effective, as Van Maanen (1998) has noted, if one wishes to take account of experiential authority, the research subject’s point of view (in the form of closely edited quotations), and the interpretive omnipotence of the researcher. Sparkes (2002) has commented that when well crafted, realist tales can provide useful, compelling, detailed, and complex depictions of social worlds. Summative analysis cannot offer interpreter omnipotence, nor can it enable the researcher to put to the background the ethnographer’s intent, whilst giving the author unchallenged authority in writing (Sparkes, 2002; Van Maanen, 1998). What it can offer, moving away from this notion of being overly deterministic with a text, are opportunities for analytic creativity.

As described earlier, the method is versatile and has been used across a range of studies. However, it should be noted that summative analysis is particularly useful for texts that are complex or cover sensitive topic areas. It is supportive of those studies where method choices are not readily made and where outcomes are not easily achieved. It works best with diverse data, whether snippets of text, or long, meandering tracts. It enables data that do not fit a mold to be considered, offering more flexibility of working, with sensitive support from others. It has the potential to generate a range of insights and reflections and can provide a careful approach to emotive materials that some researchers might be uncomfortable working with. It enables researcher to be aware of more nuanced and ambiguous aspects of text, where tales are not given up easily. It preserves the quality of the speaker’s voice irrespective of the mode of presentation, and it is fully involving of experts from, for example, across both physical and mental health care backgrounds, to consider issues beyond the researcher’s own knowledge, such as those relating to trauma presentation. It is inclusive of a wide variety of others’ views, revealed through both group-working and consensus-building activities, and as a consequence, one of its greatest strengths is its potential to enable an egalitarian approach: everyone’s view matters; all members are included. This has a strong leveling effect on working practice.

Summative analysis, when appropriately facilitated, offers the opportunity to embrace the research subject while involving teams of coresearchers (the term used in this paper though they can also be described elsewhere as research participants), who can join in with the researcher in the analysis process and who can help in the consideration of data representation. The term coresearcher has been chosen to emphasize the ability of others to work closely with the researcher in analyzing data. Whereas the researcher has overall accountability for the study, the coresearchers take on a commitment to be fully involved in all analysis sessions. By so doing, coresearchers must be aware of the importance of the collaborative aspect of the method and of developing a negotiated understanding of a text.

The group of coresearchers involved in summative analysis work can be selected for a variety of reasons: their homogeneity as a group who are either familiar with the topic area in question or with the people in question, their impartiality to the subject area or people in question, their expertise or insider knowledge, or their lack of expertise. The choice of coresearchers, as with other group working methods, is dependent on the individual study, the needs of the researcher, the research question, or study aims. In the case of this work, with stories taken from Holocaust survivors, six to nine people took part in 12 two-hour workshops, (some groups returned on a further two occasions to complete all three group-working sessions). Administrative processes related to summative analysis are not onerous and involve contacting coresearchers to organize the workshop sessions, providing them with the raw data and the group’s work in progress, and ongoing liaison across sessions. Coresearchers were chosen in this study to purposively cover as wide a range of research backgrounds and academic levels as possible, to encourage a wide spread of research experiences (they were all involved in academic or health research but had a breadth of knowledge, working across disciplinary groups, and spanning early-stage researchers.
to senior academics). Finally, the researcher wanted an approach that could accommodate the complexity of this kind of data and the “drama” that might be contained within it so that the strong emotional impact of the issues revealed would be reflected, rather than diminished or flattened by the outputs.

**Summative analysis: the method**

All analysis, including qualitative analysis has a reductive element to it (Miles & Huberman, 1994), and summative analysis is no exception. However, within the reductive process, as summative analysis undertakes a search for the essential elements of a text, it continues to consider the importance of the text as a whole and its impact on speaker and audience.

*Essential text*, for summative analysis purposes, refers to those elements of the text that offer a point of entry into the meaning of the whole text, and that give the text its import. These must be considered in their own right and can be discussed and clarified through group-working techniques. The essential elements are those without which, it could be argued, there could be no fully coherent understanding of the text. Essential text does not purport to an idea of an essential “truth” inhabiting the text but, rather, a range of truths, which can be negotiated by the group in question as those clear aspects of narrative that hold the key to understanding. Essential text, for summative analysis purposes, can include data regarding context, personal experience, emotional content, or the complex nature of human thought. In the case of a Holocaust survivor’s transcript, group members could seek to understand, first individually and then as a group, how the storyteller offers key ideas, descriptions of behaviors, conversations, and connections that appear to be integral pathways through research conversations with the researcher. These suggest a particular point of view, and when considering what they might be, the researcher and coresearchers take into account the way events are recounted within or without chronological order, and the way stories can provide vital insights into an experience like the Holocaust, as lived.

Coming to recognize the critical moments, also known as eureka moments or precious vignettes, that can be discovered in a story allow coresearchers to appreciate those elements that give a text its unique resonance. The essential qualities of a text can be found in all textual forms, be they interview transcripts, biographic accounts, or focus group transcripts, with marginalized or mainstream groups. It is up to the coresearchers, supported by the study researcher, to discover this for themselves during Stages 2 to 4 of the method (see below), having first undergone individual analytic work during Stage 1 (see below).

Undertaking summative analysis with a similar section of text but with more than one group of coresearchers, where similar outcomes are apparent, can help validate the group-working approach. In the case of the Holocaust study (see below) an excerpt of text from one survivor’s health interview was considered across all the workshops, with each coresearcher group providing a similar response to the text. This was recognized through the groups’ summative maps (see Stage 2 of the method below) and led to a clear understanding of the validity of this approach. Summative analysts also consider the relationship between the whole and parts of any text, and between the speaker, listener, and audience. With these issues apparent, the researcher can develop greater clarity regarding the key notions portrayed. This is an in-depth exercise, and in a sense these aspects of the method, particularly the search for a relationship between parts of the text and the whole text, is not dissimilar to the work of hermeneutic phenomenology.
Hermeneutic phenomenologists consider the interplay between part and whole; reading parts of the text and testing out what might be contained within the whole of the text, before returning to the specific and the particular (Jasper, 2004; Thompson, 1981). They also strive to achieve an “essential” understanding of the phenomenon under review. However, in hermeneutic phenomenology the intention is to understand how objects, events, or situations are “given up” to consciousness to clarify their primal impression and the essential quality of knowing (Husserl, 1931), whereas in summative analysis it is not the experience of knowing that is so intriguing, nor how objects or experiences present themselves to consciousness. Rather, it is the meanings people give to those experiences that are sought and the way meaning is derived through the narrative presentation. In this respect, summative analysts try to find out more about people’s lived experiences by examining the meanings that they themselves give to their lives, meanings that are inherent in their ordinary language. This depends on consideration of the storytellers’ words and their ability to open up the story as well as the overall uniqueness of the story. Max van Manen (1990), through his “sententious approach” (the term van Manen uses), encourages us to understand both sections of text and the whole text by examining: “what it is that renders this or that particular experience its special significance ... what constitutes the nature of this lived experience” (p. 32). However, in hermeneutic phenomenology this process is seen in terms of a continuous spiral where hermeneutic knowledge is never complete, but open for new understandings (The Hermeneutic Circle, Gadamer, 1977), whereas in summative analysis it is a journey toward knowing.

For the purpose of this paper, it is worth clarifying that the author considers the interviews that took place with one Holocaust survivor, Anka (the protagonist of this piece of work), as text. It has been argued that talk and text are two very different things and that one is not commensurate with the other, that they are produced according to different norms, for different purposes, and that some aspects of the performative experience are lost in the translation (Hammersley & Atkinson, 2001; Silverman, 2001). The author would agree that transcribing speech inevitably leads to further layers of interpretation and loss of some performative elements of telling, one stage further removed from the original. However, for analytic purposes there will always be some interpretation involved at whatever level, whether we are working directly from a tape recording of the original event, from notes, with speech itself or with a transcribed interview.

Summative analysis handles both concise and extensive texts. It also enables researchers to work with widely differing population groups; minority groups, disenfranchised groups, and dispersed populations as well as tightly knit communities. The method is flexible enough to be considered inclusive of a range of narratives, and encourages groups of coresearchers to tackle texts that as individuals they might consider too complex, or emotionally charged. Consequently, summative analysis lends itself to an accommodation of difference, difficulty, and dissimilation as opposed to similarity, ease of handing, and togetherness, and is particularly useful for researchers dealing with others’ trauma, sense of dislocation, or deep distress. It retains the richness and variety of different people’s views and voices while looking to group opinion to direct the analysis. It involves group activities that are highly participatory and works with knowledge that is cumulative, whereby coresearchers come to “know” the data intimately, by participating in in-depth discussion and debate. Understanding develops across meetings, and a commitment of two to three group meetings is usually necessary. Coresearchers support the main study researcher, who may also be the facilitator of the analysis sessions, lending their voice to analysis and becoming closely involved with the data under study. The main study researcher is ultimately accountable for the work and is expected to have a thorough understanding of all aspects of the study and its workings. Coresearchers may join an analysis group of six to nine people voluntarily in an unpaid role, for example, if they are members of a higher education institution where knowledge acquisition about methods development is expected and seen as part of their personal
development, or they may be paid, if, for example, they are joining the analysis group from an external organization or taking part as a result of topic area expertise. The makeup of the group and financial reimbursement are dependent on the demands of each individual study, and it is up to the main study researcher to organize.

Coresearchers for this study, were chosen purposively from across a wide group of researchers, academics health professionals, and other professionals in one higher education institution according to people’s interests in learning about the method, their desire to learn more about the impact of traumatic events on health and well-being, their ability to take time to get involved with this particular body of work, their decision to dedicate three sessions to clarify the relationship between the analytic method and raw material. Coresearchers do not need to be from the same disciplinary background, nor must they have a similar, intimate understanding of the topic area. They do not necessarily have to be selected for their homogeneity as a research group, though they may be chosen for that very reason. Rather, the criteria for the group of analysts, as with many other qualitative, group-working methods, are sufficient interest in: the subject area, the research methodology and the group-working process, that lends itself to consensus-building. Summative analysis group-working meetings take between 1 and 2 hours, with the time period dependent on the coresearchers’ ability to voice their views, consider others’ views, discuss the richness of data, and recognize unique qualities inherent in the voice of the storyteller, an integral part of each group session. See Table 1 for key aspects of summative analysis.

Summative analysis was used most recently with a study of Holocaust survivors, which will now be presented, followed by an explanation of the four steps of the method. The Holocaust study is described first, as the method uses examples from this study to explain the approach in more detail. The study was granted ethical approval, in accordance with the ethical principles of the researcher’s higher education institution in the United Kingdom.

**The Holocaust study**

Holocaust survivors who consented to take part in the study agreed to tell the researcher their life stories, including life history and health history, work closely with the researcher throughout the course of the study, consider outputs from data analysis, and discuss these with the researcher during study output development. Plans for analysis of large quantities of textual data included

<table>
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<th>Table 1. Key aspects of summative analysis</th>
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<td><strong>Summative Analysis</strong></td>
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<td>Consensus of opinion through group-working activities</td>
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<td>Participation from people with varying degrees of understanding and experience of qualitative methods</td>
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<td>Multidisciplinary group working to ensure wide-ranging and rich life experiences are brought to bear</td>
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<td>Analytic consideration of large or small sections of text including texts covering complex subject matter</td>
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<td>Wide range of potential research subjects providing narrative data, and an especially useful method for working with sensitive or difficult data from the disenfranchised, peripheral, dispersed, or disempowered</td>
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<td>Involves consideration of content and context as well as the voice of speaker and her presentational style</td>
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<td>Stepped approach to analysis, across two to three workshop sessions, building understanding iteratively and over time</td>
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<td>Development of individual and group paragraphs describing and defining key aspects of the text’s content for group discussion</td>
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<td>Individual and group work to clarify the fundamental meaning of a text and its properties</td>
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<td>Discloses a more nuanced and complex understanding than could be achieved using individualistic, self-contained analytic techniques</td>
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<td>Begins with succinct presentation and work toward an elaboration of understanding (as opposed to other qualitative methods)</td>
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applying a range of techniques to different elements of the testimonies. Life histories, for example, were analyzed using ethnographic poetic methods, leading to ethnographic poetic representations and performative social science presentations (see, for example, Rapport & Sparkes, 2009). Health interviews were analyzed using summative analysis, which is described in detail in this paper. Since this work was conducted, 11 summative analysis workshops have been given across the United States and United Kingdom using excerpts from one of Anka’s health interview transcripts (see details in this article) to present the four phases of the method to mixed disciplinary groups of health researchers, social scientists, and methodologists and to ensure that the method was fully operational before using it across a range of other research studies. In this paper the researcher explicates the four methodological stages and the results of workshop outputs with the Holocaust data to enable others to use the method.

The origins of the Holocaust study were multiple research conversations that took place between a qualitative health researcher (FR) and three Holocaust survivors, the only three remaining survivors now resident in southeast Wales, United Kingdom. All three were female, in their 80s and early 90s, and, having spent time in Auschwitz-Birkenau concentration camp, all had left their Eastern European countries of origin to start a new life in the West.

All research coresearchers agreed to take part in this study and signed a consent form to that effect before any data were collected. Coresearchers were made aware of the process of data collection, were aware that others besides the researcher would be included in the group analysis work, and that coresearchers would be privy to elements of the stories. Coresearchers were also told that their involvement would be sought to view study outputs and comment on specific aspects of the work, to ensure their full agreement with the continued dialogue with the researcher. As Frank (2005) has remarked, the dialogical in research is much more than just listening and recording others’ life stories, it is neither static nor external to the process of telling, but deeply involving as an act of engagement:

The researcher, by specific questions, and even by his or her observing presence, instigates self-reflections that will lead the respondent not merely to report his or her life, but to change that life. (p. 968)

However, it is important to note that Anka and the other people who contributed their Holocaust narratives were not involved in the summative analysis work or in condoning or discouraging those activities, nor were they expected to take on the role of researcher or coresearcher. Although dialogical relationships are integral to the development of respect and understanding between researcher and subject (Frank, 2005), those who contribute stories are not likely to have the research experience or interest necessary to critique the complex research processes. However, the dialogical relationship that develops between storyteller and researcher allows the researcher to share insights into how the work is developing or to present the storyteller with the outcome of the work. In the case of the summative analysis work with Anka, she was informed during various stage of the process of how the study was developing, and she reviewed the group paragraph from Stage 3, in the same way that she read the ethnographic poetic representations produced from other analyses (Rapport, 2008). She was grateful at being included in these further stages of the work and delighted to describe to the researcher her recognition of the close relationship between the group-work and her actual story. Although researchers should not feel obliged to change the process or outcomes of their work, they bear a certain responsibility to their storytellers to share aspects of the work if the storyteller so wishes and, by so doing, respecting the shared relationship of taking and giving back in return.
The study complied with the regulations of the higher education institution’s ethics committee where the researcher is based, which approved the study. Pseudonyms were not appointed, whereas first names were in agreement with research participants’ wishes. This was the result of participants’ dismay at the idea of their names not being linked to their stories. Indeed, they were adamant that as these were their stories, pseudonyms would detract from their impact and that including first names should be seen as a major element of the telling.

Anka, the protagonist of this paper, was one of the survivors. She presented the researcher with a rich oral testimony during lengthy conversations in the familiar surroundings of her own home. The research conversations lasted approximately 10 hours in total, generating 250 pages of transcript in which Anka disclosed a world of degradation and loss. They also provided insights into the impact of the Holocaust on her sense of self and her perception of health, illness and well-being. The summative analysis work that follows concentrates, however, on a section of text taken from one of her health interviews

Anka’s story

This section presents an abbreviated version of Anka’s life history (as she recounted her life story, from beginning to end). It derives from a number of life history interviews that took place between Anka and the researcher over the course of research conversations. As the life history took many hours to tell, each interview had as its focus a particular part of her life (childhood and adolescence, Holocaust camp years, postwar life, present day), and this section refers to Anka’s life as she told it, whereas her first-person account has been changed to a third-person account, in view of the fact that the researcher compiled this presentation from Anka’s words. This abbreviated life history is included here to enable the reader to understand something of the context within which her biographical journey took place. The summative analysis work that follows, however, concentrates on one aspect of her life history: her health and well-being, including mental well-being, with particular emphasis on her years in the camps.

The health interviews, from which information about her health and well-being were derived, formed an important element of her story, and she described her views on her own health and the health of those around her, including close family and friends, before, during, and after the camp experience. Anka’s health and well-being were a particularly significant aspect of her story for this researcher, whose study interest centered on a greater understanding of the relationship between health and extraordinary life events. Consequently, the summative analysis work in this paper involves an excerpt from one of the health interviews, to continue this theme. However summative analysis can be used for all aspects of a story and is flexible enough to be applied to a range of narrative presentations.

Born in Czechoslovakia at the time of the Austro-Hungarian Empire, Anka was brought up in a Jewish community within a wealthy, middle-class family. Although Jewish, her family believed that one’s religious leanings were unimportant, and her father was considered “a freethinker.” She was schooled in Czechoslovakia and was halfway through a law degree when Hitler closed the Czech universities and her life changed irrevocably. Following her marriage on May 15, 1940, to a German-Jewish refugee, Anka underwent voluntary relocation to follow her husband’s transport to Terezin concentration camp. At the beginning, it was presented by the Nazi regime as a sort of work camp for the able bodied and the young, but in time the full horrors of the camp became clear. When parents, siblings, and other family members joined her, they were less able to cope with the rigors of daily life. Three and a half years later, having lost her first child at 2 months to pneumonia, Anka was moved again, this time east to Auschwitz-
Birkenau. Terezin was being evacuated, and only the bare minimum was to be left behind. Anka was later to realize that if her baby had not died, she would not have survived Terezin. As it was, her husband and family were never seen again.

In the early stages of a second pregnancy, Anka arrived in Auschwitz-Birkenau under the rule of Mengele. She lived in huge barracks with hundreds of other Jews, naked, heads shaven, and starving. There was a dreadful sense to the place: the chimneys, the smell, and nobody knowing what was happening or what was to be expected. Ten days from the day of arrival, having undergone innumerable roll calls, clothed in rags and with wooden clogs for shoes, she was moved again, this time west, to barracks in Freiberg, 10 miles from Dresden. There she was to make the V1 bomb, the Doodle Bug. In early April 1945, when her pregnancy was clearly visible, Anka was taken on a 3-week open-carriage train journey to Mauthausen concentration camp. Upon arrival she was placed upon a cart to ascend the hill to the camp. On the way back down, surrounded by people who had either died or were dying of typhoid fever and with millions of lice crawling around her, her second child was born. She named her Eva. It was three days before the end of the war, April 29, 1945.

Eva weighed three pounds, Anka weighed five stone; with no baby clothes to hand, the child was wrapped in paper found in the cart where Eva was born. Three days later, when the Americans arrived, declaring an end to the war and armed with chocolate bars, she and the baby went to Prague to live with her cousin. During the 3-year period she spent with Eva in Prague, Anka met her second husband, and following their marriage the family emigrated to the United Kingdom, where they have lived ever since.

**Presentational effect**

As the excerpts below and in Table 1 indicate, Anka’s oral testimony unfolded as life history (recounting her life story, from beginning to end), personal memoir (creating her own autobiography, recounting specific moments, events, people, circumstances that made up her lived experience of the Holocaust) (Muncey 2010), and social history (contextualizing her life story and autobiographical account through social and historical contexts), through a tapestry of complex political, contextual, and social threads. From early childhood to young adulthood in Czechoslovakia, from time spent under Nazi rule to freedom in the West, from a close and loving secular Jewish family to total separation and disjuncture in the camps, Anka’s story is remarkable. Sixty years later she still recalls the Holocaust in sharp focus, using a slow and thoughtful presentation style. In the same measured way, Anka describes her family and friends, the lengthy roll calls in the camps, and the attempts to stave off the cold, hunger, and despair that stemmed from lack of food, degrading and inhumane conditions, and the bitter Eastern European winter.

Through the telling, a relationship developed between Anka and the researcher, bound together by the enduring story. Anka’s voice predominated with few interruptions from the researcher. Anka’s speech lacked emotion, which was all the more shocking for the occasional fractured pause. However, Anka kept in close contact with the researcher following the conversations and was keen to welcome her into her home to talk about life, family, and the details of her story long after the initial research conversations were complete. The examples below emphasize Anka’s tempered style:

> At first you think that you have got mad . . . We got into the barracks and one of my friends whose parents were in the same transport said: “when will I see my parents?” . . . That affected them and they started screaming, “you idiots they are in
the chimney by now.” Well if somebody tells you that you think they are mad. And they thought we were mad. But you quickly come to realise that they were right and we were wrong. (Transcript 3, Section 146)

One girl was a mischling, meaning half Jewish half German. Her father was a German, she was thought of being Jewish but she wasn’t, not quite. Her name was Hannalore something, terribly German, and she was a singer, a sort of popular singer. I can see her, Hannalore, whatever her name was, and she sang one of the popular songs of that time. That was apocalyptic, because you felt like listening to a song like you felt like going to the gas chamber. (Transcript 3, Section 467)

Auschwitz was twenty-four hours sort of thing so you were afraid all the time. But the one thing when we arrived in Mauthausen which is a beautiful village on the Danube and the sun was shining, and the greenery was starting to come out, it was the 29th April and I was sitting on those carts at the beginning of a baby coming and I looked at the beautiful countryside and the sunshine and the greenery and until today I remember how much I liked it. And I honestly had other worries other than looking at the sight seeing part of it. I really couldn’t explain to myself, “why did I look at the countryside and the Danube underneath and the Melke Abbey not far away?” (Transcript 3, Section 413)

The researcher joined in the research conversations to ask specific questions, seek clarification or offer support. This is illustrated in the excerpt below, where, with dark humor, Anka recalls the place of music in the camps:

Author: It was in the barracks, this so called entertainment took place?
Anka: Yes, but the reason for it is totally . . .
Author: Is that similar to playing in the orchestra as people were being taken . . .?
Anka: That is a different story, the orchestras. The orchestras played every day, when people went out to work and then when they came back.
Author: They tried to keep people calm?
Anka: Pretending that people go to work and will come back. (Transcript 3, Sections 480-485)

Table 2 offers an example of Anka’s health interview, indicating both Anka’s style of speech and the content of the research conversations. Unlike the life history, which provided an overall picture of life events, the health interviews were designed to enable the researcher to home in on aspects of her life as they related to her physical, emotional, and mental health and well-being. These interviews, which took place after the life history was told, concentrated on Anka’s responses to questions about her ongoing health and well-being, such as,

- What did good health mean to you during your time in the camps and what does good health mean to you now?
- How was your health and well-being affected by the camp experience?
- Were there ways in which your physical and mental health as a child and young woman impacted on your camp experience?
- How would you describe your current state of physical and mental health?
These questions were designed to ascertain the relationship between health, well-being and the trauma of the Holocaust, to understand more clearly the continuum of health and well-being during the course of a lifetime that has been influenced by such an extraordinary event and to clarify the health narrative or interrupted health narrative as it relates to Holocaust events.

Undertaking summative analysis:
Application of the process to the Holocaust text

Stage 1. Summative analysis begins with a written paragraph produced by each coresearcher (approximately 25 lines of text) that is written in response to the raw material provided by the research subject’s transcribed testimonial. The aim in Stage 1 is twofold: to introduce coresearchers to the text and to enable them to begin to consider what an “essentiality of text” might look like. Stage 1 is perhaps the most challenging aspect of the whole process. Coresearchers have to think not only about what to write in their brief paragraph but how to write in a rigorous and crystallized fashion, keeping the relationship between speaker and audience and between what might be contained in the whole text and what is contained in its part(s), in mind. This enables participants to capture the fundamental elements of an experience as a first attempt at understanding the work they are considering (see Table 2 for some examples).

Coresearchers read and reread the raw material before undertaking any writing to familiarize themselves with the data and gain confidence in their response. Initial forays into the data can take some time, and the study brief is left purposefully broad to encourage limited researcher influence (Rose, 2000; Author’s name et al., 2008). Consequently, a number of stylistic and

Table 2. Excerpt from Anka’s health interview

I never remember being ill. I don’t remember ever having any problem with my health, so I never thought of it. And I survived three and a half years in the camps, and the birth of two children. Shortly after we came back I caught a streptococcal infection in my leg. Apparently it happens if there is a small cut or abrasion: “Erysipelas, an acute infectious disease due to a specific streptococcus and characterized by diffusely spreading deep red inflammation of the skin or mucous membranes.”

I seem to have been blessed with a very optimistic state of mind. That helps enormously. You can push things. I think about tomorrow, which I have done perhaps not all my life but through the three and a half years in the camps, and I carry on with it now. The opposite would be to suffer from things which perhaps are imaginary and not to count your blessings. But I think this “count my blessings” really would summarise my point of view. Everybody else was bent and I wasn’t. I am not going to give in. This is totally irrational because I really didn’t have any reason to think that nothing will happen to me, but, I knew that I will come back unscathed. I had a most happy childhood and young girlhood and my first one and a half years of being married, when we were still in Prague... Going to school was a pleasure. I loved that—elementary school, high school, university... I couldn’t have had a nicer childhood or teenage life, and the first two years of university was heaven. There were no problems.

The physical was always there, so it was accepted as a norm; and the mental, well one had to face so many decisions that you couldn’t do anything about it. So many things happened and you still stood there and carried on. I always looked on the bright side, I always looked up and not down. My physical saved my life. When you arrived in Auschwitz on that ramp: “left right, left right.” Dr Mengele took one look at me and put me on the side that are fit, and my pregnancy didn’t show because that would have put me definitely on the other side. But then I went through I don’t know how many of these selections, running naked through Auschwitz. We are stark naked, sort of parading in front of him. I don’t think they looked at us as human beings: “is she healthy enough to work?” That was the only criterion. I was glad that we went on this side and not the other side. If it had happened that I went on this side which was life and my friend went to the other side, I was glad that it isn’t me and that it was somebody else. I am describing how low one can get. It’s only, “me, me, me,” and I am not a very selfish person, but if it’s life and death you choose life. I don’t know if you can understand because you have never been in a situation like that. You don’t do anything for it or against it, but you are relieved that you go this way and everybody else goes that way. It has nothing to do with the other people, but you have been chosen to live.”
representational forms can result from Stage 1. Previous coresearchers have presented their short writing in a number of different ways, such as in the first person or in the voice of the storyteller, where the story is presented in its entirety but in a highly abbreviated fashion; in the third person; or more formally, with writing that touches on only certain sections of text while leaving others out entirely. Some people have summarized the issues in question, often doing so by placing them within an entirely new story of their own making. The researcher has also encountered responses in bullet-point form, people making comments using a memo of contents, or offering verbatim quotations to draw a pathway through the text. Whereas for some, their own words and thoughts are paramount, for others it is the storyteller’s words and thoughts that matter. In some cases, coresearchers are highly analytical, with few noticeable descriptors. In others, coresearchers depend solely on descriptive phrases, and in still others, coresearchers are interpretive, deciding what the storyteller was trying to put across and the meanings belying the text.

How to present the integral elements of text is up to the individual, although the researcher must carefully compile an overview of group meaning and presentational style in readiness for Stage 2. What should be apparent at the end of Stage 1 is that coresearcher presentations encapsulate the key issues within the text and, similarly, that the superfluous issues—those not included in individuals’ paragraphs but nevertheless present within the original raw material—lie outside the text’s essentiality. The superfluous issues are not without merit, but nevertheless there are some aspects of the raw material that are extraneous to the text’s irreducible essence.

During a 10-month period of work in the United States, between January and October 2009, seven groups of coresearchers comprising health practitioners, other professionals, researchers, and academics took part in workshops using summative analysis to clarify how notions of health, illness, and well-being were presented within a section of narrative from Anka’s health interview. The purpose of the workshops was both to explore narrative effect and to examine whether, and if so how, the Holocaust affected Anka’s health and well-being. Coresearchers displayed mixed levels of qualitative expertise, from little to extensive expertise. Coresearchers were also widely multidisciplinary, from lawyers and social scientists, to health care researchers, narrative specialists, psychiatrists, psychologists, and social workers. Coresearchers were involved on a voluntary basis, having either expressed an interest in the method or in the Holocaust data. Fifty coresearchers took part from across higher education institutions and professional bodies, including Harvard University, Brandeis University, Boston College, Boston University, the University of Massachusetts, and the University of Texas Medical Branch. Tables 2 to 4 offer examples of the different stages of summative analysis drawn from the U.S. workshops, with Table 2 illustrating three very different presentational styles from Stage 1.

Stage 2. On completion of Stage 1, the researcher re-stories the data in terms of the group’s findings and presentational styles, in readiness for Stage 2. This involves a careful crafting of data outputs, taking account of writing style, issues raised and coresearcher understanding. The researcher must be aware of the frequency with which notions are presented as this influences the way key points are grouped and listed under developing topic-oriented headings. In addition, the researcher must consider the relationship between concepts within and across paragraphs, similarities and differences between emergent themes, and resonance across and between groups. Thematic or topic-oriented headings are classified according to those containing issues that all coresearchers mentioned, those containing issues that most coresearchers mentioned, and those containing issues that only a few coresearchers mentioned (the outlier positions), a kind of directed and hierarchical map. However, although outlier positions might be perceived as at the end point of this hierarchy, their presence in the map is of no less significance, and it is up to the
Table 3. Examples of coresearcher responses to Anka’s health interview

Coresearcher A
Anka survived three and a half years in three different concentration camps. Her account uses repetition, shifting pronouns, changing verb tenses, and quoted speech to try to convey an experience that is almost unbelievable and almost not understandable to anyone who was not there (or who has not been in a situation like that). Telling the tale is a way for her to ensure that the truth of the experience will be carried on even after all the survivors and their children have died, from the vantage point of someone who is almost 90 years old and anticipating her death. Anka divides the experience into a binary, starting with the first line: “I never remember being ill.” This is repeated throughout the account. But her account is filled with illnesses: streptococcal infection, scarlet fever, whooping cough, mental deprivation, malnutrition (starvation), premature labor and stillbirth. She disconnects her body and her mind: She had to be healthy to survive (life and death you choose; there was no room for anybody ill) and to make the cut (sent to the left or to the right), and to leave her body, use her mind to make decisions including the decision not to be ill (mind over matter; you could accept it or you go mad). She disconnects herself from others (It’s only me, me, me) and mourns what she can know because otherwise the experience is too big even for her to believe. The quotations provide a kind of inner dialogue about how she survived and what she sacrificed to survive, no past, no future, just the present and the need to know what she wants and doesn’t want and to will it into existence: “Is she healthy enough to work?” “Will I get through this time?” “Tomorrow, I will think about it tomorrow.” “This is it.” “You do some programme.” “Where was he?”

Coresearcher B
“I never remember being ill . . . And I survived three and a half years in the camps”
“And the birth of two children”
“I seem to have been blessed with a very optimistic state of mind”
“That helps enormously . . . I think about tomorrow”
“This ‘count my blessings’ really would summarize my point of view”
“Everybody else was bent but I wasn’t . . . I always looked on the bright side”
“I was glad that it isn’t me and that it was somebody else”
“I am describing how low one can get . . . It’s only, ‘me, me, me’”
“If it’s life or death you choose life . . . It has nothing to do with the other people”
“But you have been chosen to live . . .”
“The more you were in a camp the more you knew . . . how to live”
“There was hunger, real hunger there . . . Only the pioneers knew where to turn”
“You got frightened that it could happen any day . . . One had to cope with whatever came”
“I think one had hope and it proved right . . . The fear was overpowering”
“In these circumstances you have to make your choice, what’s important”
“We didn’t look and we didn’t care . . . Because you get so selfish”
“Even with those three and a half years which were anything but happy or normal”
“I am here to tell the tale”
“In the next two generations nobody will know what is really true”
“The story should be believed . . . That’s what I try to say”

Coresearcher C
The essential quality of this text is the resilience of the human spirit/psyche; the human capacity to endure trauma; and not only to survive it but to thrive in its aftermath. Anka’s narrative reveals key values essential to appropriate coping and integration of traumatic experience necessary for health and well-being: the ability to externalize or defer negative information/experience [boundary management] [“I can push this thing off”]; the ability to maintain a positive attitude [gratitude, hope]; the ability to maintain one’s sensory integration abilities enough to feed/maintain that positive orientation [the purely sensory appreciation of the beauty upon arrival to Mauthausen]; the ability to focus on the essential tasks/choices, without distraction from essentially (in the context) superfluous input [life/death vs empathy, compassion or concern for others/parents]; the converse ability to retain/regain a porous nature, essential for meaningful human life [vs hermetically sealed, dissociated, psychopathic aftermarts]; the ability to adapt to the milieu [blend]; and the lasting ability to weave meaning from the experience in an manner which permits all of the above [reasons to remember]. Though she brought some of these qualities to her experience of trauma [“I don’t talk about my parents b/c they wouldn’t have burdened me with that”], increasing her chance of survival/thriving, many of these emotional/physical survival skills were forged as a result of her experience.
map as a result of their relationship to other topic headings and themes. The researcher must judge how best to group, classify, and clarify the work and, under working thematic headings, how to return to the group with a synthesis of their work that is both understandable and adaptive to further activity. This aspect of analysis is strongly dependent on the study aims and objectives and the desired outputs, which may differ on each occasion and with each new research study. For example, the aims of group work may be to develop policy or educational materials, to arrive at a specific endpoint for an empirical study or to consider theoretical aspects of the study. In this case, Holocaust workshops aimed to clarify whether, and if so how, health and well-being was present in the context of the survivor’s story. The researcher imagined that the effect of Anka’s time in the camps, especially her experiences of losing a child, hiding a second pregnancy, and then giving birth on an open, typhoid-infested coal wagon, might have had a strong influence on her health and her future health expectations.

During Stage 2 it is important that the researcher/facilitator avoid interpreting outputs, leaving that to the latter stages of analysis, but nevertheless the facilitator should keep in mind the interpretive stance of coresearchers thus far. Table 3 provides a detail from Stage 2 analysis from one of the U.S. workshops.

Stage 3. Stage 3 is the development of a single long, group paragraph approximately 30 to 35 lines in length that summarizes the researcher’s synthesis of the coresearchers’ work in relation to the ongoing, iterative account (see Table 4, for example). Stage 3 is detailed and deliberate and can take a number of meetings to achieve depending on the degree to which consensus is reached and the complexity of the issues involved. During Stage 3, all coresearchers work together to create a final paragraph, discuss each other’s work and the work of the facilitator, and outline what the group paragraph should contain. To achieve this, coresearchers refine emergent themes, reword or confirm thematic or topic-oriented headings, and consider the order of key concepts and their concomitant categories. This process continues until all members are in agreement that the essential aspects of text have not been lost and, furthermore, that they have been captured succinctly and convincingly. Not only must coresearchers come to know each other’s views, they must also be able to make careful choices regarding style and presentation of the group’s work so that wider audiences can recognize the evidence within. At its best, Stage 3 can be a highly effective, positive collaboration.

The researcher/facilitator, mindful of each coresearcher’s part in the discussion, should encourage people to be equally and effectively involved through open debate so that differences of opinion can be confidently aired and debated. In addition, coresearchers are encouraged to acquire the skills necessary to hone down qualitative data to a final paragraph. Of the themes pertaining to issues that all coresearchers raise, the most vital are considered in detail, whereas outlier themes might be considered more briefly unless they are repositioned, reordered, or removed entirely, according to the final “order of essentiality.” The researcher/facilitator’s role is to lead, probe, and suggest but not dictate to the group the content of the final paragraph, which should be a mixture of storied text and verbatim quotation. Consequently, the final paragraph is more than a sum of its parts. Rather than being seen as the researcher’s output alone, it pays homage to the collaborative strength of the method and the staged process. It indicates a depth of working and thought that has gone into the re-presentation of a participant’s story through both personal awareness and the collective voice.
Table 4. Detail from Stage 2 analysis

Everyone mentioned:

Coping mechanisms
Resourcefulness: finding ways to survive to “carry on”
Postponement: “I will think about it tomorrow”
Denial: denying her feelings this is in relation to the scope of the trauma
Integrity v. despair: Eriksonian developmental stage (own health doesn’t alarm her)
Muted emotional response: to brutality, loss and privation
Detached descriptions: (detaching herself from her own feelings and experiences)
Accepting: situation’s horror in order to focus energy on survival
Shutting down: thoughts and believing in her own survival (selfishness, introspection)
Limiting herself: looking out for herself and her camp friends (propped her up)
Happy recall: childhood, supportive family, helped overcome major difficulties
Surface thinking: thinking not too deeply protected mental and physical health
Finding hope: looking to the future, believing in survival for her and her daughter
Coping with whatever came: day-to-day functioning, fundamentals of survival
Psychological resiliency: “I’ve been blessed”
Avoidance: of certain memories (shoes of babies, glasses, people, number of dead)
Active role: not passive recipient (not a victim, she has choice of what’s in her mind)

Some people mentioned:

Anka’s health
Sickness expressed in a detached way, yet AB doesn’t say her physical health suffered from the experience
Willed herself to remain healthy (execution was the alternative to work)
Discussed health in terms of: work, hunger and deception
Health = Community, bonds to friends, attachment to family
Health = Social support necessary to maintain that one can still work
Health = Maintaining the illusion of good health
Health = Hiding her pregnancy and being seeing as able to work
Becoming ill was not an option
Anka’s lack of illness = Emotional well-being and making choices
Concept of illness is fragmented (emphasis on the mind)
Maintaining her mind will enable her to avoid illness (kidneys don’t work well, but “if I can get out with my mind still working and my body saying not any more”)
Anka “never remembers being ill”

One or two people mentioned (outliers):

Denial of food, housing, and personal dignity
Enforcers were cruel, inhumane, tormenting
Persecuted were tested on their own limits of humanity, justice, and integrity
Starvation, minor illness, brutal anti-Semitism, physical and mental torture
Parents would not have burdened her with complaints of their hunger
Good physical health was linked to one’s age and transport group
Concentrating on fundamental issues: basic survival, self-preservation
Camp regimes were built on fear, repression, and humiliation
Experience is considered before, during, and after the Holocaust
Experience is presented in past, present, and future tenses (who will take this forward?)
Looking back and being taken back (in a bodily sense)
Tacking back and forth in the narrative between staggering events of Holocaust and determination to cope, accept, or go mad (factual and personal approach?)

Stage 4. Two aspects of the method make summative analysis unique within the qualitative methodological analytic portfolio. First, summative analysis emphasizes the importance and value of co-researchers being open, honest, and mutually supportive of each other during the group-working activities, which encourages them to feel strongly involved and to want to achieve mutual understanding of the text. This encourages co-researcher concordance and the development of group understanding. Second, summative analysis ensures that, first as individuals and then as a group, co-researchers are supported in working together to home in on an understanding of the essential properties of a text. By moving through the method with clear guidance from the group
Anka spent three and a half years in Terezin, Auschwitz, and Mauthausen concentration camps. In her “life and health story” she considers good physical health saved her life. She displays extensive psychological resilience and an indomitable will to survive, having the ability to see whatever is positive in life and describing herself as: “being blessed with a very optimistic frame of mind”. She applied techniques during the Holocaust such as forward thinking—“choosing life”, “looking up and not down”, and even in extremis, maintained a sensory appreciation of the world. She found pleasure in the countryside around her as she descended the hill from Mauthausen during her baby’s birth, on an open, typhoid-infested coal wagon, saying, “I really couldn’t explain—why did I look?” Her positive disposition meant that she was grateful for the good things: “this ‘count my blessings’ really would summarise my point of view”. During the Holocaust she managed to disconnect from others’ suffering. She describes this as a way of coping, muting her emotional response by shutting out negative thoughts that health professionals suggested later helped her minimize trauma. Whilst she sees this as perhaps “selfish,” she also recognises that it helped her concentrate on her own survival: “I will think about it tomorrow, like Scarlet O’Hara in Gone with the Wind.” Anka’s narrative indicates a clear interrelatedness between mind and body, but also a detachment from her own feelings and experiences: “Everybody tried to keep healthy because as soon as you weren’t healthy, you were gone.” She says that her body and mind saved her life—“Everyone else was bent and I wasn’t. I was not going to give in”—and her defiant attitude emphasises a resilience of human spirit and the human capacity to endure. Anka successfully pushed off the harsh realities of life, both mental and physical, and continues to have a strong sense of self-esteem, established through her early years: a comfortable childhood, loving parents, and good upbringing. During the camp years there was a strong social support system—her Transport group—a group of youngsters who came together, stayed together, and helped maintain good health and wellbeing. Whilst her own strength and coping mechanisms were fundamental to self-preservation, they still appear to influence her today. Anka says, for example, that she never remembers being ill—“I always tried to keep healthy”—but describes many illnesses, especially in later years. Using mind-over-matter tactics, she now wishes to look to the future, accept things as they are, and not give up hope. She wants to die in peace without being a burden to her daughter or herself. She wants to find a suitable ending to her life: “if I can get out with my mind still working and my body saying not anymore, well alright, I had a long life and a very healthy one”. She hopes that by telling her story, the memory of those who perished will be honoured and people will realize the full extent of what “one human being can do to another” so that the Holocaust can no longer be denied. That is fine!
“perpetrated on others, and by so doing to find an appropriate personal coping mechanism. Although notions such as these have been psychologized extensively in the literature on trauma (see, for example, Candib, 2001), where the effects of somatization or posttraumatic stress disorder (PTSD) are said to lead to a range of complex coping mechanisms for dealing with human suffering, coresearchers in this group were in agreement that PTSD did not adequately convey the nuance of the coping experience. Nor did such labels illustrate the manner in which the weight of suffering is carried through an individual’s life, which the trauma narrative can more readily reveal. Coresearchers pointed to a host of anomalies within Anka’s story, which were identified as markers of her lifelong process of coping developed across her narrative that helped to clarify her muted emotional response. These included Anka seeing herself as behaving selfishly in the camps (“It was only me, me, me”), with a sense of shame that others were “sent to the other side.” She says, “I was glad we went on this side, the side that was fit” while recognizing that she needs support from others to find food for loved ones, to prop people up during roll calls, and to consider others’ best interests through community actions. Other anomalies included Anka’s response that one could choose to survive while acknowledging that all choices were taken out of one’s own hands. Her desire to look to the future and uphold a positive attitude, while considering how she “never thought about tomorrow,” the ability to switch off to survive while appreciating the necessity to be very aware and tuned in to life in the camps, the ability to conceive of the visibility of horror while wishing to remain invisible: These are just a few of the examples of seemingly contradictory statements embedded throughout Anka’s text. Having written the group paragraph, the coresearchers exploded Anka’s ability to mute her emotional response to suffering during Stage 4 to clarify whether these were indeed anomalies or paradoxes. Stage 4 enabled the group to agree on the notion of a sliding scale of experience that indicated nuance of coping with pain and suffering through this “range of experiences” rather than what was initially perceived as surprisingly contradictory statements.

**Challenges of summative analysis**

There are a number of challenges to the method worthy of note. First, it is important to ensure that no more than six to nine coresearchers participate in each workshop, though the researcher may choose to work through the four stages with more than one group. Too few or too many coresearchers can affect the length of the sessions and disturb the balance of discussions. With this number of coresearchers, the researcher/facilitator avoids being in the position of dominating too small a group or losing voice with too large a group. The role of the researcher/facilitator is to ensure that all workshop coresearchers have an equal say in discussing the text under review while recognizing the need to encourage quieter members of the group if necessary. Workshop groups of this size allow for individuals to appreciate each stage of the method and for the group to support a dynamic discussion that runs fluidly, with full coresearcher input. Second, the management of the workshop session is crucial to the success of the method. As with the management of face-to-face interviews or focus group meetings, the facilitator must be well versed in the method and familiar with its development across all four stages. The researcher/facilitator must be confident in supporting the coresearchers to achieve the method’s full potential, helping the group overcome any disagreements and resolve uncertainty with the aim of achieving overall consensus through group activities.
Implications of the summative analysis method for a wider research audience

In this paper the author has concentrated on how summative analysis can be applied to one specific empirical research study. However, the implications of its use can be considered within a wider research context. It is particularly useful for documenting and describing others’ experiences, and can deal with difficult, traumatic, emotive, or sensitive material presented from individuals or from groups. In the case of groups, they may be disenfranchised, diverse, or mainstream. In addition, as the wide-ranging examples in the introduction section suggest, summative analysis is useful for addressing scientific problems in applied health research.

In terms of its use within a wider research context, first it is important to note that when dealing with others’ life stories in narrative form, whatever the data or field, there must be an appropriate fit between the study aims and, on the other hand, the data collection and analysis methods so that the story teller’s subjective understandings can be revealed. As Schiff and Noy (2006) have reminded us, for each story there is not only a research question that needs to be addressed but also a real life person behind the data:

Listening closely to talk, how tellers describe who they are and where they come from, life stories allow us to explore subjective understandings in great complexity and draw interpretations about how persons make sense of self and world. (p. 15)

Summative analysis takes stock of these relationships and the cultural aspects of experience (Schiff & Noy, 2006) within the context of the story being told and the questions being asked. It is particularly sensitive to the voice of the speaker, the speaker’s style of presentation, and the speaker’s intent.

Second, as the Holocaust testimonies remind us, what might today be considered autobiographical memory can quickly become “historical memory” (Bendix, 2004, p. 133). In terms of the Holocaust, only about a quarter of those who lived through the 1930s and 1940s in Europe are still alive. When the notion of “collective memory” becomes one that is “literally vanishing” (p. 133), there is an added urgency, an added imperative, perhaps even a moral imperative on the part of researcher to expose the story while paying close attention to the voice of the storyteller and his or her part in telling the story. That is to say, the researcher must be attentive to not only what is being spoken about, but how it is being spoken about and how this re-stories understanding. The researcher’s task is to value the oral nature of testimony; to see it as a living, breathing dynamic while recognizing that at some stage it will change to an historic artifice. In effect, collecting stories from survivors and analyzing them appropriately, although recognizing the importance of the face-to-face encounter, alerts researchers to the moral implications of their work and to their role in taking messages forward. In the case of this study, as Anka implies below, this might even affect the collective consciousness of future generations. The storyteller might be well aware of this, as in the case of Anka, but it is not always so:

Even with those three and a half years, which were anything but happy or normal, I am here to tell the tale. It was quite an experience, which not many people have lived through and perhaps it helps somehow to tell the tale, not to me but to the future generation, and who can tell the tale? It’s very important because there are so many people who deny it and as long as I am here . . . But I thought it might die with me. It might die with my daughter who carries the job on, but that’s not enough. So the more people that know it and know that it’s true, that it did happen, for no reason whatsoever. The number of people who deny it is growing. They should know it because that’s what one human being can do to another . . . As we will all die out
within the next ten years, who will carry the torch? History is a subject you can turn this way and that, in the next two generations nobody will know what’s really true. The story should be believed, that’s what I try to say. (AB, Transcript 3, Section 533)

Expectations such as these can apply to a range of narrative contexts, where researchers are working with particularly pressing, sensitive, harrowing, or difficult stories. These narratives are never offered up lightly, and the researcher must be aware that there is often an expectation of something in return for an individual’s unburdening. This is akin to the research subject gifting their story to someone else’s care, and by accepting the gift, the researcher is agreeing to enter into a close relationship and take on the responsibility of the story (Mauss, 1990; Titmuss, 1997). Though the nature of the relationship might vary according to the nature of the gifted narrative, gifting offers a story an added sense of urgency and vitality: It makes a story real. As a result, it has an empowering effect, both on the storyteller and on the listener. To deal sensitively and appropriately with the expectations of a story gifted, researchers should apply an all-encompassing analytic technique that provides that something in return and even something to be continued. Through the use of summative analysis to uphold the speaker’s original voice inference while taking a story forward through a group-working process that recognizes the speaker’s original intent, researcher responsibility can be well earned. Summative analysis can accommodate varied and complex aspects of text toward a successful transformation and can keep the storyteller fully informed about the analytic process. This closely informative approach provides the person telling the stories a sense of ownership over them right up to the time of delivering study outputs.

Finally, the Holocaust study was designed to clarify whether notions of health and well-being were in evidence in survivor testimonies and what that might tell us about the ongoing needs and expectations of people suffering extraordinary, traumatic events and their family members. The purpose was to identify aspects of Holocaust narrative that might lead health care professionals to be better attuned to the particular needs and interests of this survivor group. Although the literature indicates great interdisciplinary interest in trauma and health research around suffering (Kansteiner, 2004), the literature is also quick to label survivor stories according to their psychosocial effect and in accordance with a symptom-oriented, medical model rather than in accordance with a wider social and emotional picture. Labels such as PTSD, “characteristic symptoms following exposure to an extreme traumatic stressor” (American Psychiatric Association, 2000, p. 463), can become a blanket cover for all things medical. This then becomes the challenge to the researcher: how to explore and present a story in its fullness but in a way that moves beyond psychosocial labels and symptom-driven accounts. Summative analysis allows people to grasp the compelling aspects of an account through re-presentation that is summative. It has the potential to extend understanding beyond the medical, psychiatric, legal, or theoretical expertise that at best can be considered lacking and at worst may contract or compete with the interests of the storyteller and their family.

Note

1. The terms protagonist, storyteller, and research participant refer to the Holocaust survivor who gave up her story to the author.
References


