

Narrative interview and reconstruction of biographic case: methodological alternative in nursing research

Entrevista narrativa e reconstrução de caso biográfico: alternativa metodológica nas pesquisas em enfermagem

Entrevista narrativa y reconstrucción de caso biográfico: alternativa metodológica en la investigación en enfermería

Eliane Lavall^{a,b} 

Priscila Susin^c 

Karina Schuh Reif^c 

Jacó Fernando Schneider^d 

Marcio Wagner Camatta^d 

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ABSTRACT

Objective: To present the biographical narrative interviews and biographical case reconstruction as methodological alternatives in nursing research.

Methods: Theoretical-reflective study that presents the aspects of the biographical narrative method and of reconstruction of biographical cases according to the German interpretive social research framework developed by the sociologist Gabriele Rosenthal.

Results and discussion: The reflection was organized into three topics: conceptual interpretative aspects of biographical research; biographical narrative interview in the production of data; reconstruction of biographical case. This framework proved to be adequate to access and understand the perspective of the social agents in the face of practices and phenomena in the field of Nursing.

Conclusion: Approach of biographical narratives is an important tool for research in Nursing, since it makes it possible to understand the lives of individuals based on their own actions and interpretations.

Keywords: Biography. Qualitative research. Sociology. Nursing.

RESUMO

Objetivo: Apresentar a Entrevista Narrativa Biográfica e Reconstrução de Caso Biográfico como alternativas metodológicas nas pesquisas em Enfermagem.

Métodos: Estudo teórico-reflexivo que apresenta aspectos do método narrativo biográfico e de reconstrução de caso biográfico segundo o referencial de pesquisa social interpretativa alemã desenvolvido pela socióloga Gabriele Rosenthal.

Resultados e discussão: A reflexão foi organizada em três tópicos: aspectos conceituais interpretativos de pesquisas biográficas; entrevista narrativa biográfica na produção dos dados; reconstrução biográfica de caso. Esse referencial mostrou-se adequado para acessar e compreender a perspectiva dos agentes sociais diante de práticas e fenômenos na área de Enfermagem.

Conclusão: Abordagem de narrativas biográficas é uma ferramenta importante para a pesquisa em Enfermagem, uma vez que possibilita compreender a vida dos indivíduos a partir de suas próprias ações e interpretações.

Palavras-chave: Biografia. Pesquisa qualitativa. Sociologia. Enfermagem.

RESUMEN

Objetivo: Presentar la entrevista narrativa biográfica y la reconstrucción de caso biográfico como alternativas metodológicas en investigación en Enfermería.

Métodos: Estudio teórico-reflexivo sobre la presentación de los aspectos del método narrativo biográfico y la reconstrucción de un caso biográfico según el marco de investigación social interpretativo alemán desarrollado por la socióloga Gabriele Rosenthal.

Resultados y discusión: La reflexión se organiza entresejes: aspectos conceptuales interpretativos de investigaciones biográficas; entrevista narrativa biográfica en la producción de datos; reconstrucción biográfica de caso y tipología. Este marco se mostró adecuado para acceder y comprenderla perspectiva de los agentes sociales frente a las prácticas y fenómenos en el campo de la Enfermería.

Conclusión: Abordaje de las narrativas biográficas es una herramienta importante para la investigación en Enfermería, ya que possibilita comprenderla vida de los individuos a partir de sus propias acciones e interpretaciones.

Palabras clave: Biografía. Investigación cualitativa. Sociología. Enfermería.

^a Hospital de Clínicas de Porto Alegre (HCPA). Porto Alegre, Rio Grande do Sul, Brasil.

^b Universidade do Vale do Taquari (UNIVATES). Lajeado, Rio Grande do Sul, Brasil.

^c Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS), Programa de Pós-Graduação em Ciências Sociais. Porto Alegre, Rio Grande do Sul, Brasil.

^d Universidade Federal do Rio Grande do Sul (UFRGS), Escola de Enfermagem, Programa de Pós-Graduação em Enfermagem. Porto Alegre, Rio Grande do Sul, Brasil.

■ INTRODUCTION

The complexity of the health-disease-care process has been a challenge for professionals and researchers in their attempt to achieve a greater understanding of the phenomena experienced in the care of patients and their families. Different approaches are needed for such understanding, regardless of whether the research is quantitative, qualitative or mixed.

The quality of qualitative research depends, among other things, on the use of a theoretical framework that encompasses complex phenomena that are socially significant for people and society and not reducible to a purely numerical description⁽¹⁾. However, for a deeper understanding of non-measurable aspects related to the meanings and senses attributed by the experiences lived by individuals, which interfere in their way of thinking and acting in health, research approaches of a comprehensive and interpretive epistemological nature are necessary. In this regard, as a theoretical-methodological framework, phenomenology is suitable for understanding these phenomena in the context of health care and nursing.

Based on the reflections and studies of Edmund Husserl, phenomenology has the status of a science focused on the experiences lived by human beings and is concerned with the essence of their existential phenomena. Therefore, nursing can investigate different dimensions of human existence, in a given time and space, and the unique way in which they assign meaning to phenomena⁽²⁾. However, many related publications still do not provide detailed information on the theoretical-methodological framework and, thus, readers cannot investigate the adequacy of the method to the epistemological contribution used and the research objectives⁽³⁾.

Alfred Schütz⁽⁴⁾ played an important role in comprehensive social epistemology in the articulation between the thought of phenomenology and Social Sciences, giving phenomenological consistency to Sociology, creating a theory of knowledge and the production of social reality by individuals in everyday life. His theory was an important source in the elaboration of the Biographical Narrative Method proposed by Fritz Schütze, which was later developed by Gabriele Rosenthal⁽⁵⁾.

Comprehensive Sociology is the science that seeks to understand the meaning of social actions in the world of life⁽⁴⁾. Such actions are interpreted based on the *stock of knowledge at hand* of each individual and the motivational understanding of socially constructed interests, in addition to the relevance system, elements that are possible to access through the biographical interview.

More than a clinical interview, what is attempted here is a different perspective for acting on a method for producing information, through a biographical narrative interview (oral biographical reports) and hence, through the use of biographical case reconstruction (analysis method)⁽⁵⁾. Thus, this article aims to present the methods of Biographical Narrative Interview and Biographical Case Reconstruction as methodological alternatives in Nursing research. This article provides theoretical-methodological subsidies that can contribute to the development of research in nursing and health related to the proposed method.

■ METHOD

This is a theoretical-reflective study on the presentation of the main aspects of the biographical narrative method and the reconstruction of a biographical case according to the German interpretive social research framework of sociologist Gabriele Rosenthal⁽⁵⁾. The reflexive textual construction was based on international and national scientific literature on the subject, which was organized into three topics: Interpretive conceptual aspects of biographical research; Biographical narrative interview in data production; Biographical reconstruction of case and typology as data analysis.

This article aims first to conceptually support the theoretical (phenomenological and sociological) aspects under analysis and then present operational (methodological) aspects in the production of information and interpretive analysis guided by the framework. The possibilities of contributions to nursing research were presented transversally in the text.

■ RESULTS AND DISCUSSION

Conceptual and interpretive aspects of biographical research

There are several uses of oral reports in research, which have contemplated different approaches and objects of investigation. Biographical research approaches are generally used for qualitative research designs, but triangulation with other methods, including quantitative methods, can also be used⁽⁵⁾.

In Brazil, the development of research based on oral biographical reports has grown in recent decades, due to the introduction of an interpretive biographical research perspective, in Germany in the 1920s, based on authors that support interpretive and phenomenological sociology, such as such as Georg Simmel, Max Weber and Alfred Schütz⁽⁶⁾.

Among the perspectives used in biographical research, there are investigations conducted around the world based on the biographical case reconstruction approach, developed by German researcher Gabriele Rosenthal, based on the studies of Fritz Schütze, and on the contribution of Alfred Schütz' phenomenologically oriented Sociology. The main proposal of this methodology is to reconstruct the biographical genesis of a given social phenomenon from the experiences and interpretations of the subjects interviewed. Therefore, the approach goes back to the interpretive tradition of Social Sciences, and shifts its focus to the way people create and recreate social reality in everyday life, considering their resources, search, but also the structural limitations of social life.

This type of approach is also relevant for research in Nursing, especially research involving experiences in the health-disease-care process. It is because the way individuals interpret their own experiences reveals important aspects about biography, strengths and weaknesses, allowing a deeper look at the meanings of experiences. Authors⁽⁷⁾ argue that there is congruence between phenomenology and nursing practice, as both are ontologically subjective, since a fundamental component of Nursing is holistic care, based on the biopsychosocial and spiritual well-being of individuals, families and communities.

Chart 1 includes the main elements of the German Interpretive Social Research described by Rosenthal⁽⁵⁾, organized according to the phases of the biographical narrative interview and the reconstructive analysis of a biographical case. This type of interview enables two presuppositions of the interpretive approach: the first is focused on the action and social interaction interpreted; and the second concerns the relevance of the interviewee (what is important for a given subject) during the entire process of producing research data. In turn, reconstructive analysis of a biographical case allows the analysis of the data produced to make the same assumptions, insofar as it does not impose pre-established questions and hypotheses on the material to be analyzed, guided by a close-ended research problem.

As described later in this article, the principle of openness, as established in interpretive social research, is an essential pillar for the adequacy of the practices of methods intended to be interpretive towards the everyday experiences and interpretations of the research subjects themselves and the way in which they experience a given phenomenon. The openness towards its perspectives concerns the central phenomenological notion that it is only possible to understand "reality" from the different perceptions of the external world. Thus, the consciousness of the researched follows the sequential order of the analysis,

PHASES	ELEMENTS OF GERMAN INTERPRETIVE SOCIAL RESEARCH (SOCIOLOGIST GABRIELE ROSENTHAL)
PRODUCTION OF DATA	<ul style="list-style-type: none"> • Biographical narrative interview • Principle of openness • Access to relevance system • Three topics: Open biographical question <ul style="list-style-type: none"> Internal narrative questions External narrative questions • Memos
ANALYSIS AND INTERPRETATION	<ul style="list-style-type: none"> • Interpretive analysis • Reconstruction of biographical case • Biographical data • Thematic field and narrated life • Life experienced • Microanalysis • Contrast • Construction of types

Chart 1 – Conceptual and procedural elements of the process of production and analysis of data of the framework, according to Rosenthal. Porto Alegre, Rio Grande do Sul, Brazil, 2022
 Source: Elaborated by the authors.

as it produces the interpretation of the interpretation of the research subjects⁽⁵⁾.

As the interviews are analyzed, the subjects' interpretations of the biographical data are reconstructed as a way of reaching the genesis of the motivations for actions. The purpose of the reconstruction is to gain insight on present interpretations of events experienced in the past⁽⁵⁾. Reconstruction and sequentiality – basic precepts in this perspective – are only applicable with the use of openness in data collection and analysis and from the recognition of subjects as agents who attribute meaning to their actions.

In the context of Nursing research, it is understood that biographical narratives can lead to knowledge and understanding of everyday experiences of the health-disease-care process. The way in which health conditions and diagnoses are interpreted, for example, is related to time and space, and biographical approaches can contribute to the understanding of how people deal with their losses and health problems⁽⁶⁾.

Biographical narrative interview in the production of data

The biographical narrative interview gives access to the relevance system of the individuals interviewed through the principle of openness, in which guiding questions that direct the interviewee's speech are dispensed with. It begins with an open and broad biographical question in order to avoid framing the themes to be raised and explored⁽⁵⁾.

During the production of data, the biographical interview is carried out in stages. In the first stage, an open and broad question is asked, giving the interviewee an opportunity to talk about experiences that they consider relevant for their biography. At this stage, no comments or insertions that could influence the speeches are made. The stage includes the interviewee's self-presentation of the main narrative, which is developed autonomously⁽⁵⁾. Special attention is given to the topics covered and to the way in which the speaker exposes their experiences, with brief notes with keywords, always taking as a reference the system of relevance and the experiences of the interviewees in the order in which they are presented. The relevance system is guided by the interests of the individual in a given situation. This implies that the individual separates, among the elements present in the situation, those that can be used to define the referred situation in the light of the purposes that this individual has in mind⁽⁴⁻¹⁰⁾. These notes are used to develop a roadmap for the next phase, which varies according to the case. The notes must be written in the language of the interviewees and not the researcher's, thus disregarding the interviewer's

interpretation. When the interviewee concludes the presentation, the second stage of the interview begins⁽⁵⁾.

In the second stage, internal narrative questions are formulated based on the researcher's notes. The purpose here is to deepen the development of the theme and the search for narratives, that is, empirical examples experienced by the interviewee that are related to a theme mentioned in the initial report. This step is based on the sequence of notes made during the main report, to ensure the follow-up of the subject's relevance system. In the third stage, external questions can be inserted with questions of interest to the researcher not yet mentioned in the report, but related to the context of the interviewee's life, or else specific information, such as dates and places that were not clear⁽⁵⁾.

At the end of the three stages, an interview memo is made before the next interview begins. The Memo is a memorandum in which the researcher's impressions about the interaction of the moments before and after the interview are described, listing the biographical data, as well as a detailed description of the interview itself⁽⁶⁾. Thus, the analysis of the initial data is parallel to data generation.

Biographical case reconstruction and typological construction

Rosenthal's biographical narrative approach⁽⁵⁾ proposes the biographical reconstruction of the interviews, allowing the capture of the subjective experiences of the interviewees through five steps: 1) analysis of biographical data; 2) narrated life (analysis of the thematic field and textual material); 3) life experienced; 4) Microanalysis; 5) Contrast between experienced life story x narrated life story and typological construction:

In the first step, analysis of the biographical data, the interview is first read, and the biographical data are highlighted and placed in chronological sequence. Then, information from other sources and the historical context corresponding to each data are added. Data from the interviewee's background (history of the father and mother) is collected to complement the analysis and construction of the narratives⁽⁵⁾.

After the inclusion of additional information, a substantial description is created about the birth situation of the subject and about the previous history of his/her family. At this moment, the interviewee's interpretation of his/her own life is not yet taken into account, only the information provided by him and complementary information, excluding reports centered on feelings and perceptions. Then, primary hypotheses, secondary hypotheses, counter-hypotheses and follow-ups are formulated, starting from an abductive

approach – Oevermann’s objective hermeneutics method – about each of the listed biographical data⁽⁵⁾. The same process is carried out with the other biographical data of the interviewee (organized chronologically), as shown in Chart 2.

In this process of generation of hypotheses, an attempt is made to demonstrate which are the possible paths to be followed, as well as the structural and contextual limitations. The main hypotheses describe in a more general way what path could have been chosen and the situation faced by the interviewee at the time, and the secondary hypotheses are restricted to the possibilities of a scenario outlined by the main hypothesis. At the same time, we seek to envision hypotheses contrary to the main hypotheses, avoiding following a given path when considering the choices and actions of the interviewee. Subsequently, the follow-ups represent more specific consequences, which may have been triggered by the secondary hypotheses and the way these consequences could have influenced the context and future actions of the interviewee. Finally, and concluding this step, biographical data is summarized, and the summary is a preparation for the stage “reconstruction of the life experienced”⁽⁵⁾.

In the second step, analysis of the narrated life (self-presentation, analysis of the thematic field and textual material) will be considered the way in which the individual narrated his own life, analyzing the segmented and sequenced excerpts according to the type of text: account, narration, argumentation, report, description, history and condensed situation. In a biographical narrative interview, the prevalence

of sequences of the interview with a type of narrative text is expected, as it is the textual type in which the interviewee reconstructs his or her participation as an agent, recapitulating past experiences from his own perspective. However, all textual types are considered at this stage of the analysis⁽⁵⁾.

In addition, the themes contained in the interviewee’s speech are also part of the analysis of this step. Thus, to prepare the analysis, in the construction of the separation of text sequences, the following criteria are considered: speaker change, changes in speech content and in the type of text.

Another aspect to be considered at this stage is the interaction between the interviewee and the interviewer, since the interview is produced based on the mutual interaction between them, taking into account the situation in which the interview takes place. In this step of the analysis the interviewer’s prejudices and values become clear and the way in which they interfere with the interviewee’s narrative and with data analysis is evaluated. The methodological rigor of transparency deserves mention, since all the conditions under which the data that will later be analyzed were collected are explained. This attitude is adopted by the researcher throughout the work. In this step, hypotheses are also raised about each of the sequenced excerpts, and the following questions are considered: reason why the interviewee presented himself in the reported sequence, the moment of the speech and textual type, speech time, and the reason for the omission of certain parts of life? An analysis is also made of how much the interviewee is oriented towards

1. FIRST DATA	Birth status
1.1 Main hypothesis	
1.1.1 Secondary hypothesis	1.1.1.1 Secondary hypothesis 1 1.1.1.2 Secondary hypothesis 2 1.1.1.3 Secondary hypothesis 3
1.2 Main hypothesis	
1.2.1 Secondary hypothesis	1.2.1.1 Secondary hypothesis 1 1.2.1.2 Secondary hypothesis 2 1.2.1.3 Secondary hypothesis 3
2. SECOND DATA	Events in the first years of life (entering school or other relevant changes reported by the interviewee). Subsequent data follow the chronology of the life of the interviewee.

Chart 2 – Method of creation of hypotheses for biographical data. Porto Alegre, Rio Grande do Sul, Brazil, 2022
Source: Lavall, 2019.

the interviewer's relevance system, and what emerges in the second phase of the interview, when the interviewer's internal narrative questions begin. In other words, it is at this moment of the interview that the mechanisms that influence the choice of topics addressed in the structuring of the narrative are analyzed⁽⁵⁾.

It is important to emphasize that at this stage the interviewee's current perspective is reconstructed. It helps to adopt a critical stance in relation to the origin of the data so that the researcher does not get carried away by the presentation interest. This stage aims to seek the origin of the experiences lived by the interviewee, reconstructing the form and structure in the life story, as it is narrated. At this point, it is not important to recover the events as they occurred at the time, but to investigate the reasons that lead the interviewee to report the facts in the way he reported, latently or manifestly. The mechanisms that determine the choice of themes portrayed and the way in which the individual structures their speech and the textual elements that constitute one or more thematic fields are investigated. The product of this step is a preparation for the next step⁽⁵⁾.

In the third stage, the reconstruction of the experienced life story is carried out, it is the moment in which the hypotheses of the analysis of the biographical data are compared with excerpts from the interview, in which the interviewer reports that experience. Thus, the results of the first step (analysis of biographical data) and of step two (text and thematic field) will be contrasted later. The reconstruction of the life experienced is based on the scenario of the individual's past, how he lived and interpreted the experiences in the past, how he acted and made his decisions throughout his life story. Thus, based on the interview text, the hypotheses of the first step will be proven or rejected. It should be noted that this step is theoretically based on Alfred Schütz's *reasons why*, which refer to a past action, already completed, and can also be called reason or cause. It is about explaining an action using the past tense from a retrospective look⁽¹¹⁾. In this regard, the objective is the intersubjective understanding of the case, exposing the interpretive process in a comprehensive way, in which the interpretations are based on passages from the transcribed text or from field observations. The reconstruction of the case structure is carried out to reveal the biographical meaning of the situations for the interviewee at the time they occurred.

Although it is included in the fourth step of analysis, microanalysis can be performed at any time during the reconstruction. It aims to ensure a better understanding of contradictory, unclear passages of text that appear to have double meaning or latent structure. It involves a detailed analysis, in sequential order, line by line, or word by word,

in which expressions of language with slang, emphasized words, non-linguistic expressions such as long pauses and in a softer tone voice are considered emphatically. Moreover, this analysis phase can also be used to test and expand the hypotheses generated in the previous analytical steps and find the latent structures that guide the presentation of the interviewee⁽⁵⁾.

In the fifth step, contrast between the narrated life story and the experienced life story, the differences or contradictions between the present and the past from the interviewee's point of view are explained. A contrasting comparison is made between the narrated life and the experienced life, in order to obtain possible explanations for the differences between these two perspectives. Such contrast makes it possible to discover the origin of the difference between what is narrated and what is experienced and which biographical experiences are behind the report and the events. At the end of case reconstruction, the researcher goes back to the research question, and uses it as a basis to seek, in the reconstruction of the biographical case, interrelated elements and phenomena that can explain it. Thus, at the end of the analysis of different biographical cases, a typological construction will be possible, that is, types of experience or phenomena linked to these different cases can be constructed⁽⁵⁾.

The idea of typification appears in the method of reconstruction of a biographical case from two theoretical approaches. The first, by Alfred Schütz and his theory of knowledge, is that the typicality of objects allows individuals to attribute meanings based on general characteristics, and not necessarily on their particularities. For example, although the houses are different from each other, their typical attributes – what is common among them – make it possible for any house to be recognized as a house by those who share a common cultural language⁽¹²⁾. This idea originates from a second implicit theoretical perspective, Max Weber's conception and his notion of ideal type, which would be an abstract construction based on the fundamental, basic characteristics of a given empirical phenomenon. This helps us to approach varieties in a way that makes them scientifically and comparatively accessible⁽¹³⁾.

In other words, the researcher will understand how the phenomena linked to their research interest emerged, developed, and were transformed from the perspective of the subjects who experienced them, identifying other events and experiences directly or indirectly linked, in each case, to the research problem. This will be done by the researcher without imposing the findings of other researchers or his own beliefs on the subject, but rather reconstructing several biographical cases and different actions and interpretations that were part of and constituted a given social phenomenon, and hence

how these actions and interpretations are linked and informed by socioeconomic, political and historical processes⁽¹²⁾.

Thus, typological construction is part of the last stage of the biographical reconstruction of the case, and the types are constructed from the particular cases based on the differentiation between cases of minimum contrast and maximum contrast. While the minimum contrast considers reconstructed cases that contain similarities regarding the researched phenomenon, the maximum contrast concerns the cases that differ the most from each other. It should also be noted that a single case may represent a possible type in the investigated universe, even if there is no statistically relevant frequency in its occurrence. The logic of generalization of this approach, therefore, is independent of the regularity of appearance of the investigated phenomena⁽⁵⁾.

■ CONCLUSION

The approach of biographical narratives is an important tool that can be used for research in Nursing, since it makes it possible to understand the lives of individuals from their lived world, from their own system of relevance. This approach aims, therefore, to understand how subjects interpret the experience of everyday events and situations, common to many individuals, but unique and singular for each of them, as in the health-disease-care process.

Thus, based on a research technique that has not yet been disseminated in the field of nursing, advances in specific scientific knowledge are expected. The methodological rigor of this article ensures transparency in the description of data at all stages of collection and analysis. The attempt to clarify the interpretation of individuals who experience the social phenomena investigated in a research offers a perspective for understanding the internalization of social norms and also their reproduction, in an active way, through the practice of social codes.

This type of research approach has already been used, for example, in investigations into the biographical experiences of people who have lost a family member who committed suicide⁽⁸⁾. The findings obtained indicated that there is a possible contribution of the results to both the production and implementation of suicide prevention and postvention policies. Postvention, in particular, has been an important space that needs greater interdisciplinary attention of healthcare areas⁽¹⁴⁻¹⁵⁾. Therefore, the present study allows progress in Knowledge Translation, as it offers results that can support its application, bringing together dynamic and interactive resources.

Biographical narratives make it possible to highlight not only individual information, but also sociocultural elements

contextualized in historical and economic time. However, they cannot clarify research problems that seek, for example, generalizations associated to quantitative logic, since generalization here does not allow statements of frequency and constancy of a given phenomenon. In Nursing, and in the Health area in general, biographical narratives can help to access structures and social representations about individual and collective health conditions, making it possible to build typologies – theoretical generalizations – from case studies, that help understand difficulties experienced by the individuals. This understanding contributes to qualifying health and nursing care and training professionals in these areas. They are engaged in providing dignified, respectful and comprehensive care for human beings and communities.

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■ **Authorship contribution:**

Formal analysis: Eliane Lavall, Priscila Susin, Karina Schuh Reif, Jacó Fernando Schneider, Marcio Wagner Camatta.

Conceptualization: Eliane Lavall, Priscila Susin, Karina Schuh Reif, Jacó Fernando Schneider, Marcio Wagner Camatta.

Writing- original draft: Eliane Lavall, Jacó Fernando Schneider.

Writing- review and editing: Eliane Lavall, Priscila Susin, Karina Schuh Reif, Marcio Wagner Camatta.

Methodology: Eliane Lavall, Priscila Susin, Karina Schuh Reif, Jacó Fernando Schneider.

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■ **Corresponding author:**

Eliane Lavall
E-mail: elavall@hcpa.edu.br

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Maria da Graça Oliveira Crossetti