

"Trajectory" as a basic theoretical concept for analyzing suffering and disorderly social processes

Riemann, Gerhard; Schütze, Fritz

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SOCIAL ORGANIZATION AND SOCIAL PROCESS

Essays in Honor of Anselm Strauss

David R. Maines
Editor



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ABOUT THE EDITOR

David R. Maines is Associate Professor of Sociology at Pennsylvania State University. His work has focused on articulating issues of social organization and social structure from an interactionist perspective as well as the fundamental relevance of temporality and communication for the development of social theory. He is the current Editor of the journal *Symbolic Interaction*, and his recent books include *Communication and Social Structure* (with Carl Couch), *Friendship in Context* (with Helena Z. Lopata), and *Industrialization as an Agent of Social Change: A Critical Analysis* by Herbert Blumer (with Thomas J. Morriane). His current research focuses on the narrative aspects of social life.

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CONTENTS

List of Contributors ix

PART I. INTRODUCTION

1. Reflections, Framings, and Appreciations
David R. Maines 3
2. In Honor of Anselm Strauss: Collaboration
Barney C. Claser 11
3. Anselm Strauss: An Intellectual Biography
Juliet Corbin

PART II. IDENTITIES AND THE DEVELOPING PERSON

4. Children's Conceptions of Money: Concepts and Social Organization
Howard S. Becker 45
5. On the Empirical Investigation of Self-concepts
Tamotsu Shibutani 59
6. Turning Points and Fictional Identities
Kathy Charmaz 71
7. Affirming Social Value: Women without Children
Berenice Fisher 87
8. Identity Ambivalence in Clothing: The Dialectic of the Erotic and the Chaste
Fred Davis 105

PART III. SOCIAL ORGANIZATION AND SOCIAL WORLDS

9. Social Worlds/Arenas Theory as Organizational Theory Adele E. Clarke	119
10. AIDS and Outreach Work Barbara Suczek and Shizuko Fagerhaugh	159
11. Arenas and Careers: The Complex Interweaving of Personal and Organizational Destiny Carolyn L. Wiener	175
12. The Urban Milieu: Locales, Public Sociability, and Moral Concern Lyn H. Lofland	189
13. On Methods, Ontologies, and Representation in the Sociology of Science: Where do We Stand? Joan H. Fujirnura	207
14. Reaching the Invisible: A Case Study of Experimental Work in Microbiology (1880–1900) Alexandre Métraux	249
Portrait of Anselm L. Strauss	261
Conversation with Anselm L. Strauss	262

PART IV. METHODS, ANALYSIS, AND THEORY

15. The Sociology of the Invisible: The Primacy of Work in the Writings of Anselm Strauss Susan Leigh Star	265
16. Supplementing Grounded Theory Elihu M. Gerson	285
17. Dimensional Analysis: Notes on an Alternative Approach to the Grounding of Theory in Qualitative Research Leonard Schatzman	303
18. Wandering through the Caves: Phenomenological Field Research in a Social World of Dementia Herman Coenen	315

19. "Trajectory" as a Basic Theoretical Concept for Analyzing Suffering and Disorderly Social Processes Cerhard Riemann and Fritz Schütze	333
20. "Trajectory" as Intended Fragment: The Critique of Empirical Reason According to Anselm Strauss Hans-Georg Soeffner	359
21. Reality of Social Worlds and Trajectories of Working Richard Grathoff	373
The Scholarly Writings of Anselm L. Strauss	383
Index	395

"TRAJECTORY" AS A BASIC THEORETICAL CONCEPT
FOR ANALYZING SUFFERING AND DISORDERLY
SOCIAL PROCESSES

Cerhard Riemann and Fritz Schutze

19

The Context of Discovery

The concept of "trajectory" has been of central importance in Strauss's research during the last two decades. It has provided a theoretical framework for several publications that dealt with the complicated relationship between the development of an illness and the various types of work done to "manage" that illness. Since the publication of *Time for Dying* (Glaser and Strauss 1968), many useful categories have been constructed that shed light on different aspects and phases of such processes. At the same time, the definition of the term trajectory itself has become more comprehensive and complex. While the category "dying trajectories" (as used in *Time for Dying*) denoted "perceived courses of dying rather than the actual courses," we find it defined in *Social Organization of Medical Work* as "not only the physiological unfolding of a patient's disease but the total organization of work done over that course, plus the impact on those involved with that work and its organization" (Strauss et al. 1985, p. 8, emphasis added).

In Strauss's monographs and articles since the publication of *Time for Dying*, there has been an intense interest in understanding and analyzing how dying, pain, chronic illness, and illness in general are perceived and handled by staff members, relatives, and patients, how they become an object of work and require a sophisticated organization of work. This research focuses how even the most sophisticated organization of work is very fragile due to a multitude of contingencies arising from many sources (the illness itself, diagnostic and therapeutic procedures, organizational sources, the "experiential careers" of different participants in the drama, and so forth). A crucial theme of this work is that the dramatic increase in medical knowledge and technology is combined with an increase in risks and unforeseen consequences; thus there is an unavoidable dialectic of

enhanced control and new contingencies that have to be managed. Fagerhaugh et al. (1987, p. 32) coined the term "trajectory stretch-out" to point at the consequences of an explosion of medical knowledge and technology that, in the end, can lead to the development of new diseases.

Strauss's research on trajectories has proven very relevant for understanding modern medical work, its organization, and its dilemmas. And, of course, all this can be highly instructive and enlightening for medical professionals who might use this research to develop some analytical distance from the work processes in which they are entangled. This is so because studies on trajectories have concentrated on the sequential organization of these processes, on the perspectives of different participants, on public events and personal experiences. They have done so in a microscopic and macroscopic way, grasping the details of different kinds of work and the development of the total "arc of work." All this has required the development of a comprehensive perspective that radically differs from the outlook of single practitioners doing what they have to do here and now.

For sociologists who are familiar with the Chicago tradition it is quite obvious that Strauss and his colleagues have made significant contributions to the sociology of work as it was pioneered by Everett Hughes (1984). We need not go into details on that matter, but instead would like to discuss another issue that seems to us to be of central importance for sociological theorizing and research. We think that the study of medical work per se—its complexities, tasks, risks, mistakes, the chaos that can be produced, the suffering of patients and other participants—provided a first opportunity to discover a phenomenon that sociologists had not been able to grasp until then: trajectories. The contingencies involved in working with people who go through and endure something that cannot be totally controlled or even managed but merely shaped by the different participants in the unfolding drama (Strauss et al. 1985:20) had to be taken seriously, and this new term caught the quality of these processes. But we also wonder if there is something more general involved in trajectories than is denoted in the definitions provided by Strauss and his coauthors. It might be that the obviousness and "power" of bodily processes like dying and illness did not only further the discovery of a new phenomenon but also contributed to the fact that some generality of the phenomenon was missed. What about the work of, say, social workers, probation officers, refugee workers, hunger fighters? Are they dealing with trajectories or is their work even part of a trajectory? It is conceivable that there are other kinds of heteronomous processes, not just those which have to do with "the physiological unfolding," of an illness? While Strauss has always dealt with the issue of trajectory in terms of work, one could also ask if this has to be the starting point and if work always has to be implied.

Is it possible that the concept of trajectory denotes disorderly social processes in general that bring about suffering? Before following through with that discussion we would like to look briefly at the Chicago tradition.

Hidden Topics in the Chicago Tradition: Suffering and Disorderly Social Processes

Even a quick look shows that the classical studies possessed a sensibility to the suffering of the people whose life circumstances were being studied. This is obvious in the documentary materials included in the different monographs and the authors' respective comments. Examples are Thomas and Znaniecki's (1927) discussion of the individual disorganization ("demoralization") visible among Polish immigrants to the United States, Cressey's (1969:86–94) statement of the "fundamentally retrogressive" character of the taxi-dancer's life cycle (i.e., the successive loss of options on a downhill path), Zorbaugh's (1976:69–86) chapter on the anonymity and loneliness in "the world of furnished rooms," and Ruth Cavan's (1928) analysis of the "suicide process." The authors were sensible and sympathetic in their attempts to understand the experiences of their research subjects on the basis of naturalistic empirical inquiries, but the conceptualizations were still very crude and static despite the attempt to take process into account. Concepts like "personal disorganization" were quite removed from the subjects' perspectives, and the relationship with the empirical phenomena to which they pertain is dubious.

One should mention Robert Park (1937:xv) in this context. He was fascinated by the study of "the marginal man, a man whom fate has condemned to live in two societies and in two, not merely different but antagonistic, cultures" (emphasis added). But even though Park saw the suffering, too, he chose to accentuate the specific intellectual and moral opportunities inherent in marginality, such as the development of a cosmopolitan perspective.

If one looks at how many sociologists within symbolic interactionism (cf. Schütze 1987a) have approached processes of suffering, the concept of "career" appears to be prominent. People like Erving Goffman and Howard Becker come to mind, some of whom had been students of Everett Hughes. This kind of conceptualization stresses processes of labeling, professional and organizational processing, learning, adjusting, and acquiring new identities. These concepts take into account important aspects of social processes of suffering, but the analytical perspective still remains within the paradigm of social action. Most studies are done from the analytical perspective of the organizational processing of suffering, even in Goffman's

(1959) well-known discussion of the moral career of the mental patient. Despite Goffman's claim that the concept of "career" has the analytical capacity of combining the personal and the public sphere, it cannot adequately grasp the constant interlinkage of social and subjective processes.

Interactionist studies take processes of suffering seriously and produce sympathetic and complex analyses of the experiences and perspectives of actors who have not much to lose, but these studies are usually not exact enough in analyzing the dynamics and the sequential organization of social processes of suffering. It remains a hidden topic. A study of suffering would require a constantly alternating and mutually integrated analytical grasp of "inner" and "outer" aspects. We believe it is necessary for an understanding of suffering to leave the paradigm of intentional social action, and to start conceptually from social processes of "being driven" and losing control over one's life circumstances. We think that this is one of Strauss's achievements. He has found a sociological concept for suffering and disorderly social processes that had been lacking in symbolic interactionism and the Chicago tradition in general.

A Generalized Concept of "Trajectory"

Let us return to the early studies on dying trajectories for a moment. It seems to us that in *Time for Dying* there was no vision of "trajectory" becoming a concept in terms of a formal theory. Rather, it just provided a substantive starting point for generating a formal theory of status passages.¹ *Status Passage* (Glaser and Strauss 1971) does not mention trajectory, but at the end of *Time for Dying* the authors had demonstrated the relevance of their empirical research and substantive theorizing as a preparatory phase for their general discussion of status passages. This is what they had to say about dying in these terms:

The major dimensions of a dying trajectory as a status passage are unquestionably the ones noted earlier, in opposition to Van Gennep's discussions. First, dying is almost always unscheduled; second, the sequence of steps is not institutionally prescribed; and third, the actions of the various participants are only partly regulated. It is also quite relevant that the transitional statuses of dying (though not necessarily death itself when it comes) are usually defined as undesirable. Among the other relevant but highly variable dimensions are: the clarity of signs that are available to the various participants; the amount of control that the participants (including the patient) have over aspects of his passage; whether the passage is traversed simultaneously by multiple patients or whether only the patient is dying; and which, if any, patients in a simultaneous passage are aware of particular aspects of that process. (Glaser and Strauss 1968:247; emphasis in original)

Even though the concept of status passage appears too narrow with regard to trajectories (cf. chronic illness trajectories) it is quite clear that the authors

already explicated important dimensions of processes of suffering in general. However, one could ask what other kinds of processes can be characterized by the dimensions that had been spelled out for dying trajectories and whether this could be denoted by a generic term.

Strauss and Glaser's *Anguish: The Case Study of a Dying Trajectory* (1970) reveals quite vividly how complex the concept of trajectory had already become at that time. The term denotes a social process of disorder that takes possession of everyone and hurts everyone in a very intense and consequential manner. One can witness the development of an almost total breakdown of communication between different participants (patient, doctor, staff), a destruction of the "sentimental order" of the ward, a cumulation of consequential mistakes, and a total isolation of the patient in the phase of his or her dying despite professional standards to which the nursing staff adheres. This process has outer and inner aspects. There is a conditional chain of events to which many people unwillingly contribute and from which no one can escape, and there are the collective and personal experiences, theories, frustration, and feelings of exhaustion among the different participants.

We suggest a generalized concept of trajectory as a central category denoting disorderly social processes and processes of suffering, a category that makes it possible to identify, reconstruct, and understand phenomena that had been missed and neglected in most research. We have in mind social processes structured by conditional chains of events that one cannot avoid without high costs, constant breaks of expectations, and a growing and irritating sense of loss of control over one's life circumstances. One feels that one is driven, that one can only react to "outer forces" that one does not understand any more. There are conditions or seeds for the emergence of a trajectory (first just as a potential), a step of crossing from the sphere of intentional action to the sphere of just reacting, different phases a trajectory is passing through, and, of course, there are ways out, too.

This might still sound like a mere academic, loose, or armchair elaboration of a grounded concept that had been developed in real research on medical work. We should mention, however, that our still vague remarks on a generalized concept of trajectory are based on empirical research (Schütze 1981, 1982, 1983, 1987b; Riemann 1984, 1987). The analysis of autobiographical narratives (which were told in interviews) has been especially fruitful for the development of the concept.

Trajectory Seen as a Biographical Phenomenon Proper

In the studies of Strauss and his coauthors, the concept of trajectory is always linked to processes of severe suffering. In the course of a disease the patient, relatives, friends, and possibly staff members in the hospital suffer.

The suffering is experienced by individual human beings; it has a deep impact on their lives and personal identities. The severe suffering shapes their individual biographies; it changes the individual's relationship to her or his personal identity, social relationships, and social worlds. It is conceivable that Strauss and his coworkers were always fascinated not only by the work aspect of trajectory, but also by its biographical aspects. However, the analytical aspect of work has been dominant in the research, and therefore the biographical aspects of trajectory were not spelled out. There is some stress on biography in their recent work, especially in Corbin and Strauss's *Unending Work and Care* (1988), which resumes an earlier important line of Strauss's theorizing on identity, clearly explicated in *Mirrors and Masks* (1969).

Even within the context of Strauss's theorizing, it might be interesting to address trajectory-shaped processes of severe suffering as biographical phenomena proper. From European standpoints of interpretive sociology, it seems to be indispensable. Trajectory processes of severe suffering and their impact on work and interaction are not theoretically conceivable without at least tacit assumptions about sociobiographical changes of the life courses and life situations of the sufferers and their significant others. Severe suffering is a biographical phenomenon par excellence, since it impinges on the state of the personal identities of the sufferers and their dependents, friends, and relatives. The changes of personal identity caused by severe suffering and the biographical impact of the trajectory of suffering have severe consequences for the interaction, communication, and work processes between the sufferer and the persons dealing with her or him (as demonstrated beautifully in *Anguish*). Trajectory processes of suffering convey a sense of fate in the life of the trajectory incumbents; they force them to see themselves as controlled by strange outer forces that cannot be influenced easily or at all. They reshape the present life situation, reverse expectations of the future, and mobilize reinterpretations of the life course. Personal fate, therefore, is a biographical phenomenon in the strict sense. If one takes into account that trajectory processes are marked by features of severe suffering and personal fate, it seems sensible to start analyzing them as basic processes of biographical change as such.

Biographical processes consist of the life history experiences of the person, and these experiences are produced by social interaction or at least are interpreted and sedimented in the course of interaction. They impinge on the attitudes towards fellow interactants and shape social relationships with others, groups, social worlds, and oneself. Such experiences are ordered by the sequential phasing of life history event contexts and relationships with other competing, complementary, as well as dominant and recessive contexts. These contexts can be a serious illness, an occupational career, a phase of exams, a creation of an artwork, a love affair; in short, everything that shapes a person's life and is formed as a story of personal events

occurring in the everyday life course. They are punctuated by certain beginnings and ends revealed by special starting and finishing events. During the course of life history events, that state of the person's identity changes significantly. The person's orientational relationships to the present, personal history, and future are altered. The alteration of the person's relationship to herself or himself is accomplished by biographical work. This is the work of recalling, rehearsing, interpreting, and redefining, and this involves the communicative work of fellow interactants, especially significant others.

Taking all these basic features of biographical processes into account, their analyzability as structural processes seems conceivable. What is more difficult in dealing with biographical processes, as opposed to other social processes, is that many of these aspects consist of "inner events," since the gist of biographical processes is changes of personal identity. These inner events are not as accessible to direct empirical observation as the turn-takings of social interaction or physical activities of work. But they are at least indirectly observable by autobiographical extempore narratives as told in narrative interviews² and by autobiographical documents of all sorts.

In order to demonstrate trajectory processes as biographical processes proper, we will explicate the inner dynamics of their rise and unfolding. This inner dynamics is universal (in a similar vein as Mead's "stages of the act"). It reveals a basic logic of biographical disarray, which is identical in different kinds of trajectory processes (e.g., those caused by severe illness or severe difficulties in the life of an immigrant). We take our illustrations from two interviews: one with a female black American cancer patient and the other one with a female French immigrant to the United States.'

The Emergence of Trajectory Processes in the Life Course

Order in life is mobilized by institutional expectation patterns and by stretched-out biographical action schemes. Institutional expectation patterns refer to the normative principle of biography, and biographical action schemes to its intentional principle. Trajectory processes disturb or even destroy existing structures of social order in biographies. We shall illustrate this with our two cases.

Mrs. Jackson, the cancer patient, has just told the interviewer that she had raised three children and that she had then gotten a divorce from a difficult husband, an alcoholic:

Now, all my kids are up and gone, and um, I'm by myself, and so I've figured, well, I'm gonna live now, you know. Forty years that I'm gonna live. All of the sudden, it was in December of nineteen . . . seventy . . . three . . . that, ah, I was at work one day, and the bra strap here it kept itchin' me.

Mrs. Jackson had been in a difficult life situation before, and during the time of her divorce she was planning to reorganize her life. She had just started to plan for a biographical action scheme to search for new topics in her life and to develop her own personal capacities. (It is typical that women of the working class and lower middle class of Western societies who were born before the middle of this century only begin to be able to plan for their own life when their children are grown up and some occupational independence has been reached.) Mrs. Jackson was searching for a new order and autonomy in her life. In this early phase of a stretched-out biographical action scheme suddenly the looming signs of a possibly fateful bodily change intrude.

Of course, Mrs. Jackson knows that these signs might point to something disastrous in her life. However, she does not want to face the danger because this would be emotionally difficult for her. She has also just reached a point in her life in which she is able to develop plans for herself for the first time. She knows that the possible meaning of the body signs could change her whole outlook on life and that it could alter her attitude towards her biography. And that is why she yields to the inclination at first to let the looming body signs and their possible meaning fade out of her awareness. But this demonstrates that Mrs. Jackson is at the brink of an interchange, and that the biographical organizational principle of her action scheme (to develop the topics of her life) is supplanted by the biographical organizational principle of trajectory. Even for one who does not want to face it, the principle of trajectory shows the potential for destroying the newly won order in life structured by the biographical action scheme. This is expressed by the contrast in the structure of the narrative presentation: the first part addresses the expectation of a new dependable order in her life ("I've figured . . . I'm gonna live now") whereas the second part addresses the sudden intrusion of something very strange, which does not fit this expectation or is even incommensurable with it ("All of the sudden . . . I was at work one day, and the bra strap here it kept itchin' me"). During the extempore narration and its process of remembering, the informant is drawn into the stream of biographical experience a second time and this stream of experience is characterized by a disorder of expectation, orientation, and relationship to world and identity.

One can see a comparable intrusion of disorder in the life of our French immigrant to the United States. Pirette Volnay tells in her interview how she and her husband planned their emigration, how they arrived in the United States, and what happened then. First, Mrs. Volnay relates how they fell in love with each other very early (at the age of 14 or 15) and how her boyfriend and future husband got the idea to emigrate to the United States. They lived in a very poor part of France, and Pierre Volnay had an uncle in the United States who talked about the easy life there. Then the informant

continues to narrate how the idea to emigrate crystallized into an organized biographical action scheme: Pierre and Pirette got an education as car mechanic and bookkeeper, respectively, in order to be well prepared for the United States. Pierre managed to serve his time in the French army earlier than usual, he applied for an immigration card, and he went to the United States before Pirette in order to get a job and arrange accommodations. Naturally the orientational horizon of Pierre and Pirette's biographical action scheme was somewhat vague, as the informant recalls by virtue of the extempore narration: "From what the uncle said, Jean believed that in America everything was much easier, that the money was . . . easier you could earn." On the other hand it is quite differentiated. Pirette and Pierre want to keep the option to return to France after having saved enough money: (with regard to Pierre's military duty) he would serve those "two years, and then he would be free, because he could still . . . emigrate here and keep perhaps his citizenship." Designating the features of vague expectations and an alternative biographical decision calculus (i.e., to stay in the United States or to return to France after having accumulated savings), the narrative rendering of the biographical action scheme reveals a systematic relationship to one's own life and identity that is marked by the features of wishful expectation, deliberation, and discussion with significant others and oneself, voluntary decision-making, and intentional life orientation. These features establish an expectational and organizational order in one's life.

The informant tells how this order was disturbed by two sorts of events. First, Pirette and Pierre Volnay were so much focused on their complicated biographical action scheme of emigration that they were not careful enough. Pirette became pregnant a few months before the end of her apprenticeship as a bookkeeper and Pierre's departure. "Pierre got his [emigration] paper[s] finally, and he got his plane trip and all that. And then he had a little problem because I was pregnant." They had to confess it to their parents, make sure that Pierre's uncle as the person who provided accommodation and life assistance in the United States would accept the pregnant girlfriend of his nephew, and arrange for the marriage abroad. These are very complicated contingencies that they had to manage. The biographical action scheme was not abandoned because of these unexpected events and problems, but it had to be reconstructed in order to accommodate the additional complications. Second, after having gotten married in the United States, they unexpectedly had a hard time organizing their life. Pierre needed half a year to find a job as a car mechanic, which was the only work personally satisfying to him. In the meanwhile he had to work as a gardener like his uncle and other (older) French immigrants without any special occupational education, which was depressing for him: "Pierre hated it, he really hated it. Really." Pirette was isolated by the language barrier, which started hurting her especially after she gave birth to

her child and was forced to get into contact with American institutions—mainly health institutions—which provided services to children in need: "But I didn't like it . . . I was going to the doctor . . . with a baby. . . . I couldn't communicate with the doctor. I was very young, my mother wasn't here. Nobody was there, and with the uncle we only met old . . . French people." The young family had financial difficulties, too, which the elderly French acquaintances didn't face. The informant depicted the whole life situation as "ah . . . it was very, very depressing."

Again one gets the impression that the stream of recollections actualized by extempore storytelling draws Mrs. Volnay back to the orientational principles and the emotional mood of her former experiences as a young immigrant. Her narrative exhibits the contrast between the orientational principles of biographical action—planning and organizing the emigration—and biographical trajectory—living under the alienating life circumstances of an immigrant. The intentional relationship to one's own life and identity is distorted by the very fact of the life conditions of immigration. This is a deep biographical irony since a trajectory process emerges out of a very active biographical process (voluntary emigration is only possible if the emigrant can exert the action capacity for far-reaching decision-making)—a trajectory process that (at least) in the beginning throws the person into a state of shock, passivity, and even sometimes paralysis as far as the organization of everyday activities is concerned.

Basic Features of Biographical Trajectory

In both of these life stories there is a bipartition of two principles of biographical organization and orientation in which the far-reaching biographical action scheme is distorted and interrupted by the powerful and devastating principle of biographical trajectory. The basic features of biographical trajectory can be sketched as follows.

1. The person is overwhelmed by more or less unexpected, powerful events that cannot be controlled, at least at the beginning. The person is confronted with recurring multiplied falsifications of expectations in the course of everyday affairs and in the attempt to enact biographical plans. She or he has to realize that it doesn't make sense any more to rely on one's own expectations of mundane affairs and life course events.

2. The person feels driven and conditioned by powerful outer forces that he or she cannot understand and control, at least during the first phases of the concatenation of strange events. The person experiences herself or himself as a victim of overwhelming forces and is confronted with a far-reaching disorganization of everyday affairs. The mood and logic of suffering become the dominant state of mind.

3. The sources and features of the powerful outer forces are at least partially unknown. Experienced as inconceivable, they gain even more power in the eyes of the sufferer. At least in the beginning the person cannot plan counteractivities because she or he doesn't know exactly enough what is going on. A sense of fate and generalized feeling of uncertainty darkens the life horizons of the person, as in Kafka's *The Trial*.

4. The person is trapped by systematic, long-lasting disorders of orientation and by the loss of personal capacity for systematic, controlled action. At least during certain peak phases of suffering there will be an overwhelming feeling of being separated from the outer world of normal existence and of being paralyzed with regard to the management of one's own everyday affairs.

5. The feeling of separation is accompanied by ongoing sensations of becoming strange to oneself and by explorations into one's own strange inner territory. Such long-lasting feelings of self-alienation exert pressures towards dramatic changes of the definition of personal identity.

6. The person's ability to start, establish, and organize social relationships is weakened. This inability is extremely problematic since at the same time the person becomes more and more dependent on significant others as helpers, counselors, and caretakers. There is the danger of becoming more and more isolated. The person feels uneasy about being unable to keep the balance of social reciprocity. Awareness contexts (Glaser and Strauss 1965) of suspicion, mutual pretense, and/or closed hidden knowledge tend to develop. The basic trust relationship of social interaction is at stake. The suffering person and her or his helpers are confronted by disarray in the articulation and division of labor of everyday life organization, which affects the management of the powerful outer events.

7. Even during those phases of suffering that are not dramatic peak situations, there will be a tendency for the existential world in which the person lives to begin to shrink. The person will also lose parts of the capability to act within the variety of culturally different social worlds that were within reach before.

8. The dynamics of the working potential of the powerful outer forces, on the one hand, and the disoriented and passive reactions of the suffering person to it, on the other hand, give way to a cumulative process of disorder both in everyday affairs and in the relationships of the sufferer to identity and biography. There is an interplay between the powerful outer forces and the person's reactions, with the effect of enforcing the dynamics of disorganization in the life situation.

9. The overwhelming and long-lasting process of suffering gives the person the chance of systematic reflection, of finding a deep relationship to her- or himself and to the world and to significant others, and of mobilizing biographical work and creativity. This can be followed by well-organized

biographical action schemes for controlling the dynamics of disorder and by the exploration and development of hitherto unseen personal capabilities, that is, by a creative metamorphosis of the state of biographical identity.

The basic features of biographical trajectory just outlined can be seen in any type of trajectory, whether it is the suffering of mental patients, the life course of alcoholics, the systematic and degrading failure of students in school, or as in the case of our examples, the difficult times of immigrants and predicaments of cancer patients. For empirical demonstrations let us concentrate on a peak phrase of the course of suffering in the lives of Mrs. Jackson and Mrs. Volnay.

Mrs. Jackson's Suffering

One of the peak phases in the course of her suffering is when her doctor calls her on the phone and informs her that she has cancer. "And when he told me that, it looked like my whole world collapsed. I got weak in the knees, and I was . . . cryin', and my boss was sitting there, and he keeps lookin' at me, and so he [the doctor] said, 'Mrs. Jackson, I'm so sorry.' " The physician is especially upset because due to a failure of his diagnostic equipment he had made the mistake before to tell his patient that she didn't have any cancer. Still in the first shock, Mrs. Jackson is immediately concerned about her lack of health insurance and any savings, so she is extremely afraid of not getting adequate medical treatment. Her boss promises Mrs. Jackson he will organize the medical treatment, and she allows him to call up her doctor. The interviewee goes on:

I went. . . into the outer office, and I think it was about twelve or one o'clock when he [Mrs. Jackson's boss] came in there. I went into a state of shock. I can't remember nothing from the time that doctor called me at five o'clock until about twelve or one the next morning. I sat in that outer office, and I could hear my boss talkin'; it was just like his voice was way, way off. . . . And, um, I could hear him, faintly. But I'll tell you, I have never, my mind has never left me like that, you know. I was gone, for six hours.

Looking at this difficult situation, we can find most of the general features of trajectory mentioned above: (1) The constant falsification of expectations: Her mother and physician had made her believe that she did not have cancer; (2) Being driven and conditioned by powerful outer forces: there is need for immediate medical action, and Mrs. Jackson has to find a way to get into the medical system without any health insurance and money (in

fact, before that she had postponed her first medical examination for two precious months because she first had to earn money for her examination); (3) being confronted with the fateful unknown: listening to the voice of her physician who cannot help becoming the first main agent, the first processor of her trajectory, Mrs. Jackson starts to tremble. Later on the interviewee says that she (being in a general mental state of uncertainty and of constantly asking herself if she is doomed) feels immensely supported when the doctors and significant others are always honest with her regarding the medical expectations: "And I've asked the doctors to . . . please, be honest with me. If I'm gonna die tomorrow, please tell me I'm gonna die. I've got somethin' to do before I leave here . . . you know. Don't leave me . . . hangin'." (4) Severe disorientation, disconnection from the world, and mental paralysis towards any course of action: This mental state of Mrs. Jackson lasts only for a few hours, but it is the core experience of trajectory. It basically means that the person is uprooted, at least to a certain degree, from the mundane common world and its normal course of affairs and that one's own identity is not yet prepared to face the radically changed course of events and one's new, strange life situation. The entitlement to see oneself under a familiar, routine-type perspective is gone, and one knows that this sort of experience can creep up on oneself again any time. [Mrs. Jackson experiences a second breakdown of this kind when she returns home from her surgery and, looking into the mirror, is confronted by her own body image without her surgically removed breast. The applicability of Corbin and Strauss's (1988) category of "biographical body concept" is obvious]. (5) Becoming dependent on a biographical caretaker who is not totally trustworthy (since he didn't inform Mrs. Jackson correctly about the nonexistence of a health insurance the payments of which are deducted from the monthly salary and since he didn't manage the financial conditions for a medical examination on the spot when, two months earlier, he had been informed about the looming signs on Mrs. Jackson's body): Mrs. Jackson is doomed to get into the medical system without the normal voluntary contract between doctor and patient, which is the basis of a mutual trust relationship. The plan of Mrs. Jackson's boss is to put her on a research protocol, which means that certain standard treatments (like chemotherapy) are postponed in favor of a new but not yet established immunization treatment. (6) The cumulating process of disorder: It starts even before the trajectory becomes dominant for Mrs. Jackson. When she is confronted with the looming signs on her body she realizes that she doesn't have medical insurance, and therefore she postpones the medical examination for two fateful months. After having been shocked by the information that she does have cancer, she delegates the task of collecting information about where to go to her boss, who sends her on an avant-garde research protocol.

Mrs. Volnay's Suffering

One of the peak phases of the course of suffering in the immigrant life of Pirette and Pierre Volnay is the situation where they feel forced to return to France since they imagine that they cannot overcome the accumulated difficulties of living in a strange foreign country. Mrs. Volnay was quoted before as saying that the first year in the United States was very depressing. During her ongoing extempore narration she does not want to be reminded of her former predicament, since still today she feels hurt and is perhaps even ashamed of it. Therefore she attempts to go on with an innocuous story line conveying the impression that she and her husband were still able to organize their activities and biographical circumstances intentionally and actively. During her presentation the informant realizes that for the listener the ongoing narrative would become implausible because the difficulties told up to now seem to be standard difficulties of immigration, which normally wouldn't cause one to break off the long-planned biographical action scheme of establishing a financially decent life situation in the United States. Additionally, the listener would have difficulties understanding the emotional and motivational base for Pirette and Pierre Volnay to emigrate to the United States a second time more than two years later. Here we see the presentational and "recall" power of the extempore narration of personal experiences at work, that is, the narrative impulse to go into details. That impulse forces the narrator to interrupt herself and to start a self-correction with some sort of theoretical explanation why her husband and she decided to return to France: "And so after that he went back, no, . . . we stayed one year like that, and then . . ." She realizes, monitoring her own presentation again, that an emotionally easy theoretical explanation would allow her to circumvent the actual remembering and retrospective reenactment of an extremely difficult time in her life wouldn't render a plausible story line for the listener, because something really decisive must have happened for her to have felt forced to abandon her life plan. Therefore the narrator interrupts herself again, and now, finally, she begins to tell what really happened:

We stayed one year like that, and then, oh, Claudine got very sick . . . [!] And Claudine got very sick in the hospital . . . and she had to stay, and many times she's scared . . . and, my parents were, we called my parents right away, in France. [some guttural sounds] . . . [!] And then my father . . . Claudine got out of the hospital, everything was fine. And then we had to pay her bill, we had to pay them. And my father sent us money . . . took about three or four months, and we had to pay . . . And then we went back to France.

Technically seen, the narrator has interspersed a complex background narrative (marked by the sign [!]) into her story line, which was first planned as an innocuous one (see the first quotation). In extempore narratives of

personal experiences the "disorder" of storytelling (e.g., the occurrence of several hesitation phenomena and of numerous unfinished sentences, paralinguistic signs of emotion, narrative self-corrections, and complex background constructions, which indicate interactive attempts to circumvent certain elements of the story line) is the outcome of experiential difficulties—and their storage within the memory—during the actual course of the events being told about.

But what are the features of Pirette and Pierre Volnay's peak trajectory experience? Their daughter fell severely ill. In the second part of the narrative interview where the interviewer attempts to elicit additional narrative details, we learn that daughter Claudine got some sort of pneumonia; at first even meningitis had been suspected. The parents did not understand what the doctors were telling them due to the language barrier. Again there are the features of the occurrence of an overwhelming, conditioning power and of the opaqueness of fateful events. But the overwhelming power is not just the disease of the child. In addition, there was a lack of financial means to manage the situation (i.e., to pay the hospital bills) and the experience of having to yield the baby child to a strange foreign hospital organization. (The latter might be one of the epitomes of the strangeness of living and being driven to react to overwhelming forces within a foreign country with the effect of extreme self-alienation.) Again there is also the feature of severe disorientation and paralysis as far as a course of autonomous action is concerned. Mrs. Volnay cannot help having to call in her parents as biographical caretakers to free them from their entrapment by sending money, so that they can pay the hospital bill and buy the airfare home to France. For the time being, this is the end of the biographical action scheme of emigrating to the United States and of living under fair material circumstances. The intentional principle of biography, the active relationship to world and identity, seems to be destroyed. The feature of self-alienation was mentioned already. The informant says that her child was scared to be left in the hospital. The way she tells it makes it clear that she herself was scared like a child: "and many times she's scared . . . and my parents were [supplement: not here]." Mrs. Volnay and her husband experience a strange biographical regression back to their own childhood. In reference to this difficult process the narrator adds a background construction of second degree that had been left out of the last quotation until now: "we called my parents right away, in France. [some guttural sounds] But then we realized that we were young kids, and we were acting like kids. We weren't mature enough to have a child. And then my father . . ." (Again, embedding this second degree background construction is marked by the second sign [!] in the last quotation.)

Finally there is the feature of cumulative disorder, which is exaggerated by the inadequate reactions of the sufferers. On the one hand, the short-cut

decision (as she interprets it later after looking over the whole life course up to the time of the interview and after having already told about the second, very successful immigration to the United States) leads to an extremely difficult time after their return to France: They feel strange as "homecomers" in their country of origin; they realize that their personal identities have drastically changed. The short-cut decision causes a stretch-out and transformation of trajectory (of being uprooted both here and there). On the other hand, there is the implausibility of why the Volnays have not made any provisions against medical and financial difficulties although Pierre already had been working as a well-paid mechanic for a while when his daughter got sick. The informant puts in another background construction of second degree, which, in the last quotation, has not been quoted yet: "Claudine got very sick. But, we were, also, very young we were buying the newest outfits . . . So. We didn't have any money, we didn't have any insurance.' And Claudine got very sick in the hospital . . ." In the second part of the narrative interview, which contains narrative questions and answers, the informant adds the information that the couple had just bought a brand-new car when Claudine suddenly became very sick. It becomes clear that the young couple was lured into the temptations of the affluent American society—an inadequate reaction to the new events during the course of an immigration trajectory, which enhances the potential of the sudden destabilization of the precarious life situation.

Biographical Trajectory as a Structural Process of Cumulative Disorder

We now take a closer look at the feature of cumulative disorder of trajectory in general. Studies have been done on several types of biographical trajectory, for example, the trajectories of migrant workers (Maurenbrecher 1985), high school students (Nittel 1988), and mental patients (Riemann 1987).⁴ The comparative analysis of a number of narrative interviews reveals that autobiographical extempore narratives use formal provisions for dealing with trajectory experiences, for example, the contrastive structure of rendering that we mentioned above, the occurrence of several background constructions as the repair work on presentational and recollecting disorder, narrative connectors with a general meaning of a downhill path like "still," "not yet," "before I even," "and then something really cruel happened." These formal indicators of autobiographical storytelling showed us that the trajectory incumbents and the human mind in general have a deep sense for the vicious circle of structural process that is pivotal for trajectory—in contrast to other elementary structural processes of biography: institutional expectation patterns/careers of the life course; metamorphoses of biographical identity, for example, the unfolding of creativity

in artists' lives; and several types of biographical action schemes. These other structural processes of biography each have their own different type of sequential organization and *styles/formal* features of narrative rendering. The cumulative disorder of biographical trajectory is characterized by the following sequential organization.

Build-up of Trajectory Potential

Except for sheer accidents and the sudden awareness of severe diseases, the trajectory process does not start suddenly. Rather, powerful outer forces slowly build up a fateful trajectory potential within the person's life situation. There is a fateful interplay of these forces, which begin to entrap the person. There are signs of a looming fate, but the person focuses on one project or problematic force and/or even actively attempts to fade out of her/his awareness the more or less hidden signs of trajectory. Since the person has not systematically thought about the dangers of the trajectory potential and is without any provisions for organized counteractivities, the trajectory potential can grow. In addition, the actions and reactions of the person can even build up the base of the trajectory potential, for example, if, she or he carries through a biographical action scheme of emigration.

Crossing the Border from an Intentional to a Conditional State of Mind

An overwhelming series of central events has the effect of falsifying the expectations of a normal course of affairs. The person realizes that she or he is driven by powerful outer forces and that the uses of familiar strategies for social and biographical action are no longer possible. The person is hurt and suffers, feels abandoned and alone. A conditional state of mind in experiencing events and organizing personal activities becomes the dominant orientational principle for the person's life organization.

Precarious New Balance of Everyday Life

After the first shock of crossing the border to a conditional state of mind, the person manages to create a new balance in everyday affairs that is nonetheless essentially unstable. The constant work of balancing the precarious equilibrium of everyday life exhausts one's energy. In addition, there can be the biographical costs of developing elements of a simplifying world view. The person may become alienated from self and lose capacities for trust, self-respect, and self-reliance. How the person reacts to trajectory events is therefore not adequate in most cases that enhance the power of the trajectory potential. On top of that there is the phenomenon of "cumulative mess," which has been so deeply analyzed by Strauss and his co-authors (see Fagerhaugh and Strauss 1977, p. 268). General features of this phenom-

enon include (1) concentrating on one set of problems to the point of losing sight of other problem sets, with the consequence being the failure to utilize needed countermeasures, (2) detrimental side-effects of attempts to solve some problems on other aspects of the complex predicament, and (3) different problem sets of the trajectory predicament have an intensifying effect on each other.

Breakdown of Self-Orientation

Due to new occurrences of overwhelming outer events or frantic attempts to overcome the downward spin by engaging in decisive but bizarre ("irrational") activities (e.g., escapism, excessive drinking), the person is thrown into a critical situation. The devastating doubt comes up if anything within the world of usual everyday affairs still functions in the normal, hitherto known way. For the time being, the person experiences the total breakdown of the organization of everyday activities. He or she cannot manage the small, but necessary mundane activities any longer. The world becomes totally strange, and the focus of attention to the normal affairs and objects of everyday life is distorted. There is a massive, piercing, or nagging pain of being separated from the existential world of normal life, and for some time no other sensations and emotions are possible.

So, the person's orientational and emotional relationship to her or his identity is lost, at least for the time of the peak crisis. The person feels totally strange to her- or himself, knows that she or he cannot trust her or his capacities anymore, and does not understand her or his own strange reactions to the unexpected events. And even later on there remains the insecurity that there is something within oneself that cannot be easily understood. This is a seed for a periodic doubt in one's own capability and identity. For the time being, the person experiences a total paralysis regarding the capacity for the coordination of complex social action. And there is not just doubt in oneself but also in significant others who have to function as biographical caretakers and professional trajectory processors (teachers, medical doctors, social workers). This generalized loss of trust in fellow interactants is paradoxical because at the same time the person is in desperate need of assistance.

Attempts of Theoretically Coming to Terms with the Trajectory

The total breakdown of self-orientation is an incisive shock experience. The person knows that something really central intruded into her or his life, a "something" with systematically built-up and far-reaching consequences, but doesn't understand what it was and how it happened. Moreover, the person realizes that the usual biographical resources for managing one's life

do not work anymore. There is need for a radically new definition of the life situation.

The definition of the situation (1) attempts to describe the nature and mechanics of suffering and to explain its reasons. The nature of the suffering can be normalized ("just bad luck"). It can be dramatized as a symbol for a deeper condition of existence, for a hidden process, for a basic state of mind that was neglected or faded out of awareness, for an indirect (hitherto unnoticed) outcome of the immoral state of society. And/or it can be explained by analytical-empirical means specifically taking into account the trajectory potential. (2) It struggles with the problem of an obviously unjust fate. The person asks why "all this suffering" and why "it" happened—and is still happening—only to her or him and not to other people around. The inner (argumentative) processes of pondering with the question of injustice result in a systematic attitude of acceptance or rejection of trajectory, in the establishment of deeper solidarity with fellow men or of a system of self-isolation and hatred toward them, and in the construction of global "interpretive devices" about the "real" nature of existence and the "real" state of world and society. (3) It grapples with the impact of the trajectory process on one's life course and its biographical meaning. The systematic redefinition of biography, on the one hand, might help in developing a deeply meaningful biographical action scheme, or, on the other hand, it might demoralize the person's courage for life. In addition, it could be the framework for a biographical action scheme of escaping from or controlling the dynamics of trajectory.

Practical Working upon or Escaping from the Trajectory

On the basis of a new definition of the life situation the person starts a systematic action scheme of controlling or escaping from the trajectory dynamics. There are different basic sorts of action schemes for dealing with the trajectory potential: (1) A mere flight from the present life situation, which normally will not result in an escape from the trajectory dynamics because the person still clings to a trajectory-afflicted identity; (2) A systematic organization of the life situation for living with the trajectory. This is adequate where the trajectory potential and/or incisively detrimental effects of trajectory cannot be eliminated. The devastating influence of the trajectory on life can be reduced or even insulated. It might be possible to start new biographical action schemes and processes of creative metamorphosis that are not thematically focused on the trajectory. And the work on slowing down, inhibiting, or even arresting the dynamics of the trajectory will be done within reestablished, reconstructed, or totally new networks of social relationships with significant others, biographical caretakers, professional trajectory processors, or similarly afflicted persons whom one meets in

social worlds that have come into being for the sake of managing and controlling specific sorts of trajectory; (3) In cases where it seems reasonable and feasible, systematic work on eliminating the trajectory potential by a reorganization of the total life situation including incisive biographical work on one's own personal development. For example, the afflicted person could finally leave the occupation that she or he always disliked and that was the potential for a trajectory of recurring psychic breakdowns and burnouts. Destroying such a trajectory potential by helping the afflicted person to reorganize his or her life situation is one of the basic rationales of social work. Professional and lay biographical caretakers are of the utmost importance in these cases.

Concluding Remarks

Space does not permit us to explicate further the details of the cumulative disorder of trajectory. However, the dynamics of the unfolding trajectory should not be understood as a blind automatism. There can be deviations from the elementary trajectory "script," such as "brakes" for preventing or slowing down the downward course, unexpected "new runs" and "stretch-outs" of the trajectory, and transformations (Schütze 1981, p. 146; 1989, pp. 75–109; Riemann 1987, pp. 393–402). That is, other areas of life are afflicted, including the development of trajectories in the lives of significant others.

There is a tendency in professional work on trajectories toward systematic mistakes due to a neglect of biographical processes. It is clear in studies of many types of trajectories that disregarding biographical processes prevents professionals from focusing on the trajectory potential and the destruction it results in. This can be the case in social work on the isolation trajectory of old people who feel hopeless, abandoned, and separated from their families and other social networks. Quite often certain biographical experiences of the afflicted person and his or her fellow interactants have caused systematic barriers to presenting and understanding in ongoing communication that do not allow kin, neighbors, acquaintances, and professionals to reach the person and to help her or him to bridge the communication gap. In many cases, neglecting ongoing biographical processes connected to the trajectory experience will also weaken the endeavor of professionals, caretakers, and/or the afflicted person her- or himself to restrict the progression of the trajectory and to control its effects.

In summary, then, trajectory might be seen as the conceptually generalized natural history of disorder and suffering in social processes. Robert Park has stressed in some of his and his students' empirical examples (e.g., Park 1927) the feature of conditional relevance⁵ as a basic relationship

between the progressively deteriorating stages of natural history processes of social disorder. It is the counter principle to social action, which can be most basically characterized by the feature of intentional concatenation of its stages. The feature of conditional relevance reveals a strange order or even a "fateful logic of events" for structural processes of disorder in social life. (This is paradoxical even in the realms of formal theory and methodology: It traces the order of the dynamics of chaos; it transgresses the borders of rationality and awareness of the individual "actor.") The fateful logic of events includes massive self-alienating changes of individual and collective identity; tragic aspects of biography and collective history become visible. Strauss's concept of trajectory spells out the general dynamics of social processes of disorder and suffering and its implications for coordinated work in order to create awareness about it and to contribute to its control. While it is a totalizing and multilevel concept,⁶ our purpose has been to underline the pivotal workings of biographical change in the social processes of disorder.

Notes

1. Compare the distinction between "substantive" and "formal" theory in Glaser and Strauss (1967, pp. 79–99) and Strauss (1987, pp. 241–48).

2. This style of interviewing which is methodically based on competencies of ordinary members of society to tell about their own experiences, was developed and refined in a research project on community power structures directed by Schütze and in which Riemann participated. It is a sociological procedure of collecting data in which interviewees are asked for a comprehensive and detailed extempore narrative of their own experiences in a certain area of interest for the researcher.

When interviewees are sufficiently interested in participating in the research and a trust relationship has been established they are asked a "generative" narrative question, which refers to a certain complex of events and experiences in which they have been involved themselves and which are relevant for them (be it a collective process, their life history as such, or something else). After interviewees have started to tell their own story they don't get interrupted until they have finished their narrative with a coda (e.g., "I think I've taken you through my whole life"), to avoid irritating or even preventing the narrative. After that, the researcher asks narrative questions that exhaust the additional narrative potential that had "flashed up" in the main narrative (in hints referring to further narrative possibilities and in noticeable "gaps"); and in the end she/he also asks questions eliciting descriptions (e.g., on situations, milieus, and social worlds) and theoretical-argumentational statements with regard to the "logic" of the concatenation of events and to one's own involvements (how it should be evaluated, what one would have done differently when looking back), etc. The narrative interview is used to reproduce (by way of expanded narrating) the inner form of the sedimentation of experiences with regard to those events in which the interviewee was involved, in which she/he acted and/or suffered.

Since the first application of this style of interviewing in the first half of the seventies, it has been used in a variety of research fields (in West Germany, Poland,

and elsewhere) in which the interest is directed at uncovering collective, biographical, and other social processes [e.g., Hoffmann-Riem (1986, 1990) on the development of adoptive families]. In the last decade, narrative interviewing was mainly used in studies in the field of biography analysis. The comparative analysis of autobiographical narrative interviews was crucial in the discovery of different processual structures of the life course (cf. Schütze 1981), which had been neglected in sociological theorizing up until then. At the same time a method of sequential text analysis was developed (cf. Schütze 1983, 1987b) that has proven useful in studies based on the narrative interview (e.g., Riemann 1987; Schütze 1989). We cannot explicate our analytical procedures in this paper, but the reader should at least get some impression when turning to our discussion of data. See Schütze (1987b) on the theoretical base of the narrative interview (the structure of extempore story telling as such and what can be learned from it) and Riemann and Schütze (1987) on the sequence of analytical steps and the communicative character of research procedures in this field, which is made use of in collaborative qualitative research with students. In this regard we also owe a lot to our experiences with Strauss's style of conducting team research (cf. Strauss 1987).

3. We wish to thank Mrs. Jackson and Mrs. Volnay for their interest and their cooperation. Both women were interviewed by Schütze during his stay in 1978-79 at the Department of Social and Behavioral sciences of the University of California at San Francisco, which was made possible by a grant of the German Research Foundation (Schu 430/1a + b). We could have used other "American" materials, e.g., narrative interviews with ex-mental patients and Vietnamese immigrants who were interviewed by Riemann (he spent one year at the same department in 1980-81 with stipend of the German Academic Exchange Service) and Schütze's narrative interviews with Americans who had fought in World War II. We decided, though, to use these two examples because analyzing these materials was crucial for developing the ideas and gaining the insights presented in this paper. These two interviews were discussed with Strauss, too, so choosing these data also had a more personal component.

4. We could be misunderstood at this point. It is not the case that we have an objectified conception of biographical trajectories that is forced upon the data. When we analyze a narrative we have to be open for the biographical and social processes that are revealed in the formal features and the content of the text. What is important for our present discussion is the fact that trajectory is a highly abstract conception and is firmly rooted in empirical data at the same time. We just mention a few formal (intentional and symptomatic) indicators for trajectories that are visible in autobiographical extempore narratives over and over again (cf. Schütze 1987b, pp. 207-34): suprasegmental framing devices that announce a radical shift in experiencing one's life, early indirect hints that something difficult is coming up, commentaries that show how one calmed oneself down despite ominous signs that things are getting worse, extended sequences of argumentation with oneself (cf. Riemann 1986), e.g., in the precoda phase of the narrative, background constructions as self-correcting devices to repair a disorder in the narrative, etc.

The (ongoing) discovery of these and other textual indicators has helped to detect trajectory phenomena in quite different fields of interest. While analyzing transcriptions of narrative interviews with German students in the social sciences and humanities, Schütze hit upon the phenomenon of systematically produced "study traps": predicaments in which students have been discouraged and have learned to resign themselves over a long time or have started to deceive themselves with regard to the apparent hopelessness of their situation. The analysis of such narrative interviews

makes it possible to link biographical conditions and specific work structures, communicative patterns, and social constellations in (German) departments of the social sciences and humanities, which often prevent students from getting "drawn in," from getting socialized into work processes and acquiring argumentational resources that are the "heart of the matter."

5. The term is not Park's, but was coined by the late Harvey Sacks during the study of the sequential organization of conversation (cf. Sacks 1967/1972). It might appear strange to use it in this context, but it is exactly Park's and Sack's interest in sequential organization that provides for an interesting similarity—their totally different substantive interests and methodological procedures notwithstanding.

6. We cannot go into details here, but we think it is important that the phenomenon of trajectory can be discovered on different levels of social reality. Our discussion of Strauss and his coauthors' studies (cf. Anguish) has already shown that this research has focused on trajectories in the sphere of work. Strauss also dealt with certain aspects of trajectory in interaction (even before the concept of trajectory was formulated): the concept of awareness context (cf. Awareness of Dying) sheds light on the systematic nonreciprocity of interaction with regard to the distribution of knowledge and power in the relationship of dying patients and professional processors of trajectory. There is also the phenomenon of collective trajectory (like floods, wars, and the destruction of communities). In studying such collective processes one can discover a massive appearance of disorder, the breakdown of social expectations, a growing loss of one's planning capacities, a deterioration of social relationships and a breakdown of social reciprocity, an entrapment in guilt-stricken activities, and quite often the emergence of individual biographical trajectories (cf. Schütze 1989). In our present discussion we have focused on biographical trajectories. The theoretical and methodological insights that can be gained through studies on biographical trajectory are also valuable for understanding trajectory processes on the reality levels of collectivity, work, and interaction.

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