Johanna Björkenheim, Synnove Karvinen-Niinikoski

Biography, Narrative, and Rehabilitation

SHORT DESCRIPTION

This module deals with theoretical frameworks of biography and a narrative approach to rehabilitation. It introduces some basic concepts and makes the connection to vocational rehabilitation.

LEARNING OBJECTIVES

1. To understand some of the basic concepts in the discussion about biographies and narratives.
2. To understand the importance of confirming and working with clients’ biographies and biographical narratives in vocational rehabilitation.
3. To be able to identify “biographical work” and possible “trajectories of suffering” in a biography.

CONTENTS

1. Introduction
   1.1 The history of narratives
   1.2 Narrative research
2. Biography and narratives – theoretical frameworks
   2.1 The narrative flow
   2.2 Narratives and culture, class, and gender
   2.3 Biographical trajectories
3. Narratives and rehabilitation
   3.1 Life course and working life
   3.2 A definition of rehabilitation
   3.3 The narrative approach in rehabilitation
   3.4 Diversifying the socio-cultural stock of narratives

© by the authors
Curriculum development funded by the EU Leonardo da Vinci programme
1 Introduction

1.1 The history of narratives

Narratives are thought to be a very old cultural tool in human history. Story-telling was probably used as early as prehistoric times for sharing important information in hunter-gathering communities. The stories helped people to survive in practical life and were also used for transmitting, forming and strengthening the morale of the community, necessary for survival. Stories were useful in imagining possible courses of events, necessary when making plans for the future, and presumably, listening to stories helped in acquiring skills to gauge the intentions and frames of mind of other human beings. Stories probably had an “entertaining” and unifying function in the communities as well. (Hänninen 2000, 37-38.)

In the cultural history of narratives there is first a period of oral narratives and then a period of written narratives. In the oral culture stories were stored in the story-tellers’ minds, and narratives were often presented in a singing, poetic form. The story-teller was seldom the producer of the story, he/she only functioned as an intermediary. Later, with the literate culture, stories could be written down and the story-tellers could create new stories themselves. Written stories could also be interpreted, analysed and assessed in different ways. Stories are told through acting in theatre, as films, and on television, too. The difference between truth and fiction here becomes vague: the characters of a TV serial seem real whereas a real war can be watched as a TV program. (Hänninen 2000, 39.)

The recipient’s relation to narratives has become a more private matter compared to when, in the oral culture, listening to stories was a social event. As regards the content of stories, three historical lines can be seen: a shift from picturing people’s acts and activities to describing awareness, thoughts and feelings; a shift from presenting stories with one “truth” to telling stories in a dialectic way presenting several different perspectives, and a shift from presenting stories with one plot to presenting stories with several main themes or even completely abandoning the conventions of story-telling. (Hänninen 2000, 40.)

The biographical literature has created a mediating category between the fictive story and real life. A biography tells about the life of the writer from his or her subjective perspective. Although biographies have been written since classical antiquity, “Confessions” by Father Augustine, who lived in the 4th and 5th centuries A.D., is regarded as the pioneer work of modern biographies. From the 17th century on, writing biographies became more common, and now biographies are written not only by well-known and prominent persons but also by “ordinary” people, especially people with dramatic life experiences. (Hänninen 2000, 40-41.)

The significance of stories as mediators of morals has changed. Children used to be brought up with models and warning examples in stories with a moral. Modern children’s literature attempts to break, rather than to strengthen traditional moral conceptions. Also in stories for adults reflection on moral questions has become more common. The moral of today’s stories often is that there is no one set moral. (Hänninen 2000, 41.)

The place of narratives in culture has changed. In pre-modern societies narratives were a tool for making the world understandable and meaningful. In modern society, the goal being to find the “truth” to serve rationality, narratives were not seen as so important, even though modern culture itself is grounded in a narrative, i.e. the myth of progress. Today in postmodern society, the view is that events can be interpreted in different ways, and that different stories can be told about the same event. (Hänninen 2000, 41.)
1.2 Narrative research

The core of narrative research is the analysis of stories. Narrative research has spread during the last decades from research of literature, sociolinguistics, history, and philosophy to other sciences, such as the social sciences and psychology. Narrative research does not have one unified and clearly defined theoretical-methodological structure but is rather an open net of discussion with the term ‘narrative’ in common. (Hänninen 2000, 16-19.)

The study of autobiographies started out with reading them as accounts of the lived life. During the last decades researchers’ interest in biographies has focused not only on the contents, i.e. “what really happened”, but also on the way in which the story is told. For example, Schütze (see Riemann 2003) found that systematic study of how a story was told could help in better understanding what really happened, i.e. the experiences of the narrator and the social processes in which he or she had been involved.

The data in narrative research usually consists of stories told in interviews or in writing. Oral interviews, i.e. extemper narratives, are usually very different from written stories in that they have not been constructed in advance (Riemann 2003).

2 Biography and narratives – theoretical frameworks

2.1 'The narrative flow'

In order to clarify the concept of ‘narrative’ Vilma Hänninen proposes a model she calls 'the theory of narrative flow' (figure 1), which distinguishes between the different dimensions of narrative and shows how they relate to each other (Hänninen 2000, 106-109).

![Theory of narrative flow](image)

Figure 1. The model of narrative flow according to Vilma Hänninen (2000).

‘The inner narrative’ is defined as "a mental process by which people make sense of their lives and their situation". It presumes that a person lives his or her life as if it were a story, in which he/she is the main character. The inner narrative can, but does not have to, be made explicit in told narratives. The inner narrative operates on three levels, i.e. as original, reflective and metareflective narrative. The original, unreflected narrative is working, when a person’s life projects proceed without major changes. The reflective narrative is the
narrative a person tells himself or herself e.g. when trying to make sense of a problem situation. And the metareflective narrative refers to the conscious reflecting on the inner narrative, knowing that it is a narrative. (Hänninen 2000, 19-22.)

The ‘lived narrative’ (drama) in this theory is the activity whereby a person tries to realize his or her narrative projects formed in the inner narrative. The term ‘lived narrative’ is used instead of ‘life itself’ to emphasize that people’s actions, decisions, and intentions are guided by the narratives they live by. The lived narrative is subject to social constraints and also unfolds as an interplay with the lived narratives of other people. The narrative flow is thus shaped by and shapes the cultural and socio-material conditions. The consequences of the lived narrative will change the inner narrative. (Hänninen 2000, 20-22.)

The ‘told narrative’, finally, is the story a person chooses to tell others about himself or herself. The form and content of a told narrative may vary in different contexts. It is in itself a social act, which can have social effects. There is a socio-cultural stock of stories from which the inner narrative can draw its models and where the told narrative is included. The theory of narrative flow describes the process whereby a person relates at the same time to the socio-material reality and to the discursive reality. (Hänninen 2000, 20-22.)

2.2 Narratives and culture, class, and gender

The way people narrate their life stories is not the same all over the world. It differs depending on culture, class, gender etc. The construction of an individual self is seen as typical for Western culture, where an autobiography is supposed to reveal the psychological depths of the individual narrator. In other cultures it may be seen as quite irrelevant to narrate a story where the individual self is at the centre of the story. The story may rather be about the role the narrator has in the tribe, and the appreciation this gives him. (Johansson 2005, 229-231.) Even within Western culture ways of narrating differ between groups. For instance the oral narrating tradition of the working class differs from the written narrating of the bourgeoisie. (Johansson 2005, 239.)

Anni Vilkko, who has studied mainly written autobiographies of Finnish women, points out that there is no life story without a gender, and the narrated gender connects cultural and personal issues and ideas in the narrative of the self. The recipient of the story is an embodied reader or listener, the other, who in interpreting the narrative uses elements that refer to lived gender, cultural gender and the gendered reader’s/listener’s perception of the narrative. (Järviluoma et al 2003, 46.)

In the autobiographies of Finnish women Vilkko identified three types of metaphors for life, one of which describes the activity of bringing shape and order to disparate and confusing elements (threads in a fabric, a cloth on the loom, a rag rug, a patchwork quilt, a jigsaw puzzle). The activities and products connected to this type of metaphor are traditionally typical of women and can be seen as producing a gender-specific autobiographical language. (Järviluoma et al 2003, 51.)

Feminist writers argue that the norms for writing autobiographies established through the autobiographies of men like Augustine, Montaigne, Rousseau, Goethe, and Darwin tend to marginalize women as writers of their lives. The female self in autobiography has been described as “self-effacing, oriented to private life, sensitive to others’ needs, relational and subjective, anecdotal and fragmentary in composition”, whereas male self-narratives are read as “self-centred, self-assured and independent, linearly organized, and oriented towards public life, and socially notable personal achievements”. (Järviluoma et al 2003, 54.)

Just like autobiographies in general, women’s autobiographies were first read as accounts of the life lived. Normative events, life transitions and social relations were found
to be important in women’s lives. Men and women were seen to interpret the world
differently and thus living in separate life worlds. Women’s world was seen to be that of
the private and personal, whereas men’s world had to do with acting and achieving in
public domains. Women’s self-narratives were found to be fragmentary, incoherent and
non-linear compared to men’s coherent and linear self-narratives. Women’s different way
of narrating was thought to stem from their subordinate social status and from defining
themselves through addressing the needs of others. Even women who had achieved a high
position in society often narrated their lives as passive objects and in relation to someone
else’s life events, often their husband’s or their father’s, rather than as active subjects.
(Järviluoma et al 2003, 55-56.) In the mid80s many feminist researchers thought that there
was a difference between men’s and women’s self-representations disregarding locality.
Others thought that underlying social practices which produce differences in gender
identities should not be ignored. Narrative research was promoted by the idea of self-
narratives functioning as emancipatory, giving a voice to the silenced, including women,
and communicating their experience of life. (Ibid, 60.)

At some point, researchers realized that language is not just a tool for telling about real
life events. While telling others about our life we are constructing our identity. With the
move into the postmodern era and the conception of an identity that consists of many
different, disconnected identities the view on how self-representations should be done also
changed. It became accepted for men as well as for women to tell their stories in a
fragmented incoherent way. In fact, it was seen as impossible to create a coherent life story
through autobiographical reflection. It was also acknowledged that women from different
ethnic groups and sexual minorities do not necessarily tell their stories in the same way.
(Järviluoma et al 2003, 61-62.)

Life histories are no longer seen as just documentaries of ‘real’ life but also as a
constructive act of reflection, where factors as culture, class, gender etc. are always present.
What Vilkko says about gender could be said about culture and class, too: There is no life
story without culture, class or gender.

2.3 Biographical trajectories

In a biography it is possible to distinguish certain structural processes. There are the
institutional expectation patterns/careers of the life course, the metamorphoses of the
biographical identity, (e.g. the flourishing creativity of an artist), and the biographical
action schemes (the plans a person makes for his or her future). (Riemann & Schütze 1991,
348.)

The concept of ‘trajectory’ has been used to discuss suffering and disorderly social
processes, although the word in general speech tends to be more neutral signifying an event
such as the course a ball takes when it is thrown. The concept of ‘trajectory’ was used by
Glaser and Strauss (1968; see Riemann & Schütze 1991) in their research on the course of
serious illness and dying to provide a theoretical framework for discussing the relationship
between the course of an illness and the work the sick person and those around him/her do
to "manage" that illness. The concept takes into account the constant dynamics between
inner and outer aspects of a person’s situation. Riemann and Schütze broadened the concept
in order to find out whether it could be used in a more general sense, for instance by
professionals who work with persons in complicated life situations, e.g. social workers.
They developed the concept of ‘trajectory of suffering’ and defined it as “the conceptually
generalized natural history of disorder and suffering in social processes”. This concept is
viewed as a promising tool for professionals in seeing and understanding the trajectory
potential and the destruction it may lead to. (Riemann & Schütze 1991, 333-334, 336, 352.)
According to Riemann and Schütze processes of severe suffering can and should be analyzed as biographical phenomena, i.e. as phenomena that affect for example, work and interaction in a context of socio-biographical changes in the life course and life situations of a person and his or her family. Severe suffering touches the personal identity of those personally involved in the trajectory, and changes of identity affect the interaction, communication and work processes. The biographical processes consist of a person's life history experiences, which are produced, or at least interpreted and stored, in social interaction. A person's identity changes during the life course and so does his or her relationship to the present, to personal history and to the future. The change in a person's relationship to him/herself takes place through biographical work, i.e. work of recalling, interpreting, and redefining, which is done in communication with other people, especially with significant others. Biographical processes, which by definition have to do with changes of personal identity, are more difficult to study than social processes, because many aspects consist of 'inner events', which are not easily accessible to empirical observation. However, they can be studied through oral and written autobiographical narratives. (Riemann & Schütze 1991, 338-339.)

The order of a person's everyday life is upheld by institutional expectation patterns (the normative principle) and by biographical action schemes (the intentional principle). Trajectory processes are seen as processes that disturb the social order, and they can have detrimental effects on a person's life. Riemann and Schütze have described the cumulative disorder of a biographical trajectory as consisting of six chronological stages:

1) **Build-up of trajectory potential.** A trajectory may sometimes start suddenly, for example through an accident, but usually it starts slowly, e.g. a chronic illness. Strong outer forces gradually build up a so-called trajectory potential in a person’s life situation, as when dark clouds start to gather in the sky before a thunderstorm. The person notices that something fatal may be happening and either prepares to fight or tries to actively “forget” the hidden signs of trajectory. The person’s own actions and reactions can add to the trajectory potential, for instance, the person goes ahead with his or her plans, which in that situation will only make things worse.

2) **Crossing the border from an intentional to a conditional state of mind.** The person realizes that he or she is now driven by outer forces and that the usual action strategies are of no use. Every day the person has to take into account that outer forces may overthrow his/her plans, as when a person with a serious illness receiving an invitation has to answer: “If I am well enough on Friday, I will come.”

3) **Precarious new balance of everyday life.** After the person has overcome the first shock of not being able to make plans as usual, there is a new, although unstable, balance in his/her everyday life. However, the constant work of trying to balance what he/she can and should do and what he/she cannot do is very exhausting. Actions to diminish the trajectory potential are therefore not always adequate. Strauss et al talked of the ‘cumulative mess’, meaning that the process is aggravated by attempts to solve some of the problems whilst at the same time worsening others. Different sets of problems can have a worsening effect on each other.

4) **Breakdown of self-orientation.** As new events occur and the person makes more irrational attempts to stop things from becoming worse (like drinking excessively), the situation is getting even more critical.

5) **Attempts of theoretically coming to terms with the trajectory.** Being at a total loss is a shock. The person knows that something terrible has come into his/her life but does not understand what it is and how it came there. He/she realizes that the situation cannot be handled with the usual resources and that the life situation needs to be completely redefined. The person’s new definition of the situation aims at describing
the suffering, how it works and the reasons for it, at tackling the question of dealing with an unjust fate, accepting or rejecting the trajectory, and at fighting the impact of the trajectory on the life course.

6) **Practical working on the trajectory or escaping from it.** Depending on how the person has defined the new life situation he/she starts to act systematically to either control or escape from the trajectory. Three types of action schemes are possible in handling the trajectory:

1. To flee the present life situation, which usually does not help, because the person is still defining himself through the trajectory.

2. To reorganise the life situation in such a way that it will be possible to live with the trajectory. This may mean that new biographical action schemes are possible, and that processes of so-called creative metamorphosis get started, i.e. completely new resources for self-realization emerge.

3. To work systematically on eliminating the trajectory potential, if possible. This is done by reorganizing the life situation completely and by doing biographical work.

(Riemann & Schütze 1991, 339, 348-352.)

Connecting to the discussion on habitus in module A.3 we can say that at the start of the trajectory the person’s acts are determined by habitus, which may produce inadequate behaviour. As the process goes on, the person is at best able to act more rationally. In this process of biographical work social workers and other professional caretakers can have an important role in helping the person to reorganize his/her life situation either living with the trajectory or planning for a life where the trajectory can be avoided.

### 3 Narratives and rehabilitation

**3.1 Life course and working life**

As mentioned earlier (module A.3), age is an important factor in making plans for the future: At what age will I do what? Institutional schedules for the life course refer to the societal expectations as to which life events should occur at what age (although what age is ‘suitable’ for what event may vary from culture to culture and over time). There are certain age-norms related to activities such as taking your driver’s license, finishing school, getting married, having children, having your finances in order, having grand-children, etc. If, for some reason, the expected life events do not occur when they are “due”, or occur when they “should not”, this is considered more or less deviant from the normal pattern.

Such institutional schedules also apply to working life. In Western society people are ‘supposed’ to have finished their studies and have a profession at a certain age, have made a career at a certain age and retire from work by a certain age. Adults are generally expected to do work of some kind, at home taking care of their small children or as self-employed or employed by someone else. Most women nowadays want to have a vocational career of some sort, even if they take care of their children at home for a period of time. The time spent at work (or thinking of work matters) makes up quite a large part of peoples lives, and so the future vocational career is something many young people think about a lot.

During the life course many life events take place. Often the sequence of events is seen as important and there may be several different so-called socio-biographical processes going on at the same time. These may sometimes collide and compete, for example the vocational career may be difficult to combine with family life, or processes with different groups of people and friends may collide with the process of getting a profession.
3.2 A definition of rehabilitation

Mastering your life is one of the most important values in our culture. People try in different ways to gain control over their life or parts of it. Even death is something people try to control. It has become more common to explain human activity by the goals and initiatives of the individual rather than by the outer conditions of the person’s life situation. Nowadays, for instance, we think that it is not possible to gain control over an illness without your own will and efforts, even if rehabilitation and other experts may have an important role in the process. Mastery can be seen as a resource essential to reach the goals of rehabilitation interventions. It may also, however, be seen as a goal in itself, where the individual’s self-confidence and possibilities for self-realization are seen as a central aspect of being human. (Järvikoski 1994, 98-99.)

Rehabilitation as activity has changed with the changes in society. After World War II it was important to rehabilitate disabled war veterans into the labour force to rebuild society (Järvikoski 1994, 130). Restoring working capacity is still important in rehabilitation, but now there are other important aspects as well. The goal of rehabilitation may be to improve functioning in general and to enhance social integration. (Järvikoski & Härkäpää 1995, 15-20.)

Järvikoski & Härkäpää (1995, 21) have defined the concept of rehabilitation as supporting mastery of daily life in the following way:

"Rehabilitation is a planned and multisectorial activity which
– has as its general goal to help rehabilitees carry out their own life projects and maintain mastery in situations where their possibilities to manage and to be integrated into social life are threatened or weakened due to illness or for other reasons,
– is based on a plan made by the rehabilitee and the rehabilitation worker in collaboration and is subject to continuous process evaluation also performed jointly by the two parties,
– consists of interventions aimed at increasing the individual's resources, functioning and mastery, as well as interventions aiming to improve the conditions for better functioning in the society where the person lives, and
– can be based on work with individuals as well as with groups and can make use of social networks in the community."

When a person's working capacity for one reason or other has changed so much that it is difficult or impossible for him or her to continue in the same work as before or to perform the same tasks as before, the rehabilitation work needed to help this person carry out his or her life project may have to consider the person's life history and biography. How can this be done in a meaningful and successful way?

3.3 The narrative approach in rehabilitation

Narratives have been used to gain a better understanding of people’s experiences of their illness and their life situation. They have also been used in rehabilitation. From a narrative perspective people try to make sense of their own life by seeing it as an intelligible narrative with a “plot”, looking back, looking at the present, and into the future. Events, experiences, thoughts, and feelings during the life course are linked together by the meaning the person gives to them. A life story (narrative) is thus the person’s own interpretation of his/her life. In principle, it is possible to interpret a situation in different
ways. Certain events and episodes, seen as particularly significant, are selected for the life story while others are forgotten or put aside. A person may, for example, remember only the injustices and failures in his/her past and see only threats in the future (i.e. life is interpreted as a tragedy). The story, both the interpretations of the past and the projects for the future, is transformed over time and with changes in the life situation. When a person starts to reflect on his/her story and realises that the interpretation of previous life events can be changed, this may liberate him/her to seek a new perspective for life. (Hänninen & Valkonen 1998, 3-4.)

In a narrative perspective rehabilitation can be viewed in part as the work of supporting the rehabilitees’ efforts to create narratives that are meaningful to them, and to help them realize these narratives. An important task in planning and developing rehabilitation services is reflecting on the presumptions and model narratives established in the rehabilitation workers’ own ways of acting and talking. Is there room for alternative narratives or are the experiences of the rehabilitees pushed into one form? (Hänninen & Valkonen 1998, 10-11.)

In narrative rehabilitation the language is important: is the focus on problems and deficiencies or on the goals and the strengths of the client? The paradox is that in applying for rehabilitation services the person (at least in Finland) has to prove a deficiency or a deviance, which is a negative starting point for rehabilitation. At the same time the client is required to concentrate on his/her resources and strengths, which are the positive basis for rehabilitation. (Hänninen & Valkonen 1998, 11-12.)

In rehabilitation it is nowadays stressed that the rehabilitee should be the subject and not the object. In narrative terms this means that the rehabilitation should strengthen the person’s experience of being the main character in his/her own life including their rehabilitation. This may not always be easy, especially if the client has accepted a passive sick role. The role of the subject in rehabilitation should be strengthened by bringing the rehabilitee into the planning work of the team. (Hänninen & Valkonen 1998, 12.)

The traditional task of rehabilitation to improve functioning can, in a narrative perspective, be understood as helping people to realize their own stories. This means improving the functions that are necessary for realizing the goals of the particular client. Someone may want to write a book, another to take care of his or her grandchild, or to be politically active. These different goals imply different needs for improved functioning. But the personal goals meet social reality. The possibilities of realizing social roles may, as a consequence of the illness or handicap, be diminished. In that case the challenge for rehabilitation may be to raise new types of narrative projects, and to make them possible and valued. The new narratives will have to be accepted and respected by the rehabilitee as well as by persons or communities significant to him/her. According to Hänninen and Valkonen, it is not necessary to encourage the rehabilitee to create a logical and coherent story with clear goals, often it is better to support him/her to accept a story that is complex and open, and to encourage him/her to enter a world of more vague, inexplicable, and irrational stories. One central dimension of narrative rehabilitative work could be to set aside the individual model stories and get closer to more general and basic meta-stories instead. (Hänninen & Valkonen 1998, 12-15.)

Research shows that it is essential for people in rehabilitation to hear the stories of other people with similar experiences and to tell others about their own experiences. This is a way for people to see that they are not alone with their problems and that others have the same kind of experiences. Hearing other people’s stories can give support and strengthen a person’s own identity. In a group of rehabilitees a normative model story may be created, which strengthens the solidarity between group members. Alcoholics Anonymous is a good example of this. However, a person whose experiences do not fit with the model story may feel excluded from the group. It is therefore important that the group will allow different
stories to be told. Hearing stories that are different from your own may be useful in that it opens up new perspectives. (Hänninen & Valkonen 1998, 13-14.)

3.4 Diversifying the socio-cultural stock of narratives

The cultural stock of narratives offers people in a society a shared frame for understanding life experiences and events. Model stories about illness offer interpretations for example about the responsibility for illness and rehabilitation and about the direction rehabilitation should take. Model stories can be labelling and oppressive, or they can be encouraging and supporting. However, one or two formulas can never capture the complexity of real experiences. In a study of laymen’s model stories about myocardial infarction (which they themselves had not had), five story types were found: the most common one was about health behaviour and the most important value of rehabilitation was to promote a healthy way of living. The metaphor of the second story type was a fight, where illness was seen as a threat towards a dignified life, and rehabilitation was seen as bringing the person back to a life of dignity. The third story type held a metaphor of emancipation: illness was seen as a consequence of the demands of society, and rehabilitation meant liberation from the demands. The fourth metaphor described the illness and the rehabilitation as the decree of fate, and the fifth one described both the illness and the rehabilitation as just due to coincidence. These cultural stories may limit the ways in which a person with myocardial infarction understands his/her situation. In order to be able to live a story that is different from the common ones, the rehabilitee needs to gain understanding and social confirmation from others. It is not easy to carry out an optimistic story, if everybody around you regards your illness as an unavoidable tragedy. It is not easy to accept your illness, if your social environment demands you to fight it actively. And it is easier to accept your sadness and rage, if there are other kinds of stories available than those about how sick people bear their illness with calm dignity. Narrative rehabilitation, i.e. the creating, forming, telling and realizing of life stories, would be much easier, if different kinds of narratives were presented in public. Besides helping other people suffering from illnesses, stories of people’s own experiences of illness and rehabilitation can point at new existential dimensions. (Hänninen & Valkonen 1998, 16-17.)

Narrative rehabilitation means not only that former rehabilitees can tell other people their life stories in a new way, but that they themselves may interpret their lives in the light of a new narrative. In the end, rehabilitation is a question of getting the opportunity to live a meaningful life and to realize your own life goals in real life. The limits of the stories of real life are set not only by imagination, but also by very complex social, cultural and physical structures. In the case of an illness or handicap these limitations can be extremely narrow. In order for people to have a choice and be able to realize not just one type of life story, there needs to be more equal access to work, education, leisure, and other fields of everyday life. Rehabilitation workers cannot renounce the responsibility for the work of creating these kinds of opportunities. In a narrative perspective, rehabilitation has often worked with the goal to return the rehabilitee back to a “normal” life, to a certain type of “good life story”. Hänninen and Valkonen ask whether a task for rehabilitation should not instead be to work for a more differentiated supply of life stories? (Hänninen & Valkonen 1998, 17.)

Exercises for Students

1) What institutional patterns can you see in your own culture?
2) What types of “model narratives” for a person being ill with cancer can you think of?

References