SHORT DESCRIPTION

This module deals with the analysis of biographies and narratives. It also presents ways in which biographies and narratives are used in social work, and gives an example of a case analysis.

LEARNING OBJECTIVES

1. To learn something about how to analyse biographies and narratives.
2. To recognise ways of using a biographical approach in one’s own work.

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1 Introduction

Collecting and analysing personal and collectives stories in a systematic way has a long tradition in the social sciences. Biographical research is a “…field which seeks to understand the changing experiences and outlooks of individuals in their daily lives, what they see as important, and how to provide interpretations of the accounts they give of their past, present and future” (Roberts 2002, 1). A distinction is usually made between, on the one hand, analysis of (biographical) “extended accounts of lives that develop over the course of entire interviews” and, on the other hand, analysis of “brief, topically specific narratives organized around characters, setting, and plot” (Riessman 2001, 82). An autobiographical interview focuses explicitly on the life history of a person while a narrative interview can focus on other things, too (Riemann 2003).

In the social sciences narratives have generally been studied in two ways: (1) from a methodological perspective, i.e. stories are seen as one of several sources from which to gain knowledge about social reality, and (2) from an ontological perspective, i.e. the social reality itself is seen to have a narrative form. In the latter case social and personal identities are seen to be constructed as stories. (Johansson 2005, 18.) In later years the story-telling aspect has gained in importance and it is common to talk more about life stories than about life histories. Researchers are interested not only in what is said but also in how it is said. How events are related in a story indicates how individuals give meaning to their lives. (Johansson 2005, 220; Riemann 2003.) The talk about ‘realism’ versus ‘constructionism’ or ‘narrativism’ is a key debate in much biographical research (Roberts 2002, 7). Öberg has introduced a third concept, i.e. ‘retrospective reflection’, which places itself between the realistic and the constructive position. This perspective sees “life-stories as windows, though not completely transparent, to history, culture and mind of the informants interviewed”. This perspective takes into account the fact that “individuals constantly reinterpret their life history according to their situation in old age and to their story’s plot”. (Öberg 1999, 110; see Johansson 2005, 223–224.) In this module narratives are seen as interesting both as to content and to form. By narrative we here mean a story about life (biography) or part of life.

2 Analysing biographies and narratives for social work

When studying biographical processes in the work with clients, social work can gain from looking at how biographies and narratives have been used in research and what has been learned in this process.

Riemann (2003) mentions some important aspects, when doing autobiographical narrative interviews:
1 – It is necessary that there is a relationship of sufficient trust between interviewer and interviewee.
2 – The generating question has to be formulated in such a way that it can elicit an extempore narrative of the interviewee’s involvement in events and experiences that were relevant for the person instead of eliciting plain accounts or explanations as to why he/she acted in a certain way.
3 – The interviewee should be allowed to tell his/her story without being interrupted, except for when the interviewer gets lost and does not know what the narrator is talking about.
4 – After the coda (closing remark) of the main narrative there is a phase of questions and answers: the interviewer asks a few narrative questions in order to let the interviewee tell as
much as he/she can about the main theme(s). When there is no more narrating, the interviewer can ask questions about certain facts or about the reasons for certain events or acts; these can be retrospective evaluations and reviews, reflections on what one would do differently today, what the events reveal about one’s self etc.

In social work it is often necessary to ask about things that the client has not mentioned in the main narration. After having asked the interviewee to tell more about themes that came up in the main narration (internal narrative questions) it is possible to ask the client to tell more about themes that have not yet been mentioned (external questions). (Rosenthal 2003, 918-919.)

While telling his/her life story a person structures the story in a way that he/she finds meaningful. The memory process is supported and fragments are chained together to a whole picture. Narrating gives the best picture of what happened and of the experience. The story gets more detailed during the narration and the narrator starts to interact more with his/her memories, contemporary partners and with him/herself than with the listener. A biographical interview allows for themes to come up which the interviewer may not think to ask about. (Rosenthal 2003.) Disadvantages in social work can be that a biographical interview is work and time consuming and analysis is difficult if it is not possible to tape and transcribe the interview.

### 2.1 Generating questions

In analysing biographical narratives it is important to look at what kind of questions, so-called ‘generating questions’, are used to generate them. The generating question influences the story and should therefore be part of the analysis. Professionals, e.g. social workers, usually have a different purpose with their interviews than researchers do, but the former can learn from the latter when it comes to formulating questions that encourage people to talk about their lives.

It is often necessary to start out with some small talk and be observant of how the interviewee responds. The interviewee, of course, needs to feel that the interview has some meaning and wants to know why it is being done. When doing a research interview in a medical setting, Riemann proposes starting with something like: ‘I am not really interested in medical histories but in life histories’ or ‘in order to understand this part of your life….’. The interviewer should be vague enough in order not to restrict the interviewee’s storytelling but specific enough, so that the interviewee knows what is expected of him/her. Riemann proposes that the interviewer pulls the interviewee into narrating by narrating something first, e.g. introducing himself/herself with a story. The generating question can then be just: ‘Tell me your story!’ followed by ‘Start with your first memories!’ (Riemann 2004.)

Other generating questions used in research are e.g.: ‘Every person has a life story. Try to tell me about your life in about 20 minutes. Start wherever you want.’ Or ‘If you were to write a book about your life story, what would the different chapters be about?’ (Holstein-Gubrium 1995, 40-41; see Johansson 2005, 248.) Sometimes it is more relevant to start out with a more specific question, like ‘What does your work mean to you?’ (Chase 1995; see Johansson 2005, 248.) Curran & Chamberlayne (2002, 2) used an open question in which the interviewee was asked to speak freely about his/her own situation.

In social work, too, it is common to use open questions that are not easily answered by a “Yes” or a “No”. However, social workers may not usually ask questions that generate a whole biography. Often narrative questions (e.g. “Tell me more about...”) are needed to help the interviewee tell his/her story.
EXERCISE 1

What questions do you use in your work to generate clients’ stories?

2.2 Analysis

Narratives can be read, interpreted and analysed in different ways depending on what questions are put to the material. One way to analyse autobiographical narrative interviews is described by Schütze in module B.2. Some general aspects of analysis will be briefly described in this chapter.

The model of Lieblich et al (1998, 12-14; see Johansson 2005, 288 -290) identifies two main and independent dimensions in analysis of narratives: 1) holism versus category and 2) content versus form. The model is presented in figure 1.

Content   Form

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<th>Holistic – Content</th>
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<td>Categorical – Content</td>
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Holism
Category

Figure 1. Model for the Classification and Organization of Types of Narrative Analysis (Lieblich, Tuval-Mashiach & Zilber (1998, 13) modified by Johansson 2005, 288).

The holistic–content manner of dealing with narratives uses the complete life story of an individual and focuses on the content presented. The analysis can also focus on certain parts of the life story, usually the opening or closing parts, but the parts are always related to the entire life story. This kind of reading is common in clinical case studies and in anthropology. (Johansson 2005, 289.)

The holistic–form type of analysis involves looking at the structure of complete life stories. Is the story a comedy or a tragedy? Does the story contain a climax or turning point, which explains the development? How does the story begin and end? How is the story organised: chronologically or thematically? This type of analysis has become more common in social sciences during the last years. (Johansson 2005, 289.)

A categorical–content approach is what is usually meant by ‘content analysis’. It means that categories of the studied topic are defined and the narrative is extracted, classified and gathered into categories. Quantitative treatment of the narrative is quite common. This approach to look for certain themes or content patterns in a narrative has been common in sociology. (Johansson 2005, 289.)

Finally, the categorical–form mode of analysis is about stylistic or linguistic questions of defined units of the narrative. A categorical–form analysis might focus on the kind of metaphors the narrator is using or on the use of passive or active form. This type of analysis is common in sociolinguistics. (Johansson 2005, 289.)

Besides content and expression/structure Johansson (2005, 290) adds a third dimension to the model, i.e. the interpersonal relation perspective, which contains both an identity and a relational function.
Depending on which dimension the researcher focuses on, content, expression/structure or interpersonal relation, different questions are put to the data. A content analysis answers questions like: What happens in the story? Who are the characters? What are the relationships between them? Which is the dominant story line? What are the story time and story space? In what setting do the events occur? Which are the explicit and implicit themes? What is the point of the story? Which cultural, political, scientific and religious discourses are articulated in the story? (Johansson 2005, 286.)

An analysis of expression and structure answers questions like: In what order are the events told? How is the story organised, chronologically or thematically? What is the duration and frequency with which events are told? What distance, perspective and voice is used in the presentation? In what tempo or rhythm are the episodes told? What words are used? What grammatical form is used, passive or active? What rhetorical figures are used, e.g. metaphors? What type of plot is there? Is it a comedy or a tragedy? (Johansson 2005, 286.)

The analysis of the interpersonal relations answers questions like: Who is talking to whom, when and where, what is the purpose of the conversations? What kind of relationship is there between the interviewee and the interviewer? What are the differences in social position: gender, class, sexual orientation, age, “race”/ethnicity, knowledge, experience? What is the interplay during the interview? Verbal and non-verbal expression? What conversation styles/communicative strategies are used? Who dominates in the interview? How? When? In what respect? Are there critical points in the interplay, misunderstandings, conflicts? What identities are created in the story-telling? (Johansson 2005, 286-287.)

In her outline of a line-by-line narrative analysis Fraser (2004, 186-196) distinguishes seven phases: (1) hearing the stories and experiencing the interviewee’s and the interviewer’s emotions, (2) transcribing the material, (3) interpreting individual transcripts, (4) scanning across different domains of experience, (5) linking ‘the personal with the political’, (6) looking for commonalities and differences among participants, and (7) writing academic narratives about personal stories. This outline can be looked at from a social work perspective.

In social work it is not always possible to record, listen to and transcribe narrative interviews like researchers do, although for example videotaping of interviews could be used more in the work with clients and in supervision. Instead, social workers usually have to listen very carefully to the client’s story during the interview and make notes. While listening the social worker needs to distance herself/himself enough from the storytelling to be able to reflect on it while at the same time listening. Fraser points out that emotions of both interviewee and interviewer should be registered, body language observed, agreements and disagreements noted, because they can give insights about how the conversation unfolds. This includes paying attention to the interaction between social worker and client and to the context where the interview takes place. Observing how the interview and the narratives start, unfold and end may be important in understanding what the client wants to say. It may be helpful to go through the interview thoroughly afterwards, to complete notes, and to think over the interview as a whole. (Fraser 2004.)

According to Fraser (2004) the main challenges of interpreting individual interviews is trying to separate long chunks of talk into specific stories or segments of narratives. This may be difficult because one story often ends seamlessly into another. The interviewee may also jump from one subject to another and tell stories that are not separate and complete. Because the interviews are seldom recorded and transcribed it may be easier to try to recall the sets of ideas expressed and the scene(s) in which some sort of plot unfolds. The interview may be analysed from intrapersonal, interpersonal, cultural and structural aspects. Intrapersonal aspects often appear through the client’s self-talk, i.e. when the interviewee
says “And I said to myself...”. Interpersonal aspects appear when the interviewee reports what he/she said and what somebody else said. Cultural aspects again often refer to larger groups of people or to social conventions. Structural aspects often appear when talking about social phenomena, and about class, gender, ethnicity etc. Linking ‘the personal with the political’ involves looking at how dominant discourses and social conventions constitute an interpretative framework for understanding the stories. Looking for commonalities and differences among participants is particularly important when the social worker wants to advocate for certain groups of clients. By classifying and typologising clients’ stories, similarities and differences become more visible. Written analyses of the stories of clients form new stories, and we need to be careful to check that these analyses correspond to the stories told whether they are written as scientific articles, for agency files or as social reports. In seeing that narrative analysis offers a way to understand the role personal stories play in the making of the socio-political world social workers can use this knowledge to reinforce or contest dominant social practices. (See Fraser 2004.)

3 The use of biographies and narratives in social work

Narrative approaches in social work have been classified as belonging to the ‘third wave’ of social work theory characterised by solution-building and potential rather than by pathology. In this classification the ‘first wave’ is described as a pathology-based medical model building on the ideas of Freud and his successors, and the ‘second wave’ as characterised by problem-solving. (Milner & O’Byrne 2002, 84.) Maybe as a kind of protest against the medical model and pathology-problem-oriented work, social workers have often been actively looking away from dealing too much with clients’ past life. Another reason for the unwillingness to dwell on clients’ past may be that many social workers feel they do not have the competence to deal with very traumatic experiences in clients’ past, if such come up. Many social workers have felt that their competence is more solution-oriented, i.e. oriented towards working with the present and the future. This may have lead to neglecting clients’ life histories and life stories. Despite this doubt of many social workers biographical narratives seem to be fairly commonly used in social work. With the concepts of 'narrative' and 'biographical' many social workers feel they have now got an acceptable term for what they have been doing all along. As mentioned earlier in this module, a narrative is not always the story of a life. It can also be a story about something else, for instance about what happened when the person did not have money to buy medication. The work of social workers very much includes listening to clients’ different, biographical as well as other, narrations.

Narratives are used in social work mainly in two ways: First, clients’ biographical narratives can be used as a method to collect information necessary for getting a better understanding of the clients and their social reality. Secondly, biographical narratives can be used as tools in themselves to help clients to change, e.g. in building up their identity, in making new interpretations of their life, in creating a new life story, and in empowering themselves (Nousiainen 2005). This work of change that a person does is sometimes called ‘biographical work’, which is defined by Chamberlayne (2004, 32) as the ‘process of developing more self-understanding as a basis for more reflexive and purposeful strategies’.

Even when a narrative method is used by a social worker just for collecting data, for the client the mere telling of his/her life probably has some interventive effect, too, positive (therapeutic) or negative (disruptive). Rosenthal (2003, 915) finds it impossible to avoid interventions even in open research interviews. What then about narrative interviews in social work, where the interviewee supposedly from the very start has certain expectations of professional intervention?
In social work biographies are usually produced orally but written biographies are also used. Some clients may not be able to narrate long stories without engaging in a dialogue with the listener/social worker. Sometimes pictures and other objects may be used to facilitate a biographical interview. In the following we will look at some of the ways in which narratives, narrated biographies and a biographical approach are used in social work.

3.1 Narrative therapy

One of the best-known ways of using biographies and narratives as tools for change is probably the narrative therapy developed by White & Epston (1990). This is a type of psychotherapy in which the goal is to influence clients’ ways of narrating about themselves and their life. If the client is caught in a destructive narrative, the goal is to release him/her from it and create another, more positive narrative. An essential tool is to externalize the problem, so that this can be controlled and worked on through language. Features of this narrative theory are probably used in social work, although maybe not always in a systematic way.

3.2 A narrative approach in social work assessment

Social work usually starts with an assessment as the basis for an intervention plan. If the assessment is seen as an intervention in itself, the choice of approach is not insignificant. Milner & O’Byrne (2002) present different possible approaches in doing assessments, one of which is the narrative one. Narratives are used not only to look at a client’s past but they also provide good opportunities to look at the future. Stories can be told, but they can also be retold as alternative stories. The intention in narrative approaches is to address power issues by deconstructing dominant cultural stories which may be marginalising and oppressive. The intention is that service users themselves make meaning of their lives rather than are entered into stories by others. In a narrative assessment the social worker and the client together reflect on how the client came to be drawn into a ‘problem-saturated story’. This is done in a way that separates the problem from the person (externalising conversation). The problem is given a name of its own and the discussion is dealing with the person's relationship with the problem. The language, the choice of questions, is important. (Milner & O’Byrne 2002, 153-154.)

3.3 Narratives in rehabilitation

An introduction to the narrative approach in rehabilitation was given in module A.4. Narratives may have several different roles in rehabilitation. Rehabilitees listen to, live and imagine narratives in order to build a new picture of the past, the present and the future. The narrative a rehabilitee tells the rehabilitation worker is an important tool for mutual understanding. At work places and other organisations collective stories can either further or prevent the goals of rehabilitation. Finally, stories are also present in rehabilitation institutions and among different professions in building up sometimes competing, model stories for the justification, the realization and the goals of the rehabilitation. (Valkonen 2004, 175.)

A social worker working from a narrative perspective encourages clients to look at their life as if it were a story that can be looked at from different perspectives and the interpretation of which can be changed. A life change causes a break in the life story. Rehabilitation then means consolidating a life story structuring life. This may happen either
by the life change being integrated into the previous life story, or by creating a completely new story that makes possible a new interpretation of life. The rehabilitation should support building a story in which the rehabilitee can have a positive idea of himself/herself and his/her life. Model stories of rehabilitation may be a resource to rehabilitees, but they can also restrict and prevent rehabilitees from carrying out necessary changes in their life. Model stories in rehabilitation may restrict professionals, too, so that they have preconceived views of what is the “right” type of rehabilitation. (Valkonen 2004, 176-184.)

Even if a narrative approach can often be useful, Valkonen (2004) warns against expecting too much from it, e.g. quick and easy solutions to complex questions. There are no short cuts to effective rehabilitation. The important thing is that the story is created in a dialogue between the rehabilitee and the rehabilitation worker about what has happened, what is the present situation and where to go in the future. (Valkonen 2004, 188-189). Often it is a question of attitude and general approach, where the rehabilitation worker is sensitive to and open for biographical reflections.

3.4 Biographies in child protection

Biographical tools may be used in child protective work to help children tell their life stories and find alternative stories for their future. The biographical skills of personnel working in child welfare institutions were enhanced in a project where the personnel were taught artistic ways to express their own life stories. The idea behind the project was that if a child stays out of touch with his/her own experiences and feelings, the risk for exclusion grows. Adults can help children see their experiences, if they themselves are prepared to meet their own history on an emotional level. The information a life story can give has most value to the narrator him/herself. A child may live in a situation where the story adults tell is very different from his/her own experiences. Developing the child’s skills to express his/herself and tell his/her life story to others can be vital in managing life. (Bardy & Känkänen 2005.)

In adoption counselling a biographical approach is often used, when assessing the fitness of persons who want to adopt a child. A couple may be asked to tell about their childhood, their life as a couple etc. Their capacity to reflect on their own life, considered important when adopting a child, gets assessed, too, in the counselling process. (Eriksson 2006).

3.5 Narratives in the care of alcohol and drug abusers

In the care of alcohol and drug abusers narratives are used when discussing the history of the abuse and the role of drugs in a client’s life. (See Mikko’s case in this module.)

3.6 Biographies in working with the chronically ill and the handicapped

Falling ill with a chronic disease and/or getting a handicap may mean big changes in daily life. However, the changes are not always stable conditions to which one adapts once and for all. The illness often has a course, which may include a risk for increasing functional difficulties. The dynamic and changing aspects of a chronic disease become more visible if they are studied from a long-range life-span perspective. (Jeppson Grassman 2001.)
3.7 Biographies in working with the bereaved

Walter (1996) has introduced a model of grief using biography, which may be useful to social workers working with bereaved persons. He challenges the model of seeing grief mainly as a working through of emotion, where the eventual goal is to move on and live without the deceased. Instead he points to the fact that survivors usually want to talk about the deceased with others who knew him/her, and that this is done with the purpose of constructing a story that places the dead person within the lives of the survivors and integrates the memory of the dead person into their lives. In Walter's model talk, in particular meaning conversations with other persons who knew the dead, is seen as more important than feeling. Counselling with professionals is important particularly in cases where the bereaved has no one to share his/her memories with.

3.8 Biographies in working with the elderly

Molander (1999) found that old people facing death can be helped by having someone listening to their life stories and reinforcing the positive aspects of the stories. Studies on reminiscence work in groups of elderly persons showed that the reminiscence work served more as a tool to confirm the value and meaning of the elder persons' life than as a means to regulate their mood (Saarenheimo 1997).

3.9 Narrative peer support

Narratives have long been commonly used in peer groups, both in self-help groups and in groups led by professionals. Sharing stories with persons with the same type of handicap, disease, and life situation can help people to see new perspectives and to find alternative narratives as well as to receive and give support. (Valkonen 2004, 185.) Social workers often conduct peer groups especially in medical settings and in rehabilitation.

EXERCISE 2

In what ways have you yourself possibly been using biographies and/or a biographical approach in your work? In what other ways can you envisage using the approach in your own work?

3.10 Documentation

A difficult question for social workers is often how to document biographical interviews. The views on documentation in social work have changed over the years. Historically there are two main streams: the legal-administrative tradition and the psychosocial case-work tradition. The former emphasizes documentation as a means of controlling that interventions are legal and correct. In the psychosocial case-work tradition, process recording of client interviews has long been seen as essential for supervisory and pedagogical purposes. However, in the 1970s this type of documenting was criticised. It was not seen as encouraging an analytical view on the work, and there was a call for more structured documenting in line with seeing social work intervention as mainly a problem-solving process. This also had to do with the requirements of accountability. Newer models
for process recording aim at including more reflection. The impact of clients’ rights, computer technique and confidentiality on documentation has also been discussed. When developing documentation practices we first have to define the purpose and then consider what kind of documentation best serves this purpose. But the considerations are also influenced by general views on social work. In developing documentation of today we need to think about how the discussions on e.g. reflective professionalism, self-evaluation, evaluation research, and legal and other rights of the clients, affect documentation. (Karvinen-Niinikoski & Tapola 2002; Tapola 2003.) This discussion also pertains to documenting life stories and the biographical information clients give us.

In a constructivist perspective language plays an important role in defining and constructing persons (White & Epston 1990; see Milner & O’Byrne 2002, 183), and so what is written down in a person’s case file is far from insignificant.

Milner & O’Byrne (2002), who to a high degree rely on White’s and Epston’s narrative theory, suggest that after an initial assessment the client be given written narrative feedback. The feedback can be written as a letter, which comments on the interviewee’s stories. Letters, however, are usually not suitable for agency records. Milner & O’Byrne propose a format of recording that can be used both as feedback to clients and for agency records. It has the titles “Problem”, “Unique outcomes”, “Thoughts on solutions”, “Homework” and “Afterthoughts”. The notes are written in a language understandable to the client using his/her own words and metaphors. In the last section the social worker writes down ideas that may be helpful in the following session. (Milner & O’Byrne 2002, 162-165.)

Experiences of co-authoring narratives, i.e. collaborative representation, for medical records have been described by Mann (2001). She started out by asking clients, if there was anything in particular they wanted her to record on their behalf. Later she invited them to join her in forming the words and telling the story. She would sit next to the person and ask them where they wanted to begin or what they would like the medical team to know so that the team could be more helpful. In doing so Mann noticed that new conversations developed. The significance of co-authoring for the clients was shown by the fact that some of them wanted to sign the record at the end. The question of confidentiality, of course, is the same here as in other types of recording. In Mann’s mind collaborative reporting is a practice of respect. (Mann 2001.)

EXERCISE 3.

Reflect on documenting your own work considering the views presented above. For instance, would you be able to give written feedback to your client or use collaborative representation in your work?

3.11 Ethical considerations

Nousiainen (2005) points out that biographies should not be used without reason. Social workers need to consider what a biography may or may not add to the work and before conducting a biographical interview ask themselves: How is it produced? How will it be analysed? For what purpose will the story be used? What kind of knowledge can be gained from the biography? And, of course, a biography should be produced only with the consent of the client. (Nousiainen 2005.)

Social workers may feel they do not have the competence to deal with difficult events in the client’s past and are therefore hesitant to do biographical counselling. In social work there are, however, other ways of dealing with clients’ biographies than psychotherapy per
se. Clients should be told in advance what kind of help they may or may not expect to receive from the social worker.

Social work clients should be allowed to participate as much as possible in all interpretation and analysis of their life stories; the value of biographies lies in the meaning they have for the persons themselves. Milner & O’Byrne (2002, 155) mention Payne’s (2000) notion that externalisation adds to an ethical way of working, since it makes the process transparent as the service user can hear what the social worker is saying.

The more professionals know about a client’s life the greater the demand for confidentiality. This pertains especially to documentation, which gives the social worker great power to define the client. Who actually owns the story of the client is a question, which could well be more often discussed with the client.

Kyllönen (2004) discusses how social workers’ biographical constructions of their clients may affect the social welfare interventions. She points to the power of social workers in a workfare policy framework to produce “normal” biographies rejecting alternative biographical destinies. Welfare programmes and professional practices in this case serve as strategies of normalisation. (Kyllönen 2004, 247-248.) The social workers in Kyllönen's study obviously had not conducted systematic extensive biographical interviews with their clients. However, the question remains as to what extent the general policy and regulations of a social welfare office allows for supporting biographies that differ from the "normal" ones.

Milner & O’Byrne (2002) seem to think that the narrative approach can be used with clients with any kind of problem as well as with clients with for instance, limited intellectual capacity or a major mental illness. As a possible disadvantage they mention the fact that a narrative assessment can be more intrusive than a more structured approach, because it takes longer to conduct. Also using clients’ own language may collude with male metaphors of control. (Milner & O’Byrne 2002, 166-168.)

EXERCISE 4.

What ethical dilemmas can you find in your own work using biographies and a biographical approach?

4 Social work case analysis: the case of Mikko

A social work student (Levälahti 2005) conducted a study for her Master’s thesis, in which she interviewed eleven former alcoholics about their recovery process. Her generating question for the interviews was: “Could you, please, tell me about your life? You can start anywhere you want.” The analysis of the interviews focused on the role the social network played in the recovery process. A categorical–content approach was chosen (see the model for the classification of types of narrative analysis developed by Lieblich et al 1998; figure 1 in this module). In the life stories three phases were distinguished: the addiction, the turning point and the recovery process. The social networks of the interviewees were categorised as being informal, formal or due to cohesion, and the support they received as emotional, instrumental, informational, or existential. The support could be either positive or negative. In addition to these interviews, the social work student later conducted a focus group interview with social workers discussing the use of biographies.

In this chapter the student presents and discusses an interview with a former alcoholic (Mikko) as an example of individual biographical work in a recovery process. She also presents a part of the focus group interview which dealt with Mikko’s case. The case
provided material for a discussion about how biographies can be used as a tool in social work. In writing about the interviewees’ experiences and the focus group discussion the student is creating her own narrative.

4.1 Biographical work in Mikko’s change process

Mikko had been an alcohol addict for almost 40 years, and his problem had been quite severe for about 10–20 years. The problem got worse and became more visible in the course of time. Most of the time of addiction Mikko lived with his family and they experienced difficulties caused by his drinking. Mikko experienced negative impact from his informal network, as lack of relations. When Mikko’s wife suddenly died, he had to take care of their youngest child. That meant a kind of support for Mikko, even if the task was not easy to handle:

“The youngest child was then 14 years and I felt like a tower block of responsibility and problems fell upon me ... If the youngest child had not stayed at home, I had probably let everything go, not bothered about anything...”(M/389)

Granfield’s & Cloud’s (2001, 1554–1566) study indicates that responsibility towards others can be a resource in the recovery process.

In a while Mikko found a new partner and they moved in together. Mikko’s drinking continued and his family had him choose between them or the spirits. Mikko chose to continue drinking. However, Mikko’s informal network provided instrumental and informational support by taking him to the hospital and making appointments with a psychologist. They also informed him about a Minnesota-treatment.

During his addiction Mikko seemed to do little biographical work. Life events that shaped his life happened, but he did not reflect upon them. One of the first times biographical work appeared in Mikko’s story was when he attended an Alcoholic Anonymous meeting. There he listened to the stories of others and also reflected upon his own life, even if the context felt somewhat strange to him. In AA he experienced acceptance, even though he knew that he had spoiled a lot of things in his life because of the drinking. No one condemned him for being an alcoholic and accepting treatment became an emotional support.

“...it felt good, already then I liked to be there, no one condemned me for being an alcoholic, I thought that no one would have denied me to go to Alko afterwards...”(M/404)

Mikko also had contacts with the health care system during addiction. According to Mikko professionals were unwilling to talk about the addiction. Either they did not have enough knowledge or understanding about alcohol matters or they did not allow him to express his worries about his drinking, which meant negative impact on him. One professional however, encouraged his plans for the future, and professionals could provide instrumental support through care and medication. For Mikko it was, however, a problem that he got too much habit-forming medication.

The turning point came when Mikko tried to commit suicide, but failed. Mikko’s grown-up child brought him to the hospital and the turning point arose when his family came to see him in the hospital. He realised that the family was more important than the drinking.

1 Alko is a trading chain, specializing in alcohol beverages, owned by the Finnish State, and administered and supervised by the Ministry for Social Affairs and Health.
Mikko’s turning point was strongly connected to his informal network. The formal network took care of Mikko in the hospital and provided him with instrumental and informational support, but he did not mention them in the interview as being part of his turning point. After trying to commit suicide, Mikko lay unconscious in the hospital. When he woke up he noticed that he was surrounded by his family, and he realized that he had to quit drinking, if he wanted to hold on to his family.

“... I woke up and all I could see was the whole family there and, when I woke up before that, then I dropped off again, then I thought that I failed with this too, but then when I woke up the second time and saw the family, then actually I had thoughts about doing something about my drinking ...”

(M/403)

For Mikko this meant a lot of emotional support, which was crucial for his recovery from addiction. Afterwards Mikko was able to reflect on the turning point and his time of drinking.

“...I never thought about what I did to my children and my partner, what problems I could have caused them, I did not think about that at all, I only thought about myself ...” (M/402)

Although Mikko realized that he had to do something about his drinking he was not, at first, ready to seek institutional treatment. Luckily for Mikko his family had arranged treatment for him in a Minnesota programme, and they more or less forced him to go there, which meant both emotional and instrumental support.

During the turning point Mikko seemed to do more conscious biographical work. He reflected upon the price he had paid for drinking. He had once deliberately chosen spirits prior to his family. In a biographical perspective one can assume that this had happened indirectly several times while he was living with his family. Drinking had often gone prior to other areas of responsibility.

The month in the Minnesota treatment was intense. Mikko realized that the other patients were ordinary people like him, and they became part of Mikko’s recovery. Mikko described the change process as follows:

“I thought that I cannot stop drinking, and I do not even want to quit, but it was strange, when you listened, you were not allowed to do anything there ... everything circled around thinking about yourself ... and when you had nothing else to do, were in therapy from morning until evening, and discussed and listened to others discussions, and little by little, it became understandable, for me too...”

(M/409–410)

Mikko’s change process included therapy, own reflections and listening to and discussing with others. All factors in the process contributed to the biographical work Mikko was doing during the treatment. During treatment patients were not allowed to do any unnecessary work, which meant that there was a lot of time and space to reflect on the lived life and on future possibilities.

In treatment Mikko also had to face what he had done to his partner and children. He was confronted with the family and their experiences of his drinking.

“... I thought that my children could not say anything about me, but, they told me all I had done to them, and I am glad that they did, because, everything was true, it was not something they lied about, but I had not thought of it that way”

(M/411)
To learn about his family’s experiences during his years as an addict gave Mikko a broader perspective on life, and also made it possible for the family members to start all over again. Although this was a tough experience, sorting things out provided good emotional support.

According to Mikko, his family confirmed the biographical work he was doing during the treatment, now they treat him with more respect and more confidence. The family accepts his new identity as a former addict, and also confirms his new way of telling his life story, as a story where he has succeeded in overcoming addiction. During the treatment both Mikko and his family got informational support from the treatment setting. There alcoholism was regarded as a disease, and this helped them to explain the past and create a new story.

Back in everyday life Mikko was at first uncertain of how his old friends would react. He still avoids his drinking friends, but does tell other people his life story if asked. Mikko has started to attend AA meetings and thereby he has got something to do and also new friends, i.e. both instrumental and emotional support. He also feels good when he sees that he can help others, by telling them his own story.

An important part of Mikko’s change process including the biographical work was a social network due to cohesion. Once a week, during the first year after treatment, Mikko and his partner met with others who had undergone the same treatment.

"...and it was good, I willingly went there, and it was, you looked forward to it, to meet all the friends... it was a good step, to cope with, to be able to succeed and be strong in these trains of thought, and so, you do not want, my sobriety has lasted for two years and I do not always think about spirits any more.. of course you take one day at a time, but I do not have that craving..." (M/414–415)

Vilma Hänninnen’s (Hänninen & Koski-Jänes 2002, 19-23) concept of “the inner narrative”, which means the subjective experience and interpretation of life, includes three levels. The “original” narrative works as a matter of routine, while the “reflective” narrative is needed when the original narrative does not work. The third kind of narrative is “meta-reflective”, which means working with the inner narrative as if it was apart from reality. All kinds of inner narratives are influenced by the surrounding cultural narrative, and have an impact on the behaviour of the individual. It seems that a change process from alcohol addiction to sobriety includes more or less “reflective” and “meta-reflective” inner narratives. If the individual does not reflect on his or her own biographical experience or inner narrative, and the “original” inner narrative dominates, change will probably not occur.

In Mikko’s life experience the consequences of his drinking accumulated until finally, at the turning point, he was prepared to begin to do some biographical work. However, it is important to notice that, without the support of his social network Mikko’s biographical work may have remained undone. Life experiences, social networks, inner processes and also existential questions cooperate in a complex way in the change process from alcohol addiction to sobriety.

4.2 Social workers’ views on the use of biographies

In a focus group interview in August 2005, three social workers who met alcohol addicts in their daily work were questioned about life stories as a perspective in social work. Two of the professionals worked in social services, while the third one worked in an open care setting for addicts. All social workers had mostly adult clients. One of the topics discussed in the focus group was: Life stories in social work and the case of Mikko.
The social workers pointed out that each one of them worked on the basis of their main tasks. Depending on their main task, and the client’s need, they start to explore the actual case. The social workers do not encourage their clients to tell about their whole life but do want to get an overall picture of the client’s situation.

Social worker #2#: “Of course you have to map out the situation, how it is, and you ask a lot of questions and get a, at least I like to have some background information … to know something about the client, although it is only about getting financial support … but people are different, some tell you their story, also new clients, they tell you everything.”

During his talk one social worker notices that despite the fact that he has not thought biographically, the clients’ life history became present in investigating different kinds of accommodations in the clients’ life.

Social worker #1#: “I have not gone so far (to the childhood / JL) … when I worked with homeless people I was most interested in their accommodation history, where they have lived, types of accommodations they have experienced, and by that there came some history, or I tried to form an opinion about in which kind of accommodation they would manage to stay, and to take care of themselves, not too big challenges … by that they told about where they geographically had lived and when and where they worked and so on…”

The third social worker, who worked in open care with addicts, was more aware of her bringing life stories into her daily work. In meeting with new clients she had a period, four or five sessions, when she explored the situation. During this period the social worker made an alcohol case history.

Social worker #3#: “Our starting point is the addiction problem and we make this alcohol anamnesis, back in time and in relation to that … we go through this, how the problem started and developed during the years … and in this the individual’s life story will be present … and if the person continues in therapy, we will go back to and build on the story, it is an important instrument in my daily work.”

The social workers do think that biographical work is an important part of a changing process, but all clients do not want to change or do not think that they need a life change. They just want financial help or immediate help with their current problem. One social worker expressed that biographical work often is not done at all, if there is not an ongoing change process. In a rehabilitation situation the most important task is to be able to activate the client and the central precondition for this is to get the client to do biographical work. The past also determines which future possibilities the client has, and an understanding of the client’s life may help the social worker to give more adequate advice.

One social worker also thought that there are at least two groups of addictive clients. Some young addicts may not have a sober life story at all, because they started their addictive life style so young. In that case the social worker finds it hard to work biographically. The addicts are rootless and there have been few or no resources in the past. The life story perspective is easier to accomplish with addicts who have lived a sober life before they started their addict life style. In these cases the social worker finds it easier to go back and point out resources in re-creating a sober life style. Although the point of view is understandable, it might be questioned, whether biographical work might be even more needed and fruitful with clients who have no sober life story. To create a life story with rootless clients may help them to get a base on which to build their future. Although most of their life consists of addiction, having come to a care setting indicates that they do want
some kind of change. Finding one’s own biography may also include going back to previous generations, identity work, future dreams and expectations of life.

In the discussion the social workers pointed out that change is a process that takes time and has to be allowed to do so. Since social workers’ instrumental support can be an important means of supporting a client, they should be allowed to concentrate on the change process.

During the focus group interview the social workers were asked to comment on Mikko’s case. They found it hard, because the description of the case was brief. The social workers were familiar with the kind of life story that Mikko told, and commented that stories seldom have the happy end that Mikko’s story had.

One worker said that it is hard to do anything about a client’s drinking before the client is ready to change. The consequences of the addiction have to be visible to the client, and the client has to experience no more positive effects of drinking. The client’s personal motivation was seen as decisive; if the client had no motivation for change, no kind of support was of any use.

The case also resulted in a discussion about Alcoholics Anonymous and the need for different kinds of treatment settings. Clients have different needs and use for different treatments. What works for one may not work for another. One social worker also pointed out that the same client might need different kinds of support and that professional and mutual support can be supplementary. Mutual support groups can also offer friendship and alternatives to drinking.

One social worker commented that although there are common patterns for most addicts, there is always also a personal touch to the problem that comes from the life story. The starting point has to be the client’s situation, and that is one factor that increases her interest in her daily work.

Social worker #3#: “but I think that there are those small stairs … the background, all that happened influences the process … behind the process there is a course of events that leads to a lasting change”.

In the focus group interview with the social workers one interesting observation was that although they all saw life biography and life history as an important part of the change process, there were few comments on the life events and their impact on the process in Mikko’s life. Social workers seem to concentrate their work on their main practical tasks, and if biographies happen to be part of that work, social workers welcome the biographical approach, but they do not seem to work deliberately with “biographical glasses” on.

5 Conclusions

In this module we have tried to show that biographies, narratives, and a biographical approach can be useful and appropriate tools in social work. However, they should be used with discretion and awareness of their limitations.

References


