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**Badania biograficzne a
psychoterapia : kilka uwag o
terapeutycznych aspektach
socjologicznych wywiadów
biograficznych**

Przegląd Socjologii Jakościowej 9/4, 28-49

2013

Artykuł został opracowany do udostępnienia w internecie przez Muzeum Historii Polski w ramach prac podejmowanych na rzecz zapewnienia otwartego, powszechnego i trwałego dostępu do polskiego dorobku naukowego i kulturalnego. Artykuł jest umieszczony w kolekcji cyfrowej bazhum.muzhp.pl, gromadzącej zawartość polskich czasopism humanistycznych i społecznych.

Tekst jest udostępniony do wykorzystania w ramach
dozwolonego użytku.

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Biographical Research and Treatment. Some Remarks on Therapeutic Aspects of Sociological Biographical Interviews

Abstrakt The article is a result of the discussion between the sociologists and professional psychotherapist. The authors' aim is to consider therapeutic functions of biographical interviewing with reference to professional psychological treatment assumptions. Therapeutic aspects of the narrator–scientist encounter are especially important in the research on traumatic collective and individual experiences (such as wars, exile, disability, poverty, etc.), when informants recall painful memories or talk about the distressing present. In the article, the issues of scientific and psychological treatment aims are discussed, as well as problems regarding the relationship between narrator–patient and researcher–therapist, and professional skills in the area of biographical interviewing and psychotherapy. Also, the authors consider potential advisability of “therapeutic” interventions undertaken by a researcher in the sociological interview course in the context of ethical principles and their presumable impact on narrators' biographical and identity work resulting from the participation in the interview. The in-depth biographical interviews and narrative interviews collected in the project “Institutionalized identity? The processes of identity development on the basis of biographies rendered by adults raised in residential care,” Lodz, Poland 2011-2013” will provide the empirical background for our considerations.

Słowa kluczowe Biographical Interviewing; Narrative Interview; Psychotherapy; Psychological Treatment; Curative Factors

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*Whether we express it openly or not, to hide our experiences
in contact with another human being is not possible. They are
what gives character to our contacts.*

(Mindell [Metaskills: The Spiritual Art Of Therapy]
1996:19)

Primum non nocere

Some Remarks on Sociology and Psychotherapeutic Treatment

Although sociology and psychotherapy are separate areas of knowledge, today, the numerous points of convergence can be identified between them. There is a general consensus that the role of sociology is to study social life, while the sociologist's primary goal is to understand and describe the surrounding social reality. According to the classical approach, sociology was supposed to be a value-free science – this assumption was one of its central imperatives for over the century. The sociologist was supposed to gain the understanding of the social life complexity in a disciplined way, implement research procedures, remain objective, and “control his personal preferences and prejudices to perceive clearly rather than to judge normatively” (Berger 1973:27, 28). However, even “the founding fathers of sociology” were aware that sociological knowledge can be used to achieve various aims and values. The idea of social reform conducted on the basis of research work is one of the fundamental assumptions of value-committed sociology.¹ This was also one of the guiding prin-

ciples for the Chicago scholars² whose achievements are still referred to by many sociologists, not only interpretative ones. Especially nowadays, in the early 21st century, it seems that the idea of sociology seen as objective and value-free science has definitely lost its legitimacy. Norman K. Denzin and Yvonne S. Lincoln claim that “many scholars began to judge the days of value-free inquiry based on a God's eye view of reality to be over,” and every research is tangled up in moral and political issues. The authors point out that qualitative research should help positive transformation of the world and declare that the program of the third edition of the well-known handbook edited by them is to: “show how scholars...[can] help create and imagine a free democratic society” (Denzin, Lincoln 2005a:X). According to Denzin and Lincoln, a “quiet methodological revolution,” taking place in social sciences, is blurring the distinct boundaries between humanities and various social and political disciplines, as well as common concentration of scientists on “interpretative, qualitative approach to research and theory” (Denzin, Lincoln 2005a: IX). In this process, the methodological principles are partly mixed, as well. A social researcher is becoming a “bricoleur” or patchwork-maker applying any strategies and research materials (Becker 1998 as quoted in Denzin, Lincoln 2005b), his/her task is “to study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of meanings people bring to them” (Denzin, Lincoln 2005b:3).

Psychotherapy is generally assumed to be a practical activity applying specific psychological influences to cause particular changes in an individual's

¹ What Authors accusing social sciences of submission to colonization and oppression purposes seem to forget (e.g., Denzin, Lincoln 2009b).

² In Poland, the reformatory activity of Chicago researchers was described by Elżbieta Hałas (1994) and Krzysztof Czekaj (2007).

functioning (Aleksandrowicz 1994; Grzesiuk 1994; Jankowski 1994), however, determining a single definition of psychotherapy and the relationship between the psychotherapist and the client (or “patient”) is rather impossible. Among representatives of various psychotherapeutic schools, at one edge of the continuum, there are those who draw psychotherapeutic practice close to medicine – by identifying and removing or curing the disorders diagnosed by the therapist – at the other edge, therapy is defined as a specific way of accompanying individuals during their process of changing **themselves on their own**. In this context, some humanist psychotherapy schools deserve particular attention – the therapist consciously avoids intervention, shows his/her unconditional respect for the client and empathic understanding of the client’s problems. Carl Rogers (1951), the founder of client-centered therapy, underlined that such attitude is essential and at the same time sufficient factor of reaching therapy aims as it allows the client’s independent progress. According to another outstanding therapist – Milton Erickson (Erickson, Rossi 1996) – people change themselves during the psychotherapy process self-dependently (though, up to a certain stage, they are frequently unaware of this process), while the task of the psychotherapist is just to create the conditions in which the client can react spontaneously and differently in comparison to his/her past behavior. In other words, psychotherapy means initiating client’s activities for realization of the goals that the patient desires to achieve.

Considering the approaches of sociology and psychotherapy shortly outlined above, **an assumption arises that while in some schools of sociology the willingness to engage in the processes of social**

change increases, some schools of psychotherapy move in the opposite direction – to reduce intervention. The purpose of the value-committed sociological research is rather to provide the knowledge needed to design social change, by solving the specific problems of social life,³ than to cause changes in one’s – these changes can constitute, at best, the indirect effect of the reformists’ impact on the whole population. However, it is quite likely that the mere usage of certain techniques of gathering research material can lead to mobilization of reflection and emotion of an individual with reference to one’s past and present, and – consequently – to changes in the intra-psychic area and in attitudes and behaviors. Such a possibility appears with particular intensity when using the biographical methods, which we refer to herein. The social actor’s narration about his/her life course from the subjective perspective is meant to be a starting point here for theoretical generalizations (Włodarek, Ziółkowski 1990) but it can also become a significant, new, personal experience for the informant (and sometimes the researcher, as well⁴). To some extent, the psychotherapist and the biographical interviewer experience similar situation: meeting of two people – one of whom narrates about oneself while the other is the participant and the witness of this narration.⁵

³ E.g., popular, nowadays, approach of participatory intervention research.

⁴ Alicja Rokuszewska-Pawełek points out that the researchers exploiting the narrative techniques of interviewing enter the „beyond-questionnaire reality,” they have to resign from their common sense communication habits and from the knowledge resulting from asking direct questions. The author also describes the healing function of biographical sociology in intergenerational or intercultural dialogue and social change (Rokuszewska-Pawełek 2002:66-68).

⁵ It seems that the points of convergence between biographical interviewing and psychotherapy are the most evident in narrative therapy and narrative approach in rehabilitation (White, Epston 1990 as quoted in Björkenheim, Levälähti, Karvinen-Niinikoski 2009; Björkenheim, Karvinen-Niinikoski 2009).

Indications of Conducting Biographical Interviews and Rules of Psychotherapeutic Treatment

The discussion on the indications of conducting biographical interviews is to be begun from remarks on the researcher/interviewer–informant relationship shown from the perspective still dominating in sociological “mainstream” discourse. Seemingly, this relationship is frequently presented in reference to quantitative research area which simplifies the depiction of interaction and overlooks difficulties and nuances typical of qualitative, particularly biographical, research. Since the biographical interview might be regarded as one of the types of in-depth qualitative interview (e.g., Chase 2009), the biographical interviewers should be, therefore, guided by the general principles set out in qualitative interviewing methodological manuals. The interviewers’ task is to win the respondents’⁶ trust and establish a good relationship with them, the investigator should have the competency of using the necessary communication techniques while maintaining neutrality and impartiality in order to avoid personal impact on the views and opinions disclosed by interviewees. Rules of conducting interview refer to the basic skill of establishing constructive relations with others in a given cultural environment, the right attitude, and application of techniques for effective communication: focus on the respondent, avoiding pressure, ability to listen carefully, asking non-suggesting open questions, rules of literal recording of responses.⁷ Although the unstruc-

⁶ The notion of the respondent is used in the article with reference to non-narration and non-biographical studies.

⁷ An interviewer should be dressed similarly to the respondents. If it is not possible, the interviewer’s outfit should be neat and clean; interviewers should be “at least nice... communicate honest interest in getting to know the respondent, without making impression of spying... [they should be] relaxed and friendly without excessive ease or persistence” (Babbie 2006:291-293 [trans. AGG, MG]).

tured interview has a formula of an everyday conversation, “researchers have to constantly remind themselves that it is not” (Babbie 2006:329 [trans. AGG, MG]); an indiscretion or error on the part of the interviewer might cause disturbance of the course of the interview, or even the loss of earned trust (e.g., Babbie 2006; Fontana, Frey 2009). At the same time, the researcher/interviewer has a large freedom in constructing interactive situation with the interviewee. It seems that the above instructions for interviewers are still a kind of canon taught to students of sociology, especially at European universities. Let us emphasize that in the majority of schools of psychotherapy similar professional behaviors are treated as conscious and deliberate actions to achieve the therapeutic effects. However, at this point, it is worth referring to the current stream of sociological methodological reflection which treats the described canon as a set of techniques for manipulation, limiting the respondent’s role to an object only serving extraction of specific information. Political and historical entanglement of social research is emphasized here, qualitative interview ceases to be described as a neutral tool, it becomes a social situation “grounded in specific interactional episodes” (Denzin, Lincoln 2005c:643), or – otherwise – the interaction of complicated nature. The interviewer happens to be an empathetic interactive partner, a spokesman of the study group under oppression, a practitioner of “friendship methodology,” or a narrator interpreting data through the prism of personal experiences from the relationships with the interviewees. Even the embarrassing and discreditable events can be treated, in this case, as an important research material.⁸ Although other researchers,

⁸ In the extreme form, social scientists, representing the autoethnography approach of sociology, analyse traumatic processes and episodes of their own lives, such as the biography of the disabled child’s parent or the abortion of unwanted pregnancy of the couple of scientists (Zakrzewska-Manterys 1995; Ellis, Bochner 1992 as quoted in Chase 2009).

in response to such attitudes, claim for restraint and auto-reflection, pointing out to the illusory concept of friendship between the researcher and the interviewee (Fontana, Frey 2009; El-Or 1992; Atkinson, Silverman 1997 as quoted in Fontana, Frey 2009), it seems that in postmodern society, identity problems of both sociology itself and the sociologists are evident. Sociology as a science has lost its original naïve innocence and clarity as to the methods used within the framework of this discipline.

Confusion as to the rules that the biographical interviewers should follow when dealing with the informants is also visible within the biographical studies considering the particular characteristics of the relationship between the narrator and the researcher. The specificity of the biographical methods prevents creating a set of generally applicable methodology rules of mutual contact. In contrast to other types of social research, the researchers who use the biographical interview most often act as interviewers in relation to particular individuals (*no longer interviewees but the narrators or biographers*), they enter into a direct contact with their informants, not – as in the case of other studies – with the transcribed text. In a meta-methodological text published in the handbook of qualitative research, Susan E. Chase points out that the central problem of the narrative research is how to treat the narrator both during the interview and during the interpretation (2005), stressing at the same time that the technique of the narrative interview requires a different approach to the questions formulated and consequent answers. Biographical interviewer's questions should work as encouragement for a particular type of a narrator to tell the story of "some exceptional biographical events." The way of telling life-(hi)stories depends, among

other factors, on the culture in which the narrator was raised, the gender, and the social class, which causes that the interviewer must be able to adapt to the interviewee's style of behavior and language.⁹ In a way, conducting narrative interview is a paradoxical situation – the researcher must be well prepared to formulate an adequate narrative stimulus while the unique life-story is itself yet to be told, its content is unknown and it is not possible to fully prepare, in advance, for the meeting with the biographer (Każmierska 2004; Björkenheim, Karvinen-Niinikoski 2009; Chase 2009). Kaja Kaźmierska draws attention to the mutual expectations of both the researcher and the narrator, and the fact that due to their presence and activity the researcher becomes, in a sense, a co-author of the presented life-story (2004). At the same time, Kaźmierska points to the disturbances that might appear in the interview as a result of, for example, lack of proper training in conducting biographical research, certain expectations towards the thematic content of the developing narration, and certain attitudes towards the biographers, for instance, "treating the informant as a one more talking machine," and last but not least, the unsolved dilemmas that occur when the contents disclosed by the narrator are in conflict with the researcher's moral opinion¹⁰ (2004:184-186).

The rules of functioning of the biographical interviewers and the skills which they should possess, if we attempt to enumerate them, turn out to be close to the skills recommended within most schools of psychotherapy (see Figure 1). Professional psycho-

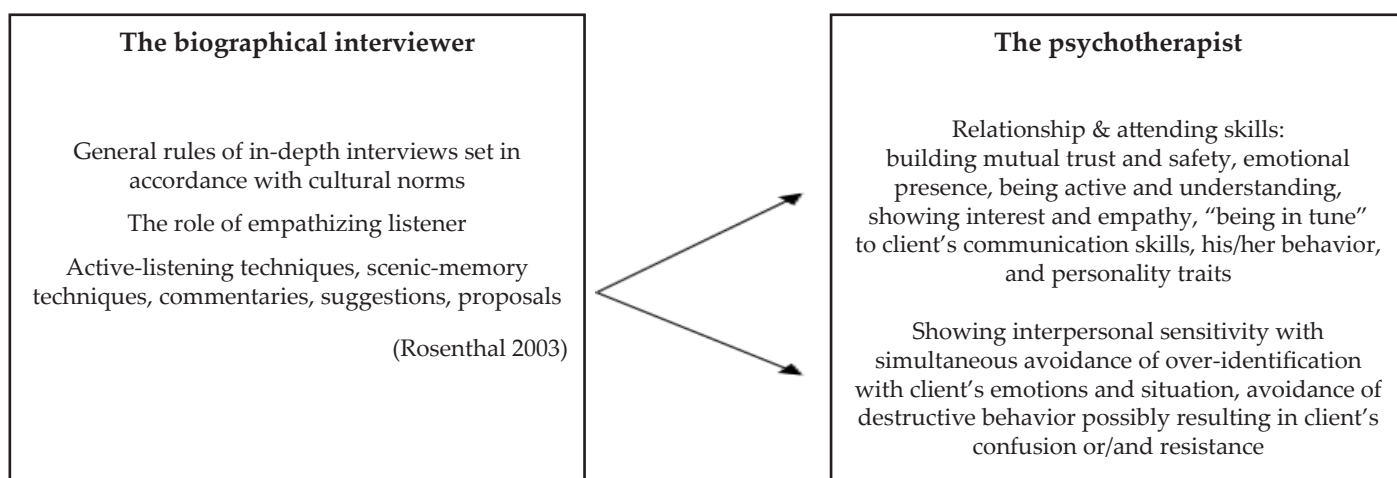
⁹ These obvious – as it seems – indications are not always taken into account in real field-work situation, especially, in the case of significant socio-demographic differences between the interviewer and the informant.

¹⁰ Kaźmierska gives an example of narrators expressing very strong xenophobic attitudes (2004).

therapists are required to be able to function in a constructive and creative way in contact with another person (relationship skills), to create the right atmosphere based on mutual trust, security, emotional presence. They are expected to be careful, understanding listeners, to demonstrate attending skills and interpersonal sensitivity (show empathy),

with simultaneous avoidance of over-identification with the situation or emotions of the client. Therapists should also be able to adjust their communication style to the personality of the client, to show warmth and sense of humor, directness and confidence, and to avoid destructive behaviors causing discomfort or resistance of the client.

Figure 1. Behavior and skills in biographical interviewing and psychotherapy.



Source: *Self-elaboration*.

Most of these skills are classified by Amy Mindell (1996) as the so-called "meta-skills" shaping the personal style of the therapist and playing a much more important role than the use of particular techniques typical for a given "school" or belief in any psychotherapeutic ideology. Probably, the crucial value of psychotherapy will always remain the healing power of the very meeting, the conversation with another person, which takes, as it seems, not so much from the specific therapeutic training as from the attitude of openness and willingness to experience emotions in contact with others.

The principles of conducting biographical interview were most clearly defined in the case of

a particular category of autobiographical narrative interviews – a research technique developed by Fritz Schütze and his colleagues from the so-called Kassel group and the international group of scientists cooperating with German researchers. Let us shortly consider the example of this technique, beginning from the description of the interview structure. The "Schütze's" autobiographical narrative interview consists of 5 phases.¹¹ The aim of the starting phase is to create the atmosphere of trust between the researcher and the respondent, first of all, through small talk; the second phase dur-

¹¹ We remind the principles known to many scientists because, e.g., the text about the narration interview in one of the best known sociology handbooks of qualitative methods (Denzin, Lincoln 2009) lacks any information about that technique.

ing which the interviewer explains the specificity of the narration interview, underlining own interest in this particular, individual, and specific life-story, is supposed to stimulate the narration. The third phase is the main story – a spontaneous narration. In this phase, the researcher is to play the role of a listener, not intervening into the course of the narration; the biographer must be free to organize the narration “in his/her own way.” It is assumed that the interviewer’s questions might change the course of the narrator’s story – thus, might significantly affect the content of the research material. The fourth phase of “additional inquiry” is dedicated to ask additional questions – first, internal, than – external in relation to the main story.¹² The fifth, ending phase has normalizing function – again through small talk, the narrator (and the interviewer) cognitively and emotionally return to the beyond-narrative reality (Hermanns 1987; Riemann 2003; Schütze 2009). Thus, in the case of auto-biographical narrative interview, we deal with the rigorously structured interview course – identifying five phases means that the “auto-biographical” interviewer uses a certain technique of working with people. The interview structure and process resemble therapy process (see Figure 2) where the first step is also to make contact with the client and form interpersonal relationship characterized by the sense of security, confidence, willingness to co-operation. In certain approaches, the formation of this relationship is considered to be a key factor of psychotherapeutic counseling while the methods and techniques of psychotherapy are only a tool to support it (Ivey, Simek-Downing 1980 as quoted in

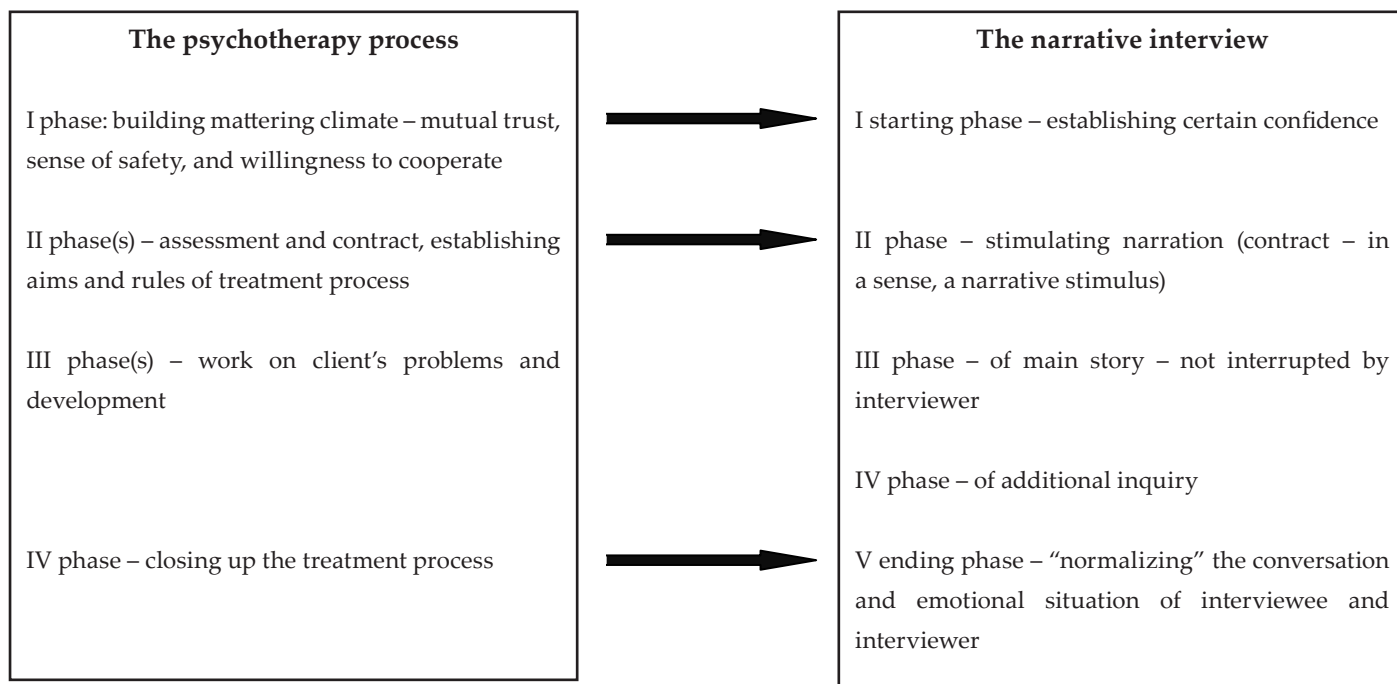
Grzesiuk 1994). The following steps are to develop the diagnosis and to conclude the contract under which the therapy goals and the rules of functioning of both interactional partners are typically set. The subsequent phases are, in fact, the proper therapy: working on the problems of the patient and completion of the treatment. Thus, it can be argued that the biographical interviewer and the therapist create a similar interactive situation.¹³

Moreover, in any case of biographical interviewing, the researcher has to consider the probability that the biographer will address difficult or even traumatic remembrances activating his/her strong emotions. This results not only from the very “nature” of human existence but also from the dynamics of communicative scheme of spontaneous extempore narration. According to Fritz Schütze, during the narration of personal experiences the biographer is driven into “the recollected flow of personally experienced events” (2009: 174). This process is subordinated to three constraints: 1) to condense, 2) to go into details, and 3) to close the textual forms. This means that the narrator is directed by the constriction to talk only about events and experiences most important for the whole story-line, he/she feels obliged to present the events “formally concatenated by links of temporal

¹² Internal questions refer to the issues and problems mentioned by the biographer in the main course of the narration while external questions regard other topics interesting to the researcher and not spontaneously related to by the biographer.

¹³ This similarity is particularly visible in the widely used nowadays Miller and Rollnick’s motivating therapy (2002) where the basic principles of therapy include: skilful, reflective, respectful listening focused on understanding the client’s feelings and attitudes without judging, criticizing, or blaming as it is considered to be the primary way of showing empathy to the client; devoid of pressure support for the client in realizing his/her personal goals and values, and discrepancies between the current functioning and clients’ broader goals and values; avoiding convincing and persuasion, encouragement to independent reflection on one’s own life from a new perspective, avoiding providing/delivering answers and solutions; creating conditions for the development of a sense of agency in the client and his/her belief in personal ability to cope with the problems and achieve success (self-efficacy).

Figure 2. "Schütze's interview" structure and psychotherapy process structure.



Source: *Self-elaboration*.

succession, causality, finality, etc.," and is oriented to "finish the depiction of an experiential pattern" (e.g., a description of a given experience/situation or a chapter of personal life-history)¹⁴ (Schütze 2009:174-175).

The role and functions of the biographical researcher become particularly problematic in the case of research with collectivities affected by traumatic experiences (e.g., Shoah survivors, victims of different types of violence, refugees, chronically ill patients, socially excluded persons¹⁵). The social scientist, just

as a psychotherapist, meets the people whose suffering significantly affects the image of the past and their current functioning. Sociologists who use the "Schütze's" type of autobiographical narrative interview indicate that in the case of this specific studied population, biographical interviewer's role is only to emphatically accompany the narrator's story, while the researchers with socio-psychological background suggest the use of certain communication techniques of explicitly intervention character. For example, Gabriele Rosenthal, also referring to Schütze's narrative interviewing traditions, in the text addressed to both researchers and counselors (2003), points that researchers need to accept the narrators' wish to avoid certain subjects. They should neither push them to talk about these topics nor stimulate narrators' fear and defenses. Rosenthal differentiates among the two groups of narrators – people with

¹⁴ The phenomenon of three constraints is best recognized with reference to autobiographical narrative interview, yet, their impact is noticeable in other types of biographical interviews, as well as in written autobiographies (see Schütze 2009:175).

¹⁵ Interesting references to the literature in this field can be found in the text "The Analysis of Professional Practice, the Self-Reflection of Practitioners and their way of Doing Things. Resources of Biography Analysis and Other Interpretative Approaches" (Dausien et al. 2008).

traumatic memories from the past and rather stable present life situation and people in acute life crisis. In the first case, the Author suggests rather an invasive scenic-memory techniques – recalling the place, climate, scents of people, and reconstructing sequences of events, formulating questions, or comments from the Rogerian therapy tradition of “active listening” which might lead to enhancing the narrator’s opening and the contact with even strong emotions.¹⁶ Rosenthal underlines that “interviewers or counselors can precisely by avoiding a psychopathological diagnosis help the biographer see the traces as normal consequences of abnormal past, as biographical work in relation of traumatic experiences” and refers to certain sequences of narrators’ work – provoked by herself – on present consequences of traumas from the past¹⁷ (2003:919, 920, 926-927). In reference with the narrators in acute life crisis, Rosenthal recommends restraint, caution, and avoidance of communication intervention techniques: “in guiding conversation, we have to maintain a balance between supporting the narrator as she or he tells about in-current sufferings and at the same time seeing to it that the interviewee does not lose himself or herself too strong in traumatic memories.” She recommends to: “concentrate on providing paralinguistic support for the thematization of violent situation...carefully and sparsely ask the interviewee to narrate about violent experiences and to avoid detailed questions about traumatizing experiences.” Simultaneously Rosenthal states: “a lot of space should be given for

¹⁶ “That still moves you quite a bit today;” “At that time, you feel helpless.”

¹⁷ In her text, Rosenthal gives an example of a Shoah survivor – the woman constantly buying herself shoes and treating this compulsion as a sign of her madness. Rosenthal’s question “Can you recall a situation at the camp that in some way involved shoes” resulted in recounting the dramatic situation, previously not consciously connected with this “symptom.” This sequence through gaining biographical self-understanding brought the effect of releasing the narrator from the conviction about madness (Rosenthal 2003:927).

discussing the fears regarding the current life situation...using active listening method” and puts emphasis on “the search for stabilizing moments in current life situation” (2003:928). It can be assumed that the guidelines proposed by the Author, in techniques for inducing memories and obtaining greater openness of the narrator, go beyond the task of the social scientist – the interviewer who uses them enters – without permission – from the role of narrator to the one of a therapist; though, does not assume responsibility for the therapeutic effects of his/her interactions¹⁸ (Rosenthal 2003). We have to underline here that Rosenthal’s activity was oriented towards intergenerational dialogue, especially, in the family therapy dimension. Within the sociological framework, she purposely merged the techniques of biographical interviewing and psychotherapy in the interviews with Shoah survivors’ family members (Rosenthal 2008).

Biographical Interviewing and Psychotherapeutic Treatment Versus Ethical Issues

Although ethical issues have been recently considered to be situational or contextualized (Edwards, Mauthner 2000:20 as quoted in Fontana, Frey 2009:111), both sociologists and psychotherapists are obliged to respect ethical principles. The Polish Sociologist’s Ethical Polish Code [Kodeks Etyki Socjologa], implemented in 2012, based on the similar Anglo-Saxon codes, clearly specifies that the relationships with individuals and social groups, whom the sociologist contacts during the research process,

¹⁸ While conducting interviews with Shoah survivors, Rosenthal made a number of shorter appointments. Based on her experience, she recommends that in the case of strong emotions being revealed by the biographer, the researchers finishes the meeting through normalizing the situation and appoints the next one (Rosenthal 2003).

have ethical dimension and commit researchers to protecting the interests of the respondents. The sociologists should behave honestly, in an objective, responsible, and trustworthy way guaranteeing the highest possible degree of anonymity and confidentiality; explain, in an understandable way, the aims of the research, as well as the manner of further exploitation of research results (possibly by other researchers); inform about the right to refuse and withdraw at any time during the research situation and about the right of access to the collected research material. The sociologist should create the research conditions in such a way so that they do not negatively influence the informants' situation, as well as protect their interests, sensitivity, and privacy (see *The Sociologist's Ethical Code* 2012).

The majority of the psychologists' and psychotherapists' ethical codes provisions (e.g., Statute of the Polish Psychological Association [Statut Polskiego Towarzystwa Psychologicznego 2013] or the [Polish] National Bureau for Drug Prevention) correspond to the sociologists' code. The problems of the client's interests protection due to dependency from the therapist is particularly strongly underlined. Let us stress, however, that both biographical interview and psychotherapy are accompanied by ethical dilemmas not to be solved by means of formulated deontological codes. They refer to the conflicts among the significant values in the situations where simultaneous protection of these values is impossible. The informed consent principle may serve as an example. Interviewee's rights to obtain complete information regarding the subject and strategy of research might enter into conflict with the postulate of the informant's interests and security. For instance, in the studies on intergenerational transmission of poverty, based on family life histories (Warzywoda-

Kruszyńska 1998; 1999), the research team purposefully did not inform the narrators – social work clients living at the margins of mainstream society – that they were selected for research due to their difficult material situation. This information not only would have strongly influenced the narration but would also have a highly stigmatizing character; thus, the informants were simply told that life-stories of Lodz families were collected. In reference to the question of informed consent, Kaja Kaźmierska writes about the ethical dilemmas related to the process of biographical interview interpretation – the discrepancy between the narrators' image of their contribution to the research and the researcher's idea of detailed analytical work, especially, on the "dark" aspects of narration (Kaźmierska 2004:185-186). Problems of ethical character might also appear in the course of the interview. The principle first, do not harm might be violated, especially, when the narrator recalls traumatic memories that cause very deep emotions. In this situation, the researcher faces the dilemma: To continue the interview, to break it, or to take care of the narrator in some other way? Doubts might also appear in the opposite situation – when the biographer avoids certain topics relevant to the study, potentially associated with strong emotions. In this case, the researcher must resolve the dilemma of whether to ask additional questions or to accept the choice and interactive strategy of the narrator. In this area, the differences between interview and psychotherapy sessions are most distinct: The psychotherapist is professionally prepared to the appearance of strong emotions and using them for the benefit of the client¹⁹. On the other hand, therapeutic-like interventions taken in the course

¹⁹ Obviously, professional and ethical duty of the therapist is to reflect on the emotions that might appear during the interaction course and to consider if both sides are ready to cope with them in a constructive way.

of the interview, such as the above-mentioned Rosenthal's techniques, can be regarded as conflicting with the informed consent principle. The main difference between the therapy and the interview here, is that in the first case, the client's consent to undertake emotionally risky subjects is an obvious part of consciously concluded therapeutic contract, while in the case of the interview, difficult experiences and emotions can occur without the consent of the narrator (though it can be assumed that the researcher's interventions were undertaken in good faith). Ethical issues are also important for the strategy and content of dissemination of research results or disclosing knowledge based on therapy sessions. In social studies, the example of the research with excluded groups can be used here, as well – considering the consequences of the publication of research results, one should take into account whether it does not contribute to even greater stigmatization of a given community (Golczyńska-Grondas forthcoming). The psychotherapist is obliged to respect client's confidentiality principle, from which the only derogation should be the duty to disclose possible jeopardy of a significant personal or social good. Both the researcher and the psychotherapist are responsible for solving these types of dilemmas, and relatively often they must deal with this problems themselves, guided by personal judgment and moral conscience.

Therapeutic Aspects of Autobiographical Life-Stories Rendered Within the Social Research Framework

The therapeutic functions of the narration interview are widely referred to in the scientific literature (e.g., Schütze 1984 as quoted in Rosenthal 2003; Fischer-Rosenthal 2000; Rokuszewska-Pawełek 2002;

Rosenthal 2003; Kaźmierska 2004; 2012; Chase 2009, Schütze 2009). The basic assumption is that the very act of conducting the biographical interview is already a kind of psychological intervention. Through individually structured autobiographical narration (biographical structuring), in which the narrator receives understanding from the other, the process of self-understanding is launched or empowered. This creates potential for re-organization of the self-image, reinterpretation of entire biographical view, and for empowerment of the sense of contingency and continuity. It is pointed out that the very gaining or re-gaining of the chance for telling one's life-story might lead to the individual's emancipation. A biographer, through the process of narrating, gains specific insight into his/her life, which might lead to modification or reorganization of the image of one's biography. The very identification of blind spots might contribute to enhancing actional and experiential capabilities and reduction of problems, and, as a consequence, to the better living. The cathartic effect of telling one's life-story might have a significant role for the individual (e.g., Rosenthal 2003; Kaźmierska 2012). This might turn out particularly significant in the situation of going back to the traumatic past. Narrating about the event causing suffering and releasing the related emotions in the presence of friendly listener, particularly if it has been, for different reasons, previously impossible,²⁰ might bring a real relief. Moreover, there is the opportunity for integrating the threatening material in the overall view of the life-story by establishing the sense of continuity

²⁰ It is worth mentioning that not only telling the story but also forgetting it – in addition to the negative consequences, denial, and obfuscation of the individual story or community – can have therapeutic effects. R.F. Ankersmit argues, i.e., that forgetfulness and a complete change of identity can be a factor essential for survival of a group or a nation, e.g., after revolutions or massacres (both victims and violators) (Ankersmit 2003 as quoted in Golka 2010).

and the connection between the past and present. The narrator has an occasion to become distanced from the traumatic experiences and aware of the previously not observed transformation of his/her position or life situation, for example, by realizing that the helpless child has already become an adult strong enough to recall the difficult experience, face the emotions related to them, and leave them behind. In the case of the Holocaust survivors, the act of telling their life-story had the influence not only on the narrators and their ability to deal with the past and close it but also on the relationship with their relatives (Rosenthal 2003; Kaźmierska 2012). Participation in the biographical interview might be an impulse to start psychotherapy by the narrator – e.g., the refugees, interviewed by Rosenthal, in acute life crisis were searching for possibilities of gaining support from other institutional settings (Rosenthal 2003).

(Potentially) therapeutic functions of the narrative interview are associated with two phenomena accompanying biographical interviews: Biographical work and identity work.²¹ Biographical work was defined by Fritz Schütze referring to the findings of Strauss and Corbin (Strauss, Corbin 1988 as quoted in Schütze 2009) as shaping one's own personal identity by treating oneself in the following dimensions: Understanding oneself as positively developing, unfolding unique identity; finding out the potentials, mechanisms, impediments, and dead ends of this unfolding; recognizing the possible alternative modes and directions of personal identity unfold-

ing; discovering the feasible ways of supporting that development and deciding about the next steps to accomplish that development. Within the biographical work, of which identity work is – in a sense – a part, autobiographical recollection is done. The individual considers alternative interpretations of the underlying biographical trends, undertakes efforts to understand which of his/her self-concepts were wrong. The narrator assesses the barriers in the life course being the effect of own ideas and actions, activities of (significant) others, as well as the barriers resulting from structural limitations, and considers ways of negative impact of these barriers and other unfavorable forces. There appear ideas about the directions of the rest of life, the *Gestalt* as the discovered biographical identity is supported as undeniably own, the individual decides about further exploration of the self and evaluates the results of this activity in terms of “overall distinguished *Gestalt* worked out by recollection, analysis, and imagination” (Schütze 2009:160). Kaja Kaźmierska, also referring to A. Strauss, speaks of “an effort to interpret biographical experiences in relation to one's identity, self-image, behaviors, actions taken or not taken.” The Author emphasizes that this work “intensifies during difficult, unexpected experiences which force one to redefine one's identity, changing one's way of life” and is particularly important in the case of those who repressed difficult, humiliating experiences from their consciousness and cannot come to terms with the dilemmas and difficulties that they currently face (Kaźmierska 2012:28; see also Schütze 2009:163). The narrator perceives possible overarching features of his/her life “and how they are linked to each other in the overall self-historical shape of one's own biographical identity” (Betts et al. 2009:26). Thus, identity and biographical work influence both: 1) the narrator's self-perception

²¹ According to Fritz Schütze, the narratives are the result of the whole structure of life-history and the process structures (biographical action schemes, trajectories of suffering, institutional expectation patterns, creative metamorphoses) contained in them. They cannot be treated as a simple mirror reflection of real events, but they are an instrument of biographical work, the aim of which is to obtain a clear image of their life and biographical identity (Schütze 2009).

as developing personal and social entity and 2) the realistic and permanently striving for personal autonomy narrator's identity (Betts et al. 2009).

Biographical work as the "inner activity of mind and emotional psyche," constructed by the narrator in an autobiographical narration and dialogue of the individual with the significant other or with the self (Schütze 2009), has the character of auto-therapeutic process launched almost spontaneously, and at the same time conditioned by the narrator's life-course.²² In light of this understanding of both phenomena, it seems obvious that a client within the psychotherapeutic setting undertakes, to a large extent, the biographical work and the work on identity. According to Erik Erikson, the aim of psychotherapy is to exchange ill and excessive (unwanted) identifications for more desirable ones, strengthening of re-synthesis of elements that underpin the identity of the patient. One of the conditions for the effectiveness of rehabilitation work is the clinical study of "the patient's devastated life plan" (Erikson 2004:23, 39, 109). Thus, as Wolfram Fischer-Rosenthal points out, it should be recognized that "any psychosocial therapy is professional biographical structuring." Patients supported by professional helper construct a "reliable and livable version of life story better fitted than previous versions to what the clients/patients have really live as life history and to their present situation" (Fischer-Rosenthal 2000:116).²³

²² According to Fritz Schütze, biographical work is set within the context of process structures dominating in original sequence of events and general biographical structuring, and also in the context of ongoing life situation, social expectations, and conditionings (2009:170).

²³ And continues that the biographical structuring as orienting techniques appeared also in professional settings targeted at personal and professional development of the individual, e.g., through professional counseling or supervision in helping professions (Fischer-Rosenthal 2000:120).

Curative Factors in Psychotherapy Versus Biographical Work

Narrators taking up biographical work during the narrative interview formulate certain types of statements playing particular functions in relation to the whole developing life-story and self-concept of the biographer. The content of such statements shows that during the interview, there appear phenomena that are described as fundamental curative factors in psychotherapy (Czabała 2000). Below we present the selected excerpts from the biographical and narrative interviews conducted with adult former residents of child care centers²⁴ in order to illustrate the impact of these factors. What seems most evident for biographical interviewers and researchers is: **1) relieving emotions associated with traumatic experiences.** This phenomenon occurs during many biographical interviews, especially, in the case of narrators from traumatized groups. Interestingly, such an act can result from a conscious decision of the narrator:

N: I say, that for the first time you are the person who/ I have never even to my uncles too/ I have never told this about my emotions but rather, I am a person who rather keeps [them]. Maybe needlessly because sometimes these emotions increase, increase and one doesn't know when to let them free. But today, if I am allowed, I will release them...

I: You are welcome.

N: ...in some way.

(WDD 13, the man born in 1969)

Liberation from the emotional burden is of great importance for gaining distance and new cogni-

²⁴ 46 interviews were conducted within the project „Institutionalized identity? The processes of identity development on the basis of biographies rendered by adults raised in residential child care" funded by Polish National Science Centre, grant no. 6716/B/H03/2011/40.

tive perspective towards the past experiences. The behavior of the interviewer, who by showing his/her approval and support through compassionate presence enhances confidence in relationship with the informant, facilitates the narration and also gives the narrator a choice whether to continue or take a break in the interview, which strengthens the agency of the latter. In interviews, there can also be distinguished statements indicating **2) the acceptance of the narrator's present situation and personal limitations:**

...I am sure that I would have directed my life in a different way. If I had been more self-confident, I would have directed it...in a different way. For sure, I would have finished the school at that time, not later... I would have achieved what I had wanted to. But, I think that I have achieved a lot... I suppose so... That I have achieved what I have achieved, I have thought about it. That I know that others haven't succeeded and I have succeeded in a sense, well. It might have been better, but... I shouldn't complain. Others are in a worse situation. Some are from normal homes and are worse off... (WDD 15, the woman born in 1971, answering the questions about biographical failure and success)

During the biographical interview course, the informants might experience the situation in which they **3) liberate themselves from the fear of becoming aware of their traumatic experiences. Thus, they might accept and assimilate (negative) experiences and "utilize" them, which becomes a source of self-development:**

Imagine that six years ago I had a surgery, my uterus was removed... Uterus is home. Well, so, I think that all my past...went away from me... There is such a nice [empty] road...so sometimes [while walking], even loudly, I cried out this/ this very, prostration, these, this anger out of myself, this sorrow, this sense of guilt and shame which blurred half of my life, hon-

estly. Because it was so rooted in me... Very much, shame and sense of guilt for my mother...and then I transferred all this into my adult life... I married this first husband, that he drank I sa/ I knew it, right? But, I couldn't delineate it...and just these traces of the past in me, this alcoholism and my mum, and all these, and this sense of shame, tremendous, when, for example, my husband came back from work, drunk, let no one know this by any chance. My God, what a shame! And/ and/ well, oh my, let him be ashamed for himself alone, right? ...When I meet people who are so normal, since always, they have not had such problems and they say things to which I grew up to already in my forties, and I, for example, talk to twenty-year-old person and this person says so to me, right. ...I look [at them] as if they were angels. How much can such a person do and achieve and in life? Because of this clarity of mind in him... But, this biographical researcher, just this my, this/ it gives me such a strength, this struggle... It's given to me such a power, power and self-confidence that, that, just when I persist in/ I ima/ imagine myself/ I set a goal, that it will be like this, yes, it will be like this, and, hell, it is like this. (WDD 18, the woman born in 1961)

It might happen that during the interview there comes to **4) the transformation of cognitive schemes and related emotions** of the narrator:

Well, for sure, my father had some influence on my present behavior. For sure, the mother ((longer pause)). But somewhere, besides this, that, that, that... y I bear some grudge against her...she gave me some wise tips, I still remember them, I try to use them, yes. The father engrafted this, it might be the curse, this pedantry in me. Sometimes it is the curse, but, but he engrafted in me this respect for tidiness, for somebody's work... Well, there are some positive things... and one cannot just cross them out and say that they are just so very/very bad. (WDD 05, the man born in 1974 about his parents – the aggressive, maltreating father and the mother who abandoned the family when the narrator was a 3-year-old child)

Sometimes during autobiographical narration, the person 5) **discovers that his/her expectations of (significant) others are unrealistic and that there is a possibility to resign from them or changing them:**

I rather tried to hide it, till now, I've been trying to hide it, even though I told my child about it [narrator's adolescence in the institution resulting from parents' alcohol addiction]. She did not, she is a smart and intelligent girl that when I tell her what the reason was I don't want her to/ she has very good relationship with the grandma, so why would I denigrate this grandma, this grandpa...in the eyes of this child when it's was so long ago, it is the past and in reality only we know between each other what really happened. My mom will never really understand that she made mistakes and and that partly that that these kids [Natalia's siblings] are what they are is her fault. She does not realize this till now and she believes that it is the fault of one, another, or yet another, that, that they just so directed their life, but I think it is not. (WDD 26, the woman born in 1974, about her alcoholic mother)

Other curative factors in psychotherapy listed in the literature are: 6) **transformation of attitudes and values manifesting in the sense of one's life, in higher self-esteem and self-acceptance** and 7) **becoming aware of real emotions related to interpersonal relationships enabling transformation of these relationships and solving unfinished matters.** Autobiographical material also reveals this type of narrator's experience; however, it might be described in reference to the course of the narrator's whole biography or its longer passages which we will not do in this text due to its limited size. In the course of the narration, the narrator may also 8) **become aware of intra-psychic conflicts (in the area of impulses, needs, ego and super ego structure, cognitive schemes, inadequate self-esteem)**

and gain motivation to undertake actions to deal with their consequences (fear, sense of guilt, aggression).

In the interviews with adult former children's home residents, we also have found **two other types of narrative and argumentative statements with possible therapeutic effect.** First, the intention of some of the narrators casting themselves into the role of representatives of traumatized groups is **testifying to the harms that were not settled accounts for and repaired.** For example, one of the narrators for the first three hours of the interview was talking about violence that the children's home staff applied towards the residents, including young children (beating, physical torture, mental abuse, stealing), stressing that the perpetrators of these acts were never brought to legal and moral responsibility. A possible interpretation of such statements in the context of biographical work points to an attempt to make sense of past suffering, which due to becoming a lesson or warning for the wider social environment will not be forgotten, and thus, "wasted."²⁵ It seems that narrators formulating similar statements, provide consent to participate in sociological research with a sense of mission, deliberately treating the researcher as information carrier to a wider community. Secondly, some parts of the narration take the nature of **confession in which the narrator reveals some guilt.** Biographers might experience remorse, excuse their behaviors, and – in a way – present themselves as people of conscience, (possibly) expecting at the same time that the biographical interviewer will show understanding towards these events and behaviors of the narrator or judge them:

²⁵ Obviously, in such parts of narration past emotions are released.

Everyone envies me such a husband that I have, but my husband when we were at [name of district] had to steal a bag from a woman [A: yhm], now, I say to Michał: “Michał, look, you stole a bag from a woman” cause we really didn’t have, if he hadn’t stolen, I don’t know with what [A: yhm], I would’ve bought milk [yhm, yhm], it was only once, but, well, to such a degree he went, though one may say that if he’s from a children’s home so it’s normal that he stole it, but it was just not so, it, it was just not so [A: yhm]. It was not stealing for, I don’t know. It was even hard cause I was even sorry for that woman, well, she had in her bag...she had such a diary in her bag [A: yhm], and she wrote there, and I say: “Michał what’ve we done” she wrote there about her problems such. Man, felt terribly sorry that, well, there was not so much money there but well, we went to buy sausage, milk, you know... [A: yhm]. Just these, these, we, Michał and I, were left so without a flat without anything, I don’t know why/ I don’t know why it happened so. His mother didn’t/ he wasn’t welcomed, I wasn’t welcomed either, and in fact, so fate threw us so and one got terribly bruised. (WDD 30, the woman born in 1972)

“Confession” creates the opportunity to demonstrate oneself and the listener the changes which happened in the behavior and hence, in the narrator’s self-concept:

N: I’m alone surprised that I was often so cause I was a bit so...horrible, to be honest...and...

I: What does it mean horrible?

N: Horrible, you know, cause maybe I just don’t remember this [name of the children’s home] that I was horrible but from [name of another children’s home] I already do remember already that I am not just the person I was there... Cause...I remember that, for example, when you were to come, I started to think to myself and I say, “God, how horrible I was,” and I say to my husband, “Michał do you remember what we were doing,” cause you know, when we were taking care of the little ones [A: yhm]...and there was such a situation that we put these kids to beds, washed them, and so on. And you know, I’m alone surprised

cause now I love these kids, now, I wouldn’t let anyone harm them, and we were walking and so “close your eyes” (((sharply, commanding))) [A: yhm] and whoever opened their eyes we took, such slippers we had, you know what this is terrible, what I’ll now say but it was the truth and I don’t believe that I was such, I took the slipper and hit his face [A: yhm], so he keeps his eyes closed [A: yhm, yhm]...so I say, what was in me, that I was so horrible. Sometimes I just talk to [my daughter] and I say “Kasiunia...” cause sometimes, you know, one explains and so on, I say... And I just explain to her, how/what/what this all is about, that a group may so/ may have such pressure...pressure on a human being that one behaves somehow irrationally...cause one was young...such a young person and one faced such harms and one took it out on these little kids [A: yhm], I just recently, when you were to come, I think, I say “God, how could I such a kid hit in the face, with a rubber slipper” [A: yhm] cause we used to have such rubber flip flops then [A: mhm]... well...sad, but such, such was the truth, I’m saying the truth [A: yhm], (((sighs))) I say, I regret this so much, but you know, can’t go back back, right? (WDD 30, the woman born in 1972)

However, not everyone undertakes the biographical work, especially, the one aimed at self-critical reflection, during the interview. Sometimes, the sole participation in the study – providing the possibility to tell about oneself and one’s fate might happen for the first time in one’s life – an impulse to take the biographical work in the future, after the meeting with the researcher, is over. The interview with the 38-year-old, at the time former children’s home resident, begins with his statement:

I always yy...it is hard for me to say anything, generally, I can say that cause in fact yy...I never tried to inside myself into why, what was the reason [that I was placed in an institution], that it happened so, and not the other way. I know that, and also not alone from myself but just what my sister told me, that at the age of three or four I don’t remember yy I was in yy...

[name of children's home], that is in/ I was placed, I mean placed/. There is this type, I don't know, well, just as I say, I never went into, cause... It was usually my sister who got interested in such things. I maybe because of my, my character, maybe on my/ never tried to find out, really before/ (WDD 12, the man born in 1973)

Early during the narration, the man realized that he does not know about a number of facts relevant to the story of his life and he never really thought about them. This reflection became more and more distinct during the interview. After the meeting, the narrator asked the researcher to inform him about the content of his file remaining at the disposal of "his" children's home, to the analysis on which he has agreed.²⁶ It might be assumed that even the consideration of possible participation in the interview might become the turning point for taking up biographical work, while the very situation of the interview is perceived as the beginning or a chance for the change and self-development.

In the case of some narrators, biographical work is blocked by entanglement in the past which still arouses strong emotions that prevent "closure" of the relevant topics, such as relationships with significant others. For example, over forty-year-old man believes that the failures that he experiences in the course of the whole life are associated with still-experienced sense of injustice and lack of satisfaction on the part of the mother who placed him in an institution:

N: ...I've got this bad luck in life, you know, whatever I do, it is okay for a while, after a while something escapes, one can't get to grips/. I say, maybe this thing, that a lot in the psyche of mine, I don't know,

I don't know how to explain these, these certain behavior that. Sometimes it's good, sometimes it's not. The worst is the awareness say...one meets yy..wants to meet one's mother aaa she treats it as if nothing happened, or as if it wasn't her fault...

I: And does the thing that you were in this children's home somehow influenced your life?

N: Well, yes. I think that it did and very much so. Not so much that I was in the children's home but the awareness after leaving the children's home...the awareness of still having no family, well. My wife knows, that mmm for me it is generally, it sits so deep in my psyche that I'll keep thinking about this till the end of life, talk and and I have this huge ((with emphasis)) regret for my mother well...it is incredibly huge regret despite that she apparently apologized to me and I accepted this apo/ apologies it is for nothing. It is for nothing. Cause nothing will compensate it to me, yy that I didn't have a mother, I didn't have a family, I didn't have a home, I didn't have a father, even this stupid, I say, y stepfather well...hmm, that's how it looks. It would be different, if I was at home, so... (WDD 20, the man born in 1969)

The above mentioned situations are analogously reflected in psychotherapy: For some clients, going back into the life-history leads to the discovery how many facts they do not remember or do not understand, which is the starting point for taking up work, in other people's cases compulsive returns to past events serve as an excuse for negligence and resistance to change. In certain cases, the narrative, which can be witnessed by either researcher or therapist, can become another opportunity to confirm blocking further development of the narrator who is not able to see the positive changes in his/her biography and (relatively) good position and casts oneself into the role of a deeply unhappy person, the victim of (significant) others' behaviors.²⁷ We propose that the latter phenomenon is termed

²⁶ And ignored the information given to him about the possibility to have insight into them/it.

²⁷ Such behavior is interpreted by the narrator/client as unfavorable for them, accusing relatives of bad will and heartlessness, etc.

“negative biographical work” (Golczyńska-Grondas forthcoming), which is the reverse of biographical development work (according to the definitions given above). “Negative biographical work” is associated with negative work on identity, it occurs when the individual assimilates depreciating classification of other participants of social life. Even if one is aware what events and processes launched such classifications, people are unable to distance from internal self-definitions, imposed by others or themselves, which, on the one hand, serve as justification of a particular course of biography, and become the elements of the leading life scripts, on the other. We have to underline that the proposed concept of “negative biographical work” is still a intuitive one and needs further exploration.

In the context of biographical work understood as a kind of auto-therapy, special attention should be drawn to the “therapeutic process” – the development of relationship between the client and the therapist often occurring beyond the will and awareness of the client – which gives specific meaning to what happens during therapeutic session and becomes an autonomous curative factor. It is the phenomenon of transference – cast by the client to the therapist’s emotions, expectations, and behaviors experienced towards significant others (e.g., Grzesiuk 1994: 138-151). The types of relationships that can be formed as a result of the transference are numerous, it is more important to understand that they can have a huge impact on how the client uses the therapy, how his/her development progresses, and how his/her consciousness changes. For example, it might happen that the client entering into the dependency relationship with the therapist does everything to please him, or will expect from the therapist the confirmation of his “interpersonal battles,” justifica-

tion, forgiveness of sins, admiration, confirmation of cognitive stereotypes, release of responsibility for making autonomous decisions, et cetera. Many of these expectations do not find verbal manifestation, remain hidden and it only depends on the professionalism of the therapist whether they will be revealed and will be the subject of work. One might be wondering if, and how, such needs and expectations also appear during the meeting between the narrator and the biographical interviewer, and influence the content of the interview at hand. Probably, biographical work not so much differs in that area from psychotherapy with the consciously presented content as possible deliberate use of these non-revealed aspects of the meeting. Because, even if we very orthodoxly approach the investigator’s neutrality principle (like, e.g., analytical psychotherapy requires that the therapist refrains from activity), still, his/her absolute “non-presence” as a person, with individual preferences, limitations, and the style of functioning in a meeting with another human being is impossible. The situation of interview becomes an interpersonal phenomenon, an encounter between two people, each of whom contributes something to the relationship. If so – the researchers must answer the question of how they want to function in this situation, and what “personal” content they reveal. If they are authentic and compassionate in reactions – they are likely to create a good atmosphere of the meeting, which might increase the amount of information and influence the content disclosed by the narrator. In turn, the attempt to maintain maximum neutrality means that the researcher can be taken as an “indifferent” person, which also might affect the emotions and behavior of the informant. But, even in this case, the narrator will probably attribute his/her own expectations, attitudes, and evaluations to the interviewer – like in the phenomenon of transference

in psychotherapy. Depending on the content of these projections, the narrator might select material, recall some aspects of life and omit other, interpret memories in a specific way, reconstruct life-stories, and adapt reflections.

Conclusions

Conducting biographical interviews and the practice of psychotherapy are both based on specific, at many points convergent, procedures, norms, standards, and ethical principles. In the case of both activities, these rules can potentially be broken or abused, which depends primarily on the attitudes and skills of the professionals. The main difference between interview and psychotherapy seems to lie in the fact that while in an interview a variety of content and experiences that can lead to changes occur unintentionally, “at the margin” of the researcher’s goals, in the case of therapy they are the essence of the meeting. The boundaries between biographical work taking place during the sociological interview and psychological therapy should, therefore, be determined on the basis of the contract norms and ethical standards of conduct. When we consider the issue of biographical interviewing practice, our main conclusion is that interventions into psychological treatment, undertaking the role of a “naive therapist” means that an interviewer transgresses his/her competences, crosses the borders of biographical interview method within the scientific frameworks, which can result in methodological perturbation (what about the status of engendered data?) and breaking the ethical principles. The narrators who consent to tell their life stories decide to participate in the research; they do not contract with the interviewer to take part in the treatment process, self-development or activities on problem solving. The psychotherapist undertaking

any intervention is obliged to act purposefully and consciously, according to his/her competences, on the basis of professional assessment which enables understanding of client’s needs and capabilities. The therapist is able to anticipate consequences of the intervention and takes the responsibility for them in subsequent treatment processes. The biographical interviewer cannot act similarly because the incompetent intervention might result in emotional risk or psychological trauma, while the main ethical task is to protect the research participants from any harm. The interviewer can perceive auto-therapeutic aspects of the informant’s narration but according to the contract should neither strengthen nor offer directions of narration only because they have so much potential. On the other hand, there is no reason for the interviewer to avoid them and turn the narrator’s attention away from them by asking questions. The emergence of strong emotions can have a varied impact on the interviewer. The interviewer appreciating the importance of emotions and emotional contact with other people will not avoid them but should not “open” the narrator on purpose – as it would be unauthorized intervention. The same is true in the reverse situation – when the interviewer does not want to “contact” with the deeper emotions of the narrator, for example, by abruptly changing the subject. One can justify this situation with the caution (or fear) of the interviewer resulting from the lack of psychological competence; it is worth, however, to remember that such intervention might block biographical work. Recipes for solving similar dilemmas cannot be found in any textbook or code of ethics because by their very nature they have a non-codex character, but the above considerations indicate that biographical interviewer needs specific training and competences to be able to deal with unexpected and/or “emotionally saturated” situations that go beyond

the research contract and not to interfere with the process of biographical work autonomously.

Both biographical interviewing and psychological treatment might influence the development of self-awareness, sense of self-responsibility, and self-efficacy of the individual. This is the goal of psychotherapy, and such "side" effects can be brought by the biographical interview. Independence and autonomy of the individual becomes particularly important if we consider one of the basic conditions for the effectiveness of therapy, or more broadly – personal development – which is the act of taking personal responsibility for one's life, the awareness of creating oneself, personal life situation, and the necessity to cope with the resulting feelings and problems. According to Irvin D. Yalom, a promi-

nent American Author of existential therapy: "for the patient who will not accept such responsibility, who persists in blaming others – either other individuals or other forces – for his or her dysphoria, no real therapy is possible" (1980: 218). Yalom points out that avoiding responsibility for one's life displaces in contemporary culture other problems addressed by psychotherapy since Freud, while realization of the authorship of one's life might now be the primary, and often sufficient aim of psychological counseling (1980). Similarly, the narrator telling his/her life-story more or less consciously faces the question: Who caused what happened to me? If the narrators realize that they are the authors of their biography themselves – then we can achieve the fulfillment of one of the essential conditions for personal development.

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Citation

Golczyńska-Grondas Agnieszka and Marek Grondas. 2013. "Biographical Research and Treatment. Some Remarks on Therapeutic Aspects of Sociological Biographical Interviews." *Przegląd Socjologii Jakościowej* 9(4):28-49. Retrieved Month, Year (www.przegladsocjologiijakosciowej.org).

Badania biograficzne a psychoterapia. Kilka uwag o terapeutycznych aspektach socjologicznych wywiadów biograficznych

Abstrakt: Artykuł stanowi rezultat dyskusji między socjologką a zawodowym psychoterapeutą. Celem autorów jest rozważenie terapeutycznych funkcji wywiadu biograficznego w odniesieniu do założeń profesjonalnej terapii psychologicznej. Terapeutyczne aspekty spotkania badacz–narrator mają szczególne znaczenie w przypadku przedsięwzięć badawczych, niejako „z założenia” uruchamiających traumatyczne wspomnienia lub refleksję nad aktualnym doświadczeniem badanych (np. biografie wojenne, uchodźców, osób wykluczonych i zagrożonych wykluczeniem społecznym, osób ciężko chorych i niepełnosprawnych). W tekście poruszono problematykę celów badań naukowych i celów terapii, problematykę relacji między narratorem/klientem i badaczem/terapeutą oraz zawodowych umiejętności niezbędnych dla prowadzenia wywiadów biograficznych i praktyki psychoterapeutycznej. Autorzy poruszają także problem celowości i zasadności ewentualnych interwencji o charakterze terapeutycznym podejmowanych przez badacza w trakcie wywiadu, zwłaszcza w kontekście norm etycznych i wpływu uczestnictwa w wywiadzie na przebieg pracy biograficznej i pracy nad tożsamością narratora. Empiryczne tło rozważań stanowią wywiady biograficzne z dorosłymi wychowankami domów dziecka zgromadzone w projekcie „Zinstytucjonalizowana tożsamość. Procesy formowania się tożsamości w świetle losów biograficznych dorosłych wychowanków placówek opiekuńczo-wychowawczych, 2011–2014”

Słowa kluczowe: wywiad biograficzny, wywiad narracyjny, psychoterapia, czynniki leczące w psychoterapii