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Ethnographic research as the source of critical knowledge in social work and other caring professions

Introduction

A huge amount of everyday professional tasks of critical social workers, pedagogues and other caring professionals who work with people, talk with them and visit their homes, facilitate groups, evaluate services and reflect upon changes, incorporate some elements of ethnographic research. While using it, in order to understand the everyday situation of individual person, critical caring professionals reverse the old-fashioned way of social work thinking, based on categorizations and "problem definitions" from the side of dominant professionals. Ethnographic research is based on situated knowledges (Haraway 1988) and on a standpoint view which give a special attention to people who are marginalized and who had developed a sensitive personal knowledge due to their oppressive status. Instead of a quasi –interest of an expert, who either focuses on "the problem", or already knows what is "the problem", ethnographic approach focuses at the context of the person and his or her individual perspective based on individual positionality (determined by gender, class, ethnicity, age, disability and sexual orientation). Ethnographic research can be used while talking with individuals in offices, schools and boarding homes, searching for community resources and while trying to understand the organizational belief patterns in order to perform an evaluative study.

In the last decade the ethnographic research, which has established itself predominantly within anthropology (Sanjek 1990), has become incorporated into other social sciences. It has become widely used in sociology, social work and pedagogy, but also in medical and mental health studies for working with individuals with severe mental health problems. In his famous book, "Anthropologist on Mars", psychiatrist Oliver Sacks (1994), showed a genuine interest for a person's story and his or her life experiences, instead of focusing at pathology and illness. He showed that the establishment of a relationship between himself as a human being and not a medical practitioner and a person with a severe mental health and disability problems, might be as extraordinary experience as searching for the forms of human lives at another planet.

American anthropologist Robert Murphy (1987) has expressed something similar after he became severely disabled and a wheelchair user. He described the unexpected disabling conditions from the side of the able-bodied world, which started to view him as “the other”, and what reminded him at his own ethnographic research. The sudden personal transformations of the people around him were as strange and difficult to understand, as doing the ethnographic fieldwork in another culture. He felt as being “the anthropologist in the Amazon forest”, where he first had to come “into the culture” in order to understand the meanings of things, gestures and words of the able bodied world. With his posture of anthropologist opened for differences and diversities, he actively rejected the disabling attitudes, and started to research the newly discovered “able body world“with ethnographic approach. In his research there were not the “disabled” that had to be analyzed, but the “un-known and strange able body world”. The experience was so unique that it made him felt, as being again at his old field work in the middle of the Amazon forest.

It is obvious, that the use of ethnographic research in social work and pedagogy has recently become as important as questionnaires and statistical data (Denzin 1994). The “post-positivist turn”, which describes the orientation towards self-reflexivity on the part of researchers, the involvement of actors like stakeholders or service users, who collaborate with the researchers, and the shift away from the belief that the scientific methods themselves can guarantee objectivity and truth, make a major shift within all social sciences. This is especially true after a wide recognition that the »grand narratives« of social services and the »heroic stories« from social welfare professionals mask the power relations in social work research and practice and that they too often do not focus on the perspective of the social service users, recipients of the international welfare aid and victims of structural and personal violence.

Therefore, the article will not merely look at the particular methods and techniques of doing research, but it will rather focus on the researcher’s mindset as well as theoretical considerations behind the paradigm of the ethnographic research in caring professions.

Ethnographic reflexive fieldwork research

The ethnographic research emphasizes the importance of **personal memory** within social welfare regimes instead of institutional memory which is most often the only memory that becomes part of public knowledge (Ballinger 1998, Gittings 1998, Sherbakova 1998).

Social workers and pedagogues most often believe that they know more about a particular person as the person about himself or herself. The professional knowledge is seen as “objective” and rational and the personal knowledge as “subjective” and emotional. The law students (in Slovenia) still today learn from their mentors that they should never draw conclusions from personal experiences and by no chance from their own experiences. Personal experiences are seen as polluted with emotional involvement and therefore untrustworthy. Instead of the polarity objective-subjective, several feminist researchers already proposed the dialectic relationship between these two sides (Reinharz 1992).

At the same time people in need very often experience that the professionals made decisions on the base of a large body of knowledge which does not necessarily belong to their very experience. Similarly, the informants sometimes say to an anthropologist: “You know more about us than we do” (Fikfak 2004). Precisely this is what service users often fell and express toward the helping professionals when they feel observed, analyzed, studied. The most grotesque example of such observation is the “one-way-mirror” technique (most often used by psychologists and psychiatrists) where the professional sits behind the glass wall, observes and takes notes of the client, while the client on the other side of the wall is not able to see the professional and has no influence upon what was said or written down.

Most of the close or semi closed institutions across Europe has been modernized with the video protection cameras. In a semi-closed asylum for people with mental health problems and intellectual disabilities in Slovenia, a small, prison-like window on the door (called “isolation room”), has been replaced with the video camera connected with the ward nurse office. The staff can watch and observe the physically restraint inmate (presumably violent) after being isolated in a no-window room, from their offices. While the comment: “You know more about us than we do” might be a compliment for the researcher, a form of admiration and benevolence of an informant, the same words by a person living within a public care institution, a boarding school or psychiatric hospital, is an expression of fearful helplessness. It is the expression of the “medical eye”, the knowledge-power of an expert who knows most about the person who is in the position of the client (Foucault 1990, 1991).

This kind of normative knowledge embedded within social welfare systems most often: a.) pathologize service user's personal stories; b.) individualize their problems; c.) reluctantly take into consideration the context of the person; d.) are part of a scopic regime which means that the professionals while describing the story of a service user, do not become part of the story but describe the »truth« and the »reality« of the observed through the scopic gaze which leaves themselves out of the frame of the caregiver-receiver context; e.) exoticize their clients as the “internal” or “external other” which could be best observed especially when social workers deal with new immigrants, refugees, with people with mental health problems or with other disabilities.

The ethnographic approach, which can never assume prior knowledge of the context and can never take mainstream conceptualization for granted and unquestioned means therefore a conceptual shift within social work and other caring professionals. It includes the following characteristics :

1.) It shows the social and the symbolic context of the service consumer. This contextual-based knowledge includes the actual and the symbolic, the socially constructed knowledge as well as the transmitted memories of social phenomena.

There are several examples which can be used. Violence and subtle intentional as well as un-intentional discrimination against people with disabilities from the side of social workers, pedagogues or other caring professionals, reflects a continuity of prejudices and hatred toward particular individuals within different contexts. In many social services the people with disabilities are seen either as a-sexual or as over-sexualized, but in both cases can not escape sexual violence which is not aberration but is intrinsic to the social construction of disability (Zaviršek 2002, 2004). High prevalence of suicide between rural Chinese women is inevitably linked with the gender regime in Chinese society, where the “arranges marriages” are often prevalent between rural inhabitants. Similarly, high prevalence of self-harm in a form of trying to commit suicide between women in European country is a violent albeit a silent gesture against everyday discrimination (Meng 2002). A similar example are forced migrations from Eastern Europe, Asia and Africa to the Western countries, where the mainstream conceptualization of the context (i. e. restrictive and selective immigration controls) must never remained unquestioned. Because of the selective border regime, so called “Fortress Europe”, most immigrants from the global South (forced and voluntary) become undocumented or illegal by default and not by fault of their own. The researcher has to question a normality of the ‘hierarchy of credibility’ which implies that governmental voices, media and professionals, have more weight and credibility than voices of undocumented immigrants, who are affected by immigration regimes. If the researcher is able to make this shift, where he or she redefines the immigration controls from the perspective of the affected people, the real problem becomes a border regime and not people, who travel without documents. With other words, a conceptual shift would imply a redefinition of immigration controls which has to be seen as a real problem instead of pathologizing people without documents (Westerman 1998, Zorn 2005).

2.) Ethnographic research gives a holistic view instead of reductionist picture which does not »touch« the listeners but makes sure that people distance themselves from concrete life experiences of service users.

Instead of positivist objectivity, which is most often achieved with formal knowledge and descriptions, critical ethnographic research encompasses several characteristic of feminist research. Donna Haraway claimed that there is something like »feminist objectivity«, but which is rather different that a traditional epistemological objective standpoint. She pointed out : »Feminist objectivity means quite simply situated knowledges« (Haraway 1988).

In Slovenia for instance, regardless of their chronological age, adults with intellectual disabilities who have restricted legal capacity are accorded the status of a “child” under some existing legislation and therefore cannot fully take on the role and responsibilities of an adult.

For social workers and other caring professionals it is unusual to challenge what seems to be an »objective« and »best« decision for the “protection” of persons with long term intellectual disabilities. It is not seen as infantilizing manner and a matter of oppression, but a useful tool of care and protection. From the perspective of feminist research, which traces on the personal stories and experiences, the same phenomena gets a rather oppressive nature. A parent from a parent advocacy group Silva from Slovenia, who has guardianship for his adult son with intellectual disabilities recounted an incident which happened in the year 2004:

> “I went to the pharmacy to get some tablets for my son but they told me that I have to pay for them quite a lot of money (about 200 USD). They told me that the National Health Insurance pays for these tablets only if they are prescribed for adults but not for children. I couldn't persuade him that my son is 46 years old. I realized that the National Institute for Health Insurance keeps my son under the category of a child, because I have the parental guardianship over him.”[1]

Here the importance of situated knowledge comes into the light, or as Donna Haraway wrote:

“Feminist objectivity is about limited locations and situated knowledge, not about transcendence and splitting of subject and object. It allows us to become answerable for what we learn to see” (1988: 583).

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[1] Interview with Niko Mohorčič, member of parent organistion »Sklad Silva«, Fjeroga, 21. April 2004.

There are almost no cases where the courts in Slovenia have returned legal capacity to a person. The Director of a sheltered workplace in Ljubljana has said that in 20 years she has not come across one such case.[2] In fact, according to present legislation, it seems that people with intellectual disabilities cannot get legal capacity status back, since the law states that legal capacity can only be returned "if the reasons for which it was taken away in the first place no longer exist".[3] However, once a person has been diagnosed as having *moderate*, *severe* or *profound* intellectual disabilities, he or she retains this diagnosis for life and is therefore unable to get back legal capacity status.

Here again I will use Donna Haraway who said: "We seek those ruled by partial sight and limited voices –not partially for its own sake, but, rather, for the sake of the connections and unexpected opening (which) situated knowledge make possible. Situated knowledges are about communities not about isolated individuals" (1988: 590).

3.) Ethnographic research focuses on cultural differences and makes possible to see a phenomena that would be most of the time seen only within the pathological framework, as part of cultural patters.

The ethnographic approach can look at the questions such as : what is the culture of heroin users, what are the rituals within the medical diagnosis of eating disorders, what is the culture of a particular public institution, etc. It also shows how someone is culturally positioned and what are the social consequences of such positioning.

Mental health service users for instance, are in many cultures, neither completely ordinary human beings nor non-humans. They are grown up people as well as children-like adults; they are independent as well as dependent from the state care and public prejudices. The same phenomena can be seen in the culturally constructed ambiguity around children with disabilities, who are seen as innocent and vulnerable human beings and as pathogenic monsters whose behavior triggers sexual violence (Zaviršek 2004, Hirsch 1998). They live in a life long liminal status. Liminality as an anthropological concept derives from a Dutch ethnographer Arnold Van Gennep who shows that all societies know people to whom a liminal status is ascribed (Turner 1991). Liminality may appear as an in-between state during the rites of passage, which marks bridging a gap between two qualitatively different states (between childhood and adulthood in the past, today for instance between being a non-citizenship and becoming citizen with formal rights.). A common characteristic of liminality is that it is marked with ambivalences, fear and pollution: a person in limbo, someone passing from one social state to another and is therefore not the "old" person anymore and not yet a "new" one. She/he is in an in-between state, a passenger, a matter out of space, a danger for the existent social order. Symbolically speaking all these is true for people with mental health problems across the globe where psychiatric diagnosis as well as physical and intellectual disabilities contain a high stigma.

In South Africa, "children of violence", those who fought in the guerilla are perceived in terms of serious cultural contradictions, they are seen as victims of violence and survivors of terror and as dangerous and pathogenic agents for new emission of violence (Feldman 2002).

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[2] Interview with Tatjana Podlipec, director of the sheltered workplace Tončka Hočevar, Ljubljana, 24 . March 2004.

[3] Non-litigious Civil Procedure Act, Republic of Slovenia, Article 54.

They are children and non-children at the same time, contaminating and purifying, disordering and ordering, intrinsic to the social order and alien. After the end of the apartheid in the transitional period, they continue to bear their liminal status, since they have not been reintegrated back into society and have no economic chances in move out of poverty and marginalization.

Liminality is experienced also of those couples in China, who break the traditional culture of arranged marriages and marry out of love and self-determination (Meng 2002). In rural areas "love marriages" are still perceived as dangerous for social order, therefore their agents are marked with liminality and are accepted and rejected at the same time.

4.) Ethnographic research values the personal involvement of the researcher during the ethnographic research and gives an insight into how much does the story of the informant influence the view of the researcher and vice versa, how much the perspective of the researcher influence the story of the interviewee.

Ethnographic method never discloses only the world of the subject of the research, but always also shows »our« world and the place between »us« and the »other« (Okely 1995). The ethnographer is always positioned as a subject within a certain context, time, space and ideology as well as the locality of gender, age, ethnic group and class.

Reflexive ethnography raises the question of the relationship between personal involvement and sensibility of the researcher who witnesses the life history of the social service consumer and the level of her or his professional distancing. The belief that the gap between personal and the professional has to be understood as a sign of the professionalization is well known within social sciences. In social work and pedagogy this is still the consequence of the positivistic history of both sciences which has stressed »neutrality« and »objectivity« as the criteria for professional work. There is a certain paradox in these values, since positivist social work demands both, an empathic listener and a detached professional. The principles of ethnographic research try to bridge the gap of this ambivalent tradition and advocate for the reflexive use of one's own subjectivity within professional practice.

5.) Ethnographic research promotes reciprocity.

Another aspect of the creation of a “common space” of the researcher and the interviewee is the issue of reciprocity. Reciprocity is an intrinsic human condition which is often neglected in the social welfare institutions. During the ethnographic research process the researcher receives a “gift” in a form of information, data and sharing of personal stories. At the same time the researcher gives back the gift in a form of listening, witnessing, empathy and sometimes also activist involvement of the situation.

6.) Ethnographic research allows the subjects of research to participate in the production of social work and social welfare knowledge.

The stories of service users who are most often invisible and unheard become part of the public space, influence public policy and public opinion and changes professional knowledge.

One of the best examples can be found among women who experience domestic violence. During the 1980ies and 1990ies “battered women” influenced and changed the professional attitudes towards domestic violence to a large extend. One of their common experience was that social workers and other caring professionals didn’t focus on domestic violence but on other “social problems” which were less stigmatized and more socially acceptable (substance abuse; mental health; poverty; school problems). When their stories became not only “personal tragedy” but a political issue, their experiences and political involvement changed the professional denial of domestic violence.

In opposite with these early experience, a recent research done by Aris, Hague and Mullender (2003), shows that women services empower women less that expected and than women’s experiences are less valued that they were in the early establishment of these services. During their research women with violent experiences were asked if they thought that it was important to be part of the working teams that design social services and to participate in the work with other women. 81 percent of the women with their own experiences of violence answered that they felt that it would be very important that women with personal experiences contribute to the designing of social services and work in them. But this should be done by other women with violent experiences, not by them. These answers show that helping process constructs a “victimized identity” and doesn’t help the woman to feel empowered to use her personal experiences to help other women or for political purposes. During the research women talked a lot about their “victimized sides”, the consequences of the abuse, how the violence affected their lives, and what they were not able to do because of experiencing violence. This construction of the “victim identity” is obviously one of the major reasons that professional women don’t want anymore to be seen as “having the experience”. Aris, Hague and Mullender (2003) stressed that professional workers in this sense accept and reproduce the male concept of violence. When they are labeled as the one “with experience”, they are seen in the first case as the clients of the services, and therefore as less reliable, more vulnerable and less capable to do the professional work.

At the same time there are several positive cases of the participation of users in production of social welfare knowledge. In Slovenia a group of young activists with disabilities (some years ago they set up association Youth Handicapped Depriviledge- YHD in order to promote the principles of independent living), have rejected patronizing practices of social services and their definitions of disability, and have criticized the professional attitude to speak on behalf of people with disabilities. They have significantly influenced the production of social work and social welfare knowledge in Slovenia while supporting the establishment of the disability studies at the Faculty of Social Work, running a journal and a social club, giving lectures for social work students and promoting practice of independent living[4].

7.) Ethnographic research can very often create relationships based on advocacy work for people who are the subjects of research.

The need for advocacy (independent, civic, peer, collective, citizen, parent etc.) has come from the understanding that seeking help and support in social welfare institutions, does not necessarily improve the conditions of the individual person, but can degrade, abuse and oppress the individual person as well. Therefore, the researcher, who is often confronted with

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[4] See web side : www.yhd.org.

inequalities and injustice while doing ethnographic research, gets involved as an advocate for people who are the subjects of research.

8.) Ethnographic research gives an insight into the life history of a person as well as life histories of social institutions, professionals and communities.

Sometimes a formal entrance in the institution can already be an insightful information of a particular institution. A researcher who has to wait for months to get a permission to enter the public institution, already gets the message of the boundaries which make the "world inside" and the "world outside", a rigid spheres which are difficult to transgress. The usual examples of close institutions are: asylum homes and detention centers, psychiatric asylum homes and other long term boarding schools for people with disabilities, prisons etc.

Doing research in social welfare institutions often means that the researcher has to distinct herself explicitly from the professional workers of the institution. In one of the ethnographic research conducted in a psychiatric hospital, the informants expressed the fear that the researcher will »tell the psychiatrist, what they told her«. Therefore, the researcher draw a symbolic boundary between herself and the staff with the creation of another time schedule for herself. For example, she started to visit the wards on the weekends, when there were a reduced number of staff, and when the people who stayed in the hospital felt the deepest void and mourn for the life »outside« that has not being lived" (Zaviršek 1997, 2000).

The use of memory and testimonies in ethnographic research

The memory as a produced version of the events and memory work from the side of the persons who were historically silenced and whose memory was approved and transmitted to public knowledge only as an agreed version of the »common memory« of helping professions, have become a crucial part of the democratization processes. Institutions and professionals are very prone to construct a normative memory, which could be a form of security in unstable times and conditions as well as a way to develop social normativity. The concept of normative memory is closely linked with the Greek understanding of historiography, concerned primarily with "great events". Within social welfare regimes the normative memory is seen as the historical silencing of certain people and events and as the non-critical picturing of social welfare institutions. Experiences of violence, institutional abandonment and misuse of professional methods in public care, haven't been part of the overall positive picture of welfare institutions as places of care and safety.

From the perspective of normative knowledge it could be shown that in the developing countries the proportion of people with access to health services has risen to 63 percent in the last 30 years and that average life expectancy increased by more than one-third and is now 63 years[5]. From the perspective of counter-knowledge, the data show that 1.5 billion people still lack basic health care and that the lowest expectancy of life after birth in 1987 was 42 years, in Afghanistan, Ethiopia and Sierra Leone (Douglas, Ney 1998). The data of undocumented immigrants (i. e. people without social, economic and political rights) in welfare states which are rarely known to the wider public shows that there are approximately 9 million people in the USA and 3 million in the EU who fall into this category (Zorn 2005).

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[5] The Human Development Index, United Nations Development Program 1991, see Douglas, Ney 1998.

Advocating for the user's and social movement's perspective which were underlined by those who faced different disadvantages and stigma, brought forward also the need for memory work which is not done only by the established institutions and historiography but also from the side of individual persons who experience social welfare regimes on the daily basis (Zaviršek 2000, 2002). Memory work is more than a re-collection of past events, it is a performative act of remembering, an active engagement for social change. In transitional societies people experienced silence as something which could protect them from the state abuse and violence. Therefore, the processes of personal remembering are even of a bigger importance. The concept of a society of diverse particularities that embraces everyone, instead of the society that is divided into the center and the margin (and the latter to be included in the former) is closely connected with the idea of the personal memory. Memory is no longer seen as the »common« reflection of past events, a "true" record of the things that had happened, but is understood as produced, constructed, often in a conflict with the established and legitimizing history. Instead of focusing on the memory work done by the state institutions, critical ethnography is interested into the counter-memory of individual persons which can democratize the social welfare services and contribute towards the democratization of everyday life.

Social work, pedagogy and other caring professions within social welfare regimes promote normative identities and experiences of service users. They are productive forces that not only "help" individuals and groups, but also produces and construct their subjects of concern. The production of social work policy and practice could be observed through a deletion of social memory through the normative procedures, needs assessment, the tipification of symptoms and the pathologization of consumers. Social services, policy and practices themselves are involved in the production of social memory and forgetfulness. This kind of normative memory helped to construct the public culture of social welfare systems and zones of amnesia and silence. Social services filtered out the critical memory of consumers as well as service provides. Ethnographic research might help to rescue this memory and provides alternative perspectives and solutions which will have consequences on the social work practice.

The narrativization as the way of remembering and doing memory work is an important tool-box for critical ethnography. The narrativization of one's personal story or life story goes trough some phases which has to be taken into consideration in order to lead the informant through the process of an interview (Kazmierska 2004):

-establishing the contact (talking informally, not recording, finding common topics, places, things, get to know each other, providing as much information as the narrator needs, emphasizing confidentiality);

-stimulating the narrator (explaining that the researcher is interested in personal story not the official formal story; that precisely the personal experiences are not minor to the "bigger" body of knowledge, but crucial for the research, that it is not so important what the husband or the son thinks about certain issue, but what she thinks about it);

-the central phase of story telling (using the tape recorder and writing down as much as possible; the focus is on active listening; having supportive responses with the gestures and voice and asking supportive open-ended questions which make the space for personal stories, examples, feelings, experiences, memories; the phase might be longer or shorter in cases of persons who have difficulty to talk without a break as for instance some people with intellectual disabilities, mental health problems or older people; the researcher keeps the framework but at the same allows that the personal memory leads the interview into different directions which might not be expected);

This part of the process might involve strong emotions or even some demands from the side of the narrator to cut some parts of the interview out of the recording process. A woman living in a psychiatric hospital said to the researcher during the story telling:

“Could you please delete from the tape that he has beaten me? “ (Zaviršek 2002).

During this emotionally important phase the researcher becomes an active listener or even a silent witness of what was experienced. The researcher witnesses something that might not be disclosed to colleagues or even not to close friends, which might bring the narrator and the researcher very close to each other. The researcher has to be aware that the sudden closeness might cover the fact that this is a research situation which will soon be over and the relationship might not continue. The researcher has to think about this issue before the process of story telling and might plan some future contacts or also not.

The phase of story telling might be limited to a certain time and continued in the future. The researcher might plan to continue with the process of story telling over the longer period of time and over three to eight meetings. This is especially important while doing the research with people with disabilities.

The researcher might also think about showing the transcript of the story to the narrator in order to make sure that the person has the control over the research process and the right to change what was written down. This requires some special sensitivity from the side of the researcher. For some people reading his or her life story over several pages of taped material is an unexpected shock. A young woman with severe eating disorder problems told to the researcher:

“It was horrible, so unbearable, to read the story of my life, such a sad story, I didn’t realize that it was so bad. I hardly stand to read it all through. I felt even worse, I realized how many things went wrong” (Zaviršek 1997).

Some people might be very unprepared for this experience, especially if the person went through many losses and traumatic events. People who experienced structural and personal violence for instance are sometimes able to talk about these events but fell overwhelmed when they read what had happened to them. Therefore it is very important that the researcher makes sure that the person gets necessary support while reading the transcript. The researcher might read the transcript together with her or him and talk about it at the same time. This might give some more opportunities to discuss some of the issues and to deepen the story. It can also be that the researcher divides the transcripts into parts and give them to the person separately to diminish the shock of “the chain of traumatic events”.

-closing down the story telling process with some additional information (about age, years, places, number of people, names of certain organizations which are less personal and more formal information which the narrator mentioned briefly during the process of story telling without giving details, but the researcher left the clarifications for the end phase of the interview in order to prevent breaking the intensity and fluidity of story telling process.

-closing phase of the interview (Kazmierska calls it also “getting back to the normal”, where the researcher switches off the tape recorder, moves towards usual themes, gives some feedback about what was said, recalls his or her own anecdote which creates an atmosphere of sharing, equality and a common understanding of things. The closing phase is used for future plan for meetings, exchange of the transcript and for other possible involvement into the research situation. The researcher might tell the narrator when he or she plan to finish the research, when and where will be presented etc).

Conclusion

All of the examples show that memory work always means an individual as well as a social act and that remembering might leads towards several transformations. In order to achieve this aim the ethnographic research has to be **self-reflective** where the researchers are not only critical towards the normative knowledge embedded within social welfare systems but they also reflect their own “power-knowledge” production (Foucault 1991). Judith Okely (1995) calls this stand “autobiography” when the researcher does not look only at the results of the research but also at one’s own location or departure point which influences the relationship between the researcher and the informants. Autobiography asks for reflection upon one’s own prejudices and rejects the idea of a “neutral place” from which the researcher might speak.

The researcher is part of the research process and should not “disappear” from the research results but has to stay in the text (Frankenberg 1993, Moreno 1995, Green 2002). As we already described above, the researcher reflects the “creation of the story”, which is the story being created in-between the researcher and the researched.

All these examples show a huge importance of standpoint epistemology (auto-ethnography) within the ethnographic research, which demands that every researcher theorizes ones own position as a person of a particular gender, age, social background, color of skin and other specificities. These particularities influence the way how we view and understand the world and reflect what are the locations from which we explore and explain the world.

Literature

Aris, Rosemary in Hague, Gill in Mullender, Audrey (2003): “Defined by men's abuse: the 'spoiled identity' of domestic violence survivors” In: Stanko, Elizabeth A. ed. : The Meanings of Violence. Routledge, London, New York. pp. 149-164.

Ballinger, Pamela (1998): "The Culture of Survivors: Post-Traumatic Stress Disorder and Traumatic memory." History & Memory. Vol. 10, Number 1.

Borland, Katherine (1998): "That's not what I said": Interpretive conflict in oral narrative research" In: Perks Robert, Thomson Alistair ed., The Oral History Reader. Routledge, London, pp. 320 - 332.

Denzin, Norman K., Lincoln, Yvonna S. edit. (1994), Handbook of Qualitative Research. Sage, Thousand Oaks.

Douglas Mary, Ney S, (1998), Missing Persons. A Critique of the Social Sciences. University of California Press, Berkeley,London.

Feldman, Allen (2002): “X-children and the militarization of everyday life: comparative comments on the politics of youth , victimage and violence in transitional society.” International Journal of Social Welfare, Vol. 11, No. 4, pp. 286-299.

Fikfak, Jurij (2004): “From Ethnography to Autoethnography” In: Fikfak, Jurij and Adam, Frane and Garz, Detlef edit. Qualitative research. Different perspectives, Emerging Trends. ZRC, Ljubljana, pp. 75-90.

Foucault, Michel (1995): The Archaeology of Knowledge. Routledge: London. (orig. L' Archeologie du savoir, Editions Gallimard 1969). pp. 21 -79 (The Discursive Regularities, Part II).

Foucault, Michel (1991): Power-Knowledge: Selected Interviews and Other Writings 1972 – 1977. Ed. Colin Gordon, Pantheon Books, New York.

Foucault, Michel (1990): The History of Sexuality, Vol.1., Penguin Books, London, 1990 [orig. 1976].

Frankenberg Ruth (1993): White Women, Race Matters. The Social Construction of Whiteness. Routledge: London.

Gittings, Dianne (1998): Madness in Its Place. Routledge: London. 187 - 222.

Green, Sara E. (2002): "Mothering Amanda: Musing on the Experience of raising a Child with cerabral Palsy". Journal of Loss and Trauma, Vol 7, Number 1, pp. 21 - 34.

Haraway, Donna (1988): Situated knowledges: The science question and feminism and the privilege of partial perspective. Feminist Studies, Vol 14, number 3, pp. 575-600.

Hirsch, Karen (1998): "Culture and Disability: The role of oral history." In: Perks Robert, Thomson Alistair ed., The Oral History Reader. Routledge, London. 214 - 223.

Janesick, Valerie J. (1994): "The Dance of Qualitative research Design. Methapor, Methodolatry, and Meaning". In: Denzin, Norman K., Lincoln, Yvonna S., Handbook of Qualitative Research. Sage, Thousand Oaks. pp. 209 - 219.

Kazmierska, Kaja (2004): “Narrative Interview as a Method of Biographical Analysis”. In: Fikfak, Jurij and Adam, Frane and Garz, Detlef edit. Qualitative research. Different perspectives, Emerging Trends. ZRC, Ljubljana, pp. 153-172.

Meng, Lui (2002). "Rebellion and Revenge : the meaning of suicide of women in rural China«. International Journal of Social Welfare, Vol. 11, No. 4, pp. 300-309.

Moreno, Eva (1995): "Rape in the field: reflections from a survivor". In: Don Kulick, Margaret Willson ed.: Taboo: Sex, identity and erotic subjectivity in anthropological fieldwork. Routledge, London, New York. pp. 219-250.

Murphy, Robert (1987): The Body Silent. Henry Holt and Company. New York.

Okely, Judith, Callaway, Helen (edit.) (1992): Anthropology and Autobiography. Routledge, London.

Perks, Robert, Thomson ed. (1998): The Oral History Reader. Routledge, London.

Reinharz, Shulamit (1992): Feminist Methods in Social Research. Oxford Univ. Press, New York.

Sanjek, Roger (1990): Fieldnotes. The Making of Anthropology. Cornell Univ. Press: Ithaca.

Sherbakova, Irina (1998): "The Gulag in memory." In: Perks Robert, Thomson Alistair ed., The Oral History Reader. Routledge, London, pp. 235 - 245.

Turner, Victor (1991): The Ritual Process. Structure and Anti-Structure. Cornell Univ. Press, Ithaca, New York.

Westerman, William (1998): "Central American refugee testimonies and performed life histories in the Sanctuary movement." In: Perks Robert, Thomson Alistair ed., The Oral History Reader. Routledge, London, pp. 224 - 234.

Zaviršek, Darja (1997): "Women, Mental Health and The State." In: Buchotva, Pavla, Uhlirova, Romana et. al, Women in Central and East Europe. Brno: Medusa, pp. 6-40.

Zaviršek, Darja (2000): Disability as a Cultural Trauma [Orig.: Hendike kot kulturna travma], Založba /cf *, Ljubljana.

Zaviršek, Darja (2002): "Pictures and Silences: memories of sexual abuse of disabled people", International Journal of Social Welfare, Vol. 11, No. 4, pp. 270-285.

Zaviršek, Darja (2004): “Surviving Ethnicity and Disability: Minority Children in Public care”. In : Sven Trygged ed. : Moving Away from Residential Care. Stockholm University, Stockholm.

Zorn, Jelka (2005): “Ethnic Citizenship in the Slovenian State”. Citizenship Studies, Vol.9, No.2, pp 135-152.