Normality, confession and identity

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Abstract: The aim of this article is to analyse the expanding autobiographical literature concerned with neuro-psychiatric problems from a sociology of knowledge perspective. The literature shows a tendency towards objectivity and distancing, which supports a thesis of proto-professionalisation. But the accounts are impregnated with frames of understanding other than only scientific ones, with regard to both form and content. The confessional character of the accounts and the prevalence of themes such as truth, falsehood, guilt, shame, trial, redress and reconciliation indicate that moral, existential and even religiously coloured perspectives of interpretation are being applied. By way of conclusion, these autobiographies will be discussed against the background of socio-political changes in recent times, and also against the background of basic cultural features in modern societies.

Background and problem

The maintenance of normality in our modern society is a painstaking, everlasting task. New generations of citizens must be brought up to function optimally, that is, learning to do the right thing at the right place, and at the right time. Deficiencies of function should, according to this way of thinking, be discovered as early as possible in order to facilitate correction. Prevention and early intervention minimize the risk of spanners being thrown in the workings of society’s machinery. The necessary premises for normalization efforts have long been socially accepted. The sociopathological frame of reference is by now well established. This frame of reference holds that personal shortcomings are to be remedied by intervention by behavioural experts of a suitable kind, such as doctors, teachers, psychotherapists, social workers, etc. Organisational rationality is a given, as is the idea of pathology.

Expert-based normalization efforts have gradually increased in scope and have partly changed in character over time. During recent decades one has been able to witness an increased slant towards working on the individual’s identity. Normalization nowadays operates primarily within the individual citizen, something that tends to make externally applied regulations redundant. In a historically comparative perspective, it is now a question not so much of regulated intervention, but instead a
question of change coming from within the individual him or herself. One can see this tendency reflected in messages that emphasize the importance of having a correct sense of ‘disability awareness’ and ‘problem insight’. Working on the individual’s own identity is seen as the key phase in the process leading towards an adequate self-understanding.

One thesis of this study is that experts are gaining a stronger hold in post-modern society. This is done through entering into new alliances and in new contexts. Expert dominance is no longer so strongly linked to principles of professional exclusivity and the staking of claims. The strengthened position of the experts is rather to do with a sense of generosity, a desire to disseminate models of explanation, judgement criteria and therapeutic techniques to increasingly numerous groups of practitioners, relatives and those affected by the conditions in question, that is, to interested members of the public in general. This tendency describes a movement towards proto-professionalisation.

The tendency towards proto-professionalisation means that lay people to an increasing extent are becoming orientated towards professional perspectives, concepts and categories. People will increasingly understand and organise their every day life in accordance with scientific principles. This also means a gradual adjustment to professional behavioural norms and standards. Professional knowledge is disseminated not only through the educational system. Mass media have become an increasingly important link in the dissemination of knowledge from experts to lay people.

Proto-professionalization has obvious advantages. It increases the flexibility of professional help and support systems. Well-informed lay people, who are able to articulate their problems in a way that corresponds with the functioning of the system, are more likely to receive an appropriate response from professionals. The inclination of the professional helpers is likely to increase when they meet clients who are perceived to present their problems as subjects for professional attention. The lay people feel affirmed by the experts. The risk of misunderstandings and subsequent mistakes in the approach to and treatment of the individual is reduced. Simply stated, flexibility increases through a diminished social distance between the expert and the lay person (de Swaan 1988: 245-246).

The matter however has another side. In the context of modern society, which is aimed at separating and remedying deviancy and that which is undesirable, an increasing convergence between the experts and the state is taking place. Social control, professionalism and science are all parts of the same project: to highlight the problem of maladjustment. When individuals are found to be
poor, mentally unbalanced, criminal, delinquent or in other ways behaving in a socially disturbing manner, society’s functionaries intervene with an officially sanctioned mandate. Authorities are focused on placing troublesome individuals into categories, designed to make disciplining and normalizing intervention work more effectively. The problem formulation and the labelling used by the different disciplines serve to meet the power of public authority half way. A rational mental health policy, criminal policy etc., needs a secure knowledge base. Research uses knowledge about individuals gained by public authorities in the process of dealing with norm breakers (Börjesson 1997). Against the backdrop of this constitutional link between experts and society’s control structures, the tightening alliance between experts and lay persons emerges in new relief.

Sources and implementation

The medical perspective on deviation is gaining ground in Sweden, something which is evident in the approach to a variety of problems in education, for example with regard to children’s reading and writing difficulties (Zetterqvist Nelson 2000). This is increasingly the case also with regard to problems of concentration and activity. Swedish public discourse on disturbances of concentration and activity is characterised by uniformity and consensus. In the last decade a number of popularised books on mbd/damp and related diagnoses has been published. They address themselves to groups of professionals who come into contact with the problems, to those affected and their families, as well as to interested members of the public (Palmblad 2000). We can speak of a neuro-psychiatric campaign in the Swedish daily press in the late nineties, with an aim of influencing public opinion in a pro-diagnostic direction. In addition to journalistic and public debate articles, there have been contributions highlighting the story of the lives of individuals and their families: these make up a kind of testimonies of children and the parents and their respective situations (Börjesson 1999).

As the diagnostic culture has been gaining ground, a stream of autobiographical literature where those defined as functionally impaired and their families ‘come out’, has also reached the market. These autobiographies can all be characterized as pro-diagnostic. This literature can be used to shed light on the rationalization process mentioned above. In this study, I want to consider the rather abundant autobiographical literature concerned with neuro-psychiatric problems such as mbd/damp, adhd, Asperger’s and Tourette’s Syndromes from the perspective of a sociology of knowledge. To be more specific, this is a perspective that treats the accounts as narratives with a specific structure and content that say something about how they have been socially produced. The
autobiographies represent a bottom-up perspective on the problems of concentration and activity, which are currently the focus of much attention in our country.

The source material can be divided into two main categories. One is parent-biographies written by parents of children and young people with problems, where they describe their experiences. The other is what I call, for want of a better term, child-biographies, where those personally affected by a neuro-psychiatric condition relate their experiences. Currently this topic is dominated by parents' accounts, since the relatively new diagnostics have thus far been applied mainly to today's children and young people. It is a literature that is characterized simultaneously by closeness and distance. The accounts are personal in style and at times very open and revealing. A striking feature is that difficulties and problems are described in a factual manner. Not infrequently, forewords or post-scripts by acknowledged experts in the field are included in the publications.

The intention of this article is to attempt a reconstruction of the conceptual framework of these autobiographies. A comparison between the parents' biographies and those of the children with regard to form and content, including structure, lines of argument, emphasis and themes, is central. This means seeking to understand with greater attention to detail how personal experiences relate to the professional frameworks of interpretation, that is, how subjective experiences and insights relate to the objective facts and findings of the experts. I will conclude with a discussion of these autobiographies against a background that is in part related to recent socio-political changes and in part to basic cultural features of modern society.

The focus of the study is, to summarise how the narrative forms within which individual life stories are told are related to professional/scientific frames of reference, to the allocation principles of the socio- and neo-liberal state, and to the centrality of confession in the normality efforts of our society.

The testimonial characteristics

The life stories that we will encounter, and which concern themselves with troubled lives, are characterized by a certain stereotyping (for an introduction to narrative theory and method as research tools in social science and medicine, see Hyden & Hyden 1997). Several studies have analysed how narrators construct their account around a basic moral plot, including a dramatic turning point and also the justification of significant life choices (see Kleinmann 1988). When it comes to stories about illness or functional impairment, the research has shown them to be related to the struggle for acceptance and to the finding of a moral justification for the
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condition (Radley 1993; Williams 1984). The life story is a way for the person affected and his or her family to understand what has happened, through chronology and causality. In the process of making sense of their lives, attempts to create some form of history and a basic plot are a part of the authors’ efforts. The writing of each autobiography has as its purpose the creation of a consistent life narrative. The separate parts of a life must hang together, and each part should lead to a necessary conclusion. The dramatic form, which aids in the chiselling out of individual as well as collective identities, characterizes the narratives. It is about shaping one’s own life story into a stereotype that is, to a large extent, culturally determined. Personal narratives are not only a way of telling about one’s life; they also represent means by which identities are formed. People with similar problems tend to tell similar life stories, where the main stay is turning points and life goals, and where the past is re-interpreted in the light of events that have led to change and have been decisive for the person’s identity (regarding personal narratives as a way of forming identities, see for example Kohler-Riessman 1993).

Parents’ biographies
The biographical course of events in the parents’ biographies can be divided into three phases. The first phase is characterized by despair, degradation, and chaos. The second constitutes the climax of the drama, the turning point. The third phase is about meaning and redress (cf. Börjesson 1999).

The parents invite their readers to gain insight into how life with a child who is different may turn out, insights that can be ruthlessly revealing of the parents themselves, but even more so of their child. The questions around the normality of the child recur with painful regularity all through the childhood of the son or daughter (Tikkanen 1982: 29, 42, 62, 71). Moods of guilt, shame, troubled conscience, doubts, resignation, and anxiety characterize their retrospection into the chaotic days (Beckman 1997: 35; Boethius & Rydlund 1998: 39, 41, 89, 148, 177; Gravander & Suominen 1998: 53, 135; Gravander & Widerlöv 1999: 78; Tikkanen 1982: 51; Widerlöv & Alkehag 1999: 51, 61, 84 ff, 111 ff). The time before the turning point is described as “nightmarish” and endured as if in “a shrouded no man’s land” (Boethius & Rydlund 1998: 69. My translation). It is entirely a matter of enduring until such time that help arrives, and it appears in retrospect as “an immense waste of our time” (Gravander & Suominen 1998: 46. My translation). It is a matter of surviving day to day and, as far as possible, bringing some order into a life lived as if in an eternal quagmire.

The climax of the drama is brought about with the giving of a diagnosis. This marks the starting point where a re-shaping of the identity, in the light of the diagnosis, is made with the help of
medical expertise. Sometimes it is a matter of confirmation, at last, of a longstanding notion. Let us listen to some parental voices:

“At last the turning point was reached!...The younger sister was going for her injection against measles at the child health centre. This provided the right opportunity. I told the nurse I wanted to see the doctor and was able then to take some time to describe everything that felt abnormal and worrying about Torbjörn. The doctor asked Torbjörn to walk back and forth in the room. Then he said the words of deliverance: ‘I am no expert, but I can see that this boy has a problem. I will refer him to the child habilitation clinic, where they are good at dealing with this kind of problem.’ This statement changed our lives. Credit is due to this doctor!...The day Torbjörn was diagnosed was probably the happiest in our lives...it gave us a great sense of relief.” (Boethius & Rydlund 1998: 33, 70, 91. My translation).

“I had had enough, yet again. I booked an appointment at the paediatric clinic...After ten minutes with the doctor, this guardian angel told me that Johan did not suffer from a relation disturbance. It was a biological problem. Bingo!.... This was the diagnosis I had been waiting to get for six years.” (Gravander & Suominen 1998: 66-67, 68. My translation).

“For us the day of Sofia’s diagnosis was D-day. I have met a considerable number of parents of mbd-children in recent years, and I have not yet met anyone who did not share the same view: that it was with a great sense of relief that they received the diagnosis, to know at last.” (Tikkanen 1982: 85. My translation).

“The year Ebba was born, Fredric’s investigation was at last completed. Prior to receiving the diagnosis we lived in uncertainty. We were confused, did not know which way to turn, and this put a strain on our relationship.... When the day of the diagnosis arrived, the whole world stopped for a moment, and neither the writing nor the exercising were so important any longer...We had waited long for this day, and when it finally came and a few short words were said, our whole existence changed. It was such a relief to receive confirmation that there was a problem. To us, the diagnosis was a turning point of great importance.” (Widerlov & Alkehag 1999: 98, 100. My translation).

The struggle ends with a sense of liberation and a feeling of completeness. The diagnosis means understanding, often described in terms of ‘seeing the light’. The pieces fall into place. It transpires that there is a concrete and
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tangible reason for the child's difficulties. The relationship between cause and effect is established. Diagnosis also means rights, in the sense that the gates to public resources are opened. But above all the diagnosis means redress. This particular aspect of the meaning of the diagnosis is often expressed in strongly emotional terms by the tried and tested parents. The sense of guilt is relieved when the problems no longer appear to be due to poor parenting or problematic family relationships. The parents dare at last to believe in their own abilities. It is not mummy or daddy who has provoked the problems (Beckman 1997: 149, 203; Boethius & Rydlund 1998: 42; Tikkanen 1982: 80, 85, 89). Sometimes the presence of feelings of revenge and even retaliation can be discerned (Boethius & Rydlund 1998: 91; Gravander & Alkehag 1998: 67). Human dignity is reinstated and with it the sense of self-confidence and meaning. The parents now feel able to openly acknowledge the otherness of their child, a sense of otherness, which by way of the intervention of scientific expertise has now become legitimised.

As a subtext to a number of passages about adjustment to reality lays the idea that human beings are endowed with an instinct to fit in. Some children lack or suffer a disturbance in regard to this instinct:

"Children want to fit in with the 'pack', their family and the community, and they want to be loved. My child is not bad. I have not created these difficulties. My child too wants to know how to behave to get on with others". (Widerlöv & Alkehag 1999: 57. My translation).

Viewed from this perspective, the use of diagnostics becomes a necessary adjustment to existing conditions of society and the prevailing family and education system. Since our society will not adjust to the children, the children have to adjust to society (Tikkanen 1982: 101; Widerlöv & Alkehag 1999: 83).

The final chord is however not entirely one of harmony. The worries about the future of the children are present in the depictions. The parents' biographies reveal some (mostly diffuse and unarticulated) doubt over existing frameworks of understanding imposed by social norms, a vague awareness of the flip side of diagnostics. Diagnosis means pointing out difficulties and limitations and can thereby cause serious crises of identity in the child. The factual descriptions by the experts can be perceived as distancing and even as offensive. In descriptions such as "minus variants", the parents, not unexpectedly, find it difficult to recognise their children (Tikkanen 1982: 130). But in order to get understanding, help and support from society, the parents require a diagnosis of their child's difficulties. Diagnosis means focusing on a shortcoming which in some way needs compensating
The parents are driven into painting a black picture of their own child. Their guilt feelings return. The predicament of the parents is ambiguous. Their contradictory feelings are explicable against this background. Relief is mixed with grief. The parents may hesitate to take prescribed routes for dealing with their children. At the same time, they are forced by despair and by a lack of real alternatives to take these routes.

A characteristic feature of the parents’ accounts is that the events unfold in a social arena where those present are divided into friends and enemies. As seen earlier, the parents experience proponents of neuro-psychiatry as their main ally in the struggle against the unknowing world that surrounds them. The medical profession is viewed not only as representing the latest in research; its members are also experienced as being more understanding towards the parents, in the sense of being less moralizing. But who are the enemies? The drama depicts a battle against society’s lack of acceptance of their children’s conduct and against a perceived judgement of their lack of parental ability. The climax takes place in the encounter with someone who understands, who does not judge, and who assigns the child and the parents their rightful identities. The chronology of the account is to a great extent associated with the encounters with enemies and friends at the time of need.

The first phase of the drama concerns the years of judgemental and ignorant treatment from people around them. It can be relatives, friends and acquaintances that become increasingly irritated by the child’s conduct and pass on criticism of the parents’ ability to give their child a proper upbringing. People believe that the child with the eternal temper tantrums is spoilt, naughty, whinging, ungrateful. They notice all the peculiarities of the child, which, in our culture, are associated with the idea of poor parenting. Offensive comments and conflicts reinforce the parents’ feelings that they exist light-years away from the world of normality, the world of the chosen (Beckman 1997: 18, 206; Boethius & Rydlund 1998: 35, 40, 44, 169, 180; Gravander & Suominen 1998: 56; Gravander & Widerlöv 1999: 76; Tikkanen 1982: 121; Widerlöv & Alkehag 1999: 34, 71, 95, 107-108). But it is also about disappointment over treatment by staff at the child health clinic and the attitude from public authorities. The discontent concerns professionals’ lack of knowledge as well as insensitive procedures. The parents react partly against a lack of acknowledgement of the problem, and partly against the experience of being treated with sufferance (Beckman 1997: 38, 90, 149, 214; Boethius & Rydlund 1998: 47, 187-188).

The sharpest criticism is directed against the psychiatric services for adolescents. Psychologists, especially those with a psycho-dynamically based
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training, are accused either of trivializing the situation or of focusing on the wrong problem. In relation to professionals within the psychiatric services for adolescents, parents experience themselves being viewed as suspect and laden with guilt. The autobiographies provide numerous examples of mothers’ feelings of being questioned by experts looking for faults in parental ability and family relations. The discipline of psychoanalysis is accused of applying morals to the symptoms of these children. The longstanding and compact dominance of psychoanalysis is considered a significant cause of parents’ feelings of vulnerability and guilt (Boethius & Rydlund 1998: 39, 51, 53, 60; Gravander & Suominen 1998: 95; Widerlöv & Alkehag 1999: 81-82, 97).

The education system too is a target of harsh criticism. Apart from a few teachers who through their own interest have orientated themselves to this area of research, the teaching profession and teacher training is characterized by a lack of knowledge and interest in these children’s disabilities. A lack of understanding and a lack of knowledge are among the most difficult obstacles experienced by the parents when their children start nursery class and school. We are here also dealing with the thesis about lagging behind, i.e. that the teaching profession has not kept up with current knowledge (Beckman 1997: 80, 86, 99, 105; Boethius & Rydlund 1998: 91, 108; Gravander & Suominen 1998: 6, 90). Teachers’ refusal to participate in neuro-psychiatric assessments because of a fear of stigmatising a normal child, is perceived as an example of a more general pedagogic unwillingness to see the truth about these children’s problems (Gravander & Suominen 1998: 86-87).

The division of the world into friends and enemies is however not quite as uncomplicated as it might first seem. The parents’ biographies, which are all written by mothers, are testimony to the fact that families can be divided in their views on the child and its difficulties. Fathers can be seen as tending to gloss over the problems, saying the child will grow out of them with time (Beckman 1997: 53). Sometimes the problem can lead to deep and prolonged conflicts between the parents. A mother describes how the father rejects any definitions coached in terms of disturbed function. In opposition to this view, he underlines the child’s originality and independence. The father’s belief in his child’s abilities and his fear of the crushing of its individuality is vividly described. The counter view of the father contains accusations against the mother: “You have an exaggerated belief in the experts of the world, he says” (Tikkanen 1982: 73. My translation). And as “Sofia’s dad says: All you are doing for your children is dragging them around to every expert. So that you don’t have to do anything for them yourself” (Tikkanen 1982: 76. My translation. See also Tikkanen 1998: 23-24, 214-215). The alliance between the mother and the expert may harbour the obvious
temptation that they, as a step on the way towards obtaining a diagnosis, collude in 'seeing through' the father, identifying him as an undiagnosed case (for an illustration of this kind of situation, see Tikkanen 1998: 216).

A central theme of the parents' biographies is to do with personal insight and adjusting to reality. A realistic view of the disability among children and parents is seen to be of decisive importance for the ability to cope with the functional impairment (Beckman 1997: 148; Widerlöv & Alkehag 1999: 19). The earlier the diagnosis is made, the greater are the chances for the child to develop an adequate awareness of his or her disability. A late diagnosis, especially at the sensitive age of puberty, is more difficult to accept (Boethius & Rydlund 1998: 75). Disability awareness becomes a question of staring the truth in the face, to cease turning a blind eye and glossing over the problems (Beckman 1997: 185). Throughout the parents' depictions, understanding is strongly linked to diagnosis. Those who do not acknowledge the diagnoses, fail to see the extent of the problems. It is thus only those who have been initiated who can correctly understand what the difficulties entail.

One circumstance which is alluded to in disparate parts of the parents' accounts is the difficulties the children are having in adjusting to the diagnoses. The children’s acceptance of themselves as dysfunctional is a process containing many obstacles, judging by many passages in the written accounts. Children attempt to assert their normality, while the adults try to imprint the importance of insight into the disability and adjustment to reality. This involves diverting the children from blaming their problems on circumstances or on other people (Beckman 1997: 71, 91, 116, 17, 194; Gravander & Suominen 1998: 118). The fact that children resist the idea of abnormality and disability, and show a dislike towards treatment, is not seen as a starting point from which to question prevailing models of understanding. The resistance becomes an obstacle that must be overcome, gently but with a firm hand, in the conquest of a realistic understanding of self. This is an illustration of the way in which the politics of identity operate at the micro-level.

The child-biographies
The accounts, which I call the child-biographies, are written by adults looking back on their own childhood, a childhood characterized by strong experiences of alienation in their lives. As in the case of the parents, the accounts of their lives are about attempting to create meaning and context. The basic plot appears somewhat different in the child-biographies to those of the parents'. The escalating drama of the parents with its strong focus on a positive turning point, usually in the shape of an encounter with neuro-psychiatry, is nothing like what one encounters in the
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child’s version. In the accounts of the parents, the assumption that an existence free from disturbed behaviour is better for everyone, including the children, runs as a continuous sub-text. The children are assumed to suffer from not being able to live up to the norms of their friends and the adults around them, norms that are important if central life objectives are to be achieved.

The child-accounts provide a definition of the situation that in important aspects deviate from that of the adults’ (parents and experts’). It is dominated by the impression that ‘problem children’ are young people with a strong sense of integrity and with strong interests of their own. Reading the accounts, the impression is that their suffering is not so much caused by an inability to adjust to the expectations of others and to prevailing norms. Their agonies are instead related to insights about the deeper social meanings and consequences of society’s demands and expectations.

The child-biographies provide central insights into what it is like to live in a society where conformity has become a way of life. The authors are utterly aware that the demand for the streamlining of individuals is what prevails in our time. They are also utterly aware of the costs associated with breaking the mould. Having a differing way of thinking and being does not seem to be the largest problem in this context. The main problem, from this reversed perspective, is coping with the ever normality-craving surroundings. This problem focus is an explanation of the drama, which does not contain any clear phases or clear turning points such as is the case with the parents. The struggle for permission to be different but still accepted continues indefinitely; there is no final solution.

The authors pinpoint with a strong sense of accuracy the attitudes and dispositions to act that are necessary for the preservation of our society: submission to authority, the acceptance of social convention, and contentment with one’s place in life. By following the struggle of children and young people to be respected for their sense of integrity and individuality, one is made aware of the costs associated with such socialization. Through them, one obtains a witness account of all the personal concessions that are bound up in the efforts of the adult world to bring the acts, wills and wishes of the young into harmony with socially accepted goals.

The authors describe how, at an early stage, they became aware that ingratiating behaviour and obedience reap rewards in social life. They see through this hypocrisy, which is part of social intercourse. Their unwillingness to participate in the sham has led repeatedly to tensions and conflicts with others. They observe that other people already at an early stage learn to pay to be liked, which to them seems impossible to understand. These children do of course
also want to be loved, but are not prepared to pay the price. They view the preoccupation with keeping up a front as an expression of a state of imprisonment (Ericsson 1998: 19, 144; Gerland 1996: 25, 166).

Loneliness can become a shield against the pressures to conform. Those who withdraw are however subjected to pressure to learn social intercourse and social competence. The pressure is strong:

"I did not mind not having contact with others. I could not change things. I just thought it a shame that I had to spend so much time on unimportant things just to survive. The worst of it was not that I was on my own (not at all), but that I was 'persecuted' because of it and threatened with being taken to the psychiatrist. During my youth things became even worse...I was so afraid of people...and of them sending me away to make me become social: This was the only reason for my attempting to 'be with' people my own age at all". (Schäfer 1996: 45. My translation).

Even strong personalities are sometimes driven, as a matter of survival, to resort to lies and distortions. The solution is to become a friend for the moment. This brings immediate rewards in the form of acceptance by others.

"So as not to appear always as the 'outsider', I sometimes pretend that I am interested in the conversation of the others. My biggest fear is that the teachers are going to tell my mum that I am always on my own. During breaks, I hide in the corridors, in the toilets, or in the bushes. The others say that I am 'childish', but in reality I am above them, - they with their fashion talk-and am preserving my individuality. As a matter of fact, I am content..." (Schäfer 1996: 50-51. My translation).

They know that in the long run, there lurks a danger in trying to be like everybody else:

"To say things contrary to what I believed and experienced, to say things 'the way it wasn’t', often became saying what the adults wanted to hear. The older I got, the better I became at this technique. But not even when I thought I knew what a lie was, did I think that I lied when I said it 'the way it wasn’t'. I did not lie, I tried to survive. Force majeur...when it can no longer be counted as a lie. ...But with time [the technique] made me lose contact with my sense of identity. I had in the end said something ‘the way it wasn’t’ so many times that I began to forget how it really was. I believed in what I had said, but was left with a diffuse feeling that there was something that was not quite..."
The ambivalence towards the normal world is markedly noticeable. There is no lack of expression for longing to belong to the normal crowd. A counteracting force is the insight that adjustment demands concessions. To "be a whole movement of resistance in one single body" costs, but also yields a very obvious sense of identity and of independence (Gerland 1996: 83, 161, 211). It might even result in an experience that one (unlike other people, often feeble in their need to be loved by all) actually enjoys a greater sense of freedom. The lack of sensitivity towards social conventions can thus be seen as an asset (Gerland 1996: 245; Schäfer 1996: 87). "I do not want to be misunderstood, but the more I think about it, the more unsure I become about wanting to be like the normal at all" (Schäfer 1996: 96. My translation). The thesis about a natural instinct in the child to fit in thus has scant evidence in the child-biographies.

The accounts intimate that the much talked about concentration difficulties and problems of hyperactivity disappear as soon as the assignments become stimulating and interesting. Monotony and a sense of meaninglessness lead immediately to the reappearance of the problems (Gerland 1996: 122-123; Schäfer 1996: 39). One of the authors, who later came to choose a career in teaching, delivers the sharpest criticism of the education system. Returning to the world of education after thirty years he discovers that much is what it was:

"The only noticeable change compared with...earlier was that the pupils were allowed to call the teachers by their first name and did not have to stand up when speaking....I found that many pupils were unhappy, especially boys. For me, it was not at all surprising that boys with a strong need for activity had difficulties with falling in with the expectations of a single gendered existence dominated by women, where stillness, lack of imagination, adjustment and industriousness were rewarded, and where needs for diametrically opposite modes of behaviour were denied.... I experienced Backskolan [school] as an isolated island in society and that the aim of this swat-school, far from the intentions expressed by Government, was to create uncritical, easily-led citizens lacking in imagination...."
The difference between me and my pupil copies was that the latter had not learnt to find strategies for hiding their concerns as successfully as I had" (Ericsson 1998:167, 169. My translation).

But the compulsion to conform is not only represented by the educational staff. Pressure from peers is at least as strong. There are scarcely any romanticized pictures of children and childhood that emerge in the accounts of these lives. Young people soon learn to notice if someone is different (Schäfer 1996: 87). Children quickly identify anyone who deviates: “children seem to smell this long before adults do” (Gerland 1996: 75; see also p.90. My translation). It is in school that awareness of otherness is really established; experiences of mobbing are not unusual (Gerland 1996: 91, 116). The saviour of the child’s self-confidence may lie in the development of talents for comedy or sports (Ericsson 1998: 18-19, 31).

The child-biographies contain descriptions of meetings with experts and their problem definitions. In the worst cases, these meetings lead to disappointment, be it with psychotherapists (Gerland 1996: 204 ff) or doctors (Ericsson 1998: 20 ff). At best, children have met a person who is non-judgemental of their personal characteristics. The neuro-psychiatric perspectives and categorizations also make identification possible for the children (Gerland 1996: 234 ff.; Schäfer 1996: 74 f, 89ff). The professional problem definitions are experienced as providing a certain sense of relief, notwithstanding the determinism embedded in them. One author has found “a certain comfort in the thought that it is my determination to be alone” (Schäfer 1996: 91. My translation).

The meeting with the expert in the form of neuro-psychiatry does however not appear as salvation. The children are of course considerably more seasoned through their first hand experiences. They display more of a wait-and-see approach towards the definitions of science. As we have already seen, the central symptoms ‘problems of concentration and activity’, acquire a new meaning when they have been filtered through the experiences of the children themselves. The same applies to the symptom ‘lack of empathy’ or ‘empathy disturbance’, which appears quite indigestible (Schäfer 1996: 82). This symptom, which is the main one among the ‘acronym diagnoses’, can actually be questioned from the standpoint of the child-biographies. The accounts bear witness to their authors’ social commitment and their strong feeling for vulnerable people both at home and around the world. They are upset about social injustice. One has to ask whether the symptom is not primarily referring to the feeling for social convention rather than to empathy in its deeper moral meaning.
The authors are generally more guarded when it comes to their belief in the experts' ability to solve their problems. They, unlike the parents, do not make a link between understanding and diagnostics. From the accounts, it is clear that the best encounters of their lives have been with people who have never heard of the diagnosis (for example, see Schäfer 1996: 111). For those affected, acceptance and tolerance are not bound up with the acknowledgement of a particular professional perspective. It has to do with human qualities. It is not necessary to belong to the initiated to be able to understand. Ordinary human decency goes a long way.

The trend of latter years towards individual solutions is, as a rule, welcomed by the parents, and is contrary to official educational policy, which has proposed integration of all disabled children, including trouble-makers. The trend is challenged by one of the authors, who himself has chosen education as his profession. The possibility of varying the size of teaching groups is all well and good, but this must apply to all children and be based on freedom of choice. The type of solution that consists of organising small groups for specially selected problem clients a permanent arrangement is forcefully rejected. Children lose their creativity in a small group. Being in a small separate group may be good, for all children. But they need stimulation and, therefore, need the larger heterogeneous group in order to have a chance to get it. They require quiet periods to work, and when they feel the need for such, they should be able to go away at their own initiative (Ericsson 1998: 189). The pedagogic arguments are based on a more fundamental ideological position:

“I knew that the trouble-makers were included as part of this context, a part which could be not be separated off without losing the permissive mood. [The trouble-makers'] problems were part and parcel of everyday life. In the same way as were those of immigrants, intellectually-disabled people, homosexuals, drug and alcohol abusers, and mentally ill people.” (Ericsson 1998: 191. My translation).

There is considerable agreement between the parents' problem descriptions and those of the neuro-psychiatrists. At a superficial level, their models of understanding are in harmony with and support one another. The parents adopt apparently willingly the latest scientific perspectives on the problems. They develop into experts themselves concerning their children's diagnoses. Those diagnosed have themselves a considerably more complex relationship to current problem definitions. One can also find here a tendency in the individuals to becoming their own expert, albeit a somewhat toned-down version. They describe their situation less in clinical terms. The absence of
unanimity between parents on the one hand, and the diagnosis carriers’ perceptions of the problems on the other hand, cannot be ignored. The dissonance sheds new light on the client perspective. It demands that one raises the question as to who emerges as the representative articulator of the difficulties. We need to ask ourselves, when facing the claim of representativeness, whose voice it really is that we are hearing. The task of representing others, even if it is near and dear ones, is not without its problems.

There are however certain common features in the biographies, whether written by children or parents, that warrant attention. Individuals re-define, to a varying degree, their difficulties in terms borrowed from the professional apparatus of knowledge. Through internalising the professionals’ perspective they rationalize their predicament. But, it is striking how, behind the professionally inspired conceptual models, entirely different frameworks for interpretation are concealed. These have origins that are moral, existential, and what could best be described as of religious. The accounts are at times steeped in themes such as truth, falsehood, guilt, shame, trial, redress and reconciliation.

Social policy in advanced liberalism

Let us consider the expanding genre of autobiographies of troubled lives in the light of changes on the socio-political arena. Across traditional party lines all over the Western World, there has been considerable agreement over the critique of the way in which the welfare states have developed. The exercise of paternalism and power has been part of the picture of the welfare state, and has been linked with the much-maligned ambitions of social engineering. The efforts of the welfare state to arrange the lives of the population for them, it has been claimed, have caused collectivism, a learnt sense of helplessness, and addiction to a sense of security in its citizens.

In clear rejection of the traditions of the welfare state, self-administration is launched as a life-affirming and liberating alternative. The state will no longer, according to the same set of conditions, define people’s needs for them. The new citizen will no longer be obliged to follow religious or moral directives regulating their lives in detail. A central idea is that the individual can learn to control and administer his or her own existence. There is today a clear political ambition to encourage the ability of private individuals to increasingly take responsibility for their own welfare. We can see traces of this policy of individualisation in a number of areas, for example social care, labour market policy, education, the criminal justice system, and also in the field of disability. In the backwash of this socio-political change, a whole new flora of terms has developed to become
somewhat the buzzwords of the day. Along with self-administration, we have terms such as self-governance, empowerment, self-determination, personal responsibility, involvement, influence and self-actualisation. Citizens are now expected to identify and describe their own needs. Authorities and experts will resume a listening position and respond to the wishes of individuals. They will no longer force their rounds on the citizenry, but help them taking charge of their own lives.

From this perspective, the autobiographies can be seen as one of a range of evidences that people have started to lift themselves out of the status of incompetents. The personal life accounts are confirmation of liberation from the good will and the terms of understanding set by the political establishment, the authorities, and the experts. People now take their lives into their own hands. Gone are the days when a disabled person or their relatives lingered in dark secret rooms. Now they appear openly, working to further their cause in front of politicians, authorities, and the public. Citizens empower themselves to define their own needs and formulate themselves on their own conditions. What we see is simply the sign of a newly won freedom and strength. Onto the socio-political stage tread the empowered citizens. The autobiographies thereby become a symbol or 'self-governance as promise'.

But the flora of autobiographies can be understood in more pessimistic terms: as a response to the attacks on the welfare state and its consequences in the form of the dismantling of the welfare systems in recent decades. The role earlier taken by the state in advocating for the rights of the underprivileged has gradually been relinquished. Those described as the weak in society must now, collectively and individually, seek to make their voices heard themselves. In an arena that is constantly threatened by shrinking financial resources, the 'weak' are jostling for attention and resources, a struggle with a splintering effect on the user movement and its members.

In order to draw attention to an unsatisfactory state of affairs and to give their claim legitimacy and get the problems onto institutional agendas, those affected by the conditions here discussed require the support of resourceful networks. Scientific experts have long been important allies in this context. The question is whether this dependency on experts can be said to have diminished over time with regard to the problems of childcare and the upbringing of children. It could rather be said that we are witnessing a further step in a long historical process, where one form of expertise is being succeeded by another, and an old set of labels is being replaced by a new one. But the basic situation remains the same: the deviant (and in the case of children, even the parents) must acquire
and adequate grasp of the problems. They must subject themselves to the gaze of the professionals. And this is not all: they must learn to see themselves through the eyes of the professionals. The experts are the ones who can explain the problems, interpret the symptoms, and provide the remedy. The process means that the person with the condition must first be made to alienate him/herself from his/her own suffering. Then he or she must let the suffering be filtered through the expertise of the professionals. Finally the individual must incorporate the suffering (in its new professional cloak) into his or her own personality. In this way an insightful and socially competent client with a rationalized, pragmatic, and optimistic approach to his/her problems is created (Rose 1994).

It is also necessary to meet the demands of the media world. The characteristic media view of the world is very focused on the individual, and favours personal testimony, but not in just any form. Individuals are expected to put on display the most private aspects of their personality, preferably with the spotlight directed upon their darkest secrets, all done in the name of honesty. Mass media have appeared as particularly powerful in recent times. With the help of influential actors, those affected get their problems transformed into a specific problem identification. This is done not only with regard to the wishes of those in need, but also with regard to the demands of the experts, and nowadays also to the demands of the media market. The efforts to keep attention focused on the bad conditions drive individuals to join in and support the established problem definition, which takes on the character of a collective representation. As such it will interpret and deeply influence the perception of individuals of themselves and the world around them.

Through the autobiographical genre, we face not only a new sense of fearlessness, but also the sort of misery involved in having no one else except oneself to turn to. In order to be seen at all, people are driven to view themselves through the eyes of others, not their own. The concept of self-power is often used as though it had one single meaning. But, as pointed out by one researcher, it has not yet been agreed whether empowerment is a measure of surrender and dependency, or whether it is a question of increasing independency and autonomy (Cruikshank 1999). Identity becoming dependent on the views of others (those of the world of medicine and the media above all) is an indication of subordination, a sub-ordination in which the individual him or herself participates. The voices and eyes of others have become internalised in the personality of the individual.

The representation of the problem, the illness, the disability etc., now jointly portrayed by neuro-psychiatric expertise and parents' organisations, and presented in the public arena, is not a separate part of the individual’s self. It is not a
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matter of momentarily being able to enter and exit conditions or states. The view of the problem will, on the contrary, merge with the individual as a whole. This will become the grid through which the whole identity will be experienced and understood. This really is the deeper meaning of the talk of confessing, accepting, and learning to handle one’s problems. The trend is remarkable, if seen against the background of many client and family organisations’ struggle through the decades, asking members of the public see ‘the individuals behind the diagnoses’. It is a struggle for relief from being forever viewed in the light of an illness or disability.

The social and welfare state has ever since its birth been dependent on client categorization, which is the basic prerequisite for being able to provide help and support for citizens. Each recipient of benefits from the state has to relate in some way to these categorizations. In our society these categorizations have primarily had a medically defined basis. Authorities depend on some sort of assessment in order to distinguish between eligible and ineligible recipients. The medical profession has in this context been given a central role as the gatekeeper of the welfare system. The diagnosis is the key to society’s support in many areas. This can be seen very clearly regarding children with educational problems, whether it is concentration and activity problems, or difficulties with reading and writing. Diagnoses have become a prerequisite for access to special help and support.

Through the use of diagnoses, individuals are separated out from those considered normal and brought together in a special group. As a group, they are characterized by problematic conditions and features, and are seen as needing treatment in order to achieve normalization and adjustment. Individuals who do not acknowledge their diagnoses, i.e. those who do not acknowledge the clinically identified problem, become problematic. Should they offer alternative definitions, they become doubly difficult. Acknowledgement is thus central to the aims of the politics of identity.

In cases where benefits from the welfare state are means-tested, clients will be subject to regular scrutiny to check that they actually are eligible for support. In some cases, professional experts become involved with a view to reforming behaviour, possibly simultaneously with providing benefits. The client must reform his or her behaviour in order to qualify for help and support from society, and preferably change self-perceptions as well. The citizen’s acceptance of being categorized according to prevailing welfare arrangements is the minimum expected of him or her. In our culture the usual route is via submission to diagnostics. A diagnosis means that a fault has been identified, a deficit that
as far as possible must be corrected. According to diagnostic thinking, correction is a key aspect.

The idea of self-help in our era of neoliberalism has increasingly gained ground. The individual is to be made to work in a desirable direction, naturally with the help of specially authorized persons. A prerequisite for the successful process of correction is that the individual internalises the picture of him or herself as inadequate in one sense or other. In other words, the citizen must accept clienthood. But not passively. In this age of self-administration, an active, sensible, and cooperative client is required. The person must be educated into the role of competent client. This is where the new responsive expert enters the frame. What is being ignored in the staging of this supposedly new historical figure is the following: Notwithstanding the good intentions of those who seek to stimulate and support the citizens to empowerment, the empowerment relation is 'in itself ' a power relationship. The starting point is that a citizen has been identified as vulnerable and in need of some intervention.

What one can observe is that the neuropsychiatric perspective clearly meets adult citizens' needs. All the attention is on the child. Applying diagnostics and changing individuals into clients keep the institutions of society (the educational system, the family institution) safe from critical scrutiny.

The culture of confession

The child biographies highlight a culture which celebrates tolerance and solidarity rhetorically, but which in actuality rewards greed, cynicism, ingratiating behaviour, submission, contempt for vulnerability, and lack of independent thought. The child biographies tell us that the rewards awaiting those who conform are clear; so too are the costs borne by those who do not comply. Out of this feeling of being split, a yearning to be revealed, to be found out at last, gains nourishment. Similarly, from the same conditions originates the hunger in society for confessions. This yearning and this hunger are not universal; they are socially constructed phenomena.

The confession genre, to which especially the parents' biographies are linked through both form and content, can be viewed from a considerably longer historical perspective. We in the West have long had a culture of confession. With its demand for absolute truth, our society brings forth hypocrisy and lies as well as confessions. The confession is central to society's normality efforts, and has been ever since the days of the Inquisition. In the past it was the men of the church who administered the confessions; today the task has been taken over by scientifically trained experts.

At the most general level, the confession is a link between the private
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conscience and the social order. It is this link function that is the cause of the ambivalent feelings associated with confessions: on the one hand, the experience of freedom, spontaneity and truth, and on the other, duty, compulsion and mistake. The confession makes possible the healing of a wound that has emerged through individual breaches of the moral regime. The confession opens up the road to the individual’s re-admission into the social community. This happens along two routes. The confession is part of a process of authenticating the self, through which individual suffering helps the person to claim his or her worth as a human being, despite shortcomings. The confession is at the same time a confirmation of the values, norms and assumptions of society (Hepworth & Turner 1982).

Confessions are nowadays a common feature of the social relationships of our culture. They are ubiquitous. They are embedded in the routine processes of the welfare bureaucracy. But they are also brought forth outside of the bureaucratic apparatus, emerging all by themselves, as it were. Personal testimony in the form of an autobiography is approaching the ideal confession: it is voluntary, spontaneous, and altruistic. The confession generally contains a double-bind situation. Through confession, resolution is possible. But the confession also means an acknowledgement of the individual’s responsibility. We are given relief from guilt and apportioning of blame as a result of one and the same act. This double bind is the explanation of the deep ambivalence, which characterizes the parents’ biographical material. Not unexpectedly, the admissions carry mixed feelings in tow, where a sense of joy is mixed with bereavement, and faith is mixed with suspicion. On closer inspection, it transpires that the redress offered comes with reservations. The guilt-relief is offered on condition that parents as well as the children display a willingness to show responsibility and a realistic attitude towards their situations.

The modern society has, in order to deal with problematic citizens, constructed a whole system of professional helpers, who at all hours of the day and night provide paid help. The authorities of our time do not demand obedience and compliance; this has largely become a politically impossible strategy. Today’s authority has to take on the role of helper, sympathizer, and friend. It is an authority that can no longer rest on old laurels. The authority has to be re-created continuously, now in close interaction with ‘the vulnerable’. Those in authority, as has been observed by a critical examiner, have only trust at their disposal in their construction work, a trust that originates in a yearning for trust and hope in those who seek help. Theirs is a need for trust and hope in the ability of others to handle and control the situation, which is born out of the shortcomings and failures in themselves. The amount of confidence invested by those seeking
help is final proof that the models of explanation are correct and that the task has been carried out successfully (Bauman 1992: 241f). The personal testimonies bear witness to loneliness and despair, and to the awareness of the impossibility of a cure. Through the reversed perspective of the child biographies, normality and the costs associated with conformism are challenged. The only understanding and pardon that is given, is associated with submission to the specialist experts and their dissections.

We probably get closer to the truth observing that, if one is looking for support for a particular view by the use of experts, there will always be someone to call on. This is the case independently of how a particular case has been formulated. This is the look of the professional care expert in our time: specialised, pared down, strictly delimited with regard to competency, and with a strongly focused perspective. And the focus is on classifications rather than on providing care. In the eyes of both medical science and the public in general, diagnostics is the great challenger in society, that which will solve all problems. The idea of caring for people and the associated difficulties tend essentially to be neglected. Instead, trust is being placed in the old remedy for problematic children in our society: more socialization, supplemented with medication in the particularly difficult cases. These are not new ideas. But the scientific experts (the medical profession, the psychologists, the criminologists, the sociologists) are not Gods, and not even faith healers. Nor are they charlatans. What is being offered with the scientific perspectives and the labels can be compared to the offerings of the astrologists and their horoscopes: the comfort of accounting for some inexplicable aspects of life.

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