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The Significance of a Person's Social History

Most people seem compelled to reflect on their own lives and dabble with exploring their family trees, even their genealogies. People ponder how they came to be uniquely themselves while carrying the innate and acquired traits of those who came before them. They boast of their ancestors, avoid mention of them for shame, or wonder about the mystery of the unknown. In recent years, through the Internet, people have gained easy access to treasure stores of information about past generations, spawning renewed popular interest in family history.

Many people explore their life histories primarily for pleasure or enlightenment, but there comes a time for some people when they need to explore their history to promote personal growth or healing. When people develop personal or social problems or encounter barriers to desired development, their concern is typically with discomfort in the present and immediate future. They will find that when they go to a helping professional, giving at least a brief social history marks the start of most therapeutic interventions. Exploring the client's origins helps build rapport and lay the foundation for mutual client-professional assessment of the here and now and what can happen in the future. This book focuses on the development of the individual history in the context of the helping relationship so that together, the person and professional can develop a plan for future life enhancement.

The helping professions have a long tradition of reliance on social histories as a tool to promote healing and growth. In this book, "helping

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professionals” will refer to people from various disciplines who have specialized knowledge, certified skill through advanced education and/or licensure, and a code of ethics that guides interventions aimed at helping another person manage a life problem or make critical decisions. Helping professionals are found in such fields as counseling, education, law, medicine, ministry, nursing, psychiatry, psychology, and social work. Each profession has its own body of knowledge and skills, including traditions regarding the use of social histories. Though independent, the knowledge bases for the professions often overlap and most professionals have worked on interdisciplinary teams, producing transdisciplinary knowledge that crosses over professional boundaries. Taking a personal history is one of the key transdisciplinary practices.

Different theories that guide helping professionals in their practice emphasize the power of history to varying degrees. For example, psychoanalysts and narrative therapists regard personal history as pervasive, while behaviorists essentially look at old habits, without intensive review of how they developed, and focus on forming new habits to replace them. Professionals draw on a variety of theories, tending to emphasize some over others. Regardless of the professional’s theoretical grounding, most people who seek help can communicate comfortably, though perhaps selectively, in the language of personal stories. Many people are fascinated by life histories and eagerly explore their own. The professional will help the person honor the gifts of the past, tenderly confront any agonies that originated there, and learn new ways to heal and grow for the future.

The helping professional’s use of life history can be informed by the growing body of research about life history in the social and behavioral sciences. Researchers in such fields as anthropology, sociology, genetics, criminology, psychology, social work, education, journalism, and, of course, history, are among the many who have advanced knowledge about how to effectively gather, record, describe, and interpret life histories and narratives as a means to understanding human behavior in the broader environmental context (see, e.g., Atkinson, 1998; Bruner, 1986; Hatch & Wisniewski, 1995; Josselson & Lieblich, 1993, 1995). The research methods have included focused studies of individual lives as well as studies of mass populations over multiple generations using life course methods (see, e.g., Giele & Elder, 1998; Mortimer & Shanahan, 2003). The findings from these studies portray the powerful influence that meaning and context have on individual development and behavior. Many of the studies have contributed to the articulation of methods for gathering and interpreting information that ensures fidelity to the narrator’s story. The findings and the methods are useful in professional practice.

Edward Bruner (1984) suggests that a person's life can be regarded as the "life lived" (what actually happened), the "life experienced" (meanings, images, feelings, thoughts of the person), and the "life as told" (the narrative as influenced by cultural conventions of storytelling, audience, and social context). The "life lived" can be recorded as a life event history that identifies milestones, critical incidents, or key decision points in a person's life. The "life lived" is based on relatively objective information that can be substantiated by records or consensus by other people who witnessed or observed the events. The event history becomes a chronological list of events with identification of who did what, when, and where.

The latter two ways of knowing the life are based in the subjective impressions of the informant. The "life experienced" gets expressed through the "life as told" as well as the person's art, behavioral patterns, emotional expressions, and other forms of communication. The life event history can be illustrated with notes about the person's experience or response to events, such as recalled emotional reactions to or images of key events. The "life as told" is the personal narrative with its unique content and form. The narrative, which tends to express the meaning that a person gives to events that happened, itself offers information about the person's life history.

People relate their own life narratives through the filter of their memories and interpretive meanings, thereby revealing much about who they are now as well as who they were and what they did. Anthropologists James Peacock and Dorothy Holland (1993) propose using the term *life-focused* to refer to the history that primarily addresses the factual events and subjective experiences of the subject (i.e., the "life lived" and "life experienced," using Bruner's typology). They suggest that alternatively, the "story-focused" approach emphasizes the narrative, with emphasis on how the subject structures the story and the process of telling the story. For example, the narrator may have a coherent story, one that integrates life experiences and reflected meaning, or an incoherent story with scattered themes and reflections. The narrator may emphasize certain themes and minimize others. "Story-focused" approaches assume the subject's culture affects beliefs, ideas, and traditions about how the narrative is expressed. How the subject tells the story reflects the meaning the subject has made of his or her life experiences. Both approaches, together and separately, have value in different contexts. This book will address how to capture information about life experiences while emphasizing the significance of the narrative and interpretations of the story.

Life stories are contextual. Goodson (1995) maintains that the analysis of a life story in its political and economic context over time makes it a

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life history. Each part of a story occurs in time, at a place or series of places, and within a culture. In addition, an individual's life story is linked to the life stories of people close to him or her. A social history can be conducted for an individual, dyad, family, small group, organization, or community.

Life stories are dynamic, emerging over time, even as they are told. The listener (e.g., the caseworker or therapist) becomes a part of the story. Life stories are also developmental, open to reinterpretation as the person gains new knowledge or insight. This is the key to the helping professional's intervention. Like any good historical research, the meaning of the social history emerges through skilled interpretation of the history, development of a subjective current understanding about the past, and application of this understanding to future action.

Helping professionals listen to people as they tell their stories, add their own interpretations to the story, and often supplement the personal narrative with other sources of information, such as the perspectives of others who know the person or records left by people who have known or interacted with the person. The professional's interpretations are grounded in knowledge and skill derived from theories, empirical studies, and experiences about how other humans have managed similar circumstances. Together the professional and client share their interpretations as they move through the change process. Skilled professionals carefully reflect on their own interpretations in order to distinguish them from their client's interpretations. The dual perspectives shed greater light on the patterns and features of a life history.

When people construct their own histories from their own impressions and their interpretations of what others have said to them orally or in records, they are essentially being autobiographical. When outsiders describe a life history, they are biographical, and can construct the history without even consulting the subject of the history, using information from others and records. This formerly happened often, for example, when children or older people with disabilities were assessed and their own perspectives were ignored, before their rights of self-determination and participation were asserted and affirmed by law and professional standards. The autobiographical and biographical perspectives each have value. By bringing them together, the social context of the individual's life can often be better understood. Given that life histories are socially constructed, they are constantly evolving, changing as the historian, be that self or other, develops fresh perspectives based on new life experiences. In the context of a relationship with a helping professional, the person can develop fresh ways of

looking at new life experiences so that future historical constructions promote life enhancement.

The Focus on Social Relations

Humans are complex creatures. Their thoughts, emotions, behaviors, and sensations are affected by their biology, psychology, and social relations. This book particularly addresses the personal *social* history,¹ that is, the social relationships that have influenced the development of the person during the life course. The life history also includes the person's biological development, including normative health, wellness behaviors, and maturation as well as illnesses, disabilities, injuries, or behaviors detrimental to health. It also involves psychological development, including learning and performance ability, emotional and behavioral regulation, communication and information processing, personality and identity development, mental health, and the host of factors that make up the individual as a person. The term *biopsychosocial* was coined to refer to the holistic assessment of a personal history.

A thorough understanding of the social aspects of a life must be informed to some extent by the biological and psychological aspects of the life. This book therefore briefly addresses essential elements of biological and psychological assessment, but the emphasis is on *social* history. Social relations involve the association of self with others. All individuals are influenced by and exert influence on the people around them. From a developmental and social ecological perspective, a person's social relations grow more complex over time. They start in infancy with intimate relations between the infant and primary caregivers and extend to include less familiar people, such as teachers and other caregivers, peers, social acquaintances, neighbors, contacts in the community, and messengers brought by various media from the broader society and culture. Interactions with the social networks become integral to the person's evolving social history.

Social interactions powerfully influence human development. Each human is born with a unique genetic constitution and innate capacities. The extent to which many of these capacities are realized is elicited, from birth onward, through interactions with the external environment. That environment includes the physical world, with its temperature, light, sounds, smells, images, and other stimuli. It also includes, critically, the social environment, and the other humans who, if they are nurturing, link the infant and young child to food, water, protection, comfort, and modeling of

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developmentally appropriate human behavior. The infinite variety of external influences sends messages to the baby's growing brain and helps to shape its development. Even in utero, the developing fetus can be influenced by the mother's social situation to the extent that it affects her nutritional intake, health, stress level, and other conditions.

Understanding a person's social history and how the person makes meaning of the history is a key to helping the person relate socially in ways that are healthy and fulfilling.

The Social History: Overview

Social histories take many forms in the helping professions. In a managed care world, when a psychotherapist may have only six 55-minute sessions to assess a client and promote healthy bereavement and coping after a sudden divorce, the history may take only moments. At another extreme, when a person's life is at stake, as when a defendant faces a possible sentence of death from a court of law, the defense team will scour the earth in search of information and expert opinion about the social history to explain how the history affected the defendant at the time of the crime and mitigates a sentence of death. In either case, the skilled professional will follow a standard that elicits adequate information for the goals of the process with the client.

The social history is a time-honored practice, as reflected in this description by one of the founders of the social work profession, Mary Richmond, in 1917:

Social diagnosis is the attempt to arrive at as exact a definition as possible of the social situation and personality of a given client. The gathering of evidence, or investigation, begins the process, the critical examination and comparison of evidence follows, and last come its interpretation and the definition of the social difficulty. (p. 62)

This series of steps still forms the fundamental process in a social history assessment. The assessment is often followed by a final stage—planning a course of action to change the problem. And, given a century of research and theory development regarding human behavior in the social environment, the process is grounded in theoretical frameworks that guide the professional's approach to the whole assessment.

This book follows the sequence of steps in a social history assessment, as follows:

The Professional Lens. Chapters 2 and 3 review core theories that guide professional understanding of human behavior in the social environment. Theory provides the interpretive paradigm that professionals can contribute to the relationship with the client as they make meaning of the social history. This step begins with the professional's training and experience prior to interacting with the client. Scores of theories from multiple disciplines guide various health and human services professionals; only a few core theories are covered here. Chapter 2 address fundamental themes in human social development through the life span: environmental context and social systems theory, the life course, and critical processes in social development. The discussion addresses barriers to and resources for prosocial and healthy development with a focus on the social functions of learning and adaptation, attachment and stability, stress and coping, and deprivation. Chapter 3 summarizes the social environment, including family, social network, and community influences on the development of individual behavior. The chapter closes with an examination of factors in the broad social environment, including culture, class, race-ethnicity, location, spirituality, and government and public policy.

The material in Chapters 2 and 3 is just the tip of an iceberg that is loaded with empirical and conceptual information available to helping professionals. The information will be familiar to people with advanced education in the social or behavioral sciences or professions. They might use the chapters as a ready reference guide or skip them altogether. For relative novices in the field of social history, the two chapters are critical to comprehending the interpretation phase of the social history assessment.

The individual life story becomes a speck in a universe of information about human behavior in the social environment. The life story can be deconstructed from a variety of perspectives. Individuals are the best informants and decision makers about which themes are most salient in their lives. As professionals listen carefully to how individuals express the themes in their social histories, the professional interpretation will enable a fresh perspective that can help the individual gain new insight.

Describing the Social History. Chapter 4 covers the gathering of facts and observations that lead to the description of the history and the recording of meaning that participants in the history have made of the life events. A description is essentially a straightforward reporting of what was detected by the professional and person as they made a record of the life history. The history description is grounded in information

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from multiple interviews, records and reports, and direct observation. The professional uses tools such as genograms, sociograms, chronology, time lines, and other aids to summarize the information. Chapter 4 essentially addresses how complex human experience can be summarized in ways that promote clarity and manageable focus on critical themes. The descriptive part of the history helps to differentiate effects of past from effects of life events in the here and now.

Making Meaning: Interpreting the Social History. Chapter 5 addresses the blending of theory, facts, and observations as the history is critically examined and interpreted. The social history assessment helps to explain how people function socially and how their histories have influenced the way they think, feel, and behave. The chapter reviews the analytic and synthesizing processes that are applied and presents a case study to illustrate the art of history interpretation in the human services. By achieving deeper understanding, the person or others connected to the person can make decisions about how to move forward into the future—thereby shaping their own history and contributing to the histories of those who come behind them.

The steps suggest a logical sequence, although chronologically each step may be revisited in a series of iterations. For example, as facts are gathered, the professional may consult specialized sources of information or theory to inform the interpretation. As interpretations take shape, additional facts may be gathered. As plans for future action are explored, meaning may be reinterpreted, and so on.

Tools to Aid Social History Development. Finally, Chapter 6 is a repository of standard tools used in social history data gathering, descriptions, and interpretations. The first is the extensive “Social History Interview Topical Guide,” a list of factors to include during interviews. The “Sample Family Social History Assessment Instruments” summarizes several standardized instruments that are commonly used to gather social history assessments. The “Checklist for Social History Records Compilation” identifies the type of records that accumulate during a person’s life and offers a list of Web-based resources for gathering genealogical information.

The chapter also includes classic tools to describe social relationships, including the genogram and sociogram (also known as ecomap). Examples are provided for tools that describe life events, including the chronology, life history calendar, and abbreviated time line. The chapter also discusses

how figures such as maps, building plans, and community profiles can complement a social history.

These stages—professional theoretical grounding, describing the history with tools as necessary, and interpreting the history—form the essential steps in social history assessment. In addition, any professional practice must be grounded in solid mastery of ethical issues. Before examining ways to conduct social history assessments, a discussion of relevant ethical issues is in order.

Ethical Issues in Assessing Social History

“What is real?” asked the rabbit one day.”²

Helping professionals might ask the same as they listen to their clients' stories. A person's life story includes what really happened—that is, the truth of the matter—as well as the meaning the person makes of what happened. The telling of the story (the narrative) is constrained by language, images, or records of what happened. When listeners such as helping professionals hear the story or see evidence of what happened, they also make meaning about the story. So the process of telling, hearing, recording, and interpreting the life history in the context of a relationship with a helping professional requires careful attention if the reality of the situation is to be understood.

Life stories are revealed through multiple venues. People tell their own stories orally, in writing, through art, or with other media. Other people may talk or write about them. Records about a person are kept, such as when a teacher records grades, a nurse records health status, or a mother makes a scrapbook. The “truth” may be some objective reality that happened, but each person involved in the person's network interprets the reality and makes her or his own meaning from it. The interpretations are as important as the truth of the story.

Writing of narrative inquiry, Blumenfeld-Jones (1995) distinguished “truth” and “fidelity” by stipulating that truth is “what happened” and fidelity is “what it means to the teller of the tale” (p. 26). The professional who hears and possibly retells a person's story must apply fidelity from at least two perspectives. One has to do with being true to what the person said about the facts and the meaning he makes of the facts. The other has to do with being true to the context of the story even if the person does not

articulate the context. For example, if a youth tells about an incident at school, the professional needs to interpret the story with some degree of understanding about the school within its cultural, community, and historical context. Practicing fidelity requires the professional to listen attentively to the unique perspectives of the client while exercising or acquiring cultural competence about the context.

When telling their stories, people may offer a description of their perceptions of truth, that is, what happened, that varies from what others describe as the truth. Denzin (1989) observed that a historically truthful statement is in accord with empirical data about the event or experience (p. 23). Truthful statements agree with how various people, in a “community of minds,” describe what occurred or what they believe occurred.

The person’s telling the facts of the life story, the way it is told, and the meaning are all critical to the helping relationship. With regard to the truth about the facts of the story, obtaining an honest, accurate, and complete life history promotes a more productive relationship between professional and client. Yet professionals must concede, as did Barone (1995), that “a life story never tells the absolute truth” (p. 64). A story can never be complete to the finest detail, even when the person tries hard to accurately and thoroughly recall facts.

Of course, people often choose to convey the facts through their own lens of meaning, which causes the facts to appear distorted or confusing. For example, a man and woman may share an experience that involves the man striking the woman. An objective observer might describe the act as the man’s intentional use of his open hand against the woman’s face. In telling the story, the man might say he did not strike her, that his hand brushed her face because he was trying to move her out of his way. The female victim might say the man aimed his hand at her and hit so quickly she did not have time to protect herself. Without an objective observer, who will the professional believe? The professional will rely on contextual knowledge, particularly awareness of research about interpersonal violence, which will suggest that the man will tend to tell the story in socially desirable ways to avoid shame and attempt to maintain a sense of control. Still, this awareness must be tempered by careful assessment of the stories using some of the techniques reviewed here. Perhaps the man is being honest.

While individual perceptions of truth may vary, other factors can also compound discernment of the truth. People may repeat family myths, those stories that have been passed from one generation to another that may have partial or no basis in fact but are believed by the family members. For example, some families pass on the idea that they are descended from royal

families in places like Scotland, Rumania, or Egypt. They have no concrete basis for the belief, and in some cases research indicates this cannot be so, but the belief is empowering and would be hard to cast aside after generations of conviction. On a shorter time frame, a parent might relate a personal historical event in a way that it takes on mythical proportions, such as stories about how he or she survived hard times. Reference to help from family and friends gets omitted to emphasize the self-sufficiency and resilience of the parent under stress. Family myths are essential expressions of the family's perceptions of itself and thus should be valued.

People may withhold family secrets, guarding them carefully to minimize risk of painful emotional disruption. Outside the family system, families avoid mention of information about circumstances they regard as emotionally damaging or shameful, such as criminal acts, affairs, abuse, addiction, or conception out of wedlock. These secrets often exert powerful influence in the family dynamics. Helping professionals are trained to carefully and respectfully work with clients to discuss secrets. In many cases, secrets should be left alone and untold until the person and the family system are prepared to manage emotions and communication about the revelation.

While honoring people's myths and privacy, professionals may need to gather facts to understand what really happened in a life history. They can rely on a number of guides to discern whether the client is trying to tell the truth. A life story is *credible* when it convincingly conveys what happened and how the person felt about it. Helping professionals can draw from the lessons of credibility specialists in law, psychology, and criminal justice who dedicate their careers to the pursuit of truth, detection of lies, and establishment of credibility in witnesses for courts of law. They have developed criteria such as these for determining whether a witness is competent to testify (Myers, 1998):

- Adequate intelligence and memory
- Ability to perceive through various senses, recall, and communicate information
- Knowledge of the difference between truth and a lie
- Understanding of consequences of not telling the truth
- Understanding of the moral obligation in an oath to tell the truth

A person's credibility might be questioned if, for example, he or she has memory problems or a mental disturbance that blocks understanding of the difference between truth and fantasy.

When professionals seek to establish the truth about a social history, they must rely on the person who is the subject of the history and people who knew the subject well and were witnesses to his or her life. Even written records are documents produced by people who interacted with the subject. Questions of credibility may arise, particularly given that facts are often communicated along with opinions and feelings that may cause distortions or omissions of facts. For example, informants may deny, minimize, or exaggerate facts. Their tendency to do this contributes significant information to the interpretation of the history but clouds the professional's grasp of what really happened in the subject's life.

A story is more likely to be truthful if validity, reliability, and accuracy are high and bias is low. Validity is the extent to which the facts as reported fit the events as they actually occurred. Validity is more likely if the informant was a direct witness to the event and is not relaying information that was passed on from other sources. For example, a son tells his dad that his younger brother watched his mom go out the door and she left without a word, but the daughter says that she saw their mom as she left and that she was cheerfully smiling and said "Adios!" as she closed the door. The daughter's story is more valid because she actually saw the mother and the son is only relaying what he heard from the brother.

Validity is also more likely if the informant has no or little bias, that is, is unlikely to gain or lose anything by telling the story in a particular way. The telling is balanced and fair to all parties in the story. For example, a distraught mother says she observed her son in class and that his behavior was out of control. She wants him sent away to a residential school. The school psychologist was observing at the same time and noted the child was active but trying to pay attention. The professional's opinion has less bias.

Reliability is the consistency of reported facts over time or across observations. If multiple observers see the events in the same way, the story is more reliable than if they report the event differently. For example, when several adult children independently call their father a "tyrant" and give similar accounts of his abusive behavior, the information is more reliable than when one adult child says he was a "tyrant" and others present the stories in different ways, such as "he once got mean" or "he was all bark and no bite." A story is also more reliable if an individual reports the facts the same way at different points in time (i.e., the story does not change). Inconsistent or ambiguous information makes a story unreliable.

When professionals know the truth of a story, they can respond more helpfully to the way the person tells the story or makes meaning of it. If a

client tells the life story in a way that is not truthful, that is information of use to the professional in understanding the client. Many people have good reason to falsify, minimize, or deny facts. Recall may provoke traumatic stress, guilt, or emotional overloads for which the client is unprepared. Minimizing helps to regulate emotions. This happens often with survivors of traumatic experiences such as rape or war combat. When clients are ready to deal with the emotions, the professional can encourage them to disclose the truth, ensuring them of their safety. The opposite may also occur when a client distorts the truth by telling the story with inflammatory remarks, extreme release of emotions, and embellishment of the facts. In other cases, the client may need to withhold truth to protect him- or herself or someone else. In rare cases, clients will try to deceive the professional and others for personal gain. Professionals can acquire advanced training to assess deception (Rogers, 1997). In any case, how the client discloses truth is an indicator of social functioning and is itself a part of the individual's social history.

The professional's communication skills can promote the client's honest and high quality narration of his or her story. A person who discloses a life history must have strong trust in the listener. The person has a right to feel safe and in control, especially with regard to what is disclosed. Trust is founded in mutual respect and the narrator's confidence that the listener will be committed to listening fully to the story. The narrator and listener should develop a rapport; this often begins as the listener takes the narrator through an informed consent procedure that explains the purpose of asking questions related to the history and shares information about the listener's qualifications to help the narrator interpret the history within their relationship. The listener must take care to maintain a nonjudgmental attitude.

Privacy and confidentiality are keys to maintaining trust. People reveal intensely personal and intimate experiences and feelings in their life stories. The narrator needs to know that the listener will protect the privacy of disclosed information and be assured that any records made will be maintained confidentially. Of course, the professional must disclose any exceptions to privacy, such as the legal requirement to report child abuse or elder abuse. In some cases, the client may be asked to waive privacy, as when the professional will offer testimony about a person's history in a court of law. Professionals should never push clients to reveal anything they are reluctant or unwilling to reveal. Every human's right to self-determination should be respected.

The person who shares his or her story should expect to benefit from the experience. In some cultures, revealing a story about oneself creates a

special bond with the listener, who then assumes responsibility for protecting the story and the person. In a helping relationship, the person can gain fresh perspectives on his or her life through the knowledge and wisdom of the professional. But the telling of the story may elicit painful memories or have other negative effects. Such events create opportunities for healing if the professional is skilled in facilitating the client's interpretation of the feelings and adoption of healthy ways to cope.

What people choose to say depends on why they are saying it. Most clients voluntarily share their stories for many purposes. For example, they may be searching for a way to understand a disability, reduce anxiety, or make a major life decision. They will offer the information that seems to be most relevant to the purpose of the telling. In other cases, the involuntary client must tell the story or face negative consequences, as when a child protective service worker interviews a parent accused of child neglect. The involuntary client will be motivated to present biased information, particularly that which is favorable, so the helping professional is likely to look to other sources for information about the facts of the situation, such as other people who know the situation or records about it.

The professional and client must decide how much detail is necessary for the purposes of their work together. Telling a life story can take hours, days, weeks, even years. The professional may use a free-form approach to gathering information that encourages the client to tell the story in his or her own way, with as much detail and at a pace that is comfortable for the client. Or the professional may use any number of tools such as interview protocols, standardized assessments, or logs to focus the collection of information and expedite the process. The professional may take the history only from the informant or also rely on "collateral contacts," people who know the person well and can share their own perspectives on the person's life history. This is often done in the case of children or people with communication disabilities, such as those with intellectual impairments or frailties of old age. The primary caregiver, spouse, siblings, teacher, or other social network members can contribute to the history development.

A life history is *coherent* if it all fits together. That is, the facts, the way the story is told, and the client's expression of meaning are understandable given the contexts in which the life occurred and the story is narrated. The professional can enhance the coherence by triangulation. In research, triangulation involves using two or more theories, data sources, methods, or investigators to study a single phenomenon and converge on a single construct (Creswell, 2002). The term comes from navigational tools that use two visible points to plot the location of a third point. Triangulation can

occur by collecting data at different points in time, at different sites, from different people or groups, or with different data collection procedures (e.g., interview and review of records) or data analysis techniques. If the sources all indicate the same phenomenon, then it is more likely to be true. When researching a life history, care must be taken to ensure that sources of information are in fact independent. For example, if a teacher's notes, mother, and sibling all say "mother says he fell on his head," then there is really only one source—the mother.

The professional has an ethical responsibility to help put the client's story together in a way that promotes truth and fidelity. Returning to the example of the man who struck the woman, the helping professional is likely to ponder these questions while working to discern whose story is closer to the truth: Who is more credible? Why? Which story is more valid? Who is the more reliable informant? Does the person trust me enough to tell the full truth? Will any benefit or harm come from telling the truth? Will it lead to violations of privacy? What purpose does each version of the story serve? Is this story coherent?

The personal social history is told in many ways. Ideally, the truth of the story emerges with fidelity to the meaning the client has made of the story. As professionals listen, record, and interpret the story, they must take care to maintain fidelity to the client's perspective on the story. Professional ethics codes promote the search for truth and the avoidance of participation in deception. For example, psychologists seek to promote accuracy, honesty, and truthfulness (American Psychological Association [APA], 2003, Principle 3, "Integrity"). Similarly, "Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception" (National Association of Social Workers [NASW], 1999, Principle 4.04, Dishonesty, Fraud, and Deception). The professional must take care to avoid listening selectively or retelling the story with inaccuracies. The client deserves to trust that the professional "gets it."

Ethically, the helping professional will strive to learn and understand the truth and the client's meaning as accurately and thoroughly as possible. Professionals can lend their own training and understanding to interpreting the client's life story. This will be informed by the professional's knowledge of theories and research findings regarding topics of relevance to the client's life, such as the information covered in Chapters 2 and 3 of this book. Even though the published theories and research emerge after rigorous scientific procedures and expert peer review to promote accuracy and valid representation of real world phenomena, they are subject to criticism because they are culturally and historically bound, affected by the

theorist's or researcher's biases, and based on conclusions drawn from studies with methodological limits. The professional brings knowledge and practice wisdom to the helping relationship, but must do so humbly and with utmost regard for fidelity to the client's unique life. Any retelling of the story must be truthful, clear, and fair.

Unfortunately, I have observed health and human services workers who sometimes regard the social history as a simple checklist of information believed to be true, minimizing the significance of finding the truth or interpreting the history. This makes the history simply a life story from the informant's perspective. In professional practice, a social history *assessment* goes beyond recording the facts and applies professional wisdom, together with the client's meaning, to understanding the social life of the person.

Conducting a social history assessment can be an intensely emotional experience. People share their greatest joys and deepest sorrows, pride and shame, desires and burdens. Often, after sharing their stories with a caring, reflective professional, clients comment, "I've never told anyone that before" or "I've never thought of it that way before." They express new understanding about their personal experiences within the social world. They go forward into the future with fresh perspectives on how their histories have shaped their lives and how they can shape what will become their histories.

Notes

1. Historians use the term *social history* to refer to history that addresses the social aspects of a society or community, such as domestic relations or faith practices. In the helping professions, "social history" refers to the social life experiences of an individual.

2. Margery Williams, 1958, *The Velveteen Rabbit*, p. 1. New York: Doubleday.