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Interactive advantage, cementing of positions, and social pedagogical recognition – a narratively inspired analysis of professional actors’ oral representations of health promotion, prevention, and remediation efforts targeting young people who use alcohol and narcotics

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Introduction

Previous research regarding health promotion, prevention, and remediation efforts in upper-secondary school and treatment contexts has drawn attention to the importance of interpersonal collaboration for successful schooling and treatment or success in the practical work of education and treatment. These studies emphasize effective collaboration between various professional occupational groups associated with school and treatment to achieve good outcomes for the young people (students) in these contexts (Koning et al. 2010; Sznitman et al. 2012; Onrust et al. 2015). These collaborations also include students and parents, all with the common goal of working together to help the young person (the student) achieve this success in the social, pedagogical, and educational sense (Foster 2012; Basic 2018a,b; Björk et al. 2019; Basic and Matsuda 2020; Basic et al. 2021; Johnsson et al. 2021).

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Some parts of this text were previously published in Swedish, in the thesis, “When collaboration becomes a struggle. A sociological analysis of a project in the Swedish juvenile care” (Basic 2012) and in the independent work at the second cycle “Achievements and obstacles in senior high school work with students who use alcohol and substances. An interactional analysis of verbal descriptions concerning organizational and practical work in school” (Andersson and Greve 2020).
The context of upper-secondary school and outpatient treatment units can be analyzed as places where social pedagogical recognition can be bestowed, which in turn can strengthen both professional and young people’s (students’) self-esteem and their sense of belonging, involvement, and inclusion. The social life of professionals and young people is constructed and reconstructed through mutual recognition. The self-realization of professionals and young people in the school and treatment contexts is created and re-created through participation in successful interactions that contribute to the production and reproduction of knowledge, desirable abilities, experiences, and skills. This process is possible, however, only if teachers and students are recognised in the current school context, in close relationships, and in interaction with other actors in that context (Koning et al. 2010; Foster 2012; Sznitman et al. 2012; Onrust et al. 2015; Basic 2018a,b; Björk et al. 2019; Basic and Matsuda 2020; Basic et al. 2021; Johnsson et al. 2021).

The quest for recognition in the contexts of the study is sometimes based on the exclusion of the other. Discrimination, insults, and bullying can negatively affect the self-esteem of professionals and young people (students) who are on the receiving end of such conduct. Furthermore, exclusion from the school and treatment contexts risks destroying the actors’ self-esteem. This risk applies in particular to exclusion of young people (students) with lower status than professional actors in the study contexts (Koning et al. 2010; Foster 2012; Sznitman et al. 2012; Onrust et al. 2015; Basic 2018a,b; Björk et al. 2019; Basic and Matsuda 2020; Basic et al. 2021; Johnsson et al. 2021).
In the study contexts, professional actors can contribute to the achievement of social pedagogical recognition, school and treatment success, and successful reintegration for young people. Previous research indicates that achieving these outcomes is more closely linked to active individual action by particular professional actors who volunteer, engage, and help than they are to schools and outpatient treatment units in their capacity as organizational units (Koning et al. 2010; Sznitman et al. 2012; Onrust et al. 2015; Basic 2018a,b; Björk et al. 2019; Basic and Matsuda 2020; Basic et al. 2021; Johnsson et al. 2021).

Knowledge is limited regarding health promotion, prevention, and remediation efforts in the school and treatment contexts and regarding the protection and risk dimensions associated with the category “young people who use alcohol and narcotics”. We know too little about the extent to which various categories of professional actors, young people, and parents really collaborate in these arenas and how the actors’ self-identifications affect ongoing pedagogical processes. Knowledge needs to be developed about how cultural and social differences contribute to common starting points in the work and thus to success or obstacles in the work of schooling and treating young people. We hope to make a contribution on this point within the framework of this analysis.

The purpose of this study is to present new knowledge about the oral representations of health promotion, prevention, and remediation efforts of professional actors working with young people who use alcohol and narcotics. The research question addressed in the study is, “How are health
promotion, prevention, and remediation efforts represented in relation to the narrative category ‘young people who use alcohol and narcotics’?” (the study’s narrative category).

**Theory and method**

Symbolic interactionism, social constructivism, and ethnomethodology are some of the theoretic starting points used in the analysis of various types of qualitative empirical material. The goal is that use of these scientific theoretical starting points will lead to a higher level of analysis of the qualitative empirical data and facilitate understanding on two fronts. First is the social reality in various social contexts in which the individual acts, or is expected to act, in myriad interpersonal interactions that characterize these contexts. Second is the significance of interactions for the creation and re-creation of oral representations, verbal portrayals, and represented images that are constructed and reconstructed in interpersonal interactions in these different social contexts (Berger and Luckmann 1966; Garfinkel 1984; Blumer 1986; Gubrium and Holstein 1997; Goffman 2002; Collins 2004; Mead 2015; Burr 2015).

Social reality is not a stable and immutable social phenomenon; rather, it is changeable and characterized by constant interactive processes, changes in interpersonal encounters, and dynamic activities tied to the various situations in the contexts in which they occur (Blumer 1986; Goffman 2002; Collins 2004; Mead 2015). The words *context* (with Collins’ conceptual apparatus) or *region* (with Goffman’s conceptual apparatus) are used to connote the delimited field where a series of interactive activities (situations – interactive rituals) are played out and can be delimited by the actors’ observation and hearing abilities. Empirical examples of these
interactive flows in the myriad interpersonal interactions that occur in a context include the interactive actions of actors in a particular situation, the narrative representations of a particular situation by actors, and the productions and reproductions of important social objects such as, e.g., language, text, documents, laws, news, images, and videos (Gubrium and Holsten 1997; Silverman 2006; Hammersley and Atkinson 2007; Riessman 2008; Silverman 2015).

In the interactive sense, the delimited field of “context” can be analyzed as consisting of three subregions. The front-stage context refers to the subregion where the performance of the actors themselves (as action, reproduction, and/or production of social objects) takes place. The backstage context (behind the scenes) is a subregion that actors in the surroundings (the audience) cannot access. In this context, those who are acting, representing, and/or producing can shape their future performances and reflect on their past performances, prepare, or relax (Blumer 1986; Goffman 2002; Collins 2004; Mead 2015). Some contexts can be both backstage and front-stage. For example, upper-secondary schools, outpatient treatment units, classrooms, treatment rooms, and various offices (e.g., of the head teacher, school nurse, counselor) can act as one or the other. The designation of front stage or back stage depends on the actor’s particular performance and the function of the contexts at the time.

The third context is outside/off-stage (the outsider/exclusion region). This subregion represents everything that does not belong to the front- or back-stage contexts. The actor who acts, reproduces, and/or produces on the outside is an outside actor. In their relationships with actors established in the front- or back-stage contexts, the performance of outsiders risks creating and
re-creating conflicts in the interaction. An outside actor who steps onto the front-stage or back-stage by acting, reproducing, and/or producing important social objects in these subregions creates temporary confusion by disrupting the social order and forcing a redefinition of the situation in the context (Blumer 1986; Goffman 2002; Collins 2004; Mead 2015).

The contextual reasoning of theorists on this subject made us curious about what might be occurring in various represented situations in the school and treatment contexts. With this question as a starting point, we found that the study informants, when constructing and reconstructing their professional identities, typify actors from both the front and back stage subregions, as well as from the outside (off-stage). Just as the nurse’s office can be both a front-stage and a backstage, the typified actor can be both a professional actor in these subregions and an actor outside the organization, such as a young person and/or a parent.

When actors interact, they try to make social reality comprehensible, and in doing so construct and reconstruct their identities. Typifications thus fulfill an important function in interactive creation and re-creation. The division into categories and typification of individuals, professions, and events into types – their identification through categorisation – is necessary for navigating the myriad of everyday interactions. Typification is not a static process; rather, it changes from one interactive flow (situation) and context to the next. The actions, representations, and productions of one actor constitute a motive for and a response to the actions, representations, and productions of the other. In this process, the affiliations and self-esteem of the involved actors, their creation and re-creation of various social and pedagogical identities, and their
recognition in these identities take shape and are modified and confirmed (Berger and Luckmann 1966; Garfinkel 1984; Blumer in 1986; Gubrium and Holstein 1997; Goffman 2002; Collins 2004; Mead 2015; Burr 2015). In light of these perspectives, the stories and practical actions of both young people and professionals in the school and treatment contexts, as well as their analysis, can be regarded as meaning-making activities. These activities can contribute to the development of knowledge that can promote the involvement and success of both young people and professionals in situations that characterize these contexts.

An important starting point in analyses rooted in the above scientific theory is that actors in all social contexts are grouped and typified in relation to their interactive positioning in a given context, in which certain actors/types have the advantage in relation to the others. Thus, certain actors/types in the context will have greater authority and higher social status than others. As a result, they have an interactive advantage in defining and redefining how society, contexts, groups, types, and actors should act and be represented, produced, and reproduced (Berger and Luckmann 1966; Garfinkel 1984; Blumer in 1986; Gubrium and Holstein 1997; Goffman 2002; Collins 2004; Mead 2015; Burr 2015). In its most severe form, this advantage may lead to the oppression of individuals with lower social status.

The fact that certain actors/types command an advantage in relation to others is important in the analysis of the present study in two ways: first, in the representation of relationships between professional actors (here, informants from school and treatment contexts), and second, in the representation of the relationships of these professionals to the category “young people who use
alcohol and narcotics”. For this study, therefore, the representation of working with young people (students) is analyzed less in terms of static typifications and more in terms of situational and context-bound (institutionally and materially positioned) interactions in the here and now.

In the spirit of interactionism, constructivism, and the ethnomethodological approach, the study analyses how the informants themselves use identity-related and cultural resources (e.g., narratives, metaphors, vocabulary, roles, status symbols) in the day-to-day of the study context, such as when they talk about advantages in the interaction, describe working conditions, formulate criticism, and process their experiences. Working practically with this category of young people can inspire sympathy and build a distinct typification related to the category. This typification may be associated with mental health problems, traumatisation, medication needs, and victimhood. This work also, however, is associated with a certain status: The professional actor possesses personal knowledge and competences that others do not. In the present study, we analyze both the content of informants’ identity formation and its dynamic: how professional and student identities are used, managed, reinforced, or challenged.

The professional actors in these situations can include special educators, special education teachers, school counselors, study and career counselors, head teachers, school nurses, treatment workers, section managers in social services, and heads of outpatient care units. Interactional, social constructionist, and ethnomethodological perspectives capture the content of professional experiences and their social design, as well as the substantive and constituent aspects of personal accounts. The study thus adheres to the scientific theoretical and methodological traditions of the
social sciences, in which verbal representations are regarded as both discursive and experiential (Gubrium and Holstein 1997; Potter 2007; Riessman 2008).

The study’s empirical material is collected and analyzed with inspiration from qualitative methods and narrative research (Gubrium and Holsten 1997; Silverman 2006; Riessman 2008; Guest, MacQueen, and Namey 2012; Silverman 2015). The empirical material of the study is based on 36 qualitative interviews with professional actors working with the study’s narrative category of “young people who use alcohol and narcotics”, within the study contexts of upper-secondary school activities and outpatient treatment units in Sweden (several of the study’s informants have work-related experiences from both school and treatment contexts). All 16 interviews were collected in 2020 and 2021 within the framework of the research project “School as a protection factor. An analysis of achievements, obstacles, collaboration, and identities in senior high school work with students who use alcohol and drugs” (Linnaeus University 2021), following the issuance of an advisory opinion from the Regional Ethical Review Board (Ethical vetting 2018).

Previous research: health promotion, prevention, and remediation efforts in upper-secondary school and treatment contexts

Onrust et al. (2015) portray the importance of paying particular attention to the various stages of development (in the developmental psychological sense) when designing alcohol and narcotics prevention efforts in schools. These researchers argue that prevention efforts in schools should be
planned based on the mental and cognitive needs and capacities of children or young people.

Their study constructs and reconstructs an understanding of the importance of starting prevention work in primary school because children at this age are assumed to be impressionable and quick to learn what constitutes normatively right and wrong behaviour. Their study also dramatises the ability of children in primary school and intermediate level compulsory school to highly value the opinions of parents and teachers regarding normatively right behaviour in relation to alcohol and narcotics. This attitude enables the expert’s (teacher’s) professional work to influence the child in refraining from using alcohol and narcotics.

These authors further point out that alcohol and narcotics use is rare in primary and intermediate level compulsory school. They therefore highlight the relevance of teaching children about the risks of alcohol and narcotics during that developmental period. The role of professional actors during this time is to encourage children to practice skills for more easily handling the challenges of later developmental phases based on the risks they have learned to associate with alcohol and narcotics. The point of that study is that prevention efforts and collaboration among various professional actors, young people, and parents should not be delayed to a time when young people are coming into contact with alcohol and narcotics. Instead, these authors argue, prevention work and collaboration should be designed and implemented considerably earlier. They emphasize that during senior level compulsory school and the start of upper-secondary school, a psychological and cognitive separation begins. Young people free themselves from their families, become more independent, often reject the normative values of their parents, and value the normative values of their friends over those of parents and teachers. During this phase
of development, young people are dramatized as being more aware of the benefits of using alcohol and narcotics while also caring less about the inherent risks. Because young people in this developmental phase are constructed as being resistant/unreceptive to the parent and teacher perspective in relation to values and norms of alcohol and narcotics use, young people also are characterized as difficult to influence and change when it comes to this use.

Onrust et al. (2015) present creation and re-creation of several explicit and implicit portrayals of protection and risk dimensions in relation to the category “young people who use alcohol and narcotics”. The protection dimensions are as follows: prevention efforts aimed at school-age children, carried out in collaboration among different professional actors, children, and parents; collaboration and prevention efforts already implemented during primary school; parent and teacher actions based on perceptions of normatively right behavior in relation to the use of alcohol and narcotics (not using alcohol and narcotics); and actions of friends based on perceptions of normatively right behavior in relation to the use of alcohol and narcotics (not using alcohol and narcotics). The risk dimensions portrayed are as follows: common obstacles to collaboration among various professional actors, children, and parents; the age of the young person, because older age makes it more difficult to influence young people to follow the “right” norms; young people’s rejection of perceptions that adults and teachers have of normatively right behavior in relation to the use of alcohol and narcotics (i.e., young people think it is OK to use alcohol and narcotics and reject these “right” norms); and the behavior of young people in relation to friends who have rejected the “right” norms and use alcohol and narcotics.
Sznitman et al. (2012) investigated links between schools with environments considered “good and safe” and a reduction in the use of drugs in the form of tobacco, alcohol, and cannabis. Their study paints a picture of students who are in a good and safe school environment and thus using drugs less than students in schools with unfavorable environments. These authors stress that merely conducting various drug tests in school does not reduce the use of drugs or function as a deterrent to students. Their study dramatizes the importance of analyzing and evaluating the school environment as practical and organizational work before implementing the preventative measure of testing students for drugs. The authors implicitly argue that targeted efforts to improve the school environment have a greater effect on reducing drug use than, e.g., testing students for drugs. In addition, they emphasize that targeted programmes, policies, and preventive drug measures directed by professional actors do not appear to reduce drug use among young people. Instead, Sznitman et al. stress the importance of working to create, re-create, and learn a professional approach that encourages the young people to participate in prevention efforts. They also emphasize professional competence development that allows professional actors to interact with young people (students) in a way that accounts for the individual knowledge and skills of each student. With this emphasis, the study implicitly underscores the importance of collaboration among young people, parents, and professional actors.

In this way, Sznitman et al. (2012) present the risk dimension inherent in the practical actions of professionals in the school context (in the form of targeted prevention programmes, drug testing, policies, and preventive drug measures). These actions are presented as ineffective: Not only do
they not seem to reduce young people’s drug use but also they can contribute to the stigmatization of students and the strengthening of young people’s rejection of perceptions of normatively right behavior in relation to the use of alcohol and narcotics (i.e., not using alcohol and narcotics).

Koning et al. (2010) note the importance of collaboration among professional actors, parents, and (implicitly) young people with the aim of involving young people and parents in prevention efforts to combat youth drug use. The study suggests that prevention efforts yield better results if parents are involved in the work. For example, parents are portrayed as being able to influence young people’s initial exposure to alcohol use. This portrayal reinforces the importance of the production and reproduction of targeted prevention programmes by professional actors.

In keeping with Sznitman et al. (2012) and Onrust et al. (2015), Koning et al. (2010) also highlight collaboration among professional actors, parents, and young people as an important protection dimension in relation to the study’s narrative category (“young people who use alcohol and narcotics”). In the school and treatment contexts, parents and young people are not professional actors and can thus be perceived as outside the context, actors whose performance can create and re-create conflicts (Blumer 1986; Goffman 2002; Collins 2004; Mead 2015). The exclusion of parents and young people in these contexts is a risk dimension in relation to the study’s narrative category.
The predominant everyday declarations about the category “young people who use alcohol and narcotics” seem to focus on psychiatric or medical needs, whereas competing explanations seem relatively toned down. The latter include established inequalities in overall society as well as in schools and treatment; material and institutional difficulties in social, school, and treatment contexts; bureaucratic barriers in schools, outpatient and inpatient treatment units, and the rest of society; monitoring and social control in society, schools, and outpatient and inpatient treatment units; the humiliated identities of actors in social, school, and treatment contexts; victimisation in relation to other young people in social, school, and treatment contexts; demeaning categorisations in schools, outpatient and inpatient treatment units, and the rest of society; and discrimination in school, treatment, and overall social contexts (Bhopal and Preston, 2012; Basic 2015; Basic 2018a,b,c; Basic 2019; Björk et al. 2019; Basic and Matsuda 2020; Basic et al. 2021; Johnsson et al. 2021). Additional competing explanations that appear to be relatively muted in relation to the diagnostic aspect are the interpretations of young people (students) of their experiences with using alcohol and narcotics, such as: “I have unique experience that I can benefit from in the future”, “I have learned to cope with difficult things”, and “I am strong now”.

With numerous interactive points of entry to the social pedagogical recognition of both professionals and young people in school and treatment contexts (Foster 2012; Bhopal and Preston, 2012; Basic 2015; Basic 2018a,b,c; Basic 2019; Björk et al. 2019; Basic and Matsuda 2020; Basic et al. 2021; Johnsson et al. 2021), no one single recipe always or most commonly applies. The actors’ mutual recognition is produced and reproduced through a series of interactions in which actors both cite and are involved in various identity-building processes in
different ways and use or suffer from their own identification streams or those of others in the myriad of interactions in school and treatment contexts.

**Conclusion**

The purpose of this study is to present new knowledge about the oral representations of the health promotion, prevention, and remediation efforts of professional actors working with young people who use alcohol and narcotics. The narrative empirical material is based on 36 interviews with professionals working with this population of young people within the context of upper-secondary school activities and outpatient treatment units in Sweden.

Trends from professional practice that permeate some of the previous research include an emphasis on the young person’s (student’s) personal responsibility for interactive choices and achievements carried out in the school and treatment contexts. The “problems” of young people — with the use of alcohol and narcotics, exclusion, health, school failures — are framed as personal and individually located. This framing can negatively affect young people’s (students’) self-esteem, self-image, sense of belonging, identities, and patterns of action. These negative effects can in turn contribute to a lack of social pedagogical recognition in the school and treatment contexts. Previous research tends to argue for different categories of professional actors who risk individualizing the problems of young people (students) in terms of the background, behavior, and physical, mental, and medical well-being of young people (students) and parents. This argument in turn ignores other important social pedagogical aspects that can, e.g., explain dimensions in the organization and pedagogical structure of the practical work of
upper-secondary schools and outpatient treatment units with that category of young people (students). When problems are individualized, this individualisation singles out a young person, excludes them, and hinders their success in schooling and treatment.

In their oral representations, professional actors depict themselves as having an interactive advantage in relation to the verbal category of “young people who use alcohol and narcotics”. These verbal patterns seem to cement the professional actor as a superior who sets the agenda for placing these young people within a prevailing normative order.

The analysis indicates that an inclusive approach by professionals is crucial to achieving several important aims. An inclusive approach also imposes demands, however, on how upper-secondary schools and outpatient treatment units collaborate with each other in this work with young people. This approach also plays a role in determining the support and room for maneuvering that professional actors have relative to normatively right and deviant actions and to laws and policies that to some extent govern this practical work.
References


