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Biographical Study with Hermeneutic Approach in Psychiatric Care Delivered at Community Mental Health Centers

Toplum Ruh Sağlığı Merkezlerinde Sunulan Psikiyatrik Bakımda Hermenötik Yaklaşımlı Biyografik Çalışma

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ABSTRACT

When the literature studies on the services provided in community mental health centers (CMHCs) are carefully evaluated, it is seen that there are research results with positive feedback. On the other hand, a structured daily work standard has not yet been reached regarding the psychiatric care services provided in the increasing number of centers. In order to establish such a standardized work, there is a need for nurses to carry different approaches to the services they provide to sick individuals to their practice areas. Biography study, which can be defined in general terms as the use of the possibilities available to the individual in the process of coping with the events affecting his/her life, is compatible with the need for the formation of community mental health centers and the understanding of multidisciplinary work as such an application area. In this article, the introduction of biography work, its transfer to psychiatric care practice services in CMHC and the interpretation of the individual's life story narrative with a hermeneutic approach are discussed.

Key words: Community mental health, biography study, psychiatric care

ÖZ

Toplum ruh sağlığı merkezlerinde (TRSM) sunulan hizmetler üzerine literatür çalışmaları dikkatle değerlendirildiğinde olumlu geri bildirim alınan araştırma sonuçlarının olduğunu görülür. Buna karşın sayıları gittikçe artan merkezlerde sunulan psikiyatrik bakım hizmetleriyle ilgili henüz yapılandırılmış günlük çalışma standardına ulaşılamamıştır. Bu türden standart bir çalışmanın oluşturulabilmesi için hemşirelerin hasta bireylere sundukları hizmetlerle ilgili farklı yaklaşımları uygulama alanlarına taşımalarına gereksinim vardır. Genel bir ifadeyle bireyin hayatını etkileyen olaylarla baş etme sürecinde eldeki imkanlarını kullanması olarak tanımlanabilecek biyografi çalışması bu türden bir uygulama alanı olarak toplum ruh sağlığı merkezlerinin oluşum gereksinimi ve multidisipliner çalışma anlayışıyla uyumluluk gösterir. Bu makalede biyografi çalışmasının tanıtılması, TRSM'de psikiyatrik bakım uygulama hizmetlerine taşınması ve hermenötik yaklaşımla bireyin yaşam öyküsü anlatısının yorumlaması tartışılmıştır.

Anahtar sözcükler: Toplum ruh sağlığı, biyografi çalışma, psikiyatrik bakım

Introduction

In terms of community mental health, the psychiatric treatment and care services offered to the patient and the environment in which he lives are explained briefly. Community Mental Health Centers (CMHC), whose number has reached 177 today, have been opened in support of this goal (Turkish Ministry of Health 2011a). Individuals with severe mental disorders who are discharged from the hospital or who are likely to be hospitalized repeatedly for short periods after discharge from these centers (this is also called the "revolving door phenomenon") are admitted to continue their treatment ((Turkish Ministry of Health 2017)). The general aim to be achieved with the services provided in the centers carried out by an interdisciplinary team; it is to reintegrate the mentally ill individual into society as much as possible (Hannigan 1999, Bag 2012). According to the published directive no. 7364 published in 2011, the duties of nurses working in these centers and other health personnel are expected to be performed together; promotion of the center, individual counseling, group therapy, psychosocial skills training, psycho-education, home visits, referrals when necessary, patient follow-up, statistical information collection and evaluation,

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informing the public, and combating stigma (Turkish Ministry of Health 2011b). Likewise, in the Nursing Regulation No. 27515 published in 2010, it is similar to the duties and responsibilities of the Community mental health center nurse defined with the CMHC directive (Turkish Ministry of Health 2011c). While fulfilling these duties and responsibilities, the general purpose of the services to be provided to patients is recovery-oriented and the aim is to move the individual to a central position, not the mentally illness (Soygur 2016).

Various applications are used to achieve this goal. One of these is the search for individual meaning by focusing on the systematic structures that take place in the background of the individual's life (for example, past experiences, participation in social life, environment, culture, daily life, etc.) and the biography study that aims to make them visible (Baldwin 2005, Walker 2010, Leamy et al. 2011, Grant et al. 2015, Jowsey 2016, Rennick-Egglestone et al. 2020). Biography study functions as an environment shaped in the self-perception of the individual, which is formed by difficult living conditions and traumas, and encourages him to experience his life story actively and creatively. In the process of confronting the problems with each expression in the narrative with a reflected approach, it functions as a part of the whole in preventing the knotting of the past and the future in the present, and by causing the individual to feel active, it is prevented from being stuck somewhere (Petzold et al. 2003). The life history that is told, remembered and documented by the patient is reflected, shared and evaluated in the nursing interventions of the nurses working in the CMHC and in the interventions related to the psychiatric care they offer to functionalize the patient's individual experiences. In the process of processing and re-evaluating these narratives, the psychiatric nurse, who is in the interpretive position, helps the patient's life to show a concrete and effective consistency (Jansen 2011). Based on what the patient told, the psychiatry nurse who made a biography study explained what was told in the content, what kind of problem the story pointed to, which tense was used in the narrative, takes many aspects into account. At this point, using only the empathy approach does not give the opportunity to interpret the whole narrative. Because the interpretation of the other's feelings and thoughts, intentions or experiences through empathy is an emotional process (Kunyk and Olson 2001), it is not sufficient to interpret the interaction created by transferring the past-future linked structure of the biography study to the present time. However, it is clear that the use of hermeneutics (interpretive science), which includes empathy, in practice in order to fully understand the biography study, will contribute to the success of nursing interventions for the patient. In this article, the introduction of the biography study and its transfer to the psychiatric care practice areas offered in CMHCs with a hermeneutic approach will be discussed.

Biographical Study

Biography (*Greek bios*; to live, *graphein*; to write, to draw, to describe) simply means to describe life. The concept of biography assumes a shaping task as a result of reflective, selective and creative processes rather than depicting a passive image of an individual's life. The "study" that the term *graphein* denotes is defined as a conscious, purposeful and active continuity (Klingerberg 2003, Jansen 2011). It is known that Hippocrates (460 BC- 370 BC), one of the most important figures in the history of medicine, emphasized the importance of collecting information from the life stories of patients to his students who studied alongside him using the master apprentice method (Uğurlu 1997).

Narratives about life stories are parts of a whole that includes the social networks of the individual, the value judgments of the world she/he belongs to, and reflects her/his experiences, and can give an idea about the self of the person. In addition to the "objective" facts, i.e., the nurse's history of the patient, these narratives also contain redefined facts (for example, myths that prevent the disclosure of the individual's painful experiences, also called hope bearers in the narrative). In other words, while the patient is re-enacting the narrative about their life story in the current situation, it is as if he has "re-discovered himself" in the eyes of the listener (Bury 1982). In these narratives, a series of events that usually reflect the patient's perspective and have a beginning and a conclusion in a certain frame are conveyed to the listener, namely the nurse. Thus, by attributing individual characteristics to the narrative, a new perspective is obtained by revealing how the narrator interprets the event and how she/he feels, or the previous narrative is formed (Greenhalgh and Hurwitz 2005).

Telling the individual story, which is the essence of biographical study, is a universal phenomenon - independent of any disease. Because the stories told, even if the language, gestures and mimics used by the narrator only describe his daily life, they reconstruct the meaning and the narrative by associating different experiences with each other. Individual narratives, especially those that the listener could not foresee, for example, illness, marriage, divorce, dismissal, etc. When people come into contact with events or feel their identity under threat, there may be a need to reconsider their life or try to reconstruct the narrative, thus trying to regain their threatened self-esteem (Bury 2001, Garcia-Lorenzo et al. 2007). Therefore, storytelling about life finds use in many different disciplines.

The main disciplines in which the study of biography finds use can be listed as follows:

- Areas with sick people/nursing, education in nursing, ensuring compliance
- Special case areas (mental care, psychological support e.g., individual resource work)
- School area; an in-depth understanding of the general condition of students in general and behavioral creative behaviors in particular
- Elderly individuals; elderly care, gerontology etc. e.g., life balance
- History/political field, contemporary history (e.g., contemporary witnesses)

- Training and further training of professional groups active in the specified fields in branches with self-awareness (e.g., clarifying motivation, recognizing personal strategies for action, understanding the connections between different aspects of their socialization) (Specht-Tomann 2018).

Biography, which is the definition of life in general, is the subjective context of the narrator's experiences, told by the life story. Therefore, making sense of the narrative is of central importance in biography study. Because a biographical history is not assumed to have meant in itself, but the meaning is assumed to be given only against the background of the individual's own experience (Miethe 2014). The types and meanings of biographical narratives are given in Table 1.

Biography study is not a new form of psychotherapy. Because the aim of professional efforts in psychotherapy is to reveal the causes of disturbing behaviors and experiences depending on the theory of psychological disorder or illness and to improve or alleviate them through various interventions. The interpretation of the biographical information obtained by the individual's narrative in the context of psychotherapeutic procedures is a support to the clinical theory and the therapist (Miethe 2014).

While doing biography study in psychiatric nursing, clients/patients are themselves the interpreters of their life stories. Targeted exercises and assigned assignments enable individuals to take a look at their own lives, to understand and clarify their own development or specific aspects of their development, thus supporting them to lead their lives better and to shape their future with a further purpose. (Gudjons et al. 2008, Jansen 2011,).

It is clear that biographical study helps people to approach their own life with more understanding by removing them from daily life, even partially, with applications (Table 2). Each expression used in the study with the reflected approach has a function that prevents the past, future and present from getting knotted in confronting the problems. Thus, by feeling alive (Petzold 2003, Schreiber 2003), one opens the door to an environment for the struggle for survival in daily life, which is determined by stress with the tasks and routine arrangements carried out jointly in the creative environment of the biography work. During its formation, the individual creates references for himself and others (Raabe 2004).

Biography studies need appropriate environmental conditions -preferably therapeutic environment- and ethical standards to be used in studies. The minimum environmental conditions and ethical standards required for biography work are as follows (Lattschar and Wiemann 2008, Hölze 2011):

- Reliability (e.g. enough time and regular appointments)
- Confidentiality (e.g., ensuring a sufficient level of trust, no manipulation of statements, no reward or punishment, etc., and not sharing personal data with third parties)
- Sensitivity (e.g., voluntary participation (home, psychiatric institutions, etc.), adequate and appropriate therapeutic environment for the target group, appropriateness of needs, restrained, patient and calm behavior, unconditional protection of individual boundaries and taboos, consciously coping with stressful emotions, biographical experiences (recognition of vulnerability and emotional injury, focus on competence and individual resources)
- Reflection (Considering professional behavior in psychiatric care, regardless of biography, in handling stressful life events)

In the biography study, the feedback/discussions about the life story and the content density are left to the narrator. The defense forms that the sick individual will develop while describing certain situations and facts that he has experienced in the past should be considered as a self-protection reflex. On the other hand, whether the experiences expressed by the individual in his/her narrative are psychosocial, suicidal or psychotic, the possibility of pushing the individual to instability should be taken into consideration, and disclosure should be avoided (Tölle 1987). For this reason, it is important for the nurse who is doing a biography study to be able to use the psychiatric care knowledge effectively and to have the ability to reflect their own and other individuals' behaviors. Reconstructing biographical experience through the ability to reflect and form in biographical work is part of therapeutic perspectives, even if it is not called psychotherapy. In

Table 1. Types and meaning of narrative (Blakenburg 1989, Eismann 1995, Jansen 2011)

Narratives for constructing knowledge: It also is called contingency stories and integration of new experiences into existing knowledge.
Regarding self-justification/self-protection: In justification stories, the confusions that make the individual guilty and the issues of co-responsibility/problem are either explicitly or implicitly rejected.
Narratives about relaxation: Through confession narratives, problematic and stressful actions are explained and worked on.
Narratives about self-glorification/idealization: In heroic stories, the individual's own identity or the positive aspects of the groups referenced in the narrative are emphasized.
Narratives aimed at eliminating aggression: In such stories, criticism of other people and their social environment is expressed.
Narratives aimed at studying fear/reducing fear: Existing fears and their needs are discussed in narrative work, so that the event that causes problems for the individual passively is reshaped in storytelling.
Healing narratives: In healing narratives, defense mechanisms can be developed to help the individual cope with traumatic, negative or stressful situations by re-enacting them.
Narratives about the realization of desires: In desire stories, past, present and future individuals are allowed to be freely shaped according to their own wishes and aspirations.
Narratives about expectations for the future: In these narratives, ideas, plans for the future, and hopes are developed, even if they are unlikely to come true.

Table 2. Examples of practice related to biographical study (Specht-Tomann 2009, Jansen 2011, Grau 2018)

Temporal and contextual ones that help in structure
- Discussions about timetable (e.g., about onset of illness; when? Where? Which illness etc.)
- Timelines, life curve, life panorama (e.g. free expression options such as color (painting), clay dough (modelling) or woodwork (work), etc.)
Those related to searching for clues
- Social roots, family tree, genogram
- Family histories of the disease
- Social networks
Disease history
- Individual disease history
- Relationship with the disease
Biographical writing
- Letter
- Biographical texts (e.g., diaries about specific topics, texts with connotations or hope)
Associations
- Cluster images (noting the associations and chains of thought that occur in the individual using certain words (e.g., fear, helping, etc.). Purpose; providing insight in the individual)
- Written communication (e.g., a key word (smell, hope, illness, etc.) is written on a board or in the center of the poster. Colored pencils are left next to them and group participants are asked to continue)
- Illustration of the conversation (e.g., Can you describe how you feel right now? The question is asked to the group or individual, and a list of sentence beginnings is distributed and each group member is asked to complete the sentences) (e.g. as if this situation….. Myself…… The best….)
Reflection on life
Texts from external environment
- Treatment history
- Stories in mythological or religious texts
- Tales, epics
- Stories, poems, lyrics
- Wisdoms about life, anecdotes

other words, a biographical study functions as a pre-therapeutic preparation for a problem (Jansen 2011). For this reason, the nurse who uses the biographical study in the practices in CMHC needs hermeneutic approach knowledge, including the empathic approach, which helps to understand the individual better.

Use of Hermeneutics in Biographical Study

The nurse providing psychiatric care through biography work is often in a position to be influenced by the assumptions in the narrative about the illness. This human and professional situation arises from the communication with the patient through empathy and may cause the natural development of the helping syndrome in the nurse. Because empathy is generally described as a process in which an observer looks at the feelings of another individual or his feelings about an event narrative from his/her window, and thus, this individual's feelings and purpose are met with understanding from the other party (Bischof-Köhler 2009). However, thanks to the biography study, the sick individual creates a holistic life story by getting the opportunity to evaluate his/her life as a whole by going beyond just evaluating his/her own illness momentarily or daily (Specht-Tomann 2018). In other words, methods of coping with the problems identified in the life story created by the biography study are developed. For this reason, it is clear that hermeneutics, including the empathic approach, will contribute to the interpretation of the narratives and increase the quality of the services provided.

Hermeneutics is the theory of interpretation of human (written or oral) narratives (e.g., texts, works of art, and literary speech) in philosophy since the 17th century. Purpose; Hermeneutics, which means to make the meaning concrete and to make the incomprehensible understandable through definition, is to understand and interpret the interactions with the patient through verbal or written expressions of the patient in psychiatry (Geuss 1969). Understanding in hermeneutics, on the other hand, is a systematic process that chooses the structural difference between the object and the subject as a problem, which sets out to understand the subject and make it understandable. The process of understanding is problematized and reflected in a principled and systematic way. It is expressed by the hermeneutic cycle that the individual can only be understood as a whole, therefore, it is not possible to understand the whole without the individual (Wagner-Egelhaaf 2000). Gadamer states that incomplete narrative experience is open to experience, not concrete knowledge. In biography work, on the one hand, the individual works on his own life story (self-reflection), on the other hand, he interacts with the individual or groups (Gudjons et al. 2008). The interaction here can be understood as the holistic consistency in the individual in the hermeneutic approach. The understanding of an individual statement by the other individual or the nurse reflects on the whole in the individual and gives a new credibility. Thus, the narrative reveals the perspective of the individual on the subject and causes it to change (Holm-Hadulla 2004).

In the hermeneutic approach, the nurse evaluates the individual-centered interaction with the biographical study in a broad way with a reflection that includes empathy at different levels (Table 3). Thus, in the biographical study, the use of hermeneutics in care

Table 3. Components of hermeneutic competence (Schwarz 2009)

Hermeneutic Competence				
Empathy	**Bringing the individual to the center/effective approach**	**Reflection**	**interpretive information**	
- perception - put yourself in the other's place - Understanding - Communicating (verbal or nonverbal) - social distancing regulation	- working together - situational action - Individual solution	- Reflection while the action continues - Reflection when the action is over - Reflection of the reflected information	Nursing Knowledge	
			Empirical knowledge and established standards	Uncertain -Non-standardized information

services will help patients recover in accordance with the purpose of CMHC by discussing the sense of consistency in interaction with the patient (Bag 2017) on the axis of disease and health.

Biographical Study in CMHCS

The group served by community-based mental health services are individuals with chronic mental disorders characterized by long or frequent hospitalizations. With the services provided in these centers, it is tried to solve the wide-ranging problems such as medical, socio-economic and legal that these groups with chronic diseases experience (Onan 2020). The word chronic (Greek chronos) here indicates that the course of the disease (lifelong) covers a certain period of time. In contrast to acute diseases, given the quality and quantity of remission or exacerbation crises, it means that the diseased life and its associated changes must be managed permanently. When evaluated in general medical terms, treatment in acute diseases is the duty of the doctor, while in chronic diseases the focus is care (Hartmann 1993). For this reason, CMHC carries the psychiatric care services offered to patients with chronic mental health disorders to an important position.

In a profile study conducted in community mental health centers between 2013 and 2015, it is possible to list counseling, occupational therapies, home visits, treatment and polyclinic services, sports, bazaars and protected work areas among the services provided to patients (Bilge et al. 2016). Despite the deficiencies in the services provided in the centers, there are many research results that show that it is beneficial for the participants (Özdemir et al. 2017, Üstün et al. 2018, Onan 2020). There are certain issues that are considered as inadequate in these services, among them the fact that the patient is not taken to the center, being away from the team understanding, and the lack of basic psychiatry knowledge in the professionals who provide these services. (Bilge et al. 2016, Üstün et al. 2018). Artukoğlu and Kılıç (2019) talk about the necessity of increasing the quality of the services provided in their qualitative studies, both for service providers and service recipients. The National Mental Health Action Plan also mentions increasing the number and qualifications of personnel to work in these centers (Turkish Ministry of Health 2011). Nurses working in CMHCs are the group that makes up the majority compared to other health personnel (Bilge et al. 2016). In short, since the services provided in these centers mostly consist of care services for chronic mental disorders, the development of psychiatric care in this field and increasing the quality of services for all stakeholders in this field are extremely meaningful. On the other hand, the duties and responsibilities of nurses working in CMHCs define the duties and responsibilities determined in the nursing regulation dated 8/3/2010 and numbered 27515, albeit briefly, to the quality of psychiatric care to be administered in these centers. According to this definition, studies related to the life history of the patient and related evaluations are made. Evaluations about life-related narratives are important and supportive in terms of both realizing the patient-specific care plan and increasing the quality of the services that the nurse will provide to other team members with whom they work, and contribute to teamwork.

Biography always begins in the present, but often focuses on periods of the past or future that span the present. coping with the past; it can be handled in the triangle of past, present and future as experiencing the present and shaping the future with a forward-looking focus (Lattschar and Wiemann 2007). The life that is told, remembered, and documented reflects biographical experiences. Experiences that can be shared with others provide a more tangible and active continuation, with processing or re-evaluation from a neutral professional perspective (Table 4).

In the biography work to be applied in CMHCs, the individual engages in his own life story and biographical self-reflection on the one hand, and on the other hand encourages the other individuals in the group to actively shape the narrative by directing them to the narrative. As stated before, the time when biography study begins is the present. However, the narrative focuses on the main lines of the narrator's past and future. In other words, it is aimed to deal with the past and shape the future prospectively by experiencing the present in the narrative. Thus, a current problem about the current situation structures the present and the future with a past tense narrative (Jansen 2011). In fact, biography study can be applied in every period of human life. The prerequisite for the application is to have knowledge about the biographical study. In other words, if a biography study is to be done in the applications in CMHCs, it is necessary to know what the biography study is, for what purposes it can be used, its function and communication techniques (Held 2015). On the other hand, the fact that the psychiatric care-related services provided by nurses working in community mental health centers have a participatory, dialog-based and collaborative structure with a team approach allows the biography study to be

easily integrated into these services (Bag 2012).

Different approaches such as outside (hard data) and insider (soft data) can be used in biographical work (Pfeffer 2010). Outward appearance of the individual's date of birth, marital status, individual characteristics, etc. It is based on external observation and concrete data. For example, in CMHCs, concrete data about the sick individual can be obtained with forms in which standardized biographical data are collected during admission to the center. As the interviews progress over time, familial information about the patient can be obtained and biographical data can be expanded. Another approach to the study of biography is introspection, that is, abstract narratives. The individual gives narratives about his life from a more introspective point of view, and in a way, these can follow concrete data about himself. Since the narratives are mostly about experiences, the time order is not followed. Therefore, narratives about life stories may not always follow a chronological order at the beginning, and it is not expected to be chronological anyway. In addition, in the story told by the patient, the other's perspective and statements about the subject are either very limited or not stated at all. The patient's narrative relates only to his own experiences. These experiences are sometimes continued to be described in detail (Held 2015). At this point, the duty of the nurse is to create an environment for the patient to communicate actively with others through his/her narrative and to support the patient to continue the narrative. From a broad perspective, it is the act of activating the person's current resources of (salutogenic) psychological resistance by creating a sense of consistency in the sick individual with biographical work and thus trying to shape the future.

In other words, the following points are aimed in the biographical study:

- The patient's discovery of common points in the narratives
- Making sense of experienced crises as learning and coping opportunities
- Making it usable by highlighting individual sources with biographical narratives
- It is the individual's re-taking control of their own life (Pfefer 2010).

Being interested in the individual's own life story creates positive results for many situations that concern his life and contributes to making plans for the future and taking appropriate actions. Putting experiences into words and listening to narratives is part of engaging positively with life stories. This relationship

Table 4. Life history and evaluation (Alle et al. 2015, Köber et al. 2015).

	Life history (Biography/autobiography)			
	Narrative structure Causality of motivation and subject integrity			
	Cultural life dialogue	**Temporal integrity**	**Causality of motivation**	**Topic integrity**
General level		Timing and sequencing of events	How does the narrator's self-development become clear through her/his life narrative?	How connected are the individual elements of her/his life story thematically?
Local level		Chronological traces (date, age, life period)	Event links causing changes-(Autobiographical reasoning)	Self-event connections ensuring continuity (Autobiographical reasoning)
External evaluation	Concrete knowledge of normative life events and their normative timing			

Table 5. Examples of questions and topics that can be used at the beginning of the biography study (Blankenburg 1989, Pfeffer 2010, Hölze 2011, Specht-Tomann 2018)

Examples of questions that can be used in biography study:
1. What is important in life?
2. Who are the influential people in the (individual's) life?
3. Who are the influential people in coping with difficult life events?
4. What is normal?
5. Which individual values are important? What colors, songs, lyrics, landscapes, etc. are included in the narrative of the individual? While associated with positive emotions, which ones evoke negative and/or bad events?
6. What does the concept of home mean for an individual to be at home?

Possible topics that can be used in the initial situation:
Relating to the social environment: Family, friends, carers, peer groups, role models, and other significant people.
Regarding life: The place where she lives, the city she/he lives in and its surroundings.
Individual experiences and effects: (Striking experiences and special events)
Experiences and effects related to a group: The effects of these experiences on the life of the individual (past events, experiences related to the Covid 19 pandemic, etc.)
Personal attitude towards historical, social and past events.
Experiences affecting mental and emotional state (life history and situational perspectives)

is central to biography study. At the same time, it brings to the fore the question of what should be considered during the implementation phase. In order for them to be used systematically for the determined goals, nurses should have various knowledge modules. The basic elements of communication techniques should be known and used in accordance with the context. The use of biography in practice areas begins with the nurse's ability to use communication techniques well and effectively. In Table 5, questions that the nurse can ask the patient at the beginning of the biographical study and examples of topics that can be emphasized are given.

The methods used in biography study are suitable for individual and group work. In group studies, it is recommended to limit six patients to allow sufficient time for discussions. Pictures, objects, music etc. It can be organized in 40–45-minute sessions with the use of materials (Grau 2018). Activating individual resources is important in establishing mutual relationships. In CMHC, individuals with mentally ill may experience self-confidence problems due to reluctance to participate in the services offered in the centers, not being able to adapt to the programs or fear of failure, as they are constantly exposed to learning something. This complicates the communication with the individual. For this reason, negative speeches about the individual's narrative and corrective statements are avoided at the beginning of the biography study. Otherwise, the continuity in the narrative, which may cause the communication to be broken, is blocked. The source of motivation in ensuring continuity is possible with the understanding of mutual acceptance (Hölze 2011). Possible basic attitudes about the success of biographical work can be summarized as follows:

- Humility/Modesty
- Objectivity
- Directing the interview towards the patient
- Accepting subjective facts
- Willingness to adapt
- It can be summarized as accepting what is missing. (Specht-Tomann 2018).

As seen in many patients with chronic mental disorders, insufficient acceptance in society and lack of regular living conditions are factors that cause limited individual identity development (Pfeffer 2010). In the biography study, the narrator's statements about his biography find meaning on the other side, increasing the experience of self-efficacy and providing an environment for the individual to come to terms with his own past. Autobiography can be, in biography studies, written or played with this creative point of view, another activity suitable for the narrative, such as painting, dance, photography, music, etc. can be selected (Hölze 2011). These creative activities can be considered as prerequisites in the narrative and interpretation of their own life experiences, so that the narrator can have a chance to look at his own life in a more positive way (Jansen 2011). The interpretation of the biographical work plays an important role in the re-interpretation and restructuring of the patient's experiences with the hermeneutic approach, which also includes the empathy to be used. It is complementary to the narrative in the restructuring of the patient's experiences with the hermeneutic approach that includes the empathy to be used. Because understanding is a situation that finds an answer in the perspective of the other. However, in an emotionally intense environment (e.g., biography work), understanding is not only a cognitive act but also evolves into interaction. Therefore, understanding what the other is saying has become not only the comprehension of the event expressed, but also a shared situation (Gadamer 2000). Therefore, in the biography study, the correct evaluation of the interview carried out by the nurse is needed. The patient's self-expression style may naturally turn to verbal expression, as well as written text, painting, music, etc. includes narrative forms. All of these somehow reflect the integrity of the individual's life projection. This is revealed and reformed by a biographical study with a hermeneutic approach (Hölze 2011).

Conclusion

With the services provided to individuals with chronic mental problems in CMHCs through different disciplines, it is aimed to prevent patients from being hospitalized frequently and to reintegrate them into the society. Biographical study, which is not only the life story of the individual but also a narrative of his past and what he has left in the past as a member of society, fits well for this purpose. Because by using different methods in the narratives about the individual's biography, he re-interprets the difficult moments in his past life by making them a narrative and ensures positive changes. It helps the formation of a support system related to psychological resilience by creating consistency in the individual about the stressful events in the narratives. Therefore, having basic knowledge in hermeneutical biographical studies, including the communication techniques and empathy used by nurses working in the centers in the psychiatric care services they provide to individuals with severe mental problems, makes the application more convenient to use in CMHC. In addition, there is a need for more research and field work in order for nurses working with a team approach in these institutions to fully carry biographical study into the field of practice in the psychiatric care services they provide.

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