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ARTICLE

## Who Do We Think We Are?

### Self and Reflexivity in Social Work Practice

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#### ABSTRACT

A counterbalance to evidence-based approaches in public services and professions such as social work is the assertion that professional expertise is more about process than outcome. Postmodern frameworks have prompted practitioners to challenge any notion of objective truth that excludes contradiction, paradox and subjectivity. Rather, workers should seek to engage with service users in a process of negotiating meaning through intersubjectivity and attention to individual experience. Informed by research with women marginalized by mental ill-health, this article examines feminist perspectives of narrative and validating experience in the construction of self. Helping women to 're-story' their lives requires reflexivity by workers, and sensitivity to the management of power in the relationship. Creative autobiography offers a process that enables women to negotiate conflicts between subjective experience and that which is socially constructed. We argue that the challenge for reflexive professional practice is a similar struggle for reconciliation between professional and personal identity.

#### KEY WORDS:

creative  
 autobiography  
 feminist  
 mental health  
 narratives  
 professional  
 identity  
 use of self

## INTRODUCTION

Twenty years ago, when two of us first trained as social workers, a core concept of the discipline was the use of self in working with service users to support their moves towards development and self-determination (Ferard and Hunnybun, 1962; Perlman, 1957). Social workers were expected to utilize their own emotional and psychological repertoire in seeking to understand what service users were going through, and to enable them to work in an empathetic way. In the intervening period, however, theoretical trends in social work have moved away from such relationship-based approaches in favour of evidence-based practice, whereby interventions with service users are expected to deliver statistically measurable results and where research is seen as providing the clearest directions for future practice (Macdonald and Sheldon, 1998). Such approaches suggest that outcome is now viewed as being more important than process, and that by implication, how we work with service users is seen as being less important than achieving a measurable result at the end. Alongside these developments within the field, wider postmodern theories (Griffiths, 1996) have deconstructed the notion of self to the point where it is now difficult to refer to it as a social work tool. Thus it might appear that theory is moving away from holistic understandings of how people can work with others to achieve professional goals, and towards reifying the achievement of measurable outcomes in relation to practice.

Despite such apparent paradigm shifts, in this article we wish to argue that the use of self in relationship building should continue to be central to a profession such as social work. We will make our case for the ongoing utilization of self in working with service users and, drawing on the mental ill-health experience of one of us, will demonstrate our belief that an understanding of our own frailty can enable us to better support the service users with whom we work. Further, as feminists we share the belief that the political also needs to be personal, a point well made in Karen Heycox's study of an older women's network in Sydney (Heycox, 1998). By making visible, and interrogating aspects of both our personal and professional selves, we hope to add to current debates in Social Work and Applied Disability Studies about ways of developing the potential for disabled and non-disabled people to draw on areas of commonality in working together to develop more inclusive community, health and social care services (Goodley and Lawthom, 2005; Tregaskis, 2004a).

To set the scene, in the next section of the article we outline the main threads of the ongoing debate within social work about the relative merits of evidence-based and relationship-based practice before going on to discuss the experience of two of us in attempting to develop a more inclusive approach to working with service users, in particular with women mental health system users.

## EVIDENCE-BASED VERSUS RELATIONSHIP-BASED SOCIAL WORK PRACTICE

The enduring debate within social work that places 'the empirical practice movement' (Reid, 1994) in apparent opposition to an approach determined by subjectivity and individual experience is well rehearsed. Indeed, this discussion continues to be played out, until recently even in the same university department by eminent and respected writers like Brian Sheldon and Bill Jordan. Hugh England has observed that both authors acknowledge the validity of 'the positivist and the idealist, the rational and the intuitive' (England, 1986: 53), but without reconciling the tension that exists in social work between such positions, as described by Carl Rogers when he first entered practice:

the origin of the conflicts [as] between the logical positivism in which I was educated, for which I had a deep respect, and the subjectively oriented existential thinking which . . . seemed to fit so well with my therapeutic experience. (Rogers, 1967 cited in Everitt et al., 1992: 19)

The crux of the dispute rests on the presupposition of an objective reality of human experience on the one hand, which is challenged by a concern for the subjective understanding of an individual's situation on the other (Everitt et al., 1992). Other writers have offered critical analysis in equal measure of these increasingly polarized research traditions (Shaw, 1997). As feminists, we suspect that part of the dynamic at play here is the traditional, malestream process of knowledge-making, which tends to be adversarial in nature (Thomas, 1999a). Dichotomies are set up and fought over as opposing truths, instead of allowing the development of a central tradition that would recognize all knowledge as partial and incomplete, and where paradox, contradiction and uncertainty could be viewed as creative forces (Harding and Hintikka, 1983).

In our view, adopting an either/or approach, rather than embracing the concept of a web or matrix of theory, is to the detriment of social work. We believe that a framework that explores and sanctions the complementarity of evidence obtained through scientific method in association with interpretative or constructionist research mutually informs and considerably strengthens both traditions (Taylor and White, 2000). The current interest in outcome measures to determine quality of life variables, for instance might provide valuable territory in which to progress such a framework, and to further develop the critical methodology espoused by Everitt et al. (1992) in recognizing that outcomes cannot always be simple empirical measurements. In our view, then, the best approach to research is that which uses different methods in a reflexive way.

Understanding that the purpose of social work is complex, and that both process and outcome are important, our test of any element of practice or outcome measure is its fitness for purpose. In this vein, Jan Fook and colleagues'

research regarding the nature of professional expertise challenges the notion that it is rule-governed, and the authors ultimately subscribe to Weissman's assertion that competence and creativity should be regarded as parts of the same continuum (Weissman, 1990 cited in Fook et al., 1997: 414). In the UK and elsewhere, however, there is currently an imbalance in the framework offered to practitioners for use. During the last decade social work has been increasingly described as an overly bureaucratic, technical activity, particularly as envisaged by the state sector (Sheppard, 1995). In essence, it appears that the current climate for practice continues to favour the promotion of evidence-based practice – with a particular emphasis on empirical evidence – to the neglect of other epistemologies, especially those offered by feminist perspectives and the constructionist movement (Karvinen et al., 1999). Such developments seem to ignore previous feminist scholarship, which has questioned the supremacy of this sort of scientific truth claim (Keller, 1985) and highlighted the limitations of empirical research, arguing instead that there is no guarantee that any one practice approach can be viewed uncritically as being the right way to proceed.

To reiterate, in social work we believe that we need space for, and knowledge about, process as well as outcome. In a similar vein, early texts which placed relationship as central to the social work process have been revisited by David Howe, who identifies the current importance of relationship as potentially still having the principal power to change and improve people's lives (Howe, 1998). However, while he offers a very helpful historical perspective on the changing knowledges in social work, his article is based on an uncritical assumption that social workers have the capacity to remedy the relationship deficiencies in service users' lives, without also reflecting on the parallel impact that service users have on the lives of social workers, a point to which we will return.

Moreover, Lawrence Shulman's research testing of an interactional approach concluded that client satisfaction with service was not directly correlated with outcome or service delivered. Instead, and perhaps not surprisingly, the way in which social workers interacted with service users seemed to have the most significance (Shulman, 1993). We would argue that social work needs to reflect such findings in the development of new research methods and types of practice, so that it is informed by an understanding of the importance of relationship in delivering successful outcomes, rather than being based primarily on positivist traditions and assumptions about the existence of objective truth in relation to human experience (England, 1986; Fook et al., 1997).

Ways of knowing and methodologies need to reflect the totality of human existence in the context of the 'messy complexities of practice', rather than merely noting whether narrowly defined targets have been met (Everitt et al., 1992). As an alternative to instrumentalist techniques, approaches are

required that consider the processes by which meaning and understanding are constituted through subjectivities. A proper concern for social work must be the social processes whereby meaning is constructed (Berger and Luckman, 1967). In particular, both the ways in which public and private discourses are constructed, and their interplay in the construction of identity, are important considerations for contemporary practice. In this context, narrative theory and 'narrative means to therapeutic ends' (Milner, 2001; White and Epston, 1990) can and should assume a centrality within social work practice. In what follows, we illustrate this argument with reference to our work with women who have been users of mental health services, and whom we feel will be let down by a system that does not allow a space for women's voices to be heard.

## **THE SILENCING OF WOMEN'S VOICES IN SOCIAL WORK PRACTICE**

The need to give shape to personal experiences, seek coherence through the process of selection and synthesis, ascribe consequence and value by such means, and make those accounts available to others is a prerequisite of the human condition (England, 1986; Gersie, 1997; Josselson, 1987). Human understanding operates through storytelling and identity, indeed a sense of self is constructed through the interrelation of life events and the meaning ascribed to the life story. This is not to imply that any life can be captured in a single story. Identity is not fixed but dynamic, subject to 'thawing and freezing' as historical, social and psychological contexts change (Williams, 1996: 71). Identity confirmation is further enhanced by the ability to comprehend personal narratives and to make them available to others (Laird, 1989). The contribution of feminist thought to social work is widely acknowledged, but the primacy of narrative,<sup>1</sup> the value given to every woman's story (Butler, 1994), has until recently remained largely unexpressed in mainstream social work literature and practice, although in feminist literary criticism the 'testimonial or confessional' has received substantial attention (Felman, 1993; Felski, 1998). While similar questions of whether the purpose is 'ventilation' (Hollis, 1972: 117) or more political (Fook, 1993) pertain, the social work professional must have a story in order to engage in the helping process.

Within western societies, women's ability to tell their stories is often subject to the constraints of dominant public discourses, and their lived experiences do not necessarily find expression in wider contextual narratives. On the contrary, contextual narratives are likely to perpetuate limited dominant constructions that shape and define women's lives in ways that are at best incomplete and at worst destructive. From the practice-based experience of two of us, it is apparent that many women who use social work services are

discriminated against in society because of a multiplicity of factors such as their skin colour, class, sexuality, physical ability, age and health, yet are still expected to fulfil unequal gender expectations of caring and providing for others (Williams, 1992).

In social work, the process of socialization into gender roles has been well documented (Gilligan, 1982; Miller, 1976; Sharpe, 1994) and is one that requires women not only to comply with socialized gender roles, but also to believe that they are fulfilled by such compliance. Lois Sapsford's work as a therapist with adolescent girls whose 'self-belief of worthlessness' stems from gender socialization and abuse, provides testimony that the result of this process for many is a silencing of them as people (Sapsford, 1997: 76). We do not imply that silence is always commensurate with powerlessness. Indeed, as Deborah Tannen (1998) argues, silence can be a strategy of power or resistance. Rather, our concern here is not with those women who choose to be silent, but those who have no discourse or audience available to support self-expression. Feminist writers commonly use the metaphor of voice to refer to women's experiences of being silenced or not being heard across a range of settings: within the family and intimate relationships within social networks and within the community and wider society (Belenky et al., 1986; Brown and Gilligan, 1992; Collins, 1990). It is clear then, that many women find it difficult to discover an authentic voice that truly reflects their personal experience. We also know that the effects of this silencing can be the loss of a sense of who we are, or what has been called identity diffusion (Josselson, 1987), a diminishing of humanity (Gersie, 1997) and potentially depression (Jack, 1991).

Further, as Carol Thomas's portrayal of the personal stories of disabled women powerfully demonstrates, women with impairment often have their sense of self preordained by prevailing social constructions of disability (Thomas, 1999a). Her own experience of disjuncture between her identity as a woman with a hidden impairment and another sense of herself as being known as a disability author particularly illustrates the tensions in identity and role experienced by disabled women seeking to make their way in the world.

In the field of mental health, dominant discourses have served to fragment and suppress women's stories, with attendant negative consequences for their identity and sanity (Ussher, 1989). The denial of personal narratives has also created a culture of silence, in which women may be left 'unstoried' and without the life narratives that constitute and affirm identity. In some cases the silences may be the result of shame and secrecy (Laird, 1994), and for some women such silence may be so profound that their stories are not even known to themselves. In others we would argue that such silencing may also be the result of the subtle undermining and invalidation of the details of women's everyday experience by professionals, these everyday realities being missed when there is

an exclusive focus by service providers on major traumatic events in the individual's life:

The life story has gaps in continuity or meaning. These gaps seem to be attributed [by professionals] to major trauma and pain rather than an acknowledgement that gaps can occur through social invalidation . . . the human capacity to create and narrate a life story and to make a healing process of it is a compelling life force. (Germain, 1990: 143)

As ways of knowing are gendered, so too the genres for storytelling have been largely determined and governed by men (Laird, 1989, 1994) with terms like gossip used in relation to women.

## **SOCIAL WORKERS' POTENTIAL TO SUPPORT WOMEN TO TELL THEIR STORIES**

Although we believe that meaning is negotiated through intersubjectivity, we are aware that currently social workers have the power through statute, language and perspective, to define the experience of others. Indeed, we recognize that our own understandings are also influenced and limited by the professional constructs available to us. In this context, both social workers and service users are required to engage with social work discourse in order to communicate with each other. Yet for service users the personal cost of having to learn to express themselves and their situation in ways that use institutional discourses is higher than it is for the professionals. Many of the stories that social workers hear from long-term service users follow a repetitious pattern and use the language of the helping professions. Consequently, the potential power of these stories as told in their own words and in the everyday language with which they are familiar may be lost, to be replaced by ritualized and sterile communications that fail to convey the reality of their lives. In turn, such diluted stories may give social workers insufficient background for work, with the result of negative rather than positive outcomes.

Ultimately, the loss of language or means to make your story available to others is in essence the loss of consciousness and of self-knowledge (West, 2000). Many women with whom we work have been individually and socially discouraged from telling their own stories. Indeed, often their stories have been told for them by professionals and researchers, presenting their own perspectives on those narratives, thus imposing an external and professional-tinged identity and meaning upon them. In this context women users of mental health systems often become known and labelled by a dominant characteristic such as the descriptor learning disability or depression, which is then enacted upon them by practitioners. For women in this professional-dominated setting, the



social reality of the multiple and changing nature of self (Tregaskis, 2004b), and our location in an infinite number of other social narratives and their interconnectedness in terms of our being, are denied (Thomas, 1999a). The power of practitioners in using one clinically determined feature to describe the whole in this way is both destructive and fragmenting (Lorde, 1984).

For service users, inherent in all of these processes is the inequality of power, the denial of the right to tell their personal stories in the wider domain and to have them heard; and the inability to participate in the construction of social meaning and to exert influence over that meaning by virtue of telling one's own story. We do not wish here to revisit writings on the politics of empowerment that constitute a dominant theme in UK social work literature (Braye and Preston-Shoot, 1995; Thompson, 1998). Rather, our concern is to strengthen both the self-consciousness of service users, and to facilitate each person's capacity to narrate her own life story in social work interaction (Butler, 2003; Josselson, 1987; Martin, 1995). As feminists and practitioners we believe that it is not enough to conduct an empirical assessment of the practical and outward circumstances of women's lives (Clifford, 1998). We need to hear the individual experiences, and the self-defined meanings attached to them, for each woman we work with, in order that she can hear them and their social contexts for herself.

In the next section we describe the process whereby one of us came, as a result of her own experience of mental illness, to develop a narrative tool that she has called 'creative autobiography' (Butler, 2000). This is a group work method devised by Avril for working with women and men in order to strengthen their mental health through the growth of confidence in their sense of self.

## AVRIL'S STORY

The concept of creative autobiography originated from a critical evaluation of events in my own life and the meaning of them.<sup>2</sup> In 1993, I produced an exhibition and accompanying theoretical analysis of a period of mental ill-health in my life. This work explored the social and psychological factors that had contributed to my ill-health and drew on feminist theory to explain the process of seeking external validation to the point of losing the capacity to self-validate. The resulting sense of meaninglessness and 'not knowing who I was' is a well-documented phenomenon throughout feminist psychological literature (Gersie, 1997; Jack, 1991) and, to varying degrees, appears to be a common experience for many women.

My experience of a crisis in my own mental health was that socially accepted meanings lost their persuasion. The images, events and meanings of my internal world were more real than those of the outside material world, and

were inexpressible in words. Indeed, attempts to communicate this highly symbolic, meaningful world made me extremely anxious and frustrated, and increased my sense of powerlessness. I produced drawings for myself and hid them, imagining that they would reveal the extent of my 'madness' and result in my losing control over what happened to me. I maintained the appearance of extreme exhaustion and 'normality' to protect me from well-meaning medical interference.

My subsequent analysis led me to believe that the consequence of socialization for women is one that demands that we conform to socially constructed expectations of femininity and that we believe ourselves to be fulfilled through this. This is a lifelong process of learning not to question our authentic responses insofar as they are different from socially expected ones. A result is that, for many women, emotional distress, depression or fragile mental health is not so much a result of major trauma, although of course that is significant for some women. Rather it is the cumulative effect of numerous denials and distancing from our own inappropriate or confusing responses. This is the damage of sexism referred to so eloquently by Aspen:

Oppression is not a choice  
or just the misfortune of the socially deprived  
no woman has escaped  
sexism falls like quiet rain  
constantly, softly seeping in  
until we become saturated  
and it gently, ever so gently  
so we hardly notice  
does us terrible violence.

(Aspen, 1983 cited in Phillipson, 1992: 52)

In seeking a vehicle for exploring and revisiting these denials, gaps and silences, I was aware that theoretical frameworks and language were fully part of the structures and dynamics that produced this alienation in the first place, and that a different medium was necessary to challenge that. Drawings had been the medium that helped me to contain and explore the confusing and obscure meanings, feelings and ideas, and this led me to consider the potential of creative therapies. However, it quickly became apparent that, in most cases, the therapist has an 'expert' role and is responsible for activities like framing, directing or interpreting the work of the participant. It seemed as if knowledge or skill in a particular area such as music, dance or drama, brought with it an expertise in what others need. I do not intend to undermine the work that such professionals do. My critique is that they seemed to predetermine focus, method, content or process and to offer explicit or implied meanings or frameworks.

Creative autobiography was a method I devised in response to my search for media that would help women to explore their lives and experiences without having any defining or constraining structures, and which did not presume a focus on particular events or even particular periods.<sup>3</sup> Each woman is free to identify her own medium (except for conventional prose), which she will use to express something about her life. No restrictions are placed on the woman in conceiving her project and she is not limited by her level of skill or access to resources, because the project does not have to be actually made. Instead it acts as a symbol or metaphor to allow exploration in a kind of free association way similar to that used in psychoanalysis to access the unconscious (Spence, 1982). Projects have included photographs projected to the sound of Brahms's Lullaby, a jewel-hung tree inside a box, a hussif made of fabrics collected over a lifetime as well as those that remained unfinished: an appliqué tree, and 'unstarted': a dance performance.

The function of the group is to create a structure for the work and an attentive, respectful audience for each woman in turn to share her idea, its meaning and the practicalities of making it. The group is set up very carefully with attention to confidentiality and self-responsibility, to ensure that each woman retains control over her own material and is not offered unwanted interpretations or emotional interference. There are clear parallels in the method with the structure of learning sets (McGill and Beaty, 1995), which emphasize peer relationships, clarification and questioning, offering responses as requested by the presenter and the discipline of each group member taking responsibility for her own session. Of course this places the demand on the facilitator to work on her own project along with the rest of the group. Her responsibility is to help to create the environment where women can safely self-explore, and to share the vulnerability of that self-exploration.

## **THE CENTRALITY OF RELATIONSHIP: THE PERSONAL IS PROFESSIONAL**

As a facilitator of creative autobiography, the practitioner pursues her own project in the quest for self and makes the same decisions about self-disclosure as other women in the group. (In another context Sapsford shows how she models this process with the adolescent girls with whom she works; Sapsford, 1997). The practitioner emphasizes women's power and control throughout the process, both in choosing their own medium and in the degree to which they wish to share the meaning of the work with others. By developing a relationship with them, the practitioner helps the women to recognize their own strengths and expertise, validating their own construction of meaning and enabling them 'to take charge of storying' (Laird, 1994: 202) rather than remaining victims of it (Gabel, 1999). Thus professional expertise may be situated in

understanding the ways in which narratives are formed, how they impact on the lives of women and how 'narratives do not necessarily represent lived experiences' (White and Epston, 1990: 40).

Since undertaking the initial creative autobiographical work with service users discussed here, we have also recognized the need to expand future work beyond its current focus on the isolated individual's experience to encompass their relationship with both the social and the spiritual. As Frank explains, people who experience illness and impairment may never work out their capacity for resistance to suffering 'once and for all' (Frank, 1995: 182), but may instead have to continually revisit that resistance over time. In Frank's analysis, such ongoing struggles with the reality of mortality and suffering reveal the fundamentals of life. As he puts it:

To be is to wrestle with God. (Frank, 1995: 182)

His argument is that explicitly connecting individual narratives to the spiritual in this way is a means of demonstrating links between those accounts of suffering and the universal human experience of uncertainty and mortality, thereby increasing the power and relevance of those narratives to audiences that are not personally touched by illness and impairment. Our personal and professional experiences of living and working with difference (Butler, 1994; Ford and Stepney, 2003; Tregaskis, 2004b) have also shown us elements of commonality between individual narratives that similarly suggest the potential for those narratives both to unite individuals across difference and to illustrate individuals' responses to overcoming social barriers (Thomas, 1999b) that might offer real lessons for future social work policy and practice.

In our experience many writers, referring to such approaches to help women find and strengthen their voices, have quickly directed attention to the political processes that can result. Personal narratives come to be regarded as a means to action. For Rees, realizing 'the promise of biography' entails the 'telling of a story with a view to participating in a different way in future events'. (Rees, 1999: 21). Concern focuses on how meaning constructed through attention to individual subjectivity is represented to others, in ways that will inform and change public discourses.

An acknowledgement of the social worker's involvement in the fundamental activity of storying and the construction of identity is often given scant regard. In this article we want to address the question of what social workers should do to support service users' empowerment. Emancipatory methods such as those commended by the Disabled People's Movement already pose a particular challenge to the notion of professional expertise. Although this is difficult territory for health and social care professionals, we believe that we need to stay with and confront such questions, so that we emerge with answers which are emancipatory for the worker as well as for the service user.

## TRANSFORMING RELATIONSHIPS

In our view, the processes and roles inherent in the use of creative autobiography give cause for reflection about the nature of social work relationships, and how supportive roles such as those described earlier can be more widely conceived. Creative autobiography as a form of emancipatory practice calls into question the role of the social worker as expert, and as external validator of meaning and identity. On the contrary, within this medium the practitioner must take the position that she is 'not-knowing', and that expertise resides with the women themselves, with her task being one of creating the space in which the women can do their work. Such space might be regarded not only as the group and the project, but also as the possibilities offered by the practitioner's relationship with women as service users. From this perspective the purpose of listening, asking questions and prompting the service user to 'tell her story' is not to gather data for a social work assessment. If we accept that narrative is itself the means by which an individual articulates who and what they are in the context of past and future, then the task of the social worker is to enable previous silences on this subject to be broken. The quality of listening offered is also crucial to encourage a service user to explore confusing, obscure and fragmentary responses to events in their lives that cannot be told within existing narratives. Usually, the more constraints in terms of externally defined meanings and significances that there are, the more limited are the range of possibilities for self-narration. To counteract this, the social worker needs to allow theoretical and procedural frameworks to act as a resource for reflection and understanding, rather than to restrict the way in which we listen (Schön, 1983). In this way there is potential for service users to discover and strengthen their own voices rather than to fit into the available narratives.

This approach is likely to be both risky and exciting for the practitioner who, without a predetermined narrative for who *they* are as a social worker and what they can or should be expected to do, is then exposed to both personal and professional change in the encounter (Lowth and Bramwell, 2000). Related to issues of power and relationship is the principle of congruence. Politically this will involve the worker's duty to ensure that personal stories are related in the public domain to inform social discourses, while at a personal level congruence requires the worker to reflect on the use of self. If who we are and how we do social work are not closely connected, then we both limit our capacity for understanding others and deny our own complex and changing humanity.

In order to place this discussion in context it is necessary to refer to the academic and practice conditions within which social work is defined and enacted. The enduring debate about what constitutes social work is reflected in both academic writing and in public administration. For example, the concept of a practice paradigm might assume that it is possible to achieve consensus

(Sheppard, 1998) when in fact the realities of practice do not support this. Even within the confines of the profession, social work remains a highly contested endeavour; while current government-led restructuring merely emphasizes the importance of workforce planning without any agreement about the nature of the professional activity. In this climate practitioners can hardly be blamed for reaching for what appear to be certainties such as pre-defined skills, product knowledge and organizational structures and procedures, rather than breaking out and trying new approaches. Even a reliance on standardized codes (General Social Care Council [GSCC], 2002), however, cannot provide a secure professional framework in view of the power of conflicting organizational and commercial values around what constitutes best practice (Banks, 2001; Clark, 2000).

In this climate, the focus needs to shift. Social workers' strengths include, but are not limited to, their professional skills, knowledge and values; while professional practice is defined by the capacity to use and respect the full capacity of each individual worker. There are three key elements to this: recognition of the interrelationship of the individual and political consequences of particular actions; the values and ethics of social work practice and specifically the use of power in a way that promotes and maximizes individuals' control over their own lives; and the capacity to be present in the professional relationship. It is this third element of being able to construct a role and purpose, consistent with the need to work within situational, theoretical and organisational boundaries as well as with the practitioner's view of herself, that has in our view been substantially neglected in theorizing the nature of professional social work.

Emancipatory practice is that which sets people free (Pease and Fook, 1999). This statement should apply equally to the practitioner as well as to the service user. In our interpretation, it refers not to a shedding of professional accountability, but rather to the need for the social worker to be fully present in their encounters with service users. At present, as Annie Huntingdon recognizes, professionals tend to distance themselves, especially from their own identities as survivors of abuse for instance, in order to avoid potentially damaging repercussions for their practice. She rightly observes that 'leaving the personal out is often construed as the route to professional status', but that in turn this leads to a cognitive disjuncture similar to that experienced by women with hidden impairments described earlier (Huntingdon, 1998: 12). In actuality, the development of congruity between personal and professional identities is revealed by Fook et al.'s (1997) research to be a hallmark of the experienced practitioner.

Bringing the personal into the professional is not to presume equality with service users, but rather to actively recognize the differences that exist in perspective, subjective understanding and power. By relinquishing the humanistic essentialist myth of equality in this way, we can begin to seriously explore the potential for an emancipatory relationship between people of equal worth

and rights. Currently inequalities of power in most user–worker relationships are exacerbated by an imbalance of disclosure, such that the professional remains remote and unknown to the service user, often to quite an astonishing extent. Equally, ‘real’ professionals are seen as impervious to the effects of the interaction. In contrast to this, Danielle Turney describes the results of antiphony or a dialogue in which neither voice is privileged, thus:

One result of this exercise is that each party in the process ends up on new ground, each has learned something about the world of the other and, further, can use this experience to inform her ways of thinking and making judgements in the future. (Turney, 1997: 123)

In the same way, professional expertise requires the individual practitioner to be able to move beyond broader organizational narratives in creating and re-creating her self as a social worker. Who we are, have been and are becoming are all crucial elements in professional development. Our ability to create our own narratives as social workers with reference to, but not reliant on broader narratives will enhance our capacity for emancipatory practice. The increasingly task-focused and ‘outcome measurement’ discourse of human services, may be contributing more to stress and burn-out than the character or quantity of practice itself. If as social workers we are able to learn to respect our own need for self-exploration and validation we will be more likely to be able to respect this need in others.

## CONCLUSION

In this article we have endeavoured to challenge reductionist tendencies in contemporary UK social work that seek to avoid discussion of practice as being complex, contradictory and inconclusive in favour of a focus on quantifiable outcome measures. We have argued that, in the course of this search for clarity and scientifically measurable results, social work practice is in danger of losing its meaning through a denial of the importance of process, and of building good-enough relationships with service users. We have exemplified our concerns with particular reference to the situation of women mental health system users, by considering the processes that currently deny these women their self-identities, and have proposed that the groupwork method of creative autobiography is one approach that can assist women to reconstruct their own narratives consistent with their lived experiences. As a form of emancipatory practice this has called into question the nature of professional expertise, as well as accentuating the tensions that may exist between the worker’s personal and professional identities.

This discussion has in turn uncovered the irony of a situation in which practitioners neglect that sense of self that is regarded as paramount in the

therapeutic relationship, and instead allow themselves to be silenced in the same way as are the women with whom they work. In being taught not to become over involved with service users, we either fail to recognize or deny that we have been affected by what we do. Yet we *are* unquestionably changed through our relationships with service users. We need to stay open to this change, and to the constant reconstruction that comes with it, in our understanding of who we are as social workers.

Women who have been silenced will need our encouragement and validation to tell their stories. The quality of our listening is of crucial importance to their ability to do this. *Minutiae* may carry the powerful and symbolic meanings of events that are eclipsed by conventional accounts with socially attributed meaning. Active listening in this way requires us to pay attention to detail, even when it appears to be unconnected to the narrative. Avril's work has also reminded us of the way in which the telling of intimate details triggers an intimate and unpredictable response in the listener (Butler, 2000). Integral to professional social work is a tradition of supervision that helps us to develop self-awareness and self-acceptance through reflexivity (Tuson, 1996). This tradition needs to be preserved, as without it we will become increasingly distanced from our selves, both professionally and personally, and unable to give adequate support to the service users we work with. In our view, the hallmark of a professional social worker is that she is consciously involved in the dynamic process of self-narration.

## Notes

- 1 By using the term narrative we mean the process of telling a story in the first person. Unlike oral history and life story work that seek some factual, historical accuracy, narrative is not fixed to time or place and is simply a telling of a life. While it is not possible to tell the whole story of any life, a narrative is at once a fragment and the whole. The process of narration is the process of self-integration (Laird, 1994; Spence, 1982).
- 2 Creative autobiography is a term employed by Avril to describe a *non-textual* form of critical autobiography, a sociological device that uses an individual's experience to illuminate and analyse social, psychological, political and economic structures and to offer a social critique. Morwenna Griffiths (1996) identifies it and examples include Kathryn Church's critique of service user involvement in mental health services (Church, 1995) and David Jackson's critique of masculinity (Jackson, 1990).
- 3 For a detailed account of the theoretical framework see Butler (2000), and for practical details of how to replicate the method, see Butler (2003).

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