THE PERCEPTION OF THE PROFESSIONAL SELF OF SOCIAL WORKERS IN PRIVATE PRACTICE

by

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I declare that

"The perception of the professional self of social workers in private practice" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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SIGNATURE   DATE

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SUMMARY

Social work in South Africa appears to have low status and a negative "welfare" image. The general public seems to regard social workers and the profession with disdain and for the most part is ignorant of what social workers do apart from handing out grants and removing children from their families. This exploratory research focuses on social workers in private practice – how they view their professional selves, the factors that contribute to the development of their professional selves and the factors that hinder or facilitate this development. The impact of public opinion on social workers in private practice is explored and possible solutions to problems experienced by these private practitioners are sought.

Modern and postmodern paradigms are summarised as a background to the Rogerian theory, constructivist philosophy and social constructionist theory that underlie this research. The researcher explores the perceptions of each respondent who shares his/her particular reality with the researcher through the meanings he/she attributes to his/her experiences.

The following key concepts were used:

- professional self
- private practice
- private practitioners/social workers in private practice
- status
- image

TABLE OF CONTENTS

CHAPTER 1

CHAPTER 2

CHAPTER 3

CHAPTER 4

LIST OF TABLES

CHAPTER 1

1.   INTRODUCTION

The perception of the professional self of Social Workers in private practice

Earl Babbie (1992:251) states that "who we think we are – our self concept – and how we behave is largely a function of how others see and treat us". He goes on to say that "the way others perceive us is largely conditioned by expectations they may have in advance". For example, if the general public in South Africa regards social workers as unprofessional and lacking in competence, they are likely to see and treat social workers accordingly and from this feedback, social workers may begin to see themselves this way and act out the way in which they are labelled. Likewise, there may be other professionals who perceive themselves as being superior to social workers and act in a superior manner in relation to them, resulting in many social workers perceiving themselves as inferior in relation to these professionals.

What are the key factors involved in the development of the perception of the professional self of social workers in private practice? Why do social workers decide to enter into private practice as opposed to other areas of social work practice? Do social workers in private practice have a positive or a negative perception of themselves as private practitioners? How does the perception of the professional self affect the way in which the private practitioner delivers his/her service? How does this delivery of service by private practitioners affect the social work profession as a whole?

These are the areas to be explored in this research: to investigate how social workers in private practice view themselves as practitioners and how this self concept of theirs impacts on social work practice.

1.1 Motivation for the research topic

For the past 16 years I (the researcher) have been involved in the field of social work as a volunteer, only qualifying as a social worker in 1999. During these years I have become increasingly aware of the perceptions of the general public and of other professionals regarding social workers and the social work profession. This perception appears to me to be a generally negative one, lacking in information and sometimes even hostile. There have been discordant sounds in some quarters that social work is a dying profession and that the jobs that social workers do can be done by anyone. I feel concerned and sad that the profession is thus regarded by many in South Africa and I think that if anything is to be done about the situation, it is social workers themselves who need to address the problem. Is it not possible to raise the profile, the image and the quality of work of social workers in this country? The research project is of an exploratory nature, to try to uncover how social workers in private practice experience themselves, their work, their profession and public opinion and how they feel that the problems could be addressed, if indeed they see the same problems. This dissertation of limited scope is a preliminary view of the topic and it is my hope that it will lead to further research.

1.2 Problem statement

The research problem can thus be formulated as follows:

The perception of the professional self of social workers in private practice, i.e. the social worker's self concept in relation to his/her profession, impacts directly on the quality and effectiveness of service delivery and the ability to be appropriately remunerated.

1.3 Goal

The goal of this dissertation of limited scope is to establish how social workers in private practice view themselves in terms of their status and professionalism and how this view impacts on practice i.e. the service they deliver.

1.4   Objectives

- To gain knowledge on the perception of the professional self of social workers in private practice through the literature study and through interviewing the relevant respondents

- To ascertain, through interviews, the key factors that affect the development of the perception of the professional self

- To ascertain how these key factors facilitate or hinder the development of the perception of the social worker in private practice

- To make recommendations to social workers in private practice for further research to enable the practitioners to gain an improved image and status in society and to deliver an improved and more effective service

1.5   Research question

According to Collins (1993:33), when the research is qualitative, a research question or statement is more relevant than a hypothesis. A hypothesis is stated explicitly and is an expectation about the way things ought to be if the theoretical expectations are correct (Babbie 1992:48). In qualitative research the research question or statement often cannot be rejected whilst in quantitative research the hypothesis can be rejected (Mouton & Marais 1991:161). Hypotheses tend to be developed as a result of the research rather than the hypotheses guiding the research (Mouton & Marais 1991:43).

According to de Vos, Strydom, Fouché and Delport (2005:106), exploratory research may be the first stage in a sequence of studies that answers the "what" question. The research question is as follows:

What are the perceptions of the professional self of the social worker in private practice and how do these perceptions affect the social workers' experience of status and service delivery?

1.6   Research design

The research design explains how the research study is to be conducted in order to fulfil the objectives (Rubin & Babbie 1993:330). This study will make use of a qualitative research design to describe the (subjective) viewpoint and experience of the respondents in question, namely social workers in private practice.

Exploratory research provides a commencement in the exploration of a relatively unknown research area i.e. in this research the perception of the professional self of social workers in private practice, and facilitates familiarity of the topic (Mouton & Marais 1991:43 and Rubin & Babbie 1993:107). Rubin and Babbie state that exploratory studies help to break new ground and yield new insights and understandings. Although exploratory and descriptive research are similar and might blend in practice, de Vos et al (2005:106) state that exploratory studies aim to be conversant with basic facts and to create a general picture of conditions whilst descriptive research starts off with a well-defined topic and aims to describe it accurately. The researcher, together with the respondents, aims to become conversant with the facts and to create a general picture of the conditions that contribute to the perception of the professional self of social workers in private practice.

In this study exploratory research will be utilised in the form of interviews. An interview guide will be used that lists, in outline, the subjects for discussion, allows for expression of unique interviewer style, probing and flexibility in response to unanticipated, potentially important data. It also provides a checklist for including necessary, basic data collection (Collins 1994:56). The open-ended inquiry allows the respondents to express their own perspectives in their own words (Rubin & Babbie 1993:374).

1.7   Method of data collection

Producing an interview schedule or guide forces the researcher to think explicitly about what he/she hopes the interview might cover (de Vos et al 2005:296). After consultation of the relevant literature, consultation with academic experts and through the observations of the researcher, an interview guide was constructed as a guide to

interviewing the respondents (i.e. social workers in private practice living in Johannesburg). This guide ensured that the same topics were addressed and explored in each interview in order to minimise the chance of omitting any material. Because the guide is in outline form, allowance was made for the interviewer (researcher) to adapt the sequencing and wording of the questions for each interview (Rubin & Babbie 1993:374). Active interviewing is not confined to asking questions and recording answers but relies on mutual attentiveness, monitoring and responsiveness (de Vos et al 2005:297). The respondent or interviewee becomes the teacher and the interviewer or researcher is the student, "one interested in learning the ropes or gaining member knowledge from a veteran informant" (Henning, van Rensburg, Smit 2004:75) as they co-construct meaning.

According to Mouton & Marais (1991:70), in qualitative research one of the major tasks is to correctly identify the subjective conceptualisations of the respondents in their worlds. It is only after identifying these concepts that they may be integrated into the framework of existing social theory.

1.8   Method of data presentation

The data collected through the interviews with the respondents has been analysed for similarities and differences, behaviour patterns and relationships and patterns of interaction and themes (Rubin & Babbie 1993:387). Inductive abstraction and generalisation has been utilised to analyse and interpret the data resulting in a more systematic explanation of the topic. Inductive logic is well-suited to exploratory and descriptive research (Mouton & Marais 1991:103). Tentative conclusions may provide a conceptual framework for further research.

1.9   Research population and sampling procedure

According to Gravetter and Forzano (in de Vos et al 2005:193), the term *sample* always implies the simultaneous existence of a population of which the sample is a smaller section or set of individuals selected from a population. Babbie (1992:198) states that "a population is the theoretically specified aggregation of study elements." The respondents in this study are a sample of social workers in private practice

selected from the population of social workers in private practice in the Johannesburg area. The 2005 resource book for the South African Association of Social Workers in Private Practice (SAASWIPP) was the sampling frame used to access the population of social workers living in Johannesburg. There are inaccuracies in this book but as non-probability purposive sampling was the sampling method used in the research, the lack of representativeness as a result of these inaccuracies was not problematic. The inaccuracies are as follows:

- incorrect telephone numbers
- numbers that "did not exist"
- social workers listed who were not in private practice
- social workers who were in private practice but not listed
- social workers who had moved out of the Johannesburg area but were still listed there

The total population for the study included all the social workers in private practice in Johannesburg. This population of approximately 125 social workers was too large for the purposes of this limited study and would not have been feasible. A non-probability purposive sample of the population was therefore selected. Although non-probability sampling methods are generally regarded as less reliable than probability sampling (which is more representative of the population), they are usually easier and less expensive to use (Rubin & Babbie 1993:259). Purposive sampling, in which the researcher uses his or her own judgement in the selection of respondents, is particularly suited to exploratory research (Rubin & Babbie 1993:255 & 259). In purposive sampling the sample is composed of elements that contain the most characteristic or typical attributes of the population (Singleton et al in de Vos et al 2005:202). This qualitative research dissertation of limited scope was feasible utilising a sample of twelve respondents (N= 12).

1.10   Pilot study of interview guide

The pilot study offers an opportunity to test the interview guide/schedule with the same interviewer and a respondent similar to those utilised in the main investigation

(de Vos, Strydom, Fouché, Poggenpoel & Schurink 1998:183). According to Hoinville, Jowell and associates (in de Vos et al 1998:183), the pilot study is valuable for refining, layout and for pruning the interview guide to a manageable length. It is a small-scale trial run of the interview guide to be used in the main study (de Vos et al 2005:206).

Any problems with question formulation, number of questions and interpretation can be highlighted in a pilot test of the interview using the interview guide. If necessary, amendments or modifications can then be made for interviewing the respondents.

One pre-test was conducted. The respondent (who was later excluded from the study) found the interview to be too long. It was determined by the pre-test respondent and the researcher that the interview should be one hour in duration. A longer interview would not have been feasible as the respondents were unable to spare the researcher more time. As the respondents work for themselves there would have been a cost implication for them i.e. "time is money". Adjustments were accordingly made to shorten the interview while maintaining relevance of topics. Questions that appeared to be repetitive or to overlap were removed from the interview guide as were those that dealt with historical issues and were less relevant than the remaining questions in exploring the perception of the professional self of social workers in private practice.

1.11   Limitations of the study

There is very little South African research material on the public perception of social workers (let alone social workers in private practice) and of the social work profession; the image and status of the social work profession and how social workers view themselves in relation to their profession. This lack of research limited my literature review.

The fact that this dissertation is of limited scope also limited the study. According to Bloem (2004:3) private practitioners form approximately 10% of the population of social workers in South Africa. This means that the perception of the professional self of 90% of social workers in South Africa has been excluded from this study. In addition, a survey of public opinion, which would have been helpful in gaining a

better understanding of the relationship between social workers and the public and the impact of this relationship on service delivery, was not possible.

Inaccuracies in the SAASWIPP resource book limited the number of private practitioners who could be chosen for the research study.

It is to be hoped that at some stage in the near future further research will be conducted in order to aid the social work profession to a future where image and status reflect excellence in service delivery.

1.12   Key concepts

Professional self

As will be seen in the literature review the self-concept, according to Rogers (1951:501), is an organised configuration of perceptions of the self which is admissible to awareness. The term *professional self* refers to the way in which the social worker in private practice views him/herself as a professional person offering and delivering a certain service to the public.

Private practice

The term *private practice* refers to the practicing of social work by a private practitioner (*New Dictionary of Social Work 1995 sv "private practice").

Private practitioner/social worker in private practice

The term *private practitioner* refers to a social worker who practices independently or in partnership with one or more social workers. (*New Dictionary of Social Work 1995 sv "private practitioner").

* The date of publication of the New Dictionary of Social Work has been omitted in this revised and comprehensive edition. 1995 is the last date mentioned in this dictionary and has been used in the referencing. The term *Revised edition* has been used in the bibliography.

Status

The term *status* refers to a social or professional position, condition, or standing to which varying degrees of responsibility, privilege and esteem are attached (Collins English Dictionary 1991 sv "status").

Image

The term image refers to a mental representation or picture; idea produced by the imagination; to be an example or epitome of; a personality presented to the public by a person, organisation etc.; the way an organisation is presented to or perceived by its members and the public (Collins English Dictionary 1991 sv "image").

CHAPTER 2

2.   LITERATURE REVIEW

The purpose of the literature study is to review an existing or available body of knowledge to gain information and direction for the research study. According to de Vos et al (2005:263) the literature review aids the researcher in becoming familiarised with the current state of knowledge regarding the research topic and to learn how others have delineated similar topics. The use of theory provides an explanation of why things happen as they do; helps to make sense of our world and identifies patterns in diverse observations; helps to guide inquiry into areas that seem more likely to show useful patterns and explanations and helps the researcher to distinguish between chance occurrences and observations that have value in anticipating future occurrences (de Vos et al 2005:262 & Henning et al 2004:14).

The concepts of modern and postmodern paradigms, Rogerian theory, constructivist philosophy and social construction theory are incorporated in the Masters degree in Mental Health at Unisa. These have been utilised in this research to assist in explaining the development of the self-concept and the construction of perceptions so that the researcher, together with the respondents, form an idea (perception) of how the respondents in this study might reach their own unique perceptions of themselves as social work professionals. There is a short insert of the public perception of social workers and although this is not South African literature, it still applies to South Africa. Throughout the body of the research study, reference will be made to the theory and literature utilised in this dissertation of limited scope.

2.1   Modernism

Harlene Anderson (1997:29-30) describes modernism as a Western philosophical tradition originating with Descartes and perpetuating itself into the twentieth century. In the modernist paradigm knowledge is representative of an objective world, existing independently of the mind and feelings; is subjectively observable and verifiable and

is universal and cumulative. This knowledge evolves into generalised theories that become a monovocal discourse in which "truth" dominates and objectivity, certainty, closure, dualism and hierarchy are the accepted social and cultural norms. According to Held (1995:9), a modern position can be characterised by general laws and truths may be obtained by way of reason, science and technology and so progress is possible. She goes on to state that there is determinacy of meaning in any text or event and the individual/self has a real ontological status or existence. Rorty (in Anderson 1997:30) states that in the modern tradition the mind is seen to act as an inner representation of reality – that which is fixed – a priori, empirical fact independent of the observer. The observer is separate from that which he/she observes, describes and explains and thereby the source and validator of all knowledge and thus is privileged.

Anderson (1997:31) argues that historically the humanities and social sciences have been based in, and in many quarters continue to reflect, the authoritative dominant discourse of modernism. This dominant discourse elevates the therapist as an independent observer with privileged access to knowledge about human nature and allows the therapist to observe, describe and explain human nature objectively. The therapist holds a dualistic, hierarchical position, making him/her the expert and his/her knowledge informs and validates his/her future observations as a "backward referencing" and functions to "project the past into the future" (Giorgi in Anderson 1997:31). As Held (1995:4) says, the realist doctrine states that the knower can attain knowledge of an independent reality i.e. reality that is objective in the sense that it does not originate in the knower or knowing subject.

Anderson (1997:31) believes that these so called truths ignore the rapid, ever-changing social, economic, political and interpersonal world in which we live and they ignore the variations within this world. She argues that in the past there has been a measure of predictability and certainty even though sometimes in a chaotic way and that philosophy has attempted to provide structures for understanding change and for controlling chaos. However, with the numerous advances in technology, the world now seems to be changing at a faster pace and becoming ever more complex with less predictability and certainty. Peter Drucker (in Anderson 1997:34) states that no century in recorded history has experienced so many social transformations and such

radical ones as the twentieth century. These social transformations and their inherent uncertainties require a new mind-set and demand changes in the way in which the world and ourselves are understood (Gergen in Anderson 1997:34). Anderson believes that from a social science perspective modernism lacks the capacity to address the complexities and challenges of these changes.

At the end of the nineteenth century most physicists believed that the formal basis for understanding the micro and macro universe had been virtually completed. They believed that the rules of thought for establishing the boundaries and nature of physical reality had been revealed through the work accomplished on the foundation of Isaac Newton's labours (Auerswald 1985:2). There were a few cracks in their epistemology but they assumed that in time these cracks would be filled. In 1900 the German physicist Max Planck, in an effort to seal off these cracks, created the beginnings of what we now know as quantum physics. Instead of sealing the so-called cracks he walked right through them and in so doing set in motion the restructuring of physics with a new set of rules governing "reality" (Auerswald 1985:2). Einstein took Planck's work a giant leap further outside of Newtonian physics to the "new physics". Similar transformations in thought occurred when Gregory Bateson stepped through the crack of Darwin's theory of evolution and created a paradigm of evolution that included mind (Auerswald 1985:3).

From these beginnings postmodernism has emerged as an alternate form of enquiry – a different way of challenging and questioning the certainty and practices of modernism.

2.2   Postmodernism

Although postmodernism has its roots in late existential thought, it gained recognition in the 1970s with no one identified author and no one unified concept (Anderson 1997:35). According to Held (1995:3) there are many competing postmodern theories that are not necessarily consistent with one another. From Gergen's (in Kvale 1992:17-18) perspective constructivism, social constructionism, hermeneuetics, phenomenology, ecological psychology, ethogenecis and discourse analysis are all

related departures from modernism. Essentially they are constituents of a larger and more profound range of intellectual and cultural transformations.

The term postmodern refers to a critique and disruption of modernism and is related to a discontinuous philosophical direction that radically departs from the modern concepts of fixed metanarratives, privileged discourses, universal truths, objective reality and from the scientific criterion of knowledge as objective and fixed (Anderson 1997:35-36).

Hoffman (1993:86) refers to postmodernism as a massive challenge to the mode of scientific reasoning that has dominated the twentieth century. She goes on to say that postmodernism amounts to a proposal to replace objectivist ideals with a broad tradition of ongoing criticism in which all productions of the human mind are concerned (Hoffman 1993:87).

The term *privileged or dominant discourse* refers to a system of statements, practices and institutional structures that share common values. A discourse is the medium that provides words and ideas for thought and speech as well as cultural practices involving related concepts and behaviours. Discourses sustain a certain worldview through a set of expressive and restrictive codes and conventions i.e. they categorise the world by bringing certain phenomena into sight and obscuring others (Hare-Mustin 1994:19-20). For example the way in which women social workers are often portrayed in the media as humourless, low status, fools justifies and sustains their oppressed and marginalised status (Freeman & Valentine 2004:152). Thus the dominant discourse of the masculine and feminine differences is maintained – women being viewed as uneducated and bumbling (Gibelman 2004:332), caretakers and nurturers in subordinate positions of low authority and as sex objects and men as essentially independent and achieving (Freeman & Valentine 2004:159 & Hare-Mustin 1994:22).

Edgar Auerswald (1985:1) has drawn up the following list defining the differences between the modern and postmodern viewpoints showing the concepts common to

both constructivism and social construction theory i.e. new physics and Batesonian evolution in contrast to the modernist thinking of Newton and Darwin.

Postmodernism	**Modernism**
Concepts common to new physics and Batesonian evolution	**Concepts common to Newtonian physics and Darwinian evolution**
1. Both assume a monistic universe (both/and).	1. Both assume a dualistic universe (either/or).
2. Both use concept of four-dimensional time-space.	2. In both, time and space are treated Separately.
3. Both view linear clock time as a heuristically useful concept that does not, however, establish causative relationships between events.	3. Both view linear clock time as real time in which one event is causative in relation to the next event.
4. Both include abstract ideas or mind as part of the field of study.	4. In both, the field of study is mechanistic and separate from the studying mind.
5. Primary focus of both is patterned events in four-dimensional context.	5. Primary focus of both is atomistic examination of entities in space and progression of events in linear clock time.
6. Both disregard certainty. Truth is seen as heuristic.	6. Both accept certainty. Truth, therefore, is seen as absolute.

2.3   Rogerian theory

According to Meyer, Moore and Viljoen (1989:375), Carl Rogers ranks himself with the humanistic-phenomenological school of thought. He sees the individual as the central figure in the actualisation of his/her potential with the environment playing a facilitating or hindering role. From the stand point of the postmodernists, he would therefore be considered to be a modern thinker although Gergen (in Kvale 1992:17-18) argues that phenomenology is a departure from modernism and a constituent of a

transformation to postmodernism. However, it should be noted (as will be seen below) that Rogers, unlike the modern paradigm, does not consider reality to be absolute or an object to be "a thing-in-itself". He also believes that the self is formed in relation to others and that the organism/self reacts as an organised whole to the phenomenal field (Rogers 1951:486). Rogers does not present the self concept "as a little man in the head" who controls a person's behaviour; he sees it as representing the person's conscious experience of himself (Meyer et al 1989:379).

According to Rogers (1951:501) the self-concept is an organised configuration of perceptions of the self which is admissible to awareness. An individual's perceptions of the self are formed in relation to others and to the environment through experiences and the meaning that the individual attaches, both positive and negative, to the experience or object. Nineteen propositions underlying his theory are fundamental to the Rogerian approach. In proposition two Rogers (1951:484) states that the individual does not react to some absolute reality but to his/her perception of reality. In other words this individual's perception is this individual's reality. As Bateson (1979:30) says "the map is not the territory" i.e. one's perceptual map is not reality itself. The individual's behaviour will "find fit" with the reality as perceived by him or her and when the perception changes, the reaction of the individual changes too (Rogers 1951:485-486). For example, a social worker who experiences (in his/her perception) positive evaluation from others with whom he/she interacts in the social work field, be it implicit or explicit, is likely to form a positive perception of his/her professional self and thus feel confident as a professional person and practice accordingly.

According to Rogers (1951:390) the structure and organisation of the self seem to become increasingly rigid under threat and to relax when free from threat (propositions 16 & 17). Experience can therefore only be assimilated when the self feels unthreatened and expands to include the new material. In interviewing the social workers in private practice areas of possible threat to the development of the professional self will be explored.

In more fully understanding the experience of the self under threat it is important to look at propositions nine and ten which Rogers (1951:498) discusses together:

Proposition 9

"As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of the self is formed – an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me", together with values attached to these concepts."

Proposition 10

"The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in a distorted fashion, as if they had been experienced directly."

Rogers (1951:498) argues that as the infant interacts with his/her environment he/she gradually builds up concepts of him/herself, of the environment and of him/herself in relation to the environment. These concepts function as guiding principles for the individual. Associated with these experiences is a process of self valuing ("I like this"; "I don't like that") which appears to be important in understanding later development. As the child grows he/she becomes aware of his/her self being evaluated by others e.g. "You're a good boy"; "You're a bad child". These evaluations of the child's self form a significant part of his/her perceptual field (Rogers 1951:499). When the child's self feels threatened a type of distorted symbolisation takes place and there is a denial of experience to awareness because the values and behaviours of significant others, with whom the child interacts, are inconsistent with the child's self as being lovable (Rogers 1993:500). Thus it can be seen how propositions nine and ten find fit with proposition two i.e. "the self-structure is an organised configuration of perceptions of the self which are admissible to awareness" (Rogers 1951:501). The critical issue is how the child (and later the adult) perceives or experiences the interaction - as his/her own experience or as taken over from others and assimilated into the self as if the event had been experienced personally (du Toit, Grobler & Schenck 1998:24-26). Through experience a portion of the total perceptual field gradually becomes differentiated as the self (proposition 8).

According to Rogers (1951:390) the structure and organisation of the self seem to become increasingly rigid under threat and to relax when free from threat (propositions 16 & 17). Experience can therefore only be assimilated when the self feels unthreatened and expands to include the new material. In interviewing the social workers in private practice areas of possible threat will be explored. Rogers (1978:12) states that by listening to the feelings within (through counselling), an individual is able to reduce the powers that others have had in inculcating fears, guilts and inhibitions and slowly extends understanding of and control over self. The more acceptant the individual is of self the more open to growth and change he/she becomes.

2.4   Constructivism

Constructivism is a philosophy that explores constructed reality. It can be traced back to the eighteenth century and the work of Giambattista Vico and later appears in the writings of Nelson Goodman, David Hume, Immanuel Kant, George Kelly and Jean Piaget among others and later still Maturana, Varela, von Foerster, von Glasersfeld, Keeney, Watzlawick and Dell (Anderson 1997:23 & Hoffman 1993:87-88). Constructivism challenges the mechanistic and reductionistic system of the Western, Cartesian, Newtonian world (Anderson 1997:23 & Auerswald 1987:317) and disputes the tradition that knowledge is representative of and reflects the "true" and "real" world. Rather, from a constructivist perspective, humans (social workers) are experiencing subjects of the world who construct and interpret reality. The world we live in is invented, not discovered (Anderson 1997:23 & Real 1990:257). "Constructivists acknowledge the active role they play in creating a view of the world and interpreting observations in terms of it" (Efran, Lukens & Lukens 1988:29). Psychologist George Kelly, the founder of personal construct theory, insisted that inventions not be confused with discoveries. He said of his own theory "I must make this clear at the outset. I did not find this theory lurking among the data of an experiment, nor was it disclosed to me on a mountain top, nor in a laboratory. I have, in my own clumsy way, been making it up" (Kelly in Efran et al 1988:29)

Constructivism is not a description of any outside, objective reality as according to this paradigm, there is no fixed reality, but rather, it is the acquisition of knowledge

constructed on the basis of personal experience of a more or less reliable world. As von Glasersfeld (in Hanford 2004:33) who calls his version of the paradigm "radical constructivism" says, there is no 'out there' reality but only a man's own construction for which he must take responsibility. Constructs are shaped as the organism evolves a fit with its environment and the construction of ideas about the world takes place in the nervous system (von Glasersfeld in Hoffman 1990:2). According to Capra (1988:87) a living organism is a self-organising system that is not imposed upon by the environment but is established by the system itself. The system is not isolated from the environment but its continual interaction with the environment does not determine its organisation.

Knowledge is the search for "fitting ways of behaving and thinking" and is something that the organism builds up over time in an attempt to order the flow of experience by establishing repeatable experiences and relatively reliable relations between them (Watzlawick 1984:39). The possibility of constructing such an order, through the use of the senses and the cognitive system, is facilitated and hampered by the preceding steps in the construction.

The role of the observer is to build up concepts of equivalence and individual identity in order to construct personal meaning and personal reality (perception) in the flow of experience. This means assimilating experiences to fit in with existing knowledge and accommodating new experiences for new understandings and expanded knowledge. Representing past perception and experience makes possible a comparison between these and present experience, which also makes possible consideration of repeated perceptions as objects and placing them independently of the observer's own stream of experience. Regularity and constancy presuppose that repeated experience and repetition be established on a basis of comparison that yields a judgement of sameness. Sameness, however, is always relative (Watzlawick 1984:34). Continuity in the existence of an individual object is the result of operations carried out by the observer and cannot be explained as a given fact of objective reality as the observer is part of the observed. Criteria, by which sameness or difference is established, are chosen by the judging, experiencing observer in relation to the observed and cannot be ascribed to a world independent of the observer (Watzlawick 1984:35). Constructivism challenges the notion of subject-object

dualism. Einstein's relativity and quantum theory hold that observation always shapes that which is observed (Anderson 1997:22).

The relationship between the observer and the environment is a complementary one in which the recursive patterns of interaction should be seen as a whole. Here the link with cybernetics can be seen.

The inseparability of the observer from the observed has been promoted by the constructivist implications of cybernetics. Contemporary cybernetics or the "cybernetics of cybernetics" emphasises that the observer is always part of the system he/she observes. The implication is that observations involve self-reference. Thus any description says something about the observer as well as that observed (Atkinson & Heath 1987:9). According to Capra (1988:216), living, self-organising systems have the tendency to maintain themselves in their state of dynamic balance and to show the opposite yet complementary tendency to transcend themselves resulting in a new state of balance. As Bateson (in Capra 1988:216) argues, the organising activity of a living system is mental activity and all its interactions with its environment are mental interactions. The explanation of mental phenomena always resides in the organisation and interaction of multiple parts (Bateson 1979:93).

Keeney (1983:24) states that we draw distinctions in order to observe and subsequently we draw distinctions in order to describe what we observe. In other words descriptions are themselves the drawing of distinctions upon that which we observe and involve the activity of mind. The drawing of distinctions is thus a recursive operation. The way in which distinctions are drawn has been called "the punctuation of the sequence of events" by Watzlawick, Beavin and Jackson (Keeney 1983:25). When an observer draws a distinction, he/she marks or punctuates one of the two sides of a complementarity as being primary. That is he/she attributes meaning from his/her perspective. "The real meaning of a word can never be expressed in words, because the real meaning would be the thing itself" (Rogers 1951: ix). There is no absolute reality but only one's perception in relation to someone or something. As Bateson (1979:30) says "the map is not the territory and the name is not the thing named". According to Keeney (1983:25) "language is a tool for imposing distinctions upon our world".

Each individual is responsible for the construction of his/her own reality. There are times when constructs break down but the explanation of the breakdowns can only be in terms of the concepts that the observer has chosen to build the failing structures. That which individuals experience and come to know, is built up of their personal building blocks and can therefore only be explained in terms of their ways and means of cognizing. People tend to blame or ascribe responsibility to the obstacles they meet rather than to the way in which they function. Thus autonomy implies responsibility – "if I am the one who decides how I will act, then I am responsible for my action" (Watzlawick 1984:59).

2.5   Social construction theory

Constructivism and social construction theory (discussed below) have many similarities as well as differences. Both constructivism and social construction theories explore constructed reality and attempt to deconstruct the so called objectivity and fixed reality of modernism. Hoffman (1991:4 & 1993:82) states that many persons, including herself, have frequently confused the two paradigms. The difference lies, on the one hand, in constructivism taking a more biological view of the human being as a closed system that "bumps against its environment" (Hoffman 1991:5). Maturana (in Hoffman 1993:89) states that all interaction takes place between "informationally closed" nervous systems that can only influence each other in indirect ways. Harry Goolishian (in Hoffman 1993:81) argues that constructivism is "basically tied in with the biology of cognition and (is) extremely skull-bound". For Hoffman (1993:89) this feels like being stuck in an isolation booth. Hayley (2002:23) states that constructivism does not address the importance of social, cultural and historical contexts in psychology. On the other hand the social constructionists view knowledge as evolving in the space between people i.e. through the language of social interchange (Hoffman 1991:5). Kenneth Gergen (in Hoffman 1993:82) argues that what people know does not primarily evolve within the individual nervous system but in the densely languaged give-and-take between people. Hoffman, Anderson and Goolishian are family therapists who have made the shift away from a cybernetic, biologic constructivism, which they regard as strategic and instrumental, to a second order view of "intersubjective loops of dialogue" (Hayley 2002:24) and a more unconcealed, collaborative social constructionism (Hoffman 1990:1 & 1993:82).

Social construction theory or constructionism is a form of social enquiry that has evolved out of constructivism. It is about differences. Hayley (2002:23) sees constructionism as a refinement of constructivist ideas. Kenneth Gergen (in Anderson 1997:41), considered by many to be the leading proponent of social constructionism, believes that this paradigm is principally concerned with developing the processes through which people come to describe, explain or account for the world in which they live. Gergen views discourse about the world not as a reflection or as a map but as an artefact of communal interchange. Here the emphasis is on an intersubjectively constructed reality where people are seen to have the solutions to their own problems through co-operative interaction (Gergen & Lipchick in Hanford 2004:34). Ideas, concepts and memories arise from social interchange and are mediated through language (Hoffman 1991:4).

2.5.1   Language

Language structures an individual's own experience of "reality" as well as the experiences of those with whom the individual communicates (Hare-Mustin 1994:20).Thus in interviewing the respondents, the language used by both interviewer and interviewee will structure each person's experience and understanding of the topics discussed. Constructionism emphasises our capacity to create meaning through conversation (Anderson 1997:224). According to Hoffman (1991:4) only through on-going conversation between people does the individual develop a sense of identity or an inner voice. Social constructionism advocates that in order to accommodate multiple realities, thinking needs to move from an either/or stance to one of both/and. In other words both sides of a dichotomy have equal merit and are essential for understanding multiple realities (Hayley 2002:24).

According to Freedman and Combs (in Hayley 2002:24-25) there are four main ideas inherent in a social constructionist worldview:

i) realities are socially constructed

ii) realities are constituted through language

iii) realities are organised and maintained through narrative

iv) there are no essential truths

Knowledge, including self-knowledge, is a social construction, a product of social exchange and the locus of knowledge lies in the relationship (Anderson 1997:41). Thus through the interviews conducted with the social workers in private practice, meaning is constructed between the researcher and the interviewee as to how the interviewee experiences him/herself in private practice and how the researcher experiences herself in relation to each interviewee and to the interviewees as a whole and how they in turn experience the researcher.

The meanings people attribute to their experiences are arrived at through social dialogue, interchange and interaction that are socially constructed. The emphasis is on the "contextual basis of meaning, and its continuing negotiation across time" (Gergen in Anderson 1997:41). For social workers in private practice their contexts include their race, gender, culture, language, religion, socioeconomic level, education, work experience and philosophy of life. Knowledge is historically and culturally specific and inquiries must therefore extend beyond the individual into social, political and economic realms (Hayley 2002:23). Hayley (2002:4) states that "what we have come to understand is greatly determined by the life we have already lived" (key factors contributing to the development of the perception of the professional self) which has led us to general assumptions concerning the understanding of human beings. These pre-understandings, or as Gadamer (*in Andersen) refers to them as prejudices and White (1986:169) as presuppositions , influence the actual understanding (the understanding that one might have if there were no prejudices) and in turn the actual understanding influences the pre-understanding in what Tom Andersen calls the hermeneutic circle (Andersen in Hayley 2002:24).

Meanings are therefore not fixed but are continuously influenced, constructed and reconstructed over time – we make and are made by our social realities (Shotter in Anderson 1997:42). According to Donald Polkinghorne (*in Andersen) "…all (Wittgenstein, Winch, Whorf and Gadamer) propose that apodictic (objective, true, correct) knowledge is impossible, because human beings cannot stand outside their language system and cultures and obtain an absolute viewpoint.

* See Appendix 2 for undated, unpublished article by Tom Andersen

All our knowledge is conditional knowledge, constructed within our conceptual systems, and thus knowledge is a communal achievement and is relative to time and place". The findings of conversations between people have no other "reality" than that bestowed by mutual consent (Hoffman 1993:90).

The self is constructed through the process of meaning construction through story telling and language. The self is not only constructed in the present but the present builds on the experiences of the past and the cultural influences that helped shape the self. The story that is heard is then not the only story nor is it necessarily truer than other stories but is one version of many versions. The stories individuals tell about themselves vary in relation to the social context and conversations with others in that context (Anderson 1997:226).

In co-constructing and sharing in the meaning social workers in private practice attribute to their experiences, space is opened up for possible change through further dialogue and interaction with others in the environment. The stories told and the meanings attributed to them by self and others are ever-changing in an on-going process. There is no final truth.

2.6   Public perception of social work

The areas of practice encompassed by social workers are broad and it is possible to find social workers in all fields of the private and public sectors. "Social workers have shown concern for their public image since the very beginnings of professionalism and have good reason for doing so" (Lubov in Winston, Stinson & Stinson 2004:164). If the general public is confused, misinformed, uninformed or even hostile towards social work and its practitioners, the profession is less able to fulfill its mission of helping those in need. According to Winston et al (2004:165) as long as social workers are viewed negatively, discriminatory practices and/or oppressive policies that are detrimental to stigmatised groups (like social workers and their clients), will not be changed. When the public disapproves of social work, recruitment into the profession suffers, and in the eyes of the public and of other professionals, so does the professional credibility of social workers. As the public is the primary consumer of social work services, how it views social work is vital to its

acceptance of these services. Kaufman and Raymond (in Winston et al 2004:165) found that increased levels of knowledge about social work were an important predictor of more positive attitudes towards social workers. Comley (in Winston et al 2004:173) states that one of the primary reasons for social workers being regarded in a negative light is that they have not provided adequate information to the public about who they are and what they do. Increased information would provide the public with a more accurate foundation on which to judge the social work profession. According to Tower (in Winston et al 2004:173-174) social workers have left the moulding of the social work image to the media who hold no investment in the future of the profession. Tower goes on to say that "if social work is dissatisfied with its image in television, movies and popular literature, it must cease its dependency on people outside of the profession to portray it fairly". The research findings will show how the respondents, through their experiences, have come to perceive public opinion of social workers and the profession and the impact this has on them in private practice.

CHAPTER 3

3. RESEARCH FINDINGS

Twelve exploratory interviews were conducted for the final study. The findings were analysed by looking for patterns of interaction and commonalities that form norms of behaviour or themes amongst the respondents. Recurring ideas or language and patterns of belief that link people and their settings were identified (de Vos et al 2005:338). Also important to note were the differences and deviations from the general norms of the respondents (Rubin & Babbie 1993:387). The following data has been collected from the respondents during the exploratory interviews.

The interview guide was set out as follows:

- biographic and practice details
- education and training
- professional self
- private practice
- public perception

The biographic and practice details plus the knowledge of education and training give a background to the professional self and the way in which each respondent views his/herself. The key factors that have contributed and continue to contribute to the development of the professional self and have facilitated or hindered this development are explored. We then look at how the respondents see themselves in private practice and how their perceptions of their professional selves have changed during their years of practice. Lastly we explore the respondents' perceptions of how the public views social workers and their profession.

Because the subsections of the interview guide are interconnected, the conversations during the interviews would often move quite naturally from one part of a subsection to another rather than follow a strict order, indicating that the order of the subsections was not important. However, the same subject matter was dealt with in each interview.

3.1   Biographic details

The biographic information of the respondents provides a profile of the social workers in private practice who were interviewed for this study.

3.1.1   Gender

Table 1: Gender

Gender	Frequency	Percentage
Male	1	8.3
Female	11	91.7
Total	12	100

There were three male social workers in the Johannesburg area listed in the SAASWIPP 2005 resource book two of whom were not in private practice. This statistic echoes the relatively small number of males in the profession as a whole as "social work is globally a female dominated profession" (Schenck: 2003:10).

3.1.2 Age

Table 2: Age

Age	Frequency	Percentage
30 – 39	1	8.3
40 – 49	4	33.3
50 – 59	4	33.3
60 – 69	1	8.3
70 – 79	2	16.8
Total	12	100

The average age of the social workers in this study is 53, the youngest person being 39 and the oldest being 75. Ten of these social workers worked in the broader social work field to gain experience and to build their knowledge base before entering into private practice and so were in their thirties and above when they commenced private practice. Two of the respondents entered into private practice immediately after qualifying. Both of them were more mature students when they studied social work, had life experience and worked in agencies while building up their practices. They had also been involved in volunteer work and helping activities in various organisations before commencing social work at university.

As can be seen from the example of these two respondents it is possible for qualified social workers to commence private practice immediately after qualifying. According to the Social Work Act, Act 110 of 1978 any qualified social worker may enter into private practice. Social workers entering private practice are only obliged to join SAASWIPP in order to obtain a practice number from the Board of Health Care Funders (BHF). Should social workers decide not to join SAASWIPP, they will practice without the practice number and their clients will then not be able to claim from medical aid. Some social workers make this choice because many clients do not have medical aid coverage or they have the hospital plan only (that does not cover counselling fees). SAASWIPP was established to protect the interests of private practitioners and their clients.

Membership of SAASWIPP is decided upon by the SAASWIPP accreditation committee that requires the applicant to have a social work degree and four years experience. Applicants who are not sufficiently experienced may become associate members of SAASWIPP for up to two years during which time they would have to be supervised in the work they undertake. They may then apply for full membership.

Two of the respondents (or 16.8%) who fell in the 70-79 age category, when most people are retired, are still working in private practice. The one respondent has reduced the number of clients she sees per day as she has chosen to spend more time on her own pursuits whilst the other respondent is still working full time. Each of them started private practice in their fifties, almost as a "second career", their private practices flowing from the work they were doing previously. They are still involved in ongoing learning and personal growth.

3.1.3   Race

Table 3: Race

Race	Frequency	Percentage
Black	1	8.3
White	10	83.4
Indian	1	8.3
Total	12	100

In the Johannesburg area there were approximately 15 black social workers listed in the SAASWIPP 2005 resource book. Of these 15 people only one social worker fitted the description of part-time or fulltime private practice (see 3.1.7 for definition of part-time/fulltime). Some of the social workers had moved and there were incorrect telephone numbers or numbers that "did not exist". There were seven Indian social workers listed in the resource book. Again only one fitted the description of part-time or fulltime private practice. There appeared to be no coloured social workers listed but this is difficult to ascertain merely by checking surnames in the resource book. These demographics seem to indicate that more white social workers enter into

private practice than do their Indian, black or coloured counterparts and indeed this is reflected in the membership of SAASWIPP. According to Schenck (2003:11) the majority of black and coloured social workers work for the government whilst most white social workers work in NGOs. According to Bloem (2004:156) 45% of social workers in private practice reside in Gauteng. Exploring the reasons for this demography could be an area for further research

3.1.4 Language

Table 4: Language

Language	Frequency	Percentage
Afrikaans	2	16.8
English	9	75
South Sotho	1	8.3
Total	12	100

The majority (75%) of respondents in the study speak English and although the remainder (25%) speak either Afrikaans or South Sotho, they mostly counsel or conduct their business in English. These figures seem to indicate that the majority of the clients seen by the respondents also speak English perhaps because English is widely spoken in Johannesburg as opposed to an area like Pretoria where Afrikaans is more widely spoken. English would most likely not be as widely spoken in the rural areas.

3.1.5   Marital status

Table 5: Marital status

Marital status	Frequency	Percentage
Married without children	1	8.3
Married with children	8	66.8
Unmarried with children	1	8.3
Widowed with children	1	8.3
Divorced with children	1	8.3
Total	12	100

The majority (75%) of the respondents were married with or without children. Only one respondent did not have children (8.3%). For the married respondents, having a spouse to contribute to the finances of the family, allowed them to be more flexible with the amount of work they did and hence the amount of money they generated, especially whilst raising their children. There is more financial pressure on the three single social workers (25%) as sole supporters of their families.

3.1.6   Number of years in private practice

Table 6: Number of years in private practice

Number of years in private practice	Frequency	Percentage
1 – 4	1	8.3
5 – 9	2	16.7
10 – 14	6	50
15 – 19	1	8.3
20 – 24	2	16.7
Total	12	100

The average number of years in private practice in this study is 12.45 with the lowest being 3.5 and the highest being 22. These private practitioners are very experienced

especially when their previous experiences (before entering private practice) are taken into consideration. Taken together with their life experience, they have a wealth of knowledge and expertise in their chosen careers.

3.1.7 Part-time/fulltime in private practice

In this study the term *part-time* means working between two and four hours per day and the term *fulltime* means working between five and eight hours per day.

Table 7: Part-time/fulltime in private practice

Part-time/fulltime	Frequency	Percentage
Part-time	2	16.7
Fulltime	10	83.3
Total	12	100

Although there are more fulltime private practitioners (83.3%) in this study than part-time private practitioners (16.7%), it appears from the SAASWIPP 2005 resource book that there are probably more part-time private practitioners overall. Many social workers in private practice continue to work at an agency or institution whilst they build up their practices. Of the private practitioners interviewed, not one mentioned working for a company or corporation. One respondent, who specialises in education and training, has corporate clients.

3.1.8   Universities attended

Table 8: Universities attended

Universities	Frequency	Percentage
University of South Africa	4	33.4
University of the Witwatersrand	3	25
Rand Afrikaans University	1	8.3
University of Durban Westville	1	8.3
University of the North	1	8.3
University of Cape Town	1	8.3
University of Pretoria	1	8.3
Total	12	100

As can be seen the respondents studied at a variety of universities even though they all live and work in Johannesburg at present.

3.1.9   Educational qualifications

Table 9: Educational qualifications

Educational qualifications	Frequency	Percentage
Undergraduate	6	50.1
Masters	5	41.6
Phd	1	8.3
Total	12	100

This table shows that 50% of these social workers have undergraduate degrees and 50% have postgraduate degrees. The SAASWIPP resource book reflects that more private practitioners have undergraduate degrees than postgraduate degrees.

3.2   Education and training

3.2.1   The part that knowledge of theory plays in private practice

All the respondents acknowledged that the education and training that they had received from their respective universities laid the foundation for their theoretical understanding and the principles of practice. Without exception, they felt that this foundation was a base that needed to be extended. Real growth and understanding began after qualifying as social workers when they commenced work in their chosen fields. The various organisations in which they worked were instrumental in facilitating their learning and growing both personally and professionally. Not only did they increase their knowledge of theory, but perhaps more importantly, began to gain experience in integrating theory and practice.

Having a sound theoretical foundation provides the practitioner with a yardstick against which new or different theory and practice may be explored and the possibility of shifting paradigms or bringing more certainty to a particular paradigm. Increasing the depth and variety of knowledge provides the opportunity for more holistic thinking and thus the opportunity for better understanding and practice. The practitioner who is confident in his/her knowledge of theory contributes to the positive development of his/her professional self.

3.2.2   Theory, models, techniques utilised in private practice

There is a wide variety of theory, models and techniques utilised by the respondents such as:

Theories:	Models/approaches:	Techniques/therapies:
Psychoanalysis	Egan	Narrative
Psychodynamics	Transactional analysis	IMAGO
Jung		Hypnotherapy
Rogers		Inner child work
Erickson		NLP
Cognitive/behavioural		Visualisation

Theories:	Models/approaches:	Techniques/therapies:
Gestalt	-	Meditation
Winnicot		Dream work
Systems		Spiritual work

Each respondent has a few different theories that he/she knows and understands well. Having a choice of theory, models and techniques for practice allows the practitioner to choose from his/her repertoire to find the theory or combination of theories and practices that most suits or "finds fit" with the client and the client's particular context. The theory, models or techniques utilised could thus change from one client to another depending on how the practitioner and the client view the client's needs and depending on how best to facilitate the client's exploration and discovery of different perspectives. All the respondents have increased their knowledge, experience and expertise since qualifying as social workers and feel competent and confident in using an eclectic approach in their private practices.

In the researcher's opinion there is no panacea for clients. However, having a repertoire of theory, methods and techniques that the practitioner understands thoroughly and utilises with knowledge and purpose, can greatly increase the ways in which clients may be helped. When practitioners use an eclectic approach to their work without full knowledge and understanding of what they are doing and why they have chosen a particular method, clients might not show improved functioning (in their perceptions) or could even be harmed.

3.2.3   Keeping abreast of theory, trends, new information

Keeping abreast of theory, trends and new information is essential in gaining additional knowledge and providing an efficient and effective service to clients which again helps the practitioner to develop a confident and competent perception of the professional self. It is a way of helping the private practitioner to remain informed and viable so that he or she does not become stale with unhelpful routines.

The respondents are aware of the importance of keeping abreast of new information and take responsibility for updating themselves in this regard. They attend courses, seminars, workshops and talks. They read constantly. They attend supervision groups or have personal supervision or case consultation. They attend study groups and/or support groups. They engage in colleague consultation. Some work for various agencies as in the cases of the part-time private practitioners and the respondent who works in the field of adoptions. These practitioners receive in-house training. Amongst other things, one respondent keeps abreast of new developments by utilising the internet. Approximately half (50%) of the respondents have attended their own personal therapy and some of them attend therapy on an ad hoc basis. These respondents believe that therapy helps them to acquire better understanding of themselves and when they have greater understanding of self they are able to have greater understanding of others and thus deliver a more effective service.

There was one exception here. This respondent is a single parent and works eight hours per day counselling clients. At the end of the day she is exhausted but still has to attend to the administration of her private practice and to the needs of her children. Although she is aware of the importance of keeping up to date in her profession and would like to do so, she feels that she has been unable to take the time to do this and also feels that financially she has been unable to afford to attend workshops, courses and talks. However, for a few years after she first entered private practice, she attended supervision once per week, took part in a reading group and did volunteer work. As her practice grew she was unable to keep up with these activities. At present she has taken a leave of absence due to ill health and on her return to private practice she intends to address this situation by taking more time for herself (her children are now adults) and by having more interaction with colleagues and agencies in the profession.

In summary, the respondents utilise the following methods for keeping abreast of theory, trends and new information:

- attending courses, workshops, seminars, talks
- reading

- personal supervision and/or group supervision
- colleague consultation
- professional support groups
- in-house training in place of employment
- utilising the internet
- personal therapy for personal growth

3.2.4 How did your educational training equip you for private practice?

The respondents felt that they learned the basics at university i.e. they received a theoretical foundation. They felt that the onus was on them to further their education themselves once they were qualified and this can be seen in 3.3.3 above. Without exception these respondents take seriously their responsibilities to offer the most efficient and effective service that they can in order to meet the clients needs, in facilitating the client to improved functioning and a healthier way of life (whatever that means to the particular practitioner and the particular client) i.e. to be professional.

The respondents felt that their respective universities fell short in equipping them for private practice in other ways. They would like to see the following included in the curriculum in future in order to enhance the development of the professional self and so that the public and other professionals would respect social workers as knowledgeable and competent professionals:

a) Business management courses including accounting, marketing, computer skills, taxation and how to deal with medical aids. The respondents felt that these skills are essential for social workers whether in private practice or working for NGOs, corporations, government departments or agencies. Many social workers who are not in private practice are promoted to administrative positions and these skills would be invaluable to them as well.

According to Bloem (2004:10) private practitioners experience frustration at having to function competently in an economic arena when they do not have the required skills.

Their basic traditional training did not equip them for private practice. Some of the respondents said that they had had no idea what to expect, from a business point of view, in running their private practices when they first began this work. They struggled to learn how to administer their practices as they had had no prior knowledge of accounts; how to produce invoices and statements; how to fill in tax forms or how to market themselves. They did not know how to deal with medical aids. As they did not understand the nature of possible pitfalls, they could not prepare themselves in advance to prevent problem situations arising and often found themselves reactively trying to sort out the problems.

SAASWIPP does offer training to private practitioners in the form of workshops and talks on various aspects of private practice. The respondents believed that this was a necessary service for which they gave SAASWIPP praise but it was not a substitute for learning the essentials of business marketing and management.

b) Specialisations from which a student would be entitled to choose one or two. The specialisations, amongst many, could include such fields as adoptions, child therapy, addictions, HIV/ Aids and legal social work.

The respondents liked the fact that social workers have a broad knowledge base encompassing many different fields. They believed that this broad knowledge base enabled them to be more aware of different perspectives and the interconnectedness of the different fields and was a facilitating factor in being able to practice more holistically as they were constantly aware of different environments and contexts. These respondents thought that maintaining this broad knowledge base in the curriculum was important. However, in addition to this, they would like to see specialisations being introduced into the curriculum as optional choices so that social workers could gain expertise in a certain area. They would choose the specialisations that had an interest for them. They felt that having this expertise would render the social worker more competent and more confident in his/her chosen field (i.e. would contribute to developing a positive self perception as a professional), would facilitate finding employment and lead to improved service delivery. Knowledge empowers the private practitioner (Bloem 2004:111) and the respondents are well aware of this fact. The specialisations chosen could help them in marketing themselves as private

practitioners who, for example, specialise in certain types of counselling. Again the respondents stated that offering specialisations would not only benefit social workers in private practice but all social workers.

c) Personal therapy and/or personal growth/self-awareness groups. Undergoing personal therapy could be a requirement for the social work degree. The respondents suggested that the universities could subsidise therapy for the students or provide therapists for the students to see. Ideally students should also attend personal growth groups provided throughout the year as part of the curriculum. If therapy is not viable then the personal growth groups become an essential alternative. Attending personal therapy could be a pre-requisite for entering social work as it is for entering psychology.

Undergoing one's own personal therapy is important in training to be a social worker in order to have a better understanding of one's self, to become more emotionally mature and to understand what it is like to be a client. Being able to draw boundaries is important for the counsellor in private practice, an area that many practitioners find difficult (Bloem 2004:111), and personal therapy can be a valuable tool for aiding the practitioner in this regard. Rogers (1951:437) believes that therapy is a valuable experience for the student. Although in keeping with the client-centred philosophy he does not think that therapy should be a requirement (as do some of the respondents) but rather that the opportunity should be available to be utilised when the student feels the need.

d) Classes or workshops on what it means to be a professional social worker. The teaching of leadership skills could be included. Once again these classes or workshops would benefit all social workers, not only private practitioners.

The respondents noticed that social workers with whom they came in contact (be they in NGOs, hospitals, agencies or even social workers that they supervised) often did not act in a professional manner. For example they would not be on time for appointments or would not keep appointments and would not let their clients know. They might not dress appropriately thereby creating a negative image of themselves and the profession. They sometimes appeared unreliable by not saying or doing what

they said they would say or do. Some of them found it difficult to draw appropriate boundaries with clients, colleagues or superiors. They did not know what was expected of them and where or when they were entitled to say "no".   Some of the respondents themselves stated that they had had difficulty in learning to draw boundaries and even after many years experience with clients sometimes still struggled (again personal therapy is relevant here).

The respondents thought that students should be taught to regard themselves as capable and worthwhile thereby enabling the growth and realisation of their potential. "Training institutions and employers should facilitate a process amongst social workers to become much more critical and empowered, creative and innovative" (Schenck 2003:78). Too often social workers think that they are responsible for facilitating the empowerment of others but they do not feel empowered themselves. Together with therapy and personal growth groups, classes or workshops on how to be a professional could aid social workers to foster an attitude of being responsible for their own continued growth and learning both personally and professionally. This in turn could help social workers to gain an improved image of themselves and of the profession. When they feel better about themselves, they are more likely to deliver an improved service of which they can feel proud. In addition the public will become positively influenced by social workers who are proud of themselves and the service they deliver. "An ill-defined professional image does insidious damage to the programmes and policies social workers seek to promote" (Summers in O' Neil 1994:13).

Although the respondents made the above recommendations from their own perspectives as private practitioners, they believe that making the changes that they suggest will benefit all social workers, not only private practitioners.

From the researcher's perspective, the respondents dressed in a neat and presentable manner without being too casual or too intimidating. Their behaviour was respectful and helpful. The majority of the respondents work from their homes where they have a room set aside for seeing their clients. On the whole these rooms were tidy, one or two being rather cluttered. In the researcher's opinion, some of these rooms appeared to be too homely and did not have a professional image about them.

3.2.5 Getting professional support

The respondents obtained professional support for themselves in the following ways:

- supervision or case consultation
- colleague consultation
- therapy
- personal growth work
- being part of study/support groups
- by keeping abreast of new information as in 3.3.3 above

The respondents take their careers very seriously and feel responsible for maintaining and improving, where possible, their levels of expertise in their private practices so that they can feel secure in the knowledge that they are delivering an efficient and effective service to the public. They regard obtaining professional support as an essential part in the process of developing their professional selves.

3.2.6 Motivation for choosing social work

In order to protect the respondents from identification they have been assigned the first 12 letters of the alphabet as substitutes for their names. However the letter I becomes confused with "I" used as the first person and so has been substituted with the letter Z.

Respondent A said that she knew from childhood that she wanted to be a social worker. She describes herself as a rescuer and as having a need to help people and to make a contribution in the world.

Respondent B thought that there was a possibility that she may not have been accepted for psychology Masters and rather than take that risk she decided to opt for social work. She, like respondent A, felt the need to help people.

Respondent C wanted to do psychology but could not afford the fees. He was granted a bursary for social work and decided to accept it. He said that he could perhaps have

made a plan to pay for his studies in psychology but, like respondent B, was afraid that he may not have been accepted for the Masters course and then would have had to change his chosen career for something else. This process would have taken too long for him as he needed to earn a salary as soon as was possible at the time. Although he does not regret doing social work and finds his work satisfying and fulfilling, there are times when he feels ashamed of being a social worker e.g. when he associates with people from the business world. He feels this way because he believes that social work has a poor image and status in the community which he experiences as reflected back to him through the dismissive or disdainful way in which business people and other professionals treat him at times. In other words respondent C has allowed his self-image to be adversely affected by the negative image and low status in which the public regards the profession.

Respondent D's mother was a social worker and so she was raised in a context of helping and of reaching out to others. It seemed natural for her to continue in her mother's footsteps to facilitate the empowerment of others.

Respondent E always saw herself as a rescuer and from a young age knew that she wanted to be a social worker. She was raised in a family that experienced many functional problems and this experience contributed to her wanting to help and to make a difference.

Respondent F said that she had been doing social work all her life and that going to university was a way of formalising it. She too thought that she could make a positive contribution to the world.

Respondent G saw a documentary programme on television about Phoenix House and was so moved by the experience that she knew instantly that she had to be a social worker. She too experienced family problems as she was growing up and wanted to understand their origin and to be able to make a difference.

Respondent H did not know what she wanted to do after matriculating. She said that choosing social work was almost like a default position because she could have chosen other paths instead. However, she does not regret having done social work.

Respondent Z chose social work because she loves people, finds great satisfaction in counselling and sees herself as a helper.

Respondent J wanted to be a medical doctor but was unable to afford the fees. She took an aptitude test which pointed towards social work as being an appropriate career for her. She said that although at times it has been a hard path for her, she has never looked back and has no regrets.

Respondent K was a qualified nursing sister and found that she spent a great deal of her time counselling patients. She knew that therapy was her passion, that it fulfilled a need in her and that she liked the subjects that social work offered and so she made the career change as a mature student.

Respondent L wanted to be a school teacher but when she went to school with poor children she slowly came to the realisation that she wanted to be a social worker so that she could make a difference in the lives of the indigent.

Every one of the respondents reported that he or she experienced job satisfaction and was happy to be contributing to the world in a positive way no matter how small that may be. Thus it seems that their choice of social work as a profession is well suited to and is in harmony with their life philosophies and values that enhance their perceptions of the professional self in a positive manner.

3.2.7   Evaluation of own expertise

Postmodernism is best expressed through acts of reflexivity that emphasize the accepted practice of action and reflection. Reflexivity is used to indicate our awareness of our place in things and our difference from others (Parker in Ungar 2004:492).

The respondents engage in self-reflection and self- evaluation on a constant basis. They see this process as an essential ingredient for responsible and effective practice. Through self-questioning and debriefing themselves they are able to measure their counselling abilities against their own yardsticks. They make internal comparisons.

In this way they grow in experience and increase their potential for insight – their own and that of their clients. In turn their experience informs them. They become aware of what they know and of what they do not know. They become aware of their limitations and of the cases that they need to refer to other professionals.

Receiving feedback from the clients is another way in which the respondents evaluate their own expertise. When the client informs the private practitioner of difference, i.e. new information, in his/her life (as opposed to sameness) the practitioner can compare this with what he/she knows about and observes in the client. A couple of the respondents ask their clients to evaluate themselves on paper. The practitioner observes the client for changing perceptions, for the degree of responsibility he/she takes on, changes in beliefs, attitudes, feelings and/or behaviour and takes note of how these changes affect the client's relationships and interactions with others. When the practitioner observes that change is taking place and that the client is progressing, the practitioner knows that the knowledge and skills he/she has utilised in this process of facilitation are having the desired effect on the client. When the reverse is the case the practitioner re-evaluates his/her counselling and makes the required adjustments. To accomplish change the practitioner needs to critically reflect on his/her position in discourse and use of language and operationalize what he/she theorises. He or she must demonstrate an openness to hear and to account for the multiple realities of others (Ungar 2004:492).

In addition to self-reflection, self-evaluation and client feedback, the respondents said that they found supervision, colleague consultation and their own therapy valuable aids in helping them to evaluate their own expertise in the development of their professional selves..

3.2.8   Keeping a standard

The respondents reported that they keep a standard in their private practices by constantly evaluating themselves. They work hard and think a great deal about their work. They try to keep abreast of theory, trends and new information. They seek professional support. They attempt to deliver a consistent and effective service. They are aware of acting professionally in their interactions with others which includes

being ethical and not exploiting others. They value honesty and integrity and the rights of people to be valued as human beings and to be self-determining. As Michael Ungar (2004:488) states "…professional social workers work best when they reflect critically on their practice. Through reflection they make their practice reciprocal, responsible and transparent."

3.3   The professional self

3.3.1   What is the professional self?

In this study the term 'the professional self' may be understood as the way in which the social worker or practitioner in private practice views him/herself as a professional person offering and delivering a certain service to the public. The respondents gave a variety of descriptions of how they perceived the professional self. Their descriptions that follow reflect the underlying social work values of the profession.

The professional self is that part of the social worker that is guided and informed by the values, ethics and principles of the social work profession. It is a way of conducting one's self as a social worker. The manner or style in which this is done is informed by the personality and creates a certain image which is presented to the public and communicates a message of who this professional person is. The respondents stated that although there is a difference between the personal and professional self, there is also overlap in that who one is, is part and parcel of the professional self and cannot be separated i.e. they are integrated. The difference comes in when the social worker must apply boundaries and separate his/her business from that of the client. For example the social worker and client are not friends and the social worker would not treat the client as such. For the social worker in private practice it is important to establish boundaries with the client regarding such matters as time keeping, fees, contact times, length of session and confidentiality.

The professional self is also that part of the social worker in private practice that has acquired knowledge, skills and experience used in the rendering of the service offered. These skills include, amongst other things, counselling expertise and organisational, managerial abilities. The professional self aims to be trustworthy,

reliable, responsible and accountable. The professional self engages in self-evaluation and personal growth on an ongoing basis. The professional self has the clients' interests at heart and regards human beings as valuable and worthy of dignity, respect and the right to be self-determining.

One respondent did not like the use of the word 'professional'. In her perception she believed that the word conjured up images of superiority and separateness and she liked to regard the private practitioner and the client as equals. The remaining respondents did not see themselves as superior or "above" their clients as such an attitude would imply disrespect and devaluing of the client and that attitude did not form part of their perceptions of their professional selves. They did not have any problem with the use of the word 'professional'. The Concise Oxford Dictionary defines 'professional' as "of, belonging to, connected with a profession….". The dictionary does not assign judgements of superiority or inferiority to the meaning of the word. As can be seen from the literature review it is the meaning that the respondent assigns to 'professional' that is relevant to her.

3.3.2   How social workers in private practice view their own professional selves

Most of the respondents stated that their professional selves were much the same as they had described their view of the term 'professional self'. In addition, these following thoughts of theirs were included:

- It helps to have a sense of humour
- I try to maintain a standard with my clients
- I don't have to be right all the time
- I am critical of my self
- I do not feel threatened by other professionals
- I work at the client's level
- I work as a Christian but respect others differences
- I am able to let go of the client's business
- I work with confidence

The respondents said very little about the image of social workers in private practice (including their own images). They did not appear to be aware of the images that they were portraying. One respondent said that she had no image. The respondent who said that she worked as a Christian was not aware that this choice of hers contributed to her image as a Christian social worker in private practice. Another respondent worked from a Buddhist perspective and the decoration of her office created an image of "alternative" practice. The respondents were aware of and focused on their abilities, skills, growth, their private practices and their clients but seemed to have very little consciousness of their own images in the profession that they represent to the public.

In a talk given at the 2005 SAASWIPP Annual General Meeting by Vanessa Bluen of The Consultant Power House, she stated that 60% success in a business may be attributed to image, reputation and visibility. She went on to say that if the individual or organisation does not brand his/herself or itself respectively, others will. By branding she means creating an image that others buy into. The lack of knowledge and the misinformation that the public seem to have of social workers and of the profession is a case in point. The public appear to have branded social workers as welfare workers or 'the people who take your children away from you'. According to Assagioli (in Brown 2004:24) images or mental pictures and ideas tend to produce the physical conditions and the external acts that correspond to them.

In the findings of Freeman and Valentine (2004:159) in their article on the investigation of the images of social workers portrayed in movies, social workers were portrayed as "…mostly women, mostly white, middle-class, heterosexual; they mostly work in child welfare, are likely to be incompetent, have a tendency to engage in sexual relationships with clients, mostly work with people living in poverty, and mostly function to maintain the status quo." The researchers went on to state that "these portrayals conform to stereotypes of social workers as female caretakers and reflect the larger societal stereotypes of "women's work" and of women as nurturers, in subordinate positions of low authority, and as sex objects." Male social workers were portrayed with a tough and emotionally inexpressive image in keeping with the societal stereotypes of men.

If, as Bluen (2005) said that image is a symbol of one's standards and the promise of delivery, then social workers and the profession need to ask themselves what image they are portraying and look at the consequences of portraying such an image. Bluen suggested that the social work image could be changed from 'welfare' to 'wellness'.

3.3.3   Factors contributing to the development of the professional self

Two of the respondents thought that their childhood experiences and responsibilities and the way in which they were raised contributed to how they saw themselves as professional social workers in private practice (as discussed in the literature review under Rogerian theory). They were looking at the whole picture of themselves rather than as adult private practitioners. Another two of the respondents also regarding the topic more holistically, mentioned the importance of ego development, self-esteem and the level of emotional intelligence as contributing to the development of the perception of the professional self.

The development of the professional self is influenced by the social worker's education and training and work experience. One respondent stated that the level of education of the social worker can contribute to the development of the professional self. From the perspective of her professional self, she has gained more status and respect from friends and other professionals since obtaining her PhD.

Lecturers, mentors, supervisors, co-workers and colleagues all serve as role models and feedback systems for the social work student and the qualified social worker and can influence the way in which the social worker views him/herself and his/her development. Support systems, be they personal and/or professional, can also contribute to the development of the professional self.

Three respondents stated that a spiritual belief system contributes to a philosophy of life and thus to the development of the personal and the professional selves. In Rogers' (1951:437) view a valuable contribution to the development of the professional self is the opportunity for the student to formulate his/her own basic philosophy for if he/she is to counsel others he/she needs security within him/herself.

This security may come, in part, from having thought through some of the basic questions regarding life and tentatively formulating personally meaningful answers.

The respondents were unanimous in their feelings regarding the role of the South African Council for Social Service Professions (SACSSP or the Council) in the development of the professional self. Regardless of the Council's mandate, the respondents stated that they felt unsupported by the Council and that their perception was that the Council did not fight for the rights of social workers in regard to salaries, medical aid payouts, advertising and marketing and in relation to the demands of the Psychology Board of the Health Professions Council representing psychologists. The respondents were of the opinion that the Council was there to set standards, to take money from the members and to discipline errant behaviour. The respondents thought that the Council played a large part in the negative view in which the social work profession was regarded by the public as the Council did nothing to promote social work, or to inform the public about the profession. It appeared to the respondents that the Council is not concerned about the poor status of the profession and that the status had been further lowered by introducing auxiliary social workers and thereby deprofessionalising the profession. The poor status of the profession and the often negative light in which the public and some professionals seem to regard social workers and/or the profession, has an adverse effect on the way in which social workers view themselves and thus on their professional development.

In the researcher's opinion, any Council member who might read the above description of the respondents' perceptions of the Council will, no doubt, regard the respondents' responses with dismay and will most likely see the respondents as having misunderstood or confused the role of the Council. What this response does highlight is the need for increased information and better communication from the Council in addition to engaging in dialogue with social workers in an open, flexible manner. Perhaps another area of research could be to study social workers outside private practice in regard to their perceptions of the Council.

The respondents in this study are mature, experienced, professional people who feel competent in their practices and confident that they are delivering an effective service to the public. Although they are critical of the SACSSP, they do not generally let the

Council's behaviour affect them in their private practices. They believe that they are responsible for themselves in their interactions with their clients, colleagues, supervisors and other professionals and try not to let the negativity, often surrounding the profession, hold them back. Some of the respondents stated that social workers in private practice were a credit to the social work profession and helped to uplift it through their responsible practice, professionalism and, where possible, through correctly informing the public about the profession.

In contrast to the respondents' views of the SACSSP, they were positive and complimentary about SAASWIPP. They stated that SAASWIPP was supportive and attempted to change the public's opinion of social workers and the profession through marketing and providing information. In addition, SAASWIPP provided ongoing education and training for social workers in private practice through talks and workshops offered to the members and through their newsletter. SAASWIPP approached the medical aids and advocated social workers' rights in this regard.

There was one exception to the positive view of SAASWIPP. This respondent regarded SAASWIPP as unsupportive and unprofessional. She stated that her experience with this body of professionals was that they had been judgemental, superior and inefficient. In addition they did not respond to her correspondence.

The respondents believed that the development of the professional self was influenced by public opinion and the media – the media being a powerful tool in influencing the public. "The ways in which social work is portrayed in popular culture contribute to the shaping of the public's images of social workers, of social problems with which social workers are involved, and of the clients as consumers of social work services" (Freeman & Valentine 2004:151). Nieves (in Freeman & Valentine 2004:151) states that the public has an inaccurate image of the social work profession which has been unfairly acquired based on misinformation and has been identified as a key factor in the low salaries of social workers.

In summary, the factors contributing to the development of the professional self are as follows:

- childhood experiences and upbringing
- self-esteem and the level of emotional intelligence
- education and training
- work experience
- lecturers, mentors, supervisors, colleagues
- personal and professional support systems
- spiritual beliefs
- South African Council for the Social Service Professions (SACSSP)
- South African Association for Social Workers in Private Practice (SAASWIPP)
- public opinion
- media

3.3.4. Factors that facilitate or hinder the development of the professional self

The development of the professional self may be facilitated or hindered depending on the perception/meaning the individual attributes to the experience. For example when a supervisor is critical of a student, the student may regard the experience as:
a) challenging and that the supervisor is working in the student's best interest to facilitate actualisation of potential OR
b) demoralising and that the supervisor has a personal grudge against the student

There was however consensus amongst the respondents that the role of the media, public opinion and the SACSSP (as discussed in 3.3.3) contributed to hindering the development of the professional self as well as the social work profession as a whole. There was a feeling among the respondents of their self-esteem being eroded by the media, public opinion and the Council even while they chose to remain in the social work profession

In spite of this opinion the respondents stated that the onus was on each one of them to be self-motivating in attending to their life-long learning and ongoing growth and development. Life is full of experiences to which they need to be present.

From these viewpoints it can be seen that the respondents regard reality as unfixed and multi-determined through the language used to describe the individual's experience of the world (Ungar 2004:489). Knowledge is socially constructed and the need to negotiate the meaning of individual realities is a strength of the postmodern perspective. Although the respondents were trained in a modern paradigm, it appears that their ongoing learning and gaining in knowledge has had the effect of them embracing elements from the postmodern paradigm. For example, they acknowledge that their clients create their own realities and value this right to self-determination. They respect that their clients have their own realities which may be different from the practitioners' realities. The respondents seek ways in which to aid their clients to discover new or different perspectives that inform new and ever-changing realities.

3.3.5   The nature of success

What looks like success on one level may be failure on another level. Every failure can be looked upon as a success and every advantage a disadvantage. "All a client really needs is someone who is prepared to stay with them while they explore the darkest and most difficult parts of their experience" (Rowan 1998:52). Success means different things to different people in their processes of constructing their realities as can be seen from the respondents' interpretations.

The respondents descriptions of success fell into three categories namely, clients, themselves as practitioners and their private practices.

a) Clients
When clients could be seen to be making progress both from the client's perspective and from the practitioner's perspective, the respondents regarded this as success. If the client reported satisfaction and/or inspiration the respondents believed that they were on the right track so client feedback was important to some of them and contributed to a positive professional self.

b) Practitioners
When the practitioners (respondents) themselves knew that they had done a good job, through their processes of evaluation of the client and self-evaluation, they felt that

they had achieved success. 'Doing a good job' could be looked at from different perspectives e.g. a client may discover difference in his/her life but not act on it yet the mere cognisance of difference could mean that change has taken place and the practitioner could regard this change as success depending on the particular client and his/her context. Alternatively success could be perceived as a client taking responsibility for his/her choices and the consequences thereof. There are many different ways in which the practitioners regard success with their clients. When the practitioners do think that they have achieved success, they experience fulfilment and job satisfaction. Their clients return to them and they get referrals by word of mouth. They feel that they are facilitating the empowerment of people and they find the challenges stimulating and often rewarding as they learn and grow with their clients during the process of counselling and/or training.

According to Mullins (in Malherbe & Hendriks 2004:27) job satisfaction is necessary to ensure high levels of motivation and achievement. Mullins (in Malherbe & Hendriks 2004:25) states that the consequence of the lack of job satisfaction is poor quality of work which in turn has a negative impact on physical and mental health and social functioning.

c) <u>Private practices</u>

Apart from determining success as movement with clients and personal satisfaction and growth, the respondents thought that a functioning practice and financial reward were also important measures of success. They stated that responsible practice and effective service delivery led to a good reputation and also to client referrals. Many of the respondents liked to be self-supporting even if they did not have to be. A couple of respondents regarded success as being part of a network of colleagues. For the respondents who worked part-time success was not seen to be so much in terms of financial reward (as this still had to grow) but in terms of helping clients to improve their lives.

3.3.6   The experience of the professional self in private practice

The respondents were asked to describe their years in private practice and how they had experienced change from when they first began this work to the present.

<u>Respondent A</u> stated that she was more confident in who she is now than when she first entered private practice when she was less experienced and there were so many unknowns. She doubts herself less and trusts herself more. She is able to see a broader or more holistic picture now enabling her to work at deeper levels and with more maturity. She said that it was a relief not to feel the need to be right all the time because she feels more secure within herself and doesn't need to prove this to anyone.

"Every time I want to be right about a client I am limiting the client to my categories and my assumptions. I am setting limits to the client's own process of change, because once I think I am right I will defend my opinion and thus find it harder to change; I won't want to be proved wrong" (Rowan 1998:52). Respondent A no longer feels the need to limit the client to her categories and assumptions but rather feels confident enough to move with the client.

<u>Respondent B</u> felt much more unsure of herself when she first entered private practice than she does now. Over the years she has gained enormous experience and feels more whole and more in touch with herself and her clients at this stage of her life. She stated that she feels humble and blessed in being able to be a part of people's lives through the work that she does and is grateful for being able to be of service to others. She believes that her work energises her and she is stimulated by genuine connection with her clients.

<u>Respondent C</u> had many years of academic and practical experience before commencing with his private practice. He found that private practice brought him challenges that he had not experienced previously and he enjoys the difference. He described himself as more humanitarian and wiser than he used to be. He accepts the clients for who they are rather than what he would like them to be as he has become more understanding of the clients' uniqueness and individuality. He is gaining confidence through his learning and practice.

<u>Respondent D</u> enjoys the process of development that she continues to experience. She stated that she has grown enormously both personally and professionally and consequently feels more competent and confident. She feels whole enough within

herself to acknowledge her limitations and to work on them. She endeavours to do her best work.

Respondent E experiences fulfilment in her work. She stated that she was more at peace with herself than ever before and felt humbled and blessed to be able to do this work. She is in awe of her clients' courage and inner strength that she witnesses so frequently. She feels more confident in her beliefs and abilities.

Respondent F was taking a leave of absence from her private practice due to ill health when she was interviewed. Looking back over the years that she had been in practice she recognised how single-minded she had been in her need to work hard to be financially viable. Although she has become more competent in her skills and feels confident in her ability to practice, she recognises that she did not find enough balance between her personal and professional selves. When she resumes work she would like to remain aware of her limitations, take time for herself and be more in touch with colleagues.

Respondent G stated that she is less attached to the professional self and has found more integration of the personal and professional selves than ever before. She said that she is more trusting of herself and has greater 'heart' knowledge to add to her analytical thinking. She has relinquished the need to 'fix' her clients because she is more secure within herself and is able to value her clients. She treasures her work.

Respondent H did not enjoy working for an agency and experienced a great deal of resentment whilst she was there. Commencing private practice was a welcome change and a challenge. She has learned a great deal over the years and has gained experience and a wealth of knowledge that has contributed to her feeling of increased confidence and competence. She said that she still has a measure of scepticism which she values as a means of enabling her to test the waters and to apply caution when necessary as she is aware of the many pitfalls in her field of work.

Respondent Z finds satisfaction in her work and in the financial reward. She feels contentment within herself and acknowledges her capabilities and her confidence. She enjoys the positive feedback that she receives from clients, colleagues and other professionals as reinforcement of the quality service she strives to render.

<u>Respondent J</u> has a great deal of experience in the legal field of social work. Looking back over the years she stated that she learned and grew both personally and professionally from having to battle with the prejudice against women that she so often encountered. At this stage of her career she feels inspired and in control of her life and confident of who she is and how she practices. She stated that she continues to learn from her clients as they benefit from her expertise.

<u>Respondent K</u> said that she had become better skilled and more knowledgeable and enjoyed sharing her knowledge with others. She experiences satisfaction in being a mentor. She described herself as confident, wiser, patient and accepting of her clients. She stated that she experienced the spiritual aspect of life in her work and that this was important to her.

<u>Respondent L</u> experiences less anxiety and doubt about her abilities at present than she did as a new private practitioner. She is enjoying her growing confidence and is able to be more assertive and to apply boundaries. She does not blame herself for problems or difficulties that she might encounter as much as she used to, but attempts to maintain a broader perspective.

Amongst these descriptions there is a theme of the respondents experiencing competence and confidence, personal growth, as well as job satisfaction. They have all become more experienced and increased their knowledge and use of skills.

3.3.7   Isolation in private practice

Table 10: Isolation in private practice

Isolated	Frequency	Percentage
Yes	4	33.3
No	8	66.7
Total	12	100

The majority of the respondents (66.7%) did not feel isolated in private practice. By seeking professional and personal support, as has already been described, these respondents are able to function in their practices whilst still feeling that they are part of the social work profession as a whole. Of the remaining respondents (33.3%) who said that they do sometimes feel isolated, they acknowledged that in order to feel more integrated and part of the whole profession, they had to make the effort themselves. Their reasons for feeling isolated were that they made earning a priority which left them little time and energy to engage in activities that would help them to feel included.

3.3.8   Caring for the carer

Paul Wilkins (in Layton & Collins 2004:430) discussing personal and professional development argues that personal growth includes an obligation to care for the self of the therapist so that he/she will have the energy and enthusiasm that effective work demands. As Maslow (in Layton & Collins 2004:431) says, self-actualisation is a conscious and continual "movement towards increasing wholeness" which includes the need to reflect, analyse, understand and learn how to be with our own experiences (Welwood in Layton & Collins 2004:431). Mount, Lawlor & Cassell (in Layton & Collins 2004:431) believe that spiritual awareness and experience is "…an important determinant of subjective well-being, and thus, of quality of life and health care outcomes". The carer's capacity to experience this spiritual dimension in the client/worker relationship "distinguishes caring from over-involvement, rescuing or co-dependency" and influences whether the carer experiences fulfilment or emotional depletion (Montgomery in Layton & Collins 2004:431).

The respondents were asked to describe how the professional self looks after the professional self. The following is a list of ways in which the respondents attempted to find balance in their working lives and between their personal and professional selves:

- supervision
- colleague interaction

- therapy

- spiritual practices including meditation

- introspection and reflection

- time management

- reading

- setting/maintaining boundaries

- having a meaningful personal relationship

- exercise including gym, yoga, walking

- healthy eating

- socialising

- arts and crafts

- gardening

- listening to music

- taking time out/going away

3.3.9   Balancing personal and professional values

The respondents experienced very little conflict between their personal and professional values. On the rare occasion when they did discover conflict between their own and the client's values, they would refer the client to the appropriate professional. The respondents thought that being honest with themselves and knowing their own limitations were important factors in avoiding potential conflict with values.

The social work values of respecting the right of the individual to self-determination and regarding every individual as valuable and worthwhile underlies and informs the thinking and beliefs of the respondents both personally and professionally. They therefore regard difference in a client as a challenge not a threat and they are happy to facilitate a client's finding solutions for him/herself that they themselves (the practitioners) might not choose. They do not like to impose their value systems on their clients. The respondent who works from a Christian perspective stated that she was firm with her boundaries regarding her Christian beliefs and that she did not hide

this from her clients but rather respected their right to decide whether or not they wanted to be counselled from this perspective.

3.4   Private practice

3.4.1   Motivation for entering private practice

"Poor remuneration and socio-economic change in the external environment put financial and emotional pressure on the social worker which causes him to leave the social work profession" (Bloem 2004: vi). The respondents did not leave the social work profession but they did leave the wider social work field in order to enter private practice.

The respondents, without exception, value their autonomy and this factor, amongst others, prompted them to enter private practice. They felt that being in private practice was an opportunity to explore their creativity and to develop their skills without being hampered by the rules and regulations of bureaucracy. They value their freedom and at the same time acknowledge their responsibilities. In addition private practice affords them the opportunity to be more adequately remunerated than they would be working for the government or for an NGO.

Respondents E and H experienced burnout in the agencies in which they were working. From their perspectives their case loads were unrealistic and onerous and they were unable to address these problems in a constructive manner beneficial both to themselves and their agencies. They felt frustrated with bureaucracy. They valued their autonomy and therefore took a proactive decision to enter into private practice.

Respondent C had lectured in social work for many years and like respondents E and H, was also tired of bureaucracy and the sameness of the job. He stated that his personal circumstances required him to move to another part of the country and that this was an opportunity for him to create change in his professional life. He wanted to work in the "real" world and found employment in an NGO whilst simultaneously commencing private practice. He thus works part-time in private practice and said

that when he has enough clients to make his practice sustainable, he will consider resigning from the NGO.

Respondents K and L said that they were drawn to private practice because, amongst other things, they felt passionate about therapeutic work and enjoyed developing their clinical skills. Being in private practice allowed them to use their skills creatively.

Respondent G viewed private practice as a natural progression from the experience she gained in the agencies where she was employed and through the Employer Assistance Programmes (EAP) in which she was engaged. In her perception private practice equals progress and she believes that in this context she is able to continue to develop her clinical skills. As a single parent the increase in remuneration from private practice is important to her.

Respondents A and J stated that they had many clients that their respective agencies could not accommodate. They saw these clients on an 'after hours' basis and this lead to the opening of their private practices.

Many of the respondents liked the flexibility of being in private practice. Depending on their circumstances and their needs they were able to change from working fulltime to part-time and from part-time to fulltime. Respondent Z has a husband who has long-term health problems and needs care and attention. She can provide this whilst practicing from her home. All the respondents needed to be flexible in terms of balancing their personal and professional time allocation. Working in private practice facilitates this. The respondents with young children (A & G) especially needed to work flexi-time.

All the respondents saw private practice as being financially viable and probably one of the areas in social work where the highest income could be earned. The respondents said that they were in private practice because they valued themselves as competent practitioners who could deliver a quality service and they deserved to be adequately remunerated.

In summary, the following themes for the motivation for leaving organisations and entering private practice emerged during the interviews:

- burnout (unrealistic caseloads)
- lack of job satisfaction
- frustrated and hampered by bureaucracy
- need for change
- valuing autonomy and the freedom to practice creatively
- greater, more appropriate remuneration
- flexibility of time and greater ability to balance professional and personal needs
- a platform for the development of therapeutic skills

3.4.2   Types of private practices

Respondent A – counselling

Respondent B – counselling, group work

Respondent C – counselling

Respondent D – group work, education & training, EAP

Respondent E – couples counselling

Respondent F – counselling

Respondent G – counselling

Respondent H – adoptions

Respondent Z – counselling, supervision

Respondent J – counselling, court work, supervision

Respondent K – counselling, group work

Respondent L – counselling, report writing, supervision

3.4.3   The difference between social workers and psychologists in
**   private practice**

Respondents D, Z and L believed that there was no difference between social workers and psychologists in private practice. These respondents thought that social workers

and psychologists in private practice engaged in the same work and had the same output.

Respondents B, H, J and L commented on the difference in education and training between social workers and psychologists. They saw psychologists as receiving a structured moulding or orientation in their training and being more clinical in practice than social workers. These respondents regarded social workers as working more holistically, more 'hands on' and as being more in touch with the client in context than were psychologists. Respondent D stated that psychologists rely on theory and forget about the person. Respondent B believed that social workers were more accommodating and supportive and less arrogant and aloof than psychologists. Respondent G thought that psychologists were better qualified than social workers.

Social workers are more involved in group work, community work and outreach programmes than are psychologists. Psychologists do psychometric testing whilst social workers are not permitted to do this work. Some of the social workers in private practice facilitate groups in their own practices and are sometimes involved in conducting group work at schools. Some of them are involved in outreach programmes as a free service to the community. None of the respondents is involved in community work as part of private practice.

Respondent D believed that there was a power struggle going on between social workers and psychologists. From her perspective, psychologists thought that they were more knowledgeable than social workers and did not hold social workers in high regard. Respondent K believed that psychologists felt threatened by social workers yet 'looked down' on them. Because psychologists felt threatened, their Board (Psychology Board of the Health Professions Council) was often trying to find ways and means of disallowing social workers to do the same work as psychologists e.g. practice hypnotherapy (social workers are now permitted to practice hypnotherapy) and do psychometric testing. Respondent E stated that psychologists had a stronger, more supportive Board than did social workers (Council).

The respondents were of the opinion that psychologists had much higher status and a more positive image than did social workers. It appears that generally the public hold

psychologists in private practice in high regard. However, when it comes to social workers, the public mostly do not know that social workers can be in private practice. Psychologists therefore have a ready market but social workers have to work hard to market themselves in the face of public ignorance and lack of knowledge and understanding.

Another difference between psychologists and social workers in private practice highlighted by the respondents was that of fees. Generally psychologists charge more than social workers for the same service rendered. Medical Aids tend to pay out more for psychology services than for social work services even when the service is the same.

3.4.4   Fees charged

The fees charged by the social workers in private practice ranged from R150 – R300 per hour. Every one of the practitioners operates a sliding scale and charges according to the client's circumstances. For example students, pensioners or disabled clients will likely be charged a reduced fee. Respondent D whose private practice is mostly in education and training has a contract rate which employers (corporates) pay for their employees. This rate will change depending on the number of course attendees, the length of the course and the type of training. When this respondent sees clients on an individual basis, which is rare, she charges medical aid rates. Respondent H charges R320 for adoption consultations.

Although the respondents have all worked for free at times, they believe that there is greater benefit to the client if the client contributes something, however small. The client then does not feel that he/she is receiving charity, is less likely to exploit the situation and is more likely to take responsibility for his/her part in the counselling process. Most of the respondents have done work at NGOs on an ad hoc basis for free or for a nominal fee.

3.4.5 Are social workers entitled to charge the same fees that psychologists charge?

Ten of the respondents (83.3%) stated that social workers are entitled to charge the same fees as psychologists because they carry out the same work. Two of the respondents (16.7%) believed that social workers are not entitled to charge as much as psychologists because psychologists have to study longer than social workers do and social workers are entitled to enter into private practice without the Masters degree required of psychologists. The ten respondents did state, however, that they were of the opinion that in general psychologists' fees were too high and at times exploitative. The fact that medical aid pays out more for psychology services than for those of social workers also plays a part in determining fee structure.

3.4.6 Number of clients

Respondents A and C who are in private practice part-time, see approximately 10-12 clients per week. This number varies as clients come and go, some requiring a greater number of sessions than others. The number of sessions per client could range from one (for a trauma debriefing) to a few years (as in long term therapy).

Respondents B, E, F, G and Z who work full time in private practice see between 20 and 30 clients per week. Respondents J and L see between 10 and 20 clients per week as they engage in court work and report writing respectively in addition to counselling. Respondent D was not able to say how many clients she has as the question was not applicable to her work in education and training; the numbers vary constantly. Respondent H may not see clients weekly but as and when necessary depending on the process of the particular adoption case.

On average half of the respondents (50%) see female clients and half (50%) of the respondents see a mix of genders i.e. male and female clients. Traditionally females have been more willing to seek help than males. Nowadays there is less stigma attached to seeing a counsellor or therapist and more people both male and female are seeking help.

On average eight (66.7%) of the respondents see white clients while four (33.3%) of the respondents see clients of all races. In South Africa, given its racial history, whites have been more socialised into accepting the practice of seeking counselling than have blacks. Whites are more likely to be able to afford counselling and medical aids but as blacks become more economically empowered this statistic is likely to change.

On average six (50%) of the respondents see clients from the middle class socio-economic level. Three (25%) respondents see clients from the upper middle class and three (25%) respondents see clients from mixed socio-economic levels. Clients in urban Johannesburg, which is the business capital of the country, are probably more able to afford counselling than people in less wealthy areas, especially rural areas.

These percentages from the respondents are only approximate.

3.4.7   Referral of clients

All the respondents refer their clients to other professionals or organisations when necessary. Clients may be referred when they require specialised expertise that the respondent does not possess e.g. play therapy, the treatment of addictions, mental illness. Clients may also be referred at times when the practitioner together with the client decide that they can go no further with each other and that a change in practitioner could benefit the client by bringing a new and different perspective. On occasion when there is conflict between the values of the practitioner and the client, the practitioner will refer the client to an appropriate resource. Another reason for referral that the respondents mentioned was when their practices were full and they could not take on another client. The respondents referred clients to other social workers and to psychologists depending on the needs of the client.

3.4.8   Primary responsibility in private practice

Emphasis should be placed on the importance of professional, ethical practice. In order to be aware of this it is also necessary to be aware of the professional self as has already been described (in 3.4.1 and 3.4.2). The respondents believed that they

needed to be reliable and consistent in striving to build and maintain trust; to be a catalyst for healing and to provide the opportunity for enabling the client to empower him/herself. As Rogers (in Rowan 1998:67) says "It involves an acceptance and a caring for the client as a separate person, with permission for him to have his own feelings and experiences, and to find his own meanings in them".

The only force that can produce genuine and lasting change is the power and thrust of the client towards greater realisation of the potential within (Bugental in Rowan 1998:50). Bugental goes on to say that the practitioner who knows this does not solve the client's problems, guide the client's life choices or urge forth the client's latent qualities for living more fully but focuses on facilitating the client to recognising and releasing the blocks that keep the *aliveness* uneasily imprisoned within.

3.4.9   Quality of service

The quality of service offered is inextricably linked to the primary responsibility of the private practitioner. To the respondents it means rendering an effective, professional service that is suitable for the needs of the client i.e. using the modalities that best suit the client; working at the level and pace of the client with empathy, genuineness and presence. Bugental (in Rowan 1998:70) states that presence is immensely more than just being there physically. It is being totally in the situation in body, in emotions, in relating, in thoughts, in every way.

3.4.10   How does the policy laid down by the Council affect you in private practice?

The majority of respondents stated that they were not affected in any way by the policies laid down by the SACSSP. Apart from the Council laying down standards and issuing a code of ethics by which the practitioners abide, the respondents thought that the Council did not do anything to enhance the social work profession. Rather they were seen as being a punitive body that investigated misdemeanours and used a 'big stick' approach to enforce their rules and regulations. The Council was not regarded as supportive, helpful or even approachable and did not do anything positive to enhance the image of the profession.

3.4.11   The role that SAASWIPP plays for the private practitioner

SAASWIPP is viewed as helpful, supportive and informative by all but one of the respondents. Respondent H had experienced SAASWIPP as inefficient and unprofessional. The majority of the respondents were appreciative of the courses, workshops and training provided by SAASWIPP. They believed that SAASWIPP was a body that would fight for the rights of social workers in private practice an example being their dealings with medical aid bodies that now pay out greater sums of money for social work services. Their public relations efforts are aimed at raising the profile of social workers in private practice by informing the public and by making social work more visible. Their efforts have also enabled social workers to charge a more equitable fee.   The resource book put out by SAASWIPP is a form of networking that many find helpful.

3.4.12   Marketing

Respondents A and J had clients from the agencies in which they worked, consequently when entering private practice they did not have to market themselves.

Respondents C, E, G, H and Z called on doctors in the area to make personal contact with them and to explain the nature of their private practices. They have built a good working relationship with these doctors and receive a steady flow of clients as referrals from them. Respondents E and G also have this kind of arrangement with other professionals.

Respondents B and Z worked in schools for many years counselling and doing group work and many of their clients came from these schools. Respondent B gave public talks and lectures, often wrote articles for magazines and journals and had a book published.

Respondent D works in education and training and approaches corporations and businesses where she provides courses and workshops. She gives public talks, runs meditation groups for free and distributes leaflets advertising what she offers. Networking is an important way whereby she recruits clients.

Respondent H places an advertisement in the newspaper on a daily basis for clients with unplanned pregnancies. These clients are counselled to aid them in deciding whether or not they want to continue with their pregnancies and if so whether or not they want to put their babies up for adoption. They are given the appropriate referrals when necessary. Respondent H also has an advertisement for adoptions in the yellow pages of the telephone directory.

All the respondents received clients as a result of word of mouth, implying that former clients had been satisfied with the service they received from these practitioners. As the reputation of the private practitioner grows so too does the practice. Respondents who marketed themselves when they first commenced private practice no longer need to do this as they have established viable practices. Respondents B, E, F, G, Z, J and K believe that they no longer need to market themselves as they have a steady source of clients.

3.5   Public perception

3.5.1   Public perception of social workers and the profession

The respondents were asked what they thought was the public perception of social workers and/or the profession. Although this exploratory study is researching social workers in private practice, public opinion of social workers and the profession in general has an impact on social workers in private practice. As will be seen in further questions about public opinion that follow, social workers in private practice are of the opinion that the public do not even know that social workers can be in private practice.

Without exception the respondents believed that the public has a negative view of social workers in general. In their perceptions the public views social workers as welfare or statutory workers who are punitive, untrained, unprofessional, lesser beings of little value. This view also emanates from other professionals who regard social workers in a poor light.

A couple of the respondents thought that in spite of this persisting negative view of the public there did appear to be signs of change where social workers were respected for the valuable service they rendered. They had experienced this change for which they credited SAASWIPP and did recognise that they also contributed to the change by rendering a high quality service and informing the public, where possible, about social workers and the profession.

3.5.2   Reasons for the public perception

The respondents believe that the public has a negative view of social workers because the public is ignorant and uninformed. The role that the media plays in portraying the profession negatively is part of the problem. Historically social work had its roots in church and charity work extending to welfare. Over the years social work has become a profession and has expanded its fields of service and ideological orientation without informing the public adequately, without taking credit for services rendered and without promoting itself. Public opinion has not therefore moved with the profession and the profession appears to be apathetic in educating the public. As Schenck (2003:71) states "…the community did not know or understand what the social workers were supposed to do or what they were able to do". In her article Schenck (2003:72) describes how social workers felt invisible as the people in the community were not aware of their existence and the services they could provide.

The respondents thought that the SACSSP should shoulder some of the responsibility for perpetuating the public view. They did, however, state that the onus is on all social workers to inform the public (with whom they interact) of what they do and do not do. It is equally important for social workers to be able to draw boundaries when employers and/or the public make demands that are not in keeping with social workers' training and abilities e.g. social workers do not obtain a university degree to fill in bus tickets at the General Hospital.

When social workers perceive their professional selves as inferior they are likely to render an inferior service and reinforce the stereotypical thinking of the public.

3.5.3   The impact of public opinion on private practice

Some of the respondents stated that public opinion had no impact on them and their private practices because they took a proactive stance in marketing themselves, networking, making themselves visible and rendering a professional service. They were aware, however, as were the remaining respondents, that the image and status of social workers in private practice was adversely affected by public opinion.

They usually had to explain to their new clients the difference between social workers and psychologists and had to inform these clients as to the nature of the service rendered. Because the public was often not aware that social workers engaged in private practice, social workers had to market themselves more vigorously than did psychologists. They invariably had to show psychologists and other professionals (by demonstrating their expertise over time) that they were well trained, experienced, competent practitioners who knew what they were doing.

Two of the respondents stated that there was a great deal of competitiveness amongst social workers themselves which could be destructive to good relations and to the opinions of other professionals regarding social workers. There was an element in the profession who did not value sharing but displayed professional jealousy. The one respondent said that leaving the agency where she worked in order to commence her private practice was seen as traitorous.

Two of the respondents, at times, felt inferior to psychologists. They said that only after many years of experience did they realise that they possessed the same skills as psychologists and more, and that they were equally competent. They then began to improve their perceptions of their professional selves. They stated that whilst they felt inferior the quality of the service they rendered was affected. When the practitioner feels inferior he/she is more likely to allow him/herself to be dictated to by others and will find difficulty in drawing boundaries.

3.5.4   The media and public perception

Popular television series provide misinformation about the social work profession promoting false images based on ignorance and affect the ability of the profession to

recruit the labour force of tomorrow (Gibelman 2004:333). Gibelman states that the images portrayed through television tend to have a lasting influence on public perceptions and at the same time television mirrors existing opinions and attitudes. Thus the social worker continues to be portrayed as uneducated and bumbling and the perpetuation of this view reinforces prevailing attitudes about social work and its labour force. "Messages about unqualified and untrained social workers perpetuate the low status afforded the profession by reinforcing stereotypes and substantiating uninformed portrayals of who social workers are and what they do" (Gibelman 2004:333). The constancy of television series week after week suggests a lasting and powerful forum for image building that denigrates rather than celebrates the work of social workers (Gibelman 2004:332-333).

If articles appear in the newspapers re social workers or the profession it is most often on issues of welfare - child abuse and grants. Thus do newspapers contribute to the stereotypical image of 'welfare worker' becoming entrenched.

3.5.5   Do you think that the public knows that social workers can engage in private practice?

Table 11: Can social workers engage in private practice?

Engage in private practice	Frequency	Percentage
Yes	2	16.8
No	10	83.3
Total	12	100

The majority (83.3%) of the respondents believed that the general public did not know that social workers could have their own private practices. The two respondents who did not agree had experienced clients who were more informed than the general public appears to be and they knew that social workers could be in private practice.

3.5.6   Do you think that the public knows what social workers do
      in private practice?

Table 12: What do social workers do in private practice?

What social workers do in private practice	Frequency	Percentage
Know	0	0
Don't know	12	100
Total	12	100

As can be seen from Table 12, all (100%) the respondents believed that even if the public did know that social workers could operate in private practice, they did not know what or how social workers practiced.

CHAPTER 4

4.   CONCLUSION AND RECOMMENDATIONS

4.1   Conclusion

This exploratory research with its limited non-random, purposive sample may or may not be generalisable to all social workers in private practice. The questions put to the respondents are open to individual interpretation as they create their own realities (discussed in the literature review). Through the literature study, limited as it is, and through interviewing the respondents in this research project, preliminary knowledge of the perception of the professional self of social workers in private practice has been gained. The perceptions of these respondents have more similarities than differences as they forge their own realities through their experiences in their private practices. The questions asked in the introduction, which are incorporated more succinctly in the research question, have been answered, namely:

4.1.2   Why do social workers enter private practice as opposed to other areas of social work practice?

The respondents gave a number of different reasons for entering private practice rather than remaining in other areas of social work practice. These include:

- burnout (unrealistic caseloads)
- lack of job satisfaction
- hampered by bureaucracy
- need for change
- valuing autonomy and the freedom to practice creatively
- greater, more appropriate remuneration
- flexibility of time and greater ability to balance professional and personal needs
- a platform for the development of therapeutic skills

These reasons for entering private practice seem to indicate that the respondents are proactive people who value themselves. They felt that they deserved more than they were getting from the organisations in which they worked and took the risk to achieve greater job satisfaction and more realistic remuneration in spite of experiencing difficulties in the process. These reasons reflect their positive perceptions of their professional selves.

4.1.3   What are the key factors involved in the development of the perception of the professional self?

In the respondents' perceptions the following key factors (discussed in 3.3.3) influenced the development of the professional self:

- childhood experiences and the manner in which the child was raised
- self esteem and the level of emotional intelligence of the individual
- a spiritual and/or philosophical belief system
- educational experiences and level, including ongoing training and reading
- work experiences
- mentors, supervisors, lecturers, co-workers, colleagues
- personal and professional support systems
- public opinion and the media
- SACSSP and SAASWIPP

Whether these key factors identified by the respondents facilitate or hinder their individual development depends to a large extent on how the individual perceives each factor and the meaning attributed to each experience. They did however find common meaning in their opinions on the role of the media, public opinion and the role of the SACSSP as being possible hindering factors in the development of the professional self.

4.1.4 Do social workers in private practice have positive or negative perceptions of themselves as private practitioners?

The respondents felt confident enough about themselves to enter into private practice in the first place even though they had certain misgivings e.g. not knowing whether they could build a sustainable practice. However, over the years, their perceptions of their professional selves have been steadily growing increasingly confident and competent as they have gained in knowledge and experience. They feel good about themselves and are proud to be contributing to the social work profession and to society in general in a meaningful and positive way.

4.1.5 How does the perception of the professional self affect the way in which the private practitioner delivers his/her service?

The respondents are, without exception, aware of their responsibilities as professionals in their various fields of service and strive to maintain excellence in their practices through ongoing evaluation, learning and growing. They are mature practitioners. When difficulties or problems are experienced in their practices that they are unable to remedy themselves, they seek help. The respondents continually strive to improve themselves and to know their limitations. Honesty and integrity are important values for them as are the social work values of right to self determination and respecting people as worthwhile and valuable no matter what their station in life. They believe that they deliver an effective, professional service.

4.1.6 How does the service delivery of social workers in private practice affect the social work profession as a whole?

When social workers believe in themselves, as these respondents do, they are more likely to behave responsibly, deliver a sound, professional service, maintain a high standard of practice and thereby raise the image and status of social workers and the profession as a whole. The respondents are in the process of creating an image of the social work private practitioner as being a knowledgeable, competent and effective asset to the community. These social workers in private practice are therefore an asset to the profession. As discussed in the literature review, the public is the primary

consumer of social work services, and how it views social work is vital to its acceptance of these services (Winston et al 2004:165).

4.1.7   Image and status

The image and status of the social worker in private practice was generally not given much consideration by the respondents. It was only in the interviewing process when they were asked to think about the topic that they were able to articulate their views in this regard. The respondents believe that social workers and the profession in general have a low status and a negative image which impacts on social workers in private practice. The impact is felt in that the public is generally not aware that social workers can engage in private practice. This means that when an individual needs the kind of help that a private practitioner offers, the individual will most likely seek out a psychologist rather than a social worker. Social workers in private practice therefore have to market themselves more vigorously than other professionals to make themselves visible, to inform the public and to improve their image. They do not have a "ready market" unless they have already built up a reputation and become known by working in schools, lecturing in universities or through other means have raised their profiles.

Because the respondents work independently they are used to being responsible for themselves and their practices. Hence they do what they have to do in order to make their practices viable and generally do not allow themselves to be hampered by the low status and "welfare" image ascribed to the profession by the general public. The respondents stated that when they experience confidence in themselves and they know that they render a good, professional service, they then feel confident in their interactions with other professionals rather than feeling inferior.

4.2   Recommendations

This exploratory research has met the objectives and made a commencement in the exploration of the complexities of the profession by touching on one aspect of the many fields of social work, namely private practice. The private practitioners interviewed for this study view themselves as experienced, competent and responsible

individuals offering an effective service to the public and thereby contributing to the improvement of quality of life of their clients. They believe that they contribute to uplifting the social work profession in a positive way and together with SAASWIPP strive to inform the public and to raise the profile and improve the image and status of social workers and the profession. They acknowledge that it is social workers themselves, together with the Council, SAASWIPP and the unions, who need to bring about the changes required in the profession.

They made the following recommendations:

a) It is incumbent upon social workers, whether in private practice or not, to continue to improve their perceptions of their professional selves through ongoing evaluation, learning and actualising of their potential to increase self respect so that in turn they may be respected by others.

b) The social work curriculum at the various universities could include specialisations such as business management and marketing, personal growth workshops and/or therapy and workshops for teaching students how to be professionals, including positive image and status building.

c) Changing public opinion is essential in changing the image and status of social workers and the social work profession through education – possibly via:

- positive use of the media
- public talks, lectures, magazine and journal articles
- a public relations campaign
- changing the name "social work" to get away from the negative perception of "welfare" of the general public
- careers guidance talks/workshops at schools
- changes in the SACSSP which are supportive rather than punitive; recognising that social workers in private practice contribute to uplifting the profession; recognising that every human being is worthy of receiving service should they need it – not only the indigent

- one united social work union that fights for social workers' rights and with whom social workers can inspire and empower one another

In addition further research such as a survey on public opinion is needed to highlight what the public believes to be true regarding the profession. This would assist the profession in being able to address the problem of misinformation.

Further research could be conducted in the universities to discover what is being taught and how the curriculum could be changed for the benefit of the profession. As postmodernists state, any position that sounds like a final theory or a grand design should be rejected (Hoffman 1993:107).

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6.   APPENDIX 1

INTERVIEW GUIDE

Biographic Details:

- Gender

- Age

- Race

- Language

- Marital status

- Number of children

- Number of years in private practice

- Part-time/fulltime in private practice

- Socio-economic level of the majority of your clients

- Race of the majority of your clients

- Gender of the majority of your clients

- Universities attended

- Educational qualifications

- Date of qualification as a social worker

Education and training:

- What part does the knowledge of theory play for you in private practice?

- What models and techniques do you utilise in private practice and why?

- How do you keep abreast of theory, trends and new information?

- How did your educational training equip you for private practice?

- Are there topics that you think that the university should cover in order to equip you for private practice? If so what are they and why should they be included?

- Do you get professional support for yourself? How?

- What motivated you to choose to do social work at university?

- How do you evaluate your own expertise a counsellor?

- How do you keep a standard in the work that you do?

The professional self:

- What, in your view, is the professional self?

- How would you describe your professional self?

- What factors, in your opinion, contribute to the development of the professional self?

- What factors facilitate or hinder the development of the perception of the professional self?

- What does success look like/mean to you?

- Who have you become (i.e. how have you changed from what you were when you started in the profession to how you see yourself now) and how do you experience yourself now?

- How does the professional self look after the professional self?

- Do you feel isolated in private practice? What do you do to feel included?

- How do you balance personal and professional values? i.e. Is there any conflict between your professional and personal values?

Private practice:

- What motivated you to enter into private practice – was this a proactive or reactive choice?

- What, in your view, is the difference between social workers and psychologists in private practice – if any?

- How much do you charge per client per hour?

- How did you arrive at this figure?

- Do you ever work for free or pro bono? Why?

- Are social workers entitled to charge the same fees that psychologists charge? Why?

- On average, how many clients do you have?

- Do you refer clients to other social workers or psychologists? Why?

- What is your primary responsibility in private practice?

- What does quality of service mean to you?

- How does the policy laid down by the Council affect you in private practice?

- What role does SAASWIPP play for you in private practice?

- How do you market yourself?

 Public perception:

- What do you think is the public's perception of social workers and/or the
  profession?
- Why do you think this is so?
- How does this affect you in private practice?
- How does public perception of social workers and/or the profession influence
  the status of social workers in private practice (and the profession)?
- What part does the media play in the public perception of social workers in
  Private practice?
- Do you think the public knows that social workers can be in private practice?
- Do you think that the public knows what social workers do in private practice?
- What do you think can be done about the situation?

APPENDIX 2

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ONE SENTENCE ON FIVE LINES ABOUT CREATING MEANING;

IN PERSPECTIVE OF RELATIONSHIP, PREJUDICE AND BEWITCHMENT.

Preliminary attempts to explicate some thoughts

that everybody already have somehow-thought of.

Introduction.

Ludwig Wittgenstein was much occupied with the question: "How can I go on?" (Wittgenstein, 1953, #154). It is the main project for all humans to find answer to that question, such that we can say: "Now I know how to go on!" I see it myself as a question of how we can go on from this moment to the next moment. There is more than on way to know, and I will mention three ways, each belonging to different realms of life; i) to explain, ii) to understand and iii) to be sensible of.

We can explain that which we can see and touch and is standing still such that we study it and eventually re-study it. The description we can make looks like: <<this is what is>>.

We can understand that which we can see and touch but does not stand still as it shifts, with time and contexts. The description we can make looks like: <<this is what it might be>>, implicitly saying that it might be different at an other point in time or in an other context.

There are often situations when we can say: «I feel there is

something here but I do not understand what it is>>. This third

kind of knowing, to sense the situation leads to how one

relates to the situation. One might relate well to a situation

without be able to explain it or understand it.

The two first kinds of knowing can be to create meanings that can

be formulated and passed on to others. This article, which

deals with these two kinds of knowing, is an attempt to

discuss various aspects of the act of creating meanings,

formulating the meanings and the delivering of them; in daily

life, in clinical life and in research life.

Particularly will the language's impact on this act be mentioned.

We know from what we already have known.

Before going into the issues mentioned in the introduction, I

must deal with the relationships between basic assumptions and

the meanings that are shaped.

Donald Polkinghorne summarizes this in his way, as he refers

to Ludwig Wittgenstein, Peter Winch, Benjamin Lee Whorf og

Hans Georg Gadamer:

> "-- all (those named above) propose that apodictic
> (objective, true, correct) knowledge is impossible,
> because human beings cannot stand outside their
> language system and cultures and obtain an absolute
> viewpoint. All our knowledge is conditional know-
> ledge, constructed within our conceptual systems,
> and thus knowledge is a communal achievement and is
> relative to time and place".
> (Polkinghorne, 1983, p 13.)

Martin Heidegger points to our pre-understanding and Hans

Georg Gadamer to our prejudices as the basis for what we come

to understand f.i. a particular person (Wachthauser 1986, Warncke 1987). They say that we **cannot not** bring with us basic and general assumptions what a person is. These assumptions influence our understanding of a particular person in the moment we meet her or him. If we, in the meeting with this particular other, see or hear something we have never experienced before, this new will turn back upon and nuance or even change our basic assumptions. That is called the hermeneutic circle.

a general	a particular
PRE-UNDERSTANDING	UNDERSTANDING
OF OTHERS	OF **THE** OTHER

One common prejudice.

Very many people in the western culture have during the last three to four hundred years hold the basic assumption that what a person expresses is driven forth from an inner "core" that exists inside the person; <<the centre of a person is within the person, and what person says or does represents this <<core>>. To come to know has been assumed to be a result of an individual mental process (Gergen, 1994). There have been assumptions that this process is based on certain <<intra­psychic structures>>, which have been labeled, f.i. as

motivation, memory, subconsciousness, ego, etc. The individual person is assumed to be a passive receiver of impressions from the surrounding world, and the person is assumed to be able to make a representative and true picture of it. And, «..language is an instrument for bearing truth, on the one hand, and for conveying rational thought (internal concepts or meanings) on the other. To paraphrase, <<When I make accurate observations of the world and share my conceptions with you via language, you too will know the world>> (Gergen, 1994, page 84).

A challenging prejudice.

A person is not assumed to be a passive receiver of impressions, but an active selector of them. The person is not a neutral receiver of impressions but is prejudiced to select what he selects. The selected impressions are transformed to a picture, which is given meaning by putting it in a perspective. That is also a prejudiced activity. The language is a creative living force in the process of making meaning and the formulation of it. Since language also is a basic element in and indivisible from conversations, meanings are to a large extent created in the space between persons. This challenging prejudice says that; if a centre of a person exists, it exists between the person and other persons; in the language; in the conversations, in the relationships, in the culture (Gergen 1994, Shotter 1993). What a person says or does, do not represent anything else. It is only what is said or done. It is there; <<in plain view>> (Wittgenstein 1953)

Since language and conversations now has been so strongly
emphasized I want to mention some assumptions about language.

Seven assumptions about language and voices.

What I write in the following is pretty condensed compared to
the sources it relates to. The written sources are:
Wittgenstein (Wittgenstein 1953,1980, von Wright 1990, Grayl-
ing 1988, Shotter 1996), Vygotsky (Vygotsky 1988, Morson 1986,
Shotter 1993,1996), Derrida (Sampson 1989) and Bakhtin (Bakh-
tin 1993, Morson 1986, Shotter 1993,1996).
The sources are also my own experiences of the usefulness of
these assumptions when they are applied in practical work.
Actually, the practical focusing on what others expressed,
emerged more or less "by itself" in the so-called 'reflecting
processes'. These processes are open therapeutic talks, where
questions and answers come from all the participating parts' perspectives
(Andersen 1995).

i) Language comprises all kinds of utterances. This includes
both words (sounds) and bodily activities; language is acti-
vities.
ii) Language is the vehicle by which we create meaning. The
language will on one side give the possibilities for, but on
the other side limit what we come to understand; language
limits our realities.
iii) There is nothing 'behind' or 'under' what is expressed.
What is, is what is expressed and only in what is expressed.

iv) The activity of language comes first, then the thought
One searches through one's repertoire of language to find
expressions. With the expressions, when they are found, comes
the thought (meaning). As Harry Goolishian, a famous armenian
american family therapist, who died in 1991, used to say:
"We need to talk in order to find out what we think!"
v) Language comes at first from outside. The small child, up
to two or three years of age, learns the adults' words as part
of a social activity. The child's first repertoire of words can
be regarded as imitated sounds. Then, between approx. three
and seven, when the child plays alone with itself and talks
loudly, the child makes the words it's own. The language
becomes personal, but since it comes from it's surroundings,
it will never be private. At the time when the play and the
simultaneous loud talk vanishes, the inner dialogue of the
child is established. When that happens the child have both
outer and inner voices to carry the words of it's language.
Lev Vygotsky assumes: "We **are** the voices that inhabit us",
(Morson, page 8), and "For Mikhail Bakhtin, the creation of a
self is the selection of one innerly persuasive voice from
among the many voices you have learned, and that voice keeps
changing every time it says something" (Morson page 8). I
would add that the selection of one innerly voice happens, in
the moment. In the next moment another voice might be selec-
ted.
vi) A person's utterance f.i. a word, will when the person
 self recognizes (experiences) it, make the person re-

experience of something she or he has experienced before. The
same word might therefore carry very different meanings for
different persons, and the word does not represent what it is
to describe, it relates to other words in our language.

vii) A person's utterances are **informative** as they tell others
and the person self something about her-/himself.

In addition the utterances are **formative** as the activities of
utterances not only form the person's thoughts and meanings,
but the whole person. That means that in the moment the utter-
ances occur, the person's being-in-the-world is created as
well. One does not do something kind because one <u>is</u> kind, but
by doing something kind one <u>becomes</u> kind.

When words are spoken in the open they may become extremely
powerful. A fantasy or a fiction may start to exist as a fact
if it is talked about long enough.

The voices and the words.

The outer and inner voices, when they carry the words and
thereby our pre-understandings (prejudices), will form our
meanings and thereby our being-in-the-world. We are not pro-
tected from what Wittgenstein called the bewitchment of our
own utterances, neither as ordinary persons nor as clinicians
nor as researchers.

What is found on the last six lines could be called **the** big
assumption.

One might say that part of being a person is to be bewitched
and to be prejudiced.

We can neither <u>not</u> be bewitched nor prejudiced.

The hermeneutic circle and the community.

Our inner talks correspond with our outer talks, and the outer

talks are part of the conversations in the community we belong

to. These conversations are significant as they have the power

of centralizing certain languages and marginalizing others.

Which kind of language is available for forming our basic

assumptions?

PRE-	UNDERSTANDING	THE COMMUNITY'S
UNDERSTANDING	THE PARTICULAR	CONVERSATIONS

The act of one's understanding the particular.

The act of one's understanding something and share this under-

standing with others comprises at least five elements;

i)   a relationship between the one who is to understand

and the particular (f.i. a situation or a person) to be under-

stood;

ii) one makes distinctions (defines the foreground) plus

iii) one selects the perspective (defines the background), ii

plus iii) "produces" a description; foreground against back-

ground;

iv) one formulates a spoken or written text; and

v) one shares what is formulated with the community.

One of the assumptions in this paper is that our **on-going daily inner and outer talks** determine how we relate to the five mentioned elements.

For simplicity I have chosen to discuss prejudices (inner and outer talks) of the five issues by giving two contrasting stands on each of them as examples.

i) One might f.i. say: "he has much aggression" or "his angry behavior is related to his character**". Such on-going daily inner and outer talks** bewitch one to think that being angry is an individual phenomenon, and thereby to think that the obser-ved is what he is, independent of time and context.

The contrasting inner and outer talks might say: "he is angry right now related to what the other said". **Such on-going daily talks** bewitch us to think that the present parts influence each other and both are participants, and in a wider sense such talks bewitch us to think that human behavior is communal and related to time and context.

(I have myself found a great interest to notice the particular powerful bewitching effect the two verbs to be and to have, might have, if one forgot to add the aspects of time and context to them.)

ii) On-going daily inner and outer talks that bewitch us to think of behavior as an individual phenomenon, make us search

for personal distinctions of the other, by f.i. filling out

individually oriented questionnaires or rating scales.

Contrasting on-going daily inner and outer talks make us think

of behavior as time- and context-bounded, and make us search

for distinctions of relational kind, f.i. by asking "who

talked with whom in which way at which point in time?"

iii) On-going daily inner and outer talks of such kind: "he is

angry because his childhood was so difficult" or "he is angry

because he has never met friendliness" make us easily think

that behavior can best be understood in perspective of the

personal history.

Contrasting on-going daily inner and outer talks of the fol-

lowing kind: "he is angry in order to protect himself" or "he

is angry in order to cover his sadness in the presence of his

enemies", tend to bewitch us to think of behavior in the

perspective of his being-in-the-world in the on-going circum-

stances in this moment.

iv) Our formulations will naturally be similar to what we say

in our inner and outer talks.

We might formulate: "he is angry" or "he is very aggressive"

or "he has a strong aggression".

A different way to formulate would be: "he was angry for some

seconds when he thought.." or "he was angry when he heard.."

or "he was angry when he was talked of as.."

How will these two kinds of formulations influence the recei-

ver of the text? The receiver might be bewitched as well,

maybe without realizing (recognizing) it?

v) Which community will receive and accept which kind of
formulation?
The community will most probably prefer the language it is already
used to.
Maybe the community will require a certain language in order
to take the text into consideration?
That certain language bewitches the person (that carries and
utters that language) in a certain way, I would say!

One sentence on five lines.

I will now put one sentence on five lines, where each of the
five lines represents five different levels of the act of
creating meaning. All the activities on each line are
activities in language.

The communities regulate
the formulations (language) of
the stories (meanings) of
the distinctions (what one see and hear) of
the event (episode, moment, problem etc).

Notice the underlinings; the event is in singular, the others:
distinctions, stories, formulations, communities are in plural.
One event can give rise to many distinctions, one and the same
distinction can create many stories, one and the same story
can be formulated in many ways etc.
Turning down up one might say:

The text (the episode, etc.)

creates texts (distinctions) of the text, which

create texts (stories) of the texts of the text, which

create texts (formulations) of the texts of the texts of the

text.

Our on-going inner and outer voices carry our prejudices

such that our distinctions are almost made before we have

made them. Our prejudices "sneak" in between the line of

event and the line of distinctions and form the actual

distinction. Correspondingly the perspectives are selected

beforehand, as

are the formulations by which we express our stories.

Monological and dialogical conversations and corresponding

relationships.

The finnish psychologist Jaakka Seikkula refers to Vygotsky

and Bakhtin as he talks about these two kinds of conversations

(Seikkula, 1985). The first kind, the monological, is a talk

in the perspective of one of the parts only. One part asks the

questions and the other parts are there only to answer. The

other kind, the dialogical, is a talk in all parts' perspec-

tives where all present can ask and all can answer.

The first kind could be called a hierarchical relationship,

with one upper and one lower part. The upper is usually

called an expert.

The second is a democratic one, where all parts can influence

how the parts talk and work together. The parts are not equal

as they come from different backgrounds and have different

experiences. But they, have equal right to influence on **how** they

collaborate.

In relationships with one part as the expert, one often finds

the language to be an expert-language. The meanings or the

knowledge created in expert language will easily be useful for

the expert and his expert-community only.

How many experts are aware of how their expert-language be-

witch them and produce their prejudices? How many experts

think of how these prejudices sneak in between the five

lines in the sentence above? How many experts think of how

their prejudices contribute to select one particular of many

possibilities on each of the lines?

In relationships where all parts can influence how they talk

and work together, one most often find the parts' ordinary,

daily language. Even if the parts are not aware of their

prejudices, all voices can be heard in the process of making

distinctions, selecting perspective and finding formulations.

The knowledge created in their own daily language becomes

available in their daily community.

"Now I know!"

Maybe an understanding of the activities within the sentence

on the five lines can help us,

whether we are psychotherapists, clients, scientists, mothers,

fathers, presidents, prisoners or whatever

to know how we come to say: "Now I know how to go on!"

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