Post Structural Approaches and Social Work

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Introduction

‘Family Therapy II: Post Structural Approaches’ has provided me with a deep understanding of collaborative ways of helping. This has been valuable teaching as I embark on my journey into clinical social work practice. The social work profession, “is dedicated to the welfare and self-realization of all people…and has a particular interest in the needs and empowerment of people who are vulnerable, oppressed and/or living in poverty” (Code of Ethics, 2005). Anderson (2007) notes, our world is shrinking in the face globalization and technology which is putting a spotlight on “(1) democracy, social justice, and human rights. (2) the importance of the people’s voice, singular or plural and (3) the necessity of collaboration” (p. 1). She further notes, “People are demanding systems and services that are more flexible and respectful of their needs” (p. 1). Post-structural approaches are perfectly situated to address the ethics and mandates of the social work profession and meet the demands of individuals who are rapidly losing faith in rigid institutional practices.

This paper will examine selected learnings from ‘Social Work 699 – Family Therapy II: Post Structural Approaches’ and discuss them as they relate to my chosen profession in clinical social work. Collaborative relationships and dialogical conversations will be discussed as will selected principles of narrative approaches. The value of reflecting teams and the concept of ‘healing in community’ will also be discussed as it relates to the social work profession.

Collaborative Relationships

When I first entered into my social work education, I knew my desired end result was clinical work. It has been a long journey getting to this final destination. During my orientation into the social work diploma program, I was asked to write about an area I felt I needed to work
on in my person life. I responded by explaining I needed to work on the area of ‘conflict’. I was subsequently placed at ‘Child and Family Services’ with an investigator for my very first practicum placement within my first month of college. Needless to say, I was a little freaked out. I went into social work training being pretty sure I did not want to work for child welfare, although at the time, I was unable to articulate what exactly it was that made me so uncomfortable about the role. By the end of the year, I had become certain this was not an area I wished to work in and was able to identify I was not comfortable with having that kind of power over others. I do not regret my time with ‘Child and Family Services’. I learned a lot about people, life and most definitely about conflict, but most importantly, I learned a great deal about myself.

Following my heart into clinical practice, I felt much more comfortable about not having to exercise control over other people. I have come to realize however, that the role of clinical social work carries with it power over others in many subtle and hard to identify ways. Things are often easier to address when they are more blatant. I have found post structural approaches provide a way of being with clients that helps to keep my power in check.

Anderson (2007) describes collaborative conversations as, “a way in which we orient ourselves to be, act and respond ‘with’ another person that invites the other into shared engagement, mutual inquiry and joint action” (p.3). It provides a way for people to create and connect with others in conversation. She further notes it’s a social activity or a process which is a community partnership where all members have a sense of ownership, belonging and participation. This kind of relationship values the other, thus providing a balance of power.
Dialogical Conversations

Key to postmodern approaches is challenging and seeking alternatives to the fundamentals of knowledge. There is an importance placed on maintaining a questioning and skeptical stance regarding ‘grand narratives’ and ‘universal truths’ (Anderson, 2007). Knowledge is considered an interactive process that all individuals contribute to and create (Anderson, 2007). Language is one of the primary ways we articulate meanings to others, and is the primary vehicle with which we create knowledge (Anderson, 2007). From a postmodern stance, language is viewed as creative and active, rather than being representational and having static meaning. Dialogical conversation presents a particular way of talking with others that involves mutual or shared inquiry about a topic. Each individual shares in responding by commenting, examining, questioning, wondering, reflecting, etc. (Anderson, 2007). The work in dialogical conversations is trying to understand the other through an active process of responding and learning about the uniqueness of the other person. Anderson (2007) notes dialogical conversations are about an, “always becoming, never-ending process” (p. 4). Tom Andersen is quoted as saying:

Always try to understand what others are trying to tell you, just don’t understand too quickly! When we understand too quickly, we stop being curious. When we are no longer curious, we stop asking questions. When we stop asking questions, we no longer invite those with whom we are conversing to express their own opinions, theories and ideas (Shotter, 2007).

In post structural approaches, rather than being techniques, collaborative relationships and dialogical conversations are viewed as a philosophical stance and reflect a way of being with people. With a lack of techniques and tools, the leveling of power between the helper and the client and the therapist’s stance of ‘not knowing’, post structural approaches are often
criticized for diminishing the therapist’s contributions to the helping process and ‘impoverishing therapy’ (Anderson, 2005). Harlene Anderson, one of post structuralisms best known therapists, often finds herself defending her philosophical stance. She responds by noting the post-structuralist therapist is an expert of process and space (2007) and that they do not deny having ‘relational’ and ‘conversational’ expertise (2005). She describes ‘not-knowing as follows:

Not-knowing refers to the attitude and belief that the therapist does not have access to privileged information, can never fully understand another person; and always needs to learn more about what has been said or not said…not knowing means the therapist is humble about what she or he knows (2005).

This sense of humility sits far better with me, not only in my preferred practice framework, but also with the mandates the social work profession embodies. The Canadian Association of Social Workers (CASW), Guidelines for Ethical Practice (2005), provide a picture of ethical responsibilities to clients. Providing priority to clients’ interests and promoting client self-determination (p. 3&4) are easily accomplished using post-structural approaches. The CASW’s Code of Ethics (2005) lists a core social work value as “respect for the inherent dignity and worth of persons” (p. 4). Again, the therapist is perfectly situated to accomplish this using collaborative relationships and dialogic conversations. Another social work core value set out by the CASW (2005) is “the pursuit of social justice” (p. 5). Post structural approaches work to level the balance of power within relationships and provides a way to be with clients which does not replicate oppressive societal discourses.

Also important to the social work profession is cultural sensitivity. The CASW’s Guidelines for Ethical Practice (2005), under the heading of, ‘ethical responsibilities to the client’ states the social worker is to, “Demonstrate cultural awareness and sensitivity” (p. 4).
The idea of cultural competence comes out of modernist ways of knowing and would suggest knowledge brings control and effectiveness (Gray, Coates & Hetherington, 2007).

Postmodernists’ question the idea we can become competent with a notion as complex as another’s culture (Gray et al., 2007). Post structuralists then, would approach the client with a ‘lack of competence’ with the client as the expert and the practitioner in a stance of seeking knowledge and attempting to understand what life is like for the client (Gray et al., 2007). Gray et al. further note, “There is no thought of competence – instead, one thinks of gaining understanding (always partial) of a phenomenon that is evolving and changing (2007, p. 11). They further note:

Postmodernism served to expose the ‘soft underbelly’ of modernism by challenging universalisms, focusing on the social construction of knowledge and drawing attention to the inherent allocation of power that flows from privilege. The challenge to universalism made it possible for the voices of the marginalized to be heard. (2007, p. 15).

Post Structural philosophies enable the practitioner to approach others with cultural humility and sensitivity, as opposed to a sense of ‘cultural competence’.

Collaborative relationships and dialogic conversations put into action, fit well with social work values and ethics. Narrative therapy, another theoretical helping approach based in post structural stances, also fits well with social work values and ethics.

Narrative Therapy

Narrative therapist’s purpose people understand their lives and their relationships with others through stories. Michael White, one of the originators of narrative therapy, explains narrative therapists work to join with individuals to facilitate ‘rich story development’ (Combs
Rather than being focused on solving problems, the narrative therapist works to immerse people in life stories that offer other possibilities and directions rather than those offered by problem saturated stories individuals come to understand themselves in (Combs & Freedman, 2012). White believed people are recruited into actions and ways of thinking which create problems. The narrative therapist asks questions to extract the ways in which individuals are recruited into problems (Combs & Freedman, 2012). Through answering these questions, individuals can start to see gaps in their stories. Through ‘double listening’ the therapist searches for unique outcomes or alternate stories they then question the individual about. This provides opportunity to ‘thicken’ alternate stories, thus enriching the ways individuals see themselves.

The underlying assumptions behind narrative therapy lie in post structural philosophy. While structuralists would say individuals have essential, stable characteristics which can be grouped and graded into universal norms, poststructuralists are more interested in local, particular stories than they are universal truths (Combs & Freedman, 2012). Poststructuralists focus on contextualized meaning-making rather than on an all-encompassing reality. Lives are valued in terms of exceptions, rather than how they fit general overarching categories (Combs & Freedman, 2012).

Narrative therapists believe the stories individuals come to believe about themselves are constructions created by society. These social discourses are all around us and the therapist can reproduce these discourses in the helping relationship without being aware of doing so. By working collaboratively and exposing discourses and power differentials that underlie individual’s problems, the therapist works toward social justice for clients in a manner consistent with social work values.
Narrative therapy also works to externalize an individual’s problems from themselves. Instead of supporting the idea the individual is the problem, externalizing makes the problem the problem (Combs & Freedman, 2012). The externalizing stance supports a focus on social justice as it works against marginalization which can occur when people’s identities are laden with pathologizing labels (Combs & Freedman, 2012). In an atmosphere where mental health is dealt with predominantly using medically based and pathologizing methods, narrative therapy works to counter marginalization and the imposition of dominant social discourses.

Collaborative and narrative therapies based in a post structural philosophy are a good fit not only for the social work profession, but for me as a practitioner. I have always lived in either a rural or far north, remote community. This has affected me in ways I am only coming to understand. I have a deep understanding of local and contextualized meaning. I can see ways universal truths have been imposed. I can see this within the Canadian Association of Social Workers. Throughout my education, I have been taught that dual relationships should be avoided and that they are inherently problematic. While I understand they can indeed be problematic, I also understand they are unavoidable in rural and remote communities that face limited resources. In many rural and remote communities, if the practitioner does not become involved in the community, it can be damaging to their reputation and practice and they are inevitably rejected. A more useful conversation regarding dual-relationships might be situation ethics and the implications of power imbalances for both the client and the practitioner. Instead of being taught to avoid them, what if we talked about managing them when they do happen? This is an example where I can see the disparity between an imposed ‘universal truth’ and a lived reality. For the rural/remote practitioner, this leads to further grappling with ethics and tensions so
inherent in the social work profession. I am grateful I have met many mentors along the way who I can turn to when wrestling with challenges faced in rural practice.

The practice of reflecting teams as an ‘outsider witness group‘ used in narrative and post structural approaches leads me to the final teaching I will discuss from my learnings in SOWK 699 as it relates to the discipline of social work.

Healing in Community

The Canadian Association of Social Workers notes:

The primary focus of social work practice is on the relationship networks between individuals, their natural support resources, the formal structures in their communities, and the societal norms and expectations that shape these relationships. This relationship-centered focus is a distinguishing feature if the profession…Work in the mental health field requires an ability to work collaboratively and is strengthened by a systems perspective. As these knowledge and skill areas are emphasized in social work education, social workers are well positioned to play a significant role as our society strives to achieve mental health goals in the twenty-first century. (CASW, 2015).

Many of the theories and philosophies I have studied this semester have pointed me towards the idea of healing happening within community. This is clearly another area where post structural approaches are aligned with social work values.

Narrative therapy teaches identity is relational, meaning, “our stories of who we have been and who we can be wouldn’t exist outside of our relationships with other people; they are shaped by our experiences with others and our sense of how they perceive us” (Combs & Freedman, 2012, p. 1034). Narrative therapists have incorporated Tom Anderson’s concepts of
reflecting teams into practice. Combs & Freedman (2012), explain reflecting teams are usually composed of therapists who observe a session and have conversations about the session that the client is invited to listen in on. The client is then invited to reflect on what they have heard. This provides the client with an ‘outsider witness group’. Reflecting teams are not always composed exclusively of therapists. They can be made up of therapists and people who are invited to join either because of their knowledge or because of their importance to the people being interviewed (Combs & Freedman, 2012). Reflecting teams provide a sense of community within which an individual can create understanding about themselves and find potential healing.

Narrative therapy works in other ways to create healing in community. Not only are problems examined in the context of larger societal discourses, but ‘audiences’ can be created through questioning the individual about who observes their unique outcomes. Questions like ‘who noticed the differences first’, ‘who would be a good member of your support team’, and ‘how could they support you’ draws others from their lives into the therapy room (Lysack, 2015). These individuals may or may not make a physical appearance in the therapy room, but their presence, whether representative or physical, can be helpful.

Other examples of healing in community that have come forth in my master’s training include concepts of ‘internalized other interviewing’ which is “enabled in practice by a view of the psychological self as constituted by an internalized community including all the past, present and anticipated future patterns of interaction among the members of that community” (Tomm, 2014). Gray et al. mentions the concept of mino-pmiatisiwin from Cree culture which is defined as “the good life in which people and communities take responsibility for healing and growth” (2007, p. 21). They further note, “Native cultures emphasize cooperation, harmony and collective responsibility. Thus the goal (of self-actualization) is more akin to family and tribal
self-actualization” (p. 21). Seikkula and Arnkil’s work in *Dialogical Meetings and Social Networks* (2006) also values healing in community in both the practices of ‘open dialogues’ and ‘anticipation dialogues’. Though their approaches hold great value regarding the strengths of healing in community, they would be difficult to apply in their totality in North America, however principles can be drawn from these approaches and applied in creative ways within our systems.

The concept of healing in community is of great value to me. I have a deep held belief that when we hear someone speak the truth it resonates in our spirits. For me, in my chosen profession, at this particular time in history, the importance of finding healing through community resounds with truth. Ancient wisdom from indigenous cultures teaches self-fulfillment can only be realized through group fulfillment (Gray et al, 2007). In our Western society, so heavily focused on individualism, the concept of healing in community draws us back to the importance of family, kin and social networks…to community.

**Conclusion**

Post structural approaches embody many of the same values as the social work profession including, ‘respect for the inherent dignity and worth of persons’, the ‘pursuit of social justice’, putting priority on client’s interests and the importance of cultural awareness and sensitivity. This paper has examined collaborative relationships and dialogical conversations, as well as selected principles of narrative therapy as they relate to the social work profession. The concept of healing in community was also discussed. The espousing of social work and post structural approaches situates me perfectly as a practitioner in a post-modern society. Thanks for that Dan!
References


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