

MAKING TRANSPARENT THE EMBODIED LIFE AND SKILLED KNOW-HOW OF SOCIAL WORK: PRACTICE AND RESEARCH

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- **ABSTRACT:** Social Work is at its core a qualitative, life-centered practice, where assessments and interventions take place in the interconnected worlds and experiences of client and family, and in the engaged, interpretive and reflective position of social worker. The understanding of social work as a practice of advocacy and experience is masked by the positivist research agendas of social work departments, institutional policy and research entities that may define social work for practitioner and researcher alike. This article reclaims social work as a myriad set of practices that inherently and also self-consciously recognizes the client as a person for whom things matter, whose concerns are reflected in the expression of their day to day living, their approach to problems (and what defines a problem), and finally, recognizes the social person whose mattering is reflective of their world and the persons in it. To do this, interpretive phenomenology is used as a framework to introduce concepts of personhood, mattering, being, embodiment and situation to illustrate how social work already uses these concepts, and how social work research can recognize and affirm the power of on-the-ground, social work caring practices.

KEYWORDS: interpretive phenomenology. social work. lifeworld. Praxis. social work research.

In social work we take for granted our position as participant in the world of our work, whether that is in schools, community agencies, hospitals or clinics, or other sites where social work is present. We make home visits, we ask our clients or patients (the social role naming of the person we're helping dependent on the institutional environment we are working in) to tell us about their world, because we have been taught and we know through our experience that the story, the narrative of

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the person's life, is essential to understanding the concerns that shape their lifeworld and what will determine the interventions needed in serving the person's and/or family's needs. While we may not use words like "lifeworld" or "embodied" in our everyday worlds of work, we are acutely aware that what is mattering at the time to the person sitting across from us is intimately connected to the situation, and the context and meanings that shape their experience. This article is intended to demonstrate a way of research and practice in social work that remains, at least in this writer's estimation, hidden and opaque both in- and outside of the profession of social work, though it feels central to articulating the central themes of social work practice and research: entering the world of the client/patient/participant, letting the experience of the participant inform intervention and/or data. In order to illustrate the meanings that are articulated when speaking a problem, I use interpretative phenomenology as a process of understanding, as well as explicating the conditions and perceptions of problems inside the lifeworld of *social persons* – who are members-participants rather than autonomous individuals – and of how persons as socially constituted beings dwell in their world.

Interpretive Phenomenology and its application to Social Work

Lifeworld, or *world*, in Heideggerian terms, is that "meaningful set of relationships, practices, and language that we have by virtue of being born into a culture," (LEONARD, 1994, p. 46). It is pre-reflexive and given to us, and is for the most part a self-evident part of our day-to-day living. World is backgrounded and taken for granted, has shaped and continues to shape us even as in our actions we are shaping our social and emotional environment, and ourselves, through our day-to-day experiences. World is present as well in those moments when what is taken for granted is not working. In those moments of clearing we move into (one kind of) self-awareness of who and what and where we are by questioning the tools we are using and how it is informing our being: how we are doing things, and the meanings of the doing as embodied in caring practices

(BENNER 1994b; LEONARD 1994; DREYFUS, 1991; TAYLOR, 1985; MERLEAU-PONTY, 1945).

The area where interpretive phenomenology has received the most use in explicating a caring practice is nursing, by nursing scholars such as Patricia Benner, Catherine Chesla, Victoria Leonard, and others. Looking at caring practices through the lens of interpretive phenomenology presents a powerful tool for demonstrating how concern, and realization of how our practices embody our concern, move us deeper into the reality of world as both common and unique, as smoothly functioning or working, and as broken down or incoherent (DREYFUS, 1991; BENNER, 1994a). In the next section, a brief overview of interpretive phenomenology is given.

What is Interpretive Phenomenology

The other is always understood under certain aspects and conditions. Respect for commonalities and differences between the researcher and the researched as embodied member participants and others requires dialogue and listening that allow the voice of the other to be heard or reveal silence. No claims can be made that the other will be understood completely because human beings and worlds are not objects and cannot be frozen in time or explicated fully. Furthermore, the interpreter can never escape his or her own taken-for-granted background or stance that creates the possibility of an interpretive foreground," (BENNER, 1994b, p. 100).

Benner (1994a) emphasizes the uses of an interpretive phenomenological approach in the study of health and illness in order to "understand the world of concerns, habits, and skills presented in participants' narratives and situated actions," (p. xiv). In order to begin to question any social problem, it is important for the researcher to understand the context in which the participants involved and moving within such "problems" interpret their experience and articulate their concerns. As van Manen (1990) writes, "a true reflection on lived experience is a thoughtful, reflective grasping of what it is that renders this or

that particular experience its special significance,” (p. 32). This reflections allows us to enter the hermeneutic circle of experience, that is, the moment-to-moment interpretations that are examples of the comportment we express in the doing of what matters to us (TAYLOR, 1985, BENNER; WRUBEL, 1989, HEIDEGGER, 1962). The “special significance” of any research project or intervention is hopefully in the value of understanding the participant’s life in their everyday worlds, what is at stake for them, and how their concerns shape their coping and responses to their situation.

In using interpretive phenomenology as a method of understanding data, whether that is from primary research or in an interpretation of secondary research, the interpretive phenomenological approach illustrates the act of being engaged, through the data, into the hermeneutic circle of the particular experience (LEONARD, 1994). A phenomenological approach rejects the oppositional understanding of subject – object present in empirical work in order to attend to a fluid and necessarily open approach to lifeworld, (BENNER, 1994b). For van Manen (1990) phenomenology “does not offer us the possibility of effective theory with which we can now explain and/or control the world, but rather it offers us the possibility of *plausible insights* that bring us in more direct contact with the world,” (p. 9, emphasis mine). Benner (1994b) states that in “seek[ing] to hear and understand the voice of participants,”

It is expected that this voice is not a privatized, purely subjective voice but rather an embodiment and lived understanding of a world and set of local clearings created by social groups, practices, skills, history, and situated events (BENNER, 1994b, p. 100).

The underlying philosophy of interpretive phenomenology, Heidegger’s lifeworld, Taylor’s (1985) concept of the person and the comportment that communicates what matters to a person in their actions and practices, and Merleau-Ponty’s (1945) embodiment, I propose, makes explicit and provides a philosophical grounding for the social work research project, or the approach to social work interventions as part of a coherent

practice with notions of the good embedded practice. As social workers we are already engaged by listening and being attuned to the client's story, and to our responses as social worker to the story. The use of narrative, a first person, experience-near account of the person's current situation and concerns (GEERTZ, 1973), when understood as expressions of lifeworld, as the embodied story of every day practices, informs social workers in their practice of not only how a person is coping, but how their coping is an expression of what is at stake for the person in their context that reflect their ways of being in the world (HEIDEGGER, 1962; TAYLOR, 1985; BENNER, 1994). In research, interpretive phenomenology goes to the heart of a "best practices" approach by both reflecting experience, and allowing the researcher or practitioner a reflexive base from which to explore her own reactions and interpretations. Rather than explicating biases, a dualistic term meant to account for a lack of objectivity (and hence clarity), truthfulness and verisimilitude are used to verify the resonance of the researcher's or practitioner's interpretation of the events to the participant's own particular embodied understanding. Interpretive phenomenology calls on Geertz's (1973) "thick descriptions," and may utilize grounded theory methods such as exhaustive memos (GLASER; STRAUSS, 2007) to insure that the interpretation of an event, a phenomenon or experience receives full and exhaustive examination, and that the interpretation acknowledges and makes primary the lived experience of the person, rather than the analytic goal. Fundamentally, interpretive phenomenology does not seek a theory or explanation outside of lived experience. Rather, interpretive phenomenology seeks to illuminate and make transparent lived experience, circumstances, concerns and actions that capture the person's understanding of problems, challenges and strengths; those qualities and values that make social work a powerful tool for revelation and change in the larger worlds of social systems, problems, and justice issues.

There are many ways that social work already affirms and asserts the importance of entering the hermeneutic circle, that is, the interpreting world of the client, in every day practice. Interpretative phenomenology can help to articulate the self-

awareness of practice, the reflective nature of practice and research, and how social workers embody themselves as beings of social change, in the micro world of the person and the macro world of the state. As Benner (1994b) writes “understanding is historical, and must be understood historically,” (p. 101). We are all engaged in the moments that are common to us all, and in our particular understandings, and how those moments, understandings and experiences, complicate and explicate self and experience. In interpretative phenomenological terms, lifeworld, and interpersonal concerns are understood as temporal, shaped by past and present states, possibilities, and finally, in a realization of finitude, or ending of a possible future, the ending of being, and the existential consequences of such realizations (WHITE, 2005).

Reflexivity and Experience

As has been noted by many qualitative scholars, qualitative research is a reflexive process that recognizes experience as reciprocal and reflective of larger meanings in the social world in which the experience is situated, (DENZIN; LINCOLN 2000; BENNER, 1994b; CRAIG, 2007). In this respect, the phenomenon observed is always valid when it captures the person's experience and their understanding of the experience. The researcher or practitioner, by locating herself in the hermeneutic circle of the research participant's or client's world, understands the participants' experience as valid data. The importance of lifeworld is recognized as reflecting meanings that can lend insight into macro social structures by understanding interaction as a reflection of those seemingly larger, though still interactive, formations (PETR; WALTER, 2005). As noted earlier, whether engaged in research or direct practice with clients, reflexivity is a natural part of the social worker's day (CRAIG, 2007). As Craig notes, narrative and the sharing of social work experience works to make our experiences explicit and interactive, alive and noticeable to all other social workers, and builds our practice knowledge and wisdom (the praxis and grounding of our everyday work).

Not only must one be careful of individualizing and decontextualizing the participant's experience in the stories they tell from the research or assessment question, but understand, through the narrative, how commonalities and differences, when kept inside experience, reveal the lifeworld, habits, skills, practices and concerns of the storyteller. One way of experiencing this tension is in understanding those moments that are unique by being located in a particular place and time by the storyteller, but also reveal, in the process of telling the story over time, the shared qualities of experience that build a practice, and explicate what matters over time (EPSTEIN, 1999; BENNER; WRUBEL, 1989; BENNER, 1994a; FRANK, 1995). My interest always as researcher and social work practitioner is in finding those places that contain moments of revelation that open the person's world to us, (and especially, insight into those worlds that are opened up by way of narrative). The praxis of social work is, in a very important sense, to make visible how the client or participant voice is singular but contains commonalities based upon a shared lifeworld, language, embodiment, the demands of the situation and taken for granted shared background meanings from the culture and social institutions (VAN MANEN, 1997).

In the next section I would like to demonstrate, through a narrative excerpt, an example of how lifeworld can be made transparent through the articulation of experience.

An example from research

The following narrative excerpt is taken from the author's dissertation that looked at physicians experiences talking with their patients about death and dying (OAKES-GREENSPAN, 2007). The dissertation used an interpretive phenomenological approach to understand what it was like for physicians to talk with their patients about the end of life. The research question, "How are end of life issues talked about between physician and patient," changed over time, as I understood better what I was attempting to understand, as well as how questions were interpreted by the research participant. The initial goal of the project was formulated to understand the institutional factors

that influenced or challenged talking about death and dying. As I understood more about interpretive phenomenology, I felt I was given permission to back away from a traditional, Cartesian based cause-and-effect approach seeking to explain the researched phenomenon. Instead, narratives from the interviews were employed in a way to allow an understanding of the world of the physician and how they moved in their world(s). Keeping the lifeworld of the research participants' forefront helped me to understand the importance of story, and how story informs and teaches us about our experience. The research question, then, evolved into the question I asked the physicians I interviewed: Tell me a story about talking about death and dying with your patients. I wanted in essence to know what that experience was like, and the best way to find that out, and that seemed the most open and non-threatening, was to ask for a story.

Following is an interview excerpt in which I illustrate, through the physician's story, how experience becomes a conduit for guiding what is deemed compassionate care, in actions and comportment. Active knowing, that is, awareness of the importance of experiencing the situation in the moment is what seemed to help this physician to focus on the needs at hand. In this narrative of a young man with end-stage lung disease who experienced a life-ending infection, the physician spoke in a passionate and emotional way to the stress of experiencing, along with the patient and his spouse, the patient's being "very, very fearful":

I basically said, "I'm doing everything I can but I can't change this." I think [that] was basically my response and it didn't change his approach of pleading. I think his last words may very well have been a plea for me not to let him die. You know, his young wife was in the room and it was extremely difficult for her. I just had to acknowledge that I didn't have the power to change that outcome for him.

The physician speaks to how that "power to change that outcome" can be easily conflated with the technology available:

But, um, I think sometimes it is, it can, it can seem easier to us to just say, "Let's go to the unit, man. Let's do full court press and we'll all feel – then I'll somehow feel better that I wasn't responsible for allowing your death. I did absolutely everything I possibly could." But in reality I'd already done everything I possibly could. These other interventions were just going to, you know, [...] a sham, and there's no reason to do that.

Along with *connection*, and *openness and vulnerability* (two of the themes that framed the overall research project) this physician also expresses an engagement that is an actively involved, emotionally aware practice where listening, and a presence that exemplifies concern, are integrated. The use of the physician's words allows the reader to enter a world that encompasses the patient and the patient's fears, the physician's reaction and his expression of the best care he can give to a dying person. It creates a space where the struggle and difficulty of the work are given legitimacy alongside pragmatic considerations of resources and futility. Whether in medicine or social work, the affirming of praxis, the actual doing of the work, makes real the complexity, ingenuity and difficulty of working with embodied human beings who are finite and vulnerable. Not all problems can be solved, nor all human suffering "fixed."

Interpretive phenomenology allows access for both researcher and practitioner a personal immediacy to the subject matter, as well as an acknowledgement of the personal and emotional connections that inspire the work and inform our understanding and connection of the problems studied or being intervened. The commonalities... ncluding possibility, despair and tragedy of being finite, vulnerable and human show up in social work practice and research.

Reflexive Informed Practice

My feelings and thoughts on this project looking at conversations during dying processes were changed in many ways in the course of interviewing physicians, as well as my ongoing work in hospice. One cannot interview anyone,

including physicians, regarding death and dying without taking into account what impacts these kinds of conversations or discussions. That is, understanding the lifeworld of the person who has the life-threatening illness, or the lifeworld of the physician who dwells in the lives of their dying patients as well as the everyday work of what entails practicing medicine, and the climates that hold death and dying as a daily occurrence. Given this understanding, I realized my initial a priori expectations held an abstract emptiness. Lived experience is what informs our actions and teaches us what we come to practice, what we understand through experience as important to good practice (I couldn't have written this without having my own experience as a practicing social worker). Again, stories allow us to begin to understand the worlds that we, patients, clients, family members and researchers inhabit, which forms and defines our thinking, our approach to problems, and the expression of care that underlies our practices. These expressions are many and nuanced; we may appear at times connected to our experience, and at other times disconnected, but all are expressions of being (HEIDEGGER, 1962).

At the same time, as researcher, sociology doctoral student (at the time of this research project) and practicing social worker, my own world met the physician's in several ways and I could not ignore how the worlds I inhabited held - continue to hold - biases that influence my own interpretations of the physician's words (and by extension, my coworkers, and the patients and families I continue to work with). As the researcher in this particular project, I was at once an outsider to the medical world, and in danger of making assumptions based on my practice when I felt the commonalities of experience with the physician (as social work practitioner) emerge. Assumptions, when not recognized, can disguise or render invisible aspects of practice that could otherwise provide insight in a narrative commentary, and even relinquish questions during the interview when assumptions about understanding are taken for granted so questions do not occur to the researcher or practitioner (BENNER, 1994b). This truth holds firm whether analyzing data or listening to a client's story. As I wrote the text of the dissertation, I found (at least) five cautions that I needed to be

aware of in the creating of the project, in the interviews, and in the analysis and writing of the thesis. Some of these realizations came about after the fact, in the writing, or after a particular interview, or in the readings of the narrative transcripts.

1. My ignorance of the details of the physician's world
2. My familiarity with the subject matter that could fall into assumptions
3. Assuming familiarity that overlooked detailed work and resulted in missed questions
4. Judgmental thinking and bias regarding a physician's world and practices
5. My own inexperience as a researcher

Benner writes, “[...] interpretation is best served if these false starts are captured in writing. Misunderstanding can illuminate the interpreter’s own taken-for-granted background,” (BENNER 1994, p. 101). This self-reflection is as necessary in research analysis as it is in our everyday practice as social workers, as we reflect on interviews with clients and family members, in our interdisciplinary work with colleagues and allied services, and in our advocacy for social justice and egalitarian principles in the social worlds that we inhabit and work in. These reflections and self-critical thinking can be best shared to illustrate both the challenges that social workers face and the rewards that we recognize as part of the difficult work (CRAIG, 2007; BERZOFF, 2007).

Implications for Social Work

The article has been an attempt to show how interpretive phenomenology can be a useful philosophical grounding and research methods tool in making transparent the complex nature of social work practice and research. In order for social work to be responsive to its client base, it must be and I believe is by definition open to a multi-faceted and integrated approach to life experience, to situational context, to being present to the person’s experience, and to understanding persons as socially

embedded, embodied beings whose actions are an expression of what matters, what they care about, and how they express their care. At the same time, social workers are aware of how the work of caring affirms everyday experience: listening and opening as much as possible to the world of experience that is being told to us in the stories of patients, of family members, of nursing, nursing aide, spiritual counselor and physician colleagues. The nagging suspicion that whatever truth we are all aspiring toward (and getting frustrated and anxious about never attaining) is really a smokescreen for the very real worlds that we dwell in every moment of every day. And that, as social workers, we make transparent the very real struggles of the people called our clients that shatter the labels daily pressed upon them as marginalized, difficult, sick, (and) or poor. The social work mandate to restore the personhood of those for whom we advocate is at the core of our work. In being aware of who I am as a researcher and scholar, and and as a practicing social worker, I am reminded of the delicacy and intricacy of this work, and how indeed each encounter I make with a patient and family represents only a moment in time of their lives past and present, immediate and possible, their stories a reflection of what they were feeling and remembering as they told it, and how it informs their understanding moment to moment. And of course, in my own understanding of their story, the effect of their story on my own, and my life experience, and how all these contexts and situations enveloped by the story shape my work with the people who allow me into their lives.

OAKES-GREENSPAN , Marilyn. Tornando transparente a experiência padrão e qualificada do Serviço Social: prática e pesquisa. *Serviço Social & Realidade* (Franca), v. 18, n. 1, p. 11-26, 2009

- *RESUMO: O serviço social é em seu núcleo uma prática qualitativa, centrada na vida, onde avaliações e intervenções tem lugar nos mundos interconectados e experiências do usuário e família, e na postura compromissada, interpretativa e reflexiva do assistente social. A compreensão do trabalho social como uma prática de intermediação e experiência é obscurecida pelas agendas de investigação positivista de departamentos de serviço social, política institucional e instituições de pesquisa que podem definir o serviço social tanto para o assistente*

social da prática como para o pesquisador. Este artigo retoma o trabalho do serviço social como um conjunto amplo de práticas que inerentemente e também auto-conscientemente reconhece o usuário como uma pessoa para quem as coisas são importantes, cujas preocupações são refletidas na expressão de sua vida cotidiana, e sua abordagem aos problemas (e o que define um problema) e, finalmente, reconhece o ser social cuja necessidade reflete seu mundo e as pessoas nele inseridas. Para isso, a fenomenologia interpretativa é usada como um quadro para introduzir conceitos de personalidade, significado, ser, personificação e situação, ilustrando como o serviço social já utiliza esses conceitos, e como as pesquisas do trabalho social podem reconhecer e afirmar o poder das práticas inerentes de assistentes sociais.

- PALAVRAS CHAVE: fenomenologia interpretativa. serviço social. vida. praxis. pesquisa em serviço social.

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Artigo recebido em 03/2009. Aprovado em 04/2009.

