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Rhythm and Rationality in the Relationship Between Social Worker, Client and Researcher

Kerstin Svensson

When discussing research and practice concerning treatment of drug users and their contact with social services, we might come to a point when we ask why researchers do not acknowledge social work practice, or why practitioners do not acknowledge social work research? You can also rephrase the question as: Is practice research resistant or is research practice resistant?

During the last couple of years a project for developing the knowledge base in social services has been carried out in Sweden. One of the project's main issues is to find manners to strengthen the ways social services handle knowledge produced in their work. As researchers in this project, we are working with questions on how to involve research in everyday practice of the social services. Is it possible to develop a knowledge-based social services where research is continually used and produced? If we do succeed in this, what role will the research play? Shouldn't the researchers be a part of a knowledge-based social work? Or should researchers only deliver results, not be involved in the process? In this article I will elucidate some of the aspects of the coordination of social workers, clients and researchers. My material derives from an ongoing study in Helsingborg, Sweden, in which we work with the project on knowledge based social services. The project is financed by the Swedish National Board of Health and Welfare. The comprehensive aim is to establish ways to accumulate and continually use knowledge and research in the social services. The project concerns all areas of the social services. The part that I am involved in concerns interventions with young drug users.

My base of experience consists of several conversations, discussions and meetings with different social workers and directors, about 30 interviews with social workers and drug users and observations from ten meetings with the social services, during which the process in the work with the clients were discussed. I will present some aspects of the relationship between the social worker, client and researcher. Since relationships, interactions and situations vary greatly in the social work with drug users, it is necessary to work with simplifications and models. I will here only sketch some brief pictures of the research on social work with drug users, but hopefully, these pictures will serve as a base for reflection on different perspectives taken in research and practice.

To begin with I will introduce the theoretical framework I use for understanding the relationships. After that I will give a description of the rationalities of drug users, social workers and researchers. Finally, I will discuss what implications these different rationalities and different relationships might have for the connection between research and practice in the social work with drug users.

Relations, Interaction and Categories

The relationship and the encounter between social worker and client is often emphasized as the most important aspect of social work. Social work could be regarded as the interventions implemented; even so, these interventions are chosen, or constructed, through meetings between the actors. Social work forms its shape in every specific context and situation (Payne 1997). In the case of drug treatment, the social worker and the drug user discuss how the treatment should be arranged and their interaction deals mainly with treatment.

In his book "Interactions, Rituals, Chains", Randall Collins (2004) has stated that the actor does not make the situation, the situation makes the actor. With a theoretical base in the works of Durkheim and Goffman, he describes how our identities are created through the situations we have experienced. Each individual has an identity that is based on the chain of interactions and rituals that this individual has been part of.

The individual identity differs according to the situations. In the situation of an encounter between social worker and client, the identities of the persons involved are created through the roles they are given in this context. The social services' representative and the drug user are the two given identities in the context of the social services' decision making on drug treatment. Since this situation is highly formalised, the actors get categorical identities. Collins argues that the more formalised a situation or ritual is, the more categorical the actors will be in the interaction. In an informal interaction, the actors are more personal, there is more opportunitiy for varied identities. Since the social services' meeting with the drug user is a formalised setting, the researcher that approaches this situation will also receive a categorical identity.

Charles Tilly (1999) has also observed relations and categories. While Collins focuses on the interaction made in bodily encounters with the actors in the same room, Tilly argues that a relationship does not necessarily involve a personal encounter. Using Tilly's concept, the social worker and the drug user client are a categorical pair. Since the situation for their interaction offer them categorical identities, each of them represent the characteristics of the category they belong to.

The social worker has the preferential right of interpretation in this situation, since it is the social worker's decision on the needs of the drug user that settles the possibilities for a decision on treatment. The client is in an inferior position; while the social workers categorical identity is a role established on the basis of education, employment and tools of decision making, the drug user has no tool, no education, no employment, only his or her own life story to bring about in the interaction. The role of the researcher resembles the one of the social worker, since it is a professional role built on education and specific tasks.

Collins talks about the centre and periphery of an interaction. One can say that the social worker, with the discretion of the situation, is in the centre of the interaction. The drug user is also important for the interaction to take place, but since he has no discretion, he can not be as centralized in the interaction as the social worker. The researcher is even more peripheral; the interaction is not about the researcher, it will take place whether the researcher is there or not, and the researcher has no discretion in the situation. The conclusions made by the researcher can change the conditions for the continuing interaction between the other two parts, but for the actual situation, the researcher is not of importance.

Tilly describes a categorical pair as a pair where there is a socially significant boundary between two parties. The parties cannot get closer than what the significant boundary allows. Collins argues that everything that exists within a relationship is manifested in the situation. If there is a significant boundary in the relation, it will be apparent in the interaction ritual between the parties. In an interaction where the actors' identities are equal and accepted by the actors, there is a rhythmic coordination in the spoken words and in the body language. When there is a rhythmic synchronisation, there is also solidarity, but solidarity presupposes equality. In a categorical pair, equality can never be achieved. Therefore, it is not possible to achieve solidarity and rhythmic synchronisation in the relationship between a social worker and a client.

Social Services' Role in Swedish Drug Treatment

In order to discuss the relations in the interaction, we have to understand the specific context of the interaction in the social services' work with drug users (i.e. when the actors are created by the situation). The context is important since it is a part of the overall situation, and therefore plays a part in the discretion given to the actors.

Social services in Sweden can provide treatment for alcohol- and drug users either voluntarily (on demand from the user), or involuntarily by coercive care that is given to persons who endanger their own or others' lives (Social Service Act, SFS 2001:453). In recent years the budget for treatment of drug users has

been cut down and simultaneously the idea of outpatient treatment being a better solution than institutional care has been commonly spread. As a consequence, outpatient treatment is the most common form of drug treatment, followed by the voluntary institutional care. Coercive care is arranged every year in rather few cases. The social services can often supply outpatient treatment within their organisation, but normally all kinds of treatment is provided by other organisations. To decide whether the social services should pay for the client's treatment or not becomes the main task for the social services.

When the social worker meets the client it is a contact concerning treatment. The questions discussed concern whether the person should get treatment, how this treatment should be arranged and if the social service should pay for it. The social worker and the client can of course be of both sexes, but in this article I choose to call the social worker she and the client he, just to simplify the story. This also means that I will tell the stories from the dominant gender perspective.

The Drug User

The user enters the context of the situation with his person and his personality. He is interacting with the social services because he wants a change in his life. He turns to the social services in order to get help in finding a place in treatment and to get economical support for this cause. In this situation of seeking help, the user has to tell his story in a certain way. He is supposed to be motivated to treatment and he is supposed to show it in the right way. If he is not anxious enough it could be interpreted as he is not motivated enough, but if he is too anxious, it could be seen as a sign of false motivation. (Järvinen 1998; Svensson 2002).

The drug users that we have talked to during our project tell us about how they tell their stories to "manipulate" their social workers to make the right decision. The way they tell their life story is what they call manipulation, but it could also be regarded as the categorical expectations that lie within the situation. If we assume that the situation creates the actors, the stories told within that situation will not be seen as instruments for personal manipulation, but rather as the only possible stories to be told in that specific situation.

The everyday life of a drug user is very immediate and when you turn to the social services for treatment, you do so because you want help *now*, in the words of some of the interviewees. Our informants have told us about problems with synchronizing the rhythm with the social worker, since the administrative arrangements are so slow. As a drug user, you can be motivated at one moment (in one situation) and then you change your opinion as you find yourself in other

situations. To be a drug user is to lead an immediate life where situations change all the time and where there is a high velocity.

The categorical identity of a drug user asking for treatment is therefore the one of an impatient person quite capable of changing his mind. From the perspective of the drug user himself, it is a question of need; when he takes the step of telling the social services he is in need of treatment, he really is in need, in his own words.

The Social Worker

The social worker is categorically a representative of the organisation. The social workers' discretion derives from the regulations of the social services. It has to be assessed if a treatment is to be paid for. You can not get into a treatment program just because you say you want it.

According to the professional role and the organisational rules, the drug user has to be assessed as motivated. When that is accomplished the treatment program can be chosen within the organizational frames. Often the social worker is not allowed to make a decision on treatment herself. She has to discuss the decision with colleagues or with her supervisor or director. There might be rules that say outpatient treatment should be the first option, or the social services can have agreements with specific institutions.

In order to make the assessment whether treatment should be arranged for the client, and if so, what treatment should be chosen, the social worker has to ask certain questions and employ certain tools that are required. The social worker has to make an examination and write an inquiry. Then she has to discuss the outcome with colleagues or a supervisor, and after that, a reply can be given to the drug user.

Because of this procedure the rhythm of the social worker is much slower than the one of the drug user. It is also more even, it does not change as quickly as the rhythm of the drug user. Since the social worker and the social services organisation have the preferential right of interpretation, their rhythm is concidered the correct one in this situation. The social services govern the situation and therefore their rhythm is the dominating.

When we have interviewed social workers, they speak of impatient clients, clients that do not understand that treatment takes time and that motivation has to be shown by for example a drug free period before receiving treatment. During this period the assessments and examinations are carried out, and if a person appears to be able to be drug free, he is more likely to get the treatment he is

applying for. From the perspective of the social services, this is a logical reasoning, but for the immediate drug user, there is no logic to it at all.

The Researcher

With the task to study the meeting between the immediate drug user and the examining social worker, researchers like myself enter the scene and observe the situation. How do we interpret the situation?

Research is about trying to understand phenomena. The researchers' activity is therefore slower than others. The researcher has to take his method into consideration in every step he takes and he has to be aware of design and perspective. When a study is conducted a clear question must be formulated and a design is set up according to the aims of the study.

In this way, specific rules steer the actions of the researcher. These are, however, quite different rules than the ones of the social workers. First, a clear aim with the study has to be elaborated, and then the methodological principles must be fixed; how shall data be collected? Regardless if data is collected through interviews, by observations or through questionnaires, if it is collected during encounters with the objects of the research, the ways of collecting data has to be clearified. Then there is a question of selection; which persons or cases should be involved in the project? Does a certain person fit in the population?

When the methodological questions for data collection are answered the ethical questions have to be raised, if this has not been done yet at this stage. Can this type of selection or this kind of data collection be harmful? Is the harm done inferior to the benefits of the study? Finally, when all methodological and ethical questions are considered, data is collected in one way or another. During the data collection, the researcher is supposed to interfere as little as possible in the interaction between the social worker and the client, since all interference can influence the outcome of the study.

After conducting the study, the material should be worked at, analysed and understood in relation to the observations of the collected data and it should be viewed in relation to other, similar studies. Finally, when the results are to be presented, a new question derives; where and how should it be done? How should the results be spread and how should they be transferred to the persons involved?

The researcher's rhythm is much slower than the social worker's, but at the same time more flexible. The researcher is able to follow the changing rhythm in the

drug user's life, since his task is to understand situations and actions, not to alter them.

Since data has to be collected before the results are presented and since all interference from the researcher can influence the results, the researcher must be a silent part in the interaction between the three parties. He can, however, also be used as an instrument for one of the parties. No matter what position the researcher takes, we have to conclude that the results from a situation can never be of any use for the same situation, simply because it will never occur again. Results from research on one situation can only be of use in other similar situations that might occur in the future. In this sense, research is so slow that it is reasonable to ask if it could be possible for researchers, in special cases, to interact with the other counterparts at an earlier stage.

Mutual Interaction, Different Rhythm and Rationalities

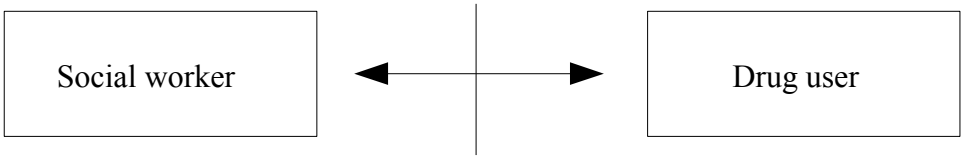
As we can see in the descriptions of the three participant categories, the rhythm differs between them. The three categories can also claim different aspects of their common knowledge. In the case of substance abuse and treatment, the client has the right to claim his feelings and opinions about his own situation. He has the right to declare if he is willing to go into treatment or not. The social worker can claim the regulations of the social work and the need for certain measures to be taken. The researcher can recognize the consequences of certain actions, but only after they have occurred. This makes the researcher out of rhythm in the relationship with the other two.

The rhythm is not the only thing that differs between the parties. All three parties are in the situation for different reasons and they have different rationalities. In a specific situation, the social worker and the client can interact towards a common goal, but where does the researcher fit in, and how shall we understand the relational differences that occur when these three categories interact?

The Categorical Pair

If we start with the basic relationship between the social worker and the drug user, we find what Tilly (1999) has described as a categorical pair. A categorical pair is a relationship built between two actors, who are understood by their categorical description and therefore separated.

Model 1. The categorical pair



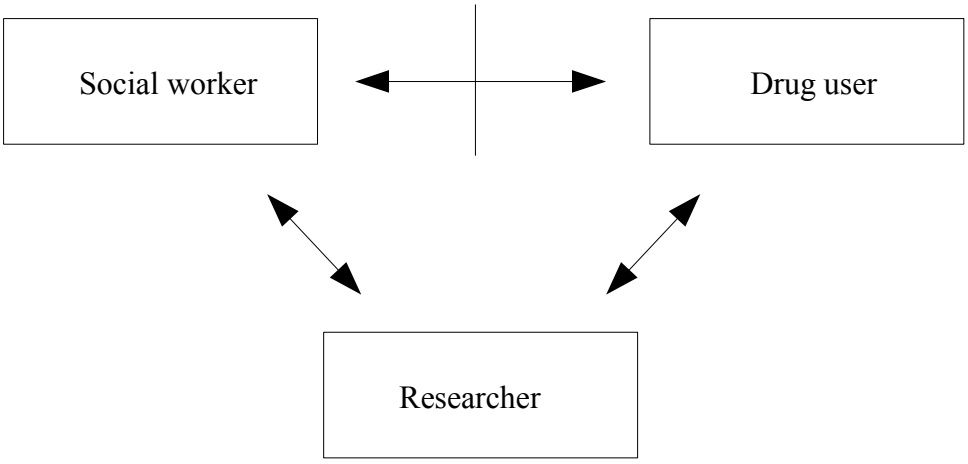
The two parties are inequal and the boundary between them is created by the difference between the professional and the personal. In the relation the social worker is professional and the drug user is personal. They are socially different and they have different rhythm and rationality. Despite these differences, they can interact in a common issue. The inequality between the parties in the categorical pair is emphasized in their interaction and in the meeting situation, the power of the social worker is revealed. The social worker is the one who makes the decisions.

How, then, does the researcher fit in to this pair? Can the researcher transfer the power of the social worker into something beneficial for the drug user, so that the social workers' knowledge and discretion meet the needs of the drug user?

The Triad

If we regard the three categories involved as a triad, there could be a stable structure for the rituals in their interaction, i.e. a model where all three parties contribute to the situation with their own knowledge. All of the parties interact with the others and there is a balance between them in their relationship.

Model 2. The triad



If we regard the triad as an ideal relation, we see how the parties contribute with different knowledge to their common task. The social worker has the administrative knowledge. She knows how the matter is processed and how to handle the matter in order to get the best decisions possible. The client has the personal knowledge and knows how to present his life story and how to show motivation. The researcher knows how to choose the most suitable treatment and how to achieve the best results.

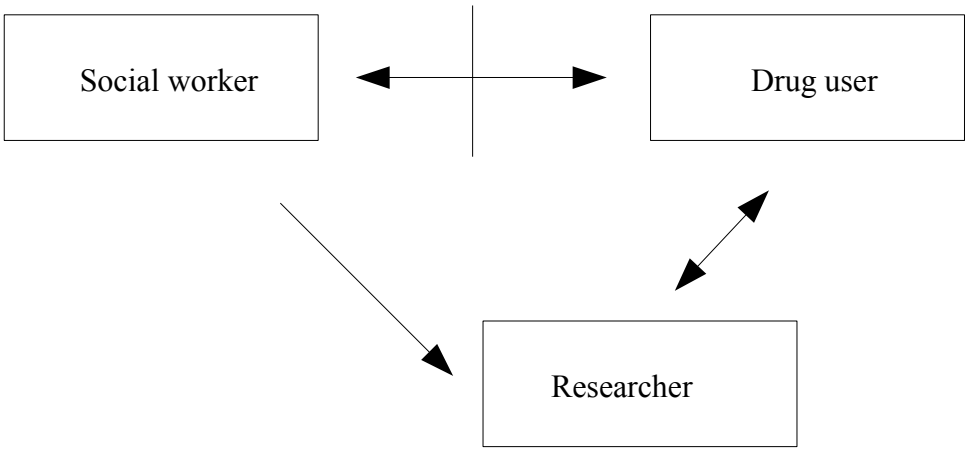
In the triad, there is a third part added to the categorical pair, i.e. the researcher. A problem with the triad is the social inequality between the parties. As there is a strong social boundary between the social worker and the drug user, a stable triad can not develop and the differences in rhythm and rationality make it hard to achieve a synchronised interaction.

The User's Perspective

What happens when the researcher takes the user's perspective? To take a user's perspective means in this case to have an understanding from the drug user's point of view. Eliasson (1987) has shown that it is important for the researcher to be aware of whose side he is on. Since the weak party is not in control of power

in the situation, it is important for the researcher to declare the client's perspective, and consider the ethical aspects of this perspective.

Model 3. User's perspective



Since inequality still exists between the categorical identities of the social worker and the drug user, the researcher must place himself on the drug user´s side of the boundary. The researcher and the social worker are more equal in their categorical definition (when it comes to education and employment for example). Therefore, it is possible for the researcher to cross the boundary to get information from the social worker.

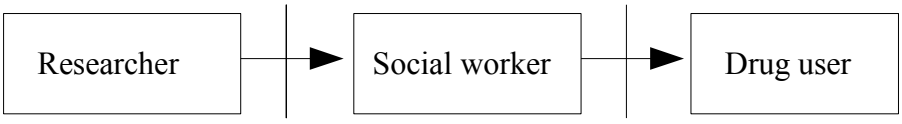
In practice, this model means letting the drug user have a part in the deciding on what questions are worth exploring and what focus the research should have. The data or information can be collected from the social worker as well as from the drug user. At the end (in case we adapt the user's perspective) the drug user can be the first to get the results when they are presentable.

This is a possible structure, but it is rare, since drug users seldom are well organised and the structural setting makes it hard for the researcher to have a strong bond to the drug user.

Traditional Social Work

Traditionally the relationship between researcher, social worker and drug user has been more hierarchic. In a hierarchy the parties' relations are created by adding categorical pairs to each other. The traditional relationship between researcher and social worker could be seen as a categorical pair, separated by the boundary between knowing and doing. Knowledge is produced by researchers, and delivered to social workers to be used in their work. The knowledge spread in this way is then used by the social worker in the relationship within the categorical pair of the social worker and the drug user.

Model 4. Traditional social work

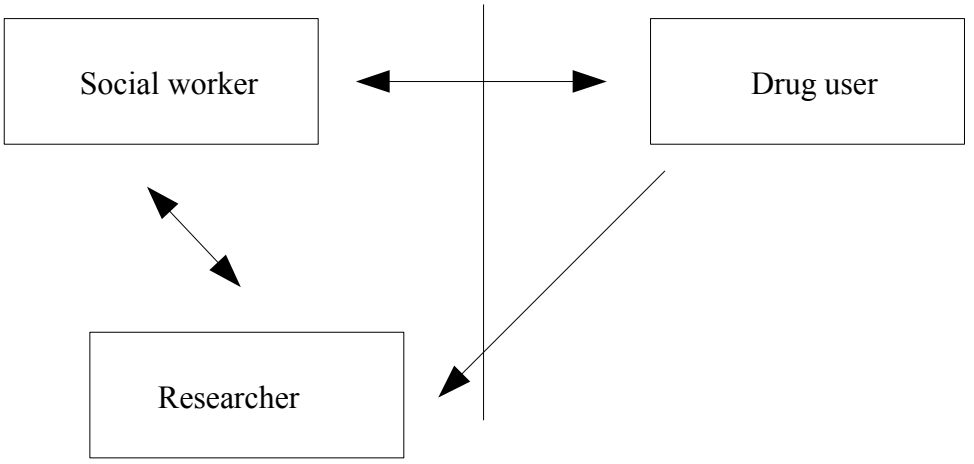


In this idea of traditional social work, knowledge is provided before actions are taken. That means for example that the knowledge social workers are given through their education, or through lectures, creates a side-scene to the decisions taken in practice. In this case there is no reverse exchange when researchers are updated on practice, and no contact between the drug users and the researchers. Therefore you cannot regard this hierarchy productive for knowledge development in social work practice.

Knowledge Based Social Work

In the development of knowledge-based social work, or even evidence-based social work, researchers are closely connected to the social services. Researchers interact primarily with social workers and data is collected from the drug users. When the results are presented, they are primaly presented to the social workers.

Model 5. Knowledge based social services



When the researcher is closely connected to the social worker, the two parties strengthen each other and the boundary between themselves and the drug user becomes even sharper. The inequality between the drug user and the social worker is strengthened, as well as the power of the social worker. By strengthening the social workers' professional categorical identity, the boundary to the personal categorical identity of the drug user becomes even more significant.

The administrative tasks increase when knowledge from research is added. The rhythm and rationality will differ even more between the researcher and the social worker on one hand and the drug user on the other hand. As the categorical difference and the inequality increase, the drug user's influence on his own life situation is weakened.

Conclusion

By sketching these possible relationships and discussing the different rhythm and rationalities of the three categorical parties, I have tried to elucidate the ethical dilemmas involved when enhancing research in social work with drug users. Knowledge can be beneficial to a situation, but we must be aware of the power of knowledge. Depending on the perspective in which knowledge is

produced, it can be used for different reasons. Knowledge can be empowering for drug users, but it can be used for practising power on drug users. Since knowledge is never impartial, social workers and researchers have to choose whose side they are on.

As Collins (2004) points out, we can reveal structural phenomena by regarding interaction between individual actors. In the interaction, the structure is reflected. When a researcher enters the scene of social work with drug users, it is not only an encounter between individuals; it is also an encounter between the rationalities that lies within the different contexts and the roles they represent.

In the beginning of this text I asked whether research is practice resistant or practice is research resistant. I would say that it could be a question of resistance; a resistance to the power within the relation between the different rationalities. Both social work practice and social work research strive to dominate the interpretation of social work and social problems. Since the rationalities differ, resistance is produced in order to maintain each one of the rationalities. Researchers try to avoid falling into an administrative role and social workers try to avoid taking a time-consuming reflecting role. Social workers are supposed to act, and since they meet drug users that have an even faster rhythm, they run the risk of being unable to find a synchronised interaction with their clients if they extend the decision-making process.

The contextual roles of “the drug user applying for treatment”, “the social worker in social services” and “the researcher” set the frames for possible actions. When these contexts meet, each of them protect its rationality and are hence unwilling to easily accept the other parts’ rhythm or rationality. The researcher, who has the most flexible role in this setting, has to be aware of the synchronisations his approaches lead to. To have a well functioning cooperation with the social services can result in a strengthening of the structural power of the social services. A well functioning cooperation with the drug users might, however, result in a resistance from the social services.

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