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Andrew Cooper

HEARING THE GRASS GROW: EMOTIONAL AND EPISTEMOLOGICAL CHALLENGES OF PRACTICE-NEAR RESEARCH

This paper discusses the concept of practice-near research in terms of the emotional and epistemological challenges that arise from the researcher coming 'near' enough to other people for psychological processes to ensue. These may give rise in the researcher to confusion, anxiety and doubt about who is who and what is what; but also to the possibility of real emotional and relational depth in the research process. Using illustrations from three social work doctoral research projects undertaken by students at the Tavistock Clinic and the University of East London the paper examines four themes that seem to the author to be central to meaningful practice-near research undertaken in a spirit of true emotional and epistemological open-mindedness: the smell of the real; losing our minds; the inevitability of personal change; and the discovery of complex particulars.

Keywords research; qualitative; ethnography; epistemology; emotional experience; transformation

In this job you have to talk to people about things that really no one should ever be made to talk about.

(Child protection social worker)

22 corpses

I am a fan, or I should really say an addict, of the American TV series *The Wire*. Set in the city of Baltimore, the five seasons of *The Wire* explore the complex inter-relationships between the police department, the drug dealers, suppliers and addicts of the streets and corners — many of whom are children — and the politicians and the media. Part of what engrossed me from the beginning about *The Wire* is that it is like watching ethnography on TV, and if a really good TV series were ever made about social work I think it would necessarily have some of the characteristics of *The Wire*. Terrible things happen in the course of the narrative that unfolds. Near the end of Season 4, 22 decomposing bodies are discovered by police in separate locations in

derelict houses in the city. These are the corpses of various people executed by Marlo, the dominant West Side drug dealer, and his hit man and hit woman, because they became inconvenient; they snitched, they were rivals, and so on.

The promotional statement on the Season 5 DVD box begins by saying: 'In a city that can no longer even recognise its problems, much less begin to solve them, police detectives attempt to bring in one last worthy case against a violent crew of narcotics traffickers' (HBO, 2008). This idea — of a city that can no longer recognise its problems — intrigued me. A few years ago I wrote a book with a colleague about the changing nature of the welfare state project in Britain, in which we proposed that one of the functions of an organised welfare state was to enable society to recognise, tolerate the knowledge of, and act upon its own problems (Cooper & Lousada, 2005). In one chapter, I used the example of the Cleveland sexual abuse crisis of the late 1980s to explore how our social and professional capacity to tolerate new 'dangerous knowledge' about ourselves and the society we inhabit cannot be taken for granted. The outcome of that crisis was broadly that we accepted the much greater prevalence of sexual abuse in our midst, but at the time it was a tremendous contest with an uncertain resolution. Powerful groupings fought hard in the public domain to deny that there was any validity to what was being uncovered. At the time many of us did not know what to believe or think. This was partly because we did not have a proper conceptual apparatus at either a personal or social level with which to think the difficult thoughts about the unwelcome realities that were emerging into the light of the public day.

Just down the street

In 2008 and 2009 I think something of the same climate has been evident in the wake of the trial of Baby Peter's¹ killers, their sentencing, and the eventual disclosure of their identities. The climate during the weeks when this tragic case was at the forefront of media and political attention in Britain felt very different to that which surrounded the last big 'child abuse scandal' in Britain — the death of Victoria Climbié and the Public Inquiry that ensued. At the height of the 'Baby P' crisis the public domain felt unusually volatile, as though there was a chance that government might do something truly panic-stricken and damaging to the social work profession, or that the vigilante climate might result in the murder or suicide of one of the social work staff involved, although by the end of the most acute period there was also a sense of a better realisation in government and in the public sphere of what the realities of child protection work entail. At the height of this period of anxiety I wrote an article in a national newspaper (Cooper, 2008), saying that some people who abuse and torture children *need* to carry on doing this. They are expelling something intolerable, dangerous, and murderous in themselves into someone else, and might be severely destabilised in themselves if stopped. They also usually know what they are doing, and that it is a dreadful crime. For them, the stakes could not be higher in relation to those people — social workers — charged with recognising and naming what is happening.

When social work is accused of 'failing', I tend to think that the charge is really that we have failed at a certain point to shield the general public from *awareness* of those very realities that we do succeed, most of the time, in protecting people from having to contemplate. But maybe a bigger proportion of the public understand this than we

imagine is the case. During the week when the Baby P crisis was at its height, the most intelligent conversation I felt I had was with a London cab driver who said, 'I can't read about that case in the papers — it's too distressing ... I couldn't do that job, I wouldn't be able to sleep at night'. He laughed a little nervously and looked at me in the mirror, and said 'I suppose I wouldn't have been a very good social worker'. This is one thing social workers do at a societal level — help people sleep at night, not because we are defending the realm against communists, terrorists or insurgents, but because we are protecting people from the emotional impact of knowing about the torture of babies that may be happening just down the street.

Ugly facts

Research is about generating 'new knowledge' but in my view it is also about enlarging the scope of our self-knowledge in the personal, professional and societal domains. We need sound methodologies for conducting research of any kind, but actually we can only hope to generate new knowledge in so far as we are emotionally and ideologically open to the possibility of discovering something new, including things we really did not want to know. If we are blind to or defended against this possibility then the best methodologies may not help us much, although we should recognise that the formal properties of many research methodologies exist precisely in order to ensure systematic open-mindedness. Charles Darwin apparently referred to the necessity of first collecting the 'ugly facts' if we were to hope to build a beautiful theory; but we know from the work of Kuhn and others on paradigm shifts (Kuhn, 1962) that even the collection of 'ugly' or inconvenient facts may not disturb a settled world view, until that world view is ready to be disturbed or until someone proposes an alternative theory that embraces everything explained by the old one, as well as the inconvenient facts it couldn't account for. This is so much more the case in psycho-social research and social life than it is in the material or life sciences, because the world we are investigating is *our* world — a construct of meanings, affects, relationships etc. that can never be fully independent of the researcher, or the knowing subject with his or her theoretical commitments.

This view of research in social work, and I will shortly come to the question of 'practice-near' research, sets it decisively apart from other views of research which try to keep faith with something I will call 'proper science' for short — the proponents of the possibility of 'objective knowledge' to be acquired through 'proper' scientific method. I think that practice-near social work research is, or should be, part of a total world view of sufficient power and legitimacy to rival that which the 'proper scientists' have the privilege and security of occupying. We are some way from achieving this in relation to practice-near research, if it is even a goal to which we would aspire — since it may be that many proponents of qualitative social research think the idea of a single, stable, secure and settled epistemological world view with respect to psycho-social worlds is a rather dangerous illusion.

So what does practice-near research involve? What does it give us? What is its implied world view, if any? My thoughts about this are based partly on the kinds of things I believe it should be and should deliver, but also on the kinds of things it is delivering in my experience — though in truth this is mostly not based on my first hand

experience but on that of doctoral students who I've been privileged to work with in recent years. 'Practice' is about people, relationships, and organisations and social systems such as teams and networks made up of people and relationships. If we want to ask what it might mean to get 'near' to practice then we might rephrase the question as 'what happens when we get *close*, emotionally or physically, to people?'. Here are a few of the possible answers I can think of, which I will try to illustrate with examples from recent research. Each item is in fact inter-twined with all the others.

- (1) The smell of the real — practice-near research will bring us close to people in a visceral, bodily, and therefore live emotional way. This can be exciting, or perturbing, or both, but whichever it is likely to be hard to stay 'objective' or 'dispassionate' in research endeavours of this kind. Practice-near research will be passionate research about passions, in which the boundaries of the researcher's self are likely to become fluid and uncertain. Consequently, we need methodologies that can help us with the intensity and epistemological uncertainties that arise from such research encounters.
- (2) Losing our minds — the closer we come to other people the greater the likelihood that we will become psychically mixed up with them. This could be because we fall in love with them, because we hate or despise them with inexplicable intensity, or we swing between the two, or any of a thousand other ways we have of entangling ourselves one with another. We all need other people to project into, and so of course others are doing this with us, and often we accept these projections without realising that they are not 'us'. We lose parts of ourselves in others, and find ourselves inhabited by the lost parts of others. You can deny that all this is so, and that is your perfect right, but if you accept it, or something like it, then you will need a theoretical account of how such processes operate in order to successfully manage the research act, and extricate yourself from potential confusion.
- (3) The inevitability of personal change — the psychological intensity of these kinds of encounters changes us, whether we wish for this or not. Thus, I have come to the conclusion that a test of whether something really is 'practice-near' research might be whether or not the researcher felt themselves to be changed as a person in the course of the work.
- (4) The discovery of 'complex particulars' — if you are close enough to your research subject for all the above to be happening then you won't be engaged with large populations of research subjects, but just because you are studying specific cases or a small range of particulars does not mean the research has no wider or even universal significance. The closer one comes to a single case, the more its uniqueness and particularity demands to be understood; but equally the more its value for the illumination of all other cases with which there is a family resemblance becomes evident. This view of matters poses, in my view, a fundamental challenge to the continuing dominance of a positivist world view.

(1) *The smell of the real*

When we come close to people we become directly aware of their bodies, and they of ours — we smell them, even if we aren't touching them. We may like what we smell

and be attracted to them, or we may be repulsed by their bad breath or body odour. Probably we find it difficult to be emotionally neutral about being so near to someone, but if, let's say, we encounter an unpleasant smell, we may reflect that it is difficult for people to smell themselves. If people were aware of their powerful bad breath for example, they would presumably take steps to prevent it more often than they seem to; but such reflections may mean we start to wonder anxiously about our own body odours ... or, perturbed by these thoughts, we may try *not* to think them. This of course is the kind of territory that Isabel Menzies Lyth was disclosing to us in her classic 1959 paper 'A case study of the functioning of social systems as a defence against anxiety' (Menzies Lyth, 1959) in which she theorised about the impact on hospital organisational life of the daily experience of nurses in close emotional and physical contact with patients.

In her study of the dynamics and processes that underlie critical incidents in high security settings such as special hospitals, Jude Deacon (2009) recorded and analysed a variety of long-term consultations and supervisory processes with workers who are subject to the kinds of emotional and organisational pressures likely to be encountered on a daily basis by staff working in high security settings with very disturbed and dangerous people. As with many of the public inquiries into health and welfare 'failures' and critical incidents, the prominent ones from high security settings signally fail to really show us *how* the 'failure' occurred or the process by which a breakdown in professional functioning developed. Jude Deacon's research aims to fill this gap in understanding, working from the assumption that the processes which explain such incidents are more likely everyday ones, than exceptional or aberrant.

Here she presents data from a research participant in the institution where she worked at the time, to whom at the outset she was offering clinical supervision, but for whom she later had also line management responsibility.

Ms A from 23 May 2005:

Ms A said that she had 'an issue' she would like to raise with me about a member of the team. She named one of the men — a music therapist — and said that she thought he 'might have a problem with alcohol'. He had been noted by various members of the team, clearly for some time, to be smelling of alcohol. She said 'I've thought about saying to him — you regularly smell of alcohol but I thought it seemed confrontational. And yet, role-playing saying it to you just then, I can see that it's not confrontational'.

She confirmed that he had had a lot of sickness absence and also had appalling timekeeping. In the past, before she was acting-up, 'we used to joke about it all the time — "where's Z?"' He would not turn in for work and not contact the dept. She knew that he was living in N. London and would always get held up in traffic — arrive at lunchtime. She used to think 'why doesn't he just leave earlier?' She also knows that he works as a jazz musician at nights. There have been occasions when he has come to work smelling of alcohol and has clearly not been to bed. The timekeeping has improved somewhat since he got a room in the nurses hostel on site. But there are still issues. One of the other men had recently refused to share an office with him 'because he always stinks'. Although the colleague had not specified alcohol, she knew that was what he meant.

Ms A from 22 June 2005

... Ms A was also proposing to the team that she be enabled to contact tutors to confirm their attendance when they attended external courses for Continuing Professional Development. One team member (Z) had claimed regular TOIL for attendance at a course. However, a colleague, on the same course, had alerted Ms A to the fact that Z's attendance had been poor. This person had passed with flying colours but Z had been granted a year's extension on his final assignment ...

... She spoke again of Z's absences, saying that it was funny that the rest of the team spoke so little to her about these absences now. In the past, before she was acting head of the dept, the subject of Z's absences was 'a standing joke' — they were always joking about the fact that Z 'was never there — "where's Z? Don't know!"' She recalled a time, when he had only recently joined the team, and he was found asleep in the music therapy room. Her predecessor had dealt with it ...

A small section of the researcher's analysis of these data reads as follows:

It is clear from her descriptions that over a substantial period of time the team had grown accustomed to colluding with Z's behaviour. In a collective denial of the seriousness and potential consequences of such behaviour, they '*used to joke about it all the time*'. Indeed it had become '*a standing joke*' that they are collectively holding as a secret: a dangerous secret. The risk and ethical implications of the member of staff smelling of alcohol and indeed quite possibly being intoxicated or otherwise incapable of effective work were completely absent from the material as were any references to the clear breaches of trust policies or the code of conduct required by the Health Professions Council with whom arts therapists maintain professional registration. Similarly, she does not acknowledge the aggression and denial of reality implicit in his behaviour. It would seem that Z's potential risk is not taken seriously. In response (see below) I felt it necessary to introduce this framework of boundaries into the sessions, to clarify her role in this regard and to be prescriptive with her as to what actions she should take in order to avoid the service being further compromised by this man both in the short and long terms.

Deacon (2009)

(2) *Losing our minds*

In research that is truly 'practice near', we risk losing a clear sense of where the boundary lies between ourselves and other people. We also see this in our observations of research subjects — for example, that they may often appear to be ensnared in repetitive, destructive dynamics with one another in which it's clear that individuals are actually parts of a psychic or psycho-social system, or they may be lost in some kind of mutual idealisation in which each is needed by the other to sustain the illusion of admiration; but we too will experience it in our relationship as researchers to our research subjects. An apparently stray, unbidden but powerful thought or memory suddenly enters our awareness, related to what we are observing or discussing in an interview, but also clearly *our* thought. Or is it so clear? Why, at that precise moment,

that particular thought? Here we are in the territory explored by the psychoanalyst Thomas Ogden in his work on the nature, experience, and meaning of the therapist's 'reverie' in clinical sessions (Ogden, 1999). Ultimately he evokes an idea of the patient-analyst pair creating a kind of 'psychic field' both unconscious and conscious, between them. Thus, particular 'reveries' do have a meaning that extends beyond the individual, and can in Ogden's view be used to access aspects of unconscious experience in the patient.

In her study of three front line social work teams, Judy Foster (2009) makes use of this kind of recording and interpretation of her own emotional experience; but she also cites a cautionary passage from Christopher Bollas (1987) about the status of 'counter-transference experiences':

Counter-transference readiness creates an internal space which allows for a more complete and articulate expression of the patient's transference speech than if I were to close down this internal space and replace it with some ideal notion of absolute mental neutrality or scientific detachment (p. 202) ... This inevitable, ever-present, and necessary uncertainty about why we feel as we do gives to our private ongoing consideration of the counter-transference a certain humility and responsibility (p. 203).

In her presentation and discussion of her lengthy series of observations and interviews with a hospital social work team, there are the following passages:

Desolation and despair

There was one old lady like a little sparrow who had pushed her chair out so as to catch people as they walked by the end of her bed, repeating 'Are you the Doctor? I want to go home' in the most distressing way. Her cotton robe was hanging open at the chest and I felt very confused as to whether to stop and straighten it for her. But what would I do when she clung to me? And would that make it worse? I walked on to the meeting room, disturbed by the scene and my feelings (Visit 5H).

On the following day I returned with Gail (one of the social workers) to a ward with twenty eight beds for older people who had suffered strokes. I was assailed by the sense of desolation and despair. The meeting did nothing to alleviate this since only the consultant and the ward doctor spoke. The other nine participants sat silently for two hours. There was no attempt to develop a rapport between staff or to use the meeting to explore problems and dilemmas. The oppressive attitude of the consultant seemed to mirror the repression of any life and individuality in the patients. Perhaps signs of life would lead to more despair by patients, which staff were not equipped to tolerate. Perhaps the staff's confusion on the best way forward would be the same as mine? I spent the time preoccupied, worried that my father-in-law was in a similar ward. My notes were as monosyllabic and lifeless as the meeting.

A personal interlude

My personal situation was entwined with the placement and influenced my perceptions of it. My elderly parents-in-law were reaching the end of their long

lives. They lived in their own home with some daily help for my father-in-law. When he could no longer climb the stairs, he was admitted to the local hospital for assessment. After the second MDT meeting referred to above, I visited him the next day. We had a remarkable talk. This consoled us when he died suddenly the following morning. I stopped my placement for two weeks for the funeral and returned for the month of February, conscious of another break in relation to the team. In my last week, my mother-in-law was living alone for the first time in her life, with the prospect of all her children being out of contact for the following week. We were all preoccupied and anxious as to how we could help her 'hold it together'.

On my penultimate day there I had an unpleasant sense of vertigo as I left the office. It was as if I was on the edge of a cliff or volcano and everything was falling away around me. Was it too much pressure and rush? Or was it my mother-in-law's situation? I did not know. I wanted to distance myself from the hospital and all that it stood for. The next day I learnt that the last remaining manager was not returning from sick leave. My sense of vertigo had related to the team — its management really was falling apart.

(Foster, 2009)

(3) *The inevitability of change*

Practice-near research changes the researcher, and may change or transform research subjects. In so far as the research act is itself an interpretive one, in which the 'truth' of the data is in part dependent on the interpretive framework of the researcher, there can even be a meaningful sense in which 'reality itself' is transformed in the process of the research; but for this to happen, the researcher herself may (no, will ...) have to undergo a parallel transformation.

In her paper 'Projective processes on the front line', Sylvia Smith (2007) describes a research consultation interview, her subsequent research journal reflections on this interview, and then a process in which she suddenly 'saw the data differently'. She likens this to what the psychoanalyst Wilfred Bion called a shift in 'vertex'.

The data episode in question is dense, but I will do my best to encapsulate it. It concerns an account given in a research consultation session by two social work managers of a children's centre, a sequence of events involving (a) a black male service user who was the father of (b) a baby girl with whom he has 'contact sessions' at the centre where the research was undertaken. During contact session 1, (c) a white social worker and (d) a white deputy project manager are reported to have found the service user angry and intimidating and as a result his contact is terminated. His contact is later re-instated by (e) the black project manager and (f) a new black deputy project manager.

At contact session 2, a centre worker (g) challenged the service user because he persistently removed the bottle from his daughter's mouth as she was feeding; during this contact session (h) the baby's black Children's Guardian arrived (seemingly unexpectedly) and at more or less the same time the black deputy project manager (f) also entered the room. Later the Guardian reportedly commented to the deputy

manager that 'had she been alone in the room with the service user, he would have probably attacked her' (2007, p. 211).

Following contact session 1, the deputy manager had (i) met the service user who seems to have acknowledged that he had been 'intimidating' to centre staff; however, (ii) the deputy manager had suggested to him that he had not been intimidating or aggressive but merely disputed the arrangements in some way; and (iii) had subsequently talked to the white centre worker who had agreed that 'with hindsight the service user had not in fact been hostile or aggressive, but that perhaps with hindsight the worker's anxiety and hysteria about what could potentially have happened had been fuelled by the service user's non-responsiveness to centre staff on that day ...' (2007, p. 210).

In her commentary, Smith describes how in the research consultation

As a black person hearing this account from another black person, I strongly identified with all the thoughts and feelings of the service user about being misunderstood as a race of people by white professionals. As the Deputy manager shared this account there was a shared 'understanding' among the three of us as black people, in terms of the ease with which we are often perceived as 'aggressive and intimidating'.

(Smith, 2007, p. 211)

However, as she reviews her written data record, Smith begins to see the 'interpretation' of events implied in the above commentary in a different light. She wonders whether it might not be quite plausible that the service user became angry; she wonders whether the centre worker might have found it difficult to challenge the deputy manager's interpretation of events at contact session 1 'for fear of being accused of racism'; and she suggests that in contact session 2 the Guardian 'could clearly see the danger, but we (deputy manager, project manager and I) were more preoccupied with the Guardian's remarks and how misunderstood this service user was and how unjustly he had been perceived' (2007, p. 211).

But this 'shift of perspective' is not a consequence just of 'rational reflection', or systematic 'reanalysis' of the data. Something else intervenes, and Smith says:

I recalled an incident which took place some time ago when I was a team manager ... During a very busy day I had joined a member of staff to support her with a very angry client and his partner in an interview room. They were a black couple. The service user was a black man who had become very verbally abusive in the meeting and seemed to channel most of his anger towards me. I remained quite calm as he shouted and 'ranted' on for several minutes ... I later met with my line manager to debrief about what had taken place. She immediately felt the danger in the incident ... It was only during this discussion with my line manager that it began to dawn on me the potential danger this incident presented.

(Smith, 2007, pp. 212–213)

This piece of analysis and reflection captures in a complex fashion several inter-related aspects of the research process. First, the data decisively does *not* speak for itself; when the researcher is in identification with her research subjects and their view

of the world, reality is one thing; when she questions her identifications, then the whole pattern of interpretation shifts and in some respects inverts. All the evidence for this revised interpretation was available first time round, but some of the facts were, let's say, 'inconvenient'; but the shift of perspective seems to be enabled or supported by an internal process in the researcher, a kind of 'reverie' in fact, that comes to her aid in the form of a memory of another shift in perspective involving questions of race, aggression and dangerousness. Perhaps it is significant that the recollected incident involves a seemingly trusted black manager; but whatever the case this figure is the one the researcher now identifies with, and who represents the capacity for her to 'observe her own research ego' and take up a 'third position' with respect to the data.

Analysis like this brings me closer to an understanding of some of the most often quoted lines in English literature, from T.S. Eliot's *Four Quartets*: 'Time present and time past / are both perhaps present in time future / and time future contained in time past' (Eliot, 1962). This is a view of the nature of reality far from compatible with 'proper science' and its methods and assumptions about linear causality. The only question for me is how seriously do we take this more mysterious conception of social reality? And do we have the courage to really fight for its legitimacy in our professional dealings?

Maybe this is also the right point to note something that has been implicit throughout most of what I have said so far — emotional experience and epistemology seem to me to be inextricably entangled in this kind of research. I think the conventional view about sound research methodology is that it protects the research(er) from the distorting influence of his or her subjectivity and emotional responses; good practice-near research seems to me to *depend* upon subjectivity and emotional engagement with the object of research. What then can safeguard us against the prejudices and distortions of the researcher's passions? I think it can only be the kind of mental and emotional flexibility that Sylvia Smith's example illustrates, and which convinces us because of the depth of analysis it supports.

Certain kinds of research — notably action research — set out to effect change in the subjects being researched, but there is a good deal of evidence that the kind of work I have been presenting may create change in ways that cannot be planned, anticipated or contracted for.

Another of Jude Deacon's research participants was a police child protection officer, who volunteered to engage in a series of consultative interviews about his work. The hope was that this might provide depth insight into the kinds of psychological pressures exerted by suspects with a great deal to lose, on someone carrying authority and responsibility for getting at the truth of their actions. And so it proved I think, but over the months we realised that another process was at work, in which the meaning of the consultations for the research participant seemed to involve a gradual awareness or acceptance that he found this work intolerable.

DC B from 26 July 2005:

He said that it had been a 'really strange' few weeks. He thought that things had 'been getting on top' of him — then he had been ill for 2 weeks — he had been to a barbeque & got food poisoning followed by an infection — and then he had had a week's pre-booked leave. He spoke of the nature of our work, saying that he felt

'relatively comfortable' talking to sex offenders but that there were other aspects of the work that were more difficult. One of his colleagues had told him about a job she was working on. It was a case of neglect of a young baby. The child had been so badly neglected that it had resorted to eating its own faeces. DC B had found this very difficult to deal with. Again he said that things seemed to have got on top of him a little ...

DC B from 6 December 2005:

He had been speaking to a female colleague in their office when something she said (either he didn't tell me or, as I write this up, I cannot recall what it was that she said) made him 'blub', tears streaming down his face. 'You bitch', he said to her. I asked him where that had come from ('you bitch') — was it not entirely understandable that he would be moved by such a perverse crime? He said that he thought it might have been because it was in front of all their team. He then moved very swiftly on saying 'and then I got a job that really did make me cry' ...

... DC B had then gone home. He was sitting with his young son whom he said is 'not usually a very demonstrative child'. His son had suddenly flung his arms around him and DC B had found himself moved to tears. He had excused himself from his son saying he would go and get him a drink. He then went outside until he could compose himself. He said that he didn't want to have to explain to his son why he was crying.

DC B from 6 December 2005:

DC B then said he felt he'd had enough and couldn't take any more. He laughed as he said it but said that he thought if he 'had to hear one more thing about someone's willy or someone's bum ...' He had to get away from it for a bit. 'So I went off on my mountain bike. Actually, no ... I went surfing for a couple of days.'

(Deacon, 2009)

Not long afterwards this man asked to be transferred to another kind of police work. Both the researcher and I had a strong feeling that the research sessions played a part in allowing his defences against the disturbing and painful impact of this work to slowly break down. Perhaps he volunteered for the research because he sensed he needed a context to help him work this through. Whatever, the data from the sessions provide a rich picture of a worker poised on a kind of knife edge — on the one hand almost always in touch with the emotional realities and forensic significance of what he is hearing — the denial, contradictions, deceit, self-deceit, the sudden effort to throw an interviewer off the scent — and on the other a man suffering from the damaging exposure to too much perversity and malevolence.

(4) The complexity of particulars

The closer we come to the raw emotional, relationship-based, turbulent, messy visceral data of practice, the more I think that the fact of the 'complexity of particulars' forces

itself on our attention. To really *understand* and capture in adequate concepts and formulations the character, meaning and broader significance of the very specific, particular people, families, organisational processes we are studying requires a terrific effort of emotional and methodological will-power. I have a special aversion to qualitative research in which lots of people are interviewed, and then the research is written in up in loosely themed groupings of quotations from the research subjects. Any effort to interrogate the meaning of these utterances further is usually met with a defensive insistence that 'What we have presented is what these people are telling us' — the unspoken part of the communication being 'So, bugger off with your clever interpretations, that are in fact your own oppressive distortions of these people's real experience they have so generously shared'.

Of course, there are very real and serious questions about how the research act can authentically capture the experience and meanings of the 'other' without as it were engaging in an act of 'othering'; but I am clear that we desperately need our social work research to provide us with in-depth understanding of our complex psycho-social world. A key lesson from doing practice-near research is thus *that each and every situation or context is unique and particular, and must be understood — 'apprehended' in its own terms*. Its character or meaning cannot be 'read off', or deduced from some set of abstract principles.

I can now say a bit more about the bigger world view I suggest practice-near research partakes of; the dynamics shaping the everyday psycho-social world are *creative*, constantly combining elements of human capacities and functioning in original, new, unfamiliar ways to produce 'complex particulars'. Sometimes, this 'creativity' is in the service of deadly and destructive ends — no two children are abused in exactly the same way. But of course this is not the end of the story — the strong family resemblances, or ingrained and repetitive patterns in human individual, group, organisational or social life are not just the additive result of particulars that resemble one another being subsequently grouped by minds that recognise similarity. Patterns and resemblances must be the product of structuring, or patterning, or law-like principles at work somewhere, but these are what I think we have less idea about — though again it is possible to indicate where others have explored the territory.

Anthony Giddens' theoretical work on how society is constituted and reproduces itself tried to create a space between sociological determinism and sociological individualism; neither absolute free 'agency' of the social subject, nor total social structuring of the subject either. This resulted in his profound if clumsily named theory of 'structuration' (Giddens, 1979, 1984). The critical realist post-Marxist philosophical tradition led by the work of Roy Bhaskar is another theoretical resource (Archer *et al.*, 1998), articulating a kind of surface and depth model of social processes in which knowable social phenomena are produced by generative deep structural principles.

Hearing the grass grow

If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heart beat and we should die of that roar which lies on the other side of silence.

(George Eliot, *Middlemarch*, p. 226)

The police constable presented earlier appeared to be gradually overcome by the roar that lies on the other side of silence. As for him, the dilemma of practice-near research reflects the predicament of social work in society — how much reality can we bear to know about? I suggested at the outset that a central social function of social work is both to disclose forms of suffering to society via engagement with them, and simultaneously to protect society from too much painful awareness of the ugly facts that are constantly in our midst. I suppose someone might object that not all social work is as concerned with painful, ugly, perverse, toxic, intractable realities as I have painted it to be. This could be right, but my response would be that the easier bits of social work are perhaps not the ones that really need our urgent attention. If as researchers we don't have the courage to try to engage with the most unwelcome aspects of our professional task, then I think we are failing in our responsibilities to our practitioner colleagues. This reflects a more general conviction of mine that is no doubt recognisably psychoanalytic — that the power of the destructive and the negative is reduced or attenuated through fearless engagement with it and recognition of its nature; thereby we can be released into greater freedom, creativity and even happiness. Often we can't find the resources or courage to manage this, and so we tend to be condemned to repeat or hand on our miseries. Progress in human affairs may be slow but that doesn't mean it isn't real, and that it doesn't need all our renewed efforts to sustain it. Good practice-near research is a contribution to this effort.

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Note

- 1 'Baby P' or Baby Peter as he is now known, was a toddler who was tortured to death in his family home in North London in 2007. When details of the case became public knowledge in December 2008, it gave rise to a period of intense political and public reaction. Social work and social workers became the object of fierce criticism, public interrogation and personal threats.

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