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*An Ethnographic Study of How Children and Families Social Workers Construct and Use  
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# **Emotions as Practice: An Ethnographic Study of How Children and Families Social Workers Construct and Use Their Emotions in Practice**



**Louise O'Connor**

A dissertation submitted to the University of Bristol in accordance with requirements for award of the Doctor of Philosophy in the Faculty of Social Science and Law, School of Policy Studies, November 2019.

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## Abstract

Emotions matter in the relational, situated and complex interactions of social work. This thesis aims to provide a detailed account of how social workers construct and use their emotions, and the factors which appeared to influence this. The study was conducted in an English Local Authority Children and Families Referral and Assessment Service which used a systemic practice model. The research aims were to explore how practitioners' emotions were constructed and worked with in practice; to consider some of the factors influencing how emotions were regulated or expressed, and how the organisational context informed these experiences.

Emotions were theorised as relational phenomena which include conscious and unconscious elements. Drawing on ethnographic principles the study looks beyond subjective emotions as abstract concepts to analyse these in the social and institutional relations of child protection practice (Smith, 2005). A combined psychosocial and social constructionist theoretical framework was used. Data collection took place over 11 months (April 2016 - March 2017), comprising extensive observations, field interviews and participant diaries. Data were thematically analysed (Braun and Clarke, 2019).

Data analysis illuminated paradoxical constructions: practitioners' emotions were perceived as both problematic and the keystone of practice. Theorising emotions as practices enabled analysis of factors that impacted on these processes. Four analytic outputs were generated: a) *agile emotion practices* in relational and systemic practice, b) practitioners' position in *complex emotion systems*, c) professional and organisational *double binds* and d) accommodating destabilising *change*. The analysis revealed complex intersubjective emotion practices through which practitioners processed and constructed meanings in systemic group supervision and in relationship-based practice.

By looking closely at practitioners' emotions in practice this study contributes new insights and a tentative language for the micro-interactions of agile emotion practices - how social workers 'do' emotions. It concludes with suggestions for a reframing of emotions in social work and further research.



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This research would not have been possible without the support of many people.

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My very special thanks and appreciation go to the parents and children who gave permission for me to be present in their homes and to hear their stories, often at times of great difficulty. This was a privilege - thank you.

I am thankful to the many academic and social work colleagues who supported this project in the early days through providing contacts and encouragement. I would like to thank Prof Claudia Bernard who encouraged the first steps and has been there along the way, Prof Jan Fook who reassured me this golden thread might be worth holding onto, and Dr David Saltiel who generously shared his experiences of ethnographic research. I am grateful to students and colleagues at Royal Holloway University of London for their support. Especial thanks go to fellow travellers Sue Austin and Kate Leonard, the writing group and Neelam Modi.

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Finally, my eternal thanks go to Gerard, my 'third supervisor', who dealt with a much greater inconvenience than this along the way. Thank you for everything.



**Dedication**

I dedicate this thesis to AS, my very first 'key girl' when I worked in residential care, and from whom I learned much about the importance of emotions. Serendipity brought us together again years later, reminding me again of the centrality of emotions and human relationships in social work.

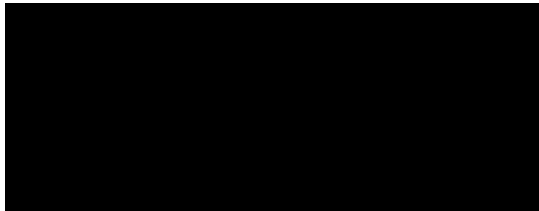




### **Author's Declaration**

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's Regulations and Code of Practice for Research Degree Programmes and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED



DATE: 6 November 2019



# Table of Contents

<b>Abstract</b> .....	<b>3</b>
<b>1 Introduction</b> .....	<b>17</b>
1.1 <i>Thesis structure</i> .....	19
<b>2 Theoretical Approaches to Emotion</b> .....	<b>20</b>
2.1 <i>Definitional Complexity</i> .....	20
2.2 <i>Psychological Perspectives</i> .....	22
2.2.1 Debated language and terminology .....	23
2.2.2 Appraisal processes and communicative functions .....	23
2.2.3 Schemas and scripts .....	24
2.2.4 Social and cultural constructions.....	24
2.2.5 Emotional regulation, intelligence and resilience .....	26
2.2.6 Emotions in groups.....	27
2.3 <i>Sociological Perspectives</i> .....	29
2.3.1 The Self, Social Bonds and Normative Emotions .....	29
2.3.2 Relational Emotions: performative and interactional.....	31
2.3.3 Performance and labour.....	31
2.3.4 Combining the relational, unconscious and hidden .....	35
2.3.5 Emotions as practice .....	36
2.3.6 Embodiment and emotions .....	36
2.4 <i>Psychosocial Perspectives</i> .....	37
2.4.1 Attending to Emotions and the Unconscious.....	39
2.4.2 Defending against anxiety and difficult emotions .....	40
2.4.3 Emotional responses to trauma and intimidation .....	41
2.4.4 Containment of emotions .....	41
2.4.5 Self and Identity in Context.....	43
2.4.6 Conclusions.....	44
<b>3 Examining the Research Base</b> .....	<b>47</b>
3.1 <i>Emotions: an intrinsic component of social work</i> .....	47
3.2 <i>Literature Search Strategy</i> .....	52
3.3 <i>Empirical studies</i> .....	54

3.4	<i>Emotions as a resource and challenge</i> .....	55
3.4.1	Sense-making and containment .....	55
3.4.2	Direct practice: emotions in interaction (and their absence) .....	56
3.5	<i>Constructions and Intersections</i> .....	58
3.5.1	Managing and defending: emotion work.....	58
3.5.2	Binary perceptions: weakness or strength.....	60
3.5.3	Emotions in intersections: self, identities and structural factors.....	61
3.5.4	Strategic Use of Emotion .....	62
3.5.5	Conclusions.....	64
<b>4</b>	<b>Research Design, Methodology and Methods</b> .....	<b>66</b>
4.1	<i>Research Questions</i> .....	66
4.2	<i>Methodological Choices</i> .....	67
4.2.1	Epistemic and Ontological Assumptions.....	67
4.3	<i>Theoretical Frameworks</i> .....	68
4.3.1	Social Constructionist Approach.....	68
4.3.2	Psychosocial Approach.....	69
4.4	<i>Methodology</i> .....	70
4.4.1	Ethnography.....	70
4.4.2	Getting close to the subject.....	72
4.4.3	Emotions, visibility and the unconscious.....	73
4.4.4	Alternative considerations.....	74
4.5	<i>Methods</i> .....	75
4.6	<i>Research Process</i> .....	76
4.6.1	Research Site: Gaining Access and Consent.....	76
4.6.2	Setting, teams and participants .....	77
4.6.3	Ethical Access, Consent and Change.....	78
4.7	<i>Data Collection</i> .....	79
4.7.1	Nature of Data.....	79
4.7.2	Observations .....	80
4.7.3	Field Interviews .....	82
4.7.4	Practitioners' Diaries.....	82
4.7.5	Challenges in Data Collection.....	83
4.8	<i>Data Analysis</i> .....	84

4.9	<i>Trustworthiness and Credibility</i> .....	85
4.9.1	Researcher positionality.....	87
4.9.2	Reflexivity.....	88
4.10	<i>Limitations</i> .....	89
4.11	<i>Conclusion and Reflections</i> .....	90
<b>5</b>	<b>The Presence and Perceptions of Emotions</b> .....	<b>91</b>
5.1	<i>Emotions in Context</i> .....	91
5.2	<i>The Referral and Assessment Service: Internal and External Contexts</i> .....	92
5.3	<i>The Emotional Nature of ‘Ordinary’ Day-To-Day Practice</i> .....	93
5.3.1	The intensity of the ordinary.....	93
5.3.2	The soundscape.....	97
5.4	<i>Hidden Emotion Work: Putting on the ‘cloak of professionalism’</i> .....	98
5.4.1	Masking Felt Emotions.....	98
5.4.2	Self-protection strategies.....	101
5.4.3	Containing society’s troubles.....	102
5.5	<i>Interconnected emotions</i> .....	103
5.5.1	Self-, and Other- Oriented Emotions.....	103
5.5.2	Institution-oriented emotions.....	106
5.6	<i>Ubiquity of anxiety</i> .....	107
5.6.1	Naming anxiety.....	107
5.6.2	Anxiety as information, enabler and barrier.....	109
5.7	<i>Problematic Constructions of Emotions</i> .....	111
5.7.1	Negative emotions and negative constructions.....	111
5.8	<i>The Power of Emotions: Danger, Joy and Drama</i> .....	114
5.8.1	Dangerous Emotions.....	114
5.8.2	Joy and Drama.....	117
5.9	<i>The ‘Tough Veneer’ of Practice</i> .....	118
<b>6</b>	<b>Use and place of emotions in the performance of practice</b> .....	<b>124</b>
6.1	<i>Agile Emotion Practices</i> .....	124
6.2	<i>Anticipatory emotions</i> .....	128
6.3	<i>In the moment emotions, mirroring and reflection</i> .....	129

6.3.1	Reflecting back 'in the moment'.....	129
6.3.2	Internal dialogue 'in the moment'.....	131
6.3.3	Reflective and Reflexive Emotions.....	133
6.3.4	Routine reflective emotions prompt thinking.....	136
6.4	<i>Switching between emotions to navigate the emotional terrain of practice.....</i>	137
6.4.1	Entering and containing emotion systems.....	137
6.4.2	Navigating Emotional Tensions.....	139
6.5	<i>Humour and Trauma: Group Practices.....</i>	142
6.5.1	Shared humour, complex emotions.....	142
6.6	<i>Place of and places for emotion.....</i>	144
6.6.1	"Holding it together at all times".....	144
6.6.2	Movement and space.....	146
6.6.3	Creating safe spaces - but 'the walls have ears'.....	147
6.6.4	Creating safe spaces externally.....	148
6.7	<i>Supervisory Gaps - feeling uncontained.....</i>	149
6.8	<i>'The basic radar, the keystone from where we start'.....</i>	152

## **7 Using Emotions in a Systemic Practice Environment and in the Context of Change:**

<b>Affordances and Constraints.....</b>	<b>153</b>	
7.1	<i>Systemic Practice.....</i>	153
7.1.1	Systemic Structure.....	153
7.1.2	Working to co-author change.....	154
7.2	<i>The Affordances of Emotions in Systemic Practice.....</i>	155
7.2.1	Relational engagement: engaging and feeling.....	156
7.2.2	The language of curiosity- <i>holding back and leaning in</i> .....	157
7.3	<i>Intersubjective Emotion Practices, Containment and Sense-Making.....</i>	160
7.3.1	Getting in touch with trauma: experiencing and using emotion states.....	161
7.3.2	Taking a stance: subjective and intersubjective emotions in the 'Use of Self'.....	164
7.4	<i>Constraints Maintaining Emotion Practices in Systemic Practice.....</i>	171
7.4.1	Compromise, thresholds, scrutiny and time.....	171
7.4.2	Conserving emotional energies.....	173
7.4.3	The constraints of emotional engagement.....	174
7.5	<i>Practitioners in Context: personal influences, experiences and voice.....</i>	176
7.5.1	Family scripts, socialisation and identities.....	177
7.5.2	Biographies and lived experience.....	180

7.5.3	Training, boundaries and personal therapeutic work .....	181
7.5.4	Position and voice in organisational systems .....	183
7.6	<i>Accommodating Change in Atmospheres, Culture and People</i> .....	187
7.7	<i>Staff turnover: the importance of consistency and security</i> .....	187
7.7.1	Being anchored by ‘a good manager’ .....	187
7.7.2	Challenging the default ‘deal with it’ position .....	188
7.8	<i>Changing climates: security and trust</i> .....	189
7.9	<i>Changing cultures: the ‘relentless fight’ for relational practice</i> .....	192
7.9.1	Returning to linear social work: ‘Am I marching to the right tune?’ .....	194
7.9.2	Maintaining spaces for emotions .....	195
<b>8</b>	<b>Discussion</b> .....	<b>197</b>
8.1	<i>Recognising emotion practices</i> .....	197
8.1.1	Hidden Emotion Work, Containing Self and Others .....	198
8.1.2	The invisible skills of the rollercoaster ride .....	199
8.2	<i>Agile Emotion Practices in Relational and Systemic Practice</i> .....	200
8.2.1	Utility and Value .....	201
8.2.2	Mobilising practices .....	205
8.2.3	Situated Use of self .....	208
8.3	<i>Social workers at the centre of complex emotion systems</i> .....	209
8.3.1	Emotion systems: individual, social and institutional .....	209
8.3.2	Ambivalence of the ‘policy actor’ in emotion systems .....	210
8.4	<i>Double binds: negative constructions of emotions in an ambiguous culture</i> .....	213
8.4.1	Culturally reinforced meanings .....	213
8.4.2	And yet, emotions are “ <i>the keystone</i> ” of practice .....	216
8.5	<i>Facilitative and Destabilising Environments</i> .....	217
8.5.1	Containment and lacunae .....	217
8.5.2	Destabilising Change .....	218
8.5.3	Defending against uncertainty, accommodating change .....	219
8.5.4	Facilitative Factors .....	220
8.6	<i>Situating findings in the power dynamics of organisational practice</i> .....	221
8.7	<i>Contributions to the knowledge base</i> .....	222
8.7.1	Shining a light on emotions in practice and <i>as practices</i> .....	222
8.7.2	Emotions in systemic practice and beyond .....	227



8.7.3	Organisational narratives and professional double binds.....	228
8.8	<i>Limitations</i> .....	230
8.9	<i>Reflections on the research process</i> .....	231
<b>9</b>	<b>Conclusion</b> .....	<b>233</b>
<b>10</b>	<b>References</b> .....	<b>237</b>
<b>11</b>	<b>Appendices</b> .....	<b>263</b>
11.1	<i>Ethical Approval SPS</i> .....	263
11.2	<i>Introductory information – agencies</i> .....	269
11.3	<i>Participant information &amp; Confidentiality Protocol – Social Work</i> .....	271
11.4	<i>Participant information – other professionals</i> .....	274
11.5	<i>Participant information – service users and carers</i> .....	276
11.6	<i>Consent forms – practitioners</i> .....	279
11.7	<i>Consent forms – service users and carers</i> .....	282
11.8	<i>Consent forms – other professionals</i> .....	284
11.9	<i>Observational Record Template</i> .....	285
11.10	<i>Field Interviews Semi-Structured Guide</i> .....	286
11.11	<i>Initial Thematic Coding Map</i> .....	287
11.12	<i>Development of Thematic Analysis &amp; Example of Organic Thematic Coding ‘Map’</i> .....	291
11.13	<i>Participants &amp; Codes</i> .....	294

# 1 Introduction

This thesis addresses the phenomena of practitioners' emotions in social work. It is an exploration of how emotions are constructed in Children and Families practice and how social workers make sense of and use the emotions they experience and negotiate in everyday practice.

Social work is intrinsically relational. It centres on human encounters between social workers, service users, carers and other professionals. Emotions are a core element in these human encounters. While ideologically and practically, the nature of social work varies across settings, client groups and regions, the relationship is the key medium of engagement, communication and collaborative working (Ruch *et al.*, 2018). David Howe (2008, p.1) argued that social work 'is emotional work of a high order', reminding us that emotions define our humanity. In social work this humanity involves practitioners experiencing and managing a wide range of emotions both in relationship-based practice and in the interprofessional socio-legal processes of assessment and decision-making which underpin children and families social work in England.

Local authority Referral and Assessment Services in inner-city environments epitomise these emotional complexities. Everyday practice involves engaging families, children and young people in situations of uncertainty, tension and possible risk. Emotions emerge and are drawn on in dealing with distress, trauma and risk-assessment in an environment of deprivation and limited resources. Described as 'messy' and highly complex features of human life and interaction (Nussbaum, 2001, p.3), emotions mirror the nature of social work itself. As a former social worker and now as a lecturer I have frequently questioned what happens to emotions in social work. How do they shape or inform practice? Are they used consciously in practice and if so in what way? How are practitioners' emotions constructed and understood in practice?

The Munro Review of Child Protection (2011) heralded a significant contribution to what has been described as a 'relational turn' in social work (Ruch, 2016, p.26) which emphasised the importance of the emotional dimensions of practice. The justifiable concern in social work that early interpretations of psychosocial theory were pathologising and individualising had led to a move away from focusing on intra-personal processes and a greater emphasis on structural analyses (Healy, 2014). Ruch *et al.*'s (2018; 2010) inclusive model of relationship-based practice offered a more balanced psycho-social approach which addresses these complexities. In arguing for a refocusing on emotional skills such as empathy and intuition, Munro (2011) also emphasised the importance of organisational contexts which support practitioners with

the emotional intensity experienced in getting close to trauma and distress. These developments coincided with calls to reclaim relational practice to counteract increased proceduralisation in child welfare and child protection (Featherstone *et al.*, 2014).

However, Munro also noted ‘a curious absence from a great deal of social work and child protection literature, policy and discussions about practice of any considered attention to the core dynamics, experience and methods of doing the work’ (Munro, 2011, p.86). While we know that emotions are powerful, it is clear there are considerable gaps in the knowledge base. The profound impact of complex emotion responses for practitioners in contact with trauma is evident in a substantial literature, particularly related to serious case reviews of fatal child abuse incidents (Cooper, 2005; Rustin, 2005). Emotions are also implicated in the quality of practitioner-worker relationships (O’Leary *et al.*, 2013; Howe, 2010) and in everyday decision-making, actions and inactions (Ferguson, 2017).

Nonetheless, there appears to be limited knowledge about how social workers ‘do’ emotions in their day-to-day practice. In one of the few social work texts devoted to understanding emotions, Ingram (2015a, p.1) suggests that there is a lethargy about and resistance to the role of emotions in the profession. Similarly, contradictions were identified by Hingley-Jones and Ruch (2016, p.237), who noted contrasting intricate, emotionally engaged practice alongside apparent ‘relational austerity’. Similar inconsistencies were noted by Wilkins and Whittaker (2018) who questioned how practitioners enact empathy in their practice.

Thus, a gap becomes apparent in our understanding of a core area of professional practice: what happens to and with practitioners’ emotions in the micro-interactions of practice? How are these emotions constructed and worked with? As one of the clinical consultants in this study said:

*“[Emotions] are absolutely vital to social work [...] crucial. We’re not made to feel confident about those emotions, we’re not allowed to feel that they are useful. [...] I think it is the keystone from where we start.” (I:CC2:7)*

Indeed, in their professional and organisational work environments, practitioners are expected to resiliently negotiate everyday practice and the emotions arising therein (BASW, 2018).

Therefore, questions arise not only about how prepared social workers are to work with emotions in practice, but also how far social work organisations support and enable this key

aspect of practice. This research study was therefore developed in order to examine what sense Children and Families social workers make of the emotions they experience in practice, and the factors which impact on how these emotions are constructed and used.

## 1.1 Thesis structure

Chapter 2 explores how emotions are theorised from psychological, sociological and psychosocial perspectives. This chapter concludes by identifying the value of a joint theoretical lens which takes account of emotions as relational, interactional constructs *and* phenomena which involve internal, less conscious processes. Chapter 3 examines the current research base on how practitioners' use emotions in social work. Chapter 4 outlines my research questions and the methodological choices which led to an ethnographically informed study. Methods of data collection and analysis are outlined. Findings and analysis are presented thematically in chapters 5, 6 and 7: 'The Presence and Perceptions of Emotions', 'Use and Place of Emotions in the Performance of Practice' and 'Using Emotions in a Systemic Practice Environment and in the Context of Change: Affordances and Constraints'. Chapter 8 discusses the significance of agile emotion practices and emotion systems in the context of complex double binds, systemic practice and an environment of change. Finally, chapter 9 presents the conclusions of this study and recommends areas for further exploration in the profession, social work education and in future research.

## 2 Theoretical Approaches to Emotion

*'Emotions shape the landscape of our mental and social lives.'* Nussbaum, (2001, p.1)

Emotions have been studied from various disciplinary and interdisciplinary perspectives. The knowledge base is informed by a vast literature drawing on research and theory in the fields of history, psychology, sociology, cultural studies, social geography, neuroscience, philosophy and psychoanalysis. To explore how emotions are theorised from these numerous perspectives is well beyond the confines of this thesis. However, historical and contemporary debates inform how emotions are understood. Although fragmented and not providing a definitive agreement on how emotions can be conceptualised, contemporary research from these disciplines points to some shared understandings of the phenomena, despite significant conceptual differences. As noted by De Sousa (2014) and Burkitt (2014), there is an increasing recognition that viewing emotions from the stance of any one discipline is deeply limiting.

This review of the literature seeks to refine my thinking about the topic of emotions and to inform the development of research questions grounded in existing literature and research. In the first chapter I explore the broad meaning and constructions of emotions as a concept. Then, having established some understanding of the literature on emotions generally, I identify selected psychosocial and sociological approaches and concepts that I have evaluated as most relevant to how practitioners' emotions in social work might be theorised and researched. I then move to the second chapter which reviews empirical studies of this topic in social work.

### 2.1 Definitional Complexity

Emotions are a central part of what is to be human yet have a complex history (Dixon, 2012) and remain the subject of significant ontological and epistemological debate across centuries (de Sousa, 2014). These debates are rooted in traditional Western philosophy, dating back to Plato, Descartes and Kant, in which reason and emotion were seen as opposites. Emotions were perceived as distractions, compulsions not to be trusted and associated with primal, often female, passions which needed taming 'by the steady hand of (male) reason' (Williams, 2001, p.2). Peile (1998) argues that the emphasis on rationality coincided with a rejection or devaluing of bodily and emotional experiences, reflecting Cartesian dualism and Western / Christian traditional notions of irrationality and primitive desires. This dualism has significantly contributed to unresolved debates from Darwin to Freud regarding the nature and meaning of

emotion, and more recently challenged by Hochschild (1983), Barbalet (1998) and Barrett (2018). Such binary thinking in relation to emotions has been substantially challenged by post-modern and feminist researchers within the social sciences (Kenny and Fotaki, 2014; Ahmed, 2004; Jagger, 1989). However, as noted by Munro and Fish (2015, p.18) this dichotomous view of emotions representing the opposite to logic has contributed to a perception of emotions and intuition as inferior forms of knowledge, and potentially harmful in social work.

Areas of definitional complexity include diverse philosophical, psychological and sociological views on the functions of emotions in influencing actions, moral or ethical behaviour and interpersonal interactions. Similarly, there is a lack of agreement on the degree to which an emotional response is triggered consciously or unconsciously and the process by which this response may be felt and recognised physiologically, psychologically, consciously or unconsciously (De Sousa, 2014; Brown, 2012; Nussbaum, 2001; Damasio, 1999; Bendelow and Williams, 1998).

Emotions can appear obvious and commonplace, for example, across many cultures there are generalised understandings of emotions such as anger or happiness, yet emotions are also ethereal and intangible. How does one define and articulate the feeling of love, fear, hate or grief? Yet, we largely recognise these constructs in day-to-day experience and human behaviour.

Emotions are subjective, experienced individually and often internally, for example, fear, shame or joy. Yet they can also be socially shared and experienced collectively (Rimé, 2009) such as the death of Princess Diana and the events of 9/11. Similarly, collective emotions can be perceived in responses from media, government and the social work profession to key events such as child deaths (Warner, 2015; Laming, 2003). Additionally, psychological, sociological and psychosocial theories have informed an understanding that the 'emotional climate' of organisations includes influential mechanisms (Barbalet, 1998, p.159), in which individual and collective emotions have central roles (Hoggett, 2006; Gabriel and Griffiths, 2002).

Increasingly theorists from different schools of thought agree that to focus on achieving a clear interdisciplinary agreement on terminology may be futile (Mulligan and Scherer, 2012; Fineman, 2000). It might be more useful to accept that emotions' 'mercurial status' is dependent both on individual experiences and the 'socio-cultural framework that imbues feelings with meaning' (Day Sclater *et al.*, 2009, p.1).

In order to consider emotions in the applied environment of social work, I have grouped some of the predominant theoretical approaches in the literature. In light of the immense literature on emotions generally, I have selected theoretical frameworks and concepts which appear most useful in framing my research interests. I specifically examine which conceptual approaches to emotions might be most applicable in researching practitioners' experiences and construction of emotions. For reasons of space not all of the reviewed literature is included here, and some are only briefly mentioned. Although there is considerable disciplinary overlap, I explore the literature in three broad categories: psychological, sociological and psychosocial perspectives.

## **2.2 Psychological Perspectives**

For over one hundred years psychologists have studied emotions, over time moving from a view of emotions as biologically determined, a form of hardwiring which responded to external events and maximised survival (Fiske and Taylor, 1991), to a recognition that emotions are intertwined with cognition and language, and influenced by social, environmental and cultural contexts. Damasio's neurological studies (2004; 1994) challenged traditional cognitive psychology by identifying that the experience of emotions could be separated from cognition. Although not without critique (Burkitt, 2014; Wetherell, 2012), this introduced a more fluid interpretation of the extent to which emotions are understood to have different levels of consciousness in connection with the physical body. Similarly, Barrett's (2017; 2006) neuroscientific work has significantly challenged traditional theories.

Emotions are understood to have functions individually and at group and cultural levels, which Rimé (2009) suggested is important in developmental and relational processes and in day-to-day functioning. He argues that negative emotions, which can have lasting and destabilising effects, can trigger attachment behaviours and communication focused on seeking approval in order to re-stabilise one's sense of self. Emotions thus inform the 'delicate architecture' (Rimé, 2009, p.64) of self-knowledge and sense of the world which are based on schemas and scripts imbued with cultural, social and individual meanings.

### **2.2.1 Debated language and terminology**

Psychology provides a range of terms and key concepts which are used across many disciplines to describe and research emotions. Yet Izard (2010a) and others acknowledge there is no universally agreed lexicon of emotion or precise definitions (see Izard, 2010b; Immordino Yang, 2010; Scherer, 2005).

A substantial literature has developed across disciplines about the categorisation of core/basic or secondary/social emotions. Fear, anger, sadness, happiness, disgust and surprise are commonly described as basic emotions (Ekman *et al.*, 1972). These terms are the subject of considerable debate (Watt Smith, 2015) yet appear extensively in the literature, having become in Barrett's words a form of 'Essentialism [that] inoculates itself against counter evidence' (2017, p.162).

Gendron and Barrett (2009) categorised psychological theorists into three groups focused on basic entity, appraisal or constructionist theorists. As my interest is not in evaluating or categorising the types of emotions experienced or used by practitioners, a more detailed discussion of these categories and terms has not been included here.

### **2.2.2 Appraisal processes and communicative functions**

Cognitive and functionalist approaches to emotions emphasise appraisal processes which inform cognition, leading to emotion (Ellsworth and Smith, 1988) and social functions such as motivation (Lazarus and Smith, 1988), and social rules (Averill, 1982). Positive and negative emotions are viewed as triggering and informing appraisal. Emotions are thus believed to trigger actions and relational responses or behaviours (Lazarus, 1991). They also have communicative functions, 'feelings that change our judgements' (Oatley and Johnson-Laird, 2011, p.242). These include triggering instantaneous non-conscious or conscious actions to avoid fear or threat. Similarly, feelings can motivate interpersonal and relational responses, for example, crying in response to sadness or changing the subject to avoid embarrassment. Some theoretical models emphasise that early childhood experience contributes to development of emotional competence, skills developed during childhood becoming fully integrated in adult interactions and affective communication (Halberstadt *et al.*, 2001).



### **2.2.3 Schemas and scripts**

An example of a concept used across disciplines including in therapeutic work is Bartlett's (1932) cognitive schema by which individuals organise knowledge and expectations about a particular concept, circumstance or experience. Prior knowledge, memory and attributions are used to form inferences and classify information. Different types of schemas influence different types of interpretation of new information or experiences, including emotions or feeling states. Thus, understanding of individual emotional experience and interpretations of the emotions of others is informed by schemas, which can change, incorporate previous memories and assimilate new experiences. Examples include event schemas or scripts, which inform expectations about sequences of events. A practitioner undertaking a home visit or case conference might operate from an event script informed by prior visits and/or role schemas about professional expectations.

Scripts are understood to consciously and unconsciously inform emotions by influencing how experiences and information are interpreted. Thus, perceptions and memories are implicitly organised in ways that fit with personal and cultural schemas for emotion (Clore and Ortony, 2013, p.341). These schemas incorporate cognitive biases and influences embedded in societal belief systems, interpretations and evaluations of emotions (Leahy, 2019). These can inform, for example, gendered and/or culturally influenced interpretations about feelings such as confusion, shame or anxiety. Scripts and schemas inform emotions, behaviour and relationships and are key constructs in, for example, family therapy and therapeutic analysis (Byng-Hall, 1988).

Understanding that schemas and scripts might inform how emotions are recognised or used in communicative functions has potential application to studying emotions in practice. Practitioners' emotions might be experienced or interpreted through the lens of multiple schemas about cultural, gendered or professional norms, language and emotions. This suggests that all workers bring to practice multi-layered scripts, although these are likely to combine both conscious and unconscious elements.

### **2.2.4 Social and cultural constructions**

Social constructionists such as Averill (2012), Lazarus (1991) and Scherer (2005) acknowledged that emotions might have physiological aspects but viewed them as largely deriving from social processes and norms, essentially being socially constituted. Such perspectives are applicable to developing an understanding of emotion in social work.

Practitioners' emotions occur in interactional, socially constructed situations, combining individual or social scripts with organisational and professional norms. The self-conscious emotions proposed by Tracey and Robbins (2004) might have relevance here. Practitioners' experience of pride in their work is influenced by self-representation and self-awareness, for example, *I am competent / skilled in assessments* and *I'm seen by others as competent/skilled*. Feelings of pride or shame are understood to be interconnected with internalised values and perceptions. These interact with external constructions of what is socially or professionally valued, commended or censured (Gibson, 2019; Warner, 2015).

The complex layers which inform emotions are incorporated in a socio-cultural model by Boiger and Mesquita (2012). Located within continuously shifting social relationships, emotions are viewed as 'ongoing, dynamic and interactive processes that are socially constructed' (op. cit. p.221). Their multilevel model suggests that emotions are constructed and influenced in the moment of interaction *and* by the context and relationship in which the interaction occurs and meanings are created. Socio-political, cultural, relational and subjective experiences come together to shape emotions. Brody and Hall (2008) emphasise that gender differences in emotional experience and expression derive from and are mediated by contextual sociocultural beliefs and values rather than inherent gender differences. Cultural and socialisation processes contribute to and reinforce gendered stereotypes and gender differences in emotional expression and regulation. Gender stereotypes such as women being more emotional and/or more emotionally expressive than men, and differences in types of emotions reported by gender categories are patterns identified in research. However, these derive from socially structured gender-role expectations and learned behaviours rather than intrinsic gender differences. For example, Brody and Hall emphasise the role of self-schemas which reinforce interdependency and traditional gendered childcare roles alongside lower power status for females, contributing to increased capacity for emotional display and reading of 'emotion signals' (2008, p.403). Similarly, gendered socialisation of men can produce self-schemas which reinforce individualism, competitiveness and control alongside predominantly socially higher power positions (ibid.p.403). Thus. it is argued that in considering emotions, gender differences need to be understood in terms of their sociocultural situational context. The relevance of this to social work is further explored in chapter 3.

The pioneering neuroscientific work of Barrett (2017; 2012; 2006; Barret and Athinoula, 2017) has substantially challenged classical views of emotions, arguing that they are essentially socially constructed. Drawing on psychological and neuroscientific research, Barrett's (2017) critique of classical theories of emotion challenges traditional binary perspectives of rational

versus emotional thinking. Multifaceted experiences are created by our brains and experienced as day-to-day affect which combines two aspects, how pleasant or unpleasant we feel (valence) and how agitated or calm we feel (arousal) (Barrett, 2017, p.72). Barrett's neuroscientific theory shows how interconnected neural and central nervous systems give meanings to sensations we experience, some of which are intense and given meaning as emotions. Thus, emotions are not preordained or triggered, but perceived. These perceptions are influenced by social and cultural factors and have functions in creating meaning between people:

'They [emotions] are made. By us. We don't recognize emotions or identify emotions: we construct our own emotional experiences, and our perceptions of other emotions on the spot, as needed, through a complex interplay of systems. [ ] We are architects of our own experience.' (Barrett, 2017, p.40)

Barret's work reinforces the possibility that socially constructed scripts, schemas, language and socio-cultural factors which impact on practitioners' experience and expression of emotions might be accessible through observation and discussion. Before moving on to consider alternative theoretical perspectives, the constructs of emotional regulation, intelligence and resilience, and the possible significance of emotional contagion and dissonance are considered.

### **2.2.5 Emotional regulation, intelligence and resilience**

Emotion regulation is a term used across disciplines with largely similar meanings. It describes processes by which people learn to regulate and manage their emotions, beginning in infancy through the mutual responses and interactions between infants and primary carers (Morrison, 2007). An important developmental task, it facilitates recognition and interpretation of personal emotions, responses to the emotions of others and capacity to control emotions. Development of 'regulation-relevant' tools (Rimé, 2009, p.61) incorporates cultural knowledge of the meanings, expression and acceptable management of emotions. The capacity for emotional regulation is recognised as central to effective attachments, communication and social interactions. Although learnt in childhood, emotional regulation develops further through adult attachments, interdependence and socially shared emotions (Rimé, 2009).

In social work emotional regulation is likely to have particular significance given professional conduct requirements and everyday management of emotions in relational practice. Charland

(2011, p.85) reinforces this point by proposing that emotional regulation is predominantly used with limited acknowledgement of the values and 'moral undertow' which underpin it. Social and cultural normative influences inform emotional regulation at any given point. In social work this is likely to combine individual, socio-cultural and professional/organisational norms. Used interchangeably with emotion management, emotional regulation is also used in sociological approaches to emotion, which are discussed later.

Emotional intelligence or competence has similarities with emotional regulation. Defined as:

'The ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions.'  
(Mayer *et al.*, 2008, p.504)

Understood as more than individual characteristics or personality traits, Mayer *et al.*, (2008, p.514) emphasise its importance as a collection of reasoning abilities, which crucially use emotions to improve reasoning. Although not without criticism (Lewis *et al.*, 2005), emotional intelligence is seen as more than emotional regulation. It is viewed as a sophisticated understanding and utilisation of emotions as a form of knowledge. Morrison (2007) highlighted the importance to social work of inter-personal and intra-personal aspects of emotional intelligence in self- and other-awareness.

Emotional resilience is a discrete concept, used across disciplines. It involves emotional stamina, the capacity to emotionally regulate and recover from emotional challenges (McMurray *et al.*, 2008; Jackson *et al.*, 2007). It is generally recognised as a combination of fluid elements which can be developed and promoted. It is viewed as an important emotional characteristic in social work, although not always clearly defined (Grant and Kinman, 2013) or unproblematic in workplaces (Vickers and Kouzemin, 2001).

## **2.2.6 Emotions in groups**

Emotional contagion is the idea that exposure to others' emotions can result in a form of contamination. Hatfield *et al.*, (1994) identified this as 'primitive emotional contagion' which involves automatic and unconscious mimicry and experience of similar feelings (cited in Parkinson, 2011, p.249). Emotional contagion is sometimes linked to empathy (Decety and Ickes, 2009) and is recognised as significant in group contexts and the workplace (Barsade, 2002).

Emotional dissonance in the workplace largely describes the disconnect between emotions required for work performance and felt emotions (Hulsheger and Schewer, 2011). Dissonance however can have positive and negative functions. It has been linked to burnout in human service professionals (Bakker and Heuven, 2006), but Rimé (2009) noted that the negative emotions it creates can trigger cognitive processes that reduce dissonance. Both emotional contagion and dissonance have possible application in social work, suggesting the importance of researching practitioners' narratives and their experience in groups or teams.

The social functions of emotions in the workplace are extensively researched in organisational literature (Ashkanasy and Cooper, 2008; Lewis *et al.*, 2008). Emotions are viewed as having multiple social functions in groups and organisations. A more detailed discussion of emotions from an organisational psychology perspective is not included here. However, the significance of emotions in groups is returned to in discussion of sociological and psychosocial theories.

In seeking to understand how emotions are defined and theorised in psychological literature some key points emerge. The first is the complex array of approaches and theories about what emotions are, and the lack of conclusive definitions for the phenomena. The second is that emotions are centrally located in human behaviour and interaction. Despite debates about whether they are innate, biological, or separable from cognition, the literature broadly suggest that what people experience psychologically and term emotion is influenced by social experience. Thirdly, the level of awareness or consciousness individuals might have about their own perceptions of emotions or how they manage or regulate their emotions is likely to be implicit and not necessarily conscious. Fourthly, research from social psychology and neuroscience emphasise the significant interaction of embedded internal and external influences in the construction of emotions.

Several concepts from psychology might be informative in framing research on practitioners' emotions in the intrapersonal and interpersonal context of practice. Although my interest is not in evaluating practitioners' capacities for, for example, emotional resilience or regulation, these concepts and the construct of scripts sensitise me to their possible value in understanding how perceptions of emotions might be informed, managed or performed in practice. The degree to which social, organisational and possibly unconscious processes might be relevant to this are explored in the next two sections.

## 2.3 Sociological Perspectives

Emotions have been studied in Western sociology for over 50 years, resulting in divergent discourses on how emotions are understood. This has led to 'partial' theorising which lacks an overarching integrative theory of emotion (Stets, 2012, p.327). Early sociological theory was predominantly macro in orientation, with limited attention to emotion (Turner, 2009; Barbalet, 1998; Bendelow and Williams, 1998). Emotions were addressed in the work of Marx, Durkheim and Cooley but, apart from Cooley, this was largely implicit and secondary, reflecting the firmly held reason/scientific versus emotion/non-scientific dualism (Bendelow and Williams, 1998). Reviewing sociological perspectives developed throughout late modernity Williams (2001) suggests that conceptualisations of emotion, although divergent, increasingly recognised a relationship between emotion and rationality, involving 'supportive or constitutive connections' (Williams, 2001, p.34).

Macro- and micro-sociological perspectives provide some useful conceptual frameworks by which emotions arising in the interactional and organisational contexts of social work can be explored. Sociologists explore how emotions are shaped by social and cultural institutions and the extent to which these in turn are informed and shaped by emotions. This includes micro and macro processes from norms and rituals of social interactions at group and individual level, to structural divisions which impact on social relations and experiences, such as gender, race, class, power and status (Turner, 2009, p.343). Emotions have been studied in terms of their potential contribution to social cohesion and social order (Lawler *et al.*, 2000; Retzinger and Scheff, 2000); formation, integration and differentiation of social groups (Scheff, 1997; Kemper, 1990) and their construction and role in power, class and gender relations (Boler, 2004; Lutz and Abu-Lughod, 1990). Doyle McCarthy (2002, pp.30-31) suggests that social constructionism underpins most sociological perspectives on emotion, viewing emotions as essentially 'cultural acquisitions' whose social properties can only be understood 'in relation to other social phenomena'.

### 2.3.1 The Self, Social Bonds and Normative Emotions

Symbolic interactionists emphasise the role of emotions in individual sense of self, drawing on Cooley's concept of the looking glass self (cited in Scheff, 2006). Self and identity are seen as key motivators for normative behaviour and interactions. From this perspective, emotions have an important role in maintenance of social norms, contributing to social bonding and interpersonal attunement (Scheff, 2006, p.144). Drawing on Goffman's (1959) work and psychoanalytic ideas to emphasise the 'microworld of emotions and relationships', Scheff

(2006, p.144) identified pride and shame as master emotions, having normative or corrective functions in the verification of self and identity. For example, pride, shame or embarrassment can indicate deviation from, and promote adherence to, social norms (Scheff, 2006). Shame is seen as having multiple functions linked to moral conscience, social cohesion and control. Arising from shame, defensive repression of negative feelings is understood to result in anger, blame, and guilt, which negatively impact social interactions and bonds (Turner and Stets, 2006).

Turning to the role and purpose of social work, it is 'concerned with the micro-events of dyadic relationships through to the macro-politics of community exchange' (Houston, 2010, p.848). Houston highlights the value of Cooley's and Scheff's ideas in working with negative emotions arising in social work. From a sociological perspective, social work has been described as an active element in social control and the maintenance of normative behaviours (Garrett, 2004; Harris, 1998). It can be argued that much of children and families practice is riven with complex feelings of shame and guilt related to social norms about, for example, parenting or imposed interventions. Layers of emotional meanings are likely to be involved in such encounters, possibly reinforcing Barbalet's construction of shame as 'the emotion most implicated in processes of social conformity' (Barbalet, 1998 p.125). (see also chapter 3).

These theories frequently draw on the concept of conscious or unconscious appraisal in theorising emotions. Individuals are understood as making various appraisals related to expectations of self, interactions with others, and appraisals of power and status in interactions. Despite having a different focus, these ideas have similarities with the previous discussion of self-conscious emotions. Both, I suggest, have relevance for social work undertaken through the construct of professional identities and professional relationships situated in team/organisational environments.

Sociological and social constructionist perspectives are potentially valuable in considering the relevance of emotions to self and identity in social groups. But, Craib (1998) cautions against oversimplification, arguing for the importance of knowledge from other disciplines. He warns against sociologists being 'duped into believing that emotions are simply socially constructed', arguing for the recognition of multiple selves which are fluid and require negotiation (1998, p.110).

Emotions it seems are informed by, and inform, perceptions of self and identity. For example, my identity as an Irish female, my age, sexual identity, class, cultural and social locations

(including education and roles as practitioner and academic), bring nuanced experiences which influence my understanding of emotions. Importantly, these personal and professional identities change over time, constantly reacting to and processing life experiences. Such complex identities are brought to practice by clients and practitioners. If emotions are understood and informed by both identities and experience, then it is likely that they have multiple meanings and functions which merit greater analysis. This complex interaction between micro and macro dimensions suggests that an understanding of emotions requires interdisciplinary knowledge.

### **2.3.2 Relational Emotions: performative and interactional**

A common strand emerged in perspectives of emotions as interactional constructs. Relational approaches bring together theorists from diverse theoretical backgrounds which Spencer *et al.*, (2012, p.4) argue share: 'A conceptualisation of emotions as the experience of social relations, rather than an idiosyncratic condition'. The focus is not so much on what emotions are, rather on what they do in the interface between analysis of the self/individual and social structure/context (op.cit.p.5). From the literature reviewed, I now consider selected conceptualisations of emotions which appear to be most relevant to the relational and situated interactions of social work.

### **2.3.3 Performance and labour**

Dramaturgical approaches draw on Goffman's (1969) work, focusing on face-to-face interactions, performance and presentation of self (Turner and Stets, 2006). In the process of interaction individuals present a particular self, drawing on social and cultural scripts incorporating rules about emotional expression and display. These feeling and display rules have several functions which, if conformed to, result in positive emotions such as joy or pride, and, if broken, trigger negative emotions such as shame or embarrassment. The latter, it is argued, lead to motivations to restore broken rules and to recover 'face'. Face, defined by Goffman (1967, p.5-6) as 'an image of self delineated in terms of approved social attributes' is present when an individual presents an image of him or herself that is 'internally consistent [...] supported by judgements and evidence conveyed by other[s]'.

Emotions are understood as a resource and possible source of control and power (similar to psychological theory) which can be manipulated to gain responses or resources for example, display of sympathy, remorse or empathy (Turner and Stets, 2006). Similarly, this performance and management of impressions maintains boundaries and controls emotional information. In



Goffman's metaphors of front stage and backstage conscious and unconscious presentation of a particular 'face' conveys meanings (1959, pp.19 - 26).

In social work, this front stage may involve emotions in verbal and non-verbal communication and interactions with clients and professionals. Backstage is where 'suppressed facts make an appearance' (Goffman, 1959, p.97). There is scope to drop the performance, acknowledging that aspects may be contrived or managed. The availability of backstage enables opportunities to process the impact of performance, including the emotional impact (Cain, 2012).

Hochschild's seminal work (2012; 1983) built on these ideas to develop the concept of *emotional labour* - work which involves 'the management of feeling to create a publicly observable facial and bodily display', produced using feeling and display rules (2012, p.7).

'*Emotion work*' was defined as the management of emotional dissonance resulting from a conflict between workers' actual feelings and the feeling rules required for the role. Emotional labour exists when three key elements occur in work roles:

1. 'face-to-face or voice-to-voice contact with the public';
2. production of 'an emotional state in another person'; and
3. employers exert a level of 'control over the emotional activities of employees' (e.g. in supervision or performance management) (Hochschild, 2012, p.147).

Questions of authenticity are raised by Hochschild's proposal that surface and deep acting include repression of personal feelings and emotional withdrawal (Turner and Stets, 2006, p.28). Surface acting involves disguising feelings in a surface performance, 'pretending to feel but we do not' (Hochschild, 2012, p.33). Deep acting occurs when workers learn to suppress their true emotions to the point where they engage in a level of self-deception. However, Theodosius (2008) challenges the validity of this interpretation in nursing or care work.

Emotional labour is frequently viewed as highly gendered, reflecting traditional constructs of femininity and masculinity, raising concerns about loss of emotional authenticity and impact on work identities across genders (Cottingham, 2017; Duncombe and Marsden, 1998). Lively (2008) argues that feeling rules are predominantly gendered and thus contribute to workers using forms of emotion management to ensure that their experience/expression of emotions comply with local cultural/organisational norms.

Sociological understanding of emotions recognises that emotions are 'reflections of macro-societal processes as well as individual psychology' (Pease, 2012, p.127). Examining the politics of gendered emotions, Pease (2012) challenges essentialist approaches which have developed in mainstream literature to reinforce constructions of men as unemotional, inexpressive and disconnected from their feelings, the corollary being that women are constructed as naturally emotional, capable of empathic, emotional understanding (Steiner (1997). Pease (2012) also notes that much of the literature positions men as homogenous, (white, heterosexual) failing to take account of how differential social locations such as sexual identity, class or ethnicity impact. Whilst various sociological and psychological studies show differences in male and female experience of emotions, Pease argues that much of this, including feminist and critical masculinity studies, fails to address the unequal gendered power relations and patriarchal structures in which emotions are produced. Forms of emotional expression and management are inherently gendered, relating to interpretations of femininity and masculinity, for example heterosexual men repressing emotions to avoid appearing vulnerable, or denying emotions in order to meet gendered constructs of manliness/masculinity (Pease, 2012; Robinson and Hockay, 2011).

Hegemonic masculinities, defined by Connell (2005) as practices which support patriarchal and unequal gender relations, both support and reinforce gendered constructions of emotions (Walton *et al.*, 2004). Hence, hegemonic beliefs about gender frame and institutionalise sociocultural behaviours, including interpretations and expression of emotions (Ridgeway, 2009). This sustains the centuries old dichotomy of emotions as feminised, irrational and the binary opposite of reason and (male) logic.

These themes are relevant to social work practice and organisations in which structural hierarchies and belief systems are similarly embedded. Lively (2013) draws on Heise (2008) and Ridgeway and Bourg (2004) to illustrate how social and cultural influences operate through status beliefs and socially structured hierarchies in the performance of, and in affective meanings created in, emotional work/labour in the workplace. Status beliefs are embedded in socially constructed, institutionalised assumptions which create expectations or 'consensual ideologies' that prescribe and legitimise status and power according to particular characteristics (Ridgeway and Bourg, 2004, p.218). These characteristics include gender, race, age and occupational roles (Ridgeway, 2001). Thus, beliefs and expectations about the experience or expression of emotions confer differential status or value according to individual or group social locations. Ridgeway (2001, p.651) argues that such beliefs are enacted in 'a

network of constraining expectations and interpersonal reactions' imbued with differential perceptions of 'worthiness and competence'. In other words, expression of emotions involves status-based predictions and evaluations of, for example, appropriateness or competence according to gender, race or role hierarchies (Ridgeway, 2001, p.651).

The intersection of status with emotions underpins critical and feminist sociological approaches to emotions (Lutz, 2008). Despite different emphasis on, for example, emotions as 'authentic femininity, epistemic resource' [or] 'tools for collective social change' (Lutz, 2008, p. 111), a feminist politics of emotions views emotions within the context of patriarchal power relations (De Boise and Hearn, 2017; Boler, 2016; Ahmed, 2004; Jaggar, 1989). Significantly, scholarship which depicts emotion 'as both an outcome and a mechanism of inequitable social arrangements' (Bonilla-Silva, 2019; Cottingham *et al.*, 2018, p.145) extend gendered analysis of emotions to include race. In areas of professional practice such as social work, nursing and teaching, gendered and racialised social locations intersect with social and organisational expectations and hierarchies (Cottingham, 2018; Matias and Zembylas, 2014).

Thus, sociological approaches to emotions emphasise power relations, not just in the individualised experience or use of emotions, but in the structural social locations which exist between people, in organisations and in wider society. Ahmed (2004, p.119) underlines the power of emotions to operate as 'affective economies' which can 'bind subjects together' in collective and dynamic processes, reinforcing structural inequalities and processes of othering. These themes are relevant to the interactional and organisational environments of social work, features further explored in chapter 3.

In social work Goffman's and Hochschild's theories of performance clearly have application. However, researching social workers' emotions may require a more nuanced understanding of the nature and role of emotions, for example, the extent to which inauthentic or authentic emotion is required in the 'doing' of practice. Miller *et al.*, (2007) have argued that authentic emotion is essential in the development of relationships in emotionally charged contexts. Similarly, many aspects of practice will produce authentic emotions in practitioners, both negative and positive. Fineman (2000, p.6) challenges overly simplistic constructions of what is real or contrived, highlighting that the meanings of emotions and self-authenticity are constructed via diverse social, cultural, and I would add, professional discourses. Emotions are *created* and *dynamic* in social work, not static. Hochschild has been criticised for suggesting that emotions in the workplace are end products in themselves, rather than processes that generate new emotions (Barbalet, 1998, p.180). Similarly, neither can it be

assumed that the recipients of practitioners' emotional labour respond passively, nor that their responses have no impact on the practitioners' own emotions (McMurray and Ward, 2014).

### **2.3.4 Combining the relational, unconscious and hidden**

Researching nursing, Theodosius (2008) moved the emotional labour discourse towards a more relational interpretation, comprehensively extending how emotions in professional care roles are theorised. Her work shows the importance of attending to complex unconscious processes and hidden emotions. Theodosius draws on Archer's (2000) work to emphasise the importance of emotions as relational, interactional and involving some form of inner dialogue and reflexivity. As with other theorists in this broad group, Archer and Theodosius view emotions as phenomena experienced both consciously and unconsciously, intertwined with aspects of personal identity and internal dialogue, although they vary on the extent to which this is conscious (Theodosius, 2008).

The role of emotions in the interaction between self, professional identity and patterns of relationship is theorised further in Burkitt's proposal that emotions are relational constructs, interactional and embodied (2014, p.24). He argued that emotions are 'complexes, whereby the many different components of emotions are configured to form the whole emotional experience' (Burkitt, p.14). This emotional experience includes aspects such as language, the body, biography and psychology. Drawing on Wetherell's (2012) construction of affective practice and Raymond Williams' (1977) structures of feeling, central elements in this relational approach to emotions are social relationships and meanings:

'Feelings and emotions cannot be understood as things in themselves which, as such, can be isolated and studied. Feelings and emotions only arise in patterns of relationship, which include the way we look at and perceive the world, and these also result in patterns of activity that can become dispositions - ways of acting in particular situations that are not wholly within our conscious control and are thus partly involuntary'. (Burkitt, 2014, p.6)

Burkitt further challenges 'any rigid distinction between consciousness and unconsciousness' (op.cit. p.6).

Theorising emotions as relational, embodied, interactional constructs might have particular resonance in exploring social workers' emotions in practice that is situated in professional and

organisational patterns of relationship. However, viewing emotions in this way, as phenomena experienced with greater or lesser degrees of awareness or consciousness, they can still appear to be intangible experiential phenomena. I now turn to a seminal paper from cultural anthropology and the history of emotions which provides additional insights into how practitioners might *do* emotions, and in turn how this might be researched.

### 2.3.5 Emotions as practice

Scheer (2012) proposed a theoretical framework which conceives emotions as practices, encapsulating performance, the body, communication and constructions of meaning. Drawing on practice theory (Bourdieu, 1990), she suggests that:

‘Practices not only generate emotions, but that emotions themselves can be viewed as a practical engagement with the world’. (Scheer, 2012, p.193)

The four types of ‘emotional practices’ have potential resonance with social work: mobilising (everyday routines that evoke and/or manage emotions); naming (naming feelings verbally or in writing); communicating (through performance or reading of emotions); and regulating (management of emotions via feeling rules or norms (op. cit. p.193). A similar conceptualisation of ‘emotion practice’, is proposed by Erickson and Stacey (2013, p.186) as a synthesised approach which extends emotional labour to incorporate context and agency in roles involving care ethics and power relations. They suggest this is most applicable to contemporary social care which comprises both ‘care and commerce’ (op. cit. p.191).

This theorisation of ‘emotion-as-practice’ has been further developed by Cottingham (2017, p.270) and Cottingham *et al.*, (2018) in researching gendered and racialised emotional labour in nursing. Variations of emotion/emotional practices and emotion-as-practice have been used in education (Zembylas, 2005; Bolton, 2000), cultural studies and social geography (King O’Riain, 2015; Baldassar, 2008). Although usage varies, there appears to be a consensus that interrogating emotions as a form of practice needs to occur in their situated context (Beatty, 2005), thus ethnographic approaches seem the most appropriate research methodologies to consider.

### 2.3.6 Embodiment and emotions

Connected to these themes which combine emotions as forms of practice or labour, the body as the site of emotion will be briefly considered. Williams (2001) notes that, like emotions, the

body has been similarly positioned as diametrically opposite to rationality and reason. While emotions might have physiological, psychological and neurological elements, they are essentially 'embodied modes of being which involve an active engagement with the world and intimate connection with both culture and self' (Bendelow and Williams, 1998, p.xvi). Thus, the body is viewed not just as the site of physiological and neurological processes, rather it is 'transformed from object to agent', situated in and influenced by political, cultural and social processes (Csordas, 1994, p.3).

In social work the practitioner is an 'embodied actor' (Cameron and McDermott, 2007, p.90) entering into and engaging in the physical environment and intimate spaces such as clients' homes. This location of practice in the corporeal world brings together practitioners' and clients' emotions and embodied communications, both conscious and unconscious. These interact in a co-presence (Goffman, 1963) which Broadhurst and Mason (2014) identify as crucial to the situated communications and encounters of practice. The physical, embodied and relational aspects of practice interconnect with how feelings and emotions are felt and described, for example feeling physically shaky or a racing heart. Accessing practitioners' activities and interactions might thus be a route to exploring how emotions occur in physical interactions of practice, as well as in communicative or other practices.

## 2.4 Psychosocial Perspectives

Psychosocial theory incorporates an understanding of structural power relations with knowledge drawn from psychoanalytic and sociological theory (Frost, 2008). Thus, the internal world (psyche) of the individual is understood within the external (social) world of 'stratified social structures and complex but unequal power relations'; significantly this is where individual emotions, identities, the internal psyche and external worlds meet (Frost, 2008, p.252). Rustin (2009) suggests that, in contrast to other disciplines, psychoanalytic theorists have developed the most comprehensive theories of emotions as complex social phenomena involving surface and depth processes. Contemporary theorists argue that emotions, particularly in public sector welfare work, can be understood in ways which avoid reductionism but which recognise the complexity of conscious and unconscious processes in achieving multi-layered understanding (Cooper and Lousada, 2005). Illustrative of the rich interdisciplinarity in how emotions are theorised, Williams' (1993) theorising about structures of feeling is drawn on to emphasise the significance of emotional experience, however elusive or intangible:

'It's means, its elements, are not propositions or techniques; they are embodied, related feelings.' (Williams,1993, p.18, cited in Cooper and Lousada, 2005 p.8)

A central tenet of psychosocial theory is attention to interpersonal emotional experience in relationships and organisations. Emotions are viewed as forms of experiential knowledge which, when made visible through the application of theoretical concepts, can be used relationally and in developing understanding (Ruch, 2018).

Early Freudian psychoanalytic theory emphasised negative emotions and their potential danger, possibly reflecting historical perceptions of emotions as irrational, primitive forces requiring control and suppression, the opposite of rationality as previously discussed. Post-modern schools of thought have extended psychoanalytic theory in various fields (Mitchell and Black, 1995). Positive and negative emotions in human interactions underpin the work of influential theorists, for example Klein (1952) on object relations, splitting and projective identification; Bion (1961) on group processes and containment, Bowlby (2005/1988) and Stern (1977) on attachment. Their concepts are drawn on extensively to understand emotions in therapeutic practices and to varying extents in social work (Ruch *et al.*, 2018; Flaskas *et al.*, 2005).

However, there is no one overarching school of thought about emotions (Day Sclater *et al.*, 2009). Rustin (2009, p.27) suggests a psychosocial framework of emotions at macro (societal), meso (institutional) and micro (interactional) levels. Although largely happening at the micro level of relationships, social work crosses these boundaries. Emotions are engaged in relational interactions, which are likely to be influenced by institutional emotions. and wider societal emotions about social welfare. Despite extensive debate and critique of psychosocial theory as overly individualistic (Healy, 2014; Rose, 1999), the literature suggests that psychodynamic concepts provide a framework for understanding emotions that arise in both practice and organisations (Ruch *et al.*, 2018; Huffington *et al.*, 2004).

Within this paradigm, the recognition and analysis of emotions is represented in a growing research base in social work and therapeutic professions (Bower and Solomon, 2018; Ruch *et al.*, 2018). Emotional attunement, use of emotion in communication, responses to emotive topics and the emotions of clients require practitioners to manage and process emotions. Psychosocial concepts such as defence mechanisms, anxiety, and forms of transference or counter-transference are used to explain complex emotions in practice (Bower, 2005).

Perhaps most importantly in considering how practitioners' emotions might be researched and understood, from this perspective emotions are viewed as cues to thought patterns and behaviours which, when reflected on and analysed through the application of psychoanalytic concepts, provide information and explanations for individual, interactional and group behaviours. The literature suggests two interconnected themes. Firstly, that careful attention to and reflexive interpretation of emotions is a pre-requisite in the application of various psychosocial constructs in social work. Secondly, that emotions and feelings might be operating beneath the surface, subconsciously and/or unconsciously.

The detail of extant psychosocial and psychoanalytical theory which focuses on emotions is considerable and only some of the literature reviewed can be included here. In considering how theories of emotions might inform research in children and families practice, this section will explore representative concepts that appear most apposite, specifically conceptualisations of anxiety, defence mechanisms and containment.

#### **2.4.1 Attending to Emotions and the Unconscious**

Emotions are important features in the theory of the unconscious, particularly the idea that early human development involves tension between unconscious instinctual drives experienced as powerful 'primitive' feelings' (Ruch, 2018, p.37). These, Ruch notes, are instinctual drives based on extremes of emotion, such as pleasure-seeking impulses, aiming to avoid pain and gain pleasurable experiences.

Anxiety is considered a key emotion in human interaction and behaviour. Underpinning early attachment and development it is understood as a powerful mechanism whereby an infant's intense and overwhelming feelings of anxiety are understood to elicit caregiving behaviours from parents/carers. Klein (1946) emphasised the interactional process between the infant (the subject) in response to the primary carer (the object). She argued that resolution of these early mental states involved managing anxiety by unconsciously separating bad feelings from good, processes Klein described as splitting and projection (Rusbridger, 2018). The absence of a caring response or lack of containment of these profoundly anxious feelings, was further theorised by Bion (1962) who described this experience as a 'nameless dread' which required containment (cited in Bower, 2005, p.11).

Crucially, the relevance to practitioners' possible experience of emotions is that these processes do not end with childhood. The regulation, repression or containment of anxieties



and associated emotions are not only developmental processes, they can also be unconsciously replicated in various circumstances, relationships and work environments across the lifespan.

## 2.4.2 Defending against anxiety and difficult emotions

Central to understanding anxiety and emotions such as fear or uncertainty is the concept of defence mechanism. As Ruch (2018, p.47) notes defence mechanisms are viewed as healthy and normal in situations experienced as threatening. Defence mechanisms take multiple forms, including denial, avoidance, displacement or repression. Closely linked to emotions and experiences which create emotions, they are viewed as unconscious strategies:

‘Defence mechanisms [ ] have their origins in these early attempts to cope with anxiety, abandonment, loss, conflict and emotional pain. In essence, the defences we use involve either (i) keeping painful information out of consciousness (for example, denial and avoidance mechanisms) or (ii) redefining or trying to control painful experiences (for example, projecting one’s anger on to others and blaming them).’

(Howe *et al.*, 1999, p.93)

Transference is another concept used to understand feelings which emerge in what Ruch (2018, p.42) refers to as ‘The tensions between the surface and the depths, and the intertwining between feelings associated with past and the present’. It is defined by Flaskas (2007, p.141) as ‘The process of a person re-creating her or his patterns of emotional experience in the context of the present therapeutic relationship’.

Transference is widely accepted as occurring in any relationship. Practitioners’ understanding of their own ‘transference templates’ (Ruch, 2018, p.43) is based on their capacity to reflectively analyse both their own emotional responses and the emotions of clients. Countertransference is the unconscious response of the practitioner to the transference of the client. For example, in response to a client’s unconsciously transferred feelings of sadness or abandonment, a practitioner might unconsciously respond to those feelings by being over-compensatory, defensive or protective. Transference and countertransference are essentially about emotional and intersubjective responses that occur in the process of working relationships (Bower and Solomon, 2018).

The importance of recognising powerful conscious and unconscious emotional responses individually and organisationally are highlighted in child protection literature (Munro, 2011;

Barlow and Scott, 2010). Some studies suggest that uncritical or reactive responses to emotions arising in interactions with clients might unconsciously influence decision-making or behaviour. Examples include defensive or avoidant responses to challenging clients or circumstances (Shaheed, 2012), practitioner over-identification (Farmer and Lutman, 2012), practitioner and client resistance (Forrester *et al.*, 2012). Considering these themes raises questions about how practitioners understand their emotions and the extent to which emotions are given attention in complex practice.

### **2.4.3 Emotional responses to trauma and intimidation**

Defending against deeply uncomfortable feelings or 'mental pain' (Rustin, 2005, p.11) has been identified in a body of literature focused on practitioners faced with extreme trauma. Following the death of Victoria Climbié in 2000 (Laming, 2003), several analyses suggested that practitioners had unconsciously defended themselves against getting in touch emotionally with the severity of this child's trauma (Cooper, 2005; Ferguson, 2005). Rustin highlighted two forms of unconscious defence mechanism which she directly connected to avoidance of intolerable feelings. 'Turning a blind eye' had resulted in failure to fully connect with this child, and Bion's (1959) concept of 'attacks on linking' had resulted in information that belonged together, including emotions, being disconnected (Rustin, 2005, p.12). Consequently, it is argued, intensely difficult feelings which are unconsciously blocked and thus not experienced, can potentially contribute to very serious, and in this instance fatal, outcomes.

Studies of trauma and actual or threatened violence illuminate similarly powerful emotional responses. Stanley and Goddard (2002) and others have shown that in such circumstances extreme fear, primal defence mechanisms and survival instincts can contribute to bonding and identification with the aggressor. Ferguson (2005, p.787) similarly argues that practitioners can feel psychologically 'trapped' in professional relationships which are emotionally or physically threatening. These studies suggest that the internalisation of such highly stressful experiences and emotions can result in negative perceptions of identity and capacities by practitioners.

### **2.4.4 Containment of emotions**

Bion's (1962) construction of containment and defence mechanisms are closely linked. The need for practitioners to be able to contain overwhelming emotions in clients and in themselves is identified as important in various therapeutic and assessment settings (Mills, 2012; Howe, 2010). In a study of therapeutic containment in residential childcare, Steckley (2012) showed the significance of young people unconsciously communicating feelings of distress or anger,

projections which practitioners absorb. By containing such feelings practitioners help residents to feel contained, safe, gradually being able to think about and understand their feelings. This process requires practitioners to contain their own emotions as well as those of their clients, a feature which resonates with emotional regulation. Ingram (2015a) and Biggart *et al.*, (2017) identified the significance of supervision and secure teams in supporting social workers to understand and process emotions. The importance of containment for practitioners' emotions has parallels in systemic literature (Burton and Revell, 2016; Cecchin, 1987).

The role of emotions in containment, and in the absence of containment, also features in organisational literature. Organisational culture involves unconscious processes and feelings which have collective and individual affects (Gabriel and Griffiths, 2002; Fineman, 2000). Similarly to groups or organisations having an 'emotional climate' (Barbalet, 1998, p.159), Armstrong proposes it is preferable to think of the 'emotional life of organisations' rather than emotions *in* organisations (2004, p.22). Emotions experienced individually are thus likely to include those arising in conscious and unconscious organisational dynamics.

In a classic study which evidenced complexities of emotions and defence mechanisms Menzies Lyth (1959) identified behaviours and rituals which nurses had unconsciously developed to manage powerful feelings arising in their work. Drawing on Kleinian object relations theory and psychoanalytic understanding of anxiety and containment, Menzies Lyth found that the nursing role aroused powerful and conflictual emotions, from empathic compassion to anxious, resentful and guilty feelings arising from relational and intimate practice in a hierarchical, managerial environment. Avoidance or reduction of emotions became institutionalised through unconscious mechanisms such as splitting, defences against anxiety, depersonalisation and detachment. Studies suggest that emotions in social work organisations prompt similar defensive rituals in the absence of containing work environments (Lees *et al.*, 2013; Lawlor, 2009).

In social work it has been argued that organisations should provide systems for containment, the processing of emotions and powerful unconscious emotional dynamics (Munro, 2011; Morrison, 1997). Cooper has suggested that an organisational culture could be viewed as something which occurs *because of* complex emotions which require processing (2006, p.8). This suggests that lack of attention to emotions in organisations increases pressure on practitioners to process or manage intense emotions.

Informed by psychosocial analysis, contradictions and questions emerge in the literature about whether practitioners have the capacity to contain difficult emotions arising in challenging

authoritative practice (Fauth *et al.*, 2010), or to sustain capacity for empathy (Burton and Revel, 2015). Trevithick (2011, p.408) questioned whether the structure and organisation of social work can provide adequately containing environments for the 'sorting out' of practitioners' emotions.

#### 2.4.5 Self and Identity in Context

The concept of self has been examined in the preceding review of psychological and sociological literature. There is considerable overlap across disciplines in that, to put it simply, emotions are experienced by the self. This self is 'socially and co-constructed' (Music, 2011, p.7), incorporating early internalised experiences with exposure to external interactions and social meanings. From a psychosocial perspective these include attachment, care, socialisation and structural/social factors which impact on experience. The concept of self is intrinsically linked with identities, for example those relating to gender, race, ethnicity, class or sexuality.

Self and identity are understood to have emotional components, as suggested by Clarke (2009, p.112) 'identity is emotional, imagined and concrete', involving emotions in the recognition of difference at individual, group or community level. Craib (1998) argues that identity is central to emotional processes and communication. Drawing on a critical interpretation of psychoanalytic and sociological concepts, he suggests that the self is in a constant process of negotiation, fulfilling multiple roles for example, social worker, daughter, sibling, writer. Emotions are thus understood in a dynamic process and interplay between the conscious and unconscious dimensions of the self and the social world:

'Our emotions arise in the interplay between experience of the outside world, and the unconscious phantasies we construct out of the contents of our inner world, and our conscious, more rational attempts to make sense of what we do and how we are in the world' (Craib, 1998, p.169).

In terms of emotions and social work, purposeful use of self is a recognised psychosocial concept (Ward, 2018), used similarly in therapeutic and family therapy approaches (Freedberg, 2009; Flaskas *et al.*, 2005). A systemic and constructionist understanding suggests a 'multiply-engaged' 'self-in-system' is used in interactions to elicit, contextualise and amplify understanding (Real, 1990, pp.255-257). Emotions, thoughts and reflections are combined with aspects of identity in the 'use of self' in relationship-based practice (Ward, 2018, p.61).

Interlinked with emotions, some of the challenges to self and identity have been touched on previously in discussing self-conscious emotions. Such challenges can include fears of contamination of the sense of self. Responses to overwhelming and visceral fears can include unconscious distancing from situations experienced as disgusting and/or manipulative. Ferguson argues that these represent psychologically 'a contaminating threat to the integrity of the self' (2005, p.790). This mirrors themes explored from a sociological perspective by McMurray and Ward (2014, p.1123) about the 'taint' of dealing with the troublesome 'emotional dirt' and 'burdensome' emotions of others'.

Significantly, psychosocial approaches to emotions emphasise an interrelationship between individual psychological factors, emotions, including unconscious aspects, and the socio-structural context which structures peoples' experiences. Clarke (2006) argues that the study of emotions must combine sociological and psychoanalytic concepts in a psycho-social approach as 'the socio-structural determinants of a person's life [and identity] impinge on the inner world of emotions and vice versa' (Clarke, 2006, p.1162). Thus, as discussed previously, how emotions are experienced or interpreted by practitioners is likely to intersect with structuring factors such as gender, race or role, as well as the socio-organisational context of practice.

In considering how to frame research questions about practitioners' understanding or experience of emotions one further area to be sensitised to is the 'emotional politics' of contemporary practice (Warner, 2015, p.1) Warner has shown that anxieties and fears about risk, performance and blame create powerful conscious and unconscious dynamics in social work organisations and systems (2015; 2013). At the same time these 'emotional realities are routinely sanitised by policy discourses' (Cooper, 2009, p.170). A psychosocial construction of public organisations as containers for the unwanted, troublesome feelings of the wider community is posited by Hoggett (2006). In highlighting the intersections of micro and macro in the production of emotions, these studies collectively signal an added dimension to consider in framing research questions focused on practitioners' emotions in the situated context of a local authority.

#### **2.4.6 Conclusions**

Emotions are complex phenomena. They are imbued with multiple socially-mediated meanings and are a significant feature in human experience and social interactions. It is evident from reviewing the literature that how emotions are defined is the subject of significant

epistemological and ontological debate. This literature suggests that emotions involve cognitive, neurological, physiological, social, cultural and unconscious processes which are both simple and complex. By simple, I mean that they exist and are experienced as part of human life and relationships. Their complexity is apparent in the numerous theoretical analyses and research perspectives available, of which only a representative selection has been reviewed here. However, despite extensive theoretical debates and the 'mercurial status' of emotions (Day Sclater *et al.*, 2009, p.1), some patterns and concepts have been identified which might provide a framework to tentatively consider how emotions could be explored in social work.

Conceptually emotions can be understood as individual, subjective and often internal experiences, and yet at the same time they are interactional, intersubjective and can be shared. They can be experienced as validating, affirming, rewarding, threatening and destabilising, which various theoretical perspectives show involve psychological, social and unconscious processes. These in turn include defensive, protective and interactional functions. Emotions can inform, influence and deceive in different contexts.

There are no conclusive definitions for emotions, feelings, mood or affect; their usage varies within and across disciplines. Emotions are variously defined as: an instance, appraisals, a cluster of sensations, interactional and embodied constructs, communicative processes, and both internal and external experiences of varying origin, intensity and consciousness. Feelings are the subjective means by which we experience or recognise an emotion. I have hesitated to include some of the frequently used but equally varying definitions in this chapter. Instead, having identified crosscutting themes and variations in how emotions are theorised, I provide a summary of themes which I found informative in considering how to frame potential research questions and methodologies:

- The possible significance of socialisation, attachment and socio-cultural influences in constructing how emotions are perceived, regulated, articulated and performed.
- The complexity of functions that emotions have in social interaction, variously described as social, normative and communicative; some of which are overtly recognised, others of which appear to occur subconsciously and/or unconsciously.
- The embodied, relational and interactional nature of emotions and their role in constructing meanings.
- The power of emotions in individual and organisational interactions which can manifest at surface and depth, consciously and unconsciously.

Synthesising concepts and themes from the literature in my consideration of how practitioners' emotions might be researched, Spencer *et al.*'s (2012) emphasis on the importance of what emotions do has particular appeal. It points to a possible synchronicity between understanding emotions as relational and interactional constructs, and researching emotions in the day-to-day interactions of social work.

Specifically, it seems useful to draw on Burkitt's (2014) view of emotions as relational constructs in conjunction with Scheer's (2012) framework of emotional practices. However, a possible limitation in these approaches is their less overt attention to unconscious processes, a feature which the literature suggests is quite significant in how emotions in professional practice might be understood. The 'subtle shadings' between the conscious and unconscious is acknowledged by Burkitt (2014, p.170) and to an extent by Scheer (2012). It seems that psychosocial theory might provide a conceptual framework which complements a focus on emotions in the relational interactions of practice, whilst also giving attention to the intersections of internal unconscious processes and external social/organisational factors.

This review has revealed that attempting to understand and research emotions drawing on only one theoretical perspective may be deeply flawed. As Fineman (2000, p.3) notes:

'A full exploration of emotion in organisations that fails to take into account individuals' biographies and unconscious processes is as untenable as an account that ignores social structures and wider cultural/economic processes.'

Clarke (2006) similarly proposes a synthesis of ideas informed by psychoanalysis and sociology which together 'provide a deeper understanding of the social world' (2006, p.1154).

Reviewing the literature has sensitised me to the possible interconnections between internal and external factors and possible meanings or constructions of individual and interactional experiences of emotions in a professional practice environment. Having asserted that researching emotions might require a combined theoretical framework which takes account of emotions as relational interactional constructs and the significance of psychosocial theory in understanding the complexities of emotions in interactions, I will now examine social work literature for empirical studies of how practitioners' emotions are constructed, understood or used in practice.

### 3 Examining the Research Base

This chapter begins with a brief overview of where emotions are broadly located in the social work literature, highlighting some initial resonance with the theories of emotion considered in the previous chapter. After identifying general discourses about emotions in the social work discipline, I then describe the search strategies used to identify relevant empirical studies that focus primarily on how practitioners' emotions are drawn on and/or are conceptualised in social work with children and families. These findings are then thematically presented and analysed under two broad headings: Emotions as a Resource and Challenge, and Constructions and Strategies. In considering the knowledge gained from these studies, I explore possible gaps in the current knowledge base which helped to orient and refine my research interests in how practitioners' emotions are made sense of in practice and the factors that might inform this.

#### 3.1 Emotions: an intrinsic component of social work

Emotions are recognised as a significant element in the subtleties and complexities of relationship-based practice (Ruch *et al.*, 2018). This practice involves several elements which heighten the potential for emotions to be experienced in ordinary day-to-day practice. These include a high degree of interpersonal engagement with clients in varying degrees of distress or need, a significant number of whom are likely to be involuntary clients (Smith *et al.*, 2013; Turney, 2012). Children and families social work predominantly takes place within interprofessional, statutory and legal frameworks. Part of a state-mediated activity, it frequently involves emotionally challenging decisions and actions. As noted in the previous chapter Warner (2015, p.1) has pointed out that social work is not immune to the 'emotional politics' of a new public management socio-political environment in which collective and individual emotions can impinge on political and social responses to risk, need and welfare. This feature is similarly evidenced in studies of social work in emotionally charged conditions of public service austerity (Quick and Scott, 2019; Grootegoed and Smith, 2018).

However, the literature suggests that the place of emotions in how social work is practised has occupied an ambivalent position for some time. Classic ethnographic studies by Dingwall *et al.*, (1995; 1983) and Pithouse (1998), although not specifically focused on emotions, illustrate themes and tensions which are still pertinent to how emotions are positioned. Emotions were a feature in practitioners' constructions of clients (Dingwall *et al.*, 1995; 1983). Feelings, for example, of optimism, sympathy, disgust, hopelessness and frustration informed inter-



professional discourses and decision-making, sometimes quite negatively. Crucially, Dingwall's study identified '*the rule of optimism*' by which social work and other professionals misinterpreted behaviours and categorised risks by operating 'elastic' standards and feelings of misplaced optimism (1995, p.79). Careful critical and reflective analysis of feelings such as optimism and pessimism continue to be highlighted as relevant to contemporary practice, adding to debates about the complex role of emotions in social work (Clapton *et al.*, 2013; Enosh *et al.*, 2013; Munro, 1996).

Exploring constructions of meaning in everyday practice Pithouse (1998) prophetically noted changes in the construction of client-worker relationships. He observed increased anxieties in practitioners, accompanied by a decreased emphasis on care, empathy and the use of emotion in the professional relationship. His study noted that in an increasingly proceduralised, avoidant approach to risk – 'The one thing that's gone is the 'care thing' (op.cit. p.114). A similar concern about the place or use of emotions is evident in seminal papers by Morrison (2007, p.259; 1997), who constructed emotions as a 'central concern of the social work task', challenging the profession to guard against the possible marginalisation of emotions in an increasingly managerial socio-political environment.

Notably, practitioners' capacities for emotional intelligence and resilience were emphasised in the Social Work Task Force (SWTF, 2009) and in the Munro Review of Child Protection (2011), indicating a recognition that emotions have a place in practice. Emotional resilience is now built into the updated requirements for practitioners in England (Professional Capabilities Framework (PCF), BASW, 2018). However, it has been argued that an emphasis on equalities and codes of practice for professions may inadvertently create barriers to the processing of complicated emotions (Matias and Zembylas, 2014; Ahmed, 2004).

Despite a 'relational turn' in social work (Ruch, 2016, p.26), and an increasing focus on relationship-based practice (Ruch *et al.*, 2018; Trevithick, 2003), it has been suggested that social work is currently happening in an environment of 'relational austerity' in which the complexities of emotions in everyday practice are given inadequate attention (Hingley-Jones and Ruch, 2016, p.237).

Significantly, Butler (2010), discussing the central concept of reflection in social work, underlined variable attention to emotions in the profession. Tracing the importance of language in how practice is constructed she suggested a lack of confidence about the place of emotions, citing the absence of reference to feelings or emotions in the then National Occupational

Standards and subject benchmark statements for social work in England (Butler, 2010.) Interestingly, the terms emotion or feelings are not explicitly used in the current PCF for qualified workers or entry to social work. The only related material is brief references to compassion in the PCF for qualified workers, and to empathy in the entry-level PCF (BASW, 2018). Knowledge and Skills Statements (BASW, 2018; DfE, 2015) only reference practitioners' emotions in terms of capacity for emotional intelligence, professional resilience and reflection on emotional triggers.

Models of reflection vary in their inclusion of emotions. Derived from theorists such as Dewey (1910) and Habermas (1972), models such as Schon's (1991), Kolb's (1984) and Gibbs (1988) are drawn on extensively (Hood, 2018; Gould and Baldwin, 2004). Whilst reflection is subject to debate it offers structured ways in which practitioners can think about the experiences, thoughts, reactions and dynamics which occur in complex, uncertain circumstances. As a learning and transformative process, reflection contributes to sense-making, leading to action (Hood, 2018).

Notably, the examination of emotions and feelings is included in Gibbs (1980) and Boud *et al.*'s (1985) reflective cycles. However, the association between reflection and supervision appears to emphasise emotions in terms of the burdensome emotional impact of practice and the role of supervision in addressing this (Gould and Baldwin (2004). Indeed, opportunities to reflect on emotions are posited as a route to practitioners' identifying 'alternative methods of reaction, action and agency', possibly reinforcing a dualist construction of emotions as problematic rather than a resource (Gould and Baldwin, 2004, p.38). In contrast, Ruch (2005) differentiates between forms of reflection which are more technical-rational, procedurally oriented and those which holistically incorporate emotions as part of the experiential process of practice.

Critical reflection models similarly vary in their emphasis on emotions, cognition, behaviour, or socio-political context. Fook and Gardner (2007) and Ruch (2009) include emotions in their models of reflection. Fook's critical theory based, transformative approach uses questions to analyse critical incidents, with one question requiring practitioners to identify what they were thinking and feeling during and after an incident (Fook and Gardner, 2007).

Ruch's relationship-based psychosocial model emphasises the recognition and analysis of practitioners' emotions and the emotionally charged dynamics of practice. Emotions are understood in the context of unconscious processes of anxiety and, for example, defence

mechanisms. Ruch (2009) acknowledges similarities between the models but differentiates between Fook's attention to emotions as restricted to when emotions affect professional practice, in contrast to the Ruch model, which both explores emotions and aims to therapeutically contain practitioners' emotions as part of the process. These themes will be returned to in chapter 8.

However, the place of emotions in social work also relates to the social and structural context of social work organisations and practice. The previous chapter showed that emotions intersect with socio-cultural hierarchies, beliefs and identities. The gendered nature of the social work arena is therefore relevant to consider. The profession and practice of social work are gendered in three ways, features pertinent to researching emotions.

Firstly, as a 'caring profession' social work remains a non-traditional career for men (Hancock, 2012; Pease, 2011; Christie, 2001), illustrated in entry to the profession, which is 88% female (Skills for Care, 2019) and in the children and families workforce, which is 86% female (DfE, 2019). The significance of the profession being female-dominated or female-majority is the subject of critical debate (MacPhail, 2004), as is gendered progression into management positions (Green Park, 2018). In this context, gender identities and socially constructed discourses about gendered roles, emotional capacities and expectations remain influential (Baines *et al.*, 2014; Crabtree and Parker, 2014).

Secondly, both clients and the nature of practice are gendered. In child welfare and protection, there is a predominance of work with women as parents and women and children as survivors of often male violence and abuse (Hicks, 2001). Several studies have highlighted the need for critical approaches to, for example, gendered constructions of parenting, men as clients and practitioners, and to the role of gender in constructing particular discourses of masculinities in social work (Featherstone *et al.*, 2010; Scourfield, 2006; Christie, 2001). This literature emphasises the implicitly gendered nature of social work which frequently works with men as the 'creators of problems' (Hearn, 2001, p.85) and can fail to engage with the complexities of gender and race with certain client groups (see Pearce *et al.*, (2019); Bernard and Harris, (2016) or Featherstone *et al.*, (2010)).

Thirdly, social work in England takes place in predominantly large bureaucratic, gendered institutions based on hegemonic masculinities and power relations (Lewis and Simpson, 2007) Such organisational systems embed what Lewis and Simpson (2007, p. 11) term 'masculine norms (hierarchy, rationality, accountability)', which can valorise 'emotional distance', rational-

technical approaches and compliance (Pease, 2011, p.407). To this complex arena, social workers bring their perceptions of emotions, conscious and less conscious, and their socially located identities. These intersect with the socio-cultural dynamics of both the social work profession and their work organisation. Such complex intersections are relevant in exploring how emotions are understood or used in practice.

Reviewing how emotions are theorised generally alerted me to a number of explanatory constructs and approaches to the phenomena. To consider how practitioners' emotions are theorised in the applied context of practice, I approached the social work literature to develop further understanding of the current knowledge base.

Scoping this literature initially to gain a sense of how emotions are represented, some interesting contrasts emerged. On the one hand, references to emotions occur in various forms (generally referred to as emotions and feelings, and naming some emotions such as empathy, fear or anxiety). Yet on the other hand, there appears to be a relatively small range of social work texts devoted to the topic of emotions. Ingram (2015a) and Howe (2008) are two exceptions, their texts draw on the concept of emotional intelligence as a frame in which to consider how emotions in social work might be theorised and engaged with in the complicated environment of practice. Additionally, the significance of emotions in contemporary relationship-based practice is an underpinning feature of a key text on relationship-based practice, informed by psychosocial and systemic theory (Ruch *et al.*, 2018).

Practitioners' emotions feature in conceptual and reflective papers which expose the complexities of emotional experiences managed and negotiated in everyday practice (Braescu, 2011; Mandell, 2008; Dwyer, 2007). A wide range of studies explore the impact of anxiety, stress and compassion fatigue (Travis *et al.*, 2016; Ruch and Murray, 2011; Kinman and Grant, 2011; Barlow and Hall, 2007). Similarly, emotions arising from the impact of aggression, trauma and violence have been shown to affect behaviours and decision-making (Enosh *et al.*, 2013; Littlechild, 2005; Stanley *et al.*, 2002). Practitioners' emotions have been identified as both influential and problematic in studies of ethical practice and decision-making (Keinemans, 2015; O'Connor and Leonard, 2014). Notably, there is a predominant focus in the literature on negative emotions. Although hope and optimism are recognised as motivational (Collins, 2007; Koenig and Spano, 2006), the absence of attention to positive emotions has been noted by Turney (2018) and Bilson (2007).

### 3.2 Literature Search Strategy

In order to identify empirical studies of how practitioners' emotions are constructed or used in social work, a series of electronic searches were undertaken using databases and peer-reviewed journals. Here, I will outline the search strategies used, including their limitations. The findings are then summarised in a thematic synthesis which aims to present overarching themes which informed the development of research questions and consideration of methodologies. The original searches were undertaken in autumn 2015 and were updated in September 2019.

The initial scoping review had shown that studies undertaken pre-2000, prior to the embedding of new public management in health and social care (Webster and McNabb, 2016), although of interest were less relevant due to significant policy, professional and organisational changes. I concluded that the resulting emphasis on accountability, communication technology and restructuring of many services had brought significant change to how social work is delivered. Thus, only studies published since 2000 were included as I judged these to be most applicable to forming an understanding of practitioners' emotions and their possible construction or use in contemporary practice. Inclusion and exclusion criteria were:

Inclusion Criteria:	Exclusion Criteria
Empirical qualitative studies	Quantitative studies
Primary research undertaken with social workers	Research on prevalence or measurement of stress, resilience or emotional intelligence/competence
Focused on practitioners using or 'doing' emotions in their practice with peers or clients	Focused only on emotional impact of practice
Undertaken since 2000	Conceptual or reflective articles without a clear research design
International (available in English))	Undertaken in natural disaster or conflict situations
Interprofessional studies if including substantial social work participation	

I considered a range of search terms relating to emotion words but quickly found that these resulted in extensive largely irrelevant results. For example, a very large number of papers refer to the emotional states of clients. If resilience or emotional intelligence (as previously discussed) were included as search terms this significantly increased the number of papers identified. However, most measured levels of resilience and / or stress in practitioners /

students and thus were excluded. Search terms were refined and used with Boolean operators as follows, with adjustments made to work with inhouse styles of databases:

“Social work” OR “social worker” AND emot\* OR feelings in title, abstract and keywords; in some databases without truncation. Variations included searching for “social work” AND qualitative OR study OR report in abstracts to try to identify empirical studies. Search terms were combined with emotion terms using Boolean operators AND / NEAR /OR, for example, anger, fear, anxiety, disgust, affection, distress, sadness, shame, compassion. Limiters were used in individual databases to further reduce irrelevant results. Databases included: Web of Science; Jstor; Social Care Online; ScienceDirect; PubMed and ASSIA. A range of social work journals were also searched individually.

1151 potential studies were identified. Titles and abstracts were read to exclude studies not meeting the criteria. Duplicates and book reviews were excluded. ‘Reference harvesting’ of citations from relevant articles located additional studies. Despite the range of studies found, very few had primarily focused on practitioners’ emotions. However, a number did identify practitioners’ emotions as part of practice or a significant theme in their findings. Some of these were thus included. The overall number was refined down to 54 papers and three textbooks which incorporated primary research. Seventy five doctoral theses were identified via Ethos, of which 8 were relevant.

Subjective decision-making was required to decide whether some studies sufficiently met my research interests. For example, a paper by Sodhi and Cohen (2012) which I elected to include is a qualitative study of how social workers incorporated embodied or somatic knowledge into practice. Having identified connections between emotions and embodied sensations in chapter 1 found that this study provided valuable insights into how emotions are used as part of embodied experience. However, such subjective decisions and selected reference harvesting limit the likelihood of replicating this literature search. Other limitations include the focus on emotions as a generic topic, rather than a narrower focus on specific emotions, for example fear. This broadened the search process considerably and the scope for missing studies due to the wide range of terminology used. Practical limitations of time and being a lone researcher were a factor, although I aimed to search as systematically and transparently as possible.

An interesting point arose from broadening my searches for empirical studies through reference harvesting. There appeared to be a contrast in attention to how emotions are theorised and constructed in social work compared to other professions. For example, several

research papers were identified which explored the use and construction of emotions in professions such as law (Bandes and Blumenthal, 2012); nursing (Theodosius, 2008; Smith, 1992) and education (Zembylas, 2007; Boler, 1999). Writing about the law and emotion, Bandes argued that:

‘Emotion helps us to choose among sources, to emphasize, to highlight, to indicate importance and urgency, to assess risk or advantage, and to evaluate the intentions of others. It helps guide and prioritize decision-making processes; it moves us to action.’ (Bandes, 2006, p.343).

This literature suggested that even in professional systems which are seen as highly technical and regulated, emotions have a significant but frequently unacknowledged role. This reinforced my interest in exploring this topic in social work.

### **3.3 Empirical studies**

Overall, despite the frequency of reference to emotions, the number of empirical studies that have researched practitioners’ understanding or use of emotion in practice - how social workers ‘do’ emotion - is relatively small. Applying the inclusion criteria relevant qualitative studies published since 2000 were identified. These range from small scale studies using group or individual interviews, to more extensive ethnographic research ranging from four months to 4 years duration. Mixed methods studies used interviews and documentary analysis or surveys. Sample sizes range from 4 to 70 participants. Geographically diverse, locations include America, Australia, Canada, Denmark, England, Finland, Ireland, Israel, Norway and Scotland.

Collectively the identified body of research provides some insight into how practitioners’ emotions are constructed and used in social work. Common overarching themes are the centrality of emotions to practice; the complexity of surface and depth emotions involved; and the emotion work, labour and containment this requires. Whilst theoretical frameworks vary amongst the studies, the most predominant theoretical constructions and analysis draw on psychosocial theory, and to a lesser extent sociological perspectives.

Having examined the literature with a view to understanding more about how practitioners’ emotions are made sense of or theorised in practice I have synthesised my analysis into two

broad and intersecting themes. These illustrate patterns of practice activities, communication and sense-making which show some of the assorted ways in which practitioners experienced and worked with their emotions in social work practice situated in organisational and policy frameworks:

1. Emotions as a Resource and Challenge, which incorporates team and supervision practices with relational (direct contact) practice with clients.
2. Constructions and Strategies, which frame individual and organisational constructions of emotions and strategies that impact on how they are perceived and used.

### **3.4 Emotions as a resource and challenge**

An emergent theme is the role of emotions as a resource, albeit a complicated one. As a resource, practitioners' emotions were shown to have interconnected functions. These included sense-making, processing and containment of information and experiences in teams, and sources of information and interactional skills.

#### **3.4.1 Sense-making and containment**

Evident in several studies, emotions had functional value in both how and what they communicate. In groups and teams, talking about emotions and practice through emotional language, such as expression of frustration, joy or fear, enabled venting and constructions of meaning. Such 'emotion-talk' in turn informed what Forsberg and Vagli, (2006, p.25) described as a 'frame of facts' devoid of emotional language which informed actions. Verbalising anxiety, uncertainty and guilt were similarly found to contribute to sense-making by 'thinking it through' with teams or peers (Roesch-Marsh, 2018, p.412; Saltiel, 2017; Gilgun and Sharma, 2012). Roesch-Marsh (2018) established that thinking through difficult emotions surrounding decisions to refer young people to secure accommodation did more than just facilitate decision-making, it also provided a significant form of containment for the complex emotions engendered. Sense-making using 'emotional frames' signposted thinking and developed analysis (Helm, 2016, p.29), features similarly noted in practitioners' use of intuitive emotional cues in child protection decision-making (Whittaker, 2018).

Processing complicated emotions such as anxiety can happen reflectively, intuitively and unconsciously (Gregor, 2010). However, there is evidence that safe, reflective spaces for emotions in supervision provide routes to understanding complex emotion work, informed by



a psychosocial approach to the complex 'beneath the surface' dynamics and emotions of practice (O'Sullivan, 2019; Ruch, 2012, p.1328). The suggestion is that reflective supervision can support practice by reducing scope for the development of emotional detachment and dissonance. Similarly, Biggart *et al.*, (2017) identified the psychological and practical importance of teams providing a secure base for complex emotional work. The scope for exploration and discussion of emotions in formal or informal supervision however was found to be complicated by varying perceptions of permissions and safety (Ingram, 2015b). Although technically, social work offices and supervision constitute part of the backstage (Goffman, 1959) arena in which external-facing demands can be dropped and emotions openly expressed, Ingram (2015) and others have identified limitations to the spaces given to emotions and their safe expression in supervision or other forums.

Piloting a supervision model which gave explicit attention to 'emotion as information' Turney and Ruch, 2018, p.127) showed the potential disconnects which occurred between thinking and feeling in complex child protection practice. Supervisors fully listening to and holding practitioners' emotions and feelings of uncertainty enabled the development of new insights and understanding. However, concerns about capacity to contain emotional information and the time and space this required constituted barriers. Notably, recent studies of systemic models of supervision show considerable variations in the space given to practitioners' emotions. Wilkins *et al.*, (2017, p.946) observed an overall 'general absence' of emotions in systemic group supervision, and participants in another study highlighted that the systemic supervision model, although valued, did not provide adequate space for consideration of emotions (Dugmore *et al.*, 2018).

### **3.4.2 Direct practice: emotions in interaction (and their absence)**

There is a relatively limited research base on social work as it is practised in the community, in people's homes or other settings (Ferguson, 2009). However, an emerging body of literature provide insights into some of the emotions experienced in the intimate, relational dynamics of practice. These studies come closest to my research interest in providing nuanced findings from practice-near research (Cooper, 2009, p.429) about the role of emotions in direct practice. Ferguson's substantial body of ethnographic work (2018; 2017; 2016; 2014; 2010) and studies by Cook (2019; 2017) and Winter *et al.*, (2019) evidence the often intense, embodied emotional experiences of practitioners in advance of, during and following home visits.

These studies show emotions being used to engage, connect and reassure clients, and in the gathering and analysis of information. The embodied and sometimes visceral experiences of

physically moving around homes prompt emotions, which Ferguson (2018, p.418) argues can potentially inform but also block practice, sometimes to the extreme point of immobilising the 'defended self' of the worker and rendering children invisible. Emotional management of anxiety, feelings of intense discomfort and at times overwhelming sensory atmospheres are identified alongside, for example, experiences of powerful projection and transference. In the absence of self-containment and reflective capacity, or spaces for containment or reflection, the potential for emotional dissonance, detachment and disassociation are apparent in the complexity of emotional dynamics. As Cook (2019, p.3) notes, anxieties and apprehension can begin prior to even 'crossing the threshold into the "unknown" space of the family home'. The emotions impacting on sense of self, and capacity for use of self and/or unconscious defence of self are significant (Ferguson, 2018). These features are identified across this group of studies.

The role of intuition, the sensory intuitive feelings often described as 'gut' or 'iffy' feelings (Cook, 2017; Thompson, 2010, p.235) also emerge as forms of emotional experience which practitioners can utilise or interrogate as sources of information in their practice. Thompson (2010) found that intuitive feelings were used by social workers and other professionals to drive actions as part of information sharing in child welfare practice. As Cook (2017) comments, intuitive feelings constitute a potentially valuable resource, but if not critically examined distort thinking.

In contrast to psychosocially informed research, evidence from Lynch *et al.*'s (2019) mixed methods study of the behavioural features of empathy found that the majority of participants did not demonstrate high levels of empathy in their verbal communications during home visits. Conceptualising empathy as a skill involving a combination of emotion, cognition and behaviour (Gerdes and Segal, 2011), the researchers showed that practitioners who demonstrated high levels of empathy had longer interactions with parents (clients) and focused more on feelings. They also used more reflections which added depth and meaning to their understanding of clients. Curiosity about the emotional experience of clients and giving space and time to listen were contrasted with verbal communications which failed to respond to explicit emotional content, bombarded clients with questions and showed an absence of attention to emotions. In seeking to understand why some practitioners showed such low empathy, Lynch *et al.*, (2019) questioned whether possible explanatory factors included practitioners' perceptions of families, and additionally how they felt about themselves. Stress, access to reflective supervision and organisational environments were mooted as possible areas which might impact empathic practice and needed further research. However, given that, as the authors suggest, empathy is an uncontested important social work skill (Ingram, 2015a;

Howe, 2013) these findings raise important questions: How do practitioners themselves perceive empathy and emotions in social work? How do they think about or make sense of emotions as they occur in the interactions of practice? What other factors influence how emotions are responded to or used in practice? These questions appear not to be addressed.

Collectively, this body of research provides valuable empirical insights into the emotional complexities of practitioners' experiences in the *doing* of social work. The emotional dynamics of practice experiences were largely, but not exclusively, analysed from psychosocial perspectives, combined with mobility theory (Ferguson, 2010) and emotional labour (Winter *et al.*, 2019). The role of empathy, or its absence, and intuition suggest the interconnections between emotions and sensory, embodied knowledge, reflection and analysis. These studies suggest that social work involves practitioners using 'ways of feeling' (Larkin, 2015, p.300), combining empathy, communication, cognition and embodied sense-making to engage and develop understanding in different forms of 'embodied knowing' (Sodhi and Cohen, p.122). But as noted, there are gaps in terms of how practitioners perceive their emotions.

The potential value of observational, practice-near research became apparent, suggesting this was an appropriate methodology to consider in developing a more comprehensive understanding of the complexities of emotions in face-to-face practice. Additionally, considering some of the opportunities and tensions which emotions represent, there may be value in developing a more comprehensive understanding of two areas. Firstly, how practitioners themselves understand and construct the emotions they experience in practice. Secondly, the individual and organisational factors which might impact on how emotions are worked with. Reinforcing some of these themes, Lees (2017) illustrated the complexities of surface and depth in child protection practices and information sharing. Her use of the phrase '*How it feels to do*' (p.893) child protection practice in the intersections between practitioners, clients and agencies raises a useful question to consider in terms of the multi-layered emotions practitioners negotiate in everyday practice.

## **3.5 Constructions and Intersections**

### **3.5.1 Managing and defending: emotion work**

The second broad theme which emerges from this literature is the interconnection between emotions occurring in the intimate, usually lone practice discussed above, and organisational practice systems. Organisational cultures emerge as significant components which form part

of emotional 'patterns of relationship' (Burkitt, 2014, p.24) influencing how practitioners' emotions are perceived and the kind of activities that occur around them. An overarching construction of emotions is as phenomena to be controlled and managed in practice with clients and in work environments (Ingram, 2015; Smith *et al.*, 2003).

Using the frame of emotional labour, Moesby-Jensen and Nielsen (2015, p.695) identified that Danish practitioners engaged in three forms of emotional labour strategies: 'shutting off emotions, deferring emotions, and when a case gets under your skin.' Management of the outward performance of professional practice involved coping strategies, for example, shutting off personal distress in order to remain empathic to a client. Setting aside emotional experience for later reflective and venting processes (both in and outside work) was found to be more difficult in situations of heightened emotional involvement. Empathic identification with clients, practitioners' own emotional states and the individualised nature of emotional labour contributed to a depth of, largely normalised, taken-for-granted emotional practice.

The management of emotions includes different forms of emotional regulation, containment and suppression (Ingram, 2015a; Virkki, 2008). As noted in the research on home visiting and the previous discussion of how emotions are theorised, each of these elements represent a significant amount of emotion work in themselves. Containment, it has been shown, can be offered by informal backstage 'emotion talk' (Forsberg and Vagli, 2006, p.25). Humour and banter also offer containment for difficult, contradictory emotions (Jordan, 2017; Morriss, 2015), contributing to avoidance and defence mechanisms, such as splitting (Jordan, 2017).

Defences against the anxieties and emotional challenges of practice were found to be institutionalised in unconscious emotion management activities such as rituals and adherence to procedures (Whittaker, 2011), reflecting similar unconscious defence mechanisms to Menzies Lyth's (1959) study. Recognised as having positive functions for practitioners' management of emotions (Whittaker, 2011), such mechanisms are also understood to create emotional strain and contribute to distancing and detachment from clients (Ruch and Murray, 2011). The potential for such defence mechanisms becoming institutionalised in organisations reinforces concerns which emerge in several studies. In the absence of a containing work environment that facilitates time, space and resources to support emotional engagement in practice, there appears to be significant scope for emotions to be constructed and experienced as burdensome, increasing the likelihood of defensive ambivalence, distancing and dissonance (Leeson, 2010; Taylor *et al.*, 2008). This potentially contradicts the general acceptance that emotions are an important part of relationship-based practice.

### 3.5.2 Binary perceptions: weakness or strength

The importance of physical, cognitive and temporal spaces in which emotions can be articulated was identified in Ingram's mixed methods study (2015). Highlighting organisational and professional ambivalence about where emotions might be safely acknowledged or expressed, Ingram (2015b; 2013) found this contributed to participants accessing informal opportunities with colleagues as the most important forum for emotional expression, followed by formal supervision and staff meetings.

A significant finding from Ingram's work resonates with a theme observed across a number of the reviewed studies. This is the perception that the experience, management and expression of difficult emotions was frequently linked by practitioners to 'organisational perceptions of professional competence or incompetence' (O'Connor, 2019, p.9). An association of emotions with perceptions of weakness or inadequacy (see Gibson, 2016; Kapoulitsas and Corcoran, 2015; Gilgun and Sharma, 2012; Smith *et al.*, 2003) raises potential challenges for how emotions are constructed and understood, and consequently how emotional complexities, including unconscious dynamics, might be sustained or supported.

Complex processes appear to be intertwined in this construction of emotions. Winter (2009) found that some practitioners justified not becoming emotionally involved with young people, as forms of proactive self-protection and their perceptions that emotional involvement might be perceived as unprofessional. Acknowledgement or display of emotion was perceived as 'the antithesis of the rational 'bureaucrat'' (Winter, 2009, p. 454), exposing practitioners to being constructed as unprofessional or as failing to cope. Practitioners were consciously, and possibly unconsciously, avoidant of emotionally engaged encounters. Intertwined with these emotional dynamics were tensions inherent in holding authoritative statutory roles alongside relational engagement, and the availability of containing supervision.

Empirical studies show that contradictory processes are identifiable when researchers look beneath the surface of emotions in practice. Ambivalence and concerns about what constitutes professional practice, and where and how emotions can be safely explored, suggest barriers to how some of the previously discussed supervisory processes might function. Some exceptions to this are also apparent. Sjølie *et al.*'s (2017) Norwegian study of mental health social work found that openness to explicit expression of emotions and vulnerability was viewed as an essential form of emotion work.

Considering these findings in terms of refining my interest in practitioners' emotions, these themes reinforce the value of exploring how practitioners construct and make sense of the emotions that arise in practice. However, they additionally underline the need for awareness and sensitivity in seeking to research this topic. Sensitivity to and awareness of how organisational and professional constructions of emotions might intersect with perceptions of self and professional identity are important considerations.

### **3.5.3 Emotions in intersections: self, identities and structural factors**

Research in Canada identified social work students' experience of 'unclear norms for emotional expression' in organisations (Barlow and Hall, 2007, p.409), a feature similarly supported in Rajan-Rankin's (2014) UK study. Dore (2019) found that practice educators actively facilitating students' expression of emotions was a valuable modelling experience for students. The significance of students' emotions intersecting with perceptions of professionalism and personal identity adds further complexity to the implication that emotions are constructed as unprofessional by some experienced qualified workers.

A small number of studies identified the importance of positive emotions such as joy sustaining emotionally authentic and meaningful practice (Pooler *et al.*, 2014; Wendt *et al.*, 2011). Whilst the focus of my interest is not on emotions associated with motivation, Pooler *et al.*'s identification of the importance of a 'depth of human connection' being an emotionally significant part of professional identity and practice underscores a possible paradox about the positioning of emotions raised in these studies (2014, p.215).

The intersection of emotions and professional practice with gendered, racial identities and biographies are illustrated in studies informed by psychosocial theory, emotional labour and critical race theory. Virkki's (2008) interprofessional study in Finland, and Gunaratnam and Lewis's (2011; 2001) research with social workers in England draw attention to the political nature of emotions. Gender identities and biographies influenced perceptions of emotional skills, for example empathy or the masking of emotions resulting from gendered abuse, 'devaluation' and implicit feminisation of emotions created coded messages about their acknowledgement or expression (Virkki, 2008, p.83). Gunaratnam and Lewis's work sensitises researchers to the importance of gender and race in any analysis of emotional labour or emotions in social care organisations:

‘Systems and practices in social care organisations are based upon the suppression, repression and regulation of emotions that feeds into and off specific forms of the defensive splitting of emotions around racism for both practitioners and service users. In this sense we have theorised a symbiotic relation between the ‘defended organisation’ and the defended subject that has specific repercussions for the production of everyday racialised practices and inter-actions in social care.’

Gunaratnam and Lewis, (2001, p.135)

By situating individual subjective emotions in the broader context of organisational and social life these studies provide an important reminder of the intersection between individual, familial and cultural scripts or schemas for emotion, and the socio-cultural/political structural and unconscious factors which are part of human and organisational experience. Further, they underline the possible limitations of viewing emotions as individual subjective phenomena without attention to lived experience, structural differences and the organisational context, all of which are brought to practice (Leigh, 2017; Garrett, 2013).

### **3.5.4 Strategic Use of Emotion**

By examining research which focused in some way on how practitioners’ emotions are constructed, made sense of or used, two contrasting strategic uses of emotion became apparent. The first directly counters some of the previously discussed concerns about emotions and their predominantly negative constructions. Stanford (2010), although evidencing the significance of multiple fears for practitioners, illustrated that by embracing conflicting emotions practitioners could use them to facilitate effective and meaningful engagement with clients. Carey (2014), researching cynicism, proposed that it might be strategically used as a recalcitrant ‘deviant emotion’ (Carey, p.129). Reframing rising cynicism as a form of protective mechanism in bureaucratised risk-averse organisations, Carey suggests it can be used constructively as a form of collective ‘emotional resistance’ (2014, p.142). Of the studies reviewed it appeared that only Carey used the term ‘emotional practices’, in the frame of ‘recalcitrant’ practice which possibly resonated with Scheer’s (2012) construction discussed previously (Ibid. p.133).

A significantly different approach to the strategic use of emotions is evidenced in Gibson’s (2019; 2016) research into the functions of pride, shame and humiliation in local authority child protection practice. Taking a sociological approach to self-conscious emotions, Gibson’s findings that these emotions were actively used as ‘regulatory mechanisms’ by the

organisation, illuminates a highly problematic use of emotions (2016, p.127). The subjective experience of pride, shame or embarrassment by practitioners was found to be embedded in organisational systems which strategically used them to reinforce particular forms of practice. These practices included compliance with prioritising and meeting organisational requirements and standards for records, timeframes and procedural systems. In addition to the pride or shame triggered by failure to meet these defined tasks, self-conscious emotions were embedded in 'the creation of the 'appropriate' professional' (Gibson, 2019, p.103). Gibson's analysis of ethnographic and interview data reinforces but also adds to some of the complexities surrounding emotions emerging in some of the studies discussed here. The appropriate type of social worker which this environment demands, Gibson argues, is one who is not affected by emotions. Emotion resilience is constructed as a form of professionalism in which emotions are not exhibited. For example, expression of distress in response to child abuse can result in 'episodic shaming' by which workers learn to align their sense of professional identity with organisationally instituted shame or praise (Gibson, 2019, p.120).

Although, Gibson's research is based in one local authority, at one point in time, like many of the qualitative studies reviewed here, it does reinforce the likelihood that researching practitioners' emotions in such a setting is likely to be problematic. Pragmatically, it suggests that seeking access to local authorities might be contentious. The full implications of Gibson's analysis were not available at the beginning of this study. However, the implications of how emotions might be strategically used and constructed in organisations and by social workers themselves is clearly an area for continuing research and informed my exploration of methodologies and research questions.

Before moving on to summarise some of the considerations raised by this review, some caveats are noted. The reviewed studies are qualitative, providing knowledge and analysis. Researching social work practice in various regions, the nature of practice is not necessarily identical or working to the same codes of practice or organisational requirements. The studies vary in terms of population size, lengths of time and methodologies. All these factors introduce caution in terms of their generalisability (Moriarty, 2011). Whilst undertaken as rigorously as possible, this review is likely to have missed some relevant studies. Research specifically focusing on how practitioners use their emotions appears to be limited, albeit with some exceptions.



### 3.5.5 Conclusions

In seeking to establish where practitioners' emotions are located in the social work literature and specifically what current research offers in terms of understanding how practitioners' emotions are constructed or used in practice, I have unearthed something of a conundrum. The complexities, contradictions and challenges of emotions in social work become extremely apparent from this selected body of research. This may also be a factor in explaining the relatively limited research on how practitioners *do* or use emotions in their practice. I will attempt to synthesise some of the most relevant points to show how these have informed and refined my research questions and methodological approach.

Firstly, considering how emotions are theorised as discussed previously, the available research appears to confirm that researching emotions in practice may benefit from a combined theoretical approach which takes account of emotions as interconnected phenomena involving subjective, interactional, unconscious and organisational processes. The reviewed studies show that emotions are created in, and influenced by, the 'interplay between internal and external worlds' (Clarke and Hoggett, 2009, p.6). In practice situations emotions are subjective and interactional. They can be embodied, interpreted and expressed via sensory, verbal and non-verbal behaviours, incorporating conscious and unconscious aspects. The intensity of emotions in practice has been shown to prompt unconscious responses which can be both protective and create significant barriers to practice. Intersecting with perceptions of self and identity, emotions can also be socially and organisationally constructed to create specific meanings and consequently can have significant power.

The possible intensity and significance of emotions in the lived experience of *doing* practice, as evidenced in some of the studies of home visiting for example, reinforce Broadhurst and Mason's (2014, p.590) argument that social work requires a depth of emotionally engaged practice which permits 'moment[s] of felt intensity' which can inform and sustain working relationships even in contexts of distress or risk.

However, the research reviewed here shows that some of that emotional intensity can be avoided, feared and discounted. A form of binary thinking (Fook, 2002) is suggested in terms of generalised perceptions that emotions are in some way unprofessional, despite the evidence that they are clearly experienced and a significant part of practice. There appear to be contradictions between emotions as a resource in the repertoire of skills and knowledge which form relationship-based practice (Ruch *et al.*, 2018), and individual and organisational strategies used to defend against or deny emotions. Similarly, Hardesty (2017) identified a

significant tension between social workers being expected to use emotions in relational practice whilst at the same time the structures and systems of practice distanced practitioners from emotional engagement.

These apparent contradictions merit greater exploration. Specifically, they appear to highlight the importance of understanding more clearly how practitioners themselves understand their own emotions in children and families practice, and what individual or organisational factors influence this. Clearly, despite the apparent negative constructions and the complex realities identified, practitioners do experience and use emotions. This remains a relatively unexplored but significant area of practice.

Organisational systems and discourses have been shown to impact on how emotions in practice are constructed. The locations or spaces in which emotions are processed and expressed are also features of the reviewed studies. Developing evidence-based understanding of the places and environments which facilitate or permit discussion and acknowledgement of emotions was a further area considered in developing my research methodology. This is perhaps even more pertinent in the context of Gibson's (2019) findings, and the impact of open-plan offices and increasingly mobile working practices (Disney *et al.*, 2019).

This examination of literature led me to consider that exploring practitioners' emotions as relational constructs and forms of *practice*, combined with psychosocial understanding which attends to both internal and external contexts, provided a relevant and potentially valuable approach in framing my research questions and methodological choices.

In concluding this review I am reminded of Munro and Hardie's (2019) recommendation that the social work profession needs to refrain from a binary positioning of objectivity and subjectivity. Their paper points to the dangers of subjective elements of practice such as emotions being classed as inferior and/or removed without trace from the profession. Developing research which examines and extends our understanding of the possible meanings and functions of practitioners' emotions in practice thus seems all the more timely.

In the next chapter I present my research questions and further orient my research in the methodological literature.

## 4 Research Design, Methodology and Methods

Researching emotions is a complex task. The exploration of theoretical approaches to emotions and findings from empirical studies led me to conclude that an ethnographic approach was the most appropriate methodology to research practitioners' emotions as relational and interactional phenomena in social work practice. This chapter aims to provide an account of how this research was designed and undertaken, the theoretical frameworks which informed it and the methodological considerations, choices and challenges experienced. The chapter begins by outlining the research questions, epistemological and methodological considerations before moving to the research process including ethical processes, data collection and methods of analysis. It concludes with reflections on the design and implementation of this study.

### 4.1 Research Questions

This research aimed to contribute to social work knowledge by examining how practitioners constructed and used their emotions in practice, an area which is under-researched. The previously discussed literature provides some evidence that emotions can inform and influence practice at individual, relational and organisational levels. In the emotional intensity and engagement of practice, practitioners' emotions have been identified as a possible relational resource, a source of information and a barrier to practice. In seeking to expand understanding of these phenomena the following overarching research question and sub-questions were developed:

1. What sense do children and family social work practitioners make of the emotions they experience in everyday practice and what do they think informs this?

Specifically:

2. How are practitioners' emotions constructed and worked with in direct practice?
3. What factors appear to influence and/or regulate how practitioners experience and express emotions in everyday practice?
4. How far do practitioners consider that their experience and use of emotion is influenced by the organisational context?

## 4.2 Methodological Choices

### 4.2.1 Epistemic and Ontological Assumptions

Ontologically this study was positioned within a qualitative, interpretivist research paradigm. It began from a position that there are multiple realities to social life, involving complex social and interactional processes through, and in which, meanings are derived. Drawing on sociological theory a key assumption was that meanings emerge and are constituted within social interactions and communication. Meanings are mutually created (Charmaz and Mitchell, 2001, p.160) and are socio-cultural constructions (Kelly and Green, 1998).

A second assumption, drawing on psychosocial theory, was that social and interactional experiences and communications involve both conscious and unconscious aspects. The interactions between the unconscious (inner world) and the social (outer world) impact on how experiences, including emotions, are constructed and perceived (Clarke and Hoggett, 2009).

Thirdly, the phenomena studied, practitioners' emotions in the practice of social work, were understood from a combined sociological and psychosocial perspective as individual and relational experiential constructs occurring in the context of interaction and performance (Burkitt, 2014; Scheer, 2012; Rustin, 2009). As outlined previously, synthesising themes from the literature illuminated the interconnections between subjective and embodied experiences of emotions, and the social and organisational contexts which mediated how emotions were experienced, articulated and practised. It was important to recognise that emotions were 'culturally and historically produced, along with the subject, in specific cultural/historical contexts and power relations' (Harding and Pribram, 2002, p.411). Drawing on sociological and psychosocial theories (Burkitt, 2014; Scheer, 2012; Spencer *et al.*, 2012; Day Sclater *et al.*, 2009) I therefore approached the design of this research with a working definition of emotions in social work practice as summarised here:

Emotions are complex relational constructs and forms of practice. They involve subjective, embodied felt experiences which occur in the interactions of social and professional relations. These socially constructed phenomena involve layers of socially-mediated meanings and include conscious and unconscious aspects.

Researching emotions in practice also needed to take account of the nature and purpose of social work and the socio-political context. In the UK, the profession has been the subject of public criticism and negative debate (Parton, 2014; Ferguson and Lavalette, 2013). Children

and Families practice is emotionally charged and, as noted previously, practitioners' emotions can be constructed as both a resource and a challenge. Awareness of these complexities informed the selected methodology, ethical considerations and methods of research. Before discussing these elements, I outline the theoretical frameworks which informed this study.

## 4.3 Theoretical Frameworks

### 4.3.1 Social Constructionist Approach

A social constructionist approach to knowledge and research is based on the notion that "the social world, as we know it, is socially manufactured through human interaction and language" (Houston, 2001, p.846). Meanings are thus historically and socially developed through the collective processes of culture, language, time and the exercise of power. From this perspective, emotions must be understood within their social and cultural context (Gergen, 1985). Language and thinking are part of the rhetorical processes which construct reality, including within social work practice. Rhetorical functions involved in everyday thinking and language operate 'not as a private or personal activity, but as a micro-political and interactional process concerned with categorising everyday life and developing arguments to justify preferred realities and courses of action' (Parton, 2003, p.6). Emotions are an implicit part of these processes, potentially influencing both what and how meanings are constructed. Social and cultural meanings are similarly ascribed to emotions. In addition to, for example, early socialisation, cultural and social influences on practitioners' perceptions of emotions, emotions also have meanings constructed in the immediacy of relational and organisational social work (Boiger and Mesquita, 2012).

Researching emotions from a social constructionist perspective allowed me to 'look at the fine detail of people's activities without treating social organisation as a purely external force' (Silverman, 2000, p.84). Thus, practitioners' emotions were analysed in the social and organisational context of professional practice in a local authority. Social constructionism has a tendency to focus on forms of discourse and communication and 'the synchronic and physical aspects of their co-construction' (Malik and Krause, 2005, p.97). This can result in inadequate attention to the less visible embodied aspects of social life which Malik and Kraus argue include 'history, the unconscious, and those patterns of habits, routines, social rules, and etiquette that Bourdieu has referred to as "habitus" (structures) or "doxic" (knowledge)' (p.97). This limitation was addressed by incorporating psychosocial theory into the design and analysis of the study

and selecting a methodology which took account of the social relations in which experiences of emotions were embedded (Smith, 2005).

### 4.3.2 Psychosocial Approach

The application of psychosocial theory facilitated a consideration of how emotions were experienced and functioned in individual and group/team processes. As noted previously psychosocial understanding of emotions enables recognition of intersections between practitioners' subjective, internal psychological processes - (inner world - psyche) and the external structural and organisational environment (outer world-social). Thus, the research design and analysis were informed by an understanding of participants as:

'Subjects whose inner worlds cannot be understood without knowledge of their experiences in the world, and whose experiences of the world cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world.' (Holloway and Jefferson, 2000, p.4)

Drawing on a psychosocial framework involved several elements. One was a recognition that unconscious processes such as defence mechanisms, projection or containment involved emotions in various ways, both individually and in groups (Ruch *et al.*, 2018). Secondly, it involved a recognition that experiences of emotion happened individually and relationally but were not separable from organisational procedures, culture and the legal/procedural remit of practice. Whilst not without critique, psychosocial approaches have been used in organisational studies to 'capture the diversity and complexity of emotions to understand people's experiences of workplaces, particularly the social and political 'situatedness' of emotions in organisations (Fotaki *et al.*, 2012, p.114). This approach permitted recognition in the research process of how external and institutional processes were apparently internalised by individuals in relation to emotions.

Finally, research informed by psychosocial theory offered what Clarke and Hoggett (2009, p.2) described as 'a cluster of methodologies which point towards a distinct position, that of researching beneath the surface and beyond the purely discursive'. This had application to both the topic of emotions and the process of my research. Psychosocial theory and ethnographic methods required recognition of unconscious processes in my own 'coming 'near' enough to other people for psychological processes to ensue' (Cooper, 2009, p.429). Thus, reflexive attention to my emotions as well as the emotions of others, and attention to

possible transference / countertransference were important as I engaged in fieldwork with 'the smell of the real' (Cooper, 2009, p.432). Harding and Pribram (2004, p.878) argued that emotions are in play in any research as it 'operates through relations of closeness and difference (between investigator and investigated)' and consequently emotions have a role in the production of knowledge. Thus, it was recognised that emotions' dynamic role in the research process as well as being the phenomena under investigation were relevant to the methods used and the process of analysis.

Exploring what sense practitioners made of the emotions they experienced in everyday practice and what informed this fitted well with a combined constructionist and psychosocial perspective. Combined, this joint lens maintained a focus on emotions in the situated interactions of practice. Participants' experiences and constructions of emotions were understood and explored in the specific context of casework *and* in relation to the immediate culture and environment of the team or organisation at given points in time.

## 4.4 Methodology

### 4.4.1 Ethnography

An ethnographic approach was selected as it facilitated a qualitative in-depth study of social interactions, behaviours and meanings in ordinary everyday lives (Emerson *et al.*, 2011). Atkinson (2015) points out that whilst ethnography is not linked to a specific theory it can be fruitfully used with a range of perspectives. As a naturalistic form of enquiry it reflected the ontological assumptions that there are multiple ways of viewing reality. Epistemologically, knowledge is constructed as subjective and open to interpretation (Silverman, 2011). This method enabled rich data collection and access to emotions as part of the 'lived experiences' (Cook and Crang, 1995, p.21) of key participants - social work practitioners and managers.

It was evident from reviewing the literature that gaining access to day-to-day experiences, communications, behaviours and practice cultures was central to researching how practitioners experienced emotions and how these were constructed and understood, In the words of Geertz (1988, p.16), ethnography enabled the researcher to have 'been there'. Social work practice involves situated knowledge, enacted and developed through ordinary lived experience in the field. In this practitioners' emotions constituted a form of 'knowledge-in-action' (Floersch, 2004, p.161). Thus, my aim in using ethnographic methods was to problematise the ordinary (Smith, 2001, p.225), enabling insights into processes, practices,

relationships and meanings encountered in social locations and the dynamics of the workplace. The methodological value and rigour of studying nuanced interactions and 'small troubles' (Emerson, 2009, p.535) fits well with emotions as subjective *and* relational phenomena:

'Most fundamentally, paying close attention to interactions forces the fieldworker to scrutinise processes in social life, encouraging the researcher to treat social happenings as active 'doings'.' (Emerson, 2009, p.536)

Methodologically, ethnography has an affinity with social work, offering an holistic, inductive approach to researching lived experience (Gray and Webb, 2013) and has been used successfully in researching practice (Broadhurst and Mason, 2014; Hall and White, 2005, White, 1997; Pithouse, 1987, Dingwall *et al.*, 1983). Social work involves office-based activities and moves between organisations and the privacy of clients' homes. The previously discussed studies of direct practice such as home visiting (Cook, 2019; Ferguson, 2016) and ethnographically informed studies (Gibson, 2019; Broadhurst and Mason, 2014) illuminate the potential value of practice-near research in which emotional nuance and depth are observed in the close interactions of practice. Citing Davidson and Milligan's (2004, p.523) statement that the body is the 'site of emotional experience and expression par excellence', Broadhurst and Mason (2014, p.592) underline the emotional intimacy implicit in social work and the value of ethnographic methods in accessing this emotion. Travelling with practitioners to home visits was a form of mobilised ethnography, maximising observation opportunities (Ferguson, 2010). Building relationships over time enabled access to observable and less observable phenomena, for example, providing opportunities to explore practitioners' thought processes and 'gut feelings' as well as their physical responses and actions (Helm, 2013).

Psychosocial and social constructionist approaches similarly have an affinity with ethnography and the study of emotions, although criticisms of these approaches are that the individual is privileged in psychosocial theory whilst social constructionism privileges the social (Zembylas, 2007, p.63). A combination of both approaches was thus valuable in research design, implementation and analysis. Additionally, this joint lens facilitated a theoretical framework which took account of the complexities of social and cultural factors which informed both my experience and that of the study participants.

Making sense of emotions occurred in the context of social interaction, communication and the use of participants' narratives, memory and experiences. Weick *et al.*, (2005, p.409) argue that



sense-making is 'ongoing, instrumental, subtle, swift, social and easily taken for granted'. How participants made sense of their emotions required attention to their experiences, identities and the social interactions, language and culture of their work environment. This included how the organisational culture informed the local meanings and narratives constructed about emotions (Rowlinson *et al.*, 2014; Helms Mills *et al.*, 2010).

#### 4.4.2 Getting close to the subject

Ethnography requires the researcher to get as close as possible to the experiences of the target population, identifying contextual factors, patterns and influences as well as accessing individual perspectives and behaviours (Hammersley and Atkinson, 2007). Being embedded in a social work team facilitated observation of formal and informal processes and interactions. This offered two central methodological elements:

'The ethnographer seeks a deeper immersion in others' worlds in order to grasp what they experience as meaningful and important' [and] 'to experience events and meanings in ways that approximate members' experiences.'

(Emerson *et al.*, 2011, p.3)

Although it was not envisaged that all emotions or expression of emotions would be overt, practitioners demonstrated some feelings for example, pleasure, distress or anger through behaviour and verbal or non-verbal expression. Similarly, they named emotions in their communications and interactions. Being present alongside practitioners in offices or travelling to visits enabled observation of these aspects of emotion in practice. As emotions were often felt at a visceral level, sometimes fleeting or internal, being physically present with practitioners allowed me to observe and also draw on my own felt experiences. Harding and Pribram (2004, p.878) argue that 'the investigator's ability to feel with the subject enables conversation and the re-telling of experiences and confidences that constitute the data and direct its interpretation, analysis and writing up'. This process facilitated later conversations with practitioners, both informally and in semi-structured interviews. Whilst caution and sensitivity were used within this methodology, getting close to practice in this way provided access to the embodied, less conscious and invisible processes which occurred alongside overt activities.

However, given the nature of emotions as fleeting, shared or internal phenomena which might be suppressed or managed for numerous reasons, I considered that observations alone might not adequately access the nuances of practitioners' experiences in the busyness of day-to-day

practice. Similarly, ethnographies are by definition politically and socially constructed. I was aware of confronting 'biases specific to the time and place' (Katz, 2004, p.297), such as local and national professional discourses, policy or media developments. Ethnographic methodology draws on a range of research methods which are utilised in 'learning from people', through observational written accounts, communications, interactions (Spradley, 1979, p.3) and attention to the sensory environment (Pink, 2015). The frameworks for understanding and articulating emotions are laid down in social and cultural processes (Rimé, 2009; Ahmed, 2004) which are built on by life experience and professional training. This underlines the value of examining how the personal biographies of practitioners influenced how they perceived, expressed and processed emotions. As these biographies and experiences intersected with unconscious and structural processes, I used varied methods to explore individual emotions and the social and organisational influences on how practitioners constructed and used emotions. The selected methods are outlined below.

#### **4.4.3 Emotions, visibility and the unconscious**

As noted earlier, emotions are forms of experiential knowledge. Practitioners' emotions were frequently observable in their expressions of anxiety, hope, relief, or in their behaviour, facial expressions and tones of voice when showing, for example, happiness, sarcasm or scepticism. Observations included awareness of sensory atmospheres such as excitement, tension or discomfort in meetings, team spaces or on Duty. This included my own sensory and reflexive processes as well as attunement to the affective environment, practitioners' behaviours and interactions. It was thus important to be reflexively aware of my own emotions and possible transference, countertransference or projections which occurred.

Informal conversations enabled a form of member checking, for example, asking practitioners what their feelings were about particular cases, interactions or incidents that occurred. Similarly, conversations pre- and post- practice events allowed discussion and interpretation of sensory and embodied emotions that occurred for practitioners and, when present, myself. Attending to the sensory intersubjectivity of day-to-day research encounters through conversations with participants was important in gaining understanding of their emotions and maximising what Pink (2015, p.98) termed the 'serendipitous sensory learning of 'being there''.

Observations similarly enabled attention to emotions as possible indicators of unconscious processes such as anxiety, defence mechanisms or projection. Internal unconscious processes, by nature, are not known or visible. However, they became more visible and

available to interpretation through their enactment in behaviours and interactions. For example, anxiety might be defended against through avoidance, projection or splitting (Rusbridger, 2018; Ruch and Murray, 2011), which were more observable in behaviours or interactions, thus becoming open to interpretation. Expressions of anger, for example with other agencies, or responses to circumstances on Duty were interpreted as possibly representing conscious and sometimes less conscious processes associated with anxiety, guilt or distress. Frequently, such interactions were explored further with participants informally and in field interviews. Interestingly, participants' narratives included recognition of unconscious processes such as defence mechanisms and projection when reflecting on their experience of subjective and intersubjective emotions.

#### 4.4.4 Alternative considerations

Alternative methodologies offered an appealing antidote to the challenges I expected from the amorphous nature of ethnography. Standardised questionnaires were considered for use in conjunction with interviews, such as those used to explore resilience and stress (Mandell *et al.*, 2013; Grant and Kinman, 2011). However, while these methods might produce quantifiable data, for example, practitioners' perceptions of emotions or the impact of compassion fatigue, they would not provide insight into the *doing* of emotions or how these were constructed in the practice environment. Limitations were similarly identified in practitioners' being assessed against standardised measures. These were likely to negatively affect observations and interviews. Consequently, quantitative and standardised measures were rejected as unsuitable to address the aims and objectives of my research questions. Similarly, as a sole method, interviews and focus groups were rejected as being too limited to fully explore and capture emotions in the lived experience of practice.

Discourse or conversation analysis was considered given the role of language in the social construction of emotions (Forsberg and Vagli, 2006). However, a broader perspective incorporating verbal, non-verbal, embodied and possibly less conscious processes enabled attention to what Longhofer and Floersch (2012, p.499) referred to as the 'discursive, visual, embodied, and liquid systems' of practice.

Finally, consideration was given to how service user and carer perspectives on this subject might be incorporated into this study. However, examining possible methodologies highlighted a conflict with the aims and objectives of my research questions. Exploration of service user and carers' experiences of practitioners' use of emotion was likely to be perceived as an

assessment or checking of practitioners' accounts or my observations. Despite being a valid area for enquiry, I judged that this might dilute the key object of the research and merited a separate study.

## 4.5 Methods

Three key methods were selected as fitting the principles and objectives discussed above. Firstly, observations of everyday practice in a team/organisation. My original aim was, subject to consent, to include a significant amount of shadowing of home visits or other forms of client contact, including recording discussions with practitioners before and after client contact. Office meetings with clients, meetings with other professionals and potentially supervision were also included. I hoped to identify cases in which I would follow practitioners for example, from initial referral/incident through engagement, assessment, outcomes or closure.

Secondly, using practitioners' written or audio diaries I aimed to flexibly capture real-time emotions and thoughts before or after client contact. Solicited diaries enabled practitioners to 'think aloud' (Sheppard *et al.*, 2000, p.470), noting emotions that might not otherwise be articulated or for which there might not be space in the normal everyday routine. Diaries were also used to inform informal conversations and semi-structured interviews.

The third method was semi-structured interviews with practitioners and managers. In line with ethnographic methods it was anticipated that interviews would occur over the time of the study. In addition to opportunities to explore perceptions, use of emotions and biographical data, interviews also aimed to respond to themes and analysis emerging from the ongoing study.

By selecting diverse methods, I aimed to maximise opportunities for looking, listening and using sensory awareness in exploring how practitioners 'did' emotion and how they themselves constructed and understood these emotions. The timeframe for the fieldwork was 8 -12 months. Given the nature of social work I anticipated possible changes over this timeframe. These methods required flexibility and critical consideration of positionality and reflexivity throughout the research process. The potential for researcher effect with all methods was acknowledged (Elliott, 1997). These themes are returned to the section on data analysis.

## 4.6 Research Process

### 4.6.1 Research Site: Gaining Access and Consent

Prior to formally approaching possible research sites ethical approval for the study was obtained from the School for Policy Studies Research Ethics Committee. This included approval of proposed methods, data collection and information and consent forms specifying arrangements for confidentiality, anonymisation and data security. Forms were developed for a variety of purposes and participants, including observations, home visits, interviews and diaries. These materials were informed by ethical principles including respect for and protection from harm of participants, informed consent processes, transparency about the nature of the research, its potential outcomes, consideration of anonymity and in what circumstances there might be disclosure to third parties (Banks, 2012, p.57-60). An ethical approach included recognition of my responsibilities to ensure research integrity and comply with ESRC and local authority research governance and ethical frameworks (Economic and Social Research Council, 2015).

The target location was a Children and Families division in a local authority. The target population was social workers working in initial assessment and referral activities, safeguarding/child protection, longer term family support or 'looked after' children. These teams worked with a range of families and needs and consequently a variety of emotions. Following initial informal contacts via training officers and some Principal Social Workers a document outlining the proposed research was created. A shorter version was also developed based on feedback that a longer version might not be read and to frame the project around areas of possible benefit to agencies. (Appendix 11.2)

Six possible local authorities were approached on the basis of their stability at the time and their possible openness to research. Four responded with interest but two were unsuitable due to ongoing research or Ofsted inspections. Formal applications were made to governance/research committees in two authorities. In parallel, information about the project was circulated to a group of local authorities (16) via training officers. I met with one Principal Social Worker (PSW) from one of the first two authorities which expressed interest. This PSW consequently had a key role in facilitating access to the research site, including supporting an initial request to the research and governance committee which was initially rejected, and then submitting a revised application. This local authority confirmed approval and consent to the project in January 2016. In February I met with a Head of Service, who then discussed the proposed study with teams in a Referral and Assessment Service. One team offered to host

the project and following contact with a Senior Practitioner I met with this team on 15 March 2016. At this meeting I presented the research proposal including information and consent forms, and a confidentiality protocol for professionals and service users/carers (Appendices 11.3 - 11.8). Issues of consent are discussed further below. This team had some familiarity with researchers observing practice in the past. Some interest was expressed in the topic of emotions, which they all emphasised was important in relation to the emotions of other/external professionals. April 5<sup>th</sup> 2016 was agreed as the start date.

#### **4.6.2 Setting, teams and participants**

The Referral and Assessment Service was in a local authority based in an inner-city community, characterised by high levels of need and socio-economic disadvantage alongside pockets of wealth. The local demographic was ethnically very diverse, with significant populations of black and minority ethnic communities and a high number of languages spoken. Local issues at the time of the study were similar to other inner-city communities, for example, concerns about poverty, youth justice and gang-related activities. There was also a significant population of families with no recourse to public funds due to their immigration status.

A systemic model had been implemented in the local authority and this dictated the team structure (Goodman and Trowler, 2012; Cross *et al.*, 2010). Small teams or 'pods' were made up of a senior practitioner (SP) who had supervisory responsibility, three social workers (SW) and a practice administrator (PA). Clinical consultants (CC) were allocated to practice groups, made up of three or four teams. The clinical consultants' roles were to support and embed systemic practice and contribute to group supervision, which was largely led by the senior practitioner in each team. The primary team I was attached to (Team 1), was located in large open-plan offices, moving between these and a Duty room every third week. Each practice group had a senior manager (SM) and a Head of Service who oversaw several practice groups. (see Appendix 11.13 for codes) The staff group was diverse in terms of race, ethnicity, gender and sexual identities.

In the group of 27 key participants, 17 were female, 10 male and 3 participants self-identified as gay or lesbian. Senior and middle management positions were held by marginally more women than men, and included BAME managers (Black, Asian and minority ethnic). Thirteen participants were from BAME backgrounds. Teams were ethnically and culturally diverse, representing African, African/Caribbean, Australasian, Black British, European, Irish, Indian, South American and White British backgrounds. Participants were between 26 and 56 years

of age, with between 18 months and 30 years post-qualification experience. Participants had worked in the local authority for between 4 months and 15 years.

A relevant organisational dynamic throughout most of the study was the imminent arrival of Ofsted, the organisation tasked with inspection and regulation of services for children and young people in England ([www.gov.uk](http://www.gov.uk)). Preparation for this included a mock internal Ofsted inspection. The impact of this is detailed in the findings chapters.

### **4.6.3 Ethical Access, Consent and Change**

The initial access and plans agreed with Team 1 involved me sitting with the team around a cluster of desks in an open-plan office. Managing the subtleties of ethical research required careful attention to negotiation of consent in shared team environments, informal discussions and meetings. The team was in close proximity with other teams/practitioners. Some of these practitioners were interested in the project, some had originally turned down the project (via the Head of Service) and some knew me from my role as a lecturer. Informal conversations were used to acknowledge this and explore any discomfort that arose. I was however acutely sensitive to the fact that I could hear detailed case discussions happening in adjoining teams. Some of these practitioners were not aware of my presence as an external professional/researcher. This situation was further complicated by a Duty system which involved three teams coming together with a senior manager/practitioner.

My ethical approval included the use of 'opt out' agreements whereby individuals could decide if they wished their contribution in team spaces or meetings to be excluded from observational records. Only one person in the teams I was based in chose to opt out from observations. I also aimed to ensure there were spaces which practitioners whether participating or not had access to, where I was not present. In reality this proved difficult due to office space limitations.

To address these challenges, I did not digitally (audio) record during observations in team rooms and only recorded (handwritten) data relating to participants who had consented to participate. I gradually introduced myself to the teams/individuals in closest proximity and invited their participation, providing information forms and opportunities to ask about the project. Duty consolidated this as all participants from three teams consented to observations. Several practitioners also consented to observation of home visit/direct practice and interviews. Maintaining cognizance of Atkinson's advice was valuable:

'The iterative nature of ethnographic inquiry means that access is always tentative and conditional, that 'consent' is always relational and sequential, rather than based on a one-off contractual agreement.' (2015, p.179, citing Murphy and Dingwall, 2007)

Obtaining and renegotiating phased and informed consent included negotiating consent with an expanding group of participants over time. By the end of the study there had been more than 16 changes of practitioner in the group of four teams (23 practitioners). Sensitivity to forms of gatekeeping (Hayes, 2005) and 'ethically important moments' (Guillem and Gillam, 2004, p.261) enabled reflexive attention to phased consent. Revisiting and clarifying consent was essential throughout the study. On some occasions participants explicitly asked me not to 'use' something they said. I revisited this to understand their concerns and views. This often resulted in new data and frequently participants then gave consent for this to be used.

Meticulous consideration was given to all data relating to service users/carers, including access to verbal, documentary information or direct contact. Although consents to observe direct contact were negotiated through practitioners, I did not assume passivity on behalf of service users and gave due attention to their informed consent, taking account of age, capacity and rights. Practitioners frequently worked with people in crisis, many of whom were disempowered (Smith, 2008). Using accessible information and consent forms but additionally revisiting informed consent when meeting adults or children was essential. Similarly, when presenting data in the forthcoming chapters, care was taken to fully anonymise all references to service users/carers and some identifying features have been changed to protect confidentiality of clients and workers.

## **4.7 Data Collection**

### **4.7.1 Nature of Data**

Data were collected over an 11 month period from April 2016 to March 2017 during which I spent between 1 and 4 days per week on site, on average 2-3 days between April and October. Summarising the types of data they comprised:

387 hours of observation: This included observation of Duty, team rooms, strategy meetings and professional network meetings, accompanying practitioners travelling to and from home visits, and a relatively small number of home visits or direct contacts with clients. Observations



included many informal conversations with participants from a range of teams and practice groups.

Systemic group supervision in two teams was observed on eight occasions, comprising eight 2.5 - 3 hour meetings. One individual supervision was observed.

Thirty extended field interviews were undertaken involving 22 participants including practitioners (13), senior practitioners (4), clinical consultants (2) and senior managers (3).

Thirteen direct observations of work with clients included home visits and direct work with children at home or in school. Additionally, four participants kept either audio or paper diaries for between five and eight weeks (occasional, not daily).

Data include multiple handwritten notebooks, transcriptions of audio recordings (interviews, group supervision, informal conversations, travel to/from home visits and diaries) and several personal reflective research journals.

#### **4.7.2 Observations**

Observations were undertaken in open-plan team spaces, in a Duty room and in the community. The diverse ways in which emotions manifested informed my development of a template for capturing observational data (Appendix 11.9). Informed by the work of Emerson *et al.*, (2011) and Spradley (1980) this template provided a structure for the observational process. It focused my attention on data most relevant to the research questions and helped to structure data analysis. Four broad headings related to: context/event, descriptive components, sensory information, expression of emotions and my thoughts and feelings. The latter helped to separate observational data from my own biases, generalisations or emergent theories (Gobo, 2008). This was used in conjunction with detailed handwritten narrative accounts of observations where I similarly separated my interpretations and emotional responses from the observed data.

I recorded speech fragments and descriptive observation of participants' activities and interactions. My own emotions and sensory experiences, sounds and atmospheres were included. 'All the human senses' are important in workplace ethnography, according to Kenny (2008, p.375, citing Strati, 2000, p.13). A laptop was used for brief daily summaries but, as a disability-related condition limited typing, most observational data was recorded in hardcopy notebooks. In situ decision-making about the sensitivity or otherwise of audio recording (with

consent) directed whether home visits, professional meetings and travel to/from home visits were audio recorded or handwritten.

Access to direct contact with clients was more limited than expected, although a selection of home visits to families, direct work with children and interprofessional strategy/review meetings were observed. Three significant factors appeared to reduce access to home visits despite this being a significant area of practice. The first factor was the level of change in the primary team who agreed to the study. Team membership changed regularly with only one team member remaining the same by the end of the study. Changes similarly occurred in middle and senior management. On reflection I concluded that this contributed to a lack of ownership of the study within the agency, although individually practitioners were supportive. Many consented to team observations, interviews and a small number completed diaries. Instability, changes in supervision/line manager and changes in working relationships possibly made observation of direct practice less comfortable for participants in the primary team, particularly those who had not originally committed to it. Notably, near the end of the study one team invited me to spend time with them. I consequently extended the research period, resulting in more direct client observations. This reinforced the importance of teams choosing to commit to a study rather than perhaps feeling it was imposed upon them.

Gatekeeping by practitioners and service users was a second factor, although anticipated given the complexities of 'physical' and 'social' access (Hornsby-Smith, 1993, p.53, citing Cassell, 1988). Gatekeeping included: a) practitioners' decision-making on whether they wished to be observed, b) their judgements about whether clients were likely to agree consent and whether or not clients were approached, c) judgements that it was inappropriate to seek consent from some clients due to sensitivities, ongoing challenges about access or the likelihood that seeking consent would aggravate an already difficult situation. Some practitioners agreed to me travelling with them to home visits and meeting them afterwards. Additionally, some sought consent for me to observe home visits/meetings but the service users declined.

Although not verbalised directly, for some practitioners the prospect of being observed when working with clients was challenging and several practitioners chose not to participate. The findings will show that the environment was one of significant scrutiny, time pressures and challenge, in which emotions were constructed problematically. Coupled with the nature of practice, concerns about possible negative judgements and wariness about the topic constituted barriers to client contact.

Practical challenges such as my part-time availability, time pressures, the unpredictable and fast-changing nature of Referral and Assessment practice created further barriers. For example, planned visits and meetings were cancelled or clients did not attend appointments. During the study I reflexively considered whether my sensitivity to the observed pressures and scrutiny had led to not adequately persisting in requesting observation opportunities. As well as potentially being unethical. I concluded however that I had repeatedly sought opportunities, reminding people of my presence and interest in accessing direct practice, including extending the study period. In contrast, substantial observation of systemic group supervision in two teams provided valuable insights into the roles and constructions of practitioners' emotions.

### **4.7.3 Field Interviews**

Practitioners' perspectives, experiences and biographical information including their social, cultural and professional identities were explored in interviews. Discussing biographical information provided insights into practitioners' accounts of family and social scripts about emotions and professional influences. Importantly, interviews provided spaces for practitioners to engage in reflective discussions about their experiences of everyday emotions in the organisational context. An iterative process, these conversations explored specific cases, incidents and themes generated in team/group supervision observations or casework if observed (Smith, 2005). Most interviews were quite extensive, participants appeared to value opportunities to reflectively explore their experience of emotions and their perceptions of emotions in the professional and organisational context. Shorter mini-interviews were also offered to expand the range of views and participants. (Appendix 11.10)

### **4.7.4 Practitioners' Diaries**

Participants were invited to keep audio or written diaries for short periods of time, a method successfully used in researching emotions and reflections (Brennan *et al.*, 2010; Latham, 2003). This method was initiated some time into the project, once I had established relationships and become a familiar presence. A suggested prompt/template was provided to the four participants who kept diaries. By 'capturing the everyday' (Kenten, 2010, p.2) this method gathered practitioners' internal thoughts and feelings in the moment, for example immediately prior to or following a visit to a client, or at the end of a day. Using diaries, I hoped to capture emotional experiences and gain alternative insights to experiences recounted in retrospective interviews or conversations. These were possibly edited consciously or unconsciously in the process of retelling, and diaries too were open to self-censorship (Kenten,

2010). Thus, audio or written diaries provided an alternative 'voice' for practitioners to express or describe emotions they experienced in day-to-day practice. Notably, diaries were used reflectively and analytically by participants (Cotton *et al.*, 2010), illuminating rich data.

#### 4.7.5 Challenges in Data Collection

The nature of Referral and Assessment work meant that a large proportion of client contact was unplanned. For example, the most common referrals were from schools about possible physical abuse, which frequently resulted in social workers visiting school to meet parents and child on that day, often with the police. On no occasion was this considered by participants appropriate for me to observe due to the sensitivity of the circumstances and the number of people involved. A significant proportion of cases were similarly judged by participants as too sensitive or challenging to consider requesting the client's consent. Practitioners' described these relationships with families or individuals as too fragile or contentious to even raise the subject. Nonetheless, a significant number of attempts were made to request consent, for example, participants telephoned clients in advance of home visits or meetings, but clients declined to consent. In some instances, clients attending the office agreed in advance to my presence, but then withdrew this on advice from another professional or agreed plans did not proceed because clients cancelled.

Respecting practitioners and clients' rights to refuse or withdraw consent was ethically appropriate. In addition to the considerable practical challenges and the nature of referral and assessment work, I recognised that practitioners were effective gatekeepers of their own practice during a period of significant scrutiny. For some practitioners being observed undertaking direct practice was not comfortable, although they remained willing to be interviewed and observed in group supervision or duty practice.

Maintaining confidence and belief in the ethnographic method was important during data collection and the analytic process. Developing an account and through this an understanding of practitioners' experience and use of emotion involved foregrounding social and emotional processes which were at times ephemeral, vague and subjective. The recursive, iterative process of analysis required patience and containment of my anxieties. At times I wondered was I gathering any data? Was it the right or useful data? Would barriers to observing direct contact really limit the data/outcomes? In fact, some of these challenges contributed to new and unexpected insights about how emotions were experienced and used in this setting.

## 4.8 Data Analysis

Ethnography is both a theory and a method. Methods of analysis were informed by ethnographic principles that 'analysis is an iterative and inductive process that begins in the first interview and continues through write-up of results' (Bisaillon and Rankin, 2012, para.2). As previously noted, an important aspect of this was my capacity to sustain and reflexively analyse how aspects of my experiences (as researcher/social worker/lecturer), biography and my theoretical lens contributed to interpretations or biases in the observational and analytic process. Writing was central to this process (Humphreys and Watson, 2009). Detailed field notes from observing, listening and conversing facilitated staying as close as possible to everyday emotions in practice. When possible, observation records were written up more fully following observations, although this proved a significant challenge over time.

I originally planned to use NVivo software as a data management tool in conjunction with thematic analysis. While initial use of Nvivo was helpful, particularly in developing thematic maps from codes/themes generated through writing, reading and listening to audio data, technical challenges (laptop faults, incompatibilities between Nvivo and disability-related packages) resulted in Nvivo being abandoned. Consequently, data management and analysis were undertaken using a mixture of processes beginning with large sheets to map out themes, connections and generation of initial codes.

Thematic analysis (Braun and Clark, 2019; 2006) facilitated an open, iterative and exploratory approach to data and the research questions. Writing, reading and rereading the data including experiential and sensory aspects created familiarisation. Initial codes were generated in several ways. Noting ideas/possible codes during data collection, these were iteratively added to informal maps/spidergrams. I also noted codes in two coding notebooks. The first began as an unstructured record of possible initial codes. The second larger coding notebook included initial codes and then as analysis moved towards more interpretative themes, these were recorded and grouped thematically.

Repeatedly and exhaustively returning to the data was a central element in ensuring validity and credibility in this qualitative research process. As emphasised by Silverman (2011, p.379) 'comprehensive data treatment' meant including all the available data, not just material that initially fitted with initial codes and themes. This included a form of constant comparison across the data when I identified a potentially interesting instance, including cases that did not fit with

my initial analysis. It included, for example, inspecting every single element of group supervision transcripts to look for 'interactionally interesting differences' between each source of data (Becker, 2010, p.2), regardless of changes in team membership and facilitation. Although time-consuming and challenging, this was valuable in identifying and developing the meaning and representativeness over time of particular phenomena, for example, different types of interactional and intersubjective emotions and practices.

From transcriptions of audio recordings and re-listening to audio alongside handwritten contemporaneous notes, multiple codes were organically generated. Following Braun and Clarke's (2006) approach a series of documents were created from the initial handwritten codes, maps and first coding notebook. An extensive list of codes and possible patterns/themes was created in a Word document, capturing emotion-related language, phrases, metaphors and observations (Appendix. 11.11). A second and third coding process, initially included NVivo generated maps, moved the analysis from this initial coding to generating possible themes. These more condensed thematic codes included short data extracts which helped to maintain closeness to the data and highlighted questions, contradictions or discrepancies (see examples, Appendix 11.12). Each phase involved considerable analysis, reflexivity and in-depth engagement with the data. By a continual 'bending back' on myself I questioned my assumptions and interpretations, thus themes were created 'at the intersection of [my] theoretical assumptions', 'analytic resources and skill, and the data themselves' (Braun and Clark, 2019, p.594). The final stage of this process involved identifying thematic 'analytic outputs' which are presented in the findings chapters (Ibid. p.594).

Analysis was informed by the assumption that there is no single 'truth', methods and analysis aimed to produce a representation of 'multiple narratives [ ] a story that does not pretend to represent 'the truth', rather, it is explicitly subjective, even partial' (Sandercock and Attili, 2012, p.140), although subject to the checks and balances discussed.

## **4.9 Trustworthiness and Credibility**

Qualitative interpretivist research which contributes meaningful knowledge requires careful consideration of trustworthiness and credibility. Strategies to ensure trustworthiness were informed by Shenton (2004) and Lincoln and Guba's (1985) key constructs of credibility, transferability, dependability and confirmability. Credibility relates directly to trustworthiness, the extent to which research can be considered legitimate, rigorous and reliable. Shenton

(2004, p.3) argues that this includes addressing the 'fit' between research findings, the researcher's interpretation and representation of these, and participants' lived experience. To ensure trustworthiness I used a range of strategies relevant to method selection, analytic and writing processes. These included thick descriptions, reflexivity, triangulation, audit trail, negative case analysis and member checking (Schwartz-Shea and Yanow, 2009).

Selecting a methodology suitable for the research questions facilitated getting close to practitioners' lived experiences and developing familiarity with the organisational culture. These factors, along with critical acknowledgement of my professional experience and roles contribute to credibility (Shenton, 2004) and the important question of whether there is congruence between my findings and the reality of participants' experiences (Merriam, 1998). Transparency about the dates of data collection and contextual factors relevant to the organisation throughout the study also contribute to trustworthiness, as does transparency about data collection methods, analytic processes, positionality and reflexivity, each of which are discussed in this chapter.

Extending the data collection period enabled in-depth engagement with more participants and teams. Trustworthiness and credibility were thus strengthened through a wider range of participants, newly qualified, experienced permanent and new locum employees, and the richer data gained from observation of significant changes in the organisational environment over an extended time. The length of the fieldwork (11 months) additionally enabled some distance from the data, which in turn generated new understanding and critical depth, avoiding anecdotal surface analysis.

Data triangulation or confirmability took several forms including diverse data collection methods - diaries, observations and interviews, informants ranging from practitioners to senior managers, and observations of different teams. Interviews in later stages were informed by the initial findings and member checking, for example preliminary interpretations and themes about safety, safe spaces and personal influences were confirmed from different perspectives in follow-up conversations and additional interviews. As noted previously this was not about identifying a *truth* but rather to challenge the limitations of a single researcher (Burgess, 1982). Supervision and peer scrutiny were important elements in addressing credibility as thematic analysis progressed (Nowell *et al.*, 2017). Critical discussion with supervisors of analytic processes, for example, the development of codes and maps to represent initial findings and representative themes facilitated scrutiny and forms of reflexive 'debriefing' (Shenton, 2004, p.73). Peer scrutiny through presentation of initial findings at conferences (O'Connor, 2016;

2019) enabled questioning of data analysis and valuable peer exchanges, refining developing ideas and identifying useful theoretical concepts, for example Rober's (1999) use of self, and illuminating significant themes such as consent and change.

Given the nature of this study, sampling related to the breadth, depth and reliability of the data and findings (Golafshani, 2003; Lincoln and Guba, 1985). I focused in on particular incidents including 'deviant' cases (Silverman, 2000, p.107), to challenge, narrow or broaden my analysis over time. For example, observations of behaviours, interactions or accounts which presented discrepancies or differences to patterns in the data about the phenomena of emotions. Deviant case analysis was used reflexively to challenge my interpretations of such patterns or incidents (Shenton, 2004). Examples included the contradictions raised by the term 'macho' in the data, and revisiting data to refine and confirm developing constructs such as emotion practices.

In terms of transferability, I have aimed for transparency about key research and contextual information. Despite debates in the literature about the transferability and generalisability of qualitative research (Silverman, 2000; Merriam, 1998) there is increasing consensus that transparency about information, timeframes, contextual factors and the depth of thick descriptions increase opportunities to judge transferability to other settings (Nowell *et al.*, 2017). Dependability and confirmability were further addressed by attention to reflexivity and positionality, discussed below. An audit trail of records, including consent forms, field notes, transcriptions, reflective journals and extensive data analysis records was important in ensuring systematic and comprehensive attention to data and key decisions in the research process. Selected examples are provided in the appendices.

In presenting the findings chapters I have sought to produce trustworthy research through being explicit about my theoretical position and a transparent analysis achieved through comprehensive engagement with different forms of data. The significance of researcher positionality and reflexivity in the production of trustworthy and credible findings is now discussed.

#### **4.9.1 Researcher positionality**

In aiming to understand 'how other people see their experience' (Spradley, 1979, p.iv) it was crucial to consider my position on what Ritchie *et al.*, (2009, p.107) described as a continuum between 'insider – outsider'. I was an outsider as a non-employee of the local authority and as



researcher/observer rather than practitioner. However, I shared a professional identity and knowledge with participants, having previously practised in children and families social work. I also had some familiarity with the area, thus had professional and cultural knowledge of the setting. Sherif (2001, p.446) suggests this position might be that of a 'partial insider'. Having knowledge of procedures, legislation and practice issues was useful and avoided the need for detailed explanations of processes. Familiarity with this area of practice created empathy with the possible emotional content.

However, these issues also constituted challenges which needed careful reflexive attention. I did not have total familiarity with practitioners' roles or agency systems. Similarly, it was important not to assume full understanding of emotions in situ, to over-identify or project my own emotions. Positionality was also relevant in relation to power and the research context. Research involves power dynamics. I had power in terms of access to previously private arenas of practice and communication with practitioners, managers and contact with clients. I also had potential power resulting from my experience, academic role and age, being older than most participants. On occasion participants were reminded of my academic role when various ex-students recognised me in the research setting (although they were not located in the Service).

While aware of these factors, it was erroneous to assume that practitioners or clients were passive participants in the research process (Kalir, 2006), as noted in the discussion of consent and gatekeeping. Reflexive awareness of diverse power positions/dynamics was however important in maintaining sensitivity 'to the social context in which emotions are produced and experienced' (Zembylas, 2007, p.62). Similarly, interrogating my theoretical stance about emotions and professional practice was important, since these had potential to bias or distort data collection and/or analysis. Active use of reflexivity and psychosocial theory were beneficial in managing these areas.

#### **4.9.2 Reflexivity**

Reflexivity is closely linked to positionality and power. It involved turning a 'critical gaze' on myself, in 'the project of examining how the researcher and intersubjective elements impact on and transform research' (Finlay, 2003, p.3-4). Maintaining reflexive awareness of my 'personal stance', values and biases about theory and practice were important at all stages of the research journey (Savin-Baden, 2004, p.365). The challenges this sometimes involved are captured by Savin-Baden:

'Too often we ignore our own stances and perspectives and act as if we are sitting outside transcriptions looking in on the perspectives of participants. It is often easier to adopt complicated coding strategies than to engage with the messiness, self-critique and pain that is required if we are to interpret data.' (Savin-Baden, 2004, p.367)

Reflexivity required examination of data from different perspectives. Analysis of data from observations, field notes, interviews and diaries involved my subjective and intersubjective experiences. Examples included exploring my own emotional responses to events and incidents in the data and attending to the shared and divergent meanings which were constructed in the interaction between myself and participants. From a psychosocial perspective I recognised that subjectivity and intersubjectivity involved conscious and possibly unconscious elements. Awareness of my own 'disciplinary and discursive historical context' (Foley, 2002, p.477) and how it influenced or shaped interpretations was crucial. Drawing on relational ethnography which embraces relational awareness, reflexivity and transparency in the research process was helpful (Simon, 2012). Relational reflexivity 'extends the idea of reflexivity beyond that of individual experience and into a relational context' (Simon, 2012, para.36). Practically, this involved careful attention to research processes, the development of field notes and the use of reflective journals to note and include my own emotions, thus challenging what Kenny (2008, p.376) refers to as the paradoxical 'silence surrounding researchers' own emotional experiences' in ethnographic studies.

#### **4.10 Limitations**

Arguably this study might have been strengthened by focusing on just one emotion, creating scope for greater focus and depth as demonstrated by Gibson (2019) and others. However, I wished to explore the plurality of emotions. The aim was to avoid prematurely imposing terminology or meanings on emotions and to allow the lived experience of everyday emotions to be observed. This permitted the language used to describe emotions and their associated meanings to develop in the data, directly from participants and from my reflexive process in gathering and analysing that data.

A further limitation was the amassing of large quantities of observational data which was challenging and extremely time-consuming to manage, transcribe and analyse (Silverman, 2011; Burgess, 1982). The quantity of data and the need for a fluid and recursive approach to

analysis was at times challenging. Similarly, although detailed representative data extracts and reflexive material are included in forthcoming chapters, they have necessarily been selected and edited to work within word count constraints.

Two unexpected features which I initially experienced as possible limitations in effect opened new perspectives and insights. The limited access to home visits/client contact was initially disappointing as I viewed this as an important location for the experience and use of emotions in practice. However, although this is a limitation, the resulting increased time in office and duty environments illuminated rich data which showed how much emotion work related to home visits was undertaken before/after visits, meetings or other direct contact. Similarly, unexpectedly gaining access to an agency using systemic group supervision was initially a challenge but quickly became an opportunity as it created access to valuable observational data in two teams. This provided nuanced and unexpected data on how emotions were constructed, used and given space in the local systemic model.

#### **4.11 Conclusion and Reflections**

This study did not aim to reach a final or complete ‘truth’ about emotions in social work. Rather, the objectives, methods and theoretical assumptions which informed it were proposed as a route through which new perspectives and insights about the phenomena of practitioners’ emotions might be achieved. As emotions in practice were subjective, interactional, intersubjective and situated in a professional and organisational culture, an ethnographic approach informed by the dual lens of social constructionist and psychosocial perspectives was valuable in analysing how emotions were constructed and used.

Having outlined the research questions, methodological choices and the epistemic and ontological assumptions which informed this study, this chapter then summarised the research process, ethical aspects and the processes of data collection and analysis. Some of the limitations and alternative considerations have been described and these are returned to at the end of the discussion chapter.

Turning to the presentation of findings, the next three chapters present findings and analysis which show the presence and perceptions of emotions in the research site, and how emotions were constructed and used in everyday practice and in the local systemic model.

## 5 The Presence and Perceptions of Emotions

The process of thematic analysis led to the identification of three substantive overarching themes which will be used to present the findings and analysis. In this chapter the first theme entitled '*Presence and Perceptions of Emotions*' will be explored. In the following chapters, the themes on the '*Use and Place of Emotions in the Performance of Practice*' and '*Using Emotions in a Systemic Practice Environment and in the Context of Change: Affordances and Constraints*' will be presented. In each chapter data extracts and mini case examples<sup>1</sup> illustrate events and interactions demonstrating how emotions were experienced and constructed in everyday practice.

This chapter begins with a reminder of how I approached the concept of emotions for the purposes of this study, followed by an overview of the Referral and Assessment practice setting and local organisational drivers which were influential during the fieldwork. Whilst the work of the service largely focuses on the immediate and local in terms of child welfare and protection, social work does not occur in a vacuum. The external socio-political environment which provided a backdrop to day-to-day work is briefly outlined. Themes generated from the findings and analysis are then presented to show the ubiquity of multi-faceted emotions and the problematic ways in which these were perceived and constructed.

### 5.1 Emotions in Context

As outlined in chapter 3 the construct of emotions I applied in seeking to observe and understand participants' emotions is relational and interactional, viewed through the lens of social constructionist and psychosocial theory. My interest was not in defining particular emotions but rather in gaining insights into how practitioners perceived and used the emotions

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<sup>1</sup> To enable transparency, data extracts are identified with letters to indicate type of data, participant and a number indicates the month - 1 to 11. For example, data from observations of duty, team spaces and ad hoc conversations are indicated as Obs:7, representing data from day-to-day observations in the seventh month of fieldwork. HV indicates a home visit. Participants are referred to in broad groupings to preserve anonymity. See Appendix 11.13 for participant codes. 'Practitioners' collectively refers to both practitioners and middle managers. Pronouns he/she are used randomly to preserve anonymity. Identifying features such as length of experience post-qualification, gender, race, age or other aspects of identity are only referred to where specifically relevant to the data or analysis. Pseudonyms are used for service users or mini-case examples. Identifying features have been changed significantly to anonymise all data. Verbatim quotations from participants are presented in italics and inverted commas. [...] indicates where verbatim quotations have been shortened or clarification added. Italics are used to introduce key concepts generated in the analysis. The research site is referred to as the Referral and Assessment Service or the Service.

they experienced in practice, and in turn how these emotions were constructed within the organisational context.

Such interactional phenomena were given generically recognised terms such as excitement, sadness, worry, anger or relief, despite individual variations in how each term might be used. These generic terms describe a continuum of experiences, ranging from very personal feelings of distress or happiness, to powerful group or shared felt experiences of anxiety or tension. As discussed in the literature review, I included concepts such as curiosity, concern and care within this broad approach to emotions as relational constructs. It also became apparent that practitioners experienced ineffable feelings which were difficult to name but were a significant emotional component of everyday practice. Prescriptive definitions of emotions were avoided to allow practitioners' perceptions of emotions in the practice environment to emerge. The use of participants' language and terms was recognised not as a neutral reporting of unproblematic 'naturally occurring' data but rather as data which emerged within the socially constructed contexts of interviews and observed organisational practice (Atkinson, 2015, p.95).

## 5.2 The Referral and Assessment Service: Internal and External Contexts

The Referral and Assessment Service operated in a highly proceduralised organisational context, reflecting new public management systems common across social work organisations in England. Referrals were processed, allocated and monitored to ensure assessments were undertaken within a required 45 day period. Managers and senior practitioners constantly monitored team statistics ("*stats*", Obs:1) on progress and closure of cases, creating observable tension as well as motivation and pride:

"We are on 92% [cases completed within timeframes] - well done folks" (Obs:2:SP1)

Concern about not meeting assessments within required timeframes created a steady level of anxiety and frequently frustration for practitioners. Overt references to following procedures and maintaining quality in advance of the Ofsted inspection were accompanied by an increased emphasis on performance monitoring. This, and a critical internal mock inspection, generated emotional and practical responses (including staff changes) which impacted practice. The latter are further explored in chapter 7.

A strong drive for certainty in making accurate and timely assessments, reflected the focus of the Service on the identification and reduction of risk and avoidance of error and blame (Munro, 2019). Negative media coverage of serious case reviews, Ofsted reports or court judgements represented regular reminders of the importance of “*getting it right*” (Obs:2). Participants referred to social work and child protection being the subject of constant media criticism. Emotional responses to such media during fieldwork increased generalised anxieties about being judged, most significantly by the forthcoming inspection, but also potentially by my presence as a researcher, as openly stated in one exchange:

*‘I passed one of the senior practitioners in the corridor who gestured towards my bag  
“I hope this isn’t going to be some kind of Panorama exposé” - She didn’t smile.’*  
(RJ.Obs:1)

The overall focus of the Service was to respond professionally to child welfare referrals, undertaking Children in Need (CIN) and Child Protection (CP) assessments. Both categories relate to legislative duties under the Children Act (1989) and the implementation of a Local Authority Threshold Document<sup>2</sup> (Anon.) which guided decisions on levels of need, risk and requirements to respond. The work environment was predominantly described by practitioners as quite tough and “*macho*” (Obs:1), with a very high level of referrals which increased during the fieldwork. The socio-political context of austerity also impacted, particularly in relation to reduced resources for families and increased poverty and vulnerability amongst clients in this inner-city community.

## 5.3 The Emotional Nature of ‘Ordinary’ Day-To-Day Practice

### 5.3.1 The intensity of the ordinary

Day-to-day practice in the Referral and Assessment Service was characterised by the emotions of professionals and clients. Responding to referrals involved working with significant uncertainty in terms of partial information, uncertainty about facts and about how people might respond. In addition, practitioners were engaging with families and children in varying levels of distress and need. This work evokes a high level of emotions, whether workers were dealing with new referrals, ongoing cases or other professionals.

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<sup>2</sup> A Threshold Document is required under Working Together to Safeguard Children guidance. It sets out locally agreed thresholds, specifying the criteria for local authority involvement in providing early help, child in need, and child protection services.

Getting close to and observing ordinary, routine practice involved 'making the familiar strange' (Ybema *et al.*, p.101), a process which illuminated the ways in which emotions were a pervasive but taken-for-granted, unacknowledged aspect of practice. A brief diary kept by one worker over 12 days named a typical mixture of everyday emotions: hope, pride, joy, anxiety, relief, frustration, awkwardness, nervousness, sadness, sorrow and feeling sick with apprehension (D1:7). In a later reflection on keeping a diary, the co-emergence of emotions related to individual casework and to the socio-political context of practice were apparent. It was interesting to find that this participant self-censored diary entries due to a concern that politically driven emotions were inappropriate, a view expressed by several participants:

[I censored diary entries] *"When I was talking more about my political position or something and not wanting to name that. [...] A social worker,[...]should be more neutral". (I:DI:11)*

Dealing day-to-day with people's distress included issues of child abuse, need, vulnerability, poverty and inequalities. Examples from the fieldwork include: children who had been beaten and traumatised; allegations of FGM; struggling, defensive and/or neglectful parents; families with no recourse to public funds and relationships characterised by violence, disruption and complexity. The content of referrals was frequently emotive, being predominantly focused on concerns about distressing physical, sexual or emotional abuse, experience of domestic violence, rape or relationship breakdown. Practitioners undertook joint child protection assessments with the police and occasional joint early morning "raids" (SM1) with the housing department and the police on a local Traveller/Roma encampment.

Investigating and managing risk also triggered a gamut of emotions for practitioners, from a rush of adrenaline and excitement to worry and anxiety. Additionally, a significant proportion of practice was undertaken with involuntary clients who for a variety of reasons were resistant to engaging with services which they perceived as oppressive or stigmatising. Some clients were actively evasive, threatening or aggressive, whilst others sought and valued social work support once a relationship had been established and initial anxieties had lessened. One experienced practitioner captured well the humanity of lived emotions, the need to process one's own and the clients' emotions simultaneously and the multiplicity of emotional triggers for all parties caught up in the process of engagement and assessment:

*'You have to be mindful of not only your emotions but the emotions of parents [...], and it's probably because I'm a softie liberal. For the majority of our parents, they don't*

*mean to harm their children. They do love their children, but love is not enough and that's where we have to come in and make the assessment and say 'You know, I'm sorry but it's just not good enough' (I:SW6:9)*

Observations of direct practice provided illustrative examples of the emotionality of ordinary practice in routine and more complex cases. For example, low-risk work with 11-year-old Adam triggered palpable sadness and unsettled feelings for SW9. She then went from this school-based visit to immediately deal other cases and then a home visit. This pattern was typical. Practitioners swiftly moved from one client to another, one set of emotional experiences to another. They frequently stacked community-based visits one after the other to maximise time, returning after several home visits or the next day to update assessment records. Arguably, the emotions they experienced were also *stacked* as practitioners moved from case to case. The extent to which they acknowledged and processed each set of emotions is explored further in chapter 6, where Adam's situation is revisited.

Emotions were frequently experienced by practitioners as embodied sensations, often inseparable from any accompanying thoughts or reflections. Practitioners described physical sensations such as tension, rapid heart beat, clammy hands or "*gut feelings*" (Obs:4) which emerged in their relational and embodied communications with clients and/or professionals. Common references were made to:

*"A bad feeling in my tummy" (Obs:2) or when a situation with a client "makes me a bit knotted in my stomach" (I:SW9:11)*

Embodied emotions emerged as practitioners experienced, for example, anxiety, defensiveness, fear or empathy. Recounting a meeting with a client who had allegedly been violent and was described as passive-aggressive, one practitioner described her embodied response:

*"My heart was... [she gestures rapidly with her hand in front of her chest] I could definitely see him lashing out, he is quite big as well. He denies hitting her" (Obs:7)*

For many practitioners embodied emotions were intuitively recognised in others. Examples included instances when professionals or clients did not directly express frustration, defensiveness or anger, but such feelings were interpreted from their behaviour, non-verbal communication and through the (not always named) processes of transference, as in SW9's



experience with Adam. Attunement to the emotional content of relational practice was emphasised by many practitioners, as shown in this comment:

*“In this role you have to be in sync with how you feel and how you think, and your gut reactions” (I.SW13:6)*

Social workers predominantly worked alone, carrying out home visits and undertaking brief direct work with children and young people, for example in family homes or schools. In these interactions practitioners worked to swiftly develop relationships and assess risk, combining communication, empathy and authority. Using authority was implicit in negotiating access to people’s homes and circumstances, reflecting the legal authority embedded in duties to investigate, safeguard and protect. This created varying levels of adrenaline-inducing emotions such as excitement, anxiety, curiosity and in some cases concerns about exposure to risk.

Exchanges with a new practitioner SW4 illustrated the sensory and embodied feelings created in some interactions with clients. Additionally, this conversation showed how prior experiences of troubling feelings might be unconsciously transferred or prompted by such interactions. SW4 recounted feeling disturbed by a parent who had previously been verbally abusive and aggressive to her. She experienced him as *“creepy and manipulative”* and expressed relief that the police were to jointly visit with her.

*“I’m not his [the parent’s] favourite person. [pauses] I’m not looking forward to it” (Obs:4)*

Recounting some of the behaviours this parent had demonstrated, SW4 then reflected on a previous case of child sexual abuse where a parent had behaved similarly. She reiterated her sense of increased security in not having to do this home visit alone *“I’ll feel safer, I’ll be with the police”*. Such instances underlined the need for thoughtful analysis and containment of everyday intense emotions. Feeling safe appeared to relate to psychological safety as much as physical safety. It included having the capacity to talk and think through complex and sometimes less conscious emotional dynamics, including feelings carried over from previous casework. The possible influence of local norms and team processes on practitioners’ exploration of emotions and their sense of security in doing this is explored later in these chapters.

### 5.3.2 The soundscape

Keeping up with timeframes and the potential outcomes of assessments weighed heavily on practitioners, with frequent expressions of anxiety about time and the constraints it placed on complicated and sensitive work. Observation recordings noted that the distinct sound of rapid typing was frequently the most pronounced atmospheric element, sometimes for hours, with only brief conversations or telephone calls puncturing the incessant keyboard sounds. Such sounds, often accompanied by loud sighs and occasional quietly voiced swear words, became the key soundscape to my observations. Over hundreds of hours I became aware that what I had simply noted as 'loud typing' (Obs.1), indicated not just the steady to frenzied tapping, the sound exaggerated by the clacking of poor quality keyboards on wooden desks. It also underscored the pressure of working against the clock to complete records or assessments in time or before the next onslaught of new work from Duty.

Interestingly, over time I observed that this soundscape also reflected normative behaviours which engaged practitioners in focusing exclusively on their computer screen and keyboard. As such it represented a 'sensory intersubjectivity' (Pinker, 2015, p.64) experienced by workers and myself as observer. I became aware of the unspoken norms implicit in this sensory experience. Sounds, positioning of desks and the activity of practitioners reduced eye contact and verbal communication. Interruptions unless justifiable (e.g. a practitioner returning from a visit to consult an SP) seemed deviant as they distracted from the implicitly understood focus on keeping up with assessments.

Anxiety was a consistent feature for practitioners in this emphasis on keeping up with recording, tracker systems and statistical monitoring. This anxiety incorporated emotions such as shame, pride and humiliation, reflecting Gibson's (2016) findings that such emotions are powerful mechanisms of organisational regulation and control in this area of practice. Stress and anxiety arising from these mechanisms were exacerbated by the protracted preparation for an Ofsted inspection. These data illustrate the emotional intensities of everyday practice in a pressurised environment. Emotions arose in multiple forms and were often a hidden dimension of practice.

## 5.4 Hidden Emotion Work: Putting on the ‘cloak of professionalism’

### 5.4.1 Masking Felt Emotions

Performing professionalism involves the *management* of emotions, work which is frequently hidden in the process of practice. Described by a senior manager as putting on “*the cloak of professionalism*” (I:SM1:9), one aspect of this work involved practitioners masking their felt emotions to present a particular ‘face’ to clients, colleagues and other professionals (Goffman, 1967, p.5). Suppressing felt emotions enabled practitioners to perform their role; communicating and responding professionally whilst gathering information, engaging in difficult conversations and maintaining boundaries. This theme emerged in multiple observations of Duty, in which practitioners from several teams came together to respond to new referrals. The following examples and analysis illustrate how hidden emotion management skills were operated and suggest some of the likely functions of such emotion work for practitioners.

A particularly striking example of the masking of emotions to perform practice emerged from my observations of frequent references to rape during telephone referrals or discussions on Duty. There were few overtly emotive responses or discussions of this on Duty. Over time it became obvious that allegations of rape were relatively common referrals. They often prompted a very focused calm response, for example the practitioner took details from a referrer, asked clarifying questions: “*Where is she now?*” [...] “*Okay, what is the hospital saying?*” (Obs: 4), followed by telephone calls to relevant professionals for example, police or health. Timing and joint work with the police were negotiated quickly and calmly.

Duty: 1

SW2 quietly updates SP1 on referral from MASH<sup>3</sup>: a young woman has disclosed that she was raped by her grandfather between the ages of 5-13. Police are concerned about younger siblings who have contact with grandfather. SW5 grimaces in background as he hears the details. SP1 then turns to team: “*I have an interesting case, section 47, young woman alleging she was previously raped by grandfather, Granddad is in custody, younger children are in school. The clock is ticking. Someone will need to go out*”. Then makes call to police to clarify arrangements. Checks plans of SW3 on another case and asks SW2 to meet the police at the school. (Obs:1)

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<sup>3</sup> MASH Multi-Agency Safeguarding Hub - interprofessional safeguarding Hub: screened most initial referrals against Local Authority Threshold document, completed initial checks and processed cases through to Duty team for action.

There was a sense of practitioners containing their own emotions, almost holding their thoughts and feelings in abeyance, as they sought to establish what had happened in a way that followed due process and interprofessional procedures.

I was struck by my embodied response in the first few instances of hearing rape mentioned. A reflective journal entry noted that despite having dealt with sexual abuse extensively as a practitioner, I had a visceral reaction to the word, thinking of it (as no doubt did most practitioners) as a profoundly violent, gendered and deeply traumatic experience. Reflexively considering my responses and observing these practices exposed co-occurring processes. One was the hidden emotion work (Theodosius, 2008) which practitioners operated to suppress and manage any feelings evoked by these referrals. This emotion work reflected Hochschild's construction of emotion work as enabling task completion and adherence to 'feeling rules' which dictated what emotional responses or expressions might be contextually appropriate (Hochschild, 2012, p.56). In the shared space of Duty such feeling rules combined personal, professional and organisational injunctions, a theme which will be returned to later.

Co-occurring with this emotion work were the unconscious processes operating under the surface, which Theodosius (2008) has argued are a central element in the management of emotion work in care environments. These data suggest that this hidden emotion work might include less conscious processes which functioned to defend or protect practitioners from repeated exposure to trauma. Practitioners might knowingly have activated the calm, professional face required to gather factual information and assess risk. In doing so it is possible that unacknowledged defensive processes were also activated to contain their own felt emotions in response to rape and what it represents.

These practices resonate with the concept of 'tempered indifference' which barristers apply in defending or prosecuting rape cases (Gunby and Carline, 2019, p.357). The social workers were not indifferent. Rather, as the data show, practitioners engaged in a 'careful tempering' and calibration of their emotions in order to undertake the task of assessment (Ibid. p.357). This form of emotion work enabled practitioners to hold back from both their own emotional responses and those of clients in order to get in touch with emotional information and 'emotional dirt' (McMurray and Ward, 2014, p.1123), whilst also protecting themselves against feeling contaminated by this (Ferguson, 2005) and the everyday realities of gendered violence.

An exchange in a group supervision suggested that away from the immediate information exchange of Duty, practitioners might struggle to maintain this stoic professional face when

discussing rape. For example, CC2 and colleagues were discussing the King family and the needs of Aoife, aged 13, who had disclosed that she had been raped. The case was described with frequent references to the circumstances being ‘*very, very traumatic*’ for both Aoife and her family. The ensuing discussion was punctuated by lengthy silences and a tangible sense of worry, compassion and empathy with Aoife’s experience and her complex family relationships. Although not named there was a clear sense of practitioners’ vicarious sense of this child’s trauma, anger with the perpetrator and puzzlement about family relationships.

However, a tension remained in that while the feelings were present there was limited scope to express or process them, which was indirectly acknowledged by CC2. In attempting to move the case discussion on CC2 reminded colleagues of the importance of “*respectful*” and “*positive conversations*” about families. In line with systemic principles, CC2 sought to emphasise that the case needed to be understood in terms of interpersonal and interconnecting relationships rather than some form of ‘individual deficit’ (Goodman and Trowler, 2012, p.29). I interpreted that this statement was a response to the heavy silences and observed difficulty in the group moving on to hypothesise and analyse. The lack of immediate response from the practitioners seemed to prompt a further acknowledgement by CC2, a male senior practitioner working with predominantly female colleagues:

*“It’s hard to have a positive conversation around rape” (GS2:7)*

This statement implicitly acknowledged that the emotions experienced in response to this case intersected with participants’ and clients’ gendered social locations. Interestingly, this acknowledgement came from a male practitioner with seniority, although it did not name the possible emotions which lay behind the atmosphere at that point. It also served to refocus practitioners, who masked any further felt emotions and moved on to hypothesise about family relationships. The full experience of the emotional dimension, conscious or unconscious, although acknowledged to some extent was not a focus of the group supervision process. A pattern of stoicism, focusing on “getting on with it” (I:SW16:4) as a strategy to manage emotions and demonstrate competency whilst also avoiding desensitisation or emotional burnout was observed equally in males and females throughout the data (see below, s.5.9 and s.7.5.3). Hidden emotion work also occurred in responses to everyday referrals of suspected physical or emotional abuse. Arguably, such work was so familiar that the emotional component was overlooked. Practitioners continuously contained and suppressed any initial responses, drawing on multiple skills to enable a professional, bounded response. Frequent examples in the data were school referrals where for example a child explicitly disclosed

physical chastisement, or there were concerns about a child presenting visibly bruised or distressed. Often this involved a delicate dance for practitioners, negotiating between the school's wish for Children's Services to respond and often the school's parallel expressed wish to avoid confrontations with the parents.

Informal asides between telephone calls indicated that practitioners managed a mix of emotions such as concern, frustration and at times scepticism, alongside liaising with police and arranging for all parties to meet at the school. Whilst negotiating these elements, practitioners were preparing for and anticipating how parents and children might respond. Thus, they were engaged in different forms of emotion work, putting on a professional face to respond, whilst managing their own emotions and also, importantly, those of others, including other professionals.

#### 5.4.2 Self-protection strategies

A further form of the hidden emotion work outlined above was apparent in some practitioners' attempts to protect themselves from emotional engagement and the feelings this created. A conversation with SW16 reflected a point made by many participants, which was that their management of typical Duty cases included a pragmatic focus on immediate information gathering, as the actual case might be allocated to another worker in the longer term. Thus, the worker's focus could be purely short-term. Short-term contact was considered manageable, partly because there was scope to protect oneself from sustained emotional engagement in the longer term.

*"I don't know whether I'm going to get it or not [allocation of this case] or whether it's just a one-off thing. It's just about getting on with it. [...] So I don't want to get too caught up in their story." (I:SW16:4)*

Yet, when asked to describe the feelings experienced, SW16 forcefully indicated feelings of frustration and anger which powerfully permeated her day-to-day experience, suggesting that considerable emotion was integral to the role. Self-protective mechanisms of limiting or avoiding emotional engagement or the emotions created in the role (even short-term) might be less achievable than implied:

*"I'm annoyed a lot of the time [...] Schools not doing what they're supposed to do or a parent. [...] I think any feelings around sadness or anything like that, that comes after, again you're still in that [mode of] 'Let's deal with this now'". (I:SW16:4)*

SW16 emphasised “*obviously not directly*” showing anger or strong feelings, underlining the hidden emotion work undertaken to avoid or suppress emotions. The tone of her comments showed the strength of these feelings and additionally an anticipation of other emotions “*that come after*”. It was apparent that both hidden emotion work and relational practice itself were constitutive of emotions. By this I mean that emotions were constitutive of relational interactions with clients and created in this process, *and in* the emotion work being undertaken to perform this practice. Such constitutive emotions interconnected with whatever the worker’s original emotional state was at that point in time. It is suggested therefore that putting on “*the cloak of professionalism*” (SM1) masked several interconnecting emotional processes for practitioners.

### 5.4.3 Containing society’s troubles

A common theme intersecting with hidden emotion work, but less directly relevant to my research questions was the collective emotions arising from the wider organisational and social context of social work practice. Local Authority Children’s Services are constructed as key repositories for social anxieties about family welfare and child protection (Warner, 2015; Hoggett, 2006). Tasked through legislation and government policy to investigate child welfare concerns and to provide support services, they represent what Hoggett (2006) and others have argued is a container for society’s collective worries about child welfare. Findings showed that practitioners experienced this as a very real pressure. Frequent comments suggested a collective sense that external professionals and agencies “*want something to be done*” (Obs:2), in order to feel unburdened themselves.

Interview comments frequently, underlined a sense of collective awareness of emotions triggered by professionals’/agencies’ projections and expectations:

*“A lot of the things are dumped on social care. I use the word dumped because that is how we feel, because they want to feel safe, they want to think, ‘if we leave it with children’s social care then we’re safe.’” (I:SW13:6)*

From a psychosocial perspective these data represent the emotional politics of child protection whereby social anxieties contribute to conscious and unconscious defence mechanisms operating in teams and between agencies (Cooper and Lousada, 2005). Perceptions of risk

created anxiety, worry and fear which were transferred between parties in interagency work, supporting Warner's (2015, p.17) argument that emotions and risk are mutually constitutive.

Practitioners' expressed frustrations and resistance to these emotional dynamics suggested that they were to some extent knowingly caught up in trying to work with and provide answers to 'wicked problems' (Rittel and Webber, 1973, p.160). Pressures on social work to respond to and resolve challenging child welfare concerns and 'the allure of certainty' (Helm, 2011, p.902), intersected with austerity measures and cultures of blame (White *et al.*, 2009). A complex web of emotionally loaded processes is thus created. Practitioners negotiated these powerful processes consciously and unconsciously every day.

## 5.5 Interconnected emotions

Practitioners' experiences of emotions were frequently simultaneous and interwoven. Reflexively engaging with these data led to initial interpretive themes (Braun and Clark, 2006). This enabled a separation and '*close attention*' to the pervasive presence and '*active doings*' (Emerson, 2009, p.536) of routine emotions. One theme I categorised as *self-oriented*, *other-oriented* and *institution-oriented emotions*, which the analysis showed had multiple functions for practice. Applying psychosocial and social constructionist lenses facilitated an understanding of how these emotions were experienced and their functions.

### 5.5.1 Self-, and Other- Oriented Emotions

*Self-oriented emotions* were the subjective feelings of practitioners, which were focused on themselves, in response to past, current or forthcoming interactions or events. Examples included feelings of anxiety or trepidation about the responses or behaviours of clients or professionals, or excitement and curiosity about what might occur on a visit or in an assessment. Self-oriented emotions included feelings of relief, hope and joy about progress or achievement in a case. Findings suggested that these emotions functioned to prepare, protect and sustain practitioners. They also contributed to sense-making. *Other-oriented emotions* were categorised as those experienced by practitioners but directed towards how others might feel, such as empathy with children or adults about their distress, or worries about a parent hearing a difficult views in a meeting. They included feelings of concern, care, empathy for others as well as frustration and anger, for example about how people were treated. They also included uncertainty, curiosity and scepticism about behaviours, relationships and accounts. Other-oriented emotions contributed to: facilitating engagement, prompting exploration and



understanding of people's relationships, feelings, attachments and the dynamics of family/social systems.

A "rollercoaster" (Obs:2) metaphor was frequently used by practitioners to describe their interconnected self- and other-oriented emotions. This portrayed their sensory and embodied experience of rapid movement from anxiety or dread, to relief, satisfaction or excitement, before revisiting worry and uncertainty. Emerging in numerous data this metaphor illustrated how self- and other-oriented emotions intersected in the constant flux of emotions negotiated in an ordinary day:

*"Excitement, sometimes happy, sometimes you feel a sense of dread, [...] a sense of burden [pauses, sighs loudly]. It's the not knowing [what might happen]. It can be a rollercoaster" (I.SW12:7)*

SW12's comments on preparing for "yet another conversation" with an argumentative parent illustrated that practitioners switched and moved between different emotions continuously:

*"It feels draining sometimes before you even pick the phone up. [...] But there's also the excitement [...] and the joy in what I do.." I:SW12:7)*

Observational data showed that these fluid emotions were largely recognised and managed internally by practitioners, with only limited direct expression of feelings in team spaces or group supervision. Such feelings were often expressed through non-verbal behaviours such as loud sighing, facial expressions or physical gestures.

An illustrative example of a brief but powerful exchange showed how self- and other-oriented emotions on Duty facilitated understanding of a child's experiences and family dynamics. Ben, aged five, was the focus of a section 47 (Children Act, 1989) assessment following disclosure that he had been beaten. Returning to the duty room following a hospital-based child protection medical the day before, SW13 described in a disconcerted tone the bruises on the soles of the child's feet. Verbal and physical presentation denoted the embodied distress (*self-oriented*) evident in facial expressions, gestures and in the expressed thoughts about the pain endured (*other-oriented*). SW13 expressed bewilderment in trying to understand how an adult could do this (*other-oriented*):

Duty: 9.15am 3 SWs, CC and SP

'SW13 walks in, looks tired, the others seem to be aware of a case she dealt with on duty yesterday and spontaneously turn towards her, looking away from their screens. Still standing, she turns towards her colleagues and says "*I haven't felt like that for a really, really long time*, (verbal emphasis). *He's such a little kid, the bruises were all over his feet*". Her tone of voice suggests distress and tiredness. She looks upset as she gestures with her hands to show how the child's feet were arched and bruised - "*He had marks all over him*". All the practitioners shake their heads, grimace and make sympathetic sounds. I too winced and pictured the small feet of a 5 year old. The sounds and facial expressions of the other workers indicate a tangible recognition of SW13's distress and empathy with both their colleague and the child.

During this brief exchange the work of duty continues. Someone refers to "*Another ABE (Achieving Best Evidence) interview this p.m. for a different case*". The practitioners have quickly refocused on their screens/telephones. SW13 takes a seat, quietly turning on her screen.' (Obs:3)

In this extract SW13 briefly engaged in 'emotion talk' which Forsberg and Vagli (2006, p.25) identified as informal social work communication which enables expression of diverse feelings arising from the work. The *naming* of her authentic emotions was a performative act, SW13 used her embodied experience and self in standing, physically gesturing and verbally owning her emotions ("*I haven't felt ....*"). In doing so she exteriorized emotions (Scheer, 2012). The physical experience, cognition and expression of emotions combined as a situated and collegial practice which was understood by colleagues and created intersubjective meaning.

Interpreting this brief exchange to consider the process and functions of such interactions suggests two further elements drawing on Scheer (2012) and Theodosius (2008). Firstly, the verbal and embodied interactions involved practitioners' empathic recognition of their colleague's and the child's distress. In doing so they are likely to have drawn on individual experiences and emotion memory which includes conscious and unconscious material (Theodosius, 2008). As a relational and interactive encounter this possibly included elements of transference which contributed to the strength of projected feelings felt in the room (which I too experienced). These processes combined to organise SW13's experience and the experiences of Ben, contributing to ongoing sense-making. The second element was the implicit emotion management and regulation that occurred. Verbal and non-verbal communications both acknowledged the distress experienced and provided containment for

SW13. It was noteworthy that these practitioners went from dealing with this exchange straight into other referrals and casework, as did SW13. This demonstrated the less visible and not necessarily conscious mechanisms for emotion management and regulation used by practitioners.

### 5.5.2 Institution-oriented emotions

Some emotions were felt by practitioners in response to or about institutions that affected and/or directed their work environment. I use the term institution to collectively describe the local authority, specialist services, external institutions and disciplines, and Ofsted. Institutions included local and government policies which impacted on resources and decision-making.

*Institution-oriented emotions* were interwoven with self- and other-oriented emotions. Drawing on the concept of the unconscious, I interpreted that these functioned as collective defence mechanisms. Expressions of anger and frustration with externally imposed systems which practitioners had no control over served as a safety valve to vent and defuse frustrations. They also possibly joined practitioners in a sense of collective identity and 'defensive othering' (Schwalbe *et al.*, 2000, p.425). Arguably, these dynamics functioned to consolidate a sense of professional identity, with other professionals and agencies constituting an 'out-group' (Ashforth and Mael, 1989, p.25). Findings showed that these emotional experiences occurred simultaneously with empathic and relational engagement with clients. It therefore appeared that many practitioners intuitively compartmentalised their emotions to engage and perform their role.

Observations showed practitioners regularly negotiating challenging emotions when having to redirect or not respond to people who they perceived as vulnerable and in need, or implement seemingly punitive procedures with a family who were viewed as the "*victims*" of complicated and troubling circumstances (Obs.5:HV). In an illustrative example SW1 voiced a worry that she was "*less feeling, maybe becoming not as sensitive as I could be*" which she felt was potentially dangerous for her practice. At the same time, she used the opposite explanation when she questioned whether she was being "*too sensitive*" when she experienced sympathy and guilt in response to a hospital referral for a parent with no recourse to public funds (NRPF<sup>4</sup>):

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<sup>4</sup> 'No Recourse to Public Funds' (NRPF) is a policy linked to immigration and residency resulting in clients not being entitled to housing assistance or most welfare benefits. In the Local Authority there was a dedicated NRPF team, although this did not automatically mean that services were offered.

*“She has a 2-year old, she’s pregnant and had no recourse to public funds’ [...] [The nurse] was saying, ‘So you’re not going to help this baby?’ and part of me was crumbling inside [...]. This poor woman and I was thinking, ‘You’re right, we should be more helpful to this person but we can’t be’”.* (I:SW1:3)

The powerful description of feeling like *“part of me was crumbling inside”* signified the emotional tensions, powerlessness and empathy experienced and managed in everyday practice. This data has similarities with the moral distress Lavee and Strier (2018) identified in studies of contemporary practice. These data illustrate the interconnectedness of practitioners’ emotional experiences and some of the functions their emotions had, individually and interactionally. The next section presents and analyses data which showed anxiety as a ubiquitous feature in the Service.

## 5.6 Ubiquity of anxiety

Anxiety was the most overtly referenced emotion throughout the study. As noted in previous sections, anxiety arose in the time-pressured intensity of everyday practice, *“always bubbling there a little bit under the surface”* (I:SW8:7). Observations and discussions with practitioners suggested that anxiety was used interchangeably for a range of emotional experiences which included worry, fear, uncertainty, apprehension and guilt. From the frequency of its expression, anxiety appeared to be a permitted and normative emotion. This might indicate an assumption that practitioners were expected to cope with it as part of their role. Yet participants varied in their perceptions of whether anxiety could be openly acknowledged and with whom. This pointed to how feelings and anxieties were construed, a feature explored in relation to problematic constructions of emotions. Here, I will focus on data that show different experiences of anxiety and its possible functions.

### 5.6.1 Naming anxiety

The expression of generalised anxiety about clients or situations was often in the form of apprehension or unease in anticipation of a visit or about how a case might develop. Discreet naming of this type of anxiety occurred between colleagues informally in team spaces and in group supervision discussions – *“I’m dreading that visit”* (GST1:4). Anxiety, apprehension, and relief were similarly common in diary data.

I interpreted these informal expressions of anxiety as a form of processing and naming of emotions that practitioners engaged in, some consciously, and some less consciously. As Scheer (2012, p.212) suggested, giving names to feelings “*is always bound up in a bodily practice*”. Verbal and physical expressions gave meaning and order to potentially vague embodied sensations and thoughts, which for many practitioners were difficult to categorise:

*“Sometimes you can’t name those feelings, they don’t fit in to a neat bracket. [...] . You might feel sad, anxious and angry all at the same time. [pauses, grimaces, gestures silently] You don’t even know what it is you’re feeling.” (I:SP4:11)*

Feelings of guilt, or concerns that they were providing a less than adequate service, were common. Regardless of whether decision-making resources were within practitioners’ power, discomfort with, for example, the trajectory of a case and how eventual decisions impacted on children or parents led to disturbing feelings of guilt and self-blame:

*“I felt that this child had been let down, [...] sad for this child that they’d been passed from pillar to post [...] I felt a little bit responsible [...] I kept thinking what more could we have done” (I:SW11:6)*

Anxieties were observably heightened by a focus on performance targets for an Ofsted inspection. However, the ubiquity of anxiety suggested that practitioners were constantly grappling with and having to defend against anxieties about the unpredictability of practice, possible errors and blame. Viewed through a psychosocial lens, individual and organisational defences against anxiety can be valuable *and* a barrier to the quality of practice (Ferguson, 2017; Ruch, 2012; Whittaker, 2011).

Defending against the anxieties of other professionals or institutions was an additional theme. The following data extract revealed practitioners’ emotional responses and recognition that the anxieties of external professionals might impact on decision-making. Feelings of concern, uncertainty, inadequacy and discomfort were observable and named during the discussion about a mother who was HIV positive and her newborn baby:

#### Group Supervision:1

*“The hospital [are] raising their professional anxiety about what our plans are [...] Sounds to me like they want the family on [...] a CP plan or [...] removal of the child” (SP1). SW1 looked and sounded worried. The mother’s choice to take/not take*

medication and its possible impact on the baby raises dilemmas. There is a consensus that medical staff might not believe the mother.’ (GS1:1)

Piecing together information about the mother’s mental health, drug use, possible indications of neglect, there was an increased sense of uncertainty as the team hypothesised possible explanations and ways forward. This culminated in a restatement of concern about the impact of external professional anxieties:

SW1: “I’m *a bit worried about managing the professional anxiety in this case, they* [the hospital staff] *might try to bombard me with that* [their anxieties].” (GS1:1)

While there was no immediate solution proffered, it appeared that naming their own anxieties and those of other professionals enabled some clarity and a sense of containment for these practitioners. It seemed that open acknowledgement of quite powerful emotions helped to focus and avoid defensive exchanges with health professionals.

### **5.6.2 Anxiety as information, enabler and barrier**

Acknowledging and examining felt or potential anxieties was a form of knowledge which might facilitate or create barriers in practice. Travelling to a home visit with SW8 to discuss with Mr and Mrs Miller how 5 year old Kobi received an injury that might be indicative of sexual abuse, anxiety was used as a source of information, It required reflection and containment by the practitioner.

#### Journey to Family Home: HV:7

‘SW8 briefly outlined a hospital referral about an injury to Kobi’s groin, possibly caused by sexualised play. Information is vague. Kobi and one of the parents might have a learning disability. “*The hospital are quite concerned.*” Her anxieties arise from the family’s previous contact for child protection (CP) and domestic violence (DV). SW8 ponders how the family might perceive the visit, thinks it might depend on their previous experience of social work. Sympathetic about their history - ‘*a complicated family*’ - she wonders “*Are they going to be hostile?*” Feeling inadequately prepared, no time to read the full history. She expresses worry and curiosity about previous DV. More cheerfully says “*Mum engaged positively* [previously] *hopefully that’s quite positive*”. Feels anxious about “*trying to remember all of that* [history] and “*what’s going on at the moment.*” (Obs: HV:7)

This extract shows a practitioner attuned to and making sense of anticipatory feelings. She actively drew on limited knowledge of the case to anticipate how the couple might feel about this visit, possible responses and potential dynamics arising from domestic violence. It became clear during the home visit that SW8 had also considered the family's feelings when suspicions were aroused at the hospital.

### Home Visit

'The 45 minute visit was incredibly chaotic and noisy, at times it was difficult to hear or think due to the sheer level of noise and movement from the children, exacerbated by TV and noisy toys. When Mr Miller (the father) arrived there was a slight sense of tension as he chose to remain standing throughout the visit. Both parents shouted over the noise to communicate with SW8, frequently shouting to the children to calm down. The children ran between rooms, dragging bedding and toys. One child had limited speech, siblings loudly 'translated' for him. SW8 communicated warmly, engaging directly with children and both parents, gathered their account of what happened, openly naming parents' possible anxieties. A sense of awkwardness developed when unsuccessfully trying to negotiate a private space to talk without the children present, and asking to see the bedrooms. SW8 presented as physically relaxed, smiling, responded calmly to frequent interruptions, struggling occasionally to keep track of the conversation due to noisy chaos.' (Obs:HV:7)

Following the visit we both felt slightly shell-shocked by the bombardment of noise and chaos. SW8 was trying to process the visit and feelings experienced during it:

*"Whew, that was a bit intense- [shakes head, loudly exhales, smiles]. Wish had bit more time. Not sure how productive [...]. I wanted to find out about their relationship and the dynamics, it was only kind of skirted over, with the kids there."*

Immediately identifying feelings of uncertainty, SW8 reflexively questioned whether the parents' account had been adequately probed. Anxieties and uncertainties felt during the visit about Mr Miller's role and a brief incident that had occurred between him and a child were combined with scepticism about what might be happening in the family. Sounding initially doubtful and then more confident, SW8 reflected:

*'I don't know how much I interrogated him about the original incident. [...] They gave a reasonable explanation; I don't know really [...]. Though I kind of saw what it's like there, and it's chaotic! [laughs lightly, shaking her head] (Obs: HV:7)*

Although anticipatory feelings had enabled SW8 to proactively mask his felt emotions and engage relationally, feeling uncertain during the visit about the father's presentation and previous domestic violence had impacted on SW8's choice of questions. This might be interpreted as anxiety leading to defensive avoidance of sensitive topics or avoidance of perceived risks to Mrs Miller. Nonetheless, overt awareness and interrogation of such thoughts and feelings during and following the visit informed sense-making and further assessment.

In summary, these findings show that anxiety and uncertainties were pervasive, creating a range of responses including sense-making, activation of defence mechanisms and possible barriers to discussion. Lack of awareness of the latter could, as Laming (2009, p.4) noted, undermine good practice. However, these data additionally illustrate that anxieties and associated feelings were a form of information which, if reflexively analysed, can inform and develop practice.

## **5.7 Problematic Constructions of Emotions**

Here I present data on the problematic ways in which emotions were perceived. Two subthemes emerged, firstly the predominance of negative constructions of practitioners' emotional experiences and secondly the power of emotions. Some of the contradictions and ambiguity this raised for practitioners and their professional practice are explored.

### **5.7.1 Negative emotions and negative constructions**

Across the data it was apparent that the emotions experienced were predominantly negative (and also, as we will see, that emotions were generally *perceived* negatively). Those emotions voiced openly in shared work spaces or privately during interviews, observations or in participant diaries were primarily negative. The terms most frequently used were anxiety, worry, frustration, anger, sadness, concern and dread. I did not assume that this in itself was negative, for example, expressions of worry, anger or frustration might be entirely justified and useful for practice.



Field interviews additionally revealed positive emotions which sustained and motivated practitioners and, in some instances, positive emotions were spontaneously expressed during observations. Positive emotions were however easily submerged by the wealth of more difficult emotions experienced. One participant emphasised the need to be mindful of happiness and joy:

*"To balance both positive and negative [...] It's very easy to go into anxiety, fear, sadness, frustration, which are all daily emotions." (I.1:CC1:3)*

Ambivalence about how experience or expression of emotions might be perceived emerged from observations and interviews, representing two key themes. Firstly, expressing emotions was associated with weakness or incompetence and likely to incur negative judgements. Secondly, there was a perceived disjuncture between what was encouraged in relational practice and the fears associated with negative judgements.

Perceptions of emotions being strongly associated with weakness was a theme in most interviews, regardless of participants' experience. Data extracts from practitioners who had supportive and supervisory roles illustrate some of these nuances:

*"Maybe traditionally it's not safe for social workers to own their own emotions, perhaps it's perceived as pointless. [...] There's a kind of cultural thing around that traditionally. It's not safe because of 'How then am I perceived if I'm struggling with all this?' It can be perceived as a weakness rather than a strength, that sense of ownership over how you're feeling." (I1:CC1:3)*

Such perceptions were corroborated by concerns that such judgements were potentially reputational and might undermine workers' status or even employment. On hearing of a worker being described as "highly anxious" one experienced female participant reflected:

*"Wow I wouldn't want to be seen as that. [...] It was said almost like a criticism. [...] If you are seen to be like that, what's your judgement and decision making like? So people are less likely to trust your judgement. [...] That's the thing that would stop people openly expressing certain emotions." (I.2:SP1:5)*

Notably, some participants reported self-censoring to avoid potentially negative judgements and to maintain a sense of their own identity as competent professionals. This suggested that

the feared association of emotions with weakness was internalised as part of a positive professional identity:

*“Maybe it’s not even so much about how someone else interprets it but maybe how you feel you’re coming across. Maybe you don’t want to come across as someone who’s overly emotional.” (I:SW1:3)*

Derived from different teams these extracts illustrate that emotions were perceived as problematic. A limited number of participants identified that their perceptions had changed. For example, SW10 said that personal relationships and life experiences had changed her views over time:

*“I kind of shifted more now to think that’s not a weakness whereas I think before it was [...] difficult to talk about emotions and feelings without looking vulnerable or weak in some way. [...]. [Now I can say] ‘This is really upsetting me’ without being worried about ‘Oh they’re going to think I’m ridiculous’ or ‘I can’t cope.’” (I:SW10:5)*

Significantly, for supervisors the pervasiveness of negative constructions of emotions was a source of frustration although, as indicated by SP1 above, they too feared negative judgement. One SP tried to challenge this through systemic supervision:

*“It’s about helping [practitioners] to understand that, you know, vocalising and articulating feelings is not a weakness, but that’s a constant struggle.” (I:SP2:3)*

An apparent paradox was revealed in the belief on the one hand, that emotions were problematic, and on the other that they were a strength in practice. This was a consistent theme:

*[It] can be uncomfortable, [...] generally saying that you’re frightened is a sign of weakness isn’t it? [...] People want to be seen as competent; they want to be seen as being able to do it. [But] that doesn’t make a good social worker” (I:SP4:11)*

Over time it became apparent that the systemic practice encouraged in teams involved being open to and working with feelings. But as indicated in the data, the reality of practitioners’ perceptions of this was quite different. This ambiguity was expressed by SP1 who spoke positively about a new, encouraging emphasis on emotions in social work. However, the

impact of emotions and the wider entrenched perceptions of them as problematic created paradoxical challenges:

*“There is a general view that emotion does have an impact on what we do, we are encouraged to use it to kind of better our practice and the outcome for the families. [...] We still have a long way to go when it comes to emotions, [...] how it affects social work and how you are perceived in this. [...] That’s the fear.” [...]*

These findings resonate with Hardesty’s (2017, p.113) study which argued that the privileging of proceduralised practices and ‘techniques of objectification’ distanced practitioners from emotional and relational aspects of practice. Yet at the same time they were expected to draw on their emotions in practice. This disparity between espoused organisational and professional principles which valued emotions as a constituent of good practice and the actual work culture was illustrated further by a practitioner with responsibility to develop emotionally engaged systemic practice. Describing ambivalent support for relational practice and silencing of emotions, this comment encapsulated the paradoxical messages experienced:

*“I think this overt message is about what we’re supposed to be doing and this is all very nice, and yes we can do this [relational emotionally engaged work]. The covert message would be still, keep your mouth shut if you’ve got nothing positive to say.” (I:CC:3)*

## **5.8 The Power of Emotions: Danger, Joy and Drama**

The preceding data point to a problematic construction of emotions in the Service. In addition, there were frequent indications that emotions were seen as powerful, having both dangerous and positive powers. Data extracts illustrate the possible impact on practitioners and the organisational culture of such perceptions.

### **5.8.1 Dangerous Emotions**

A perception of emotions as potentially harmful within teams or open workspaces was evidenced in several themes which emphasised the need for emotional expression to be contained or minimised. One theme related to the potential for emotional contagion, as articulated by SW11, expression of emotions in some group workspaces was problematic and in his experience suppressed:

*"[It] gets picked up quite a lot. [...] I show my frustration in my body language a bit too much and I become a bit too vocal. [...] My manager says I have to be very careful to set [an] example to more newly qualified staff." [...] (I:SW11:6)*

The implication was that such behaviour might impact peers negatively by breaching team or professional norms and might negatively influence judgements of professionalism:

*"It's been fed back to me, [from supervisor and SM] there are rules and you have to conform to that" (I:SW11:6)*

A subtler indication of the potential for some form of emotional contagion in group situations was observable during Duty. Observations showed managers sometimes sought to manage the emotional climate in the room if there was an increasing sense of tension or heightened banter which threatened the normative culture of steady focused working at screens. This was largely implicit, observed through occasional body language, gesture and tone, or a cautionary comment for example to a worker who was noticeably more emotionally expressive. In one exchange SP2, in a slightly jokey response to a group of practitioners vociferously expressing frustration with other agencies, wryly acknowledged:

*"There's not a lot of love in this room" (Obs:5).*

My analysis suggested that this brief comment had two functions. It communicated empathy with what was being said (and the feelings expressed) but following some brief laughter it was also a subtle reminder of boundaries and what was deemed appropriate. Thus, the group was contained and the expression of further heightened emotions was minimised, enabling practitioners to refocus on tasks.

Another theme was a perception that emotions constituted a trap or barrier which negatively obstructed practice. For some teams the close physical availability of the pod/team facilitated expression of concerns and worries. But for some SPs this increased emotional dependency; being '*pulled in*' to a vortex of anxieties blocked capacity to think:

*"I've also got to be supportive and protect myself at the same time. [...] There are times where I feel like I have to hide away to get my own head space. [...] I'm constantly pulled into the emotional stuff that goes on, [then] I'm just no use." (I:SP1:3)*

A third theme was the potential dangers emotions might hold for professional behaviour, illustrated in concerns about, at one extreme, career-ending events to, at the other, reflective comments on the subtleties of emotions influencing practice. SM1 outlined examples of emotional “over-identification or collusion” which could, if not processed in some way:

*“Lead to horrific outcomes [...] or you end up defending a position which is indefensible, and the ramifications in places like court can be pretty taxing. [...] This notion of not sharing your emotions or examining them, [...] to ignore them is foolish.” (I:SM1:6)*

Informal conversations and interviews revealed a common view of emotions and their management as powerful constructs which intersected with perceptions of professionalism and identity. The implications were that emotions must be managed and contained at all costs, failure to do so was likely to have negative repercussions. Across the data emotions were consistently linked with the stress of practice, a further indication of how powerfully they were associated with negative experiences, often constructed as the binary opposite of professionalism. Practitioners who, in various observations, actively acknowledged and worked with their own and other people’s emotions also feared getting lost in an emotional vortex, which would prevent one from “*getting on with it*” (I:SW16:4), that is, task completion within required timeframes.

These findings reveal the frequent construction of emotions as potentially harmful and their common representation as binary opposites to professionalism. One implication seemed to be that *emotion management* in this context was equated with an almost heroic capacity not to experience or express emotions. Yet there was clear evidence that emotions were a central experience for practitioners, and whilst managed this did not equate to their total absence or disappearance. For some practitioners, the sense that emotions were problematic and should be suppressed (managed to the point of invisibility) led to concerns that they were becoming (or were required to become) dehumanised and robotic. Referring to unspoken negative messages in the profession about emotions, an experienced male practitioner highlighted the ambivalence this created for practitioners:

*“You’ve got to be professional, sometimes I do feel a little bit like a robot. [...] There is an expectation that you should be holding it together at all times, [...] accept anything that’s thrown at you and not get upset about it, just deal with it and move on.” (I:SW12:7)*

Such professional and organisational expectations of emotion management demanded heroic capacity, which these data suggest was reified organisationally but individually might be dehumanising. This resonates with constructions of heroism and the heroic professional, which Christie (2006) and others argue are essentially masculine, based on gendered characteristics. Thus, in relation to emotions this environment constructed practitioners as gendered actors, personifying detached, emotionally distant and competent practice (Ainsworth and Flanagan, 2019; Pease, 2011). In contrast to literature which focuses on the impact on men in social work of heroic constructions (Christie, 2006), these findings show adaptive behaviours (Baines *et al.*, 2014) by both men and women adapting to an organisational and professional culture in which certain types of emotion management and emotion work were differentially valued. Stereotypically masculinised traits (detached, emotionally distant) were subtly more valued than feminised traits (such as empathy and rapport) (Lewis and Simpson, 2007).

### 5.8.2 Joy and Drama

Positive emotions also emerged. Interviews and diaries showed that satisfaction and pride in a job well done were gratifying and sustaining. For example, SW13 emphasised feelings of joy, happiness and feelings of reward “*When you’ve done something right*” (I:SW13:6). Successfully placing a “*Calais child*” (an unaccompanied asylum-seeking child), and successfully providing sensitive social work support in an early morning “*raid*” (Obs:5) on a Roma camp resulted in pride and a sense of achievement. These experiences had initially triggered a mixture of apprehension, excitement, anxiety, and on conclusion relief and joy.

Being present in team and duty rooms I experienced and observed the sense of energy, adrenaline and positive emotions. Despite references to “*dread*” (Obs:4) in anticipation of Duty, most practitioners enjoyed working in a responsive and investigative service. There was joy in the drama of dealing with the unknown and the challenges of engaging, working with and resolving new or complex situations. Positive feelings engendered were identified by participants as motivational and pleasurable.

However, a number expressed ambivalence about whether this might be deemed inappropriate in some way. The concern that enjoyment might be experienced in child protection work was articulated by SP2 as something that it took time to reconcile, in addition to concerns that such positive feelings might be considered heartless:

*“I quite like the drama. [...] It makes you sound fairly sadistic. [...] I was drawn to [...] the complexity of the cases.” (I:SP2:3)*

Although anxiety was largely constructed negatively, for some participants it was also motivational:

*“I start to get more anxious then it makes me speed up a little. [...] I focus on my work and block other things out [...] get a bit more focused.” (I:SW8:12)*

The overlap between anxiety and excitement was articulated by a senior manager. This supported findings which showed that anxiety could be both motivating and disabling. It also underscored the fine line which practitioners had to negotiate emotionally:

*“The thing about anxiety and excitement is – they’re almost identical aren’t they in terms of embodied experience? It’s the context which creates the difference in the way you think about them” (I:SM3:9)*

The preceding data has demonstrated the significance of the context in which practitioners’ experience of emotions was constructed. It shows the paradoxical messages which practitioners received about the importance and value of emotions to relational practice on the one hand, and its potential danger to practice and professional identities on the other. This paradoxical theme is further explored in participants’ perceptions of a local organisational and more general social work culture. This was described by some participants as tough and “*macho*” (Obs:1). The significance of this for the construction of emotions in practice will now be explored.

## **5.9 The ‘Tough Veneer’ of Practice**

Early in the fieldwork participants used the term “*macho culture*” to describe their perceptions of the culture of frontline practice, specifically in Referral and Assessment but also more broadly to characterise child protection practice. This theme recurred throughout the study. In informal asides, when hearing the research was focused on exploring emotions, a common response, quietly expressed was:

*“Well you know, it’s quite a macho culture in social work, so emotions ...”*. [voice trails off with questioning tone] (SW5:Obs.1)

In response to conversations about the perceptions of emotions, and whether there were any spoken or unspoken messages about emotions in the organisation, several participants commented similarly on an embedded culture:

*“It is quite a macho culture social work, and you’re not allowed to show your emotions and you can’t show your emotions, [...] it’s very much get on with it, get on with it.”* (I:SW6:9)

A theme which surfaced was a sense that while the Service aspired to a more constructive approach to emotions in practice, a more traditionally negative culture persisted:

*“[This Local Authority] traditionally had quite a macho culture. I think that’s been moderated a bit in recent years [...but] it’s still pretty much there, there’s still a sort of cultural tradition of macho [...] management. [...] Expressions of emotion are not easily accepted by the organisation”*. (I:SM3:9)

However, rather than the individualistic approach of Deal and Kennedy’s (1982, p.108) ‘tough guy, macho culture’ model, the study findings suggested a more subtle, ambiguous yet influential culture. *“This sort of tough veneer”* (I:CC2:9) was emblematic of a culture in which practitioners were expected to present as resilient, brave, fearless and to assertively manage risk and emotions. This culture appeared to be perpetuated by a belief, described with frustration by one participant, that Referral and Assessment was:

*“The frontline of the frontline [with] an ethos of ‘We can handle anything’”* (I:CC2:9)

This culture was more subtle than the overt machismo one male participant described experiencing in the past (elsewhere):

*“Emotions? What’s wrong with you, are you soft or something?”* (I:SM1:6).

In contrast, my analysis suggests that threaded throughout the data were more subtle indications of deeply embedded beliefs, associating emotions with the previously mentioned status beliefs about roles, competence or worthiness (Ridgeway, 2001). Significantly, such



embedded beliefs occurred in a bureaucratic organisational and professional context which was gendered in multiple ways, as outlined previously. These findings resonate with but add an additional dimension to how we might understand the pressures practitioners' experience in complying with constructions of the 'appropriate' organisational professional (see Gibson 2019, p.77; Fenton, 2016).

It seemed that features of emotion management such as the masking of emotions, hidden emotion work and unconscious defence mechanisms against the intensity and anxieties of practice responded to and reinforced this veneer of toughness and resilience. Group and organisational norms, including the negative constructions of emotions, appeared to contribute to a 'tacit socialisation' process (Scheer, 2012, p.216) which regulated and managed emotions, including their expression or acknowledgement. The subtle and possibly unconscious reinforcement of such a culture was not immediately apparent in practitioners' behaviour or the atmosphere in teams. Observations showed the work environment was typically:

'Busy, focused, collegial atmosphere, occasional banter, laughter, supportive conversations about cases' (Obs:4)

Nonetheless, data demonstrated how typical exchanges might reinforce, inadvertently, a culture of apparent toughness in which emotions might be suppressed. Two contrasting examples, one from a female practitioner, the second from a male practitioner, show subtle and sophisticated skills used in managing complex emotions, but which also potentially reinforce or sustain the appearance of a tough veneer:

#### Observation: Team Room

.  
'Using a calm, even tone, SP2 tries to engage with the parent of 16 year old Dee. "There's lots of agreement then. [pauses, listening] "I don't know why you're arguing with me like that [listens]. You're going to fuck me up? I think you need to be really careful about what you're saying here, that could be considered a threat". The client has hung up. SP2 puts the phone down, states calmly, with a hint of irony, "She's hung up, that didn't go well". Light laughter from nearby practitioner, they jest about it not being a great start to the day. Everyone stays focused on their screens.'

Later the same day:

'SP2 asked SW5 to report Dee as a missing person. Then turns to a conversation with practitioners. SP2 recounts "*Dee's mother threatened to 'fuck me up' earlier, don't think she will* (pragmatic, light tone). *Will there be reflection and remorse?*" (ironic tone, eyebrows raised, hollow laughter)'. (Obs:2)

This practitioner was adept at owning and expressing emotions. The extract suggested that these exchanges with peers served to indirectly acknowledge the emotive elements in this interaction. These included frustration, concern and disappointment. Although ironically referred to, the threat was named openly. However, from another perspective this brief and joking reference to a threatening client might be representative of the "*tough veneer*" CC2 identified as symbolic of the local culture (I:CC2:9). As a female, this practitioner was demonstrating a delicate balance in both naming a threatening incident and the implicit emotional energy that went into managing that, and at the same time maintaining the local cultural and professional injunctions to be tough, to not show responses that might be deemed weak, unworthy of competent practitioners.

A different example of this tough veneer arose on a home visit to the Suarez family. SW15 casually recounted the serious threats Mrs Suarez made towards him and numerous professionals. Joking about the multiple times the police had to be called, he dismissed the threats as so extreme they were nonsensical. The client's behaviour was described as genuinely frightening. I was struck by the distinct contrast between SW15's relaxed approach and the narrative of previous contact. The conversation then moved to SW15 discussing previous clients, whose threats had seemed exaggerated, but it later became known that one had seriously harmed a child. None of this conversation was presented in a tough or macho style. Yet this exchange reinforced the idea that emotions, at least on the surface, were briefly acknowledged but then dismissed, even in extreme circumstances. Arguably these findings showed male and female practitioners conforming to their perceptions of organisational and professional expectations. In both instances emotions were acknowledged, but lightly and with humour.

Exploring similar instances in the data with participants, it seemed the need to present a stoic 'face' (Goffman, 1967, p.5) complied with the previously mentioned masculinised norms of emotion management (Lewis and Simpson, 2007), in which detachment and emotional distance infer competence (Pease, 2011). From interview and observational data it appeared that whilst this impacted similarly on all participants regardless of their identities or seniority, more experienced or senior practitioners and managers were more vocal in acknowledging the

tensions inherent in emotions being “*not allowed*” (I:SW6:9; I:SM1:6). A pattern was also noted in more recently qualified participants and those from minority ethnic backgrounds being more reticent about this implicit injunction, appearing to frame their experience in terms of the need to conform, “getting on with it” (SW16) or pragmatic recognition that resilience was essential in this work environment.

Whilst cautious about over-generalising, my analysis suggested that practitioners’ acknowledgement and expression of emotions was influenced by socially structured hierarchies and entrenched status beliefs, contributing to evaluations about the safety or otherwise of expressing emotions within this bureaucratic organisational culture. These findings underline the significance of Hochschild’s (2012) third element of emotional labour (s. 2.3.3), whereby the organisation imposes control over the emotional activities of employees, a control which Cottingham (2017) and others argue intersects with gendered and racialised social locations for individuals (Gunaratnam and Lewis, 2001). Thus, organisationally embedded macro socio-cultural processes frame and structure practitioners’ micro-interactions and performance of emotions (Cottingham *et al.*, 2018; Ridgeway, 2009).

There was an observable reality to the need for practitioners to be ‘*tough*’ in a pressurised environment. Investigative skills were combined with authority and empathy to work with conflict, stigma and in some cases resistance. As several participants pointed out:

*‘You can’t be falling apart in tears all the time’* (Obs:3)

These findings illustrate a tension for practitioners in experiencing, managing and performing emotion practices. The performance-focused, risk-averse environment as outlined previously, contributed to a work culture characterised by defensive processes. The tension between organisational aspirations to embrace emotions in a progressive systemic culture and a pathologising, individualised approach to practitioners’ emotions reinforced by organisational systems was expressed by a female senior manager:

*‘It’s a challenge because we have a particular framework [...] There’s always a danger the senior managers are looking forward to, push, push [practitioners] without necessarily recognising emotions. [...] If they’re not careful [managers], they [practitioners] are going to crack.’* (SM2:4)

From both social constructionist and psychodynamic perspectives this culture can be understood as a mechanism which defended collectively and individually against what Cooper described as the 'painful awareness' of 'intractable realities' faced in everyday practice (2009, p.421). This was further exacerbated by the preparation for an Ofsted inspection, which emphasised rational-technical practice (Munro, 2011). Paradoxically this heightened emotions which had limited outlet and were taking their toll:

CC1: *"You know, when Ofsted aren't here, we're doing 'mock Ofsted' [...], so people are constantly in that state of hyperarousal and hypervigilance, and that's toxic. [...] metaphorically and biochemically."*

LOC: *"Yes, but that's not being talked about?"*

CC1: *"No, or allowed. It is quite a macho culture social work, [...] If you can't hack it you've got to get out."* (I:CC1:3)

Interpreting these data, the organisational culture worked at one level to support the toughness required to survive at the "*sharp end*" (Obs:7) of child protection work. It also created barriers. Practitioners' experience of a 'macho culture' reinforced a problematic and gendered construction of emotions. This appeared to contribute to a consensual ideology (Ridgeway and Bourg, 2004) about the place of emotions, reinforcing implicit organisational rules about emotional management (Lively 2008).

This culture appeared to utilise the "*tough veneer*" of practice as an organisational trope which perpetuated a surface pretence that emotions were not part of practice. If they were present, emotions were to be curtailed, suppressed and filtered through this cultural lens. Paradoxically, findings show that practitioners experienced and used emotions. Some embraced them as a significant element of relational and systemic practice. This chapter has presented data and analysis on how emotions were perceived and constructed in the Service at the time of this study. The analysis draws out problematic constructions and paradoxical processes which impacted on practitioners' understanding and use of emotions.

The next chapter will explore further the use and place of emotions in the performance of practice. The findings will show how practitioners agilely used emotion practices, despite their paradoxical and ambivalent constructions.

## 6 Use and place of emotions in the performance of practice

This chapter presents and analyses data illustrating the second overarching theme in the findings, namely the use and place of emotions in practice. The data showed practitioners as social actors who experienced, enacted and to varying extents drew on their emotions in the performance of practice. The multiplicity of skills and practices used by most participants were underpinned by their use of emotions. Some of this occurred knowingly, some implicitly and, it appeared, some unconsciously. Learning from practitioners through talking, observing and being alongside them as they practised, it was possible to reveal 'more than they realise they knew about how they participate in an institutional process' (Smith, 2005, p.40); in this case the role emotions played in the institutional processes of Referral and Assessment social work. Drawing on data from observations, reflective discussions, participants' diaries and extended field interviews my analysis reveals multiple layers of what I have termed *agile emotion practices*. I consider how different aspects of casework involved these emotion practices and the differing ways such emotion practices occurred in team and duty contexts. What emerges is a picture of intersecting processes involving practitioners in simultaneous cognition, emotion and reflection practices when navigating complex systems in the *emotional terrain of practice*.

### 6.1 Agile Emotion Practices

Through the process of analysis, I constructed the concept of *agile emotion practices*. These were identified as intersecting layers of activity which occurred in day-to-day interactions, direct casework and group supervision. By observing and speaking to practitioners, their agile emotion practices became visible.

In proposing this concept, I draw on the sociological work of Cottingham (2017), Ericsson and Stacey (2013), Scheer (2012) and the psychosocial and systemic work of Turney and Ruch (2016), Bertrando (2015), Rober (2011) and Flaskas *et al.*, (2005). The concept I propose brings together three key elements, firstly the notion of movement and agility, secondly a construction of emotions as relational, interactional and functional, and thirdly, the concept of practices. These elements come together in the situated socio-organisational contexts of social work. In using the term *agile* I am emphasising the dynamic movement, physically, cognitively and emotionally which emotion practices involved. It also encapsulates the fluidity and dexterity with which practitioners moved between different forms of emotion practices, such as the *in the moment* emotion experiences in the situated interactions of a home visit, or the *intersubjective* emotions of group supervision. Usage of the concept of agile emotions

practices is specific to emotions in the practising of social work and different to either agile working (Jeyasingham, 2016) or David's (2016) text on emotional agility.

*Practices* are theorised as the actions and interactions which form the 'doing' of emotions in social work practice. Emotion practices can be understood through the construct of emotional capital which comprises people's capacities to experience and manage emotions as well as emotion-based understanding, skills and practices (Cottingham, 2017, p.273; 2016; Scheer, 2012) derived from Bourdieu (1990). Such capital is activated in relational practice, operating as a resource which can become depleted or strengthened over time (Brown *et al.*, 2014). Importantly emotion practices incorporate individuals' conscious and unconscious capacities and embedded, socially constructed norms and rules about emotions, their expression and meanings (Virkki, 2008; Hochschild, 1983). Thus, practices are multiple forms of *doing* emotions, including verbal and non-verbal communication, naming of thoughts and feelings, and communicative embodied actions. This ranges from how a practitioner concludes a phone call in an open-plan office to how practitioners verbally and physically negotiate moving around a home to see a fridge or bedroom, or the transition between a visit which raises disturbing feelings and uncertainties and travelling immediately to another visit and complex assessment. Practices include both individual/internal and interactional/external processes.

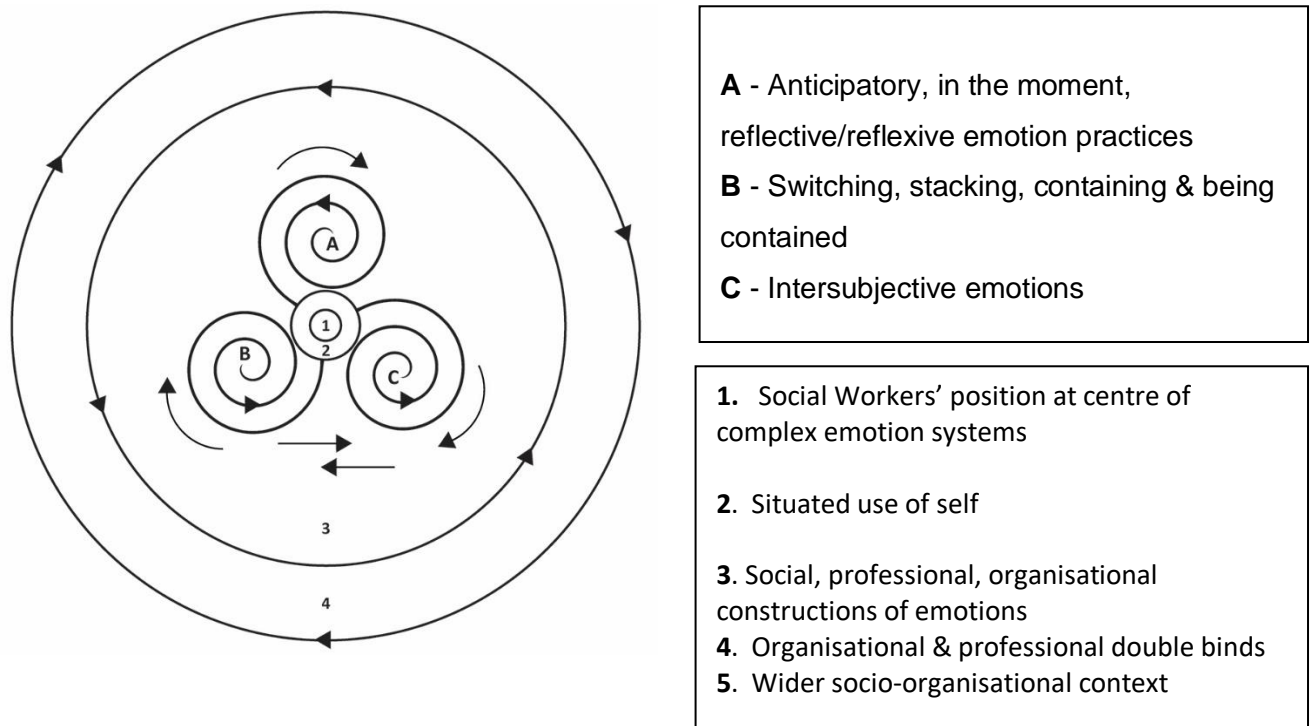
Significantly, practices are likely to implicitly take account of socially located and structured meanings or rules ascribed to emotions and their expression, for example based on age, gender or status (Ridgeway, 2001). In social work these practices constitute a resource which is tacitly and strategically used to connect and relate in relationship-based practice. As Virkki (2007) suggests, practitioners are also conditioned to use such practices in ways that fit with interpretations of organisational requirements and professionalism.

*Emotions*, as previously outlined, are understood as embodied feelings, thoughts and sensations which are interactional and relational forms of practice (Burkitt, 2014; Scheer, 2012; Spencer *et al.*, 2012). These emotions are socially constructed and have a range of functions. They can create and communicate meanings, prescribe and predict actions, and regulate bodily functions (Barrett, 2017). The conscious and less conscious aspects of emotions can be interrogated, deconstructed and used to inform communication, analysis and decision-making.

The three elements agile + emotions + practices came together in observations of everyday embodied social work, for example in practitioners' ability to relate, communicate, empathise,

reflect and process. They were also visible in practitioners' management and strategic use of emotions individually and in group or organisational processes. Agile emotion practices were often taken-for-granted occurrences which intersected with notions of professionalism, competence and practitioners' organisational and social locations, The latter features resonate with studies of emotional competence and practice in nursing and social work (Cottingham, 2017; Virkki, 2008).

Agile emotion practices were not linear, rather my analysis will illustrate that they were interconnected and mobile. A dynamic visual symbol of the interconnectedness and agility central to these practices is suggested in Figure 1, representing three types of interconnected emotion practices. Practitioners undertaking these practices are positioned at the centre of complex emotion systems. From this central position they engage in a situated use of self. All of these activities take place in the context of social, professional and organisational constructions of emotions and the double binds these create. The wider socio-organisational context of social work is a further contextual layer. These elements are expanded on in chapters 7 and 8: practitioners' positions in complex emotion systems (s. 8.3); the situated use of self (s.7.3.2); organisational and professional double binds (8.4).



**Figure 1. Interconnected Agile Emotion Practices**

These intersecting emotion practices were not static. Rather they dynamically varied in response to different cases, practitioners and external influences, such as organisational change and constructions of emotions. Practitioners were in constant proactive and reactive movement between these different forms of agile emotion practices as they responded to interactional experiences and circumstances. A tabular description is outlined in Figure 2

<b>Interconnecting Practices</b>	<b>Practices – the doing of emotions</b> (visible & hidden)	<b>Contexts</b>	<b>Purpose / Functions</b> (not mutually exclusive)
<b>A</b>	<i>Anticipatory, in the moment &amp; reflective &amp;/ reflexive emotion practices</i>  includes self- & other -oriented emotions	Before, during & after casework (phone call/home visits/meetings)	Sense making Preparation relational engagement & care/caring hypothesising & analysis decision-making
<b>B</b>	<i>Switching, stacking, containing &amp; being contained</i>	Before, during & after casework *  Between visits/travelling between visits Everyday 'spaces in between'	Containing management of emotions, self & casework compartmentalising postponing processing defending/protecting avoiding
<b>C</b>	Intersubjective emotions emotional deliberate <i>getting in touch with &amp; performance of emotions</i> listening/engagement, embodiment & emotion talk  <i>Leaning in, holding back</i> (includes self-containment & group containment)	Group supervision direct practice/casework reflective/reflexive post-casework events.	Sense making Curiosity & Hypothesising Analysing, processing preparing for & supporting ongoing casework, assessment decision-making  Emotion & emotion work management/regulation self-protection & defence
<b>Central Core</b>	Practitioners' Positions in Complex Emotion Systems  Situated Use Of Self		
<b>Contextual Influences</b>	Sociocultural, organisational & professional constructions of emotions  Organisational & Professional Double Binds  Socio-Organisational Context of SW	*Casework includes face-to-face contact with clients and any form of case rated activity with professionals or clients (communications/records/meetings/visits)	

**Figure 2. Agile Emotion Practices in Context**



I now turn to the first layer of agile emotion practices which is disaggregated to allow exploration of how they occurred and their possible functions. Anticipatory, in the moment and reflective emotion practices were categorised as occurring in the data before, during and after casework. In everyday practice they occurred in varying cycles and simultaneously, not in a linear sequence.

## 6.2 Anticipatory emotions

As evidenced previously, *anticipatory emotions* were a common feature for practitioners, experienced as part of the rollercoaster of emotions. Positive and negative anticipatory emotions were a key initial sequence in preparing for direct contact with clients. It was apparent that several practitioners used anticipatory feelings through dialogue and reflection to proactively develop understanding, for example of clients, and how to most effectively engage with them. Examples included expression of anticipatory anxiety and empathy. SP1 outlined an example of having created space away from the busyness of duty to review a case. Anxiety was linked to anticipation of risks possibly missed in the assessment, prompting a review of plans:

*“I thought God this makes me uncomfortable. [...] I look at the history. [...] It’s not surprising that this child is at risk of CSE. [...] What if during those 20 days [since referral] something significant [harmful] has happened?”* (Obs:4)

As outlined in section 5.6 anxiety was common in anticipation of events. The case of the Miller family provided an example of anticipatory anxiety being used to prepare for and manage a home visit, as did SW1’s anticipation of professional anxieties about a newborn baby. Both instances showed practitioners verbalising anticipatory emotions which informed thinking and planning. Naming feelings of worry or dread in advance of, for example, a home visit or case conference appeared to constitute a form of implicit processing and acknowledgement in developing practitioners’ preparedness.

Anticipatory concerns about seeing 15-year-old Joshua “*who kicks off*” prompted SW1 to informally acknowledge “*I felt quite shook when he kicked off*” in a previous home visit. Observation records indicate facial expressions and raised eyebrows from SW1 when she expressed concern about possible violence and criminal activity. She recounted complicated family circumstances, highlighting the contrast between violent behaviour at home and the school’s description of Joshua as “*a giant teddy bear*”. The latter description possibly created

some ambivalence in acknowledging feeling “*shook*” by Joshua’s behaviour. However, this conversation prompted SW1 to ask for a joint visit, to ensure safety. Interestingly, this impromptu naming of anticipatory worries also led to some joint hypothesising of possible explanations for Joshua’s behaviours. (Obs:2)

Participants’ diaries, usually recorded at the beginning or end of a day, showed their reflections on that day’s emotions and/or their proactive thoughts about forthcoming work. High levels of anticipatory emotions were common, such as uncertainty and apprehension about the innate unpredictability of practice: “*Will I be coming into a crisis?*” (D:1:5). Practitioners were managing uncertainties associated with staff changes, increased caseloads and individual casework. One diarist noted “*veiled threats*” from a client who threatened to go to the media if resources were not allocated, which created significant anxiety. (D:1:5). Another described “*A classic feeling of being anxious and worried*” about potentially threatening behaviour from a client with a history of aggression and domestic violence, and relief when this person was not in (D:2:8).

Collectively, diary entries showed practitioners moving between anticipatory and other emotions. This naming and reflection on their emotions constituted a form of *emotion work* used to prepare for direct practice and the emotional management this might demand. Diary data additionally showed examples of how some practitioners actively interrogated their emotions, often incorporating analysis of anticipatory feelings with reflective and reflexive emotions about previous experiences. An example of this is provided in the later section on reflective/reflexive emotions. Next, I turn to the use of *in the moment* emotions.

## 6.3 In the moment emotions, mirroring and reflection

### 6.3.1 Reflecting back ‘in the moment’

*In the moment* emotions were categorised as emotions that practitioners experienced and were conscious of during the interactions of practice, for example when working directly with a client and which they spontaneously used in some way. Two contrasting data extracts show practitioners actively using the emotions they felt *in the moment* of direct practice. These data show practitioners intuitively responding to their embodied, sensory emotional experience and drawing on that experience in their response to clients.

SP2 recounted an exchange in which she spontaneously reflected back her embodied emotions to a client. She had used this with practitioners in the team as an example of the acceptability and importance of recognising their emotions and the potential value of directly using these felt emotions *in the moment* of practice:

*"I tell them [colleagues], 'You know she really scared me. Gosh I really worried that she was gonna, you know...'* [grimaces]. *I'll also do it with clients [tell them how I feel] It's always really powerful. I had a client recently who was being really aggressive and intimidating and she wasn't understanding that that's how people were experiencing her. [...]*

*She stood up and she slammed her hand on the table, she leant towards me and I just said [speaking emphatically] 'Just look at what you're doing right now'. [...]* *I said 'My heart is racing, and I know that you're not gonna hit me but my heart is still racing and I'm really nervous of you'. And in that moment she kind of looked at herself and she was like, 'Is that what you feel?' And I was like that's exactly what I feel right now. I said look at my palms and they were all sweaty. I think she started to understand that the feeling was very real even if that's not how she meant it."* (I:SP:3)

Here, SP2 used the *emotion practices* of naming and utilising emotions (Scheer, 2012) which emerged in the moment of interaction. In reflecting back these felt emotions as part of relational casework she explicitly mirrored feelings of fear and intimidation that were creating conflict in this family. Significantly, given the previously outlined ambivalence of practitioners about owning or expressing emotion for fear of negative judgements by peers or indeed clients, this factual description of embodied feelings was a brave and confident interjection by SP2. As an emotion practice it acknowledged and mirrored vulnerability, using emotions in a way which led to a significant shift in the progress of that working relationship

On Duty, a simpler direct voicing of empathic feelings acknowledged empathic concern and the probable but unspoken distress of a young boy. He had been collected from school by a Duty worker, pending investigation of physical abuse. The practitioners' words and actions acknowledged emotions and appeared to address the feelings of both the child and practitioners:

Duty Room:

'SW15 returns to the duty room with a boy of about 12. Something is said about him being upset with the teacher [who made the referral]. The boy is silent and looks

overwhelmed. SP2 walks over and quietly speaks directly to him, says in a reassuring voice “*You’re a bit upset, it’s a bit upsetting isn’t it.*” SW15 suggests they sit in a room nearby, as they leave SW6 offers them sweets.’ (Obs:3)

### 6.3.2 Internal dialogue ‘in the moment’

A more comprehensive example of *in the moment* emotions being used arose in a direct work session with 11 year old Adam. Routine practice where overt threat or risk was absent still engendered powerful emotions. Adam was seen as part of an assessment to inform a court decision about where he would live. Data extracts show some of the visual, sensory, verbal and physical dimensions which illustrated *in the moment* and later *reflective* emotions being utilised:

Observation: Secondary School:10

‘Adam arrives, smiling, quiet. He is small and slight in stature. He sits at a desk, fidgeting with a book ‘Diary of a Wimpy Kid’. He responds comfortably to SW9, with a quiet voice which gets quieter near the end of the 45 minutes. SW9 smiles, gently chats about the meeting, offers Adam opportunities to draw but he says he’s happy to talk. SW9 mirrors Adam’s posture at the desk, dips lower to have eye contact. Adam frequently looks downwards at the desk or at a drawing SW9 sketches as they talk. [...]. Occasionally he talks animatedly about home life with one parent, eyes lighting up talking about his bedroom and hearing about SW9’s visit to this home. [...].

As they talk the atmosphere begins to feel distinctly sad. Adam’s body seems to crumple a bit, slouching more in his chair with eyes down. In response to a question he points to his mother on the drawing but doesn’t say her name. I feel a pervasive sense of sadness, although there is no explicit reference to feeling sad. There’s an increasing sense of discomfort (from Adam) when SW9 asks about ‘*other stuff*’ he’d mentioned. He says he’s forgotten what it was. Again, there is a sense of discomfort. As the session draws to a close, Adam suddenly engages SW9 more actively, says something about feeling stressed, something vague about his dad. SW9 responds reassuringly, checks with him what he means and that there’s someone in school to go to if upset or worried. SW9 seems to be working hard to end on a cheerful note. Adam reluctantly and slowly walks off towards his class, a small, forlorn figure.’ (Obs:10)

Travelling back to the office SW9 spoke about intuitively picking up on a sense of Adam's happiness and sadness during the conversation, even though Adam was not always explicit about these feelings. Cautious about assuming her feelings were the same as Adam's, her comments show the challenge of managing emotions in the moment of practice and provide an example of how the palpable emotion (felt by us both) had prompted her to use those feelings both to explore happier feelings and:

*"If I feel sad as well, I kind of realise that I am but then get more inquisitive about what it is that made me sad. [...], I was like 'Oh that's sad' and then I was thinking about how do I ask a question [about this] without being pointed."* (Obs:10)

Recognising both her own and Adam's feelings *in the moment* of practice prompted SW9 to probe further. It also prompted her to think about the emotional challenge being asked of this child, effectively 'Which parent did he want to live with?' She used these feelings to think *in the moment* about how to respond. A few hours later SW9 was still mulling over these empathic feelings and her wish to end the session positively. She reflected on her discomfort in probing Adam's responses and used the emotions experienced to question her overall sense of confusion and uncertainty. During this process she considered whether some form of transference or projection had also occurred:

*"Is what he's saying, is that how he really feels? Does he really want to go to Mum's? [pauses hesitantly]. You could see in his face when he said "Can I have a minute to think about this?" [...]. That was quite a hard thing to say. I was trying to work out what is it that he really feels. And actually maybe I feel confused because he probably feels pretty confused?"* (I.2:SW9:10)

Applying this psychodynamic understanding further, I interpreted that the wish to end contact with Adam positively might be understood as countertransference, operating as an unconscious defence mechanism to avoid being left with the sad and confused feelings of this child, as well as SW9 authentically wanting to minimise his sadness.

These findings show the challenges and value of practitioners' inner dialogue, reflexivity and use of emotions experienced *in the moment* of practice. Additionally, emotions were interrogated by the processes of vocalising and reflection in ways that informed sense-making and assessment. This work seemed to happen intuitively and reflectively. Interestingly, this practitioner was critical of her capacity in this area, as indicated in an earlier interview:

*“Thinking of the emotion, I think I don't really think about it in the moment, I probably need to get better at that. [...] It's later that I think through things”.* (1.1:SW9:7)

Here we see differing uses of situated emotions occurring in the immediacy of practice. Practitioners move between their own emotions, the emotions of others and their thoughts and feelings about these emotions prior to, during and following interactions. From observations and practitioners' accounts it was clear that both *anticipatory* and *in the moment* emotions were used to inform relational engagement, understanding and analysis.

In the next category of emotionally agile practices the use of reflective and reflexive emotions is illustrated drawing on a variety of data sources.

### 6.3.3 Reflective and Reflexive Emotions

*Reflective and reflexive emotions* were categorised as feelings that practitioners experienced when reflexively considering their subjective and relational experience in practice interactions. These occurred at varying points, for example while travelling back from a home visit or some weeks later; when reflecting on a telephone call or meeting, during informal discussions or recording. For example, one participant's diary extract showed how critical reflection on emotions informed a nuanced critique of the information available and developed an understanding of one family's circumstances and interactions with practitioners. The extract refers to two related activities, a home visit and recording this the following day. The family had been known to the local authority for some years due to neglect, parental substance use and domestic violence. The family came from a minority ethnic background and had a reputation for aggressively resisting what they perceived as State intrusion into their lives. Data from the initial diary entry, reflective discussions with the practitioner and the progress of the case are provided in some detail. The aim here is to contextualise this case and to show the significance of emotions beyond an individualised practitioner-client encounter to the broader organisational and social context of practice.

Diary 3:7

*“Home visit to a volatile family Z. My SP came with me. Long history of Dad being hostile, threatening. [...]. Visit went initially well but Dad got quite hostile towards the end when I asked to see the children alone. Dad started to shout and swear and we had to leave.”*

Reflecting on how fearful she felt before and during the visit D3 wondered about the impacts of threatening and aggressive behaviour:

*“My feeling is that Dad’s aggression may have stopped professionals from challenging him in the past. He has therefore learnt that being hostile is a way of getting rid of professionals”*

Writing up the visit, feelings of sadness, compassion and anger emerged in response to file records and her experience visiting this family:

*“Putting detailed chronology together made me feel very sad. The children have been neglected for much of their lives and professionals seem to have taken little action to prevent this [...]. Made me feel sad for the children, also angry/blaming of the social workers that have been involved. [...] Looking back with hindsight gives a different perspective, but it still made me quite frustrated that the children’s needs have been neglected for so long. I also felt scared of the family. They’re very volatile and hostile. [...] There are going to be some very difficult conversations with this family which makes me feel very anxious” (D.3:7)*

This extract illustrates the practitioner moving between emotions, engaging in a level of critical reflexivity which suggests emotions have various functions. A follow-up discussion showed that recognition of embodied emotions had prompted analysis and actions in three ways. Firstly, recognition of significant fear highlighted the need to prepare and proactively regulate emotional responses in order to focus on engagement and undertake an assessment with the parents and children. Secondly, in doing this, the practitioner identified defensive responses which aided recognition of the strength of her fear. For example, she had thought about justifiable ways to avoid/withdraw from the planned visit and had hoped the family might refuse access. Thirdly, reflexively considering the depth of her own emotional responses (compassion, anger, sadness, fear) led to consideration of the functional impact on previous practitioners of powerful feelings of fear, associated risks and the likely experiences of the children.

Noting references to intimidation in file records, the reflection that *“Professionals seem to have taken little action”* suggested there might be some basis for the argument that emotions had constructed a barrier to truly seeing these children. Notably, D3 appeared to have persevered with ‘the pain of knowing’ in allowing herself to experience and interrogate uncomfortable

feelings, features that Cooper (2005, p.9) emphasised as challenging to maintain but crucial to the conscious and unconscious dynamics of child welfare practice.

In a reflective interview some months later D3 confirmed that she had shared her feelings and views in group supervisions and with a senior manager who had accepted her analysis and the seriousness of threats made. The extract below further illustrates the role of continued self-questioning and reflexive analysis of feelings, their possible sources and impacts:

*“I was just really, really scared of him so I did quite a lot of [questioning myself] you know, ‘Why is that?’ Where are those feelings coming from? Is that impacting on my views about him as a dad? Is that making me feel more negative towards him?”.*

(I:D3:12)

Disconcertingly, one manager was described as “*Not too bothered*” about the perceived threats. This might have reflected the local culture in which being open about feeling frightened or vulnerable was problematic. It might also reflect complacency, denial or simply a lack of attention to the complexities of issues raised through the familiar frame of threats/anxiety in the Service. The practitioner’s reflexive, critical analysis of emotions in this case contributed to a child protection conference.

The findings suggest that the complexities of emotions have significance beyond what might be considered surface fears or anxieties. Threatening, distressed clients were not uncommon and were largely an accepted aspect of practice. Gender and race were relevant factors in the intersection between a female practitioner’s sense of gendered vulnerability (as described by this participant) and the family’s minority ethnic heritage which included gendered and cultural views on family roles and privacy. These might have contributed to their confrontational engagement with statutory child welfare services and also the emotive responses from practitioners.

Observations, interviews and diaries showed that participants framed perceptions of vulnerability against factors such as gender, physical size and specific circumstances such as pregnancy or feelings of vulnerability arising from previous unsettling or aggressive interactions. Findings showed female participants were slightly more open about their sense of gendered vulnerability, particularly about physical aggression, than male participants. Perceptions of vulnerability are ‘not a natural attribute of women’ but as Smyth and Sweetman (2015, p.410) note, derive from gender inequalities. Elsewhere in the data there were instances



of men similarly expressing vulnerability but acknowledging this was not straightforward given their gendered locations. For both male and female participants acknowledging vulnerability and associated emotions was influenced by gendered expectations, although in many instances they felt uncomfortable about this (see s.7.3 and s.7.5). My analysis suggested that this was further reinforced by the previously discussed organisational environment which valued certain masculinised norms and performances (Lewis and Gibson, 2007). All these elements were combined in D3's reflexive engagement with uncomfortable emotions and consequent analysis of past and present analyses of risk.

#### 6.3.4 Routine reflective emotions prompt thinking

Practitioners' conversations illustrated how their reflective emotions following client contact were mulled over to inform thinking and questioning during assessments. It appeared that such routine feelings informed practitioners' developing understanding of a family/child. Examples in the data included trying to reflectively empathise following a home visit, *"Imagine missing someone so much at 4 (years old) that it makes you cry?"* (Obs:4)

An alternative example showed how uncomfortable reflections from a previous experience informed current casework. Informal case discussions illustrated reflective and reflexive emotions being used to develop understanding about a mother described as *"Vacant or aggressive, no in between"*. Expressing concerns about the mother's lack of emotional responses, SP1 reflected on uncomfortable feelings she experienced:

*"I feel really uncomfortable about what the child wrote in the direct workbook "I love you mummy". It felt really not right, Felt like a protective gesture, [...] by the child, felt like it was being written for the mother"* (Obs:3)

SP1 then made a connection between her feelings in this case and a previous one. She had felt angry about a child who had disclosed abuse but who then withdrew this. Being challenged to think about why this might have happened had brought the realisation that children might protect others as well as themselves. Recognising the parent's *"awful history"* had led SP1 to understand why children might act to protect parents. This experience also appeared to have encouraged SP1 to pay careful attention to her own emotions as a source of potentially relevant information in similar situations, as in this case.

Each of these extracts show different forms of reflection and reflexivity, specifically focusing on and using practitioners' emotions as part of informal sense-making processes. Of particular note is the way in which practitioners moved between anticipating, experiencing and recognising diverse emotions in themselves (dread, anxiety, relief, worry, empathy) to recognising other people's emotions (fear, anger, distress, sadness). In noticing and interrogating these different emotions, both *in the moment* and *reflectively/reflexively*, practitioners demonstrated an agility in their capacity to experience, think about and use emotions. Practices such as naming and exploring emotions, whether interactionally or individually, contributed to sense-making, hypothesising and action. Collectively these different types of *agile emotion practices* suggest a form of emotional knowledge built up over time, constituting a resource which can be further analysed and drawn on. The findings suggest that this resource was a significant element in how some practitioners navigated the emotional terrain of practice.

## **6.4 Switching between emotions to navigate the emotional terrain of practice**

Agile emotion practice was demonstrated in the three interconnected categories of emotion practices outlined above, which in turn incorporated the self- and other-oriented emotions discussed previously. A further layer of agile emotion practice was evident in practitioners switching deftly between different emotion practices seemingly intuitively, as noted in numerous observations, informal discussions with practitioners and in exchanges with peers and clients. This switching between emotions appeared to have various functions. For some practitioners it occurred consciously, for others it appeared to be less conscious. In navigating this emotional terrain practitioners experienced complicated emotions and had to negotiate these in situated relationships. This is illustrated in the following extracts from two contrasting representative case examples.

### **6.4.1 Entering and containing emotion systems**

In the first case a practitioner outlined a case which I interpreted had positioned him at the centre of a complicated emotional system. The case involved visiting Zac, a young person remanded into custody. A diary extract showed contrasting emotions, from initial, relatively surface, emotions to more complex feelings. The multi-layered emotional bombardment this system entailed becomes apparent. Initial feelings were of happiness in "*getting out of the*

office... able to relax and have some time to myself" on the journey. This was swiftly replaced by more challenging emotions about the prison visit, empathic and frustrated feelings about Zac's situation and feelings of frustration coming from Zac's mother. Once at the prison the practitioner noted specific emotions which occurred:

*"I felt quite sad, Zac's mum was at the meeting, she was very frustrated with me as she felt I should have done more to stop him from being detained. This made me feel defensive but also quite helpless. [...] The decision to remand him was made by the Judge" (D3:7)*

The embodied experience of being in a prison and what it represented also triggered emotions:

*"Going into prison is not a nice experience. It makes me feel quite scared and also sad for the young people that are there. Made me worry about Zac and his prospects for the future. I felt frustrated with him as he is a bright young person who has lots of potential but his criminal activity is going to impact negatively on his prospects" (D3:7)*

This practitioner was positioned in a dynamic emotional system. His emotions were created by the immediate circumstances, the physicality of being in a prison and feelings created by the interactional and relational experience with both Zac and his mother. Sadness was triggered by the realities of incarcerated young people whose family and life circumstances were challenging. An additional layer of emotions was created by recognition of the parent's distress, frustration and blame which were directed towards D3. This practitioner recognised his defensiveness, frustration and helplessness given his lack of control over the situation "*There was nothing more I could have done*". In addition to these case-specific feelings, this diary also showed the practitioner negotiating emotions arising from the limitations of the social work role intersecting with the wider social context and the possible future prospects of young people impacted by life circumstances and inequalities. All these emotions were managed in the processes of relational communication and exchanges which occurred during this prison-based meeting.

In the second case extended extracts show practitioners navigating the complicated emotion systems surrounding Quinn, a 15 year old boy. Quinn was the subject of a police investigation following allegedly sending sexually explicit images by phone, and an allegation that he had threatened to rape a fellow student. A strategy meeting (Obs:1), a later network meeting (Obs:3) and various conversations with SW2 and SP1 highlighted the emotional complexities

of this case. The first strategy meeting involved 7 professionals representing the school, youth justice, police, and local authority CSE (child sexual exploitation) lead, the SP and allocated social worker. A complicated background history was outlined. Interestingly, all the professionals involved expressed high levels of empathy with Quinn who was described as shy, possibly having a sense of shame due to accessing porn, struggling with his identity but whose circumstances positioned him as a perpetrator, a possible risk to peers and at risk of being bullied. An extract from observational records revealed the tense and emotive atmosphere of these meetings, in which powerful emotions were created and contained:

#### Strategy Meeting:1

'School present an empathic account of what Quinn has said, give the impression of being very committed, involved, refer to joint plans and a previously good relationship with social work.

A teacher then expresses increasing annoyance and anger that Quinn was '*Not picked up sooner by Children's Services*'. Very strong message from school - very unhappy with Children's Services, one teacher makes an oblique reference to Ofsted potentially picking up on how this case was responded to. I am struck by the level of blame implied in this comment, and the apparent contradiction, that in contrast to Children's Services, school are presenting as the '*good*' agency, yet they decided that Quinn should leave school. The family did not accept alternative plans, thus Quinn is now not in school. SP1 seems to acknowledge the frustration and empathy: "*He is not one of our typical [young people/referrals] that's what makes me so sad*". SP1 later comments, "*It will be a really sad thing if info. comes back from [police analysis of] phone and nothing is there, and he has had to deal with all this*".

It became apparent that the police investigation might take months. SP1 and SW2 return to team room, there is shared laughter about the unrealistic expectations of other agencies. Within minutes SP1 is discussing an anonymous referral about a child who has allegedly been left hungry and alone'. (Obs:1)

### 6.4.2 Navigating Emotional Tensions

Two months later a follow-up meeting about Quinn took place with professionals from two schools. Before the meeting an exchange between SW2 and SP1 highlighted shared frustration with the police:

*“Usual thing, the police don’t come, time is a different factor for them”*. SW2 turns to me and says *“Remember what I said about the police not caring? They don’t, they take their time”*. He said a gut feeling prompted contact with the police who confirmed that the investigation had not been completed. SW2 was furious, gestured to show his frustration and his intuitive feeling that this would happen.’ (Obs: 3)

In the meeting, the atmosphere again felt tense. Frustration and annoyance were expressed by SP1 that police and youth justice were not attending *“Annoyingly we haven’t had apologies from everyone”*. It soon became apparent that the police investigation was outstanding. The schools were incredulous. A lengthy meeting ensued in which Quinn was described as having positively settled in a new school. The overarching focus was on the frustrations and anger created by the delayed investigation. Tensions between professionals observably increased when they realised that the social work case would close, albeit with the police investigation incomplete:

‘SP clarifies processes for closure, reiterates *“There is no role for us, we are CP (child protection) that’s what we do, the concerns are not proven so far”*. School are very frustrated: *“We have not really got to the bottom of whether this boy is safe or not”*. Tense looks are exchanged. SP1 acknowledges she too is frustrated but *“Assessments have to be completed within 45 days, we have to complete them regardless”*. SW2 is largely silent, listens, nods, feeds in from the assessment. SP1 repeatedly acknowledges the school’s work and frustration, and that it is shared by social work. Then spends some time trying to explain that youth justice would now be the lead agency. I note the strong emotions felt in the room and the clearly expressed wishes for certainty in the face of uncertainties.’ (Obs:3)

These extracts reveal the complexities of emotional dynamics in the professional system surrounding Quinn. The social workers’ position revealed tensions in holding responsibility for the case whilst procedural timeframes and the actions of an external agency were outside their control. However, this position also required them to hold and contain the real and projected concerns and emotions of the school and family, alongside their own frustrations, empathy and sense of being criticised for the lack of adequate progress. Navigating these processes involved switching from overt frustration prior to the meeting, as exemplified by SW2, to the performance of professional communication and behaviour during the meeting, during which the practitioners were bombarded by the emotions of others. These in turn arguably contributed

to conscious and unconscious dynamics, for example defensive feelings created by anxiety or projection.

This case and the prison visit example illustrate the complicated *emotion systems* which practitioners participated in. In both cases my analysis suggests that emotions which developed in these systems related not just to the client's circumstances, but also to the powerful, but not always named, emotional dynamics of complex social issues, such as sexual exploitation, risk and youth crime. Practitioners switched between processing and containing their own and others' emotions, and organisational/professional anxieties about risk prevention and blame.

These examples also illustrated variations in how individual practitioners might understand and/or use their emotions in the relational dynamics of practice. Some practitioners reflexively examined and interrogated emotions experienced as an overt element of their practice, as demonstrated in the diary extract. In the case of Quinn, observations revealed a range of felt and expressed emotions. The extent to which practitioners in Quinn's case consciously or unconsciously analysed the powerful emotions navigated within the meeting was not known.

Significantly, as with much of the practice I observed, these practitioners switched instantly from this complex emotional scenario to another case or activity. This might be interpreted as a pragmatic form of emotional agility, and/or a defensive activity. Switching rapidly to another focus possibly reduced time to feel and reflect. Intuitively switching between emotions was reinforced in a metaphor used to describe how responding relationally and authentically to clients in distress was managed in conjunction with maintaining a protective barrier from the emotions involved:

*"I had to put my sympathetic hat on, and my relational hat on, to be like "Don't worry, it'll be fine". (I:SW13:6).*

The hidden work of remaining emotionally authentic whilst avoiding becoming overwhelmed by the rollercoaster of emotions experienced was a practice that SW13 suggested practitioners "*accumulated over the years*".

*"It's more about empathising. [...] Feeling what the family is feeling, which could be upset and hurt and frustration [...] It's kind [...] subconscious". (I:SW13:6).*

In presenting these findings and analysis I have sought to demonstrate how practitioners experienced and navigated the emotional terrain inherent in the interactional emotion systems of practice. This emotional terrain involved the delicate relational dynamics of families, situated interprofessional emotional dynamics and wider emotions surrounding child welfare and protection. Practitioners navigated this terrain in varying ways, switching (through conscious and less conscious processes) to manage emotional dynamics and sustain bounded practice in emotion systems. The extent to which emotions were processed and used varied between practitioners and situations. The role of less conscious processes became more apparent in group contexts. Shared humour was an observable representation of the emotional impact of daily contact with trauma. This theme will now be explored.

## 6.5 Humour and Trauma: Group Practices

The shared Duty room offered scope for informal interaction and communication between practitioners. In contrast to larger open plan areas the atmosphere on Duty seemed different and more collegial, observable through behaviour, communication and the sensory atmosphere of this space. Nine or ten practitioners shared Duty, managed by senior practitioners/managers (referred to as SP to maintain anonymity).

### 6.5.1 Shared humour, complex emotions

Instances of banter and humour appeared to have various functions. People were energised, tension was defused and humour seemed to have a role in the team's shared identity and sense of affiliation in their role (see Jordan, 2017; Morriss, 2014). Taken out of context some humour might be interpreted negatively, a concern voiced by practitioners. The scope for banter to be discriminatory and to 'other', whereby it operates to distance or oppress (Schwalbe *et al.*, 2000) was recognised by practitioners. However, my analysis, whilst mindful of the potential for othering and oppression, was influenced by observing *the context* of exchanges and my exploratory conversations with practitioners. An example which showed how humour functioned in response to complex emotions was encapsulated in a series of exchanges about a No Recourse to Public Funds (NRPF) referral:

Duty: 3:50pm

'Hospital refers a NRPF family. SP reiterates management directive that 'no recourse' cases must be sent to the NRPF team only, there are no child protection issues. SP sounds irritated that the hospital wants to get Children's Services involved. One worker

suddenly makes a loud joke about the EU referendum and then says: “*Maybe we should all take a day trip to Paris, all rock up in Paris and ask for a house - in the third arrondissement! and a bottle of wine!!*” - there’s huge laughter from everyone.’

The referral is then dealt with calmly and professionally. In the background a quiet conversation develops:

“*I find these really pull at my heartstrings, I find it very difficult, she’s pregnant, has a young child*”. The other practitioners join in. “*It’s hard, you can empathise and imagine the distress*. They nod, facial expressions of discomfort and concern. One says: “*The Home Office is very strict now, I’ve had a parent deported lately*”. They shake their heads. SP finishes a call, notices the more muted atmosphere, asks: “*Is everyone okay?*” Someone flatly says “*Yeah, it’s fine*”. They all return to their screens”. (Obs:6)

Such humour, which might be considered highly discriminatory if taken at face value, had multiple functions. It defused tension during an extremely busy Duty. Its surface content belied the difficulties and desperation people with NRPF faced, a theme practitioners frequently struggled with. At another level, by highlighting imaginary choices (a nice house in Paris, lots of wine) this joke juxtaposed practitioners’ experience of choice against the choices open to families needing basic food and shelter. Additionally, I interpreted that the apparent outrageousness of the suggested ‘*trip to Paris*’ and presentation to French authorities which was implied, might subconsciously represent the anger, emotional discomfort and lack of agency practitioners felt when faced with people in distress but to whom they could not offer services. The irony and satirical humour in this exchange served to acknowledge these various elements.

Tension defused, practitioners returned to the reality of Duty tasks. In contrast to the shared laughter, the atmosphere felt more sombre, suggesting resignation to this emotional tension.

Similar eruptions of humour regularly shifted the atmosphere, amidst the physicality of child or adult abuse, often involving weapons ranging from belts to knives. Practitioners frequently dealt with visceral bodily issues, and the emotions, or lack of emotion, associated with this.

Bleak humour is not uncommon in social work or other professions which deal with traumatic and/or intimate aspects of life. Beneath the surface of factual descriptions and jokes, it seemed that practitioners’ *hidden emotion work* was also a form of processing visceral and traumatic



experiences. Humour additionally epitomised a sense that only those inside “*these walls*” might fully understand the emotions experienced in dealing with visceral, intimate information, trauma and complexity (see Pithouse, 1998).

*“Outside these walls so many people don’t understand, [...] don’t really have a concept of what happens” (I:SP2:3).*

The suggestion is not that practitioners had become emotionally blasé or mechanistic in their practice, although emotional detachment was a possibility. Rather, applying an understanding of unconscious processes and recognising the problematic constructions of emotions previously outlined, in a group context humour operated as a conduit for practitioners’ emotions. However, tensions were apparent in how this humour might be judged (by me), and in whether humour had a place in perceptions of professional practice. This analysis will now turn to a wider consideration of place *of* and places *for* emotion in Referral and Assessment.

## 6.6 Place *of* and places *for* emotion

### 6.6.1 “Holding it together at all times”

The data presented so far has highlighted that the place of emotions was ambiguous despite their prevalence and apparent use in practice. In this section, data is presented which further explores the positioning of practitioners’ emotions, specifically focusing on factors which impacted on the physical and metaphorical spaces in which emotions were permitted or safe to express.

*“Emotions are everywhere but no one talks about them.” (Obs:SW12:7)*

Most participants expressed a view that inadequate attention was given to their experience of emotions. As commented on in the extract above from an experienced practitioner, this manifested in significant ambivalence about where emotions could be expressed and to whom. Various data showed that trust and a sense of safety were important. Perceptions of safety were linked by participants to team membership, relationships and the style of senior practitioners. Trust in senior practitioners and managers was a common concern, particularly regarding whether they might dismiss expressions of emotion.

One participant expressed confidence in sharing tentative ‘gut’ feelings as part of a sense-making process in group supervision, specifically because of the SP’s openness to emotions:

*“It all comes down to the trust. [...] I’d share my gut feelings that I had from the visits.”*  
(SW5:1:3)

Stability of team membership and relationships over time, and particularly participants’ perceptions of how colleagues might respond were emphasised. For example, in a team predominantly made up of inexperienced female practitioners, a male worker described withholding complex emotions. This was presented as both as a protective gesture towards more junior workers, and a judgement that this team might feel challenged by hearing an experienced worker express emotions and were unlikely to offer the containment and support required. Here I refer to Bion’s (1962) psychosocial concept of containment, described by Cooper (2009, p.173) as a ‘transformative process’ by which raw embodied emotions, ‘the unprocessed affective states are rendered meaningful as a result of mental digestion and thoughtfulness’:

*“You need to feel safe to say you feel uncomfortable or disturbed. [...] ‘You know this man really makes me feel uncomfortable, he’s a predatory sex offender and I feel I’m getting nowhere with him, can you come with me?’ (I:SW11:6)*

The expression of emotions as a possible source of information to be interrogated and reflected on was frequently conflated with the emotional impact of practice. Practitioners found it challenging to separate day-to-day experience and use of emotions from the need for emotional support. My analysis suggested that this was also indicative of the uncertain position of and places for emotions given the previously noted association with weakness and lack of professionalism. This tension between the emotional dynamics and practices of social work and what was perceived as being professionally acceptable was evidenced in comments from practitioners:

*“You have to take what people throw at you and absorb it and respond in a professional way [...] We are trained to deal with that.[...] There is an expectation that you should be holding it together at all times and be able to accept anything that’s thrown at you and not get upset about it. Just deal with it and move on.” (I:SW8:7).*

The apparent lack of clarity about where emotions were permitted, alongside an expectation that emotions were an element in relationship-based practice led to some practitioners feeling “robotic” (Obs:9). Participants talked about how frustration and anger resulted from this tension:

*“It feels almost like it’s taking away from me being human”*(I:SW11:6)

Observations suggested that this paradoxical experience, of emotions being central to practice but there being limited places to acknowledge and process them, increased in these teams due to a focus on procedures pre-Ofsted. However, although this was a significant feature of this practice environment, the findings suggested that in any event practice was generally more focused on ‘outputs’ than the relational and emotional dimension, whether for practitioners or service users:

*“We are all just so focused on churning [out assessments], we’re actually forgetting that it’s human people that we’re dealing with, humane issues, [...] we’ve just got process and precision.”* (I:SW12:7)

## **6.6.2 Movement and space**

The Referral and Assessment teams occupied three rooms, two were open-plan, with 25-30 desks laid out to facilitate small teams in a cluster of desks. In addition to this the teams moved to a Duty room one week in every three and on return changed from one large room to the other. This management policy aimed to support improved communication and relationships across teams, although it was generally acknowledged as causing confusion and disruption.

Over time it became apparent that this use of space impacted on communication and the expression of emotions. Teams operated differently, most but not all consistently sat together in a cluster, although some individuals chose not to. Observations showed that the layout of desks and monitors in some teams reduced scope for verbal communication and eye contact. In others, practitioners reported that clusters supported dialogue. Together with a significant focus on computer-based communications and timeframes, this use of space created an atmosphere which was not always conducive to expression of feelings. In team rooms and on Duty practitioners were observed moving their chairs to create a more intimate space in which to speak with a colleague or SP. Frequently conversations were whispered or practitioners typed with headphones on, creating a literal barrier to communication in order to prioritise file records.

### 6.6.3 Creating safe spaces - but ‘the walls have ears’

Observations showed that new and more recently qualified practitioners sat near their SP to obtain support and consult; a feature one identified as important in terms of managing the emotional dimension of practice:

*“If you’re coming back from a visit and it’s been really intense, the last thing you want to do is [...] try and find where you can sit. I know where I am here, this feels really secure [next to SP].” (I:SW5:3)*

The personality and communication style of the SP appeared to influence the extent to which emotions were discussed openly. For example, one SP was quite vocal, engaged in frequent discussion about day-to-day cases, including the open expression and examination of feelings. Observations suggested that some practitioners consequently felt more confident to say how they felt on return from a visit or before a meeting. Modelling the importance of emotional, physical and sensory information informed SP2’s approach with practitioners:

*“I’m very outward (about feelings). [...] I understand things better when other people aren’t being internal so if I can feel it with the social worker. You know- ‘What was it like when she was screaming at you? [...] ‘What did it feel like? How was your heart?’ [...] [as if saying to practitioner)] ‘I get really, really hot and then like my heart goes and like I can almost feel it.’ (I:SP2:3)*

In contrast, some SPs were more reserved. Some preferred small rooms for brief one-to-one conversations with practitioners, discussions which I was unable to gain access to. In one team, changes of SP led to an almost complete shutdown of open communication.

Access to safe physical spaces appeared to enable a sense of stability and privacy which practitioners reported resulted in a greater openness to explore case-related emotions. Having a separate enclosed team room was identified in one team as central to safely managing emotions:

*“Whatever’s said in this room stays in this room. [...] You won’t be judged or criticised” (I:SW13:6)*

The importance of safety was frequently linked to concerns about emotions being associated negatively with judgements about competence, reinforcing the findings presented in chapter 5. Clinical consultants and many practitioners viewed the open plan system as lacking appropriate safe spaces to discuss emotions. Research interviews took place in small rooms usually used for meetings and individual supervision when it occurred. Notably, these had thin partition walls, through which conversations from adjoining areas could be heard. Practitioners frequently commented on this and automatically lowered their voices when discussing anything that might be construed as problematic if heard externally, reinforcing concerns about where it was safe to express work-related emotions:

*“Oh yes, the walls have ears round here”, CC2 rolls her eyes indicating the walls of the interview room, gesturing that they were people on the other side who might be able to hear what was being discussed”. (I:CC2:6)*

This absence of safe places in which to express emotions caused frustration and anger. Distrust about what might be shared without judgement led some participants to an informal practice of going for walks.

*‘That’s why we all go for walks. That’s why you see people walking around the estate in pairs. [...] It’s the only way that we can have a safe conversation’. (I:CC2:6)*

In similar vein I observed that informal conversations between practitioners frequently took place at the end of the day. Sometimes these were simply social, often they were used to express work-related feelings which did not appear to be permissible elsewhere.

#### **6.6.4 Creating safe spaces externally**

A particularly striking finding was a persistent pattern of practitioners creating safe spaces externally using informal personal networks, in order to acknowledge and make sense of emotions arising from practice. Most participants confirmed that they talked externally (but anonymously) about the complicated emotions of practice with friends who worked in social work or similar professions, who would understand the nuances of practice. The data extract below illustrates the subtleties of practitioners choosing the context and people with whom they discussed practice-related emotions:

*'It all depends on the context, who's in the room. For me, I think I kind of sound off to other social workers who are maybe not even working in this borough. [...] Other people don't understand. [...] Normally its other social workers because they can really be the people who understand what it's like.'* (I:SW1:3)

External safe spaces and supportive networks were intrinsically linked in the data to how practitioners managed the emotional intensities of practice. Data showed that physical distance from the office was also a form of safe space. Travelling or cycling home was identified as an opportunity for processing emotions and sense-making, features similarly suggested by Ferguson (2009). Distance also operated as a means of creating 'a *buffer zone*' to detach from practice, a feature many participants emphasised as important in managing practice-related emotions:

*'I can leave that council flat or housing association house which they're sharing with six other families and go to my own home that I've set up as my own sanctuary, [...] my buffer zone to my work. I've got a supportive family, a supportive partner. I need a network of family and friends that help me get through my difficult job'* (I:SW6:11)

There were some variations to the pattern of accessing informal external networks. One locum practitioner accessed private external supervision. Several practitioners identified close relationships with team colleagues as enabling open and safe exploration of emotions. The extent to which change impacted on this is explored further in chapter 7.

The findings show that for many participants there was a strong perception that their work environment was not necessarily a safe place for the discussion or exploration of emotions arising from practice. Consequently, spaces were created for emotions outside it. My interpretation was that this was not merely about offloading stressful emotions. It was also a powerful representation of the ambiguity about the places *for* and place *of* emotions in the workplace.

## **6.7 Supervisory Gaps - feeling uncontained**

Ambiguity about where emotions fitted in the work environment was also illustrated in ambivalence about whether group or individual supervision were appropriate places for

practitioners' emotions. A pattern emerged suggesting gaps in supervisory practice. In principle, supervision in the Service took two forms, systemic group supervision and individual supervision from senior practitioners. Most practitioners stated categorically that group supervision was inadequate on its own, although some practitioners appreciated the sense of collective risk-sharing and containment it offered when dealing with unsettled feelings and unpredictable risk:

*"Where the parents have mental health [needs], those feelings [ anxiety, gut feelings] It's very hard. [...] It's good to have other people's input because it always feels like you are sharing the risk". (I:SW1:3)*

Many practitioners reported that exploration of emotions and the emotional impact of the work in supervision had been *"taken out of the equation"* (I:SW6:9). Group supervision was essentially case-oriented.

The variable frequency of individual supervision was a source of frustration. For many participants this was connected to concerns about a lack of support, high staff turnover and burnout. Individual supervision was viewed as the space in which personal emotions and those arising from casework could be safely discussed and contained. Frequency varied from four months to one month, with most practitioners stating it was infrequent, for some *'hardly ever'* (Obs:7). One practitioner who had not had individual supervision in 4 months noted:

*"We are dealing with quite a lot of negative emotions. How do you process that as an individual? How does an organisation support their social work staff? [...] Group supervision, [...] it's primarily talking about cases. There is no one-to-one individual supervision any longer" (I:SW6:9)*

A participant who emphasised the need for confidence to use emotions in group supervision believed individual supervision offered essential reflective space, but infrequently:

*"Recently I've felt [individual supervision] hasn't played a part at all. So, I don't really feel like I've had proper reflective supervision since my last manager left and I've only had three proper supervisions this year". (I:SW8:7)*

In contrast, a more recently qualified practitioner had individual supervision once a month. This provided opportunities to talk *"on a purely personal level"* about his emotions, including *"emotions about power and working as a man."* (Obs:3)

Many practitioners stated that sharing emotions with a supervisor was highly dependent on the type of response they expected from that individual. This view was corroborated by a supervisor:

*“Sometimes people aren’t necessarily totally honest in [individual] supervision. [...] It depends on how much you think you’re going to get out of raising [emotions] or how much you trust the person supervising you” (Obs:4)*

Trust, team membership and permissions about where emotions fitted in supervision were common themes:

*“[It] very much depends on who your manager is and who you are in the team with, and how open people are, [...] how much importance they place on [emotions]” (I:SW8:7)*

Analysing these findings, it appeared that lack of consistency, frequency and clarity about where emotions fitted in supervision contributed to a significant gap in how practitioners’ needs for containment were met. These findings reinforce the ambiguous place of practitioners’ emotions in the setting. Firstly, they reinforce a lack of attention to the role of containment in an emotionally intense and challenging environment. Secondly, as noted in the extract below, they suggest a denial of practitioners’ emotions as an intrinsic part of the aforementioned agile emotion practices.

*“You’re having to deal with that [emotions] yourself. Where I think in other professions they get therapeutic counselling or supervision to deal with that.” (I:SW6:11)*

Together, the findings show the variability and gaps in supervision as a containing structure for practitioners’ emotions, resonating with Ruch (2007). Findings also echo Ingram’s identification of practitioners’ citing safety and permissions as factors impacting whether emotions are explored in supervision (Ingram, 2015b, p.96). However, focusing on how emotions are constructed and identifying their active use in agile emotion practices, my findings illuminate the significant need for not just safety and containment, but also a recognition of the cognitive and emotional functioning which facilitate these complex interconnected practices.



## 6.8 'The basic radar, the keystone from where we start'

The challenges and sometimes binary perceptions of emotions which emerged in the data highlighted the difficulties presented by such phenomena which on the one hand were seen as essential to practice, yet on the other hand were perceived as deeply problematic. The contrasts in these positions were evident in comments from a clinical consultant and a senior manager:

*"They [emotions] are absolutely vital to social work [...] absolutely crucial. [...] It's the basic radar that we all work with and it's not given enough credit. We're not made to feel confident about those emotions, we're not allowed to feel that they are useful [...] I think it is the keystone from where we start." (I:CC2:7)*

Emotions it is proposed, are the "keystone", the central stone in the bridge or arch that holds everything together. This powerful visual metaphor suggested emotions occupy a central position in practice. At the same time CC2's comment reinforces a theme introduced in the previous discussion of the "tough veneer" and repeated references to a collective sense that practitioners were not permitted to acknowledge or think about emotions in constructive ways.

The importance of emotions was similarly supported by a senior manager's comment. However, this highlighted the apparently opposing fears which emotions represented, namely the danger of workers who become "emotionless", and the fear that emotions could overwhelm. Thus, emotions are positioned as both problematic and essential and something that must be contained or managed in some way.

*"Worst nightmare is when emotions are not there, when the social worker is just so emotionless. [...] But [we] don't want emotions to take over [...]. We have to be able to hold it in and manage that." (I:SM2:4)*

These findings on the place and spaces for emotions address research questions 2 and 3. They show that the ambiguity about the place *of* and places *for* emotions were significant factors influencing how practitioners experienced and expressed emotions. The ambivalence about where emotions fitted in supervision or elsewhere reinforces, I suggest, the previously discussed problematic construction of emotions in the organisational culture. This ambiguity is further reinforced by the contrasting findings which show the centrality of emotions as "*the keystone*" of practice.

## 7 Using Emotions in a Systemic Practice Environment and in the Context of Change: Affordances and Constraints

Practitioners' emotions represented both affordances and constraints in the systemic practice environment of the Referral and Assessment Service. The systemic model was premised on practitioners being supported to engage in child and family centred collaborative, reflective practice. This chapter will present and analyse data which show the opportunities created by the experience and expression of emotions in relational practice and systemic group supervision, and the individual and organisational factors which facilitated and constrained this.

Observations revealed intersubjective emotions which emerged in team interactions and in the practitioner-client relationships brought to systemic group supervision. The data will show how speech, tone and non-verbal behaviour were combined with systemic concepts and situated feelings to construct 'meanings and values as they are actively lived and felt' (Burkitt, 2014, p. 21). Different forms of sense-making which drew on emotions became apparent. Observations, interviews and participant diaries illuminated factors which limited practitioners' emotional and relational engagement in interactional and intersubjective processes.

During data collection the phrase "*affordances and constraints*" was used by the clinical consultants to encourage practitioners to explore and hypothesise about the possibilities and limitations presented in family circumstances. Attributed to the perceptual psychologist Gibson (1979) the phrase encapsulated a focus on understanding individual and systemic opportunities and limitations in the relationships, behaviours and practices of each family system. During the course of this research (which had not originally set out to focus on systemic practice) the notion of affordances and constraints became a helpful framework to examine what the systemic model allowed in terms of how social workers' emotions were constructed and used in this setting.

### 7.1 Systemic Practice

#### 7.1.1 Systemic Structure

The local systemic model revolved around two central elements, firstly the structure of small teams or 'pods' as outlined in chapter 1, and secondly the use of systemic group supervision. Each team of three social workers, a senior practitioner (SP) and a practice administrator (PA),

had group supervision facilitated jointly by the senior practitioner and a clinical consultant (CC). Each clinical consultant worked across three teams which together made up a Practice Group. Group supervision took place for each team three weeks in every four. Teams rotated so that every three weeks they undertook one week on Duty.

The standard pattern for group supervision followed a model developed by Boscolo and Cecchin in the 1980s (Bertrando and Gilli, 2010, p.15). A brief 'checking in' round allowed each person to say something about how she/he was feeling, then each practitioner presented at least one case from their caseloads. They outlined case information using genograms to provide contextual information unique to each family and referral, emphasising context and relationships, two underpinning systemic principles. This concluded with the articulation of a dilemma or question for discussion (10 minutes). Once outlined, there was a brief opportunity for colleagues to ask clarifying questions. The presenting practitioner then remained silent and listened to colleagues' reflective discussion and hypothesising about the case (15/20 minutes). Following this, the practitioner responded to the discussion and plans were agreed (15/20 minutes). Agreed actions were recorded directly onto case notes. In a typical group supervision between three and six cases might be presented, each case presentation taking between 40 - 50 minutes. Group supervisions tended to last between two and a half and three hours. Most participants appeared to value the model, although the time consumed by group supervision was a source of considerable frustration for some practitioners.

### 7.1.2 Working to co-author change

The systemic model aimed to balance family risks with strengths and to facilitate relational practice which included listening, positive regard and being non-judgemental. The intention was to 'co-author change' by working relationally with families (Cross *et al.*, 2010, p.16.). Change was viewed as a key focus of practice:

*"That's at the heart of relational practice, to help people to change for the better"*  
(I:SM3:9)

A detailed description of the systemic model is not the focus of this thesis. However, it is relevant to note that the model is based on elements of social learning theory (Bandura, 1977) and systemic family therapy (Cross *et al.*, 2010). The Local Authority Practice Handbook (2014) recommended the structure for weekly group supervision and gave guidance on workers' roles. Senior practitioners and clinical consultants had key roles in embedding a

systemic approach to analysis and assessment of cases, most notably through the framework of group supervision.

*“Part of my original brief [is] very much about modelling, training and implementing systemic approaches, methods, techniques” (I:CC2:6)*

Not all practitioners were trained in the model. A small number of social workers, some senior practitioners and all the clinical consultants in the Practice Groups I was based in had received training, lasting from one week to one year. More advanced training had only been undertaken by the clinical consultants. However, there was a concerted focus on sustaining and developing the model which had been implemented three years previously.

In contrast to the original principles of the ‘Reclaiming Social Work’ model of systemic practice (Goodman and Trowler, 2012), a key difference in the model adopted by this local authority was that practitioners retained responsibility for individual caseloads. The lack of collective sharing of responsibility for cases held by the team was a source of regret for some practitioners, as collective responsibility had been a key tenet of the original model. Several participants pointed out that this resulted in a sustained sense of individualised responsibility for allocated cases and fears of blame if complex cases were to “*go wrong*” (Obs:1).

Observations showed that individual responsibility for cases and the focus on co-authoring change with families in a context of organisational change were significant issues for practitioners, impacting on *agile emotion practices*. This theme is explored later in this chapter. Next, I turn to data which showed how practitioners’ emotions were constructed and drawn on in the concepts, language and interactions of systemic practice as observed in this setting.

## **7.2 The Affordances of Emotions in Systemic Practice**

Systemic relational practice required practitioners to engage cognitively, emotionally and relationally with their clients and with each other’s’ cases in informal team exchanges and group supervision. The findings show that the use of systemic language and concepts afforded opportunities (and expectations) to practise in ways which actively engaged, and from my observations and analysis, created and used emotions in diverse ways. It is relevant to note that affordances and constraints were not mutually exclusive, for example, there are some instances in the data in which the experience of emotions and their expression or use operated as both affordances *and* constraints in systemic practice.

### 7.2.1 Relational engagement: engaging and feeling.

The language used to discuss cases in group supervision and consultations between practitioners and clinical consultants implicitly involved practitioners' emotions, although this was not immediately apparent from the terminology used. Terms such as "*relational questions*", "*curiosity*" and "*hypothesising*" were commonly used (Obs:1). Emphasising systemic principles of exploring contexts and relationships, practitioners were frequently exhorted to use "*relational questions*" in their interactions and assessments, to explore, for example, what different family members thought or understood, and how they related to what was happening for other family members. The connection between asking relational questions and tuning into emotions was named explicitly by one senior practitioner:

*"It is about relational stuff. It's about how people experience other people which then helps [us] to understand how a child might experience [a parent] And we are often the voice of children. If we're not going to use our feelings then we're not really going to understand how they feel."* (I:SP2:3)

SP2's perspective emphasises the centrality of practitioners 'using relational authenticity' (Freedberg, 2009, p.44), that is, being real and congruent in how they related to clients. Significantly the emphasis was on practitioners recognising and using their own emotion experiences in addition to recognising the emotions of others. This required the capacity to be fully present and in touch with their emotions, 'relating personally to the other so that expressions are spontaneous rather than contrived' (Freedberg, 2009, p.44). Practitioners used phrases such as "*I'm wondering about...?*" and "*I'm curious about...*" to facilitate exploration and discussion and to demonstrate genuine interest in the circumstances of clients and the work of fellow practitioners. (Obs:2; GS1:1)

Such relational language involved the use of emotion in various ways, but that this was not necessarily fully recognised by practitioners themselves in the day-to-day culture of the Service. Being alongside practitioners, it was possible to see how the systemic approach required practitioners to engage emotionally and at the same time hold back from immediate emotional responses. This tension is demonstrated in the forthcoming data and analysis.

### 7.2.2 The language of curiosity- *holding back* and *leaning in*

Curiosity is a key concept underpinning the systemic model. Its use was encouraged in group supervision and with families. Observations showed that the use of curiosity had several functions which I interpreted as operating at surface and depth in practice interactions. At a surface level, being curious implied (and enabled) a level of outward neutrality. I interpreted this as a *holding back* in which, for example, practitioners might not immediately respond to worrying information or an accusatory or disturbing comment from a client. Instead of for example, a concerned or defensive response, practitioners used curiosity to explore what might be behind a particular comment. Similarly, in group supervision curiosity might replace an emotive or a prematurely interpretive response to information. The following extract from group supervision shows the use of curiosity and an initial *holding back* in response to SW1's concerns about a vulnerable parent with a young baby, and threatened homelessness:

SW1: *"I don't really want to cause her any more stress so I didn't want to go out and visit before she had the baby [...] She said she was living in a hostel. I spoke about losing her housing. [...] [She had a] letter about eviction."*

SP1: *"I'm curious about that (housing issue)?"* (GS1:1)

Here, whilst there was observable sympathy for this parent, the expression of curiosity by SP1 rather than the possibly predictable expressions of empathy with this parent or frustration with the threatened eviction, led to a brief and relatively neutral hypothesising. Further explanations were then explored, as in this extract:

SP1: *"I think Mum has ended up depressed, something there is leading to possible neglect and that could explain her not taking [her] medication? [...] If that hypothesis is true, really questions now are [about] Mum's ability to meet the needs of a child"*.

(GS1:1)

By continuing to explore this issue without responding to the surface emotive or worrying content, further understanding was developed via the group discussion. It was apparent from observations that rather than prematurely reaching a conclusion or solution to a case dilemma, curiosity enabled sustained exploration and wondering aloud. This exploration involved a joint process, a *holding back* as outlined above and, at the same time, what I have termed a *leaning in* by practitioners to get in touch with the complicated emotionality and messiness of circumstances and relationships. *Leaning in* involved engaging closely with case information and emotions in order to understand, empathise and hypothesise.

The use of curiosity to *hold back* and *lean in* was also demonstrated in home visits. Observations showed how the use of this approach afforded recognition of, and empathy, with a client's circumstances, which in turn involved emotional processing by the practitioner *in the moment* of practice. Practitioners' experience and use of emotions were central elements in these interactions.

An illustrative example was observed in a home visit to review an assessment with a young mother Tia and her five year old daughter Rosie who had been diagnosed with autism. Rosie's father was in prison. Tia presented as young and isolated. The family lived on the 12<sup>th</sup> floor of a tower block in a very sparsely furnished flat. Discussing Tia's worries about the diagnosis and housing circumstances, the practitioner had moved on to explore the level and frequency of Tia's marijuana use, low moods and the potential mental health benefits of exercise:

Tia: "*Rosie actually loves swimming. [...] Before she was diagnosed I used to take her every two weeks. We used to go swimming and stuff like that and then after... (pauses, hesitant), I kind of like...*" (Tia looks down, her voice lowers and fades off).

SP1 demonstrated curiosity and used an empathic tone, but did not directly comment on the emotional struggle apparent in Tia's presentation:

SP: "*I wonder what that means though, because [...] before you got the diagnosis you were just going along and you were taking her out and doing stuff?*"

Tia: "*Yeah. But I knew there was something wrong with Rosie though. I'm not saying there is something wrong with her, but I know she was like different. I had to be more protective of her.*"

SP: "*But then after you got the diagnosis what do you think changed in your mind when you heard what it was with her?*"

Tia: "*I just got more, I think I wrapped her up in a bubble, and I do that. I don't know how to get out of it, but I do.*" (HV:4)

Here the data extract shows that in holding back on, for example an empathic or interpretive response, and instead sustaining curiosity using "*I wonder...?*" and "*What do you think?*", this led to a more meaningful understanding of this parent's lived experience.

In addition, a conversation with SP1 afterwards showed the different emotions created and intuitively analysed by her during the visit. SP1 acknowledged feeling very sorry for Tia, she was concerned about Tia's motivation, substance use and possible depression. Empathising with the nuances of Tia's experiences, *leaning in* created a range of emotions for SP1 as demonstrated in the extract below. Notably, the exchange showed the extent to which both the strength of SP1's emotions and her perceptions of the parent's emotions were being negotiated beneath the surface of apparent neutral curiosity and further hypothesising:

SP: *"I feel sorry for her [...] she probably suffered from post-natal depression, [...] a child with special needs that she is not fully understanding. Perhaps some level of shame about it because she's not wanting to take her out?"*

LOC: *'What were your strongest feelings when you were there?'*

SP: *"Trying to work out whether she's being totally ... [honest]. She comes across as genuine, [...] My most overpowering feeling was a feeling of wanting to help, wanting to do everything I can [...] That can become so overwhelming that you then make promises you can't keep. So I kind of brought myself back and thought I better make it clear that I can [only] try to do all of these things, I don't want to build up their hopes"*  
(HV:4)

Here, the data show SP1 engaging in reflexive awareness and containment of her own emotional responses to the family circumstances. These were processed – *"I kind of brought myself back"*– in a way that actively recognised and contained felt emotions, yet avoided the inclination to over-promise resources or solutions in an uncritical response to them. Expressing interest and being open to the family's narrative (Cecchin, 1987) demonstrates how curiosity was being used in conjunction with emotions. This afforded what Mason (1993, p.195) described as *'safe uncertainty'*, whereby curiosity adds depth of understanding and avoids *'understanding too quickly'*.

The concept of curiosity was emphasised by CC2, who identified capacity to care and feel as key elements in using curiosity. An example was highlighted during group supervision. Here, curiosity was linked to practitioners being open to caring enough about a situation/person to maintain a spirit of genuine interest. CC2 connected curiosity to notions of care/having care for, being attentive, solicitous and care-ful:

*"If you are genuinely interested in something then you also care about them. It's a caring set of questions that you have. . [...] We're not really nose-y about what*



*somebody has been doing in their private life, what we're interested in is 'What matters to you [the client/s]? What are you feeling?'" (GS.2:7)*

Overall, these findings show that attention to feelings and '*a caring set of questions*' in the use of curiosity involved both *holding back* and *leaning in* to practitioners' own emotions and the emotions of others which emerged in the intersubjective processes of practice. As shown in the above home visit, some of the reflexivity and containment this involved were internally processed in the moment of practice.

The next section expands on this theme by presenting data which show how group supervision created, contained and processed the intersubjective emotions which emerged during this group process.

### **7.3 Intersubjective Emotion Practices, Containment and Sense-Making**

From observations of many hours of systemic group supervision in different teams it was apparent that intersubjectivity, the coming together of minds and emotions (Howe, 2008), had a powerful, if not necessarily recognised, role. This occurred in the connections between practitioners and their felt experiences during group supervision. In addition, some of the intersubjectivity in the relationships between practitioners and clients was also brought into this forum.

Group supervision required practitioners to engage emotionally, cognitively and relationally with each other's cases. Casework discussion involved significant intersubjective emotional elements. Analysing these data, it was apparent that group discussions provided insights and developed analysis and/or plans using what I have termed *intersubjective emotion practices*. These were frequently interwoven with the experiences and uses of emotions by practitioners. For clarity I summarise these processes briefly here. They involved practitioners:

- Getting in touch with emotional experiences and the meaning of trauma for clients. For a period of time this meant staying with the possible lived experience of that trauma, including any emotional distress it might cause or have caused (for example, relationship breakdown, domestic violence, physical or sexual assault).

- Engaging with and holding or containing the potential worry, anxiety and embodied (sometimes via transference) emotional states this created about that particular case/clients, including perceptions of risk.
- Engaging in the above processes as a group, which in turn created new experiences of emotions in response to case information, how the case was discussed, as hypotheses developed and different perspectives/emotions were expressed by colleagues.
- Drawing on the above, practitioners engaged in forms of sense-making to analyse information, informing plans and decision-making.

The findings show that these processes frequently occurred in a context of incomplete, confusing information which created additional emotions, particularly in terms of risk assessments and child protection.

The next extracts demonstrate some of the elements above. Subheadings are used to differentiate the themes identified, although these overlapped in group discussions. By their nature extracts risk decontextualising a much larger conversation.. Summarised information is therefore provided to contextualise some extended extracts.

### **7.3.1 Getting in touch with trauma: experiencing and using emotion states.**

In the following long extract practitioners grappled with confusing information and increasingly troubling feelings engendered by a case discussion. These feelings appeared to be shared by the whole team and were named by two team members. One practitioner held on to and repeatedly named feelings of discomfort. Over the process of a 40-minute discussion, staying with these feelings afforded the development of different hypotheses and the application of systemic and psychodynamic concepts (isomorphism and transference). These data show that the interactional process and emotions experienced in this discussion contributed to a developing analysis and understanding of the case:

Group Supervision: 4 Present SP2, PA, CC1 and two social workers.

The case presented involved two families with a complicated history of child sexual abuse which resulted in a perpetrator's imprisonment. The new referral related to a new disclosure of previous sibling sexual abuse.

During a 40-minute discussion there was a palpable sense of the team staying with feelings of bewilderment, confusion and increased discomfort, linked to uncertainties about who had sexually abused whom. Puzzling pieces of information were combined. A tangible sense of increasing unease emerged as the team realised that sexual abuse appeared to have occurred intergenerationally. Feelings were engendered as practitioners got in touch with the possible traumas experienced. SW4, who had visited one of the families (Craig, one of the alleged abusers, and Sara), expressed concerns about their responses to Ashley's (Craig's sibling) disclosure. SW4's voice showed increasing disquiet about family dynamics and patterns as she used the genogram to point to different family members:

SW4 circles one section of the genogram:

*"Craig and his partner Sara - this family [responded in a way] which I find really bizarre, they were so very dismissive about these allegations. [pauses] Gesturing to the genogram: "Ashley and Craig's mum was sexually abused, and now Craig [who abused his sibling] is with someone who was also sexually abused..." [Her voice trails off in a mixture of disbelief and increasing concern].*

SP1 exclaims *"That gives me goose pimples!"*

CC1: "And the [previous] allegation is that Craig sexually abused Lucy" [another sibling]?

SP1: *"Oh this makes me uncomfortable". (GS1:4)*

Over the next 15 minutes SP1 repeated on three occasions that she was feeling deeply uncomfortable about what she was hearing. Practitioners referred to their emotional and intuitive responses for example, *"feeling bothered"*, *"troubled"* and thinking some of the family members' responses or accounts were *"really weird"*. I noted a distinct change in the sensory atmosphere when the discussion focused on Craig's relationship with his young child. The atmosphere became tense. Discussions were punctuated by short heavy silences as practitioners appeared to digest the information and sense-making they were engaged in.

A notable feature in this discussion was the repeated expression of discomfort. At a later point SP1 tentatively referred to "gut feelings". This prompted a statement about the severity of the original case, which invited a further getting in touch with the possible traumas experienced by Ashley:

SP1: “*I just wondered what [Ashley’s siblings’] experience has left with Ashley, what (are) the consequences of that? How’s that then affected her in the little world that she’s created?” (GS.1:4)*

These data show how intersubjective emotions were created in the process of case discussions. Analysing this further, they show practitioners engaged in processes including staying with and containing their emotions, reflexive awareness and the courage to express disturbed feelings arising from emotional engagement.

Interestingly, in this session the process of staying with and naming uncomfortable, frustrated and ‘stuck’ feelings contributed to a partial hypothesis and tentative understanding. Engendered emotions, including feelings of powerlessness in trying to make sense of the situation prompted further hypothesising:

SP: “*It feels uncomfortable, but it is frustrating as well because with all our hypothesising. [...] I feel helpless in a way. [...] I can’t think of how you would even start to unravel something like...*” [voice trails off].

CC : “*Use of self? I just wonder, you said you feel helpless. I wonder if that’s what Ashley feels? [extended pause, silence] or how Lucy feels?*”

SP: “*Perhaps it’s because Ashley’s in a position where she is safer to do that [disclose, as now in a foster home].*” (GS.1:4)

Notably, these findings show two processes which demonstrate the role practitioners’ emotions played in systemic supervision. Firstly, practitioners engaged in a group process which involved them beginning to get in touch emotionally with clients’ lived experiences and possible trauma. Engaging with and holding feelings of embodied disturbance, worry and confusion in turn facilitated hypothesising. Hypothesising included responding to colleagues’ thoughts and emotional states. Secondly, these processes extended their collective analysis of the case and development of action plans.

It is not suggested that any of these exchanges represented correct conclusions, rather they showed sense-making which actively engaged emotions and created new intersubjective emotions. Significantly, these exchanges included not only discomfort about what might have happened in this family, but also importantly, practitioners’ own feelings of helplessness and sense of feeling overwhelmed. This is implied, for example, in the statement “*How would you even start to unravel?*”

My analysis of these data suggests that the SP and CC had significant roles in modelling the *intersubjective emotion practices* of experiencing, naming, containing and utilising embodied and interactional emotions prompted by this group process. In doing so, they constructed emotions as acceptable to express and demonstrated the affordances emotion offered in this process. Findings from this group supervision, and many others like it, support the argument that systemic practice can combine ‘meaning-making through dialogue, but also [...] the value of felt bodily experience as a rich source of knowledge-making’, bringing together ‘our inner and outer experiences’ (Jude and Rospierska, 2015, p.218).

Emotions were used in conjunction with curiosity, reflection, use of self, isomorphism/mirroring and transference (Ruch *et al.*, 2018). Contrasting examples of the use of self occurred in group supervision and home visit data which I now turn to.

### 7.3.2 Taking a stance: subjective and intersubjective emotions in the ‘Use of Self’

A range of data showed practitioners engaged in what I have termed *taking a stance*, that is adopting a position in their interactional communication with colleagues and clients. Subjective and intersubjective emotions played a central role in this purposive use of self. As noted previously, this concept combines the subjective and unconscious self with the self in relationship. From systemic and psychosocial perspectives, use of self is implicit in the capacity to be emotionally present and authentic (Freedberg, 2009) and in the processes of interaction and dialogue (Rober, 1999; Real, 1990).

During fieldwork, practitioners were observed using their subjective selves in terms of how they expressed and drew on their emotions and embodied experiences in group supervision, informal case discussions and day-to-day practice. A simple example was observed in SW4 drawing on her own experience of adolescence to try to understand the different narratives which emerged about 16 year old Kari, albeit recognising differences and possible risks (SW4:HV:5)

More complex use of self and taking a stance are shown in two contrasting representative examples. This use of self draws on the practitioners’ subjective emotions and their experience of intersubjective emotions. In the first detailed extract *leaning in* to emotionally engage and

get in touch with the experience of others prompted emotional and cognitive responses which constructively challenged case discussions.

Group Supervision:7. Present SP, CC and three social workers.

The team spent 50 minutes discussing Aafaq. He was a 13-year-old boy who was living with his mother whilst she was experiencing acute mental illness. He was moved by his father to live with a male adult, whose relationship with Aafaq was unclear. Seemingly unsupervised, Aafaq had returned to his mother.

During the reflective part of the case discussion some team members named sad feelings experienced in response to hypothesising about identity, boundaries, cultural beliefs and possible family narratives. SW8 voiced initial concerns which emerged during the discussion, reflecting her inner dialogue:

*SW8: "It doesn't seem to me like there's any kind of adult that's taking responsibility for the situation, which is a bit worrying. [...] It sounds like Aafaq is the one who can just kind of go and do whatever he wants". (GS:2:7)*

CC2 commented this was about Aafaq's personal narrative and wondered aloud about boundaries and where the power to make decisions lay in this family. SW8 acknowledged this but reiterated her concerns, which in turn prompted further concern and expressions of sadness from another colleague:

*SW8: "It's about boundaries, but it's also about who's looking after him and making sure that he's okay, yes? [...] I don't get a sense that there really is anybody that's looking after him and making sure that he's okay, and he's only 13" [verbally emphasises his age].*

*SP4: "I wonder about what Aafaq's understanding is of his mum's mental health? And it's a bit sad that at 13 he's with his Mum and can't understand [why] he can't stay there. [...] That's kind of hard [...], and he's there every day, not [understanding] that she's unwell, that is so sad." (GS:2:7)*

Ten minutes later the team were still hypothesising about possible explanations for family relationships and behaviours. A comment from SW8 showed her sustained sense of sadness;

verbalising this felt emotion again amplified it further. The repeated expression of her felt emotions offered a challenge to a discussion in which the team hypothesised about the family's minority ethnic and religious background and possible cultural or gendered justifications for Aafaq being treated more like an adult than a child:

SP4 *"I guess [...] as the oldest child, and the boy child,[...] maybe Aafaq just feels [he doesn't need] [...] that nurturing. But it might be cultural as well, that he's a 13 year old boy, he can just get on with it."*

CC2 : *"We get that concept about his identity in terms of the GRRACES<sup>5</sup>"*

In response to this hypothesising SW8 firmly reiterated her sense of sadness, emphasising Aafaq's youth. Her tone indicated a sense of discomfort created in this interactional discussion. She appeared to ignore CC2's remark and, with slightly hunched shoulders as if to ward off a felt sensation, she turned towards SP4:

SW8: *"That just made me feel really sad when you said that actually, because it's like, he's only 13."* (GS2:7)

Here, use of self involved practitioners taking a stance, drawing on subjective emotional experiences and staying with these feelings as part of the relational engagement process, while other ideas were hypothesised and discussed. As such, the use of self involved the capacity to recognise empathic emotion experienced subjectively, but which had in fact occurred intersubjectively. It emerged as a contrasting emotion in a more neutral hypothesising about this 13 year old boy. This verbalising of embodied felt emotions afforded the group discussion a reminder of what it might *feel like* to be 13 in that situation. The repeated expression of SW8's empathic response and sense of sadness offered a challenge to a developing hypothesis and action plan.

The suggestion is not that practitioners' emotions, such as feelings of sadness and empathy, constituted some form of truth. Rather they show that the process of empathising 'requires an ability for mentalisation' (Fonaghy *et al.*, cited in Bertrando, 2015, p.65). In this instance, the voicing of empathy combined subjective and intersubjective emotions and thoughts. This use of self in an interactional group discussion had a practical value. Moreover, these data point

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<sup>5</sup> I use an abbreviated version of Burnham's original acronym for Gender, Race, Religion, Age, Class, Ethnicity. (see Totsuka, 2014; Burnham, 2012).

to an underlying value in practitioners' having the confidence and courage to take a stance and express felt emotions as a valid contribution in systemic practice.

In a contrasting example, emotions underpinned the use of self in direct contact with clients. Two powerful instances of this emerged during an observed home visit. In the first, the practitioner used self-disclosure to say how he had felt in previous exchanges with a family member. In the second, he spontaneously showed and expressed felt emotions which emerged in this visit. The home visit was to review the progress made with the Green family in circumstances involving serious sexual violence and emotional manipulation by Mr Green. A harsh police intervention had impacted Mrs Green and the children more seriously than Mr Green. The following exchange took place during a conversation which reflected on the original referral, the traumatic experiences and use of coercive power which had been disclosed during the assessment:

'Seated in the living room SW6 recounts the very difficult experiences Mrs Green and the children have had as a result of her husband's behaviour. SW6's tone is warm, empathic and the communication between them suggests a trusting working relationship which has clearly been built up over time. Using words such as "*manipulation, a bully*" and "*coercive*", SW6 discloses that he too had felt intimidated and threatened by her husband's behaviour. He recounts some of the threats made to him and emphatically describes how this made him feel. This promotes an immediate response of surprise and relief from Mrs Green: "*Thank you! I thought it was just me!*". She smiles as they acknowledge some of their shared responses to Mr Green's threatening behaviour. The conversation continues with SW6 showing empathy and concern through verbal and non-verbal communication' (HV:5)

Here, the data showed that the practitioner openly acknowledging his own feelings of intimidation and threat was experienced as a significant recognition and validation by Mrs Green. She responded appreciatively to this honest disclosure. This exchange highlighted the coercive power experienced and in a small way shared by both client and practitioner. The work had involved discussion of sensitive and complex emotional dynamics in the family. Additionally, it included powerful gendered and racial dimensions, all of which had been negotiated through this client-worker relationship. Arguably, in this context, the self-disclosure of strong emotions, fear and intimidation by a male worker to a female client had afforded an additional therapeutic value to this working relationship. Although this occurred apparently



spontaneously in their discussion, observation of this extended visit suggested that it was part of a careful, emotionally attuned and reflective intervention by SW6.

These data indicate that use of self in the complicated and challenging emotional terrain of referral and assessment work involved practitioners managing and processing their own subjective emotions alongside the intersubjective emotions encountered in relatively brief, intense and intimate relationship-based practice. Much of this work occurred invisibly under the surface and became more visible to me in observations of visits and in the informal conversations with practitioners to and from visits. Notably, en route to this visit SW6 had expressed fury about the misogyny, gendered coercive power and manipulation which Mrs Green had endured from her husband, some of which had also been levelled at SW6 in direct verbal threats. We had spoken about the complexities of this case and the overwhelming emotions it triggered. Asked how he managed this, SW6 stated:

*“You have to be like an actor really, you have to play a part with the parents, and the children, and not show your real feelings”.* (HV:5)

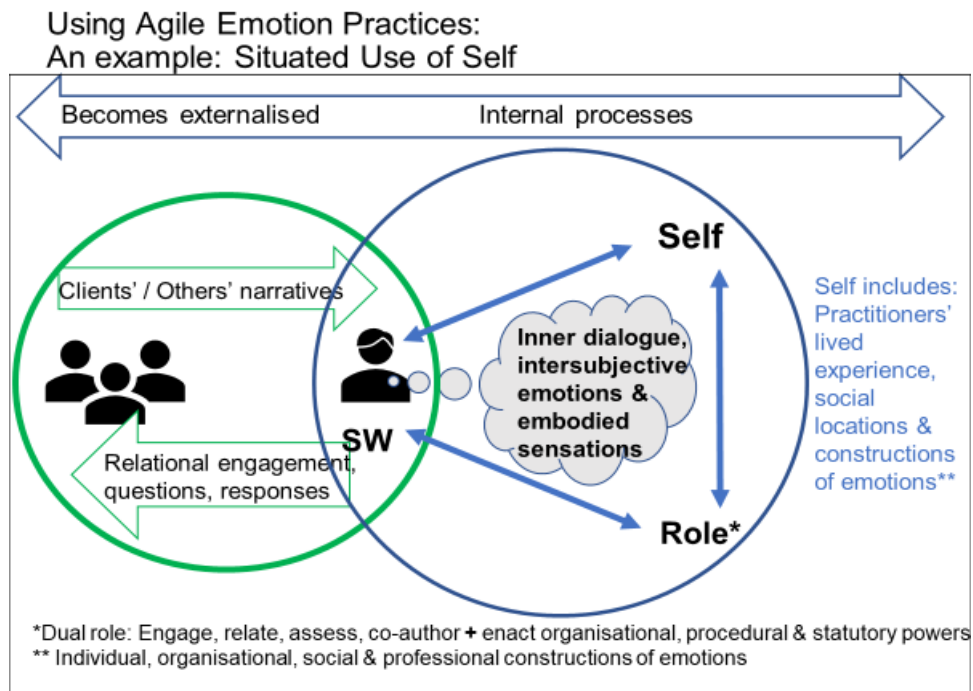
Explaining how he felt he managed such emotional dimensions of practice, SW6 had spoken of the importance of *“use of self, being able to reflect in the moment”* and the value of systemic theory in supporting this. The combination of these elements in taking a stance, to acknowledge and use both self and emotions was evident over the two hour home visit. This practitioner had moved between talking with Mrs Green about current and past circumstances, undertaking some carefully paced direct work with each of the children, then concluding with more engagement with Mrs Green. It was very apparent that SW6 had actively compartmentalised his own feelings in a way that enabled him to talk calmly and positively with the children about their father and their father’s love for them despite the changes in family circumstances. Language was used delicately to avoid negative messages about Mr Green whilst acknowledging some of the fears, disruption and worry recent events had created for the children. Love, feelings and emotions were recurrent themes SW6 explored as they completed drawings. Whilst these data show the practitioner not showing his personal *“real feelings”* or anger about the father’s abusive behaviour or SW6’s sympathy for the family, the observed practice showed the use of authentic feelings and emotions, both the practitioner’s and the clients’.

In a different example of use of self near the end of this home visit, emotion again had a role, albeit in a way that the practitioner later commented was unexpected. SW6 was in the process of concluding the visit, having reviewed plans and the progress made by the family:

'They are seated near the window, with SW6, as he had with the children, creating a sense of enclosed and contained physical space in how they are seated. There is lots of eye contact and warmth in his tone as they review the traumatic recent events and ongoing difficulties now being faced by the family. He regularly compliments Mrs Green on choices she has made and strengths she has shown. They talk about her worries about the future. Using the language of "recovery" and "a journey" SW6 emphatically reiterates his view of Mrs Green as a survivor not a victim. "*I believe language is very important. Always use the word survivor, you're a survivor, never a victim*". Then spontaneously, he stands up, motioning with his arms. He acts out his advice to "*Throw 'victim' out of the window. Go on, throw victim out of the window with me*". Mrs Green laughs and joins him in this physical action of metaphorically throwing "victim" out of her home. The both laugh and vigorously gesture throwing something out of the window. Mrs Green spontaneously hugs and thanks SW6, who responds reciprocally, with genuine warmth.' (HV:5)

Nuanced recognition and use of emotions were intrinsic to this relational work. The social work role involved engagement with people's distress and fears. This required confidence and safety to fully engage in relational practice whilst also recognising the emotional complexities created and the need for boundaries. For this practitioner, being an "actor" did not mean acting a false role, it meant something more emotionally authentic and engaged.

In summary, emotions were a vital element in these examples of practitioners' purposive use of self. In amplifying, through focusing on and speaking aloud something they felt within themselves (Real, 1990) or in these exchanges with colleagues or clients, practitioners purposefully used their emotions and voices as a form of 'therapeutic transparency' (Flaskas *et al.*, 2005, p.36). These *intersubjective emotion practices* drew on a combination of practitioners' relational and dialogic selves (the workers' inner dialogue), in which 'feelings, intuitions, fears, images, ideas which arise in interactions are observed and acknowledged' (Rober, 1999, p.212). A key difference in this use of self and internal dialogue for social workers, in contrast to Rober's tripartite construction of an inner dialogue involving self, role and negotiation in therapeutic work, are the added domains of legal and statutory roles and the diverse constructions of emotions practitioners bring to the process, as indicated below.



**Figure 3. Situated Use Of Self as an example of using Agile Emotion Practices.**  
An expanded conceptualisation building on Rober (1999), Ward (2018).

Use of self as an agile emotion practice involved multifaceted relational engagement in intersubjective emotions and emotion work, whilst also managing the duality of the social work role. This included engaging, relating, assessing and co-authoring change with individuals and families and at the same time enacting organisational, procedural and statutory powers. The externalised element of this situated use of self became visible in the verbal and non-verbal interactions of practice, whether with clients or colleagues. As indicated in the preceding examples or in group supervisions, the inner dialogue and subsequent interactions of practitioners involved *in the moment, reflective/reflexive and intersubjective emotion practices*. These in turn were informed by lived experience, attention (and sometimes inattention) to the power dynamics of social locations and embedded individual, social and professional constructions of emotions.

Crucially, containment became apparent as a central feature which I suggest underpinned practitioners' capacity to engage in *leaning in* to these intersubjective practices whilst maintaining curiosity. This involved both conscious and unconscious processes in staying with uncertainty and the feelings engendered by 'not knowing' and getting in touch with trauma (Ruch, 2005, p.118). These emotion practices required practitioners to engage in reflexive awareness of what Smith refers to as their traumatised and coping selves (Smith, 2018, p.106).

Containment, both self-containment and the experience of being contained, is central to such practices. I suggest that containment impacts inner dialogue and the extent to which this remains internal and/or might become external in relational interactions. Trust, stability and safe holding spaces were important contributors to practitioners' experience of containment; these will be returned to later in this chapter.

From observing practice over an extended period, the findings also highlighted some of the constraints and mitigating factors which impacted on the extent of practitioners' participation in such relationally and emotionally engaged practice. These individual and contextual constraints are now considered.

## 7.4 Constraints Maintaining Emotion Practices in Systemic Practice

### 7.4.1 Compromise, thresholds, scrutiny and time.

The work of the Referral and Assessment service, as noted previously, was characterised by a pressurised work environment which privileged protocols focused on efficient throughput of assessments and associated records in a 45 day period. Risk, risk-avoidance and uncertainty were constants governed by procedures and protocols. Time, or lack of it, and the pervasive heightened anxieties about an Ofsted inspection dominated day-to-day practice for most of the research period. These factors combined with the messy realities of practice in which practitioners tried to *'make sense of non-sense'* (RJ:1; RJ:4). I used the latter term in reflective journals to describe the mixture of frustration, confusion, partial information and, at times, heightened emotions which prevailed in Referral and Assessment practice.

Some of the constraints which impacted how practitioners experienced and used emotions generally, and specifically in this systemic environment, became apparent. As indicated in the data already presented and in the extract below, several limitations to the recognition and use of emotions were evident, although viewed as integral to practice. These included: the possible emotional costs to practitioners; their emotional availability, and the challenge to remain curious while experiencing and holding complex emotions arising from practice interactions. These factors appeared to challenge the embedding of a systemic model in which emotions were meant to play a key role:

*"Picking up an emotion that's being experienced in terms of the transference models, or whether it's what someone's said that's triggered feelings [...] You need to] listen*

*to that and to make decisions based on that. Because that's what Munro's trying to get at, that sixth-sense, that practice wisdom, those emotional responses of social work, which have been kind of stamped out through all this red tape and bureaucracy."*  
(1:CC1:3)

However, the findings show that despite the active presence and use of practitioners' emotions in the study setting, emotional engagement in systemic practice remained vulnerable to the combined demands of systemic *and* child protection practice, and thus were vulnerable to being "*stamped out*" by proceduralised practice.

As shown in SP2's comments below, the realities of large caseloads and performance targets contributed to a reversion to more procedural and pragmatic practice, constituting a 'survivalist' approach (Cooper, 2009, p.181):

Observation: 2 Open Plan Team Room:

5.40pm. 'SP2 says *I've been thinking about emotions in the last couple of weeks [..] not sure where they are*'. Citing an example of one of her practitioners having 59 children on her caseload, she talks about the relentless stressful impact of work, the pressure to keep to timescales is resulting in "*My own thresholds<sup>6</sup> rising*". She muses "*Emotions are interesting, we have some reflective space [pauses thoughtfully] but don't know where they go really*".

SP2 sounds despondent and talks about reverting to practical ways to manage workload, taking up more direct casework herself and helping people to close/transfer cases.

Despite being a champion of systemic and emotionally engaged practice she expresses doubts: "*Systemic is useful but I'm not convinced it works in Referral and Assessment, the turnover time's so tight and so little time to think, thresholds have gone up and that's about managing the bombardment*". (Obs:2)

SP2 was aware that in her leadership role she was focusing on the throughput of work, an organisational priority, but it was also possibly a strategic defence in response to high workloads and the challenges of supporting a team to systemically hold uncertainties and risks.

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<sup>6</sup> Local Authority Threshold Document (see chapter 5). .

Whilst observations had shown that SP2 actively used emotions in systemic practice, the practice environment had become a significant constraint to maintaining this.

This sense of compromise featured in numerous areas of the data, frequently associated with time constraints and heavily scrutinised performance targets. The tension for practitioners of “*doing the right thing*” (SW12) led to a prioritising of procedures and timescales, working against the potential affordances of systemic, emotionally engaged, reflexive sense-making. Comments from experienced practitioners reinforced these constraints and sense of compromise:

*“If they say that you've got to go and see the child within ten days [...] you go and do it. But the quality, and trying to make sense of it, trying to work out and understand and think about emotions and that, it's secondary to the fact that you want to tick those boxes 'cos you just want to be seen to be doing the right thing.”* (I:SW12:7)

#### 7.4.2 Conserving emotional energies

As noted previously the local authority Threshold Guidance was used to categorise cases according to severity of risk. In some teams perceptions of thresholds appeared to constrain the depth of engagement in systemic group supervision. As an observer it was difficult to ascertain why some cases prompted different responses or what factors prevented practitioners from exploring beyond the immediate facts of a case. In the extract below, the type of intersubjective emotion processes seen in previous group supervision were absent. The discussion showed limited overt *leaning in* to get in touch with the possible trauma or emotional states of children or adults. This supervision began with the practitioners reluctantly prioritising which cases to discuss. Presenting all the selected cases was: “*Too ambitious, timing is really tight*”. (GS:1:3)

Group Supervision: SP1 and 3 social workers.

The first case, about a violent incident during a child’s party, prompted wry laughter and sarcasm. Although relational language was used the emotional tone of the exchange showed mild cynicism and detachment:

At one point the practitioner suddenly said “*Oh I forgot to say, the mother has a diagnosis of cancer, I think the cancer has reappeared*”  
Throughout the discussion the team listened, occasional verbal

expressions of surprise were accompanied by facial expressions which suggested mild curiosity. The ensuing discussion used systemic language- “*wondering*”, “*curious*”. Only one practitioner asked questions about the children. Later SP1 noted this: “*I’m glad you asked about the kids. [...] My focus was purely on the boyfriend and I just totally blocked out everybody else including the [...] cancer. That’s a very easy thing to do in the assessment because concerns came in because of him*”. (GS:1:3)

I observed in the exchange a sense of incompleteness, of seemingly absent responses or unexplored information, in fact a *holding back* from involvement. Statements of worry about the father and potential risks to the children, led to a brief hypothesis about whether either parent could mentalise the children’s needs/experiences. One tentative hypothesis referred to worry about the mother’s health, actual or possible loss, but this was minimally explored. The team quickly switched to the next case.

I surmised that the interpretation of local Thresholds functioned as a constraint. Implicit in the lightness of tone and the lack of overtly emotionally engaged exchanges was a sense that the police had dealt with the key issue, perceptions of risk were low and did not meet threshold criteria for social work input. The case was likely to be closed or passed to Early Help services.

However, SP1’s comment about “*blocking everything out*”, in the focus on the perpetrator, showed a recognition that particular risks might skew discussions. “*Blocking everything out*” might also have pointed to possibly unconscious processes occurring, such as the avoidance of emotional engagement in the less immediate but potentially significant implications of this mother’s progressive cancer. By refraining from deeper engagement, it was possible that practitioners were protecting themselves from the impact of emotion practices.

### **7.4.3 The constraints of emotional engagement**

As shown in the preceding sections, findings suggested that the systemic model required processing, reflexivity and containment of emotions. In contrast to the previous extract, a different case discussion showed some of the complicated emotional dynamics experienced in complex casework. This example is illustrative of other group supervisions, which showed the challenges facing supervisors and peers in holding curiosity/uncertainty. The observation

records note that a distinctly tense atmosphere developed as the case of Zita (22), a young mother of two children under five, was discussed:

*'Zita's partner was described as "Incredibly controlling and abusive and threatening. He preyed on her and she's a very, very vulnerable person. [...] He's poisoned her mind [...] He told her so many times, 'You're going to lose your kids'. (GS:1:3)*

The emotionally charged language used by SW3 emphasised the considerable vulnerability of Zita and SW3's assessment of a coercive relationship. I observed the team's empathic and concerned responses: shock, discomfort, anger. Further information about violence and abuse was recounted by SW3 in a flat, tired voice:

*"All just different hurtful sort of things" 'So it was rape of her, it was sexual abuse of [two-year-old child]' Team members respond with gasps and utterances of disbelief.' (GS:1:3)*

As well as the case details, SW3's seemingly exhausted and flat tone invited empathic and emotional engagement, although there was no exploration or curiosity about her presentation. Interestingly, the discussion focused more on Zita than the children. In this intersubjective process a collective sense of being emotionally overwhelmed emerged. SP1 then intervened as if to deflect these feelings, by orienting the discussion towards an action plan using a Signs of Safety<sup>7</sup> template. But naming worries appeared to escalate anxieties. Concerns about stalking, and threats to the children were verbalised: *"If he gets brave enough he might carry out whatever threats he made"* (GS:1:3)

'Thinking the unthinkable' was expressed in these heightened anxieties about possible outcomes (Cooper, 2005, p.9). In this observation, it seemed that it was particularly difficult for practitioners to maintain curiosity and hypothesising. The discussion remained focused on risks. Although emotions were expressed, there was limited opportunity to reflect on the emotional content, such as SW3's empathy with Zita or the possible mirroring of Zita's powerless state. The team had *leaned in* and emotionally engaged, but appeared to feel quite stuck, with limited time to explore further.

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<sup>7</sup> Signs of Safety had been previously used in the Service. It included a template with three solution-oriented questions: - What are we worried about? What is working well? What needs to change? (Turnell, 2010).



The challenges of teasing out complex emotional processes was evident in a final brief exchange. Expressing concern that the outcome of the assessment might be punitive towards Zita, SW3's strength of feeling was fleetingly apparent in an unconscious verbal slip in which she referred to Zita, as opposed to the children, being placed on a child protection plan:

SW3: "*Putting the mum [she corrects herself] the children on a plan for that [possible neglect of emotional needs of the children] seems really punitive*". (GS:1:3)

The constraints inherent in managing emotional engagement and risk-avoidance were apparent in SP1's response: "*If something was to happen, the first thing they're going to look at is what was our risk assessment?*" As such, it seemed that conscious and unconscious defence mechanisms, and the adequacy or otherwise of containment, intersected with the challenges of in-depth emotional engagement.

## **7.5 Practitioners in Context: personal influences, experiences and voice**

The skills, abilities and perceptions that individual practitioners brought to their emotion practices were significant features which intersected with team and organisational contexts. As shown previously, how emotions were constructed and worked with in this setting was influenced by the organisational culture, perceptions of professionalism and by the nature of relationship-based and systemic approaches.

This section presents data and analysis which are not exclusive to a systemic practice environment. In addressing the question: *What factors influenced and/or regulated how practitioners experienced and expressed emotions?* these findings illustrate characteristics, social locations, voice and lived experiences which participants brought to this setting, but which arguably they might bring to any social work setting, including those not implementing a systemic model. Similarly, the analysis of change in 7.6 is explored in terms of the impact on relational and emotion practices generally, in addition to the impact on systemic practice.

Practitioners' narratives showed that their perceptions of emotions and engagement in agile emotion practices appeared to be influenced by multiple factors, including individual biographies, identities, social position and training. As noted previously individual emotional experience is constructed and interpreted through personal, social and structural lenses.

Socio-cultural backgrounds, identities and biographies are informed by the 'emotional concepts that we have learned from our culture' (Barrett, 2017, p.39). For participants this culture included processes of socialisation, ranging from early upbringing, life experiences and relationships, to values and experiences of counselling, professional training and work environments.

### 7.5.1 Family scripts, socialisation and identities

Family upbringing and socialisation were features many practitioners described as influential in how they thought about emotions. In the first extract, the capacity for using and understanding emotions had derived from familial influences:

*"That emotional literacy, all that hasn't been taught [in professional training].  
[...] Seeing my parents looking after people, having a sense of obligation to public service, [...] responding to emotions". (I:CC1:3)*

Interestingly, such factors although influential were not viewed as fixed. Levels of comfort with acknowledging or expressing emotions were fluid, responding to life experiences and relationships over time. These features emerged in several interviews.

Aspects of identity and social location, specifically culture, class, gender, sexuality and age as lenses through which emotions were perceived were also emphasised. Some representative extracts from male and female narratives illustrate a recognition of gendered stereotypes, that is, that perceptions of emotions and emotion expression were seen as feminised and therefore more acceptable for females than males. This was subtly influential:

*"I think gender for some reason [influences how I as a woman think about emotions]  
[...] But maybe just femininity. [...] A stereotype that women think more about emotions and whether that's true or not I don't know, or whether that's affected me somewhere."  
(I:SW9:7)*

*"Speaking from my position as a white, middle class man, certainly there's more women here who perhaps typically are more able to talk about emotions". (Obs:3)*

In naming these influences these participants did not necessarily agree with such gendered stereotypes, nor did it seem that they enacted them in practice. However, whilst uncomfortable

for many practitioners these social influences were powerful, and possibly contributed to some of the tacit organisational norms previously discussed. In addition to subtly perpetuating gender stereotypes relating to emotions and their expression, some participants referred to feeling challenged by how men were positioned in relation to emotions. For example, a male practitioner made links between the ease with which male clients were constructed as dangerous and/or uncaring, and how often male workers were called on to do joint visits in this context, reinforcing constructions of men as tough and/or threatening or dangerous. Extracts from one interview suggest that this contributed to men being positioned in ways that challenged or potentially denied their emotions:

*“Talking as a man I think it’s very hard for men to be in this [setting] and to present as caring gentle men because [...] they won’t get believed by other people, i.e. practitioners. I think it’s very hard for men [...] who present as being a bit gentler or wanting to be sympathetic” (I:CC2:6)*

This participant resisted yet felt positioned by an “unspoken story” of heteropatriarchal roles in relation to emotional expression and behaviour in the Service

*‘How does a heterosexual man present as both caring, yet you are expected to be somehow firmer, tougher, harder than other practitioners?’ (I:CC2:6)*

From observations of a range of participants, male, female, heterosexual, gay and lesbian, and from diverse racial backgrounds, it was apparent that practitioners experienced and used emotions in nuanced ways and did not appear to conform to overtly sexist or heterosexist stereotypes. However, despite practitioners stating their disagreement with gendered stereotypes in terms of acknowledging or expressing emotions, their organisationally situated practice was directed by embedded gendered constructions.

On several occasions male workers were asked to attend or accompany female practitioners to visits which were deemed threatening. Male practitioners complied with this, conforming to the commonly expressed organisational imperative to “*get the job done*”. One expressed frustration with an implicitly gendered expectation that by accompanying a female practitioner to a visit with a threatening parent, somehow this visit was safer to undertake for all concerned. Entrenched socially structured expectations of men’s capacity to fearlessly manage potentially aggressive or violent situations and if necessary protect stereotypically more vulnerable female colleagues (Smyth and Sweetman, 2015) raised uncomfortable feelings, although these were

not necessarily expressed openly. Observation records showed examples of concern and dissatisfaction with socially structured stereotypes and expectations frequently occurred through the medium of joking and laughter (Obs. 4 & 7). For example, a male practitioner spoke in whispers in a shared workspace, using facial expressions and gestures to indicate how unacceptable and unrealistic it felt to be socially positioned in this way (Obs. 5), features similarly noted by Crabtree and Parker (2014) and Scourfield (2006).

Interestingly, this male participant then recounted a serious situation in which it was expected that a male practitioner could go alone to a home visit where a family member was understood to have a gun. The severity of potential risks arguably reinforced implicitly gendered expectations. Analysing these data, the jocular tone of the discussion and the extreme example involving a gun, reinforced the structuring impact of gender and gendered constructs of emotions. It seemed that even for male practitioners who sought to challenge gendered stereotypes, it was more socially and organisationally acceptable to acknowledge discomfort or fear only in extremely threatening circumstances.

These data suggest that resistance to embedded gendered constructions of emotions and practicing as gendered actors were challenging for all participants. Notably, male practitioners, gay and heterosexual, spoke more than females about their discomfort at being positioned in this way and feeling shut down and criticised for being overly emotional, although some female participants described similar experiences. Interestingly, although to some extent recognising and owning socially constructed, gendering emotion work, women practitioners arguably complied with the tough veneer of this culture in order not to be seen as stereotypically vulnerable. Thus, for both male and female practitioners their socially located identities influenced how they negotiated emotions and emotion work. Practitioners in various roles appeared to have internalised the importance of neither being viewed by others, nor seeing themselves, as *'someone who is overly emotional'* (I:SW1:3).

These findings suggest that there were subliminal assumptions about gender and emotions, as discussed in the literature on emotional labour and emotion practices. Male and female participants' experiences of, and scope to express, emotions were influenced by their socially structured positions as gendered actors in the performance of practice. Participants' differing social locations, which not only comprised gender roles but also sexual identity and race in this multi-ethnic workforce, intersected in their compliance with the previously mentioned *'tough veneer'* of the organisational culture. Subtle differences in how participants spoke about their experiences suggested differential negotiation of implicitly gendered norms and what was

considered 'gender appropriate' in the management of emotions (Lively, 2013, p. 225). As Cottingham (2017) has indicated, such gendered and racialised influences can lead to a loss of emotional authenticity and impact work roles.

### 7.5.2 Biographies and lived experience

In addition to the above factors, personal biographies were frequently cited by participants as significant influences in how they made sense of their emotions. For some this sense-making included paying attention to their emotions whilst also critically questioning them. This included awareness that personal experiences might trigger certain emotions or increase sensitivity to the emotions of others. Examples ranged from personal relationships which provided insight into trauma, discrimination or loss, to personal experiences of receiving social work services. These data revealed that emotions were intertwined with personal identities, lived experience and reflexivity. Some practitioners appeared to have a finely tuned awareness of their own emotional narratives and the need to question these as part of their professional practice:

*"I was on the other side. [...] I was a teenage mum in a children's home with a social worker. [...] [...] I think that's what keeps me remembering, recognising, appreciating and trying to still continue to treat people in a humane way" (I:SW12:7)*

The potential for emotions to inform empathic understanding and at the same time represent less conscious projection or transference required mindful reflection and questioning, as SW12 noted, of what practitioners "bring to the table" and "*the emotions that [work] brings up*".

A theme emerged of changed perceptions and life experiences contributing to ways of thinking about emotions. For one participant getting "*scared and worried about emotions*" during social work training prompting her to find "*a way for myself to think about and identify emotions*". (I:SW9:7).

Several participants stated, with considerable strength of feeling, that personal experiences such as poverty, homophobia, cultural transitions, class, cultural or religious differences informed their capacity to draw on emotions in relational work. As shown below, a close connection was made between drawing on personal experience and political and emotional awareness in practice:

*“I understand the experience of how difficult it is to flee your country. Even though you come from a middle class background, are university educated, you start at the bottom of the heap; and when you’re an ethnic minority there’s whole other levels of discrimination that you have to get through.” (I:SW17:9)*

Collectively these findings illustrate the complexity of scripts, socialisation and biographical influences which practitioners reported as influential in how they perceived and made sense of emotions. These extracts show an interplay between emotions, self and lived experience which are brought to practice. In considering how practitioners made sense of their own emotions, these findings suggest that understanding such influences are likely to be an important feature in agile emotion practices such as situated use of self or reflective emotions in groups or relationship-based practice (Ward, 2018, p.55). The fluid and changing perceptions of emotions identified resonate with Theodosius’ articulation of emotion management intersecting with self-identity and reflexivity as: ‘Ongoing, representing a continuous understanding of self that has a past, present and future’ (Theodosius, 2008, p.110).

### **7.5.3 Training, boundaries and personal therapeutic work**

Interestingly, most practitioners stated that social work training had not influenced their views about emotions, and even those who thought it had, described their identities and life experience as more influential. A few stated that training had enabled them to filter emotions and to separate feelings, values and analysis. Some reported that advanced systemic training had substantially influenced their perceptions of emotions. Systemic theory was viewed as enabling multiple perspectives on emotions and strengthened recognition of emotions as part of authentic, relationally engaged practice.

Notably, the main reported influence of social work training was the importance of boundaries and the management of emotions in practice. The capacity to conceal upset, anxiety or anger was emphasised by most participants. The comment below was illustrative of managing tensions between emotional responses, professional boundaries, the stacking of emotions and maintaining resilience whilst being aware of potential desensitisation:

*“You get from people - “Oh my God, don’t you cry, don’t you get upset?”. [...] My heart’s not made out of stone, but it is literally about that barrier. [I] see about four families a day, [in each]the mother’s crying to you. How is that not supposed to affect you*

*emotionally? [...]Are you desensitised to it all? But I don't think I'm desensitised, [...] you do [have to] have some kind of barrier.” (I:SW13:6)*

Participants with post-qualifying experience ranging from 2 to 18 years, male and female, referred to changed perspectives on their use or acknowledgement of emotions in their practice, having started with a belief that emotions were not part of professionalism. For example, one recently post-ASYE social worker referred to learning from colleagues and work with families that:

*“Emotions can be used constructively or productively with families”, contrasting this with her original view:*

*“Trying to be more of a blank slate, I thought that that was what was professional” (I:SW17:10)*

Significantly, such statements were invariably accompanied by references to trust and caution about where or with whom acknowledgement of emotions might be safe and free from negative perceptions or judgements of competence.

A finding of particular note was that experience of personal therapy or counselling was reported as very influential in how emotions were understood. A small number of participants voluntarily referred to previous experience of therapy or counselling. They viewed this as instrumental in how they conceptualised and worked with emotions. Interview extracts suggest that receiving therapeutic support provided opportunities to make sense of pre-existing attitudes or barriers to emotions. For example, SW4 stated that counselling had provided the skills to make sense of her emotions and understand the feelings she experienced in practice. (I:SW4:8)

Learning about mentalisation as part of intensive therapy had a lasting impact on another participant's understanding of emotions:

*“That was quite a big learning curve. [...] I wasn't really dealing with my emotions at all really [...] I had loads of therapy and started to be able to think about that a little bit differently.” (I:SW17:7)*

Notably, this experience, which had reportedly enhanced SW17's capacity to use emotions in relational practice, was also identified as creating feelings of frustration with the limited opportunities to acknowledge or discuss emotions in teams or supervision. SW14

acknowledged a similar tension. Having “*been in therapy for many years*” he expressed a view that many practitioners were ill-equipped and consequently “*guarded*”, implying possible self-protective defences against emotional challenges. (I:SW14:3).

It is beyond the remit of this study to comment on how common such experiences were, or whether these data were representative. However, given the previously mentioned injunctions against acknowledgement of emotions and their perceived association with weakness, it is certainly possible that many participants might not have felt confident to disclose this.

The possible value of personal therapeutic work to emotionally engaged practice and reflexivity, and conversely, the gap its absence might represent in emotional expertise, was suggested by a practitioner with supervisory/consultancy responsibilities:

*“How safe do the social workers feel exploring [their emotions]? [...] For a lot [it] is new territory, which is odd really considering this job is all about emotions. [...] Sometimes you can only go as deep as you’ve been yourself”* (I:CC1:3)

In contrast to the role of practitioners’ emotions in systemic therapy (Bertrando, 2015; Jude, 2015; Rober, 2011) these data illustrate gaps and inconsistencies in how the social work profession approaches emotions. The focus on boundaries, stacking and managing emotions suggests less direct attention is paid to the ‘experiencing’ of practitioners when engaged in direct practice, which Rober (2011, p.233) argued is a crucial tool incorporating practitioners’ inner dialogue, emotions and thoughts.

#### **7.5.4 Position and voice in organisational systems**

The study findings suggest that trust and stability were fundamental factors underpinning the emotion practices of individuals and teams. The lived experiences outlined in preceding sections along with social locations such as gender, ethnicity, class, age, working roles and relationships were brought to teams and group supervision. Observations and conversations with participants suggested that practitioners’ sense of position and voice were both gendered and racialised, contributing to their perceptions of safety, the extent of their reticence, and their feelings of insecurity and/or containment in teams. Containing teams appeared to support practitioners’ engagement in in-depth emotion practices (see Biggart *et al.*, 2017). SW8 noted that group supervision was a constructive safe space which challenged a prevailing culture in



which emotions, “*were not given attention*”. Clearly, confidence and trust in relationships were central to voicing emotions:

*“If you’ve got the confidence to talk about that kind of thing then I think it’s [group supervision] a really good place to do it, because then that kind of changes the culture a little bit.” (I:SW8:7)*

It was apparent that a sense of voice and confidence to express emotions in teams derived from a range of factors. These included relationships, roles, aspects of identity such as age, race and gender, in addition to experiences of loss, isolation or security. However, change impacted on stability and voice. Notably, practitioners from minority backgrounds emphasised the importance of safety in teams, although this was also noted by some non-BAME participants. One practitioner lamented the loss of established working relationships after a transition to a team with a different managerial style and working relationships:

*“I didn’t really gel. [...] I sort of tried to manage that and I tried to work with them, [eventually I said] I cannot do it.” (I:SW14:3)*

This practitioner’s sense of isolation mirrored my observations of other participants, who stated that working relationships and differences/similarities in gender, age and ethnicity all contributed to group processes and dynamics. One team, who felt stereotyped as young, female and middle-class (thus feeling their voice was diminished), drew collectively on the stability of their working relationships to create a sense of safety and ownership of group supervision.

Applying the notion of ‘*voice entitlement*’ and feminist perspectives on voice as a socially constructed phenomenon Boyd (2010, p.203) suggests that membership of, for example, cultural or gender groups can affect how practitioners are positioned and have a voice in practice situations. It seemed that voice entitlement was impacted by experience of isolation or shared identities, as noted above. In such contexts voice is vulnerable to self-regulation and ‘self-silencing’ which can occur in cross-cultural working or when hierarchies exist in teams (Dutta, 2010, p.111). SW14 articulated an example of self-silencing, illustrating the emotional costs of engaging in interactional group processes:

*“I was listening to case discussions and I was thinking why should I say [anything]? [...] I understand that this is quite selfish but it made me think if I am not really part of it, why do I want to contribute?” (I:SW14:3)*

These findings illustrate that processes such as ‘use of self’, and the subjectivity and intersubjectivity involved in the agile emotion practices previously outlined, are likely to be affected by working relationships, voice and social locations. The systemic model and emotion systems which practitioners entered with peers and clients were not immune to structural differences and potential for ‘othering’ (Wilkinson and Kitzinger, 1996, p.9). Thus, whether positioned by themselves, others or the organisation, issues such as working relationships, roles and identities affected practitioners’ experience and use of emotions in teams and systemic supervision, a theme similarly noted by Flynn (2019).

In this and preceding chapters the characteristics which influenced how participants perceived emotions and to some extent how they engaged in emotion practices have been noted. To ensure anonymity and confidentiality the following statements are more general than specific, deliberately avoiding reference to specific individuals. In my analysis I refrained from judging participants in terms of their capacity to be ‘more’ or ‘less’ agile. Indeed, agile emotion practices were demonstrated by participants from all backgrounds and social locations. As discussed in relation to conformity, heroism and transgression in chapter 5, gendered constructs impacted on all participants in subtly different ways. More experienced practitioners appeared more confident in speaking openly about emotions and their practice demonstrated a range of agile and sophisticated emotion practices. However, quite recently qualified practitioners also demonstrated critical engagement in agile emotion practices. White male practitioners, from relatively newly qualified through to senior management positions, were more openly vocal about the ‘macho’ culture and their compliance or resistance to it. This possibly reflected a level of confidence arising from their social locations as white men, although there were distinct variations in age, seniority and sexual identity amongst these participants. Significantly however, these participants all expressed concern about possible negative judgements or censure if they transgressed socially constructed or organisational norms about emotions.

Findings also indicated that despite the ethnically diverse workforce, practitioners from BAME backgrounds were likely to be more cautious and more attuned to the potential for experiences of micro-aggressions, othering and/or their position in teams or the wider organisation. For example, although black workers were represented at practitioner, middle and senior

management levels, it was also likely that black workers had a differential experience of voice and power in the organisation (Ray, 2019; Gunaratnam, 2011), which in turn might impact their respective capacities to challenge, resist or be seen to transgress the aforementioned norms about emotions. The ways in which BAME senior practitioners and social workers spoke about emotions, the impact of the local culture and concerns about possible negative judgements suggested that their experiences intersected with their social locations, features recognised in organisational research (Kenny and Briner, 2010). Thus the extent to which, for example, BAME female senior practitioners and managers overtly complied with the tough veneer of practice, or BAME male workers felt able to challenge expectations to accompany colleagues to a threatening visit, were highly likely to be influenced by their socially structured identities. As argued by Gunaratnam and Lewis (2001) the impact of racism and othering creates a complex intersection between defended subjects and defended organisations, imposing additional emotional labour on BAME workers in organisations (Ray, 2019; Evans and Moore, 2015). Consequently, my analysis suggests that minority ethnic practitioners were possibly more likely than their colleagues to consciously or unconsciously defend themselves against the possibility of criticism in an organisation which valorised the tough veneer of practice.

A limitation in this study is the lack of data on whether agile emotion practices were used or recognised by senior managers or other relevant personnel such as the internal inspectors or Ofsted. I did not have access to the latter and access to senior managers was limited to individual interviews only. Similarly, I am unable to comment on practitioners who did not use agile emotion practices or whether these practices were mis-used.

Feeling contained and capacity to contain were central to emotion practices in systemic and relationship-based approaches, use of self and empathic connection (Flaskas *et al.*, 2005, p.119). Position and voice were relevant to both the complex emotions systems of the organisational environment and the equally complex emotion systems entered into by practitioners. Change significantly affected practitioners' experience of containment and consequently their engagement in emotion practices. Findings on change and the accommodation of change by practitioners are now addressed.

## 7.6 Accommodating Change in Atmospheres, Culture and People

The local authority in which this study was based had a reputation for stability and was generally viewed by social work professionals in the region as a steady progressive employer. Consequently, although staff turnover and retention are an acknowledged challenge in frontline social work nationally (DfE, 2018) a relatively surprising finding was the extent to which staff changes were a constant feature in the Service over the 11 months of fieldwork. In the teams I had access to, comprising 23 practitioners, 16 changes of practitioner occurred. In three out of four teams some posts had multiple changes. Only in one team did all 3 social workers and the senior practitioner remain the same. Significant changes to middle, senior and executive management also occurred. When practitioners left, they were rapidly replaced, usually by locums. Staff turnover occurred for numerous reasons, including illness, pregnancy, change of job, transfers within the borough. a and a critical internal mock inspection, in anticipation of a full Ofsted inspection. Notably, on the surface everyday practice continued as normal. However, the study showed that change had a distinctly unsettling effect on practitioners and an observable effect on the culture and atmosphere of the Service. Additionally, in my analysis, change had a substantial impact on how emotions were constructed and experienced. The following sections show how changes in personnel, culture and atmosphere constrained the scope for agile and intersubjective emotion practices and the working relationships that sustained these.

## 7.7 Staff turnover: the importance of consistency and security

### 7.7.1 Being anchored by ‘a good manager’

Consistency and security in teams permeated the data as features highly valued by practitioners in facilitating emotion practices and emotional containment. One aspect of this was frequently represented in practitioners’ and managers’ accounts of experiencing a previous “good manager”. This phrase was commonly used when participants retrospectively described the importance of access to a manager who was physically and emotionally available and most significantly this person had listened and had not denied or negated practitioners’ experience of emotions. As shown in the following examples, practitioners recognised their need for consistency and security. Some acknowledged strong attachments and distinct experiences of loss when change occurred:

*“When I first started [...] I had a very good manager., [...] Stability for me is important. [...]She was direct but she was caring, she was warm.” (I:SW15:3)*

A common pattern was observed amongst practitioners who embraced emotions as a central part of their practice, several of whom demonstrated *agile emotion practices* throughout the data. They frequently linked their openness to, and confidence in, expressing and owning emotions to early experience of managers who offered trust and containment:

*“The management I’ve had, particularly with Z, she certainly gave me a very good base as a social worker of feeling safe and contained.” [I:SW10:5]*

Subsequent changes in line managers/supervisors and in managerial styles were frequently experienced as offering less containment in team or supervisory processes. Participants in managerial roles similarly noted both the importance of their experiences of feeling contained and secure as practitioners, and the importance of their capacity as line managers to acknowledge and contain practitioners’ emotions.

### **7.7.2 Challenging the default ‘deal with it’ position**

The challenges and benefits of managers having fundamental roles in emotional containment and supporting engagement in and use of emotions as outlined in these findings, was underlined in reflective comments from a senior manager who described initially having had quite a ‘macho’ approach to emotions and emotion management. But an early experience of working in an unsupported and uncontained environment combined with self-imposed perceptions that emotions were not permitted had been very negative.

Reflecting on this experience SM1 described a significant transition. She now acknowledged emotions and as a manager tried to recognise and contain the emotions of practitioners. Nonetheless, she still experienced an inner battle in trying to avoid a default ‘deal with it’ position:

SM: “[Now] As much as I do the touchy-feely banter “How’s it going?” stuff, - when it comes down to the real emotions of social workers I [still] have to step away from that internal [default] view of, “You [the practitioner] can deal with it, you should be able to deal with it.” I need to be able to say, “Let’s talk about it,” as opposed to being dismissive.[...]

*I think now I'm much more attuned to it. But my default position 10 years ago [in my work] would be, "Well it happened, I'll deal with it."* (I:SM1:6)

## 7.8 Changing climates: security and trust

As previously shown, safe, trusting and engaged team relationships were central features in supporting practitioners to undertake and manage complex and systemic emotion practices. Findings show that stable and cohesive teams were crucially important in developing trust and shared ways of working. Despite significant changes in supervisor, clinical consultant and in the practice group, a practitioner who worked with the same team colleagues for over two years emphasised that this consistency had been essential and, as suggested here, contributed to staff retention:

*"My team [stability] has had a huge impact on why I'm still here at the moment, definitely".* (I:SW10:8)

In contrast, the absence of such stable working relationships constrained practitioners' opportunities for support and containment. This was apparent in practitioners feeling isolated and burdened when the environment did not afford opportunities to either offload or process the emotions arising from their practice. Observations over an extended period underlined the impact of changes in team membership, particularly those involving senior practitioners who provided day-to-day consultancy and had a lead role in group and formal/informal individual supervision. Over time it was possible to observe that staff changes had increasingly negative impacts on the working relationships which underpinned everyday emotion practices and the systemic model. The following data from one team show how such change was deeply disruptive.

Following the departure of a Senior Practitioner, it was apparent that this, coupled with the style of a new Senior Practitioner had an immediate effect. From observations SP5 had an extremely quiet style. There was almost no initiation of informal conversations. Working silently at computers, which were set up in ways that reduced eye contact; to initiate communication felt rather intrusive (in my own experience and in my perception of practitioners' experiences). Nevertheless, it was apparent that SP5 responded immediately and positively when asked

directly for consultation or advice. The atmosphere however felt distinctly different. This was further exacerbated by a new social worker (SW19) joining the team.

En route to a home visit, SW4 disclosed that she was finding these team changes more difficult than expected.:

*“I’m really struggling with the change of manager. [...] It’s really frustrating, I thought I’d be fine, because I hadn’t had SP1 for long. I didn’t think it would make much of a difference to me” (HV:6)*

It was apparent that despite having worked with SP1 for only a couple of months this relationship was one in which SW4 felt confident enough to express her feelings about cases and seek support/advice. Her tone and the content of discussion showed ambivalence about SP5. For example, although SW4 wanted to explore concerns about cases, she was reluctant to ask SP5 for time to discuss these and had not requested individual supervision, suggesting a sense of uncertainty and avoidance.

Observational records a few weeks prior to this exchange had shown a distinctly unsettled atmosphere. Notably, the team had experienced significant changes in membership. Uncertainties, change and indicators of resistance to change were enacted in minor behaviours and exchanges, as illustrated below:

The first extract highlights apparent confusion. Whilst on the surface the team were adjusting to new workers, from a psychosocial perspective such behaviours might be understood as possible reactions to loss and resistance to - or avoidance of - change:

Observation 9.10am

‘I can’t see any of my team in either room. I am very aware of the absence of SP1 who usually sat in the same place, in doing so she established the team’s base. Later the new SP calls in (seems to be working elsewhere). She explains the team didn’t have group supervision yesterday as CC1 and SW2 were not available, SW4 was busy with meetings and home visits and had forgotten group supervision was happening. SP5 says *“I’m not sure if group supervision will take place today, I don’t know if SW2 will be in, or where SW4 is, or if CC1 is available”*. Her voice trails off, sounds uncertain. She then warmly greets other practitioners and leaves the room. I’m curious about why the

practitioners suddenly do not seem to be sharing their movements or remembering group supervision.’ (Obs:6).

A week later observation records showed that changes in staff impacted across teams. An informal conversation focused on the imminent departure of a senior manager. Practitioners expressed their sense of loss; this manager had been approachable and supportive. Unsettled feelings in response to change were apparent in other conversations. For another practitioner change had triggered thoughts about moving to work in an alternative service - “*The best kept secret in the LA*” - which offered a more caring and less pressured environment (Obs 6).

These exchanges took place in a context of substantial change, the loss of established working relationships and an overall atmosphere of increased scrutiny. This was reinforced by the arrival of external staff who would be undertaking a ‘mock’ Ofsted inspection. My interpretation of these data was that they represented the uncertainties brought by change. A lack of containment and the unsettled feelings experienced contributed to natural defence mechanisms such as avoidance and projection. The “*best kept secret*” of the other service represented a climate which seemed safer, in which anxieties and challenging emotions were somehow reduced.

Two months later the significance of changed working relationships, styles of supervision and intense scrutiny pre-Ofsted continued to have an effect. In the following extract, the impact of such an environment can be tracked through the experience of one participant, who from observations and interviews was representative of many others at the time. SW4 contrasted her changed experience of teams, following changes in senior practitioners and social work colleagues. In response to a question about what enabled her to name her emotions, a feature which she lamented was no longer possible, she emphasised the importance of accessible trusting colleagues:

*“It’s the people. It’s partly my training and it’s partly [...] that’s how I cope with my emotion. It is to say it out loud. [...] I can’t imagine coming back from a visit now feeling really sad and going in and saying that to my team [shaking her head, sounding quite dejected and exasperated] [...] It’s just I think too much effort to explain and it comes down to too much to process.” (I:SW4:8)*

Throughout this discussion SW4 presented as increasingly isolated from her team, expressing considerable frustration and anger. My interpretation was that this represented a sense of



burden and a lack of feeling contained or held. She angrily referred to “*bullshit cases*” which she felt had been allocated to her because of managerial changes in preparation for Ofsted. The implication was that cases that would not normally meet local thresholds for allocation were being processed as a procedural exercise to avoid possible Ofsted criticisms. However, these apparently low-risk cases had still created questions, challenges and emotions for SW4. Thus, casework, changes in team personnel, the style of managerial supervision available all combined to compound feelings of frustration, isolation and lack of containment. Lacking containment for this worker included a sense of not being trusted or listened to by managers and prompted thoughts about leaving.

Here it is possible to see how collective changes affected the likelihood of practitioners having the ‘mental space’ to sustain *agile emotion practices* in an environment which, at that point, seemed to be increasingly ‘inimical’ to this (Cooper, 2018, p.275).

## 7.9 Changing cultures: the ‘relentless fight’ for relational practice

Staff changes at management levels were identified by participants as impacting on the organisational atmosphere and culture. The departure of managers who had supported the systemic model was seen as detrimental, particularly by practitioners tasked with embedding and supporting systemic practice. Over the research period there were increased concerns that changes in management were impacting negatively on this:

*“It’s such a cliché, but I think who you have in senior management roles does actually make a difference” (I:SM1:6)*

More visibly, changes in managerial style at middle management directly influenced the practice culture and the extent to which practitioners felt supported to engage in relationally emotionally engaged work. Interviews and conversations in the latter half of my study illuminated the considerable impact of such changes in the culture and atmosphere of the Referral and Assessment Service. The most extreme example of this was represented by the approach of a new senior manager, whose presence appeared to evoke fear. Fear of scrutiny and possible blame were consistent background features throughout the study, as noted previously. However, at this point participants reported an increase in procedurally-driven practice and an overt return to an atmosphere in which emotions were perceived as problematic and thus best suppressed. Informal conversations acknowledged that in this

changed atmosphere developing systemic practice and supervision had become “a *relentless fight*” (Obs:7). Changes in management were described as “*devastating*”. Some of the new managers had created a powerful sense of unease by a style which was:

“*Quite authoritarian [...] SM4 coming in as the polar opposite to SM1*” had created “*real worries for the agenda*” of “*fostering risk [taking]*” in the emotional engagement of systemic practice. (Obs:7)

As an outsider coming into the team during this period there was an observable change in culture. Participants who previously had stopped to ask about the project or occasionally offer shadowing opportunities now did not offer eye contact or quietly apologised that due to being under enormous pressure they would not be available for an interview/shadowing. Informal asides or gestures indicated the impact of a changed atmosphere, and what I interpreted as a more tense and fearful culture. Another participant outlined the changes in atmosphere, derisively raising her eyes as she referred to SM. There was a tangible sense of discomfort, non-verbal expressions and whispered exchanges, all of which supported a description of the impact and style of this new manager as:

“*Very authoritarian, very linear in thinking. [...] Not much scope for reflection and reflective work*” (Obs:8)

The above comment from an experienced practitioner was followed by an admission of feeling “*anxious and fearful*” about the new manager, features which it was suggested other practitioners also felt. It was apparent that the scope to engage in systemic practice, intersubjective emotions and to accommodate uncertainty were “*very very difficult to nurture*” in this changed climate (Obs:8).

These findings, and my own sensory and observational experience during this period, suggest that the organisation’s drive to prepare for an Ofsted inspection had instigated what several participants referred to as “*linear practice*” (Obs:9). This was procedurally-driven practice in which statistics were monitored, boxes ticked and the overriding focus of attention was the avoidance of a negative inspection.

“*You get a lot of middle management who are experienced but don’t want to [...] take the risk of getting emotionally involved with their staff, so they are quite linear. [...] It’s*

*about throughput of cases, it's about getting 100% figures, it's about plausible risk denial.” (I:CC2:6)*

It appeared that the preparation for inspection had amplified existing factors, such as the focus on “stats” and procedures (Obs:1), a recognised challenge in local authority social work (Broadhurst and Mason, 2014). Additionally, styles of management and experience of change appeared to create a defensive, risk-adverse climate which was not conducive to recognising intersubjective emotions or working with uncertainty.

### **7.9.1 Returning to linear social work: ‘Am I marching to the right tune?’**

The feelings of destabilisation and uncertainty which these changes had brought, combined with the frequency of staff turnover produced a sense of insecurity for many participants. Informal conversations and interviews frequently felt overwhelmingly sad, with participants quietly acknowledging feeling isolated, fearful and unsupported. The move from a sense of security to insecurity was explicitly named by one practitioner in an audio diary extract. Reflecting on the impact of changes and the loss of a secure “*exceptional relationship*” with a line manager who had recently left, the practitioner’s voice is weary:

*“Changes, working relationships that have been created. It’s like going from a secure place, [of] good understanding [within a team] to a more insecure place, not such a good level of understanding” (D1:10)*

Interestingly, several participants used military metaphors which suggested the sense of destabilisation and uncertainty change had created, as well as the huge impact of changes in managerial styles:

*“If you’re used to the tactics of one particular General and Admiral [...] [but then change brings uncertainty]. So you are thinking [...] am I marching in the right way? Am I hearing the right tunes? [...] So the whole thing then just becomes chaos’ (I:SW17:11)*

Clinical consultants whose role collectively involved having an overview of at least six teams, expressed concern that they were observing practitioners reverting to more protective and defensive positions. Defensive practice was seen as reducing the scope for the type of emotionally engaged systemic practice that they sought to encourage. In my analysis, these changes also impacted on how emotions were constructed. Change also seemed to affect

practitioners' capacity to engage in intersubjective emotion practices and work towards the systemic construct of 'safe uncertainty' (Mason, 1993, p.189). This was apparent in this description of a defensive retreat towards what was perceived as safer but more detached, procedural practice:

*"I'm wondering if it's a kind of fall-back, that kind of linear social work, task orientated, tick box, [...] a loss of the curiosity, much more the thinking moving back towards certainty. So that's disappointing, frustrating, troubling, as we've worked for the last three years to move that culture. But with a few [changes], the mock Ofsted, with new appointments in the managerial roles, that's changed quite dramatically." (I:CC2:11)*

### 7.9.2 Maintaining spaces for emotions

In the final month of the study participants were adjusting to changes. The Ofsted inspection had finally taken place and was largely positive. A sense of hopefulness was created by the appointment of a new manager who was familiar and viewed as supportive of emotionally-engaged practice. Although significant changes in systems and personnel were still occurring, optimism was expressed in one team about the scope for future containment and sustaining systemic practice.

*"With change comes opportunity" [and now] "It certainly feels like opportunity this side rather than before {when we spoke in month 9}. The change seemed scary and a bit frightening. With the new appointment of SM5 [...] That's really positive" (Obs:11)*

Despite expressing feelings of hopefulness some participants remained dismayed about the apparently entrenched narrative about the place of emotions in social work:

*'It's felt quite unsafe to have emotions or show them for fear of being perceived as weak [...] This is not just me [...] [Emotions are] just not validated or understood. We've probably touched on this every time we've spoken. [...] Traditional social work is very macho and emotions are not part of the discourse. Emotions of service users, yes, but emotions of practitioners isn't part of the discourse'. (I.3.CC1:11)*

In another team, practitioners reflected on the inevitability of change in social work. Their conversation reinforced the theme of safety. Having a safe space in which practitioners felt contained and relationships were meaningful, their conversation and laughter underlined one

of the overarching themes in these findings. Namely, that to engage in the everyday intensity of agile emotion practices, safety, containment and relationships were crucial:

*'Lots of change, but that's it, get on with it. 'But we still have a special space', (small team room they occupy exclusively). Yeah this is our place we can still say whatever we want, however we want, can say whatever the hell we like'. They laugh together. (Obs:11).*

To conclude, this chapter has presented findings which show the complexities of agile intersubjective emotion practices, containment and sense making which occurred in systemic group supervision and direct practice. Additionally, it identified a range of individual and organisational factors, including change, which appeared to influence how emotions were constructed and drawn on in practice.

## 8 Discussion

This research aimed to explore practitioners' experience and use of emotions in social work practice. It aimed to analyse how practitioners' emotions were constructed and made sense of in the environment of day-to-day Local Authority Children and Families Referral and Assessment practice. It also aimed to identify and examine what factors influenced or regulated how practitioners experienced, expressed and used emotions in this organisational environment. An ethnographically informed methodology using observations, informal conversations, semi-structured extended field interviews and participant diaries facilitated extensive data collection and analysis, drawing on combined social constructionist and psychosocial theoretical frameworks.

In this chapter I revisit the research questions to discuss and further synthesise my findings. Key themes are evaluated in terms of their contribution to the knowledge base, and their application to social work. Reflections on the research process and the limitations of this study are then explored.

### 8.1 Recognising emotion practices

In answering the research questions, it is important to note that my interest lay in looking closely at practitioners' emotions, traditionally seen as highly individualised, subjective experiences. However, using Smith's notion of the 'ethnographic problematic' it was possible to both take account of and look beyond individual practitioner subjectivities to locate these in the institutional and 'social relations in which that experience is embedded' (Smith, 2005, p.41). Participants had individual emotional experiences, and felt subjective emotions, but it was the interactions and processes of their relationships within the context of the Service that gave these emotions situated meanings. Emotions emerged in and from interactions to which participants brought feelings, values, thoughts and meanings (Burkitt, 2014). By focusing on these emotions, the intersections between individuals, their social locations, interactional practice and the wider systems in which practice occurred became more visible.

The first research question asked: *How are practitioners' emotions constructed and worked with by practitioners in direct practice?* In relation to the first part of this question, the preceding chapters have demonstrated a central overall finding, that the construction of practitioners' emotions in the context of the Service was problematic, despite their omnipresence and use.

The implications of such problematic understandings will be discussed further in the section on double binds.

### 8.1.1 Hidden Emotion Work, Containing Self and Others

By getting as close as possible to the 'experience, events and meanings' of practitioners' experiences (Emerson *et al.*, 2011, p.2) it was apparent that emotions were ubiquitous and multifaceted in the practice setting. Everyday practice involved a range of emotions at constantly changing levels of intensity. These were felt in the interactional dynamics of casework, teamwork, group supervision and in interprofessional and interagency practice. Emotions were experienced as largely inseparable embodied, cognitive and interactional processes. In other words, practitioners felt and experienced emotions in their relational practice which combined internal and external dialogue and interactions. A significant proportion of these emotions were not expressed overtly but were tangible in case discussions and duty referrals.

In identifying what I have termed *hidden emotion work*, drawing on Theodosius (2008), I aimed to encapsulate the largely unseen activities involved in putting on "*the cloak of professionalism*" (SM1). This presentation of 'face' enabled practitioners to present outwardly as calm, focused and professional; features of emotion management important to perceptions of professionalism and organisational norms (Hochschild, 1983; Goffman, 1967, p.5). Whilst recognisable as normative professional behaviour, there was a spectrum of emotions beneath this exterior, ranging from worry, sadness, empathy and distress to anger, frustration, guilt and hope, amongst others, evident in the non-verbal, sensory environment of practice, as well as in verbal exchanges. This hidden emotion work included not just the containment and processing of emotions by practitioners, it also included containing and processing the emotions of others, both clients and professionals. The overt direction of negative emotions towards external agencies/professionals appeared to represent a permissible outlet for the otherwise minimally acknowledged challenges of hidden emotion work. This resonates with and builds on knowledge of 'backstage' (Goffman, 1959, p.97) unconscious organisational and collective anxiety and emotion management activities (Ruch and Murray, 2011; Whittaker, 2011; Taylor *et al.*, 2008), sometimes including humour (Jordan, 2017; Gilgun and Sharma, 2012).

In seeking to understand how practitioners' emotions are constructed, it is my contention that the limited visibility of emotions and the nature of hidden emotion work contribute to emotions

occupying an ambivalent position. Constantly experienced and tangible, yet they receive limited space or recognition.

### 8.1.2 The invisible skills of the rollercoaster ride

The pervasiveness of negative emotions, and emotions which were perceived negatively, was particularly striking. As a former practitioner and in my current role as an academic, I was not surprised to encounter emotions such as anxiety, worry and fear. What was more surprising was the predominance and depth of such feelings and the limited expression of positive emotions. Sustained anxieties and worries about the progression and outcomes of cases and meeting performance targets, as well as feelings of guilt and uncertainties about decision-making were commonplace. At the same time, participants' narratives showed that positive emotions, although more rarely expressed, had an important role in sustaining motivation and commitment, making the work meaningful (Pooler *et al.*, 2014).

The recurrent use of the word “*rollercoaster*” (SW12; Obs:5) to describe day-to-day emotions provides a valuable metaphor to illustrate the depth, fluidity and physicality of participants' emotional experiences. Practitioners constantly negotiated shifting and interconnected emotions. Significantly, the rollercoaster metaphor illustrates the extremes of emotions created in the intersection of procedural and relationship-based assessment practice. Switching between feelings of dread to relief, excitement to fear, compassion to uncertainty, practitioners constantly worked with simultaneous and interwoven emotions, consciously and most likely, unconsciously. As participants noted, sometimes these emotions were not easily named, yet they constituted profound embodied experiences in the unseen and often unrecognised processing and skilful management of the emotional terrain of practice.

This lack of recognition did not mean that practitioners were unaware of their emotions or aspects of such emotion work. Rather, in the social and organisational relations of the Service there was limited positive recognition of the skills involved in constantly stepping on and off the “rollercoaster” (Obs:5). Despite their ubiquity as dynamic aspects of practice, practitioners' emotions were often masked and occupied an ambivalent and frequently paradoxical place. This paradox, discussed in the findings chapters, was reinforced by evidence that practitioners actively used their emotions in the performance and sense-making of practice.



## 8.2 Agile Emotion Practices in Relational and Systemic Practice

Practitioners skilfully worked with their emotions in direct practice with clients and in the interactional processes of team communications and systemic group supervision. Gaining access to such performative practices and practitioners' reflective and reflexive narratives, it was possible to identify simultaneous processes in which emotions were engaged in and switched between. Thus, in exploring how practitioners understood and worked with their emotions, the study sheds light on emotions as an integral part of the 'active doings' of practice (Emerson, 2009, p.536). In doing so it builds on, but further extends, studies which analyse aspects of emotion in the embodied behaviours and communications of relationship-based practice (Winter *et al.*, 2019; Ferguson, 2018) and those which consider emotions in the mechanisms of supervision and organisational practice (Gibson, 2019; Turney and Ruch, 2018).

One of the important 'analytic outputs' (Braun and Clark, 2019, p.594) that developed in my interpretation of these *doings* of practice is what I have conceptualised as *agile emotion practices*. Through data immersion, reflexive analysis and consideration of the activities of social work, nuanced practices were identified. *Agile emotion practice* is thus proposed as an overarching concept which incorporates interconnected layers of practices, as illustrated in Figure 1 (s. 6.1). These practices involved different types of agility, intersubjectivity and hidden emotion work in the dynamic experiential performances of practice. They are not, I propose, mutually exclusive, rather they interconnect and are mutually constitutive.

Theorising social workers' emotions as forms of practice enables holistic attention to be paid to the situated meanings and functions of emotions. This study shows that these extended well beyond traditional perceptions of emotions as individualised, internal feelings labelled as, for example, anger or fear. Drawing on the findings, the concept of agile emotion practices developed from an understanding of emotions as embodied, interactional and performative practices, constituting a resource comprising knowledge and skills, including communicative and sense-making capacities. Significantly, these incorporate a recognition of embedded normative constructions of emotions and their use in social contexts (Cottingham, 2017; Scheer, 2012).

Emotion practices included conscious and less conscious intersubjective processes in the individual and group experiences of practice. In other words, in the interactions between practitioners, and between practitioners and clients, all participants 'affect and are affected by' each other (Hollway and Jefferson, 2013, p.21). This intersubjective experience is drawn on

consciously in emotion practices, and also, it seems subconsciously or even unconsciously, the latter becoming more accessible as a result of reflection, reflexivity and supervisory, peer or practitioner-client discussions. Agile emotion practices are thus embedded in the communicative, reflective and relational capacities that practitioners bring to and experience in practice. They include the capacity to manage and process emotions but also crucially, the capacity to utilise emotions.

Notably, in the socialised norms of social work, such practices are rooted in 'a mix of conscious and unconscious ways of being and doing that become habitual and natural to the well-socialised individual' (Cottingham, 2017, p.273). This socialisation includes the professional role as defined by established norms and systems, and the structuring impact of wider embedded beliefs, social and organisational locations. Consequently, practitioners' experience is deeply intertwined with entrenched hegemonic status-based beliefs about emotions which intersect with power relations and the gendered, racialised and organisational locations of practitioners (Ray, 2019; Pease, 2011). As the findings have illustrated, these factors were influential in how emotions were constructed and used in the local systemic model and in practitioners' understanding of their profession more generally.

The importance of context in emotion practices is reinforced by Ericsson and Stacey (2013) who, building on the development of emotional labour by Theodosius (2008) and others, underline the context and agency of workers. Certainly, the context and agency of social workers mediated all aspects of emotion practices in the Service, given practitioners' social and professional locations, and the organisation's statutory powers and duties. These framed practitioners' relationships with the organisation, clients and the procedural processes they worked within (Lewis and Simpson, 2007; Gunaratnam and Lewis, 2001). The relevance of this is examined later in the discussion of 'core' elements which interconnected in agile emotion practice - emotion systems, use of self and organisational double binds.

### **8.2.1 Utility and Value**

In arguing for the utility of recognising *agile emotion practices* as a meaningful construct and tool for practice, it is relevant to consider how this concept complements or differs from reflexive/reflective practice or the critical reflection models previously discussed. As presented across the findings, agile emotion practices included elements of reflection and reflexivity. *Anticipatory* and *in the moment* emotion practices included emotion work which combined reflection with naming to mobilise internal or/and external dialogue. These informed sense-

making and relational engagement. Emotion practices of naming and utilising emotions were similarly observed in the interrogation and vocalisation of emotions which occurred during and after client contact. Critical reflection was also visible in some agile emotion practices, such as those engaged with by D:3 regarding individual and organisational responses to an intimidating client (s. 6.3.3). I have argued that reflective and reflexive recognition and interrogation of emotional experiences formed an important part of the emotional agility practitioners demonstrated. These processes represented a form of emotional knowledge which was drawn on as a resource *and* as a practice.

However, by examining a typical example of practice - home visits – it is possible to illustrate how agile emotion practices involved substantially *more than* critical reflection. Data on visits to the Green and Miller families (s 5.6.2; 7.3.2) demonstrated that reflection on previous contacts and in advance of visits informed practitioners' thinking and preparation. Similarly, use of critical reflection and reflexivity added further nuance and depth in terms of, for example, consideration of complexities and inequalities.

Nevertheless, reflective or reflexive processes do not fully capture the cognitive, performative and embodied emotional practices that were engaged in before, during and after these visits. SW6's direct work with Mrs Green was influenced by critical reflection but was not in itself critical reflection. It was a combination of *situated practices* through which the practitioner prepared for and then moved fluidly between face-to-face work with children - combining relational therapeutic work about highly sensitive aspects of their lives with authoritative information-giving and reassurance - and equally sensitive emotionally-attuned practice with a parent. The *doing* of these practices had physical, performative, cognitive and communicative elements. In these practices practitioners engaged in multiple interconnected processes, some less consciously than others:

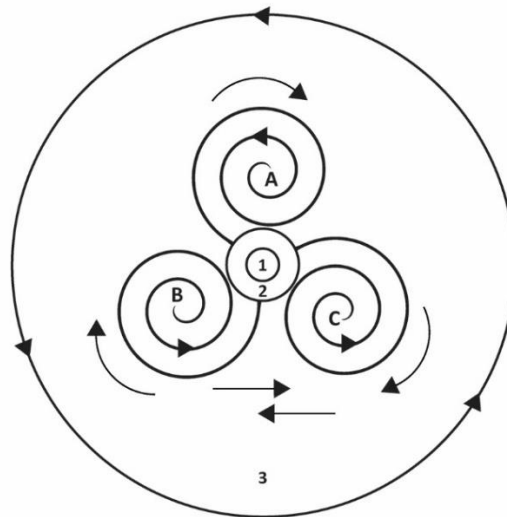
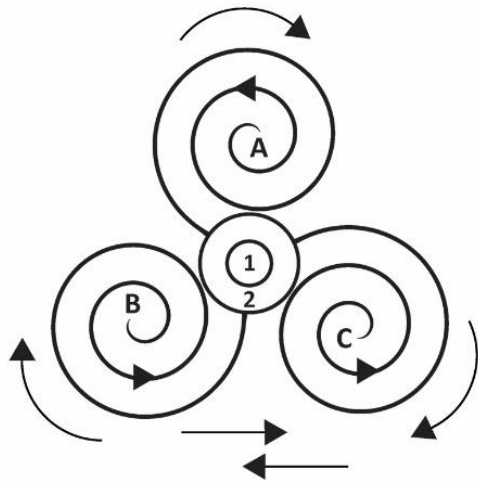
- experiencing, containing and responding to personal emotions and those of clients arising from diverse needs and trauma
- acknowledging and challenging socially constructed gendered and racialised experiences of emotions and associated behaviours
- reflexively factoring in to these interactions personal and professional identities and social locations
- *leaning in* to the intersubjective emotional and interactional experience of both the immediacy of visits and evolving working relationships

- situated use of self\* - incorporating emotions in care/caring, relational interactions, organisational, socio-political contexts and power relations (agency role, gendered violence, police and legal institutions) (\*see Figure 3)

Additionally, when visits ended, practitioners rapidly switched to focus on the next visit, which required a new set of emotion practices. Whilst reflexive and reflective processing often took place in transit, further agile emotion practices were activated in the rapid switching between cases and the stacking or compartmentalising of embodied emotions, thoughts and outcomes in the transition to the next visit. Emotion practices are thus not mono-directional. They involve responsive movement in and out of different elements (anticipatory / reflective / intersubjective) as situations unfold.

These activities are individual, interactional, multi-sensorial, conceptual and performative (Scheer, 2012; Spencer *et al.*, 2012). Viewing emotions as practices therefore acknowledges their position as 'both the outcome *and* configuration of resources situationally activated and embodied by constrained actors' (Cottingham, 2017, p.271). Importantly, some of these interconnected practices involved demonstrations of care/caring in intersubjective relational engagement. Although not always apparent in social work (Lynch *et al.*, 2019) this emerged in multiple forms, such as empathic communication, emotional listening, holding back, curiosity and, occasionally, physical contact.

Relationships were the location for many, but not all, of these emotion practices, being the medium through which practitioners sought to engage, assess and collaboratively work to co-author change with families. In these relationships, practitioners negotiated socially situated norms and meanings for emotions in the interactions of professional practice. Emotion practices thus simultaneously involved deliberate and less conscious management of intersubjective emotions in the professional role (Cottingham, 2017), (Figure 4.) and implicit negotiation of situated social and professional constructions of emotions (Figure 5).



**Figure 4. Interconnected Agile Emotion Practices**

**Figure 5 Context of emotion practices**

1. Social Workers' position at centre of complex emotion systems.
2. Situated use of self  
Experiencing and using intersubjective emotions

**3. These practices happen in context** - Social, professional, organisational constructions of emotions – impact on practitioners of contextual and structural constructions of emotions.

Further contextual layers- see Figure 1. Include Organisational & professional double binds and wider socio-organisational context of social work.

Examining systemic group supervision, an alternative example illustrates how emotion practices involve more than reflection or reflexivity. My observations and analysis revealed a contradiction in that intersubjective and sometimes quite intense emotion practices were engaged in, which I have characterised as *leaning in* to relational authenticity, intersubjective emotions, and containment - *holding back*. Yet the systemic language of curiosity was not necessarily explicit about emotions or their role in supervision. Additionally, group supervision was highly structured, with little or no space for the exploration of emotions beyond structured case discussions.

To an extent there are some parallels here between systemic group supervision and the models of critical reflection discussed previously. Drawing on my definition of agile emotion practices, it could be argued that critical reflection models require practitioners to engage in emotion practices, albeit with variations in emphasis. However, these models do not break down the complex emotion practices involved in systemic supervisory processes. Indeed,

although intersubjective processes are potentially present in each model, the extent of practitioners' emotional engagement or what I propose comprise *emotion practices* are variably articulated in such models. Ruch's (2009) model does explicitly address feelings from a psychosocial perspective, which this analysis suggests might not fully capture the construct of emotions as *practices*. Additionally, given the substantial evidence in this thesis that emotions are constructed as ambivalent and problematic in professional practice, it seems reasonable to conclude that models of critical reflection which require emotional engagement - and indeed Goodman and Trowler's (2012) model of systemic group supervision - might be inherently constrained.

Reflection and reflexivity are essential skills in social work, despite debates about interpretations and limited research (Gould, 2016). As discussed, models of reflection provide structured ways of thinking, some of which explicitly attend to emotions. Reflexivity enables practitioners to evaluate their own role in the interactions and power dynamics of practice. These ways of thinking contribute to and inform actions and, I suggest, emotion practices as I have articulated them here. However, the construct of emotion practices provides an innovative means by which we can conceptualise components of practice, which I contend are inadequately addressed within models of reflection or reflexivity.

These components are the interconnected role of emotions in mobilising embodied, cognitive, interactional and intersubjective activities of practice.

## 8.2.2 Mobilising practices

In categorising agile emotion practices I group together practices in which social workers tacitly utilise emotions, for example, to inform, reflect, challenge, defend, develop, analyse and engage. As *practices* they include dynamic processes incorporating the emotions and sensations felt by practitioners in their bodies and environment, their cognition, behaviours, reflections and language. Similarly, they involve internal as well as interactional and external processes. The suggestion is not that *agile emotion practices* encompass every action taken by practitioners, rather that these emotion practices have intrinsic functions in, and are inseparable from, routine practice.

Indeed, viewing emotion practices through the lens of Sheer's typology, her construct of mobilising practices, that is, the everyday routines and interactions that evoke and/or manage emotions, is arguably applicable to all aspects of social work. In other words, social work itself

is a mobilising *emotion practice*, in which emotions have a central role, being both generated and a key means through which practitioners practically engage in the social world (Scheer, 2012). In this sociological view of emotions as a form of practice, any understanding of what emotions *do* takes account of their socially situated meanings which incorporate implicit power relations and socialised interpretations (Scheer, 2012; Spencer *et al.*, 2012). Applying combined sociological and psychosocial theories, the practices outlined in Figure 1 can be understood as surface activities beneath which multifaceted processes are engaged. Feelings are exteriorised through naming and can simultaneously shape and mobilise responses, interpretations and sense-making. Intrinsic expectations in social work of emotion management and regulation (Morrison, 2007) are similarly achieved through attention to and expression of feelings, internally or externally. Recognising, processing, and sharing emotions enables emotion regulation/management proactively, in the immediacy of practice and reflectively. Thus, whilst involving elements of 'emotion talk' (Forsberg and Vagli, 2006, p.25), these practices are more than verbal communication or venting of emotions.

Crucially, I propose that this *doing of* emotions implicitly takes account of embedded socialised meanings for emotions (Lively, 2013) which practitioners operate at different levels. For example, at an interactional level with a client, practitioners recognise and interpret emotions such as a client's distress or fear, or their own feelings of empathy, in ways which take account of socialised meanings, differentiating between the expressed and intuitively understood emotions of, for example, someone experiencing domestic violence, or a young man in prison. Context, gender, race and status are all intrinsically drawn on in this relational and analytic activity. At the same time, practitioners' emotion practices engage with and are shaped by practitioners' social and organisational locations which include their position in relation to power and vulnerability.

Notwithstanding their functional use, or possible misuse, I propose that practitioners' recognition and conscious awareness of using emotion practices varies. It appeared that many practitioners tacitly combined them in everyday practices. For others they were more knowingly used and theorised, drawing on their understanding of relationship-based and/or systemic theory. Clearly if less attention is paid to emotion practices by workers, whether consciously aware or not of, for example, anticipatory or in the moment feelings, they might proceed without critically or reflexively engaging with them. Thus, for example, anxieties about aggression might lead to avoidant or defensive practice (Ferguson, 2018; Smith *et al.*, 2003).

As many participants noted, the processing of these emotions, thoughts and experiences occurred in the journeys between visits/the office and in much later reflections, features similarly identified by Ferguson (2018; 2009). Stacking emotions, thoughts and embodied experiencing after one home visit and then another suggests a further depth to agile emotion practices. The extent to which this was effective, or the emotional toll it created, were outside the remit of this study. However, it was apparent that such agile movement, physically, cognitively and emotionally between different emotions and activities constituted a further layer of everyday emotion practices.

Interpreting these everyday activities through the dual lens of social constructionism and psychosocial theories, I propose that they demonstrate not just individual but also organisational expectations that practitioners have capacity for the containment, boundary management and continual processing of information, including emotions, which these practices require. It was clear that many practitioners met these expectations, drawing on a mixture of individual experience, support and, to varying extents, supervision. It was also clear at various points in the fieldwork that some participants struggled with sustaining a sense of containment and the capacity to process and maintain engagement in aspects of agile emotion practices. This resonates with research which emphasises the significance of containment and the scope for defensive responses to anxiety (Smith, 2003) and/or a lack of reflexivity (Ferguson, 2018). Agile emotion practices are, I suggest, cognitively and emotionally demanding, whether occurring largely intuitively or used more deliberately. Clearly there is scope for practitioners to block or suppress in the moment emotions, and to compartmentalise emotions in ways that avoid or minimise scope for internal dialogue. An important element in this internal dialogue is the capacity to self-observe and question one's own responses and their possible causes (Cook, 2019). As indicated in the analysis of findings, a range of self-protective or defensive measures can be utilised, some consciously and as the data indicates, some possibly less so.

The embodied intersubjective practices encompassed in physically and emotionally getting close to and engaging in emotionally listening has similarities with Turney and Ruch's (2016, p.675) use of listening actively for 'emotion information'. By leaning in, practitioners actively and deliberately engage their emotions to get in touch with the emotional and lived experience of peers or clients. This deliberate use of emotions, voice and self is demanding. Consequently, containment, both by the individual (self-containment) and in group processes is a prerequisite for the maintenance and usefulness of these emotion practices.



Notably, although a feature particularly evident in group supervision, *leaning in* was also evident in direct practice and in diary reflections. Near the end of the study I found the term used in literature arguing for relational activism, which similarly emphasises the active performativity of deliberate noticing and relating in human encounters (Dove and Fisher, 2019; Reynolds, 2013).

By evidencing the presence and use of emotions in group supervision, these findings directly contrast with those of Wilkins *et al.*, (2017), who identified an absence of emotions in some iterations of systemic group supervision. Findings also support Jude and Rospierska's (2015) argument that systemic group supervision combines felt and embodied emotions in the process of sense-making. Nonetheless, my analysis also found that practitioners valued space for exploration of emotions outside of group supervision, and that not all practitioners necessarily recognised their skilful use of emotions in group supervision. I contend that a key factor here was the previously cited paradoxical construction of emotions in the Service, and possibly more widely in the social work profession. This theme will be discussed more fully in the discussion of organisational culture.

### 8.2.3 Situated Use of self

Synthesising findings on different types of emotion practices, they all involved purposive use of self. Use of self is a central element, whether occurring in relational interactions with clients or group processes. As discussed in chapter 7, expanding on existing approaches to relational and dialogic use of self (Ward, 2018; Mandell, 2007; Rober, 1999) it is possible to view use of self as a complex internal process which becomes externalised in the doing of emotion practices. Importantly, use of self involves emotion practices in relational interactions which include the emotions *of* that interaction, understandings of emotions derived from practitioners' and clients' lived experiences, social locations *and* the power and authority of the social work role.

This extended conceptualisation of use of self moves it from what Mandell describes as the 'liberal humanist self of countertransference/use of self discourses' to an understanding more aligned with her view of a socially constituted 'self as subjectivity', which opens up practitioners to 'the inevitability of power in social relations' (Mandell, 2007, p.30). This facilitates attention to the multiple emotion practices engaged in, often simultaneously. As outlined in **Figure 3**, participants experienced emotions about and with clients at the same time as emotions derived from their situated professional and organisational roles which do not necessarily coalesce

(see Gibson, 2019). Recognising that, as previously noted, these 'socio-structural determinants' create emotions in each practice interaction, then what practitioners *do* with them can be examined in this context (Clarke, 2006, p.1162). One element of this *doing* is the conscious and/or unconscious filtering of emotions through internal and external constructions of emotions. These include gendered, racialised, hegemonic, professional and organisational influences. Other elements include relating and communicating in ways that acknowledge and/or are informed by emotions, incorporating attention to situated power relations. Finally, this *doing* includes iterative sense-making and analysis.

By understanding these collective 'doings' as agile emotion practices we can begin to explicate and understand three significant elements of social work:

- the purposive use of emotions and their functions in practice, which are relational and situated in complex power relations
  - the complexities created by problematic and negative constructions of emotions
  - the nuanced and agile emotion practices social work involves/demands

Use of self as a situated emotion practice is not exclusive to systemic settings. Indeed, expanding our understanding of this common but variously defined concept as an agile emotion practice has application in any social work setting.

## **8.3 Social workers at the centre of complex emotion systems**

### **8.3.1 Emotion systems: individual, social and institutional**

To further develop an understanding of emotions as situated practices it is important to recognise that social workers are frequently positioned at the centre of complex *emotion systems*. This is not in itself unusual, if one understands emotions as being relational constructs that occur in human interaction, directly or indirectly. The social work role in the Service combined elements of relational, therapeutic and collaborative working in a statutory context. Hence, practitioners effectively entered and became part of a system which developed around each referred child and/or family. Constructionist, systemic and psychosocial theories explain emotion systems as comprising the complexity of emotions within a system, the social interactions and communications that occur, and the values, expectations, cultural and structural factors which are part of that system. Additionally, they include the unconscious

processes which emerge in each system (Bertrando, 2015; Frost, 2008; Dallas and Draper, 2005).

In characterising the emotional terrain of practice and what I describe as the messy realities of individual and structural factors, I draw on psychosocial theory (Ruch *et al.*, 2018; Gunaratnam, 2011; Cooper, 2009) to emphasise the intersection of the psyche and the social in the experience and management of emotions in these systems. Most significantly, viewed in this way, it is possible to see that the emotions which practitioners experience, manage and draw on go beyond the individual, relational micro-emotions of worker-client relationships. They also stem from the wider macro inter-organisational and situated context of these systems.

Additionally, my analysis illustrates that differences of social locations, voice and position are factors which subtly impact how emotions are constructed and negotiated in organisational systems. Both gender groups expressed similar concerns about being overly emotional or being judged negatively for expressing emotions, and a generalised awareness of the environment of not just the organisation but of children and families social work as 'macho'. This suggests that within this culture practitioners are positioned in an 'affective economy' (Ahmed, 2004, p. 119) in which emotions bind them together in processes which can result in feelings of transgression if they do not conform to embedded constraints and expectations. For example, men if perceived as overly emotional or too expressive of emotions felt they could be judged as not meeting heteronormative perceptions of masculinity or conversely conforming to gendered/heteronormative stereotypes (Christie, 2006; Hicks, 2001) of the "gentle man"(CC2). Women similarly were required to be transgressive in terms of embedded gendered constructions of emotions as feminised, in that to be seen as too emotional or feminised might be equated with weakness and a lack of resilience or stamina (Ainsworth and Flanagan, 2019). Such culturally reinforcing beliefs create feelings of ambivalence about the experience and/or expression of emotions. Consequently, in addition to negotiating their position at the centre of complex emotion systems, practitioners' emotion practices must take account of these culturally reinforced beliefs.

### **8.3.2 Ambivalence of the 'policy actor' in emotion systems**

Positioned at the centre of emotion systems, practitioners are effectively charged with the processing, management and containment of emotions that arise. The case of 15-year-old Quinn (s. 6.4.1) was illustrative of a typical emotion system, which included the emotions of various professionals, a young person, parents and social workers. In addition to containing

and managing their own feelings and heightened emotions held by others, practitioners must process and work with the intersubjective emotions which emerge in interprofessional meetings and direct contact with family members. Applicable to many practice contexts, this case was illustrative of how organisational concerns about risk and blame, in this case collective anxieties about a vulnerable teenager (and possibly a perpetrator), are intensified by wider social concerns about child sexual exploitation and local inter-organisational anxieties, in addition to emotions prompted by projected feelings of being “*dumped*” (SW13) with these anxieties. My analysis suggests such cases illuminate the complexity of practitioners’ positioning in emotion systems. And yet, although apparently aware of such positioning, this nuanced emotion work and containment is negotiated as the norm in everyday practice, largely unrecognised by practitioners or managers.

The complex emotional terrain of local authority practice similarly highlights the ambivalent position social workers occupy as ‘policy actors’, working with and containing the emotional dimension of their policy/organisational position, the constraints therein and the emotions of relational practice (Cooper, 2009, p.169). Crucially, this role introduces an important and different dimension, in contrast to the therapeutic, relational emotional systems of systemic family therapy (Bertrando, 2015) or Burkitt’s description of ‘emotional scenarios’ (2014, p.20). Social work emotion systems not only include interactional, emotional processes, but also statutory and procedural duties and the policy and social context these systems are located in. These factors, as in the use of self discussed above, introduce additional intersubjective emotions to practitioners’ position at the centre of such systems.

Thus, it can be argued that emotion practices comprise not just relational and intersubjective processes in casework, but also the negotiation of multi-directional emotions arising from practitioners’ constrained positions in complex interpersonal, sociocultural, legal and policy systems. As illustrated in data extracts on NRPF cases and in the representation below of D3’s work with Zac, discussed in section 6.4.1, the interconnectedness of such complex emotion systems is likely be present in most settings some degree. Figure 6.



**Figure 6. Complex Emotion Systems**

Working with inequalities and the emotion practices of engaging with ‘*the complicatedness*’ of people’s lives (Obs. 5) creates ambivalence, concern, frustration and guilt for practitioners. In addition to identifying the emotion practices demanded by complex emotion systems, these findings contribute further evidence of the distress and dissonance of working with inequalities exacerbated by austerity measures (Grootewood and Smith, 2018; Lavee and Strier, 2018; Fenton, 2012).

By viewing practitioners as positioned at the centre of complex emotion systems, the centrality of the issue of containment in this practice environment is further revealed and emphasised. The capacity to contain, and in turn to feel contained, in order to think, feel, process and make sense of the multiplicity of emotions experienced was an important and frequently invisible, tacit feature of practice. This containment included the aforementioned structuring impacts of gender, race and power relations in how practitioners’ and clients’ emotions were constructed and worked with. The significance of containment is returned to in the discussion of double binds.

So far, this discussion has explored a range of *agile emotion practices* utilised in direct practice with clients, interprofessional work and in systemic group supervision in the Referral and Assessment Service. The construct of agile emotion practices directly answers my research question: *How are practitioners’ emotions worked with by practitioners in direct practice?*

In addition, I have suggested that the way that practitioners experience and express emotions is influenced by the hidden nature of emotion work and the extent of containment this work requires. By examining the position of social workers in complex *emotion systems* the interconnectedness of emotions which arise in the micro, relational and more macro organisational and social contexts of practice become apparent. A picture emerges of the situated and contextual environment which is highly influential in how practitioners' emotions are constructed, experienced and expressed. This discussion will now focus on the question of how practitioners' emotions were constructed and the organisational and environmental factors that impacted on this.

## 8.4 Double binds: negative constructions of emotions in an ambiguous culture

The second and third research questions asked: *What factors appear to influence and/or regulate how practitioners experience and express emotion?* and *How far do practitioners consider that the experience and use of emotions is influenced by their organisational context?* An overarching factor which my analysis suggests is central to answering these questions was an organisational environment which reinforced the tough veneer of practice, characterised by many practitioners as a macho or “*deal with it*” (SM1) culture.

Here I will discuss how this culture appeared to contribute to an ambiguous positioning of practitioners' emotions. I then outline how the juxtaposition of this culture with *agile emotion practices* and a systemic model created a series of profound double binds, potentially relevant to social work more generally. Double binds can be experienced as two irreconcilable demands, where the double bind becomes difficult to recognise, and if recognised, hard to challenge and so appears dangerous and destabilising (Luscher *et al.*, 2006). In this case one double bind that practitioners experienced might be simply put as: ‘Use your emotions in relational and systemic practice’ and ‘Emotions are not allowed, you might be punished if you experience or acknowledge them’.

### 8.4.1 Culturally reinforced meanings

Analysing the ‘tough veneer’ of practice and the place of emotions I demonstrated how participants' perception of frontline practice contributed to a subtle and paradoxical local culture. I have pointed out that this was not a “*macho culture*” (SW5) of overt gendered

stereotypes or machismo. Rather, it was represented in more subtle ways by features which directly influenced how emotions were perceived and constructed. Arguably these belief systems are applicable not just to this setting but to social work more broadly. The persistent impact of entrenched socio-cultural beliefs about emotions was threaded through the findings. These included essentialist beliefs about emotions as inherently problematic, intersecting with beliefs about status and what was considered appropriate and professional. Additionally, with only some exceptions, there was evidence of a sustained binary interpretation of emotions as inferior or dangerous, being the opposite to, or in tension with, reason (Munro and Fish, 2015).

These belief systems, whilst not necessarily adhered to individually by participants, nevertheless were a powerful institutional backdrop to how emotions were perceived and constructed in practice. As discussed previously, perceptions of emotions and how they are positioned is implicitly influenced by patriarchal, gendered and racialised power relations (Ray, 2019; Pease, 2011), which in turn are reinforced in bureaucratic institutions such as local authorities (Lewis and Simpson, 2007). These institutions are by nature hierarchical and hegemonic, with the capacity to confer differential status or value on individuals and behaviours which meet or transgress implicit organisational or social rules. Thus, emotions and their expression or interpretation were deeply influenced by these subtle yet embedded factors.

One culturally reinforcing organisational component was the “*tough veneer*” (CC2) through which practitioners showed tenacity and resilience in the emotional intensity of highly pressurised child welfare work. There was a reality to perceptions of toughness and resilience as essential pre-requisites in the Service. As shown throughout the data, practitioners dealt with often extremely complex and emotionally challenging situations, working relationally and authoritatively in situations of uncertainty. Child welfare demands resilience and skill, both in the performance of practice and in managing the constant impact of the previously discussed ‘painful realities’ of social work (Cooper and Lousada, 2005, p.34).

It is my contention that the professional norms of masking emotions, often appropriately, subtly reinforced a valorising of the tough veneer, inadvertently reinforcing perceptions that the expression of emotions might be problematic. Maintaining such an outward presentation can thus become internalised as a so-called macho activity (Pease, 2011), reinforced by gendered and racialised normative social scripts. Although participants were uncomfortable with gender stereotypes and observations showed that numerous practitioners, regardless of identities transgressed these implicit norms, there was evidence of a subliminal equating of emotions with stereotypically feminised traits. Despite each gender group’s capacity to resist these

norms by enacting emotion practices, they continued to be constrained by embedded gendered influences and stereotypes. These reinforced a sense of transgression for some practitioners/managers. My analysis suggests that this intersects with perceptions of safety and agency, which as Ray (2019) and Ahmed (2004) argue, are influenced by social locations in organisations.

Interpreting these ambiguities, it appeared that they impacted by inadvertently devaluing the so-called soft skills of relational, empathic practice. As a result, the subjectivity and intersubjectivity of getting in touch with emotions and associated emotion practices become devalued. This devaluing was apparently reinforced by a managerial approach which promoted not just the 'tough veneer' but also compliance with procedural approaches, timeframes and an attitude of "*Get on with it*" (SW6). Such an approach can reinforce a wariness of emotional expression and indeed silence it. Experiences of, for example, empathy, feeling uncertain or overwhelmed are likely to become difficult to acknowledge or articulate in such an environment, despite being a functional aspect of relational practice.

Hence, practitioners experience powerful and paradoxical messages, sometimes overt, sometimes subliminal. As one participant bluntly stated, emotions become "*not allowed*" (CC2), despite their apparent existence and use. These findings align with Gibson's (2019, p.103) analysis of how organisations can operate to create the "appropriate' professional', that is practitioners who comply with a certain construction of resilience and an absence of overt emotions.

A further culturally reinforced double bind was revealed in a consistent perception that emotions were associated with a lack of professionalism and potential judgements of weakness or incompetence. Emotions were somehow at odds with generalised perceptions of what constitutes social work professionalism. Consequently, it seems that regardless of their prevalence, expressing emotions or being "*overly emotional*" (SW1) was constructed as leading to negative judgements, reputational harm or instigation of performance or capability reviews. Additionally, I contend that this impacted differentially and possibly more negatively on workers based on their status, for example, there was likely to be greater vulnerability for new or newly qualified workers, locums, those who felt more isolated, or whose ethnic and/or other social locations structured their experience in a bureaucratic institution. Drawing on Lively (2013) and Ridgeway's (2001, p.651) argument that constructions of emotions influence and constrain perceptions of 'worthiness', such value-laden interpretations of emotions



intersect with racialised and gendered constructions of what was deemed appropriate or permissible.

Concerns about the expression of certain emotions being perceived as unprofessional is not unique to social work (Baily Wolf *et al.*, 2016). However, several studies have reported on the persistent association of emotional expression with perceptions of weakness or incompetence (O'Connor, 2019; Gibson, 2016; Ingram, 2015; Virkki, 2008). Viewed through the lens of a double bind, this creates an irreconcilable position for practitioners. To view emotions as unprofessional appears to deny a central aspect of a profession which is essentially relationship-based (Ruch *et al.*, 2018). As evidenced in the findings, engaging the situated self in emotion practices underpinned relational and systemic practice. My findings reinforce that this represents a significant, problematic issue in social work. Yet, in my reading of the literature it appears that there is very limited exploration of how such associations create a double bind for the profession.

In proposing this double bind and arguing that how emotions are constructed is problematic I highlight an influential meta-communication (Dallos and Draper, 2005). This meta-communication implies that emotions are *inherently* problematic, either not permitted or only permissible in specific contexts, notwithstanding the hidden emotion work and agile emotion practices this study illuminates. Practitioners are thus pulled in opposite and contradictory directions. The position in which they are placed is paradoxical. Emotions, to paraphrase Alison Jaggar's construction, become outlawed (Jaggar, 1989). They are viewed as incompatible with dominant organisational / cultural norms. This I propose is deeply problematic for practitioners to experience and sustain (Visser and Van der Heijden, 2015).

#### **8.4.2 And yet, emotions are “the keystone” of practice**

Juxtaposing this problematic construction of emotions with the evident performance of agile emotion practices reveals a further substantial double bind. The study findings show a fundamental contradiction in how practitioners' emotions are constructed. As outlined above, emotions occupy a highly ambivalent and predominantly negative position. Yet, in showing how emotions are drawn on to inform and advance relationship-based and systemic practice in agile, intersubjective and interactional emotion practices, it is clear that emotions are central to practice. The position of emotions as the metaphorical “keystone” (CC2) is supported in the study's findings which show their instrumental role in practice processes. Notably, emotion practices are not just relevant to relationship-based practice with clients. They are a

constitutive element in the application of both systemic and psychosocial constructs, for example relational questions, hypothesising, the use of self and mirroring / isomorphism. Emotion practices inform relationships, and critical analysis, sense-making and reflection occurring in the important spaces in-between client contact. They include intersubjective group processes and informal peer and supervisory interactions.

This analysis therefore suggests that practitioners' emotions occupy a dual and contradictory position. The picture that emerges is of a paradoxical and frequently binary positioning of practitioners' emotions as essential, yet problematic; as being experienced yet denied; suppressed yet utilised, pervasive yet hidden. Emotions are positioned as the keystone of practice *yet at the same time* are constructed as problematic phenomena to be masked, managed or even denied. The potential implications of this for the social work profession will be returned to later in this discussion.

## 8.5 Facilitative and Destabilising Environments

### 8.5.1 Containment and lacunae

Containment emerges as a distinct, consistent thread throughout this study, reinforcing its central role in the emotional complexities of social work. Drawing on Bion (1962) and Cooper (2009) the concept informed my analysis of how practitioners *do* emotion and the factors that facilitate or hinder this. But containment was equally generated as a powerful theme *from* the findings. Drawing these together I suggest containment manifested in different forms which further illuminate hidden and more visible emotion practices.

Firstly, individual and collective containment of emotions is performed in the presentation of 'face' in professional practice (Goffman, 1967, p.5) incorporating containment of anxieties about time pressures and risk/blame avoidance. Secondly, containment of emotions is a component in the experiential process of agile emotion practices, for example, in anticipatory or reflective emotion practices, or in switching between and stacking emotions. Thirdly, the intersubjective and interactional emotion practices of group supervision, informal discussions and emotion systems involve containment in the holding and digesting of emotions brought to, and created in, these interactions. Finally, containment manifested as an essential organisational component which, if experienced through stable teams and regular, thoughtful supervision, supported the above work. Where containment was absent or compromised it constituted a substantial gap in how emotions were then experienced and worked with.

Forms of containment are emotionally demanding and complex in most settings. Not surprisingly, *being contained* and practitioners' capacity *to contain* appeared to support practitioners' engagement in agile emotion practices. Both features resonate with studies evidencing the importance of a secure base and a containing organisational climate (Biggart *et al.*, 2017; Ruch, 2007). However, at various points participants presented as feeling unsafe and uncontained, with limited safe spaces in which to express or analyse their emotions.

In illustrating the gaps in supervision in the Service, these findings add to existing literature which emphasise the need for supervision in emotionally complex practice (Dugmore *et al.*, 2019; Wilkins *et al.*, 2017; Ingram, 2015b), reinforcing Ingram's (2015, p.128) argument for locating emotions within the intersection of relational practice, organisational culture and policy. The structure of group supervision and infrequency of individual supervision created lacunae in containment, underscored by widespread use of informal external safe spaces. Illuminating the ambiguous position and marginalisation of emotions, these findings also point to factors which facilitate and hinder engagement in complex emotion practices. These are now addressed.

### 8.5.2 Destabilising Change

Fieldwork over 11 months revealed not just the extent of change which occurred, but also the ways in which change affected the construction of practitioners' emotions and the scope for agile emotion practices. Repeatedly negotiating consent challenged my surface interpretation of stability and made visible the true extent of staff and organisational change. The findings showed some of the profound ways in which such changes impacted participants and the work environment.

Crucially, change destabilises individuals, teams and styles of working. In analysing some of the impacts of change I contrasted the stability and containment of consistent working relationships and team membership, with the unsettling impact of staff turnover. By making more visible the intersubjective and interactional processes of *leaning* in and risk-taking in, for example, group supervision, the study revealed the importance of trust, stability and containment in facilitating these emotion practices.

Changed experiences of containment, resulting from changes in managerial style and team membership significantly impacted on levels of engagement in such complex practices. Some

practitioners reduced their emotional engagement as a means of managing emotionally challenging situations and instead engaged in more self-protective and defensive practice. Experienced practitioners' acknowledgement of insecurity and fearfulness in an environment in which emotions were "*not validated or understood*" (Obs:11) suggested intrinsic tensions between practising with emotional and relational authenticity, managing boundaries and potential emotional overload.

To engage repeatedly in agile emotion practices demands emotional energy and the capacity to be potentially exposed or vulnerable. Staff turnover and managerial change were felt to be profoundly destabilising by many participants, leading to defensive accommodation strategies.

### **8.5.3 Defending against uncertainty, accommodating change**

Notably participants' narratives during the latter half of this study illustrated a shift towards more knowingly defensive and individualised practice. The "*return to linear practice*" (CC2) heralded a return to less collegial or intersubjective forms of practice. It seemed that practitioners' capacity and willingness to allow themselves to lean in through emotion practices to their peers or clients was reduced as a direct result of changes in personnel, relationships and managerial styles. Collectively these factors contributed to an atmosphere of considerable uncertainty. As one participant commented in a diary extract, change had created a distinct shift in the work environment and team, which became "*a more insecure place*" (D1:10).

Experiencing some of these changes in atmosphere as a part-time observer, I was able to access a small element of the sensory experience participants described. There was literally and metaphorically less time for emotions. Change introduced palpable tensions. The resulting sense of isolation and lack of support unsettled practitioners. Some left and others struggled with a sense of powerlessness and compromised capacity to engage in relational practice.

Notably, such changes illuminate patterns potentially applicable to change in other social work organisations. The expression or use of practitioners' emotions became even more problematic, intensifying their already ambiguous status. In the pressure to conform to proceduralised and linear practice, practitioners are likely to be caught in cycles of professional accommodation. Drawing on the work of Summit (1983) and Morrison (1996), LyMBERY and Butler (2004, p.62) proposed that a 'professional accommodation cycle' occurred in organisational contexts in which practitioners become entrapped in cycles of heroism, secrecy

and denial. These are engendered by the experience of powerful emotions, stress and powerlessness in work settings dominated by compliance. Practitioners 'professionally accommodate, that is, suppress their feelings as ways of managing uncertainty and unpredictability' (Lymbery and Butler, p.63). This includes unconscious processes of denial and detachment by which practitioners try to manage feelings of helplessness, fear or abandonment, alongside concerns about being seen as incompetent (and, I suggest, the double binds previously identified). In such a climate, agile and intersubjective emotion practices are likely to be more difficult to sustain in the absence of secure working relationships and a containing environment. Capacity for relational authenticity, engagement of self or the nuances of inner dialogue and intersubjective emotion practices (Flaskas, 2005; Rober, 1999) which underpin relational and systemic practice are likely to be compromised.

Such accommodation cycles operate to isolate practitioners from each other and/or clients, increasing compliance with procedural practice. An illustrative comment on the destabilising impact of change suggested the uncertainties and possible protective (compliant) strategies of an accommodation cycle for practitioners: "*Am I marching in the right way? Am I hearing the right tunes?*" (SW17:11).

To understand practitioners' expressed concerns about, and return to, linear and proceduralised practice, local organisational and wider professional contexts are relevant. Overarching negative constructions of emotions create ambivalence in settings recognised as procedural and risk averse (Carey, 2014). Concerns about possible criticism, errors in assessment and everyday defence mechanisms were exacerbated by the enhanced scrutiny of an Ofsted inspection and managerial changes. These contributed to an organisational climate which was less conducive to emotional engagement in day-to-day practice and the systemic model, reinforcing the likelihood of practitioners experiencing complex double binds.

#### **8.5.4 Facilitative Factors**

The above discussion expands on some of environmental and individual factors which facilitated the use of agile emotion practices, despite organisational and professional ambiguity about practitioners' emotions. Summarising themes from my analysis, stability, a sense of safety and trust were essential factors. It was clear that practitioners who experienced relatively stable, supportive working relationships and team membership felt more secure and confident in taking the risks implicit in acknowledging and utilising emotions. To embrace uncertainty and engage in intersubjective emotional processes which might be exposing or unsettling, required

a constructive, containing culture. Stable, broadly cohesive teams appeared to facilitate cultures of constructive challenge and communication, despite highly scrutinised performance and preparation/experience of inspections. Similarly, trusting supervisory/supportive relationships, between senior practitioners, practitioners and clinical consultants facilitated openness to emotions and depth of emotion practices. Peers and managers modelling emotion practices reinforced positive attitudes about emotions and exemplified resistance to more negative normative attitudes.

Acknowledging limitations in my knowledge of practitioners' individual experiences and practice, some of the identified Individual factors which supported engagement in agile emotion practices included length of experience, training (including systemic training) and experience of personal therapeutic work. Attitudinal perspectives such as openness to and confidence to own and talk about emotions, including openness to their role in everyday practice were similarly influential in engagement in agile emotion practices, and in the resistance to or transgression of implicit emotion-related norms.

In the findings, factors which facilitated or constrained such attitudes became more apparent in the face of staff turnover and organisational change. Given established concerns about retention in social work organisations (DfE, 2018), and calls to sustain humane, relational practice (Featherstone *et al.*, 2014) it is very possible that the facilitative and destabilising factors identified have application in settings beyond this study.

## **8.6 Situating findings in the power dynamics of organisational practice**

In answering the combined questions of: *What factors appeared to influence and/or regulate how practitioners experience and express emotions?* and *How far do practitioners consider that the experience and use of emotions is influenced by the organisational context?* this thesis proposes that the organisational culture and power dynamics of local authority practice are influential.

The work of the Referral and Assessment Service took place in the context of economic austerity measures (Clayton *et al.*, 2015), significantly reduced Local Authority budgets and a broadly risk-averse and proceduralised social work culture (Munro, 2011). In this context practitioners experienced high levels of scrutiny, accountability and feared becoming the

probable focus of any subsequent blame. Their apparent lack of power in the organisation seemed to underpin fears of being criticised or found inadequate in some way. The timing, during this research, of an Ofsted inspection seemed to crystallise practitioners' fears about the consequences of non-compliance with procedures, keeping up with required timeframes and throughput of cases. A relentless focus on '*The stats*' (Obs:1), the term used to describe the percentage of assessments completed within agency timeframes, were a source of pride, anxiety and shame, confirming Gibson's (2019) findings. '*The stats*', in conjunction with the inspections, introduced realistic scope for organisational and individual criticism. It seems apparent that this climate normalised and reinforced a perception of emotions as problematic, possibly harmful phenomena to be suppressed and regulated, rather than viewed as a possible resource.

In concluding this section, it is my contention that the juxtaposition of the circumstances outlined above with the everyday use of intersubjective and interactional emotion practices in the local systemic model created a difficult and sometimes paralysing work environment. By paralysing I mean practitioners were caught in a paradoxical environment with unclear norms about the place or role of emotions. Yet at the same time, relational and systemic practice models involved their active engagement in complex and meaningful emotion practices. Unfortunately, some of the implications of such a double bind in a context of unsettling change increased the likelihood of protective, defensive practice, which in turn increasingly places practitioners' use of agile emotion practices into an uncertain and liminal space.

## 8.7 Contributions to the knowledge base

### 8.7.1 Shining a light on emotions in practice and *as practices*

As an ethnographically informed 'practice-near' study (Cooper, 2009, p.429), this research adds to a small and growing body of empirical work which expands our knowledge of the situated *doing* of contemporary social work practice (for example, Gibson, 2019; Ferguson, 2016: 2009; Broadhurst *et al.*, 2010). By focusing on one aspect of this practice, specifically practitioners' emotions, it has been possible to develop a nuanced and rich description of these phenomena in the lived experience of the practice environment. Using the lens of the 'ethnographic problematic' (Smith, 2005, p.41) facilitated insights into how this experience involved emotions in the intersections between practitioners' relational and intersubjective experiences, and the socially constructed norms, systems and day-to-day dynamics of group and organisational processes. Researching the phenomena of practitioners' emotions and how

these are constructed, made sense of and used *in situ*, contributes new knowledge and understanding to a significant yet under-researched area of social work.

As discussed, transferability of qualitative findings from one context to others has limitations. However, drawing on Nowell *et al.* (2017) and Lincoln and Guba (1985) I have sought to maximise transparency in the range and depth of data collection and analysis, contextual factors, timeframes and research processes to strengthen the credibility and meaningful claims of generalisability to other similar settings.

One important contribution this study offers is an alternative perspective on how practitioners' emotions might be understood. Firstly, viewing emotions as relational, interactional constructs provides an alternative perspective to emotions as solely individual, subjective, and sometimes pathologising occurrences. Thus, the experience and functions of emotions which occur and are created in the interactions of practice become open to analysis in a way that goes beyond perceptions of individualised stress or resilience in the work environment. This perspective additionally attends to the situated context in which these emotions occur. The context of Local Authority Referral and Assessment child welfare practice is shown to frame and mediate practitioners' experiences of emotions and how these are constructed.

Secondly, by conceptualising emotions as *practices* they can be understood as an intrinsic element in the embodied and communicative performances of practice – the *doing* of social work. Drawing on the concept of *emotion practices* by combining Theodosius's (2008) use of emotion work with Scheer's (2012) framework of emotions as practices, an analysis is provided of the role of emotions in the nuances of everyday social work. Viewing the interactional and intersubjective *doing* of emotions as a form of practice similarly enables an examination of the possible roles and meanings of emotions in interactions. It also reinforces an alternative and constructive approach to emotions. Consequently, an important and hitherto relatively unexplored area of practice is examined.

In proposing the concept of *Agile Emotion Practice* a framework and language are provided for the relational and intersubjective emotions which this study shows not only occur, but also have functional roles in social work. Importantly, identifying agile emotion practices illuminates the use of emotions not just in the direct contact between practitioners and clients but also significantly in the spaces in between client contact. These include informal exchanges, supervision and interagency/professional contact. Evidencing these practices adds to our professional understanding of multifaceted emotions as a possible resource



The construct of agile emotion practices offers a novel tool which I suggest has application in social work practice and education. The utility of this proposed construct is applicable in three broad areas: conceptual, practical and educational:

Firstly, conceptually the construct provides an opportunity to reframe our understanding of emotions in several ways. Underpinned by an understanding of emotions as situated relational practices, recognising *emotions as practices* has the potential to alter the discourse on emotions in social work from a predominantly passive, individualised and pathologising position to a more critical framework in which emotions are reframed as a constructive resource and form of practice. This also challenges a discourse of resilience which, if uncritically applied, reinforces perceptions of emotions as individual and subjective phenomena, managed by suitably resilient practitioners. Analysing and describing the concept enables a foregrounding of the role and value of emotions in the social work 'habitus' - that is, the embodied professional knowledge and activities which are imbued with patterns of understanding, skill and values (Malik and Krause, 2005, p.97). Additionally, it facilitates an integrated understanding of the ways in which active experiencing of emotions has multiple functions. In line with contemporary neuroscientific understanding of emotions (Barrett, 2018) this also challenges an outmoded reason-emotion binary which remains influential in social work.

Secondly, identifying *agile emotion practices* has the potential to shift the discourse within social work from a customary conflation of emotions with the stressful impact of practice. It challenges interpretations of emotions as phenomena that *happen to* practitioners, or side effects of stress. This dominant view of emotions as an output of practice is embedded in social and organisational values and characterisations of emotions as indicative of stress, weakness, lack of professionalism. Notwithstanding the significance of stress, or as indicated in my findings the scope for defensive linear practice to accommodate challenging environments, stress is only one dimension of practitioners' emotional experiences. Recognising nuanced emotion practices facilitates a more constructive and critical analysis of their value and utility, grounded in practice-based research.

Thirdly, theorising this concept provides a more critical framework in which to understand how emotions intersect with power relations, and the ways in which the structuring impact of gender, race and organisational power dynamics construct and position emotions. Critically examining how the interactional emotions of practice are fundamentally interconnected with entrenched and often problematic belief systems enables a further move from narrow individualised

approaches to more informed critical understanding. This is applicable to both the *practising* of professional social work and the socio-political organisational contexts of practice.

Explicating these factors and how they are worked with in *agile emotion practices* has significance for social work practice and education. In practical terms agile emotion practices provide an innovative tool which can be used in the performance of practice, in qualifying training and practice education. Critically theorising and deconstructing the interconnected layers of these practices enables a deconstruction and analysis of key elements in the often 'invisible trade' (Pithouse, 1998, p.1) of social work. The functional significance of emotions in preparatory, communicative, reflective and analytical aspects of practice can be applied to diverse areas including:

- sense-making, reflection and processing required in complex practice
- analysis, hypothesising, assessment and decision-making
- relational empathic engagement and relationship-based humane practice

Practically, by recognising and examining the different and interconnected elements of agile emotion practices, practitioners and supervisors can use these constructs as thinking tools which can be interrogated and drawn on in numerous ways. For example, applying the practices of anticipatory, in the moment and intersubjective emotions to home visits, interprofessional meetings or other fora enables critical exploration through unpacking, questioning and hypothesising to advance understanding, assessment and decision-making. Similarly, the complex emotion practices in the *situated use of self* (Figure 3) provide a valuable framework which can be used proactively and reflexively in everyday practice to examine multi-faceted relational interactions. Additionally, this concept facilitates examination of the power dynamics, social and organisational locations which are brought to this relational engagement, consciously and unconsciously.

These applications are relevant to everyday practice but additionally have potential use in supervision. In group or individual supervision agile emotion practices provide a framework by which practitioners can identify and analyse sources and meanings of emotions, including power relations and the socially located experience of practitioners and the people they work with. By shining a light on emotions as a form of experiential and intersubjective knowledge and practice, assumptions, information and behaviours can be critically reviewed. An important element in this is the nuanced understanding of the complex emotion systems in which

practitioners are positioned and in which these emotion practices are performed and contained.

Throughout this thesis agile emotion practices are constructed as critical practices. By this I mean that the practices of experiencing, observing, naming, interrogating and using emotions are essentially critical processes. This differentiates such practice from the obvious limitations of merely experiencing an emotion and acting on it. The use of emotions is not free from misuse or from the shortcomings of oversimplified interpretations, uncritical or reactive responses. Indeed, when experienced practitioners skilfully react apparently spontaneously in the immediacy of practice, the concept of *practices* enables a more granular understanding that these unplanned instances involve finely judged relational interactions, informed by experience, reflexivity and intuitive use of knowledge. As Cook (2019) and Ferguson (2018) observe, embodied, intense and sometimes visceral practice experiences are significant but not well researched or understood. Viewing agile emotion practices as complex, dynamic and interconnected facilitates recognition of the fluid and complicated processes, cognitive, reflective, analytic and communicative, that these practices constitute. By developing a theoretically informed language for emotions as *practices* it is possible to differentiate between these and unfiltered emotional reactions which can block, distort and defend, consciously and unconsciously.

Arguably application of these ideas is dependent on a significant shift in thinking within the social work profession and social work organisations. Such a shift in thinking seems essential in order to avoid the entrenched assumptions, belief systems and double binds outlined in this thesis. Whilst acknowledging caveats about the transferability of this study and its application to the broader professional context, possible first steps towards such change might include a multi-pronged approach. One step might be engagement with social work organisations, managers, practitioners and representatives of the profession such as BASW to re-examine how emotions are constructed in professionalism and professional practice guidance. Another step might be engagement with social work education and Social Work England to review how emotions are constructed in the curriculum, KSS and PCF (DfE., 2015; BASW, 2018). From this, there is potential scope to explore how concepts such as agile emotion practices might be used to embrace and develop a new constructive understanding of emotions in both qualifying and post-qualifying social work education.

### 8.7.2 Emotions in systemic practice and beyond

This study adds to the limited empirical research focused on the use of emotions in local authority systemic models. A significant contribution emerges from the detailed analysis of how a systemic model of group supervision drew on and utilised practitioners' emotions. Sited in a local authority which had implemented a systemic model, the findings and analysis expand understanding of how emotions are an implicit yet essential feature in how social workers utilise systemic concepts such as curiosity and hypothesising. As discussed, emotions are not overtly named in much of the language of systemic practice, their experience and use are implicit in the approach and in the activities of group supervision. For example, practitioners *leaning in*, *holding back* and *taking a stance* provides valuable insights into the role of emotional engagement and its potential contribution to analysis and sense-making.

Despite the long-standing recognition that supervision is essential to social work, this remains an area of relatively limited research. Illustrating some of the opportunities and constraints practitioners' emotions offer in one iteration of a systemic model, my analysis offers new insights about the presence and absence of emotions in group supervision. Bostock *et al.*, (2017) and Forrester *et al.*, (2013) provided broadly positive evaluations of systemic approaches in social work. Nonetheless, these evaluations have questioned the model's value in child protection and welfare. Dugmore *et al.*, (2019) and Wilkins *et al.*, (2017) have additionally questioned the attention to emotions in the model. Identifying the importance to the systemic process of consistent working relationships, security and containment, and the substantial impact of organisational change, adds further knowledge about how the systemic model might be experienced.

An important finding is that group supervision did not fully meet participants' expectations or requirements for support in undertaking emotionally complex work. Indeed, the highly structured nature of group supervision was identified as a barrier for some participants, appearing not to facilitate recognition of intersubjective emotions as forms of practice. Consequently, systemic group supervision presents contradictions in having the potential to engage emotion practices and containment in some instances, but in others presenting barriers, illuminating a tension for practitioners about the position of emotions. This was further exacerbated by the widely held problematic and ambivalent perceptions of emotions in the Service.

Hence, possible gaps are illuminated in terms of where emotions might fit in supervision and factors that might impact on that. Additionally, a significant proportion of sense-making and processing of emotions was undertaken by practitioners outside the group supervision structure. Importantly, the extent to which practitioners engaged in intersubjective emotion practices in and outside of supervision was influenced by individual and organisational factors, including perceptions of safety, trust, stability/change, social locations and shared experiences of participants.

These findings also suggest that agile emotion practices are not restricted to either a systemic model or group supervision. Other forms of containing supervision which enable critical exploration of, for example, getting in touch with trauma, or using emotions in sense-making and hypothesising are, I suggest, as likely to engage and support emotion practices. Much of the data drawn on in this analysis comes from casework interactions and everyday exchanges on Duty and in open plan team spaces, activities likely to be replicated in many social work settings. Consequently, developing a more nuanced understanding of the nature and intensity of interactional, intersubjective agile emotion practices is likely to have utility in the relational dynamics of most social work settings. The interconnected practices presented in Figure 1, 3 and 6 and in the detailed examples of home visiting and situated use of self are, I suggest, not exclusive to either systemic practice or the Referral and Assessment Service in this local authority. Indeed, the level of change in the workforce although problematic for practitioners and the maintenance of a culture which supported agile emotion practices, also illustrated this. New practitioners joining this environment from other agencies and without systemic training were demonstrably engaged in agile emotion practices in their everyday work.

### **8.7.3 Organisational narratives and professional double binds**

Organisational constructions and narratives form a significant backdrop to how practitioners' emotions are constructed and performed in social work. By collecting data over an extended period, this study illuminates the influential perceptions of emotions that appear to be perpetuated in the organisational/institutional environment of a local authority setting. By exploring the meanings given to practitioners' emotions, a series of paradoxes or double binds about the role and place of emotions were identified. These include culturally reinforced messages that emotions are problematic, and complicated ambivalent perceptions about where they fit, both in professional practice and in supervisory processes. Double binds emerged for practitioners in the tensions between implicit hegemonic constructions of emotions leading to negative judgements of competence, at the same time as emotions being

implicitly encouraged in relational and systemic practice. Developing an understanding of the tensions these double binds create exposes several questions. These, the findings suggest, are likely to be relevant not just in the research site but might also have resonance in social work organisations and the profession more generally.

One question relates to how organisations understand and work with existing narratives about emotions in social work. This study suggests that to implement a systemic approach using therapeutic principles, there is a need to take account of existing dominant narratives, how these are experienced by practitioners and the extent to which they influence internal organisational mechanisms or assumptions (Ruch, 2012). Given the range of participants and staff turnover, it seems likely that dominant narratives about emotions as problematic or negative were not solely created or situated in the research site, a theme similarly supported in the literature.

A second question relates to how organisations, in implementing systemic models, can support practitioners' openness to uncertainty, 'irreverence', reflexivity, curiosity and the embracing of risk which underpin such models (Simon, 2014, p.4). To sustain a systemic approach and embrace uncertainty in child welfare demands a facilitative culture, containment and recognition of the multifaceted nature of emotions. It also demands recognition of the complex emotion systems practitioners enter and the equally complex use of self that emotion practices require. In an environment that is predominantly risk-averse, time-constrained and structured on performance management principles, the findings suggest that aspirations to implement and sustain such a therapeutically oriented model are likely to meet challenges. Indeed, it seems that the systemic principles of questioning and understanding dominant and problematic narratives in families, might be usefully applied to the apparently dominant and problematic narratives about emotions which this study suggests operate in both organisations and the profession.

A further important finding is the role of organisational change, inconsistency and lack of containment which appears to reinforce the aforementioned double binds and the likelihood of professional accommodation cycles taking place. These were shown as likely to decrease scope for agile emotion practices and the intersubjective processes of systemic practice. This finding is notable given recognised concerns about organisational change and staff retention in social work generally (Webb and Carpenter, 2012). It is equally important given the likely impacts on how service users and carers experience social work services. Understanding the

implications of these double binds can contribute to contemporary discourses about both the quality of social work practice and the retention of humane and relational practice.

## 8.8 Limitations

This study's overarching themes and findings were generated from my application of selected theoretical frameworks, my reflexive process and subsequent analysis and interpretation of findings. In presenting my interpretations and findings I have sought to ensure that I have drawn from routine everyday instances of practice, not simply the most dramatic or emotionally charged. In writing up this study I was conscious of how some data might read to external readers and wished to avoid sensationalising what was observed and shared. I was also concerned not to denude data of its context and meaning. Both considerations, whilst reflexively grappled with, are likely to have introduced elements of bias in what is represented here, and what has been excluded.

Extensive data was generated particularly from observations and extended field interviews. Presenting observational data requires significant selection due to limitations of space, and the need for relatively succinct data extracts. Similarly, as a part-time researcher, although I was present in the agency for hundreds of hours over 11 months, I only ever had partial access to the day-to-day processes of practice. There were many conversations, meetings and interactions to which I did not have access. Consequently, the data presented and analysed, although aiming to be representative, can only be partial. Although Silverman (2011) helpfully suggested that all data are partial, this remains a limitation.

Although the data includes observation of home visits, travel to/from visits and pre-/post visit conversations, direct work with young people and interprofessional meetings, a significant amount of data arises from the observations of everyday practice in team rooms, Duty and in group supervision. Access to home visits was restricted in multiple ways including team changes; service users frequently not giving consent; time constraints; diary challenges and gatekeeping by practitioners. Observation of home visits and consequent analysis of practitioners' emotions in the physical environment of family homes was thus more limited than expected. However, although I view this as a limitation, by being present in office spaces it became apparent that much of the embodied emotions experienced and the knowledge gained in home visits, including the sensations experienced and feelings of unease, warmth or

disturbance were carried by practitioners into other areas such as informal conversations, duty and group supervision.

In trying to gain an understanding of how practitioners' emotions were constructed and used in this setting I have introduced the concept of *agile emotion practices* and emphasise emotions as a resource in relational engagement and sense-making. Whilst these constructs were generated in my analysis I do not claim that emotions are more important than other aspects of social work such as critical analysis, decision-making or the application of research, knowledge, ethics and values. By its nature the focus of this thesis is on practitioners' emotions. In articulating the findings I also acknowledge that this research has focused on a broad yet narrow topic. This intersected with many other aspects of practice which are not reported on and were outside the remit of this study.

## **8.9 Reflections on the research process**

In the discussion of methods I had envisaged that maintaining an ethnographically informed approach in developing an account of practitioners' experiences and use of emotions might be challenged by the ephemeral and subjective nature of this experience. Data collection and analysis frequently felt like this; fleeting, difficult to capture and challenging to make sense of. Holding on to the idea that there was no one 'truth' but rather a representation of multiple truths and narratives, which were both 'subjective, even partial' were themes I reflexively returned to at numerous points (Sandercock and Attili, 2012, p.140).

In the initial stages of data collection and analysis, and immediately following the end of data collection I felt particularly sensitised to the significant challenges and emotional complexities practitioners dealt with day to day in an extremely pressurised environment. Being present alongside them I frequently experienced a sense of being in another world, which no outsider could fully understand. Researching emotions at any time is challenging and possibly particularly so in this context. Reflexivity and awareness of the transference, countertransference and projection processes occurring were important in managing the complexity of the emotions experienced. I reflexively analysed a wish to do justice to the participants who through their participation and willingness to allow my presence made the study possible. Concerns about my representation of participants was a constant source of reflexive analysis, including the responsibility I felt to those who facilitated access to their



practice, emotions and working relationships, despite understandable wariness about possible judgement or exposure in a highly scrutinised setting.

One of the biggest methodological challenges was accessing participants and direct practice in an environment that was more fluid and changing than originally expected. This introduced challenges in terms of consent which was revisited extensively, and the broadening of the study to incorporate participants from a range of different teams. I believe this broadened the depth and range of the data examined. However, these changes undoubtedly reduced the scope for observations of direct practice. Although individual practitioners were supportive and facilitative, I realised that due to staff changes there was a lack of ownership of the study and of the consent process by any team. The original team and senior manager who had agreed to my presence were not in place within a few months of beginning data collection. Changes to the Duty system similarly prevented my access to Duty by month five. Achieving distance from the data in the course of analysis, reflexivity and writing up facilitated greater recognition of the social organisation of everyday practice and the role of emotions within this. This I believe enabled the emergence of an account of practitioners' emotions in the socially situated interactions of referral and assessment social work.

In conclusion, this detailed exploration of practitioners' emotions offers new insights into the interactional, intersubjective experience and use of emotions in relationship-based and systemic practice. Social work practitioners engage in complex agile emotion practices and manage often problematic paradoxical constructions of emotions in professional practice. It is anticipated that these findings can lead to new conversations about emotions in social work and a possible reframing of their role and place in practice.

## 9 Conclusion

In this study I aimed to explore how social workers made sense of the emotions they experienced in everyday practice and the factors that informed this. Conceptualising emotions as interactional, relational phenomena viewed through a constructionist and psychosocial lens led me to an ethnographically informed approach. This methodology provided a valuable means to observe, absorb and to a certain extent co-construct with participants an understanding of emotions in their everyday practice. Close observation of routine practices and interactions included practitioners' narratives and their sensory and physical environment. Physical movement, spaces, language and reflexivity contributed to developing a rich account of how emotions were manifested in the social interactions and life of a Children and families Referral and Assessment Service during a specific period.

An ethnographic approach and a relational understanding of emotions enabled surface and depth understanding to emerge. My analysis reveals that beyond the surface soundscape of incessant typing, a depth of complex emotions was being created, processed and used. By focusing on practitioners' emotions as a part of the practice process, rather than merely an impact or side-product of practice, it has been possible to illuminate new insights in this under-researched area of social work.

The concept of *agile emotion practice* emerged from my analysis of the pervasive presence and use of emotions in everyday practice, drawing on social constructionist, psychosocial and practice theory. In the performative interactions and experiencing of social work, emotion practices are in constant play. However, they are fluid and complex, varying between practitioners and situated contexts. I have argued that the value to the profession of theorising practitioners' experiences and uses of emotions in this way is potentially fourfold.

Firstly, recognising emotion practices as an integral part of social work facilitates an expanded understanding of the processes and experiencing of everyday practice - the situated *doing* and *practising* of social work in complex emotion systems and power relations. Secondly, the construct of agile emotion practices proposes a language for how these practices might be critically applied, theorised and examined further. Thirdly, sense-making, analysis and relationships are informed by intersubjective emotions in the performances of practice, features not exclusive to a systemic model. Finally, whilst acknowledging the limitations of over-generalising findings from one research site, I have argued that the construct of agile emotions practices, grounded in recognisable concepts, is transferable to diverse settings,

offering an innovative thinking and practice tool for professional practice, supervision, social work education and professional debates about the role and place of emotions.

Moreover, this study has also shown the ubiquity of paradoxical constructions of practitioners' emotions. Ambiguities and ambivalence were evident in perceptions of where emotions best fit and how they are understood, professionally, organisationally and systemically. Narratives about emotions as problematic or unprofessional occurred in parallel with contradictory evidence from the study of their skilful use as a keystone in agile, intersubjective and systemic practices. These findings illustrate embedded notions of the supposed inferiority and possible harmfulness of emotions, reflecting traditional rational/objective or irrational/subjective binaries (Munro and Fish, 2015).

Furthermore, I have shown how problematic constructions of emotions intersect with the structuring impact of power relations, including the gendered, racialised and status positions of practitioners, reinforcing barriers for practitioners' engagement in agile emotion practices. Emotions, and the depth of emotion practices being utilised, can be marginalised in the challenging realities of frontline practice, sustaining their ambivalent position in an often 'sanitised' performance management environment (Cooper, 2009, p.170). I therefore propose that any understanding of emotions in social work, and of agile emotion practices, must be grounded in a critical analysis of the power relations and structures which frame and institutionalise how emotions are understood and valued.

A paradox is also revealed in my identification of the subtleties and complexities of emotions used in a systemic model. Change, and the process of co-authoring change with families were at the heart of the organisation's aspiration to embed systemic practice. Yet, the systemic impact on practitioners of the emotional climate and organisational change received little attention. Destabilising change actively works against a facilitative organisational climate of stability, trust and a culture which confidently values and embraces the complexities of emotion practices, whether in systemic or relationship-based approaches.

This study exposes prevailing narratives about the problematic construction of emotions and suggests some possible contradictions at the heart of the professional social work role and identity. Despite a well-established recognition of emotions in relationship-based and systemic approaches, the professional narrative about emotions revealed in this setting remained problematic. In the absence of professional clarity about where emotions fit in the profession, it appears that traditional binary views of subjectivity (emotional/problematic) and objectivity

(rational/professional) are reinforced in risk-averse and procedurally-driven organisations. The potential distortion caused by such binaries in a profession which is essentially interpersonal and engaged in emotional complexity is similarly emphasised by Munro and Hardie (2019).

Throughout data collection there was a frequent conflation of *doing* emotions with the emotional *impact* of the work, suggesting several important points. One is the emotional impact of engagement in emotionally complex practices. Another is the uncertainty about when and where emotions are permitted and how organisations offer containment and emotional support. The experience of emotions in practice and their impact are not easily separable phenomena. This, I propose, is further exacerbated by the double binds and problematic constructions identified. Two important messages for social work emerge. Firstly, the need for attention to organisational, cultural and individual factors which facilitate and hinder complex emotion practices, including the implementation of models drawn from therapeutic origins. Secondly, the need to radically review how the profession constructs practitioners' emotions in, for example, educational curricula, codes/standards for practice and supervisory requirements.

Given the complexities and paradoxes identified, suggestions for research include further ethnographic studies to develop a body of evidence and enable greater understanding (and comparative data) on constructions and use of emotions in different fields of social work. Similarly, there might be considerable benefit in researching how particular models of practice and supervision implemented in local authority settings influence or constrain the use of emotion practices.

In my analysis I have suggested that ambivalence about the place of emotions creates a fundamental tension for practitioners' sense of professional identity. Although emotions may be only one element in this contested concept (Webb, 2017), developing our understanding of how professional identity develops, and how this intersects with emotions as an integral part of the professional role, merits much greater attention. I am not proposing that practitioners simply accept or act on emotions without critical analysis and reflexivity, nor that practitioners' emotions constitute a form of truth or phenomena to be privileged over other forms of knowledge or skill. Rather, this thesis proposes that social work can benefit from a reframing of how emotions are perceived and positioned.

Viewing emotions as a form of practice and recognising the utility of agile emotion practices offers a route to developing greater understanding of what professional practice is and the environments that facilitate this. Emotions are an intrinsic lived experience in the ordinariness,

subtleties and complexities that comprise practice. They are multifaceted, mercurial and predictable, ephemeral and enduring. As everyday phenomena, this study has shown that emotions are a very real resource and a paradoxical and sometimes inconvenient truth in social work. Practitioners' emotions merit much greater attention, recognition and research in a profession in which they are a daily experience and practice.

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## 11 Appendices

### 11.1 Ethical Approval SPS

#### Confirmation of ethical approval and original Response to SPS REC requirements January 2019.

**From:** Beth Tarleton <Beth.Tarleton@bristol.ac.uk>

**Sent:** 21 January 2016 11:51

**To:** Louise O'Connor <louise.oconnor@bristol.ac.uk>; SPS Ethics Applications Mailbox <sps-ethics@bristol.ac.uk>

**Cc:** Danielle Turney <Danielle.Turney@bristol.ac.uk>; Elaine Farmer <E.R.Farmer@bristol.ac.uk>

**Subject:** Re: [sps-rec] SPSREC14-15.A45: O'Connor, Louise

Dear Louise

Thank you for responding so fully to the SPS REC's comments regarding your study:

*Understanding Practitioners' Emotions in Social Work: An ethnographic study of how emotions are conceptualised and used in social work practice. ( SPSREC14-15.A45)*

Please take this email a confirmation of ethical approval from the SPS REC. If you need a formal letter of approval, please contact Zaheda.

Good luck with the research. Please let me know if there are any changes to your research plan, you may need an amendment to your ethical approval.

with best wishes

Beth

ps - just one thought, parents might not know the word confidential so you might want to explain when talking about the form that this word means keeping all their information safe. I know you say this in the text, it's just the word is a complex one and the link might not be made.

On 19 January 2016 at 20:52, Louise O'Connor <[louise.oconnor@bristol.ac.uk](mailto:louise.oconnor@bristol.ac.uk)> wrote:



Dear Beth

Thank you for your feedback on my application to the Ethics Committee. Please find attached my responses to the queries you raised and in addition 7 related documents. I believe these now reflect the required changes and clarifications. Thank you for suggesting I look at the alternative service user and carer information/consent forms, they helped me to develop my own alternative versions. One of these, as attached, is currently in PowerPoint format. I will be changing this to a Microsoft publisher document (but don't currently have this on my laptop so will access via work). The content will remain the same.

Many thanks Best Wishes Louise

### **Response to SPS REC Requirements:**

Thank you for submitting your ethics form to the SPS REC regarding your study: Understanding Practitioners' Emotions in Social Work: An ethnographic study of how emotions are conceptualised and used in social work practice. (SPSREC14-15.A45)

The REC have considered your application and require some clarification/amendments in relation to the following points:

Please clarify/amend:

- The risks in section 6 do not include the risk of audio recordings capturing the practices/stories or more importantly identities, of people who the participants may be talking to, supporting, referring to etc, but who have not directly consented to participate. This goes beyond explicitly asking carers/ service users if the student can be present as meetings but refers to other people who may be talked about. How will this be managed?

All references to real names or initials will be transcribed anonymously e.g. in a transcript if a participant practitioner refers to a named client that person will be referred to as client 1 or 2. If audio recordings refer to a client who has given me permission to be present during a meeting or home visit, this client will be fully anonymised in any transcription, e.g. given a coded name or number to maintain anonymity whilst allowing me to note references by participants to emotions related to that particular case or type of case. For example, a case which has caused particular distress or emotions as a result of the working relationship e.g. a child in care or adult who has been aggressive. It is anticipated that

such cases may be referred to in a series of conversations or interview or diary by participants. No identifying details will be recorded other than generic terms such as 'middle aged male' or 'child age 10'. If it is considered relevant to the data to record information related to the participants working experience with that client e.g. practitioners emotions about his/her long-term work with siblings in care, only this generic information would be recorded and any potentially identifying features related to the background of the case or details of the adult's or children's circumstances would not be recorded as it is not the focus of the study. Any references made by clients regarding e.g. other family members, neighbours etc will be fully anonymised in any transcription.

- How will the consent from service users / carers be confirmed? The practitioners are responsible for this - does the researcher have a process for checking that they have discussed the research with the service users, given them enough time to respond etc? If consent is not gained prior to a home visit "on the day" is referred to. Does this mean that the researcher will go along anyway and try to get consent at the time? This may put the service user under undue pressure to consent. Consent - at least verbal given to the practitioner should be given BEFORE the home visit.

Consent from clients will be obtained through these steps:

1 Practitioners will be given information and consent forms to discuss with identified clients, giving them time to consider consent.

2 Practitioner will confirm with client whether he/she has any questions and wishes to consent to my presence during a meeting or home visit - this may be verbal at this stage.

3 If consent is given I will accompany practitioner and will at the point of contact with the client doublecheck whether he/she has any questions and confirm that she/he is happy to give signed consent. This will include advising the client that he/she can withdraw consent at this point. Clients will also be provided with the information form which will include information on the limits of confidentiality, time-limit on withdrawal and data storage (see amended service user participant information forms attached).

4 Unless consent is gained in advance I will not attend home visits or meetings.

This consent process will also take into account any local authority required protocols.

- Please describe how will you will 'revisit consent' throughout the study and how you make clear to participants that "informal conversations" are all potentially liable to be used in the research? There are issues here if, by the student being so embedded in the team, the practitioners forget the research

and disclose information or perspectives that they do not want used. Practitioners will not naturally remember to censor their conversations if ethnography is to be effective. Will participants be able to check the reports or data used?

It is anticipated that once embedded in a team I may be present during a variety of informal communications and conversations, some of which may involve disclosures of a sensitive nature or which on reflection the practitioner may wish not to have shared. I will aim to make an informed judgement about the sensitivity of disclosures or topics of conversation (drawing on my prior experience in practice and as a researcher) and in such circumstances I would 'revisit consent' by directly checking with the relevant participant whether he/she is happy for that material to be recorded for the study. It is anticipated that some practitioners may wish some disclosures / conversations not be used and I will fully respect their wishes on this.

I anticipate that data will be a mixture of manually recorded fragments of conversation and descriptions of behaviour and some recordings which will be transcribed e.g. dependent on the team and participants I may have permission to audio record certain conversations and meetings. If participants wish to see transcripts of audio recordings or templates they can be given access to these. When negotiating access I will explain the type of data I will be recording and the type of templates I will be using so that participants are clear about what they are giving consent to and can have access to. (Observational template is attached)

- Will there be a format for the diary entries or will they be free-response. If there is a format/guide, please provide this.

There is not a format/guide for the diaries, other than practitioners will be invited to record their emotions, how they feel about particular series of events or during a period of time. To some extent this element will be dependent on practitioners own interests and choices as to what they wished record or do note as emotions and feelings. Previously stated safeguards will be given regarding the use of any material recorded e.g. all will be anonymised. If I judge that any material could lead to identifying someone if used I will be careful to anonymise any identifying features. It is anticipated that if diaries are used content will be discussed with the worker, if possible in an interview.

- Please provide interview topic guides or confirm how the interviews will be undertaken.

A topic guide for the interview is attached. This is an indicative guide. The detailed content of interviews may vary significantly dependent on the type of team I have access to and the nature of the

work. It is also likely to be influenced by the themes that emerge in the early stages of my presence in the team as it is hoped some of this data will inform the interview content.

- What will be done with audio recordings prior to and after transcription? Both those for interviews and those from practitioner audio diaries? Will all dictaphones be encrypted? Especially important for those used by practitioners to record their feelings / emotional reactions - what if one is lost, falls out a bag at a service users home etc? Where will the data be stored?

Audio recordings from observations and interviews will be stored securely in a locked cabinet at my home. The dictaphone I use and any provided to participants will be encrypted and an agreement made regarding how to reduce the risk of diary content breaching confidentiality. For example, advising participants not to use their own name, any clients' names or the name of the local authority. They will be advised to consider when and where to use the diaries in order to decrease risk of dictaphone or written diary being left e.g. on the bus/in someone's home. It is not possible to guarantee that a participant's bag will not be lost or stolen. To minimise risk and breach of confidentiality I will recommend that the diary is labelled with a telephone number rather than a name, e.g. using my research mobile number (which will only be used for the research) so that it cannot be traced back to the individual practitioner). Transcripts of any recorded data will be stored on a password secured computer. All data will be stored for a ten-year period in an appropriate storage facility on completion of the study in line with University requirements.

- Please confirm that mobile number is a work number.

Yes, it will be a number used exclusively for the research.

- Please provide the practitioner interview information sheet? This is referred to in the "Consent form for social work practitioners & managers - interviews"

There is not a separate practitioner interview information sheet. There is one participant information form for practitioners which provides information about the project including presence in the team, observations of meeting/visits, interviews and diaries. There are separate consent forms for each of these. The aim was to try to minimise the number of forms and documents given the pressures on practitioners' time, whilst maintaining clarity about information and consent.

- Please provide the confidentiality protocol which is listed.

Apologies, this was inadvertently left out of the combined document. It is now attached

## Participant Information sheets/consent forms

- Will all the information sheets be on University of Bristol headed paper? **Yes**
- The terms "make sense of and use emotions" quite hard to understand - is there a better way to refer to this topic which allows non experts to know immediately what this means? Could an example be used to clarify this? Wording is overly complex e.g. "Conceptualise", "...organisational systems influence the expression or recognition of emotions". Some sections can be shortened (e.g., "why use these methods").

The General Information Form has been revised and is shorter. Some language has been simplified although this is aimed at qualified social workers, managers and other professionals such as teachers or health visitors who may for example be present in a meeting. The revised information form uses a range of terms common in current practice and this has been deliberately used to attract the interest of prospective research sites e.g. some are using particular models such as systemic practice or 'signs of safety'. I have replaced *conceptualise* with 'think about' and similarly *make sense of* has been replaced with 'think about'. Please see attached amended form.

- Service user PIS: simplify - language is complex such as "fully anonymised". There is no mention of limits of confidentiality, time limit on withdrawal, data storage timeline etc. These are mentioned in the consent form - but not the PIS. As you will know a little about the families in advance, it would seem sensible to also have a fully accessible consent form - with pictures and very simple wording - that could be used with parents with learning difficulties/parents for whom English is a second language. Danielle has a version we are using for a current project she could share with you.

The Service User Participant Information Form has been simplified as per the amended form attached. I have used more simple phrasing and included limits of confidentiality, time limit on withdrawal and data storage.

An alternative accessible version with images is now attached e.g. for parents with learning or literacy difficulties or English as a second language.

- Minimal involvement consent form; this form is confusing. It has too many double negatives, please re-write.

This form has been revised, particularly point 4 and I have removed some of the 'no' options where they may cause confusion. Please see amended form attached.

## 11.2 Introductory information – agencies



### General Information

#### Research Project: Making Sense of Emotions in Social Work

**Focus:** *Local Authority Children and Families Social Work Practice - developing and retaining emotionally competent, authoritative and compassionate practice.*

#### Purpose & Value to Practitioners & Employers

*The Knowledge and Skills Statements for practitioners and practice leaders/supervisors emphasise the range of skills, capacity for resilience and emotionally intelligent supervision which underpin quality child-centred social work. This study aims to shed light on the emotion skills and knowledge social workers use in everyday systemic practice and the individual and organisational factors which promote and/or hinder emotionally competent, authoritative and compassionate practice.*

*We know that practitioners use diverse skills in emotionally challenging practice but we have limited knowledge of how these emotions inform practice, positively and/or negatively. We know that powerful emotional experiences in practice may contribute to practitioners leaving the profession and can impact on reduced capacity for sustained engagement and decision-making with families. Organisations wish to retain and support experienced, competent and skilled staff. Greater understanding of individual and organisational factors which promote effective and critical use of emotions in practice can help to identify strengths and gaps in service delivery, supervisory systems and training needs. Findings will inform employers, practitioners and social work training, both post-qualification and pre-qualification. Focusing on everyday practice as it happens; I aim to explore three interlinked questions:*

- 1. How do practitioners think about and work with emotions in direct practice?*
- 2. What factors influence or regulate how practitioners experience and express emotion?*
- 3. In what ways are practitioners' experiences and use of emotions influenced by organisational systems?*

#### Benefits to Local Authority & Children's Services:

- Scope for integration with local initiatives in child-centred, 'think family', 'signs of safety' or systemic practice*
- Findings will be relevant to staff retention and sustaining a confident and competent child-centred workforce*
- Findings will provide insight into local systemic and child-centred approaches, identifying role of emotion and factors which impact on social workers' capacity to engage systemically and sustain working relationships.*
- Integration of research in practice will strengthen local authority commitment to being a research-aware and research-informed employer*
- Strengthening of partnership relationship and collaborative working with Universities and social work employers*

- *Workshops and one-off conference on findings for practitioners, managers and policymakers as relevant*
- *Discussion with local policy makers on implications of the research for their practice*
- *Additional availability of training on children and families topics e.g. neglect, kinship, decision-making if wished (from external specialists and/or researcher)*

### **Who is the researcher?**

*My name is Louise O'Connor. I am an experienced children and families social worker and social work educator, HCPC registered. I currently run the social work qualifying programme at Royal Holloway University. This study is part of a Ph.D. I am undertaking at Bristol University. I am supervised by Dr Danielle Turney and Prof. Elaine Farmer, two highly experienced social work research academics at Bristol University whose background is in children and families practice and whose research informs current policy and practice.*

### **Who are the participants?**

*Participants will be social workers, senior/consultant or principal social workers and managers recruited from one Children and Families team in a local authority Children's Service.*

### **What methods will be used?**

*An ethnographically informed study; I would like to spend time attached to the team observing and shadowing day-to-day practice. For example, subject to consent, I will shadow visits, meetings, have informal conversations with practitioners en route to visits and observe supervision, team and other meetings. Practitioners will be invited to participate in semi-structured interviews and/or to use diaries. Timeframe is 1 or 2 days per week for approximately 6 months to maximise access to emotional content of practice.*

### **Ethics & consent**

*The study has received ethical approval from the School for Policy Studies, Bristol University and will be subject to the local authority's ethical governance process. Team consent will be sought for the overall project and individual consent for case shadowing, interviews and diaries. If team members choose not to participate there will be an 'opt out' minimal participation form. Consent from service users/carers will be sought for the researcher's presence during a home visit/meeting, with no obligation to participate. Further details, information and consent forms will be provided.*

### **Anonymity and confidentiality protocol**

*All identifying information about the local authority, individual practitioners and any service users and carers will be totally anonymised. Observational data and transcripts of any audio recorded material, interviews or diaries will be fully anonymised. A Confidentiality Protocol will be agreed with the local authority. This will set out arrangements for confidentiality and data management. It will also set out that the only circumstances when confidentiality would be breached would be circumstances where the researcher becomes concerned that there is a serious risk of harm to an individual practitioner or service user/carer.*

### **What next?**

*If you are interested in discussing this project further or you think that your team may be interested in facilitating it please contact me on: **[louise.oconnor@bristol.ac.uk](mailto:louise.oconnor@bristol.ac.uk)** or by telephone on **07596 150876***

## 11.3 Participant information & Confidentiality Protocol – Social Work



### Participant Information

#### Research Project: Making Sense of Emotions in Social Work

##### ***What is the research about?***

This study aims to explore how social workers make sense of and use emotions in children and families practice. Whether encountering powerful emotions from service users/carers or your own emotions in working relationships or assessments, emotions are an important part of day-to-day practice. Some of these emotions can contribute to feeling motivated and the sense of reward you can get from practice. Emotions also can be a major source of challenge and stress. Yet little is known about how social workers think about and work with emotions in practice, and the kind of skills they use to manage and make sense of emotions. Focusing on everyday practice as it happens; this study aims to explore your perspectives and experiences in this area. The overall research questions are:

1. How do practitioners think about and work with emotions in direct practice?
2. What factors influence or regulate how practitioners experience and express emotion?
3. In what ways are practitioners' experiences and use of emotions influenced by organisational systems?

In addressing these questions, I hope to build a better understanding of the extent to which responses to emotions are influenced by, for example, your experience, training, years post-qualified or factors such as your gender, age or culture. Similarly, I am interested in your perspectives on how team or organisational systems influence how emotions are expressed or recognised and your views on how this impacts day-to-day practice. Developing greater understanding of what actually happens to emotions in practice may highlight the complexity of practice and the use of skills and knowledge which are taken for granted and deserve greater attention.

##### **Who is the researcher?**

My name is Louise O'Connor. I am an experienced children and families social worker, HCPC registered, and now work in social work education. I currently run a social work qualifying programme at Royal Holloway University. This study is part of a Ph.D. I am undertaking at Bristol University. I have previous experience of undertaking research with qualified practitioners and social work students.

##### ***Why am I been asked to participate?***

You are being invited to participate because you are based in a children and families social work team. Senior management in Children's Services have given me permission to approach the team and to request your agreement for me to be attached to your team on a weekly basis.

##### ***What will happen if I participate?***

If your team agrees to participate I will spend 1-2 days a week with your team, shadowing and recording practice during the normal working day. Shadowing, subject to consent, will include accompanying some social workers on home visits or to meetings with service users/carers and other professionals and observing team and supervision meetings. Over time, I will seek your



permission to 'follow' selected cases, for example, having an initial discussion about one of your cases, shadowing a home visit or meeting (with your consent and the service user/carer's consent) and having informal conversations with you. I will also invite you and colleagues to keep brief audio or written 'diaries' about your emotions in practice e.g. for a day/ a week / or about a particular case. Team members will also be invited to take part in semi-structured interviews for approximately 1 hour. Information and consent forms and arrangements about confidentiality will be provided and discussed fully with you and colleagues before the project begins.

I will not be judging practice but rather trying to understand the very varied ways in which individual practitioners deal with the emotions they feel and encounter in their work.

***What happens if I do not wish to participate?***

The project will only take place if there is overall consent from the whole team for me to spend time with the team. If you do not wish to participate more fully for example, by having aspects of your communications recorded or engaging in conversations with me, I will respect this and provide a 'minimal participation' consent form. This will confirm that you are happy for me to be present in the team but that you do not wish for any other involvement, including the recording of your communications with other staff. I hope to negotiate with the team spaces where you can choose to be, and where I won't be and where I will not observe and record. Details of this will be finalised once initial agreement has been agreed with the team.

**Will everything be anonymised and are there limits to confidentiality?**

This project has received ethical approval from the School of Policy Studies at Bristol University and is subject to local authority ethical governance protocols. All identifying information about the local authority, individual workers and any service users or carers will be totally anonymised. All information from observations, interviews or diaries will be fully anonymised.

A Confidentiality Protocol will be agreed with the local authority and provided to you. This outlines arrangements for anonymity and confidentiality and how information from the project will be used. It also outlines the only circumstances in which there would be any limitations to confidentiality.

**What will happen to information from this study?**

Findings from the study will be part of my Ph.D. submission. I hope to share and disseminate findings with social workers and academics through workshops and a one-off conference as well as publishing journal articles and presenting at social work education and research conferences. I will be updating the research interest group during the time of the project and I can also make a summary report available to your team and the local authority on conclusion of the project.

If you have any queries about the study or would like to discuss it with me please feel free to contact me by email or telephone at any time.

My contact details are:

Email: [louise.oconnor@bristol.ac.uk](mailto:louise.oconnor@bristol.ac.uk)

Mobile: 07596 150876

My supervisor's details are:

Email: [danielle.turney@bristol.ac.uk](mailto:danielle.turney@bristol.ac.uk)

Tel: 0117 -954 6755

School for Policy Studies, University of Bristol, 8 Priory Road, Bristol, BS8 1TZ

*Thank you for taking the time to read this information*

## **Research Project: Making Sense of Emotions in Social Work:**

### **Confidentiality Protocol**

As outlined in the information and consent forms, all data related to this project will be fully anonymised. All identifying information about the local authority, individual practitioners and where relevant, service users or carers, will be anonymised. This will include no use of real names, initials or locations. Observational data and transcripts of any audio recorded data will be fully anonymised. All data, transcripts and recordings will be kept securely in this anonymised format. If a transcriber is used for any of the recordings, these will be anonymised and a confidentiality agreement agreed and signed by the transcriber. Anonymised data from the study will be used in the completion of the researcher's PhD. submission. Data may be used for publication in journal articles and in presentations at academic and practice conferences. On conclusion of the project data will be securely stored for up to 10 years.

Information and consent forms refer to the Confidentiality Protocol agreed with the Local Authority. Participants will be reminded of this protocol when consenting to shadowing, interviews or use of diaries over the timeframe of the project. When practitioners consent to the researcher shadowing home visits or meetings with service users and carers, consent will be sought from the service user/carers. Accessible information and consent forms will be provided, with no obligation to participate.

#### **Confidentiality protocol:**

- Consent and information forms indicate that there are limits to confidentiality and participants will be reminded of this during the lifetime of the project, for example when participating in interviews or being shadowed during casework.
- The only circumstances whereby confidentiality will be breached would be situations where the researcher becomes concerned that there is a serious risk of harm to participants or service users/carers.
- In such circumstances this issue would be first discussed with the participant and depending on the nature of the situation, she/he may be encouraged to discuss the matter directly with her/his line manager. If not resolved the researcher would then seek guidance from her PhD. supervisors. If the concern related to a service user / carer he / she would be advised and this is included in the consent form.
- Having taken advice, if it is considered that confidentiality should be breached and the matter discussed with a third party, for example, the participant's line manager, then the participant would be advised of this.

## 11.4 Participant information – other professionals

### Participant Information

#### Research Project: Making Sense of Emotions in Social Work

##### *What is the research about?*

This study aims to explore how social workers make sense of and use emotions in children and families practice. Whether encountering powerful emotions from service users/carers or your own emotions in working relationships or assessments, emotions are an important part of day-to-day practice. Some of these emotions can contribute to feeling motivated and the sense of reward you can get from practice. Emotions also can be a major source of challenge and stress. Yet little is known about how social workers think about and work with emotions in practice, and the kind of skills they use to manage and make sense of emotions. Focusing on everyday practice as it happens; this study aims to explore your perspectives and experiences in this area. The overall research questions are:

1. How do practitioners think about and work with emotions in direct practice?
2. What factors influence or regulate how practitioners experience and express emotion?
3. In what ways are practitioners' experiences and use of emotions influenced by organisational systems?

In addressing these questions, I hope to build a better understanding of the extent to which responses to emotions are influenced by, for example, your experience, training, years post-qualified or factors such as your gender, age or culture. Similarly, I am interested in your perspectives on how team or organisational systems influence how emotions are expressed or recognised and your views on how this impacts day-to-day practice. Developing greater understanding of what actually happens to emotions in practice may highlight the complexity of practice and the use of skills and knowledge which are taken for granted and deserve greater attention.

##### **Who is the researcher?**

My name is Louise O'Connor. I am an experienced children and families social worker, HCPC registered, and now work in social work education. I currently run a social work qualifying programme at Royal Holloway University. This study is part of a Ph.D. I am undertaking at Bristol University. I have previous experience of undertaking research with qualified practitioners and social work students.

##### ***Why am I been asked to participate?***

You are being invited to participate because you are based in a children and families social work team. Senior management in Children's Services have given me permission to approach the team and to request your agreement for me to be attached to your team on a weekly basis.

##### ***What will happen if I participate?***

If your team agrees to participate I will spend 1-2 days a week with your team, shadowing and recording practice during the normal working day. Shadowing, subject to consent, will include accompanying some social workers on home visits or to meetings with service users/carers and other professionals and observing team and supervision meetings. Over time, I will seek your permission to 'follow' selected cases, for example, having an initial discussion about one of your cases, shadowing a home visit or meeting (with your consent and the service user/carer's consent) and having informal conversations with you. I will also invite you and colleagues to keep brief audio or written 'diaries' about your emotions in practice e.g. for a day/ a week / or about a particular case. Team members will also be invited to take part in semi-

structured interviews for approximately 1 hour. Information and consent forms and arrangements about confidentiality will be provided and discussed fully with you and colleagues before the project begins.

I will not be judging practice but rather trying to understand the very varied ways in which individual practitioners deal with the emotions they feel and encounter in their work.

***What happens if I do not wish to participate?***

The project will only take place if there is overall consent from the whole team for me to spend time with the team. If you do not wish to participate more fully for example, by having aspects of your communications recorded or engaging in conversations with me, I will respect this and provide a 'minimal participation' consent form. This will confirm that you are happy for me to be present in the team but that you do not wish for any other involvement, including the recording of your communications with other staff. I hope to negotiate with the team spaces where you can choose to be, and where I won't be and where I will not observe and record. Details of this will be finalised once initial agreement has been agreed with the team.

**Will everything be anonymised and are there limits to confidentiality?**

This project has received ethical approval from the School of Policy Studies at Bristol University and is subject to local authority ethical governance protocols. All identifying information about the local authority, individual workers and any service users or carers will be totally anonymised. All information from observations, interviews or diaries will be fully anonymised.

A Confidentiality Protocol will be agreed with the local authority and provided to you. This outlines arrangements for anonymity and confidentiality and how information from the project will be used. It also outlines the only circumstances in which there would be any limitations to confidentiality.

**What will happen to information from this study?**

Findings from the study will be part of my Ph.D. submission. I hope to share and disseminate findings with social workers and academics through workshops and a one-off conference as well as publishing journal articles and presenting at social work education and research conferences. I will be updating the research interest group during the time of the project and I can also make a summary report available to your team and the local authority on conclusion of the project.

If you have any queries about the study or would like to discuss it with me please feel free to contact me by email or telephone at any time.

My contact details are:

Email: [louise.oconnor@bristol.ac.uk](mailto:louise.oconnor@bristol.ac.uk)

Mobile: 07596 150876

My supervisor's details are:

Email: [danielle.turney@bristol.ac.uk](mailto:danielle.turney@bristol.ac.uk)

Tel: 0117 -954 6755

School for Policy Studies, University of Bristol, 8 Priory Road, Bristol, BS8 1TZ

*Thank you for taking the time to read this information*

## 11.5 Participant information – service users and carers



### Information form for Service Users or Carers

#### Research Project: Making Sense of Emotions in Social Work

My name is Louise O'Connor. I am a student at Bristol University. I also teach social work students and have worked as a social worker with children and families. I am based in the Referral and Assessment Service in ..... Children's Services where I am observing social workers in their day-to-day practice. This includes being with social workers when they go on home visits or have meetings with people who are in contact with Children's Services. I am doing a research project into how social workers think about the day-to-day feelings they experience when they are working. For example, workers might feel worried about someone or sad or angry about decisions they have to make.

#### What am I being asked to do?

I would like your permission to be with the social worker when he/she meets with you. I won't be taking part in the conversation but I would like your permission to observe the conversation or meeting and take written notes or record the conversation for this project. If you have any questions about this project I am happy to answer them. If you agree for me to be present you will be given a consent form to sign.

#### Will my personal information be shared with other people?

No personal information about you, for example, your name, address or details of family members would be used. No other information that could identify you will be used. The main focus of my work is on the social worker. The name of the borough or local area will not be used in the project.

The only time I would share any personal information would be if I think there is a risk to you or someone you have mentioned or to the social worker. If this happens I will let you know and I will discuss this with you, the social worker and the social worker's manager.

#### Is there any benefit to me saying yes to this request?

This study is about how social workers do their job. The aim is to understand more about social work and how workers can work best. I hope that this study will help to improve practice for practitioners and the people they work with. When completed, information from the study will be published and

shared with social workers and people who train social workers in order to develop and improve practice.

**If I give my consent for the researcher to be present can I change my mind later?**

Yes, the consent form that you have been given says that if you agree to the researcher being present you can change your mind at a later stage. You can do this up to one month before I complete my work, which will be in ..... Information from the study (without anyone's names or details) will be kept safely for 10 years.

**Who can I contact if I want to ask more questions about this study?**

You can contact me, Louise O'Connor, on the following email or telephone number:

[louise.oconnor@bristol.ac.uk](mailto:louise.oconnor@bristol.ac.uk)    Mobile: 07596 150876

# Information Form – Accessible alternative – children or adults

01/11/2019

**NB Larger version used in Study**

## How do social workers feel at work?

- My name is Louise O'Connor
- I am a student at the University of Bristol



## I am doing research, this means finding out how social workers do their job



- I would like to see how your social worker works with you
- I'm learning about how social workers feel about their job



- I would like to be there when you meet your social worker



- I would like to record what is said, to help me remember



- I am writing about social workers, not you.
- I will not use your name or information about you or your family.



- I will keep information safe in a locked cabinet or computer file



- I will only share information if I think someone is in danger. If that happens, I will tell you first.



You can say yes or no to me being at the meeting



## 11.6 Consent forms – practitioners

7. Consent form for DUTY / Shared team space social workers & managers, RS 1, Feb 2016

### Making Sense of Emotions in Social Work

### Practitioner/Manager Consent Form

I have read and understood the participant information sheet

Yes  
(please initial)

No  
(please initial)

I have had an opportunity to ask questions about the project.

Yes  
(please initial)

No  
(please initial)

I am happy to take part in this research by allowing the researcher to be present, observing day-to-day practice.

Yes  
(please initial)

No  
(please initial)

I am happy for notes to be recorded

Yes  
(please initial)

No  
(please initial)

I understand that all information will be fully anonymised.

Yes  
(please initial)

No  
(please initial)

I understand that the research is confidential and the limits to confidentiality are outlined in the participant information sheet and confidentiality protocol.

Yes  
(please initial)

No  
(please initial)

I understand that anonymised information from this research will be used by the researcher as part of a Ph.D. submission, in journal articles and conference presentations.

Yes  
(please initial)

No  
(please initial)

I understand that I am under no obligation to participate in this study and can choose to withdraw at a later stage

Yes  
(please initial)

No  
(please initial)

Name (please print) .....

Signature ..... Date: .....



This form will be kept separately to all anonymised data.



## Minimal participation / Opt Out Form

6 Practitioner in Team Minimal Participation Consent Form

### Making Sense of Emotions in Social Work

### Practitioner/Manager Minimal Participation Consent Form

I have read and understood the participant information sheet

Yes  
(please initial)

No  
(please initial)

I have had an opportunity to ask questions about the project.

Yes  
(please initial)

No  
(please initial)

I am happy for the researcher to be present in the team, observing day-to-day practice.

Yes  
(please initial)

No  
(please initial)

I do not wish to have any notes taken regarding my conversations or for these conversations to be digitally recorded

Yes  
(please initial)

I do not wish to participate in interviews

Yes  
(please initial)

I do not wish to keep a diary as part of the research project.

Yes  
(please initial)

I understand that I am under no obligation to participate in this study.

Yes  
(please initial)

I understand that if I change my mind and do wish to participate further, for example, in an interview or use of diary, I can do so and complete alternative consent forms.

Yes  
(please initial)

Name (please print) .....

Signature ..... Date .....



This form will be kept separately to all anonymised data.

## Home Visit / Shadowing Consent

Separate Forms were used for Home Visits, Diaries and Interviews, using a similar format to this.

Consent form for social work practitioners – Home visit & meetings with clients

### Making Sense of Emotions in Social Work

I have read and understood the participant information sheet

Yes  
(please initial)

No  
(please initial)

I have had an opportunity to ask questions about the project.

Yes  
(please initial)

No  
(please initial)

I am happy to take part in this research by giving consent for the researcher to 'shadow' me by observing me during home visits or meetings with service users or carers.

Yes  
(please initial)

No  
(please initial)

I am happy that this may take place on more than one occasion, subject to agreement with the researcher and the service user /carer.

Yes  
(please initial)

No  
(please initial)

I understand that all information shared will be fully anonymised.

Yes  
(please initial)

No  
(please initial)

I understand that the research is confidential and the limits to confidentiality are outlined in the participant information sheet and confidentiality protocol.

Yes  
(please initial)

No  
(please initial)

I understand that anonymised information from this research will be used by the researcher as part of a Ph.D. submission, in journal articles and conference presentations.

Yes  
(please initial)

No  
(please initial)

I understand that I am under no obligation to participate in this study and can choose to withdraw at a later stage (this is possible up to one month prior to submission of study).

Yes  
(please initial)

No  
(please initial)

Name (please print) .....

Signature ..... Date .....



This form will be kept separate to all other anonymised data

## 11.7 Consent forms – service users and carers

12 Consent form V1 for Children's Service Clients

### Making Sense of Emotions in Social Work

### Service User/Carer Consent Form

I have had the research project fully explained to me and I understand that the focus of this study is on social workers' everyday practice

Yes  
(please initial)

No  
(please initial)

I have read and understood the participant information sheet

Yes  
(please initial)

No  
(please initial)

I have had an opportunity to ask questions about the project.

Yes  
(please initial)

No  
(please initial)

I am happy to take part in this research by allowing the researcher to observe the social worker when he/she meets with me.

Yes  
(please initial)

No  
(please initial)

I am happy for notes to be taken and conversations to be digitally recorded

Yes  
(please initial)

No  
(please initial)

I understand that all information will be fully anonymised, my name, address or other identifying information will not be used.

Yes  
(please initial)

No  
(please initial)

I understand that the research is confidential and confidentiality would only be broken if there is a serious risk to me or someone else.

Yes  
(please initial)

No  
(please initial)

I understand that anonymised information from this research will be used by the researcher as part of a PhD, in journal articles and conference presentations.

Yes  
(please initial)

No  
(please initial)

I understand that I am under no obligation to participate in this study and can choose to withdraw at a later stage (this is possible up to one month prior to completion of study).

Yes  
(please initial)

No  
(please initial)

Name (please print) .....

Signature ..... Date .....







This form will be kept separate to all other anonymous information.

## How do social workers feel at work?

### Research Project

Please tick the box if you agree



<p>I agree to Louise O'Connor being at the meeting with me and my social worker</p>		
<p>I know I can change my mind during the meeting or up to one month after the interview</p>		
<p>I know that Louise will take notes and record the meeting</p>		
<p>I know that Louise will not use my real name or any information about me or my family in her report.</p>		

This form will be kept separate to all other information.

## 11.8 Consent forms – other professionals

### 11 Consent form for external professionals

#### Making Sense of Emotions in Social Work

#### External Professional Consent Form

I have read and understood the participant information sheet and understand that the focus of this study is on social workers' day-to-day practice.

Yes  
(please initial)

No  
(please initial)

I give my consent for the researcher to be present in the meeting.

Yes  
(please initial)

No  
(please initial)

I am happy for notes to be taken and conversations to be digitally recorded

Yes  
(please initial)

No  
(please initial)

I understand that all information will be fully anonymised.

Yes  
(please initial)

No  
(please initial)

I understand that the research is confidential and the limits to confidentiality are outlined in the participant information sheet and confidentiality protocol.

Yes  
(please initial)

No  
(please initial)

I understand that anonymised information from this research will be used by the researcher as part of a Ph.D. submission, in journal articles and conference presentations.

Yes  
(please initial)

No  
(please initial)

I understand that I am under no obligation to participate in this study

Yes  
(please initial)

No  
(please initial)

Name (please print) .....

Signature ..... Date .....



This form will be kept separately to all anonymised data.

## 11.9 Observational Record Template

Date, Context and Event	e.g. team discussion/telephone call/informal conversation/home visit/supervision/car journey, coded ID for practitioners or case,
Key Descriptive Components	e.g. what happened, who said or did what, who participated, speech, actions, behaviours. Differentiated between verbatim speech or speech fragments and paraphrasing of speech.
Sensory Information	e.g. descriptive details of context, use of space, sounds, tone of voice, visual information.
Emotions expressed overtly	e.g. recognisable expressions of anger, sadness, joy, disappointment, frustration, affection etc
Personal Thoughts & Feelings	e.g. noting any responses I have, emotions, thoughts, interpretations. My understanding of the key emotions and how they play out, both overtly expressed and not openly expressed. Noting my own biases & any developing evaluative or theoretical ideas (will include separation of my own initial thoughts / responses in situ and a separate note of developing thoughts or awareness of e.g. biases)

## 11.10 Field Interviews Semi-Structured Guide

### Indicative Topic Guide for Interviews with Practitioners

1. Biographical information and personal influences on perceptions and expression of emotions (includes descriptive factors such as age, gender, race and length of time in post, years qualified).
2. Motivations and values about social work practice - what is enjoyed, what is challenging, what sustains?
3. Range of emotions experienced in everyday practice and examples of positive and negative emotions related to aspects of practice (direct work) and organisational systems or culture.
4. Views about emotions in general and perceptions of personal, professional and organizational 'rules' or meanings in relation to emotions in practice
5. Perspectives on factors that promote or hinder recognition and / or expression of emotions?
6. Perspectives on ways in which organisational frameworks and systems hinder or promote the use of emotions (temporal, spatial, technological or mobile, models in use)?
7. Theoretical approaches or concepts practitioners apply or use to understand emotions
8. Perspectives on ways in which expressing and using emotions in everyday practice could benefit practitioners and service users/carers

## 11.11 Initial Thematic Coding Map

**Broad Themes (BI NB 1) 1<sup>st</sup> reading** ‘raw data’ - predominantly transcripts of interviews & observed supervisions & conversations in passing, observation notes & cross-references in notebooks. **Material added 5.9 V1; material added 15.11.**

### Extract 1 - Emotion-related words & expressions

Feeling-related words used by practitioners (interviews & group supervision)		Words that denote/imply use of feelings (direct use of verbs, observed in group supervisions & interviews; phrases used by individuals; verbal & non-verbal) includes embodied physical sensations		Words used re-value/otherwise of feelings in practice (too many to list-indicative examples)
Anxiety Tension Worry Fear Doubt Dread Uncomfortable Wary Sceptical Uncertain Anger Frustration Disconcerted Unsettled Annoyed Sad Hate Safe Relief Stressed Exhausted Grumpy Creepy Care Horror Relief Passion Love	Joy Compassion Empathy “buzz” excitement Proud Confident Purposive Secure Tricky Hard Difficult Dangerous Unsafe Defensive Unnerved Awkward Concerned Overwhelmed Spent Scared Fearful Calm Sympathy Disgust Fury	Curiosity (concept linked to care, having an interest, plus doubt, maintaining scepticism)  Wondering Interested/interesting Reflecting  Judged  Criticised  Feel nothing feeling numb  Cynical Sarcastic Laughter “feeling way in” “need to feel” “what do you feel?” “love the drama”	Gut feelings, got reactions  “Pit of stomach”  “that feeling in your tummy”  ‘that bugging feeling’  Breath/breathing  Hot, shake Sick Sleep Gasps Sighs Laughter Eyes Swearing  Physical sensations “it’s a bit fishy” “in my heart” “listen to the heart” “pull at the heartstrings”	Owning, you have to own feelings  Not being overly emotional  They’re essential  I don’t have emotions, I have thoughts  Food, use of food comfort, acknowledgement, containment, sharing emotional burden, performance, conduit for emotions?



## Extract 2 - Initial 'Codes' - Transcripts (interviews & group supervisions).

### Details/cross-references BLNB 1

<p>Therapy/personal therapeutic work Theory</p> <p>Drama of/Performance of</p> <p>Perceptions of Others Perceptions of Self Nature of Short-Term/Transition Work Exchange/Cycle/Mirroring Containment</p> <p>Emotions a Source of Info/Knowledge Emotions a Tool of Assessment Emotions a Tool of Group Supervision-Route to understanding</p> <p>the "buzz" the "good manager" Complexity -layers of emotions &amp; emotional elements Internalised Emotions/Experience</p> <p>Emotions to be Offloaded emotions are a trap emotions underpin systemic relational emotions to be hidden emotions to be managed</p> <p>Use of self -transitions/time/development - in practice &amp; supervision</p> <p>curiosity &amp; caring neutral language but underpinned by care &amp; empathy? Data overtly "Not about feelings" - but related to topics that have strength of feeling e.g. personal culture, identity</p> <p>Paradoxical - "passion" for role, "love" for children, "joy" &amp; at same time not having "emotions"</p> <p>construction of?</p>	<p>Language using emotions-emotion/emotive talk? Neutral language-objective hypothesis? Paradox-neutral hypothesis &amp; reflective discussion explicitly invites emotion talk</p> <p>Humour, banter Jokes - often in context of anger, disturbing/distressing case material &amp; organisational systems "black humour"</p> <p>'light banter' &amp; laughter on surface in response to threatening clients – actual &amp; possible – jokes acknowledging anxieties, fears very 'lightly' – followed by relief and acknowledgement 'scariest' fears....</p> <p>surface &amp; depth-group supervision-levels, content, contrasts, endings Surface permitted feelings?</p> <p>pretence, performance</p> <p>tensions are naming feelings</p> <p>permitted emotions-permitted topics for emotional expression</p> <p>justified emotions</p> <p>not-permitted emotions/context</p> <p>emotional contagion managing emotions of others &amp; self</p> <p>Anticipatory Reframing</p> <p>Learning (in practice over time) about roles &amp; place of emotions</p> <p>Shifts in thinking about emotions over time</p>	<p>Exposure of group supervision</p> <p>notion of control (in-not in; organisational &amp; individual)</p> <p>Macho culture</p> <p>Context of short-term emotive work</p> <p>Internal dialogue</p> <p>Switching emotions on &amp; off -creating barriers - wearing 'hats'</p> <p>Using physical movement &amp; space (creating space to express/talk/share)</p> <p>Theoretical knowledge</p> <p>Dialogue</p> <p>Individual supervision</p> <p>Consistency (in groups, people)</p> <p>Spaces &amp; places (for emotion)</p> <p>Personal &amp; work emotions</p>
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**Extract 3 - Edited extract - Overarching Themes Categories - repeated throughout data from different sources**

<b>Practitioner emotions are observed as being actively used in many aspects of practice,</b> extent to which this is recognised varies	
<b>Multi-layered emotions operating for practitioners within cases</b> ( ‘bubble” diagram – pre - , in- & post - plus layers of emotions of different participants e.g. parent, child, worker, externals)	
<b>Safety</b> - importance of safe space, feeling safe, safe to speak & express feelings without judgement	
<b>Sense making</b> , making sense and things that don’t make sense (non-sense) (trying to be rational & practice rationally, make rational decisions infrequently ‘irrational’ chaotic or/and with unknowns	
Emotions or feelings that don’t make sense or difficult to describe – relates to sense-making + feelings that are difficult to describe? paradoxical or contradictory but multi-layered... (see Daily Notes)	
<b>Carrying uncertainty</b> , not knowing	
<b>Responding to &amp; containing expectations of others</b> -other agencies ‘dump their anxieties ... so they feel safer’ (huge & overt frustration)	
<p><b>Paradoxical/contradictory perceptions of emotions:</b> explicitly linked to weakness, incompetence, potential for negative judgement AND explicitly used explore, hypothesise &amp; develop understanding of practice (over emotions e.g. worry, sense of sadness PLUS intuition of gut feelings, feeling bothered, bugged by an intangible feeling of worry or disturbance, difficult to pin down but functions in assessment process AND a constant element that is being managed as part of day-to-day practice (emotional nature of work, contact with clients, clients’ circumstances + pressures of work processes + emotional dimension of sense making/producing assessments</p> <p><b>Paradoxical/contradictory perceptions of how emotions are perceived:</b> Then &amp; now - older workers/previously social work not focusing on emotions, ‘now’ social workers trained to think more about them &amp; express them YET – direct quotes from workers qualified in last three years “trained not to bring in emotions” and references to concerns about negative judgements of being too emotionally vocal... perceptions of negative judgements linked to being unprofessional</p> <p><b>Permitted feelings</b> Some emotions seem more acceptable than others e.g. sympathy with rape victim, anger with uncaring parent, sadness &amp; empathy for children who are neglected/distressed; frustration with other professionals; disappointment for families who don’t get resources; some vulnerable young people (not all).. “big” emotions are noticed, permitted e.g. re-very threatening adult or very complex court case <b>Or blocked/not permitted?</b> Examples where emotion seemed justified but workers experience variable: sadness about a child sw felt judged, linked negatively to own well-being; sw stonewalls - blocks emotions re-rape/sexual assault cases</p>	
<b>Emotions seen as destructive, dangerous if not understood or contained – deeply problematic – links to paradox, use emotions, don’t have them, they’re dangerous</b>	
<b>Spaces &amp; places</b> - physical spaces/lack of, creation of safe spaces where emotions can be acknowledged without judgement, linked to safety, venting, containment & support	

<p><b>Performance &amp; drama, pretence:</b> – sw a performance, with certain rules/expectations of behaviour, including containment and suppression of emotions whilst also using emotions- applies to work with clients, professionals &amp; in office. Involves levels of pretence</p> <p><b>Performance linked to notions of professionalism</b></p>	
<p><b>Surface content belies emotional complexity of work being processed:</b> surface activity in office is predominantly loud typing (abbreviated to LT in notes as powerful sensory experience permeated every day of study), predominant activity &amp; time is screen-focused. Pressure to complete assessments within timeframe/before next duty a priority activity. Calm individualised focus on typing belies content of what's being typed – see Duty records</p>	
<p><b>Language of emotions - emotion talk/emotive talk:</b> Used as a route to sense making &amp; assessment; explicitly used in some group supervisions systemic language- theme of neutral language, <i>I'm wondering, I'm curious, it's interesting that ...</i> In 1 group leads to explicit expressions of personally held emotions about the case e.g. <i>it's really sad, I'm really worried, what must it be like for her... How does it feel to be her...</i> Signs of safety - previous model &amp; still used - explicitly frames cases in terms of worries</p>	
<p><b>Systemic approach - numerous themes relevant to emotion</b></p>	
<p><b>Differentiation between categories of emotions/feelings: extensive data in interviews &amp; observations of duty &amp; supervision</b></p> <ul style="list-style-type: none"> <li>• Emotions pre-, in- &amp; post-direct contact about the case &amp; relational experience with client</li> <li>• Emotions about work systems &amp; processes, including external e.g. Ofsted, other professions</li> <li>• Emotional impact of work on practitioners overall</li> <li>• Perceptions of emotions-feelings about feelings, perceptions of how emotions &amp; impact perceived professionally and in organisation</li> <li>• Emotions as a tool to use- use of own emotions to “feel way in”, owning emotions about own and other people’s cases, use of language of emotions, feelings on reflection</li> </ul>	
<p><b>Barriers to emotions being expressed and/or used</b> <b>Barriers as a block to emotions &amp; barriers as a form of emotion management</b> individual perceptions space &amp; place factors related to team &amp; context factors related to individual e.g. gender, age, experience, position constructions of emotions overall constructions of professionalism</p>	

## 11.12 Development of Thematic Analysis & Example of Organic Thematic Coding 'Map'

Extract → Development of Themes → Edited extract → Summary points  
 → 9 thematic categories

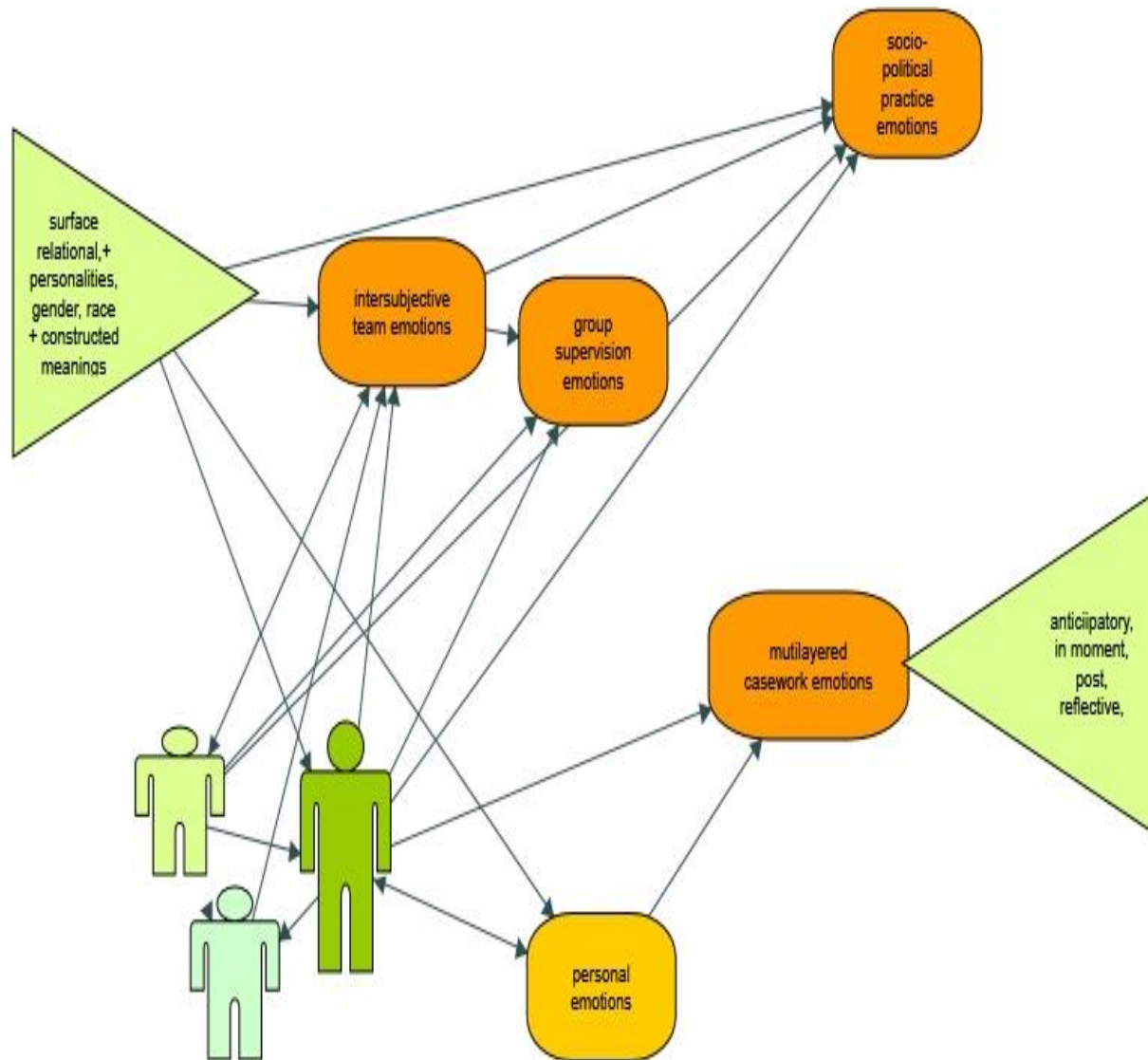
<p>1. Detailed evidence from multiple sources of the fine-grained emotions experienced and used in everyday relational practice (regardless of whether acknowledged or recognised)</p>	<p><b>Emotions present- multiple &amp; intersecting levels</b></p> <ul style="list-style-type: none"> <li>- emotive content &amp; bombardment</li> <li>- emotions about organisation &amp; context</li> <li>- multi-layered categories of emotions in casework</li> <li>- deliberate engagement of emotions in group supervision</li> <li>- conscious &amp; ? unconscious processes in duty</li> <li>- emotions create and are created – constitutive</li> </ul> <p><i>“emotions are the keystone of practice” (CC2)</i></p>	<p><b>MULTIPLE INTERSECTING PRESENCE</b></p>
<p>2. Practitioners actively use emotions in quite nuanced and skilful ways in the process of engaging with, understanding and working with people (clients) and with each other (as a group/team)</p>	<p><b>Multi-layered use in casework (anticipatory, engagement, in the moment, reflective, reflexive)</b></p> <p><b>Implicit &amp; explicit use in duty/shared team spaces &amp; in group supervision</b></p> <p>(recognition of use of emotions varies- is recognised/implicit/not recognised)</p>	<p><b>INDIVIDUAL &amp; GROUP USE</b></p>
<p>3. Particular factors facilitate and/or hinder the above, in the individuals, in the team, nature of the work &amp; organisational context</p>	<p><b>Individual &amp; contextual perceptions &amp; influences:</b> personal identities &amp; backgrounds, previous experiences of practice + personal therapeutic work, sense of safety, trust, containment, training/familiarity with systemic &amp; other theoretical concepts. Some sw not recognising emotions as part of work – thoughts / observations/ analysis used, not emotions</p> <p>Contextual influences: Containment &amp; secure team/base, risk of exposure or challenge, shared background/approaches, protective mechanisms, organisational context &amp; nature of work (nature, time, office structure, Ofsted + overall constructions of emotions in sw</p>	<p><b>INDIVIDUAL &amp; CONTEXTUAL VARIABLES</b></p>

**Presence & Use of Emotions**

<p>4. <b>Discourses of practice can incorporate emotions explicitly</b> e.g. the systemic approach to relational practice explores &amp; uses emotions via language used &amp; use of key concepts such as curiosity, use of self, relational communication.</p>	<p>Variable - skilled use in 'secure' team with shared understanding/approaches facilitates deliberate use of emotion &amp; emotional engagement in group supervision</p> <p>Changing staff &amp; lack of containment hinders above</p> <p>Level of systemic training + varying understanding of key concepts hinders or promotes</p> <p><b>Context of practice hinders or creates need for greater containment to facilitate –</b>  <i>"it's hard to be curious when you're worried" (SW)</i></p>	<p><b>POSITIVE ORGANISATIONAL DISCOURSES – VARIABLE PRACTICE</b></p>
<p>5. <b>Change is a constant for the majority of practitioners/teams &amp; has a significant impact on how emotional dimension of practice is recognised or/&amp; supported.</b> Change is interlinked with different management styles &amp; organisational drivers</p>	<p>Changes illuminate importance of team consistency &amp; secure team base – creates and created via containment, attachment, safety and development of shared approaches to practice. Includes safety to express, own and use emotions in group and relationally in team space. Interacts with physical structure of team and office spaces, pc use, ease of communication.</p> <p><i>"you then kind of revert back to the old social work style you know everyone just slogging on and you know carrying all the risks by themselves" SW</i></p>	<p><b>ORGANISATIONAL CHANGES &amp; CONTEXT</b></p>
<p>6.</p>	<p>•</p>	
<p>7.</p>	<p>•</p>	
<p>8.</p>	<p>•</p>	

**Paradoxical  
Constructions**

Example of initial thematic map - intersectional emotions, Team1 V1.



## 11.13 Participants & Codes

Participants are numbered as outlined below to indicate type of participant, source and timing. Social workers and senior practitioners were all qualified social workers. Clinical consultants who supported systemic practice had qualifications in social work and/or family therapy. Senior Practitioners had a lead supervisory role in each team and shared duty management with selected middle managers. Occasionally initials only are used to maintain anonymity of certain extracts.

Pronouns he or she are used randomly to preserve anonymity. Identifying features such as gender, race, age or other aspects of identity are only referred to where specifically relevant to the data or analysis. Length of experience post-qualification is referred to where relevant. When referring to service users or mini-case examples, pseudonyms are used. Identifying features have been changed significantly to anonymise all data.

### Participants:

SW1 – SW19	Social Workers
SP1 - SP5	Senior Practitioners
SM1 - SM3	Head of Service, Principal Social Worker, Practice Group Lead (middle & senior managers, not in numerical order)
CC1 – CC2	Clinical Consultants
PA	Practice Administrators

### Codes and Acronyms in Data:

Referral and Assessment or The Service Practitioners	Research Site  Included Social Workers, Senior Practitioners, Experienced Practitioners and Practice Group Leads unless otherwise specified
Experienced Practitioner	Practitioner with over 10 years' experience
Obs. + number	Observations of Duty/Team Spaces + month of study
HV. + number	Home Visit + month of study
GS. + number + number	Group Supervision Meeting + team + month study
D1 - D4 + number	Diary from participant + month of study
I. + participant + number	Interview with indicated participant + month of study Additional number inserted after I. for 2 <sup>nd</sup> / 3 <sup>rd</sup> interview
RJ	My reflective journals