

**THE SOCIAL, THE PSYCHOLOGICAL
AND THE HUMAN IN SOCIAL WORK**

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Abstract: All social work practice is a social interaction in the form of an encounter between human beings, in which the participants enact a performance that reveals aspects of their humanity and represents their understanding of the real world in which they operate. The human aspect of the encounter, as described in important systems of thought such as humanistic psychology, secular humanism and human rights thinking, includes a concern both for the psychological and for the social. Death, for example, is an individual experience with psychological impact but takes place within and affects social institutions and relationships. Psychological helping with dying people focuses on emotional and cognitive reactions, social helping reacts also to the social relationships and institutions affected in the real world. Social workers do not use discrete practice knowledges directly, but embody them as part of their performance within a practice encounter. Their pathway into professional practice, the particular balance of the facets of social work that they use, their interpretation of the value complexities in social work practice and their particular selection from the range of knowledges available comes together and creates their distinctive practice and humanity in the social work encounter.

Introduction: social work as performance in a human encounter

The starting point is the nature of social work. All social work practice involves an encounter between human beings. This is so for individual, community, family, groupwork practice because, although the aim might be to affect more than one human being, the work is always carried out between human beings.

What does this human encounter consist of? I want to describe it in an unusual way: a human encounter involves whole people, in a performance that represents the real world as those people understand it. Why do I use this particular description and why is this characterisation of a human encounter important to social work practice? The answers to these questions follow from the nature of any human encounter. Because it involves interactions between people, it is a social situation. In such situations, people interact according to the social rules that they have learned in their life. Therefore, as they interact, they will reveal themselves to each other, displaying something about the lives they have led, because their interaction will display their social and cultural learning.

Any encounter is a performance in that people are not able to reveal everything about themselves. Each actor in the situation tries to control the encounter so that other people present see what the actor wants them to see. Their control will not be complete, so other people present may see leakage, that is, they see more about the person than the actor might expect. This happens because information escapes from the actor's control and affects the perceptions of the other people who are present. Also, for much of the time, we are happy to allow people to see many aspects of us and there are aspects of ourselves that we do not consciously see or control. Bringing all these points together, other people make observations and judgements about the whole of what they perceive, not some part of it, and what they perceive includes unintentionally revealed aspects of our life experience and attitudes. As they get to know us better, they will see and understand more about us. This in turn will affect and continuously modify how they act in social situations with us, so their performance will alter as a result of any encounter or the total of the encounters in which they have observed and perceived our performances. This way of seeing social interactions as being like performances in a drama comes from Goffman's (1972) dramaturgical role theory.

Encounters are about something. As an encounter continues, therefore, the people involved will provide information to each other about the 'something' in the real world that they are concerned with. Clients represent real world issues that they come to the social worker to deal with. Social workers enact their agency and the profession and activity 'social work'. Therefore, as they perform with each other in the encounter, people disclose information about both these real worlds and about their reactions to and judgements about it. The encounter, though, involves, not the real world itself but, the participants' perceptions, understandings and representations of the real world. These representations of the real world are another opportunity for learning about the actors and modifying our behaviour with them, as well as understanding the real world. This is because the actors compare what the individual is saying about the real world with their own understanding. Their comparison affects both their understanding of the real world and their view of the other actors. If clients find the social worker valuable, they may come to trust their judgements and observation more and their own judgements about the real world may be confirmed, if they thought social workers were helpful, or disconfirmed if they thought social workers were interfering officials. If their current perception that this social worker is valuable disagrees with their past interpretation of the real world, they may trust the social worker less. For example, they may remember that social workers are interfering officials, Or, if they continue to trust the worker, they may change their view of the real world, perhaps coming to think that social services agencies are not so bad after all.

Taking a further step, peoples' performances in an encounter are affected by their role in dealing with the 'something' that the encounter is about, its subject. A role is a set of social expectations, that is, how people in the relevant culture and its ordinary social relations, usually expect others to behave in social situations such as the one they are involved with. These expectations are associated with particular social identities. For example, when a police officer stops a man in the street to ask them a question, we might expect a builder's labourer with a criminal record to behave differently from a senior lawyer of impeccable reputation. We might also expect the police officer to be able to identify many aspects of these social differences instantly from observation, and to adapt this view as the interaction proceeds. However, the officer would start by behaving differently to the two people. This example suggests that social position, formal role and the social identity that these factors contribute to interact with and the nature of the encounter to affect behaviour.

This way of understanding the social elements of a human encounter is relevant for social work. This is because it suggests that what goes on in a social work encounter will be affected, just as all human encounters are affected, by a variety of cues about someone's social position, identity and behaviour. These cues are understood within the culture and society in which an encounter takes place. The content of a social work encounter are also likely to lead to exchanges about the real world as it is experienced and described by social work practitioners and the people they work with. Taylor and White (2000) show that social workers represent themselves or perform in ways that seek to convince clients that they are effective helpers. Similarly, clients represent themselves or perform to show that they are credible informants and sensible people who have behaved appropriately in the circumstances.

Facets of social work

Understanding and researching social work, therefore, requires an understanding of all these aspects of being a human being in interaction with other human beings. Many practitioners find it hard to focus on all these aspects at once, and the most obvious elements of their work are the encounter itself and what it tells us about the individual in front of us.

This requirement to engage with both the psychological and the social, and to incorporate a range of perspectives on our practice is contained in the widely accepted IFSW definition of social work:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work

intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (IFSW, 2000).

However, while both the social and the psychological are included, they are also clearly differentiated. How then is the social worker to include them both, while holding them separate? I want to argue in this paper that social workers achieve this by focusing on the human, that is, the whole person. Moreover, by intervening at the point where the individual person intersects with the social environment, the practitioner incorporates the environment into the human being, because, as we have seen, the human interaction includes the participants' representations of the environment.

Ideas about humanity

Three helpful sources of ideas about what it is to be human are derived from:

- Humanistic psychology
- Secular humanism
- Human rights ideas

All these have had some influence on social work, but are rarely clearly expressed or differentiated from each other. A number of shared principles can be drawn from these sets of ideas. First, they all focus on the human being as a whole and reject the idea that we should relate to separate aspects of the human being. So, humanistic psychology says we should not focus on the drives and tensions within the psychological make-up of the individual, as for example, psychodynamic theory does. Neither should we focus simply on cognitions or behaviour, as cognitive-behavioural theory does. Instead, we should try to see how emotional and cognitive aspects of an individual interact with each other and create a total human response to the world. Secular humanism sees human beings as rational and capable of using their minds to evaluate the world, make decisions and act upon them. Recognising that rational capacity, human rights ideas suggest that societies are organised in ways that permit human beings the possibility of acting according to their rational minds, and that everyone should be equal in the way that we accord them those freedoms (Payne, 2010, Ch. 1).

Secondly, they all emphasise in various ways the human being's integration with their environment. Humanistic psychology sees people's emotions and thoughts as influenced by and influencing their environment; we are changed by what goes on around us and we can make changes in the world

outside our selves. Secular humanism sees us as formed by socialisation within our social environment and integral to nature and our physical environment. Human rights ideas emphasise how human beings affect and are affected by the world around us. Ife's (2008) account of the relationship between human rights and social work argues that social work has a responsibility for advocating for clients' needs, for political, social and organisational change that facilitates societies in meeting those needs and community development to empower people to transform the context in which they live to enable needs to be met more readily. Mary (2008) goes further in arguing that social workers have a responsibility to practise in ways that facilitate the sustainability of human society in the natural environment.

Thirdly, they all see human beings as having some degree of self-awareness and awareness of their environment. This leads us to see human beings as responsible for the decisions that they make as they interact with the world around them, and it assumes that they have some freedom of choice, even though that freedom may be constrained. Secular humanism, for example, sees people's personal fulfilment as emerging from participation in human relationships that serve human ideals.

Fourth, they all propose that human beings have intentionality, that is, they plan for the future and what they think and do incorporates those plans. Since we have seen that these ideas assume that they behave rationally, according to secular humanism, humans think through rationally what is happening and acting rationally on those thoughts to plan what we do and act on what we plan. Humanistic psychology sees people as able to influence and be responsible for their social environment in an organised way; they can aim for an environment that facilitates their self-fulfilment. Human rights ideas tell us that human beings are responsible for each other and the world around them, and should respect people's freedoms accordingly.

Fifth, they assume that human beings have a degree of liberty and equality. That is, they are usually not completely constrained by their psychological and social make-up. Humanistic psychology says that this enables them to find means of psychological self-fulfilment in their lives. Secular humanism says that there is only this life, so human beings must seek and find the best way of leading their lives. Human rights ideas emphasise our intrinsic equality of human beings and the importance of according people their freedoms.

The 'social' in social work

One of the difficulties that many social work practitioners experience is being clear about the social elements of their practice. This is because social workers mainly work interpersonally, and it is easy to see psychological and

personal reactions to events in people's lives. It is less easy to see how you intervene to affect the social. If we see humanity as being about interpersonal engagement in social relationships, this identifies for us the nature of the 'social' in social work.

It is, firstly, social because it deals with social matters:

- Social as opposed to educational, medical, environmental or housing issues in government services, for example
- Social because it involves and seeks to improve relationships between people
- Social because it seeks those improved relationships within a more coherent, cohesive society, and seeks to improve the solidarity among people in that society

It is also social because it is practised socially, in interpersonal relationships, and not through providing facilities such as leisure centres or housing, and where it provides services such as material aid or care services, it does so by invoking continuing human relationships to provide these things, and through engaging with people in a joint process of decision-making. Thus, social work is not a bureaucratic accounting of points to receive a service, it always involves a human being, the social worker, engaging with clients and their families to work out jointly what is the best course of action. It always involves the assessment and targeting of practice with an individual. This is so even where the main purpose of practice is to create a package of services. For example, LeBihan and Martin (2006) comparing the provision of six European states in providing services for older people show that this element of individualised assessment is an important aspect of social care services in all of them.

What are the social issues that social work deals with? Adams et al (2009) suggest the following:

- It is concerned with the experience of human beings in contrast to the natural, physical world, in the same way that the social sciences deal with social institutions and social relationships rather than geological or physical entities.
- Human beings are social animals, so there is an evolutionary advantage in people collaborating; in getting people to cooperate in their lives; social work helps with this.
- It deals with relationships between human beings
- It develops people's human characteristics as social animals and works using the traits and skills that help human beings form and continue their relationships.

- Interpersonal relationships develop into social institutions; there are two kinds of these
 - common patterns of relationships such as kinship, families, communities and organisations; we develop ways of operating with these social institutions which reflect our culture
 - planned and managed social structures such as political institutions, companies and social agencies form established and culturally approved ways of developing human cooperation and dealing with human conflicts
- we also develop institutions for collective life, such as communities, and social work particularly operates within these in day care, residential institutions, groupwork and community work.

Society is the complete set of these interpersonal social relationships and social institutions; by operating within these social relationships and institutions, social work has an impact on society in general, or at least the particular aspects of society that it works within.

An example: death as social

How does this work in practice? Drawing on experience in palliative care, where social workers work within a multiprofessional team of doctors, nurses, ministers of religion and other professions to help people who are dying and their families, we can see a number of elements of this social aspect of practice (Reith and Payne, 2009). In one way, there can be nothing more personal and individual than death; we all die, and only an individual can die; nobody else can do it for us. So how is death social?

First, when an individual dies, others are usually present. For example if there is an accident, people cluster round, or observe from a distance. When someone is dying with an illness or from old age, family members are brought to the bedside.

Second, when someone dies, all the social relationships that they are part of are irrevocably altered. Even if they are alone, their home must be cleared and sold or re-let; the neighbours will have someone new to live nearby. But usually, the deceased person goes missing from their existing social relationships, even though continuing memories and bonds are maintained by living people with deceased people that they are close to.

Third, death, dying and risk of death and dying creates social statuses. People are designated as 'at risk' of dying, if they have a serious illness, 'at risk' of suicide if they are depressed and have other behavioural signs, or children

are 'at risk' of being killed through abuse. Someone with a serious illness who is likely to die is given a special social status; they may be avoided or they may be tended to.

Fourth, there are special social institutions concerned with death: hospices, hospitals, funeral directors, cemeteries, crematoria. These are places, and social institutions, where tasks concerned with death and dying or memorialisation of deceased people are dealt with.

Fifth, there are social rituals associated with death and dying. Examples of such rituals are: caring for dying people, or visiting them for the last time, dealing with dead bodies in a culturally acceptable way, certifying and registering death, funerals, memorials, bereavement rituals (Holloway, 2007).

There are also impacts on social institutions that are not connected with death. For example, the death of a teacher or a school child has to be dealt with by other children and families. People at the deceased person's workplace have to adjust to the death. If someone dies in a care home, other residents have to manage the fact that one of their number has died.

All of these give rise to special social relationships, and this leads in turn to the development of special social services, including end-of-life and palliative care and social work within these services to help deal with the personal consequences that have to be managed. These services are often accessed with help from social workers or similar professionals in non-specialised services. So, we can see here in a particular individual experience brings contact with a whole network of social relations that are affected, and sometimes also brings a need for helping and managing those social relationships. We could look at many other aspects of social relationships in people's lives and identify similar social interactions and social institutions relevant to those experiences, and a similar range of specialised and non-specialised agencies involved in helping with those areas of human life.

The social work and other contributions

Not all helping institutions consist of social care services or provide social work help. Maintaining the focus on work with dying and bereaved people, we may see an example of this by looking at the distinction between psychology and social work in helping within end-of-life care.

A recent document published by the British Psychological Society provides an analysis of the role of psychologists and lists the roles of psychologists in palliative care (BPS, 2008: 17). Most of these are relevant to social work roles, and at first sight, many social workers might well see this presentation of psychology as representing professional competition in social work services. How-

ever, here we can see the importance of the focus of particular services and the representation of issues presented by the people involved in a helping reaction.

To show this, I look at two examples of the BPS analysis. The first is presented in the psychological text as: 'Dependency issues, such as fear of leaving the hospice/hospital, etc'. How would a social worker represent this issue? I suggest that the primary focus would not be on 'fear' of leaving a hospital or hospice. A social worker is likely to be actively involved in plans to discharge someone from a hospital or hospice, very possibly initiating the discussion with patients and their families about this issue. Any social workers will recognise very real service provision issues involved in creating secure support in a patient's home, ensuring that suitable services are delivered in the home. The social worker will want to discuss planning with the patient and their family, so that the services and support are appropriate for their particular circumstances. There may be fears, but only very unusually these are 'dependency' on the institution. Far from it, most patients and their families wish to provide care for dying people in their own homes, and have a very real insecurity about being able to manage someone's needs when they have a serious illness at home. The social worker will recognise and respond to that realistic insecurity; it is a denigration of clients' realistic assessment of their position to treat this as a psychological deficit such as 'dependency'.

The second issue is represented in the psychological text as: 'anxiety and depression as a result of diagnosis/prognosis' and as: 'anxiety management interventions'. Anxiety and depression are common in people who are approaching death, and at times simple techniques for relaxation or more complex cognitive-behavioural techniques will assist people in managing these feelings. However, alongside these, becoming aware that people are approaching death raises very real changes in the practical circumstances of individuals and families. They may have to reconstruct their finances to deal with the costs of illness, funeral and changes in family structure (Bechelet et al, 2008), relationships will change, a previously able person adopts a sick role, employment, leisure and school arrangements change, expectations for the future change irrevocably. This affects not only the patient's psychological well-being, but also many other members of the family. To see some psychological intervention as the main response to these major social changes is misconceived, although it may be part of the answer.

Similar points could be made about most of the roles proposed in this document for psychologists. If, instead of seeing an issue as one of the mind, we see it as a social change in relationships and social institutions of the family and community, we can see that a psychological response, while helpful, is likely only to be part of the answer. Certainly, a practitioner intervening will want to include psychological reactions, but it is an inadequate analysis of the social situation to limit ourselves to psychological responses.

The social work response to such circumstances is to include both psychological and social issues and reactions in their intervention; this is a more complex analysis leading to a more multifaceted intervention. It is also one that engages with the practical, the policy and political aspects of the situation and the social relationship aspects of it. For example, in these family situations, some of the difficulties is finding a suitable response will engage with gender roles. If a man is dying, the loss of his gender-differentiated role within the family raises the need for changes in gender roles. This, in turn, raises questions about the validity of political, social and cultural acceptance of limited gender roles in a society. Every social work intervention, if considered carefully, is likely to raise such political and social issues, because it raises changes in social relationships as a particular family or community understand them.

Embodying the social in the human interaction

I have argued that the human incorporates both the psychological. Since social work requires a focus on the social, incorporating aspects of the psychological, it must operate within a human interaction. The interaction is a performance in which we represent aspects of ourselves, and clients represent aspects of themselves that each thinks is most relevant to the situation. The client brings some of the facets of their life to the encounter, while the social worker brings parts of themselves, and crucially they bring the professional knowledge and skills of a social worker.

Social workers do this by embodying within themselves the character 'social work' in the performance. As in any stage performance, they embody social work. In this encounter, they physically and intellectually represent social work in their physical and personal presence. How does this happen? I propose that social workers come to embody 'social work', the profession and activity in themselves, in exactly the same way in which every other person embodies the character of their lives, by 'performing' social work that has become incorporated within them.

To understand how this happens, four characteristic aspects of social work stand out in the social worker's personality and behaviour:

- the pathway that they take into social work.

As practitioners are socialised into their profession, their previous work and voluntary experience, their training, and its interaction with the family and leisure life all influence how they will practice as a social worker.

- the balance in their practice between the social change, personal empowerment and problem-solving aspects of social work set out in the IFSW definition (IFSW, 2000).

A practitioner who focuses on problem-solving will operate differently from one whose job role or professional skills focus on social change or empowerment of clients' personal control over their lives. All social workers hold these aspects of social work in balance, and vary their practice according to their skills and preference, the needs of clients and the policies of their agency and the welfare system of which it is part (Payne, 2006).

- the way in which they deal with the values complexities in social work.

Professional values are not absolutes, offering rules for action, but a rather indications of value complexity that the worker must consider and react to in the situation. For example, a commonly debated professional value is client self-determination, the right of clients to decide on the direction of the social work intervention. Yet every social worker is aware that this is not an absolute, and may be limited by family pressure, legal duties and the general social rule-following that restricts everyone's freedom of decision-making. Practice varies to the extent that workers balance these factors in their practice.

- the range of social work knowledges that they use in their practice.

A recent study (Pawson et al, 2003) identifies several different areas of knowledge that social workers use in their practice. These are: knowledge that comes from the organisation, from policy debate and analysis, from assessment and understanding through interaction of clients and their families and communities, from research and from their own and colleagues' practice experience. Practitioners use these different areas of knowledge in different balances, partly according to personal preference, but also according to the needs of the case.

Practitioners vary as they incorporate all these different sources of 'being' as a social worker; their variation is identifiable to them, to other practitioners, managers and to clients in interactions with them. Thus, one social worker may have a background as an administrator, focus mainly on problem-solving, lean towards conventional expectations of clients' self-responsibility and using mainly agency and policy knowledge. Clients, and everyone else, will perceive them very differently from a social worker from a practitioner whose background is in psychology, focuses on personal empowerment, accepts a wide range of ethical behaviours as valid and uses mainly professional and research knowledge.

Conclusion

The aim of this paper has been to draw attention to the reality that all social work a social interaction involves human encounters, and to suggest the impor-

tance of exploring the characteristics of the human beings and of the social in those encounters.

Both clients and social workers bring characteristics of their human experience to the encounter, and to understand and research what takes place in social work it is important to look at what those human characteristics are and how they are engaged in the encounter. Examining the general characteristics of humanity, through various perspectives helps us to understand the nature of social work encounters better. It is also important to understand what the 'social' consists of, and how it may be differentiated from the psychological. I have argued that clear differences are identifiable: social work may include the psychological, but its focus is on broader areas of human action.

Finally, I have suggested that since social workers bring their humanity to the social work encounter, they must also embody the social construct 'social work' in who they are and how they act within the encounter. They do this by performing 'as a social worker' in the encounter, their particular performance emerging not only from the interaction and their role within in, but from identifiable characteristics of all social workers in all situations. How they embody those characteristics presents them to other people in social interactions as that particular kind of human being 'social work'. The particular performance with the client in a particular situation identifies them as that particular human being 'this social worker'. The performance is only part of them, that aspect of the whole human being that is the social work aspect of them.

I argue, then, that we may research and understand social work better by both detailed analysis of social work interactions and also by better understanding of the social characteristics of the people who become social workers and of how particular social workers have emerged from their life experience. It is important to realise that their various professional knowledges do not always directly decide what a social worker is and how they perform, but their social work is characterised by how they embody those knowledges within themselves as a whole human being as they perform in the social interactions that form the human encounters 'social work'.

Bibliography

- ADAMS, R., DOMINELLI, L. and PAYNE, M. (2009) Towards a critical understanding of social work. In: Adams, R., Dominelli, L and Payne, M. (eds) *Social Work: Themes, Issues and Critical Debates*. (3rd edn) Basingstoke: Palgrave Macmillan: 1-9.
- BECHELET, L., HEAL, R., LEAM, C., and PAYNE, M. (2008) Empowering carers to reconstruct their finances. *Practice* 20(1): 223 – 234.
- BRITISH PSYCHOLOGICAL SOCIETY (2008) *The Role of Psychology in End of Life Care*. Leicester: British Psychological Society.

- GOFFMAN, E. (1972) *Encounters: Two Studies in the Sociology of Interaction*. (Harmondsworth: Penguin).
- HOLLOWAY, M. (2007) *Negotiating death in contemporary health and social care*. Bristol: Policy Press.
- IFE, J. (2008) *Human Rights and Social Work: Towards Rights-Based Practice*. (2nd edn) Cambridge: Cambridge University Press.
- IFSW (2000) *Definition of Social Work*. <http://www.ifsw.org/f38000138.html> (accessed: 23rd June 2009).
- LE BIHAN, B. and MARTIN, C. (2006) A comparative case study of care systems for frail and elderly people: Germany, Spain, France, Italy, United Kingdom and Sweden. *Social Policy and Administration* 40(1): 26-46.
- MARY, N. L. (2008) *Social Work in a Sustainable World*. Chicago: Lyceum.
- PAWSON, R., BOAZ, A., GRAYSON, L., LONG, A. and BARNES, C. (2003) *Types and Quality of Knowledge in Social Care*, London: SCIE.
- PAYNE, M. (2006) *What is Professional Social Work?*. (2nd edn) Bristol: Policy Press.
- PAYNE, M. (2010) *Humanistic Social Work*. Chicago: Lyceum.
- REITH, M. and PAYNE, M. (2009) *Social Work in End-of-life and Palliative Care*. Chicago: Lyceum.
- TAYLOR, C. and WHITE, S. (2000) *Practising Reflexivity in Health and Welfare: Making Knowledge*. Buckingham: Open University Press.