Emphasising 'the relationship self' as a goal in casework

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Abstract

Traditional and radical authors agree that strengthening the autonomy of service users is a primary aim in casework. The current paper seeks to balance this emphasis on individual autonomy by arguing that the relational aspects of the self also require attention. This argument proceeds in three steps. Firstly, recent theoretical work will be introduced to advance the premise that the self can be understood as 'relational' as well as 'autonomous'. Secondly, a summary is offered of the research which concludes that a strong social network, or in the more recently favoured terms, that 'social connectedness' and 'attachment', is protective of health and well-being. Building on these two ideas, it is then suggested that it may be important for caseworkers to promote the quality of interdependence and connectedness of those service users with whom we work, irrespective of the presenting problem and the practitioner's preferred method and assigned practice role.

Keywords: Interdependence; Casework Practice; the 'Relational self'.

Families first?

What do groups of activists, non-residential Buddhist communities and residents in established group homes share with those living in (so-called) functional or intact families? In each case an involvement within such ensembles is likely to be a source of identity, support and social location. In so far as this proposition is true, what then can be said of individuals who experience an absence of meaningful affiliation, mindful that strong affiliations can be constructed and maintained in many ways?

The common sense of our profession would suggest that such individuals are likely to lack a sense of belonging and would therefore be likely to be, in the broadest sense of the word, less healthy than those that are well bonded. We would expect this to be true, irrespective of how well resourced, how assertive, how self-determining and how personally competent these individuals might be. That is, a flinty autonomy, without the complementary quality of connectedness, does not make for well-being. This position raises an important question about the status assigned to autonomy within and beyond our profession.

Given it is identified with the qualities of self-reliance and self–determination, there is no doubt that Western culture endows the notion of autonomy with a privileged status. It follows that developing the personal autonomy of service users is an aim many caseworkers actively pursue, a response that makes good sense especially as the majority of our service users are dis-enfranchised and dis-empowered. This is a position that both traditional and critically-oriented authors would espouse (Fook 1993; Compton and Galaway 1999; Mullaly 2007).

Yet, as well as seeking to enhance the autonomy of each service user, it is possible for practitioners to place a particular emphasis on the importance of strengthening the sense of belonging and interdependence of the people with whom they work. That is, as well as seeking to strengthen the client's capacity for independence, it can be argued that the relational needs of clients – such as feeling appreciated and knowing that they are making a contribution to their local interpersonal networks, also requires active attention. Hence, it follows that acknowledging and deepening the quality of interdependence is an important professional task. Our service users, like ourselves, do not just want to 'take, to simply be in receipt of support: all of us derive a benefit from 'giving', from seeing ourselves as contributors, as this is an elemental aspect of fully human life (Greenberg et al. 1994; Goleman 2006). This paper sets out to argue that promoting this latter dimension of human health and well-being ought to be a key motif in casework, complementing the routinely assigned promotion of the individual's autonomy in terms of their rights, resources and skills.

Finding the right words

Traditionally, the term 'family' has been used in social work to signal an interest in promoting the relationship-building potential of casework practice, as in for example, the ethos of 'family-centred' practice (Scherz 1953; Hartman and Laird 1983; Carter and McGoldrick 1999). Yet, an allegiance to the term 'family' is not necessarily relationally progressive, as a valorisation of 'family' can also be employed in ways that restrict and govern relationships that condone, or even promote, patriarchy and which act to marginalize broader, more diverse forms of affiliation. Without discounting the importance of families and family-centred practice, it is therefore important to note that many important affiliations are not well-described using terms associated with 'the family'. Therefore, if the intimate and the familial are not to be conflated, a form of words is required that is inclusive of the varied connections that can occur between people. Unfortunately, we in the (so called) developed world tend to have an impoverished vocabulary for describing the complexity of relationship types, unlike, for example, Australian aboriginal societies where there is an enormously complex vocabulary for delineating varieties of relationship.

With respect to this problem the anthropologist Louis Dumont (1986: 9) concluded that: 'Western ideology grants real existence only to individuals and not to relations, to elements and not sets of elements.' Thus, if one wishes to respect the variety of meaningful affiliation that can occur, we may struggle with unusual, even awkward terms, if the intention is to convey the diversity in the 'sets of elements' that may be encountered in the many forms of human affiliation. Yes, it may be possible to blur the issue and say, as many people do, 'she is like a sister' or 'he's (like) my brother,' and, even more problematic, to say 'we are family' when the relationship in question concerns relations between neighbours or those of the local rave club. 'Family' might not be exactly exact, but accessible alternatives are hard to find: deliberately inclusive phrases, such as 'evolving and interdependent entities of common interest' (developed from Paterson 1996) or informal groupings at the significant end of the 'hierarchies of kinship bond' continuum (Rapport and Overing 2000), may be technically superior but such awkward phrases are unlikely to be adopted. This discussion in itself, reflects the impoverishment of our current vocabulary.

What ever terms are chosen, the proposition that is being put forward is that our service users, like our own selves, benefit from being a meaningful part of something that is larger and richer than themselves and that this *tribe* or *network* or *group* is broadly perceived as an entity in relation to which the person feels a positive sense of belonging. The possibility of constructing and sustaining a positive sense of life's purpose and personal well-being, seems correlated with this experience of reciprocity and embeddedness if it is taken as a given that important connections between people are not necessarily based upon institutional, legal or conventional definitions of kinship. On the contrary, meaningful interdependencies are a matter of the phenomenological experience of an important tie or bond far more than they are dependent on established, formal categories of sociality.

To promote the possibilities of relational diversity it is essential to contest the expectation that important affiliations, meaningful social bonds, are based on 'nuclear', rather than broader, 'kith' connections. In so far as this is accepted, the practice of making a primary distinction between family studies and sociology, between the private and the public, can be contested and de-constructed. This de-construction seems all the more important as the ''me-decade' has seamlessly segued into the 'I-aeon'(Bauman 2001; Beck and Beck-Gernsheim 2002; Furlong 2006). As social workers we are aware that the dominant story in this globalised period is of hyper-individualism, with its accompanying vision of constricted and privatised families (Giddens 2002).

In this context a point of departure between high status professions, such as psychiatry and psychology, whose theories and practices tend to valorise the primacy of the individual, and social work, where our theory base and values, at least potentially, tend to emphasise the collective, is that those who identify with the latter position are able to take up the contestation of the process of individualisation that is characteristic of this neo-liberal era (Beck and Beck–Gernsheim 2002). Certainly, being able to be 'in charge' of your life, being able to 'be empowered', is valuable. Yet attributes, skills and resources that are organised to service only one's own satisfaction and stimulation lack longer term legitimation. Too much self-determination and an over-arching yearning for self-actualisation, tend to lead individuals towards a sense of amorality and anomie. Against this tendency, if we are given the right invitations, people seek to make a contribution, to act in ways that enjoin them into at least minimal intimacies beyond the nuclear family and at least one set of practical and symbolic interdependencies.

Against this background the current paper seeks to strengthen social work's rationale for placing 'the social' – mindful that this is to be generally defined in terms of the local and the subjective – at the centre of our practice. This goal is far from new and can be stated in terms of social workers having an important role as 'upholders of network' (Bulmer 1987). It can also be expressed more conservatively in terms of a definition of social work as the profession that aims to improve social functioning in available, as well as constructed, social contexts (Pincus and Minahan 1973). Following Paterson (1996), this motif can be articulated in terms of the importance of clients achieving a balance between the 'autonomous' and 'relational' aspects of the self.

Given that this contribution is necessarily both brief and exploratory, what follows will be significantly rhetorical and will proceed in three parts. Firstly, a summary of recent developments in theories of the self will be introduced to advance the premise that the self can be understood as both 'relational', as well as 'autonomous'. Secondly, there will be a brief summary of the research showing that a robust network, or local social capital and social connectedness, can promote and be protective of well-being. Thirdly, it will be argued that the aim of promoting the quality of interdependence can be pursued irrespective of practice method or the role undertaken.

Relevant theory: the relational and the autonomous self

Current neo-liberal orthodoxy assumes that each person is a sovereign, free-standing unit bounded by their skin (Davidson and Rees–Mogg 1997). Laws regulate and enshrine this assumption and the popular media repeats, and therefore reinforces, this claim. In the following a brief summary of alternative, albeit subjugated, understandings of personhood is introduced. For example, many people find that an examination of their own subjectivity reveals an experience of the reality, and to some extent the primacy, of the interdependence that is present between themselves and their 'significant/others' (given this relationship could be between siblings, parents and children, or any other form of close affiliation). If this reflection is undertaken intently, it is possible to raise to awareness the unofficial, and clearly non-scientific, intuitive knowledge that the 'me' and the 'you' do have, and will continue to interpenetrate in relations between reciprocally 'significant-others'. Paradoxically, phenomenologically it seems that the 'I' and the 'us' are both inseparable, as well as distinct.

In these kinds of ways it is possible to grasp the possibility that there is likely to be a quality of recursiveness between those who are participants in profound 'significant-other' relationships. Reflecting in this manner can be associated with the recognition that a person's mood or, more radically, even their appraisal of their own life and worth, is often deeply linked to that person's perception of the health and welfare of those with whom they have a close bond and to whom they have a sense of responsibility. That many people measure themselves, at least to a large extent, with respect to how well they believe they have cared for, and been loved by, those they hold dear is an important, yet opaque insight, albeit one that has probably been better articulated in oral history, fiction and auto-biography than it has been in the scientific literature. Thus, it is not surprising that those of a positivist persuasion would see such data, given it is derived from phenomenological experience and the various arts, as a non-proof of interdependence.

Mindful of this skepticism, it may be useful at this point to at least briefly introduce some key sources that contest the assumption that the self is the free standing silo that conventional political philosophy and psychological thinking would have us believe. These alternative sources include:

(i)   *Feminist scholarship*: Beginning with the work of the Harvard Project and the Stone Center, feminist scholarship has emphasized the centrality of relationships to selfhood with respect to mother/daughter connectedness and, more broadly, to the notion of women's self-in-connection (Gilligan 1982; Jordan et al. 1991).

Since the pioneering work of these earlier theorists, different feminist authors give the relational theme different accents, at times even distinct formulations. For example, Hall (1990:13) states that 'as social beings our humanity is a product of interaction, not isolation. The one and the whole are inextricably interrelated … [and] Interdependency is a central characteristic of human nature.'

This view contends that (what might be called) the 'social self', or the 'self-in-relation', is a universal phenomena, albeit one that may be particularly performed with respect to gender, for example, Gabriel and Gardner (1999) argue that both sexes are interdependent but that women's interdependence is expressed relationally, whereas men's' tends to be demonstrated collectively. Suffice to say, the feminist critique contends that the received assumption that personal autonomy is a necessary attribute of adult maturity has been presented within feminist scholarship as a particularly significant example of how Western ideology and culture privileges 'male-stream' thinking (O'Brien 1981) and inferiorises alternative modes.

(ii)   *Systems approaches*: Although not generally identified with the theorization of identity and selfhood, systems approaches also offer a rich tradition for envisaging human entities as social beings. Rather than assuming humans are bordered by their skins, which is the received Western assumption, a systems view contends that human beings inevitably have open boundaries connecting them to, and are in dynamic co-regulating dynamics with, their human and material environments, eg. Longres (1995) argues that 'the self is a system' but is never a closed system. Morin (as quoted in DiNicola 1997:200) expresses this sentiment elegantly: 'the more a system develops its complexity, the more it can develop its autonomy and multiply its dependencies. We construct our psychological, individual and personal autonomy through the dependencies we undergo.'

(iii)   *Cross-cultural studies*: Cross-cultural and anthropological scholarship offers another set of contestations to the expectation that the self should be considered as autonomous. Rather than the expectation that humans are independent beings, an ambit of depictions of selfhood can be found in the literature associated with cross-cultural and anthropological enquiry which render humans as 'relational' or, more generally, as 'social', entities. Examples of this apparently counter-intuitive practice include material on Afro-American (Williams–Gray 2001), Arab (Al–Krenawi et al. 1994; Al–Krenawi and Graham 2000), Chinese (Marsella et al. 1985; Wu 2001), Indian (Dumont 1986), Indigenous Australian (Wingard and Lester 2001; Byrnes 2002), Japanese (Tamura and Lau 1992) as well as Mediterranean (DiNicola 1997) cultures.

That there is such a consistent imaging of the self as interdependent in non-Western cultures goes some way towards de-centering, and perhaps even critiquing, 'our' assumption that the self is free-standing. In fact, it has been suggested that the current Western practice of considering personhood as synonymous with an independent, free-standing 'sovereign self' (Davidson and Rees–Mogg 1997) represents the ascendance of a particular kind of 'indigenous psychology' (Kim 1990) to the status

of absolute prescription – what the post-colonial critique might term a 'false universal' (Said 2001). Several observers have gone so far as to argue that the premise that the self is a silo-like, sovereign entity is not only not axiomatic, it is historically and culturally anomalous (Heelas and Lock 1981; Rapport and Overing 2000).

The three traditions that have been introduced in the above discussion do not fully represent the wide array of sources that contest the premise that the self is properly considered an autonomous unit, e.g. those with a (broadly defined) spiritual interest might be interested in Mathew's (1991) notion of 'the ecological self' or of Roszak's (1995) elaboration of 'trans-personal psychology.' Yet, given the purpose here of simply outlining brief examples, I believe there is sufficient evidence that our received view of the self as necessarily autonomous might be better considered a contingent, rather than an absolute, proposition.

That is, it has not been the intention to 'prove' that humans are not autonomous; nor has there been an attempt to warrant an alternative position. Rather, in so far as the assumption that the self is an independent entity has been called into question, the doubt that has been raised allows the space for a critical review of particular beliefs, assumptions and expectations that underpin the primary place that has been given to 'the individual' in the theory and practice of the human services. If the human subject is not necessarily – or even properly – inviolate, then our definitions of personal health and pathology, expectations that are based on this cultural 'specification of the self' as a stand–alone entity of interest and operation (Rose 1989), are also contingent. These specifications – that the individual should be independent, self-managing, self-determining, personally ambitious, and so forth – therefore may also benefit from review. This might be especially the case given these are 'male-stream' (O'Brian 1981) attributes that privilege particular modes and inferiorise others, such as the socially important qualities of relationality and ethics.

Relevant research: the relationship between well-being and social networks

As social workers we can work to subvert, to creatively oppose, the cult of independence and autonomy and this brings into focus the research concerned with social networks. In what follows, findings from contemporary social research will be briefly surveyed in order to support the contention that casework can be productively aimed towards the enhancement of the practical and symbolic embeddedness, the quality of interdependence, of our service users. To achieve this it is necessary to attempt a critical appropriation from several potentially related, but practically distinct, research streams that collectively might act to suggest the practicality of caseworkers aiming to enhance belonging and connectedness.

Firstly, I will present material related to interpersonal relationships and public health research; secondly, ideas concerned with how 'wellbeing' and 'quality of life' relate to the individual's social network will be explored; thirdly, more recent work on 'social capital' and 'social attachment' will be introduced.

Interpersonal relationships and public health research

There is a developing interest in 'social epidemiology' as a specifically psycho-social mode of investigation (Kawachi and Berkman 2003. In this field the interest tends to be with physical health – that 'hard-end' of medicine concerned with mortality and disease – and how health may be correlated with the empirical measurement of local, and often directly, relational indices of the person-in-environment, e.g. Berkman et al. 1992. In a nutshell, to use Seeman's (2001) imagery, intimates co-regulate each others' health – they get reciprocally 'under each others' skin' to such an extent as to influence the course of each others health.

Distinct from the traditional public health interest in disease, for example in examining the scale and effectiveness of immunization or sanitation, social epidemiology attends to 'soft' dimensions, such as the quality of relationships in people's intimate networks (Berkman and Glass 2000). Diverging from the traditional starting point that 'health is the absence of disease', which is a starting point that tends to restrict investigation to surveying for disease producing processes as they are usually understood, social epidemiological research involves undertaking comparative, longitudinal and often in-depth studies, enquiries that so far suggest that health outcomes – concerned with heart disease, stroke, cancer and many other serious conditions – are conditioned to a significant degree by local social factors. This is an allied development to the study of social capital and social network (see below). It seems that a key locus for this work is the Harvard School of Public Health, specifically through two associated groups, i.e. the Centre for Society and Health and the Department of Society, Human Development, and Health (Kawachi and Berkman 2003).

In a text that is broadly complementary to the above, Goleman's (2006) *Social Intelligence* cites (and to a degree summarizes) a very large number of studies from an array of medico-scientific journals, with attached full citations and endnotes, that detail the many ways that the interpersonally 'intimate' mediates a spectrum of health outcomes. Broadly, the contention is that 'emotional support' has a powerful and wide ranging capacity to lower risk of problems: neurological deterioration in the aged, high blood pressure, immune system responsiveness, serum cholesterol, and so forth. Two other texts that focus on this analysis are Ryff and Singer (2001) and Uchino (2004).

Such studies indicate psycho-social health and well-being are differentially distributed according to the presence of protective and risk factors, variables that are themselves systemically mal-distributed, even in 'Anglo' environments. Who does not do well in terms of health? It is no surprise that the excluded do poorly, especially those that are stigmatized, discriminated and/or disadvantaged (Anderson et. al. 1997; Kreiger 2000; Berkman and Lochner 2002).

'Wellbeing' and 'Quality of Life'

'Wellbeing' and 'Quality of Life' can be conceptualised in many ways. More individualistic constructions tend to be embedded in narrowly Western, male-stream premises (see, for example, Leyard 2005). Such measures tend to be defined in relation to *particularly specified intra-psychic criteria*, such as 'happiness', 'mastery', 'self-efficacy', 'locus of control', 'confidence' and the like, and/or in relation to

materially measurable attributes, such as physical health (mobility; 'activities of daily living', etc) or financial status, housing or the like. Variants, such as 'subjective wellbeing', generally measured by the respondent's self-report, offer some greater scope for less Western, male-stream self appraisals if the measurement instrument employed offers invitations for responses to more global, phenomenological items (Gohm et al. 1998).

Adjacent constructs to 'well-being' and 'quality of life', such as 'adjustment' and 'adaptation', have also been developed in many ways and may offer advantages for the current exercise's emphasis on belonging and connectedness, especially if they have a 'family focus' – mindful that, as argued earlier, 'family' can be very normatively operationalised (McCubbin 1999). Work on these related constructs overlaps with other research on 'coping' and 'resiliency' (Lararus and Folkman 1984) whether or not a relational interest is assumed. There is a substantial literature around these ideas albeit one that tends to be – as far as I am aware – to be focused on those sub–populations that have encountered a specific medical / disability circumstance, such as mental illness or acquired brain injury, or a negative life event, such as unexpected unemployment.

More distinctly relevant to the current focus, there are 'Quality of Life' models that directly seek to acknowledge key aspects of 'the person-in-environment.' A Toronto University research group have constructed a specific Quality of Life model in terms of three basic dimensions with three sub-components, ie.

• 'Being' (physical being / psychological being / spiritual being)
• 'Belonging' (physical belonging / social belonging / community belonging), and,
• 'Becoming' (practical becoming / leisure becoming / growth becoming)
                                                              (Centre for Health Promotion 2007)

This construct appears to offer both a focus on the individual's need for material resources as well as offering a concern for more global and relational dimensions of wellbeing, that is a consideration for items such as shelter, 'self-efficacy' and 'finances' as well as an attention to dimensions related to spirituality and interdependency. In turn, such a construction can be linked to other research schemas that directly seek to theorize and measure person-in-environment matters; while researchers such as Weston (1999) have developed this concern with their specific use of invitations to respondents to offer information on more intimate and relational self appraisals.

Put very simply, Markman and Hahlweg (1993) argue that by any measure of health and well-being, being in a relatively well-functioning intimate relationship gives individuals a better quality of life. Beginning to broaden the lens, and to de-construct the distinction between the nuclear family and the broader social realm, as noted above, there are schemas that actually ask, and privilege the responses to questionnaire items such as 'do you have a close friend' and '(have you) someone to rely on?'

Health, well-being and social network/social capital

Researchers such as Cheers (1993) and Trevillion (1999; 2004) have argued that the greater the vitality and depth of a person's network, the greater the benefit to health and well-being; similarly, the converse has been argued: the poorer the network, the worse the outcome. Moreover, in so far as there is good quality in terms of family networks, friendship networks, confidant relations, helping relations and so forth, negative outcomes are attenuated and positive outcomes promoted, i.e. a poverty of networks makes persons more likely to be susceptible to, and/or to relapse from, depression or other specific mental health. And, the richer the social network the more resistance there will be to problem formation and, if a problem does occur, the more quickly health will be re-established and/or the negative effects lessened.

These ideas are not new to social workers and, broadly stated, this line of reasoning seems to reflect what feels like professional common sense: we social workers often see the sense in seeking to strengthen intimate networks. That is, more or less intuitively, we often attempt to improve the quality of connections (Nilsson 2001), to attempt to enhance what the eco-systems theorists term 'micro-level' interactions (Gilgun 2005; Healy 2005) – even if the latter perspective, however paradoxical it might be, literally centres its analysis and formulating practices upon individuals far more than the ensembles within which persons interact. In demonstrating what might be termed a familiar *sensibility*, the recent research on networks seems remarkably consistent with what these social workers have encountered in their initial training, mindful that there have been variations in the curricula of different generations of students, i.e. the approach, even the conceptual vocabulary, of early network contributors, such as Botts (1968) and Collins and Pancoast (1976), has a marked continuity with the approach taken in, and the findings of, current research (Sousa 2005; Pinto 2006). As such, the current research seems, somehow, both familiar and satisfying.

In this apparent continuity, the sociological work of Brown and Harris (1984) has played a key role. These pioneering researchers investigated depression from a social perspective and concluded that an understanding of the origins of depression was deepened if a schema of specific 'provoking agents', as well as a set of 'vulnerability' and 'protective' factors, were hypothesized. This vocabulary still seems timely as it – more or less – mirrors the constructs of 'protective' and 'risk' factors now commonly found in the more recent research on 'social attachment' and 'social capital.' The latter work is most identified with the research of Robert Putnam (2000) who explicitly argues that individuals are distinctly more vulnerable to a range of problems in direct proportion to the extent and quality of their community bonds: the poorer the bonds, the more risk of symptoms; the richer the bonds, the less risk of symptoms. (Whilst the limits of the current enquiry preclude a proper engagement with this construct, Healy and Hampshire 2002, offer a clear review focused upon the construct's potential relevance to social work, while Hariss 2002, provides a determinedly critical perspective).

Adjacent to the research on social capital, an interest has developed around the frame of 'social attachment' (Maris 1998). The focus of this investigation has been on the effects of globalisation and it has been put forward that structural changes, for example with respect to the rupturing of continuities to employment and social

location, have resulted in dramatic discontinuities to the individuals' sense of identity and to the broader quality of social connection. This latter work is associated with Tony Blair's 'Third Way' politics and some key ideas from this approach can be seen in the Victorian government-funded *Neighbourhood Renewal* program. Like Maris, Putnam's intention was also large scale, that is to speak of 'community' in the broader sense and to suggest that citizens in the United States of America are individually less socially active than previously, which, such authors argue, has had the effect of lessening the aggregate level of social participation.

This paper seeks to be informed by the above broad-stroke analysis of theory and research, and then to appropriate this thinking into the more local, casework-related actions that can be practicable for 'this person in this potential ensemble.' In this way, the caseworker can move between the foreground of attention, which focuses upon the immediate problems and experience of the individuals we work with, and the background context, which is made up of the larger tides that condition each individual social life, such as globalisation and the prevailing ideology. In terms of smaller scale activities within the purview of casework, enhancing Putnam's 'community bonds', that is the 'interpersonal connections' and 'social connectedness' end of the social capital continuum, is therefore both theoretically apt and practically sensible.

The motif of belonging and connectedness in casework practice

Casework is, of course, difficult to define as it is not just about who a social worker sees, or is in indirect contact with, but is also about how one goes about one's business: by the particular politics – the values and principles – that animate the work; by the aesthetics of how the work is done, as much or more as how one formally conceptualizes the task. For example, what distinguishes casework from bourgeois counseling is arguably that the former seeks to be ideologically and practically contesting whilst the latter espouses an allegiance to technical and political neutrality (Furlong 2000). An example of how a practitioner might be practically animated by the value s/he might give to connectedness and belonging may help.

Case vignette

A 13 year old girl, someone we might call Beth, was an in-patient in a children's hospital where she was expected to remain for the course of her illness, expected to be fatal. Some months after her admission a social worker telephoned Beth's mother Freda to ask for her view on the ward staff's plan for Beth to be given a haircut. The staff, who were doing everything they could to care for Beth, had (benevolently; comprehensively) taken over day-to-day decisions about Beth's care and had – prior to the social worker intervening – simply arranged for Beth to be taken to the hospital's hairdresser. In response to the telephone call, Beth's mother apparently said 'yes, that's fine.'

Some months later, after Beth had died, the social worker was surprised to have the parents make a point of saying to her that her call had prompted the parents to consider, and later to re-claim subjectively, their sense of their role as parents. The simple act of telephoning had been crucial as it had reminded them they had not – as one shift does to the next - 'handed over' their daughter to the hospital. Over some time, their re-appraisal led to the parents being emboldened to regard themselves as central, rather than peripheral, to their daughter.

What values and principles had animated the social worker's call to the mother? On the one hand, the worker (presumably) sought to be an advocate for her immediate client; yet, utilizing the possibilities that are inherent in an allegiance to multi-partial alliances, the social worker looked towards the relational gestalt within which her client resided symbolically as well as physically. Consistent with this latter impulse, a simple, yet powerful act was envisaged, one that had the power to prompt the potentially, yet opaque, possibilities of connectedness. The call to Beth's mother was created by a social worker's prescience and creativity and, in one important sense, actuated the space within which parents and daughter might relate more directly and with more immediacy than was set-up by the hospital's inadvertent and benevolent 'take over.' Promoting connectedness is about having a vision, a sensibility that looks forward as much as it looks at what is before us now.

So, how might one put this vision, this motif, into action? One beginning point is to ask 'interventive questions' (Tomm 1988) that act to frame positive relational futures: 'who would you like to get on better with?'; 'what might you do to feel like you are valued by (your neighbour?; your workmates; your sister; etc)?' The list of possible ways of acknowledging relationally enriching actions is vast *if* one is not constrained by conventional expectations of affiliation. Questions can be asked of the service user that elicit unconventional ties both in the present and also into a hypothetical future.

A particular constraint is that the service user's construction of 'the way it is' often limits the caseworker's imagination of the options for change: 'My dad is a bastard, he never listens.' A worker hearing a young person say this should not rush to a premature moving on; the feelings need to be acknowledged and held and, perhaps, at a later point it will be useful to say: 'would you like it to be different?; how might you like it to be?' White's (1992) notion of 'recruiting an audience' can be useful in some situations: 'Who would you like to notice that you are achieving and contributing?' One can use one's imagination broadly if the intention is to enact that which acts to further relational richness. A further constraint to our imaginative potential is the 'Western' notion of confidentiality. Clearly, a balance needs to be struck between the often competing imperatives to privacy and connection (Furlong and Leggatt 1996) but some recent material has put forward progressive, culturally sensitive options (Owusu-Bempah 1999). The Family Group Conferencing movement offers another relationally-oriented set of options (Griffiths 2001), as does the 'audiencing' approach taken with narrative-style group work with violent men (White 1992).

Decisions about providing creative responses rest on the capacity of the social worker to have an advanced degree of discretion. We are required to be reflective, advanced conceptually and practically, and flexible in being able to move between foreground (the clients' experience) and background (the different levels of social context). To do this with an eye to promoting belonging and connectedness, as the vignette above suggests, can be as powerful as it is needs to be imaginative.

Conclusion

A colleague undertook a small-scale review of the work of social workers in a large children's hospital and was not surprised to find that a large proportion of his colleagues' work was concerned with the patients' 'significant-others', and their

relationships, rather than was primarily focused on the designated patient. He thought: 'This makes sense as this is a children's hospital and we should expect that families are central to the work of paediatric social workers'. What did surprise him was that a parallel review of the work undertaken in a similar sized general hospital for adults reached similar conclusions about the profile of the work undertaken by that hospital's social work staff (Nilsson 2001). We social workers *tend* to be interested in relationship and network, but our practice always has multiple imperatives.

We have to identify, and then make choices, in relation to many possible potential goals. Depending on the opportunities and constraints of our particular agency roles, and in relation to our preferred ideology and practice model, we may seek to further the interests of our client, or client group, by:

• seeking to resolve (more or less narrow definitions of) the presenting problem,
• working at the policy / practice interface,
• promoting rights and social justice,
• generating new and enabling narratives, and
• working to appreciate and deepen client strengths.

Yet, however one proceeds it may also be possible to do so in such ways as to promote the prospects for the quality and range of relationships within which a client, or client group, participates.

An interest in promoting belonging and positive connectedness provides something of a motif, an ethic, a rationale, that might be seen to unite the apparently centrifugal aspirations of the 'identities' community work, group work and casework, aspirations that feel so antagonistic as to vex the prospects for the project of social work. For example, concurrent with the overt goals of the practitioner – for example for the caseworker to resolve the client's, and/or the agency's, definition of the client's problem – the goal of enhancing belonging and positive participation provides one overarching aspiration that *both* distinguishes social work from other disciplines *and* unites the different methods of the profession. Although the emphasis varies between authors and traditions, a central theme to all is the premise that casework theory is based on a psycho-social understanding of the relationship between private troubles and public issues, of the necessary linkages between the subjective and the structural. Given this allegiance, is it not sensible to oppose – at every level – the atomization that is one of the key effects of our current techno-consumer culture, a milieu that is increasingly characterized by an accelerating process of individualization? (Bauman 2001; Beck and Beck–Gernsheim 2002).

Finally, to contest the assumption of the sovereign self is not to deify its antithesis, that is to fall into some kind of romantic infatuation with the 'relational self' or some brand of rampant other–orientedness. A hegemonic idealizing of the relational self tends to result in high degrees of individual non-freedom as is clear from the repressive possibilities found in closed, overly regulated groups (Manne, 1998; Rose 1998). Nonetheless, actively working towards a balance between self and other seems both more ethical, as well as more ecologically sustainable, than promoting aggressive, albeit often disavowed, battling between rival robber barons as is the market place model of human relations. This purpose can provide a meaningful

chance to practice from a stance that is politically informed by feminist, ecological and cross-culturally sensitive values. And, if this position goes against the current tide, it is with good reason.

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