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Abstract: Although social worker's use of self has been conceptualised in different ways throughout the literature, there appears to be a lack of research regarding how social workers describe and involve the self that they bring to their therapeutic and non therapeutic work. Accordingly, seven social workers were interviewed about their experience of self. Participants described the self that they brought to their work as individualistic, though at the same time stressed the importance of self when interacting with others. The processes involved in the use of self were highlighted, which related also to the different ways clinicians had of being self aware.

SUGGESTED RUNNING HEAD: social worker’s use of self

ABSTRACT

Although social worker's use of self has been conceptualised in different ways throughout the literature, there appears to be a lack of research regarding how social workers describe and involve the self that they bring to their therapeutic and non therapeutic work. Accordingly, seven social workers were interviewed about their experience of self. Participants described the self that they brought to their work as individualistic, though at the same time stressed the importance of self when interacting with others. The processes involved in the use of self were highlighted, which related also to the different ways clinicians had of being self aware.

KEY WORDS: use of self, therapy, social work.

The recognition that social workers bring more of themselves than their professional persona has been discussed in different ways throughout the social work literature. While it is outside of the scope of this article to provide a thorough analysis of the term 'self' (see instead, Muran, 2001), Davies (1994) description provides the framework used here, which describes a worker's self in terms of 'an identifiable person… her idiosyncrasies… her height, her age, her sex, her ethnic origins, her temper, her energy, her prejudices – these are the qualities she has to work with, for better or worse' (p.174, 175). Similarly, some describe a social worker's self in terms of an instrument, for just as artists use paint and carpenters use a hammer, the self of the social worker, such theorists argue, is the primary instrument or tool he or she has to facilitate change (Elliott, 2000; Heydt & Sherman, 2005).

Others have drawn attention to the processes involved in the use of self. For example, while England (1986) suggests that theory is important in shaping and informing workers' practices, their work will ultimately be expressed through intuitive processing. He explains this in the following manner:

> The worker's choice will be guided – to an extent – by his formal learning of relevant knowledge, ideology and philosophy, but the specific processes will be one which is intuitive…They may reflect this learning, but his perception is likely to be as much influenced by his previous colloquial learning as by his professional education (England, 1986, p. 29).

Similarly, Cournoyer (2000, p. 35) describes the worker's self as a filter or 'medium' through which his or her knowledge, attitudes and skill are conveyed: 'Because social work practice involves the conscious and deliberate use of oneself, you become the medium through which knowledge, attitudes and skill are conveyed…'

Implicit in a clinician's involvement of self is that its use will be positive and/or directed at facilitating functional change (Sheafor & Horejsi, 2003), rather than self gratifying for the clinician (Davies, 1994). The literature on countertransference demonstrates the potential for the clinician's personal unresolved issues to impact negatively on practice (see for example Langs, 1982). Accordingly, an often argued prerequisite for the therapeutic use of self is self awareness, involving an ability to accurately perceive one's emotions, beliefs and motivations (Neuman & Friedman, 1997). While he does not detail the process by which this occurs, England (1986, p.39) argues that

> Social work is a matter of intuitive understanding but it must be intuition which is unusually sound, unusually fluent and accessible and subject to unusually careful evaluation.

Extending the analogy of the social worker's self as an instrument, Heydt and Sherman (2005, p. 28) suggest

> Just as artists clean their paintbrushes and fire fighters inspect their equipment to keep their instruments in perfect working order, every social worker needs to examine his or her own attitudes, personal habits and interactional patterns in order to enhance the conscious use of self and become the most effective instrument of change possible for as many of their clients as possible.

Based on social constructionist principles, Yan and Wong (2005) present an alternative model of self awareness, particularly as it pertains to competent cultural practice. Drawing on Kondrat's work (1999), they argue that a social worker's self can only be understood in relation to others. Rather than examining one's self objectively, a stance they argue is theoretically not possible, Yan and Wong (2005)

argue that the self of the social worker can only be understood as mediated through language and as constantly and actively constructed by both the clinician and his or her clients. Thus, they continue, social work, and in particular cross cultural work, becomes a site where the client and social worker negotiate and communicate to co-create new meanings and relationships.

Mostly, in the social work literature, the use of self is discussed in relation to the therapeutic environment. For instance, in their interviews with experienced clinicians, Coady and Wolgien (1996) report that 'the therapist's contributions to the alliance… rival the importance of the client's contributions' (p.312) with one participant stating, 'The most important factor that I bring to therapy is myself' (p.317). Others agree, and have described how their own use of self was important in the establishment of the therapeutic alliance and for influencing therapy processes (Edwards & Bess, 1998; Elliott, 2000).

Jacobson (2001) makes the point however that a social worker's use of self needs to be not only addressed in therapy, but also considered in non clinical activities. She argues that

> … although key to therapeutic practice, such efforts to "know oneself" have not been emphasized as a foundation for nonclinical social work activities, such as income maintenance work, employment training, child welfare, or nutritional support (Jacobson, 2001, p.55).

Similarily, Lee (1983) describes the importance of self when working with human service organisations such as schools, in terms of maintaining credibility, connecting with an organisation's goals and establishing effective working relationships with different personnel. Additionally, Heydt and Sherman (2005) stress the importance of

social worker's use of self at micro, mezzo and macro-levels. Thus, the application of self needs to be considered not only in the one to one relationship with a client, but also when working as a group therapy facilitator, agency director or grassroots community organiser (Heydt & Sherman, 2005).

Overall, however, most of the discussion and research in the area of social worker's use of self has focused on the therapeutic environment (Coady, & Wolgien, 1996; Edwards & Bess, 1999; Elliott, 2000 Goldstein, 1994; Reupert, 2006). To date, there have been no available studies that have investigated how a group of social workers describe and experience the self while working therapeutically as well as non therapeutically. Thus, the aim of the present study was to interview social workers about their perception and experience of the self they bring to their social work practice, rather than their views on clients or workplaces. Given the inevitability of self across theories and professions (Reupert, 2006), such information is seen as potentially useful information for future social work research, education and supervision.

Methodology

A qualitative approach to data collection, analysis and interpretation was employed as a means to tap clinicians' personal and subjective meanings regarding the 'self' that they bring to their work. Within this framework, interviews were conducted in order to allow for the negotiation of meaning between each clinician and the researcher. Letters of invitation were sent to local social workers advising them of the nature and purpose of the study. These introductory letters also posed several key questions that were used in the interview, so that potential interviewees could make an informed decision about whether to participate, as well as providing an opportunity for reflection before the interview. The researcher contacted participants following

receipt of their permission forms to arrange a suitable interview time and place. Consequently, interviews were conducted with seven social workers, (two men and five women) with a range of experiences, from one social worker being in her first year of work, and another having nearly 20 years of work experience. All reported having therapeutic and non therapeutic responsibilities, such as organising professional development, accommodation placement and running support programs. Participants worked in a variety of settings including education, mental health, hospital, youth and community development. Theoretical influences were broad and included humanism, family therapy, psychoanalysis and Buddhism. Interview questions were framed around clinician's perception and experience of self, with sample questions including,' 'how do you describe the self that you bring to your work?', and 'how does the self that you bring to your work impact on that work, if at all?'.

As this is an exploratory study, constructs emerged directly from the data. Data analysis was undertaken in two parts: intra-interview analysis and then across-interview analysis. Intra-interview analysis occurred with each interview transcript, in which individual themes were identified. Then, the original interview transcript and the researcher's identification of core themes were sent to each participant with a request for feedback, as a means of validating participants' experiences (Moustakas, 1994). After incorporating participant feedback, interview analysis was then considered across individual transcripts. For the most part, for ideas shared across more than one participant, responses were grouped into specific themes. However, given the low number of participants, and when salient to the research questions, a category was formed and subsequently reported from the responses of only one participant.

These categories had internal convergence as well as external divergence (Guba, 1978; Marshall & Rossman, 1999; Patton, 1990), so similar responses were grouped together under a category, but categories were also distinctly different from each other, so that significant overlap did not occur (Guba, 1978). In this way, commonalities and differences across participants were identified.

Findings

On the whole, participants appeared interested and responsive about the subject matter. On several occasions, participants requested a second interview in order to discuss the topic further. Several participants said that they rarely were given the opportunity to talk about themselves in their work lives and so welcomed the opportunity to do so, in the interviews. Findings are organised into four main areas: (1) descriptions of self, (2) inevitable presence of self, (3) self enactments and (4) the different processes involved in clinician's use of self.

(1) Clinicians' description of self

Clinicians described the self that they bring to their work as individualistic, somewhat relational and as including both personal and professional elements.

<u>Individualistic</u>

All participants described the self that they brought to their work as defining, central and individualistic. Representative comments include:

> *The self that I bring to my work is me… who I am… the individual that is [name] for better or worse…*
>
> *I think who I am as a person … this constitutes the way I personally do things, and see things…*

For participants, this unique and individual self consisted of their thoughts, emotions, values and beliefs as well as their way of perceiving and interpreting the world.

Relational

Five participants described the self as somewhat relational and defined by others, such as family members, significant others and the broader social and cultural context in which they worked. For example, one female clinician spoke at length about her experiences of peers and teachers at school and how these past relationships have shaped the way she works with children in an education setting. Another female respondent also spoke about the impact of family.

> … *my self has been influenced by the family that I was part of, [and] the other families I've been part of, where I am now, places I've been to, that I feel like I've brought bits, away with me…*

Rather than passively taking on aspects of her past, this clinician emphasizes the 'bits' she has actively taken on from her personal history in her definition of self.

While these clinicians discussed how the self might be defined through a contextual milieu, at the same time clinicians contested others' perceptions:

> … *the context they [clients] see you in, is important, I mean, it amazes me that they see you as having more power sometimes than what you actually have, just because you work here and you happen to have an office and they conjure up all these different ways of being here, whereas if they had seen me, you know, down the street somewhere I wouldn't have the same amount of power. And I don't you know, have that power, I don't subscribe to that at all.*

It seemed that while clinicians acknowledged the impact of others and the environment in the way their self was described, they refuted many of these representations and preferred instead to define the self in their own way.

Professional and personal elements

All clinicians described the self that they bring to their role in terms of both personal and professional elements.

> *It [the self that I bring to my work] includes my knowledge and theoretical basis as a professional… as well as my personality, history, philosophical beliefs, practice wisdom and baggage and bias.*

In the main, participants depicted the personal elements of self as functional and useful. While clinicians were not saying that they were 'perfect people', clinicians generally described being less rushed, critical, and judgmental, and more patient and caring at work, than with most other people in their life. For example one female clinician said

> *I know too that sometimes I feel that I give the best bits of my self to my clients… I can be kind and caring and patient… and then go home and tell my kids that I don't have time or I am too tired to help them with their reading…*

Similarly, one clinician described how her self has had to become stronger, and overall more robust to deal with the pain and grief of clients. Her tolerance for pain, anxiety and grief has developed over time, after working with clients, who, for example, had experienced some sort of trauma.

(2) The inevitable presence of self

All the clinicians reported the inevitable presence of self in their work, attributable to immediate contextual features such as the surrounding office furniture, what they looked like, wore, and so forth. One clinician said

Well, obviously, as soon as a person claps eyes on another human being there are unconscious things happening, the person's physical presence, their voice, even their odour, whatever, it's all happening, so you can't minimize that.

At the same time however, most emphasized how they might extend or use their self towards facilitating change. Accordingly, all participants seemed to distinguish between the inadvertent manifestation of self and the conscientious application of self as a positive instrument or presence in their work. One participant made this distinction in the following way.

I think that who I am is revealed in many ways… [people I work with] get to see the pictures of my kids, their drawings on the wall, the various things on my desk, the mess on my untidy desk…all those things let them know something about me, without me telling them anything…

Interviewer: And how does this influence [your work]?

Well it does… of course it does… but there is really nothing I can do about it… though it must influence how others see me… [However] I suppose what I work on is how to use my self in ways that I know will be useful… I try to think about what it is about me that I can best offer others and work from there.

(3) Self enactments

Clinicians reported that who they are as people influenced their work, in varying degrees. At times the self came through in *how* they implemented a technique, that is, patiently, sensitively or carefully. At other times the technique itself was as a

direct result of self, such as the use of humor or verbally disclosing something about themselves. Nonetheless, there were specific enactments in which the involvement of self were identified, in both therapy and non therapy settings, including relationship forming, self disclosure, applying theory to practice, humor and being a role model.

Relationships

All but one of the male clinicians stressed the importance of self when establishing and maintaining relationships with others in their professional lives.

> *[I need to] absorb all the theories, then throw the books away and encounter people, as they are… it's just about being with a human being.*

Most explored this issue in terms of the therapeutic alliance, with one clinician describing using her past experiences as a point of reference for understanding what the client might be experiencing.

> *I suppose that you are hearing what they are saying and your self and your interpretations of your own personal experiences will then provide an aid to you to interpret or to hear another person's story.*

Verbal self disclosure

All participants at one time said that they had verbally disclosed something about themselves to clients, work colleagues and others, though one male clinician strongly contested the efficacy of self disclosure when doing therapeutic work. Self disclosure statements varied in intimacy, from highly intimate such as disclosing an immediate affective state to less intimate, for instance, describing factual information about themselves. Statements also differed in terms of when and with whom they might verbally disclose something. For example, some said they would only disclose once they felt at ease with the other person, and one participant said that she wouldn't

disclose to someone in authority. Female clinicians tended to disclose more intimate statements about themselves than male clinicians. One of the male clinicians described disclosing by proxy, for example, disclosing something about himself but referring to '*Someone I once knew…*' Rationale for self-disclosure included normalising (showing that others also have been through the same situation), credibility (providing the clinician with some authority or expertise), rapport building (demonstrating empathy and understanding) and education (for example, describing how they once managed the same situation).

Applying theory to practice

Two clinicians described how their self is important when transforming theory into practice, with one reporting that

> *… we have all done the same similar training, 'cause we are all social workers if you like, so we are all coming, hopefully from a theoretical base of what we actually learn in social work, but we are all different in the way that we operate because we use our self, so how I might go around and build rapport, or how I might operate with someone might be completely different to my colleague but that doesn't mean to say that that is any less effective or more effective*.

Humor

Three clinicians described using humor as part of their daily interpersonal interactions with clients and others. One suggested that the use of humor was closely tied to her 'personal style' and while early on in her career she had felt it was 'unprofessional' for her to use humor, she is now comfortable in its use.

I use humor, hopefully appropriately… I suppose to relieve tension…my own and others… I'd use this in therapy and in some meetings that I run, to break things up a bit, to relieve the boredom or tension that might be building up…

Role model

One clinician described how her self provides a functional role model for the young people she works with.

… I mean, particularly with young people, you are modelling a particular style of adulthood, which they may or may not, wish to respond to, and you are also modelling a type of interpersonal relationship that they may form later on…

(4) Process involved in the use of self

Different groups were identified in terms of *how much* each clinician considered it appropriate to involve their self, which related also to the different ways clinicians had of being aware of their self. These differences might be placed in three groups across a continuum from little self involvement to extensive self involvement.

The first of three groups consisted of one male clinician who argued that ideally, there should be little personal involvement in his work, even though he did acknowledge that the self that he brought included other aspects besides his professional knowledge and expertise. While he reported this stance in terms of his overall social worker role, he stressed that this was particularly the case in his therapeutic work.

In most professional counselling circumstances it is the use of technical skill and the ability to avoid contaminating the client's issues with personal ones, which leads to the best, self-generated outcomes.

The rationale given by this clinician for the suppression of his personal self was twofold. First, he considered it important for self care.

> *… there is no sense of using up my personal being, I use up my professional energy but not my personal being… Now again, some people would argue that that is false or that that is stressful or dishonest even, but for me that has been the most comfortable way to work.*
>
> *Interviewer: In what way comfortable?*
>
> *As in looking after myself…*

Another reason was based on his belief that

> *… the essence of good social work, good counselling or whatever it is that we do, from my point of view anyway, is that the process is as close to being purely to do with the client as possible.*

Later he talked more about the process of removing or 'controlling' his self:

> *… my struggle is to control the self, to minimise the impact of the self, to remove any unconscious barriers.*
>
> *Interviewer: Is that possible?*
>
> *No, I said it was a struggle [laughs]…*
>
> *Interviewer: So what then makes your role? Like what do you then do?*
>
> *Well I'll make an analogy here [with] a chemical catalyst. As you know in chemistry, you can have two chemicals which independently will not react but when you add a catalyst they do react but the catalyst does not participate in the reaction… It stays the same but some how or other it facilitates the reaction. In the absence of it the reaction doesn't occur… If the client, group or [other work personnel from this worker's organisation] leaves the meeting*

or room thinking what a wonderful social worker I am, I think that I have done bad work, because some how or other my personality, my wisdom, my experience are now participating in that person's life. And I believe that that is intrinsically weakening for that person.

When asked if this meant that he was neutral or emotionally distant to clients, he disagreed arguing that his role was to assist others to make decisions for themselves, a process in which he believed his self had no place. In other words, he still cared for others, but did not believe that his self was required.

In the second group, two clinicians (one male and one female) were identified who were also selective about what aspects of self were considered appropriate in their work, though 'allowed' more than their professional skills and knowledge to be involved. One clinician said

…I become aware of it [the self] and, and then I can use it in a deliberate sense or choose not to use it or maybe try to distance myself.

For these two clinicians the self was a tool, amongst several, which they chose to employ, or not, in their social work practice. They describe being selective about what they use, for instance, in employing humor at certain times.

The remaining majority of participants, all female, saw their self as being extensively involved in all aspects of their social work, indirectly as well as directly. Representative comments include,

I'm always, you are always using the self, 'cause that's human and the way you work is you.

I suppose when it comes down to it, the person of the social worker, either as therapist or otherwise… everything [including] our professional knowledge, has got to come through…

While seemingly spontaneous, this use of self was nonetheless conscientious. One clinician, for instance, said that

I use my sense of humor, and it does, sort of, just come out, but I am aware of it, and I use it well, as opposed to it coming out of me without me having thought about it.

Discussion

Social workers in this study described the self that they brought to their work as individualistic, central and unique, and only somewhat defined by others and the context in which they worked. Clinicians generally describe a self that is primarily defined by the clinician. For example, while allowing for contextual influences, one clinician contested the power that clients might perceive she has. Another clinician reported that while her personal history was important in shaping her self, she nonetheless 'chooses' to take 'bits' from her past relationships, rather than having these past relationships shape her. Thus, clinicians in this study reject the relational model of the dialogic self, proposed by Yan and Wong (2005) and preferred to consider the self that they bring to their work as primarily defined by themselves and only somewhat influenced by others.

Given that the person-in-environment framework is widely accepted as the training model for social workers (Gibelman, 1999), participants' views of self as individual, rather than relational and contextual, is concerning. The clinicians in this study do not do as they have (or should have) been trained to do, with their views of self conflicting with current thinking and practice models. One possibility for this

finding is that the idea of self in western traditions has become increasingly individualized, with Western cultures promoting ideals of personal uniqueness and self fulfillment (Cushman, 1990). Similarly, Muran (2001) argues that individuals are often not aware of how much they are thoroughly embedded in the world around them. This is a result of both unconscious influences and well as social filters around people, some of which they just take for granted, and others of which they are no longer aware. Muran (2001) claims that ultimately people are unaware of how much their values, beliefs and identities are influenced by the society in which they live and instead consider that their values and beliefs are somehow determined by themselves. Consequently, while an inter-personal aspect of self may be important, participants may not be aware of the influence of others, on both a micro and macro scale, in their descriptions of the self that they bring to their work.

The context of the interview and the type of questions posed may inadvertently have focused on each individual clinician, rather than the processes existing between a clinician and his or her clients. Issues of race and gender between the interviewer and interviewee will also influence what is said and not said as well as how information is interpreted and processed. Furthermore, the interview context invited each participant to step outside of the context in which they usually functioned, and through the relationship with the researcher, engage in a personal exploration about the clinician's self. Therefore, it is possible that these discussions encouraged participants to develop an overall structure of self, or 'omnibus self' (Bruner & Kalmar, 1998, p.323) that may not exist when working. Accordingly, the context of the interview may result in greater coherence in the presentation of self than exists, and in particular, descriptions of a localized, individual self.

Additionally, clinicians may not get the opportunity to talk about themselves very much, in both therapy nor in the broader framework of their workplaces (something that several participants commented on early on in the interview) and may have used the interview to make up for this omission. The interview was a reasonably focused time for each clinician and most of the participants preferred to meet outside their workplace. Rather than being 'work' focused, the central purpose of the interview was on the clinician and his or her self. Consequently, participants may have taken the opportunity in the interview to compensate for the absence of 'self' in their work lives.

Kondrat (1999) points out that most social workers do not recognize the importance of contextual factors in the formation of their personal attitudes and beliefs, a finding in accord with this study. Consequently, she argues that clinicians need to understand how beliefs and values, such as racism, is more than a matter of personal attitude, but is also a part of the structure of social institutions and the relationships that all clinicians engage in. In such an approach clinicians are invited

> … to tell their own narratives about who they are and how their own unique stories predispose them to particular ways of perceiving and knowing. The goal is for social work practitioners to understand how the selves they are and the background they bring to each encounter intersects with the stories of other social actors to produce particular meaning, understandings, or distortions. The larger question would be how racism is woven into their self-narrative (Kondrat, 1999).

Hence, participants' view of the self that they bring to their work, which did not incorporate the broader social and cultural dynamic within which the self is placed,

has subsequent training implications and might be rectified by Kondrat's (1999) above suggestions.

Clinicians also describe the self that they bring to their work as being both personal and professional. This is an important finding because it confirms previous suggestions (Reupert, 2006) that clinicians bring more to their practice than their professional persona. Hence, clinicians' personhood needs to be acknowledged as an individual and unique entity in future research, training and supervision.

While most clinicians acknowledged the inevitable influence of self due to various publicly observable variables, such as their clothing and office furniture, on the whole, participants preferred to consider the ways in which they might usefully extend their 'self' as part of their practice. Minimizing the influence of contextual variables in their work is also consonant with participants' reluctance to describe the self as a socially constructed and contextual entity. Similarly, even though clinicians identified the use of self in environments other than therapy, these enactments still occurred in one-to-one relationships with others, rather than at macro-level of intervention, as previously advocated by Heydt and Sherman (2005) and Lee (1983). Nonetheless, clinicians were able to identify a number of useful self enactments, in both their therapeutic and non therapeutic work, such as relationship building, the use of humor, applying theory to practice, being a role model and verbal self disclosure.

The main way clinician's self was engaged in social work practice was in one to one interpersonal interactions, with clients, work colleagues and others. Clinicians used their self explicitly for the purposes of building relationships or indirectly towards this goal, through other self enactments. This finding extends previous research regarding the importance of self in the therapeutic alliance (Edwards & Bess,

1998; Elliott, 2000) by emphasizing the importance of self in all of a clinician's interpersonal interactions.

Furthermore, while clinicians described the self that they bring to their work as individual, they seemed to use their uniqueness to connect with and understand the self of others, in a variety of different environments. One clinician described using her self as a point of reference for understanding another and using this understanding to find a connection. The simultaneous experience of sameness and diversity was an important feature for clinicians' interpersonal relationships in this study, between the self of the clinician and the self of another. The self of the clinician did not exist in isolation but was involved primarily with, and along side others, even if clinicians' experience of self was individualistic and unique. Perhaps because clinicians experienced their self as individualistic, unique or in other words 'different', they needed to look for, and actively work towards bridging understanding with others. Thus, rather than either-or positions of self, it might alternatively be argued that the clinicians' self is both individualistic and relational, simultaneously.

While the sample size was small, it appeared that overall, female clinicians were more likely to consider their social work practice as an expression of self, while the two male clinicians were more likely to consider the self as a tool, which they might, or might not use, in their work with clients. Female clinicians were more likely to use the self when building relationships with others. Female clinicians were also more likely to disclose their immediate feelings, while one male clinician preferred not to self disclose and the other male clinician disclosed 'by the third degree', (using his own experiences but referring to someone else). Thus, in this study, female clinicians linked their practices more closely to self and appeared to reveal and share more intimately of themselves in their work, than their male

colleagues. Further research is required to investigate the ways in which gender plays a role in the use of self, from the client as well as the clinicians' perspective. Additionally, from this data, there did not appear to be any differences across years of experience in terms of clinicians experience of self, though again, the sample size was small and requires further investigation.

The clinicians in this study did not refer to ways in which their self might impact negatively on practice, as previous countertransference literature might indicate. Perhaps clinicians in this study were reluctant to report such instances, and instead constructed the kind of self they would like to have, as opposed to the self they actually present. In this study, clinicians describe a self which is, in many ways, 'better' than the self that exists, outside of work. For example, one clinician described how she has had to develop her self, to make it stronger and robust, to ensure that she is able to deal with her own discomfort and anxiety, when dealing with clients who are facing raw and gut wrenching pain. Another described being more caring and patient at work than with her children. To this end, social worker's ability to reflect on and be aware of their self ensured that it was a purposeful and intentional entity in their work, though different processes were identified.

Accordingly, clinicians in this study ensured that the self they presented or used was one that was functional and useful. One clinician described presenting only his professional skills and knowledge and neutralizing or suppressing other, personal aspects of self. While he acknowledged that he brought more than his professional skills and knowledge to his work, he argued that for more effective practice and for his own self care, the personal aspects of self were ideally not to be used. Rather than being coldly distant or emotionally unavailable, a stance sometimes prescribed by psychoanalytically orientated therapists (Frank, 1999), this clinician conveyed the

importance of being non-directional. Nondirectivity is an important premise that ensures clinicians respect a client's ability to self direct while at the same time demonstrating understanding and acceptance (Brodley, 1997). Kahn (1999) describes being non directional as a clinician's attempt 'to avoid introducing content from his or her subjective framework and consistently strive to understand and "reflect" back to the client the client's subjective framework' (p.95). Interestingly however, Kahn (1999) argues that being non-directional is a misnomer, for even by doing 'nothing' a clinician is still doing something that influences his or her clients.

Two clinicians were identified who were selective about the use of self, though 'allowed' more than their professional skills and knowledge in their work. These clinicians purposefully decided how much and to whom they would use selective aspects of self. Both described the self in terms of a tool which they could conscientiously chose to use, or not use, in their work. As such, these clinicians articulate an ability to stand back from themselves and separate the professional and personal aspects of themselves. While the problems of objectively knowing oneself have been pointed out by Yan and Wong (2005), Kondrat (1999) suggests that clinicians are nonetheless, most often trained to assume this stance.

The remaining, majority of clinicians described the self as very involved in their work. While specific self enactments were identified, these clinicians tended to describe the self as their primary resource and intrinsically connected to every aspect of their work. Rather than specific techniques, the self was involved as a presence that permeated every aspect of their social practice. Notwithstanding the spontaneous presence of self, these clinicians still described how they were aware of self, though not in an overtly, deliberate manner as expressed by others. The experience of self for these clinicians seems instinctive and intuitive though at the same time based on

reflection and knowledge of what works for them as social workers. This finding is similar to England's (1986) description of clinician's intuitive processing, that is 'sound' and 'subject to evaluation'. While the efficacy of these three approaches cannot be ascertained in the present study, they constitute different models of processing in social worker's use of self. This description of the different internal processes experienced by clinicians as they go about their social work practices is important and might be usefully discussed in social worker education and supervision and become the focus of future research.

Conclusion

Overall, social workers acknowledge that they bring more to their work than their professional knowledge, skills and training. Many useful self enactments were identified in clinical and non clinical settings. Different models of processing were shown, and with this, different ways in which social workers might become aware of their self, in their social work practice. Even the one clinician, who strove to ensure that personal aspects of self were not involved in his work, acknowledged that his individuality was nonetheless a part of the self that he brought to this work. This finding highlights the point that the training and supervision of clinicians should not only focus on technique and theory, but also on the personal qualities clinicians bring to practice. Based on their strengths rather than weaknesses, each social worker might consider what they personally *have* and *want* to offer and also how they might ensure that the presence and/or use of self is functional and useful.

While a small sample size limits the generalizability of findings, it did allow an in-depth exploration of the topic in question, particularly one that is not easily quantified. Future studies might clarify specification between social worker's use of self in therapeutic and non therapeutic environments, and look in more detail

questions regarding race, gender and sexual identify. Clients' perspectives on clinicians' use of self also warrants exploration, when viewing clinicians as 'real people' or 'individualistic'. Overall however, this small study highlighted the individual and functional nature of the self that clinicians bring to practice, and the concurrent importance of self when establishing and maintaining a clinician's many interpersonal relationships.

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