**Introspection as intra-professionalism in social and health care**

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This article analyses two cases from health and social care, adopting a psycho-societal approach. The analysis highlights how professionalism evolves and develops through an introspection of the relational and scenic processes between professionals, as well as between the professional and the client or patient. As a phenomenon at the core of professional practice, it will be argued that introspection needs to recognize and encompass the intra- and inter-psychic responses and understandings of professionals and their clients and patients. The first case places supervision as a learning space, where framing and complex exchanges of loss and confirmation and of denial and displacement take place between a group of social workers and their supervisor. In the second case, it becomes apparent how the research interview opens up an opportunity for processing the emotions and socially critical experiences involved in hospital work.

Keywords: introspection, professionalism, psycho-societal, scenic understanding, social and health care

**Introduction: Contextualising introspection as professional learning**

Health and social care work can be seen as societal spaces for professional tasks, routines and organisational structures, as well as everyday life, loss, anxiety and distress. In work-life research, the workplace is often understood as being constituted through the technological resources, professionalism, working environment and subjective experiences. However, in human service - be it social work or health care work - the citizens, patients and clients involved are a significant dimension of the work life and social interaction that represents subjective meaning and the development of professional thinking and identity (Andersen and Dybbroe, 2011, Ahrenkiel et al., 2008; Dybbroe, 2011; Emilsson, 2008). In the Nordic countries such ‘human meetings’ in health and care work have often been studied through theories of social learning, focusing on the learning context such as working cultures, professional knowledge regimes, and organisation of work, and to a certain extent also to power in the work place (Ellström et. Al. 2008, Thunborg 2001). However these “human meeting places” have a wider scope as humanising learning spaces. Especially when an acute crisis in life is represented, these meetings challenge professionals to engage in introspection of the relations to patients/clients as significant others as well as the relation to self and how societal factors influence human encounters in work. In the present article we want to explore and discuss introspection as a potential for learning from meetings with patients and clients, and to highlight how these are forms of learning invisible to professional knowledge regimes in the field, and often also to professionals themselves. In current health and social work in Scandinavia, spaces for learning are not readily found, but depend on the social, financial and societal framing of human service organisations. Research has documented, that since the end of the 1990s the continuously downsizing of Scandinavian public human services has led work teams to focus on complying with wider demands, and simultaneously reconstruct their work situation and approach (Schebehely, 2006; Wrede et al., 2008; Connell, 2006; Dahl, 2004; Gustavsson, 2006). In everyday life, professionals may prioritize according to subjective criteria rather than professional, and discard tasks, routinize work, conceal their work practices if bothersome, and disengage in communication with users and their families. In short, the effects of downsizing and standardizing current welfare service deliveries are many and the need for workplace learning is ever greater.

**Introspection theoretically framed**

How, then can we deepen our understanding of introspection as a dual and related practice in health and social care learning settings? Introspection refers to the ability of self-observation and a reporting of conscious inner thoughts, desires and sensations. It is a conscious and purposive process that relies on thinking, reasoning and an examination of one’s own thoughts and feelings that can be contrasted to extrospection, which is the observation of things external to oneself. In our conceptual framing of introspection, we draw upon Sterba’s ego-dissociation. Introspection thrives from the establishment of an ego-dissociation since this is a precondition for a productive and insightful professional position. The term “ego-dissociation” refers to a process in which the ego is split into the “observing ego” and the “experiencing ego”. The “experiencing ego” records and participates in the activities in a given setting, while from a continuous meta-position the “observing ego” considers and conceptualizes the observations (Sterba, 1934). Professionals should not only observe, but should also experience, as neither of these processes should dominate the other, since this would lead to a reduced understanding.

The psycho-societal approach to human service work can take departure from a variety of theoretical frameworks, that all departing see human beings ass desiring, defending and in part unconsciously driven, but also as societally inserted and creative agents (Andersen 2015, 2005; Andersen and Dybbroe, 2011, Dybbroe, 2011; Leithaüser and Volmerg, 1988). They act within but continuously recreate societal frames and social structures. Learning through introspection within a psycho-societal perspective is an interpersonal process between citizens/ patients/ service users and professionals, which involves the inter-psychic and intra-psychic processing of the social reality, as well as inner realities. The psycho-societal approach therefore, is highly relevant for studying informal learning in health and human services since inter- and intra-personal interactions in professional settings become exemplary cases of professional, institutional and social transformations.

In our conceptual framing of the learning process in introspection as relational practice we apply the German socialisation theorist Alfred Lorenzer (Lorenzer, 1986), who developed his thinking on historical materialism in Marxian theory and the theory of object relations from psychoanalysis. Lorenzer’s concept of individuation intertwines different forms of cultural change and societal reconstructive processes under modern capitalism and suggests that socialization is distorted, and rooted in bodily experiences. Lorenzer bestowed the first years of a child’s life,, the pre-verbal phase, with great significance in creating bodily experiences and expectations towards the world. But at the same time, Lorenzer has a strong learning perspective in his conceptualisation of socialisation (1980), as adults are seen as constantly creating their life history and transforming the outer world.

Lorenzer's theory introduces the interaction form as a conceptual link that combines the horizontal position of the subject - in inter-subjective spaces and situations - with the vertical life historical trajectories of subjects. In the intersection between the two temporal contexts of the subject, past feelings represent themselves through enactments in the present, not just in their original form, but revitalized through present interactions. The interaction form is an abstraction of the way subjects interact with contexts in a situated and lifelong way, and these contexts are understood as “scenes”. The scene in Lorenzian understanding are complexes of both wholeness and interactions, as perceived by the subject, i.e. the experience of her context. In this conception, temporality is central, with dimensions of past and present experiences intertwined in the scene. Past experiences are always part of present scenes, and subjective action is situated in former scenes as well as constructive of present scenes.

The concept of the interaction form (Lorenzer, 1986) is subjectively situated within the history of the subject and the larger (societal) history. As a characteristic of interaction forms (Lorenzer, 1995 [1970]), the scenic dimension of experience is always there. Subjectivity that is analyzed through the interaction form implies a critical perspective on the subject, in addition to the representation of past experience through interaction forms, in present situations (Lorenzer, 1972). We attempt to understand the way experiences in the present resound with the life-historical experiences of the subject, but in a specifically socially structured way that has a conflicting substance. For analytic purposes, Lorenzer suggests a tripartite scenic conceptualization that begins with the logical scenic reconstruction of what is being said, a psychological scenic reconstruction of the way and the form in which these things are being talked about. The third scenic conceptualization is an analytical reconstruction of interaction configurations, patterns of reactions and background scenes (Lorenzer, 1986; Bereswill, Morgenroth and Redman, 2010). In the following two case analyses, we will sketch out these scenic dimensions.

**Case 1: Emotionality, repression and displacement in supervision**

Research points to the need for development of evidence-based practice, multi-disciplinary collaboration and practice-near inquiries of social policy as a counter position to the conventional evidence regime (Andersen, 2014; Soldz and Andersen, 2012; Froggett and Briggs, 2012; Andersen, 2003a and 2005; Froggett, 2002). Simultaneously, clients, of whom many find themselves in a deadlock situation, and health and social care workers, often navigate in a field of tensions. Consequently human service has a long tradition for supervision as a significant part of the work set-up.

Starting from group supervision with social workers that offer services to youngsters and troubled families, the first case illuminates how the emotional state of mind of social workers, the scenic setting for supervision and the way they interact influence their learning venue and case work. The case data is part of a transcript from a supervision involving 10 social workers and a supervisor from a social service administration in a Danish municipality that has been recorded and observed. Two researchers participated as observers during the entire meeting and conducted a subsequent group interview with a number of social workers. The research questions addressed what - and if - social workers could learn from participating in meetings (Andersen and Ahrenkiel, 2003; Andersen, 2005).

The opening of the specific supervision session revealed a quite tense emotional atmosphere, as the supervisor was leaving the group after four years of intensive collaborative work, which left the social workers in a state of sadness and distress. The participants brought this forward at the beginning of the supervision, in which they expressed that they regretted that the supervisor had decided to leave the group and repeatedly said that they would like the supervisor to stay, claiming that they were very fond of her. For her part, the supervisor responded by referring to previous conversations, and repeated that it would be professionally profitable for the group to bring in another supervisor since they had been working together for so many years. However, this did not seem to lighten up the atmosphere, as the social workers continued repeating their feeling of loss, whereas the supervisor did not seem to leave any room for voicing acknowledgement. The supervisor then decided that the group should start working on the work-related cases, and she invited the first case to be presented.

One of the cases that was brought to the table by a social worker was about a young Somali girl placed in a foster family, which had been closely supervised due to the girl’s difficulties with living in the foster family, not to mention their norms and demands. Judging from the response of her colleagues such as, “Oh now, not her again!” this case aroused recognition as well as ambivalence within the group of social workers. The social worker presenting the case expressed her desire for supervision by stating that she had increasingly begun to doubt whether she was able to understand and relate to the girl’s situation and feelings, and that she was no longer certain about her decision to keep the girl in the foster family.

*Supervisor: So tell me, what… before I go further into this, so tell me what you need to be clear about?*

*Susanne: What way to go now ….Supervisor: Yes…and with the knowledge you now have ….what do you need?*

*Susanne: I’m worried that I will choose an easy solution. That she (the Somali girl) could move to them (another foster family) that she likes so very much and that so very much want her … on a full-time basis.....That I’ll do something wrong because this solution can break down you know. And then she has no one in the whole world. So I think this decision is very important… I have to be very careful not to be carried away…. to take the easy solution – both emotionally and practically and all that.*

*Supervisor: Hmmm…*

In the first logical scenic analysis – informed by the Lorenzian structural approach - we examine what is being said in relation to both the context and to the recounted scenes of experience. Here, we note that the case is presented as being highly problematic and arousing a substantial amount of professional and personal concerns and challenges. The social worker is bewildered about what to do – what way to go – and is worried that she might be seduced into choosing the easy solution by accepting that the girl move to another foster family. She also worries about doing something wrong, and that she might become carried away. She questions the implications of a possible breakdown if the girl continues to stay with the foster family. If this should occur, it could lead to a situation of being left “alone in the world”. This would be a failure of public social service. The troubled state of mind expressed through the language of the social worker reflects a serious scene in social work of not being able to protect a deprived child in a highly critical situation.

The supervision develops through the narration of a series of events that took place in the family and at meetings with the social worker, who attempted to identify the trans-cultural entanglements of the situation (Welsch, 1999) because the foster family apparently applied a number of quite strict rules that the girl had to accept but strongly opposed, leading her to become very unhappy. The question is raised in the group as to whether the foster family is too strict in their upbringing and whether they are capable of nurturing and understanding the girl, who is in a special situation and has a troublesome background.

*Supervisor: So… now I’ll ask you Susanne …. What I’m thinking about is for how long have you had this doubt? For how long have you been thinking is this the right…. and…?*

*Susanne: Just for a couple of months*

*Supervisor: So if you should describe what circumstances led you to doubt, then… what happened?*

*Susanne: Well… I am beginning to doubt….*

*Supervisor: Yes*

*Susanne: The girl comes to me all the time.*

*Supervisor: Okay*

*Susanne: (starts crying) this is the first time I have ever seen her…. I mean she is not the type of girl that cries a lot…. deeply unhappy.. .and you know… a little self-destructive and isolates herself … and she is just unhappy.*

*Supervisor: Yes*

*Susanne: And I simply cannot understand that I cannot hear what it is she’s saying.*

*Supervisor: And what does she say to you when she comes crying?*

*Susanne: She says that I should try to live there myself.*

*Supervisor: Okay*

*Susanne: And she says that… they lie. When they (foster family) say that things are this way then it is not like that for her.*

*Supervisor: Okay*

*Susanne: And then…. what makes it …. I mean, that what pushes it to the margins is ... you might say, it is my experience of … how they relate to her…*

A further psychological scenic analysis reconstructs how the dialogue and discussion are played out, while also analysing the highly emotional atmosphere. The social worker Susanne talks about her fear of being too emotional and the risk of choosing the easy solution, hence leading to her emotional outburst. If we look further into the spoken language as forms of interacting, both with and in the present scene, another scenic “layer” appears. Susanne alternates between a detached and attached construction and understanding of the client, which points to an underlying tension between objectifying or subjectifying of the young girl. In the objectivifying position, the young girl is constructed and understood via ‘objective criteria’ such as a foster girl, Somali girl, replaced youth, etc., whereas in the subjectifying position the young girl is constructed and understood via her personal and emotional sayings and experiences such as unhappy, feeling abounded and rejected, etc. In previous supervision case work, the social worker had tried to maintain a professional distance that demonstrated that she could objectify the case. Nonetheless, this professional stance had recently been intensively challenged within the group, which resulted in Susanne starting to talk openly about her professional and emotional dilemma of closeness and distance. She feared getting carried away and being seduced into an easy solution of advocating for - and perhaps even substituting - the subjectivity of the client. However, the prospect that this could collapse and that the girl might be left all alone clearly created anxiety and was a burden for Susanne. The line of conversation exposed a strong emotional experience of the distress and unhappiness of the client, which appeared to be facilitated by the fact that the social worker was present at a couple of typical, everyday incidents in the foster family. During these incidents, Susanne gradually developed identification with her client, thus empathising with the girl’s feelings of being abandoned, rejected and not being understood.

These feelings were subsequently acted out during the group supervision since Susanne wavered between positions of detachment and attachment. This scenic construction seemed to mirror a second emotional and social meaning acted out during the case work. We might possibly understand the strong emotional reaction as being a vehicle for yet another state of mind linked to the current scene: the specific supervision setting. What is at stake in this scene is the abandonment of the group by the supervisor, with expressions such as, “*And I can simply not understand that I cannot hear what she’s talking about”,* and “*And she says that… they lie. When they say that things are like this then it is not like that at all for her”,* and “*then she has no one in the whole world”*, whichare not completely understandable within a case-scenic context. They have an emotional quality and depth that may refer to other experiences, for possibly that Susanne is concerned about being abandoned (by supervisor possibly) or not being able to hear or read others, in addition to her fear of being absolutely alone.

These utterances could be interpreted as images of how the social worker herself felt: The supervisor could understand what the social worker(s) said, and despite the supervisor’s assurances that her departure was for the better, the social workers did not feel this way at all; instead, they feared being left all alone. The possible exit of the supervisor and not being assured that they will be given another supervisor left the group in the difficult position of being alone with the emotional burden of highly complicated cases and no one to turn to for help and understanding. Not only is the supervisor about to leave the group, which was clearly a distressing emotional experience, but the supervisor also rejected and failed to acknowledge the feelings of the group. Following this interpretation, Susanne displaced her feelings of loss and the sorrow of being abandoned by the supervisor to the case, and in doing so, positioned the supervisor as the rejecting parental/mature figure versus the social workers as the children being left behind. Including the concept of a deferred scenic dynamic sharpens our understanding of how Susanne might have felt like - an unacknowledged parental figure, as opposed to being a professional figure in relation to the Somali girl.

In summing up, the scene of supervision subjected to analysis contained processes of identification, displacement and acting out. Moreover, there are attempts at processing the tensions between the objectification and subjectification of the young client. Even though supervision is a space for reflection, the case analysis demonstrates that introspection is not necessarily a part of this. Analysing the group dynamic between the supervisor and the social workers illuminates the refined and complex exchanges of loss and confirmation, as well as of the denial and displacement taking place – and how this influenced the presentation and understanding of the client case investigated. Even so, this was not included in the actual supervision, and thus could not guide future professional action.

**Case 2:**

**Ambivalence and deferred action in the interview as inter-relational space**

In healthcare work in Denmark, particularly in nursing, a pedagogical and communicative “turn” took place in the 1980s. This saw greater interest in the patient as a participant in treatment and care, that was not only linked to policies for higher cost-effectiveness, but also to a more humanistic perspective on the working environment of treatment and care for both the workers and patients. Inspired by the Norwegian tradition, a clinical supervision practice was implemented in nursing in the 1980’s but in the 2000s, health management and bureaucratic logic have acquired more power allocated to defining the roles and conduct of professionals. In the following case, when a cardiology patient is diagnosed for a specific type of intervention, a standard regime with a sequential treatment profile of predicted measurements in time and action is sparked of - hence taking the focus away from the humanizing perspective on health work as previously described.

In the following case, introspection developed outside the ward, displaced within the meeting with the researcher. In lack of learning spaces on the ward, the interview creates a space for reflection. In the interview, a nurse recounted a very difficult professional incident, which became a very critical professional *and* biographical experience for the professional, thereby reconfirming her deep ambivalence towards her work. The nurse is being interviewed about her work and life as a nurse for a research project about changes in both the health sector and in nursing (Andersen et al., 2004), including focus group interviews and individual interviews. The narrative had been chosen by the interviewee. After having talked about whether she should quit the profession, a long narrative was sparked off about an experience of crisis in work. The “situation” described was that a very old woman had had a heart attack at a retirement home and had come into the hospital in an ambulance:

*Annette: They resurrect her and do heart massage and her heart starts working again, … she is, she is brain dead. She is brought to us, and we are told, that she has come to die. Fine, but then such a person shouldn´t be in a coronary unit, where I work, and so we discussed this. When she came up she was in an extremely bad shape, that is she was lying there and moaning, but wasn´t conscious… and it was fine that I should take care of her, and I would…be there. Because she should just die, and she should be allowed to do that. But then a grandchild appears, and it turns out that I know her a little. And that was fine. I could handle that I knew her. But she engages a lot in that the patient should have tranquilizers and that she shouldn´t be in pain, and that is also my approach to nursing, that patients shouldn´t be in pain when they are going to die anyway. But we have to watch out how much we give, because if you get a complaint. And she had a daughter, this woman, she had a daughter who lived some distance away and wanted to come in and say goodbye to her mother, so we should try to keep her alive until the daughter arrived. And I simply didn´t think she could keep up with that. Because I wanted to give her some morphine, and I wanted to give her some tranquilizers so that she shouldn’t lie there and…. She wailed like an animal, in pain… so try to put it into perspective.*

We begin the analysis by developing a logical scenic understanding. From the very beginning of the story, the nurse significantly described the patient as a non-human being, and that she “was brain dead”. Annette’s perception was linked to what she sensed, noting how the patient behaved: “moaning” and “wailed like an animal in pain” - although alive, but not human; instead, she was described as an animal. The scene was set as a dehumanized scene, which however paradoxically also is a scene of existence and survival. Annette as professional wants to ease her pain and to “solve” the professional work problem or challenge.

A normative construction of meaning is outlined here: “but then such a person shouldn’t be in a coronary unit”. This points to the nurse constructing the patient as representative of a diagnostic category and as an object of work, which should not be in her care. And yet in the same passage, Annette talked about the patient as a person when she placed the patient as part of a family scene. From a Lorenzian psychological scenic analysis, Annette talked about the experience and the setting in a paradoxical way, interchanging between expressions of distance and objectification of the patient and expressions of the compassion she feels towards another human being.

*Interviewer: And you thought that” if I gave her something, then it would have been alright”?*

*Annette: Yes… so I didn´t know how much I dared to give her because you could think that she was about to take her last breath. But of course I can see as a daughter you would want to say goodbye to your mother... But then the daughter comes and the mother starts to cramp, so I give her tranquilizers, and those cramps she was having, they were nasty jerking cramps in some way or other, and she wasn´t doing anything brain wise, so she made some strange noises and made some… yes it was very strange and I couldn’t…*

Annette seemed to try to reactivate the silent or absent subjectivity of the dying woman through her own subjectivity, or through placing herself in the daughter’s place. She no longer talked of the patient as an animal, but now talks about her as a mother. The reactions and behavior of the patient became “strange” and painful to experience, and Annette did not accept the reactions of the patient, but instead wanted to help her leave this world as a human being.

In the third part of the scenic analysis on background scenes and experiential configurations of life historical and societal experiences, we see that the configuration of the dying non-human being can be seen simultaneously as an institutionalized and a family scene. This paradoxical and yet experiential crossing of borders, that Annette verbalizes, combines the institutional present scene with the past and familial scene of being configured as the daughter in a family. In this way, both the patient and she, as a nurse are humanized. Annette is brought to conceive of herself in the present as an engaged and responsible human, marked by the employed interaction from whereby she is simultaneously, a potential daughter and present companion of the dying woman..

In the beginning of the story, the interviewer was supportive and inviting which lead Annette to go deeper into remembering and opening up her experience, but during the interview latent emotions are being transferred to the interviewer. The interviewer then started to react, and the scene of the interview suddenly became a scene of emotionality:

*Interviewer: But something was wrong from the beginning, wasn´t it, because you started out by saying, that in your opinion, why should we at all have her here?*

*Annette: yes, no ...*

Interviewer: *Where would the patient have been if not with you?*

*Annette*: *In a general medical ward*

Interviewer*: And what would they have done?*

*Annette: … given her tranquilizers*

Interviewer*: And that wouldn’t necessarily have helped her heart?*

*Annette: No..*

Interviewer*: or?*

*Annette: No, no, no, no, she should just have been allowed to die, I mean really!*

The emotional dimension and the way Annette symbolized the death of the old woman are transferred to the present interaction with the interviewer. The interviewer tries to resist this but also engage in fantasying about the death/life duality and gradually the configuration of mother-daughter seems to come alive between the two women in the interview setting. Objectification/dehumanization and subjectification/humanization are both at stake in the relational space of the interview – that is, we can observe that the professional nurse and the interviewer oscillate between seeing the patients as a human being and a dying animal. The emotionality of the interview however seemed to facilitate the processes of identification by the nurse and interviewer. This suddenly, completely changed the interview. Annette reflected:

*Annette: Yes ,no, she had, she cannot feel anything, her– she is completely brain, heart or what it is called, the nerves are in the brain, so she cannot feel it, but... the pains you know…*

*Interviewer: but maybe you have your doubts, that maybe she …??*

*Annette: Yes, I think I have, because who knows what is in there, when you sit there and read it in a book, but as I saw her… she had pains.. And what was needed was morphine, to kill her heart, and quench her…. The way she will draw her breath.*

*Interviewer: Could you try, although I know it is difficult, to explain what is going on inside you?*

*Annette: Yes, I felt powerless, I went to consult the others a lot of times, and they applauded what I did but couldn´t come up with anything else.*

At the first logical level the interviewer contributes to Annette’s detachment to herself as human in relation to the dying woman through resisting being dehumanized. However the urge to phantasize and draw in emotionality transformed the scenic understanding of the nurse, who leaves the context of professional authority, action and hospital. Identification with the subjectivity of the old woman and her daughter leads to a different reconstruction of the understanding of the hospital scene from the original narrative.

As a psychological scenic reconstruction, the identification processes gave way for a new emotionality, experience and narrative. The third scenic analytical reconstruction of the last sequence of the interview revealed Annette trying out new interpretations. She distanced herself from the professional hospital and even from nursing that framed the initial narrative. This provided space for reflection and sharing of doubts leading to an emotional and existential scene of a shared human content to reflect on. This transition could take place because the emotions were played out in the inter-relational space of the interview.

In sum, introspection in this case unfolds through two doubled layers of projective identifications, transferences and counter transferences: first, between the patient, Annette, the nurse, the relatives and the doctor, and second, between the nurse and the interviewer. The transference of the many dynamics in the setting, in addition to the transferring of her own inner world and experiences onto the patient, were not clear without including the threats to the subjectivity of Annette, which was transferred into the interview scene. The interview provided a scene for introspection but this was not able to occur in day to day professional practice. However, this would have been possible through the use of reflective dialogues with reflective teams of colleagues.

**Conclusion**

This article has adapted a Lorenzian concept of scenic understanding that analyses core concepts in two cases of professionals, including their subjectivity and life history.

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| **Lorenzian tripartite**  **scenic analysis** | **Case 1:**  **Emotion, repression and displacement in supervision** | **Case2**  **Ambivalence and deferred action in the research interview** |
| ***Logical scening analysis:***  What is being said? | Highly problematic, arousing a lot of professional and personal concerns, challenging and difficult case, professional doubts | Extrojection of critique towards the patient, other health institutions, ambivalent professional rationality vs. professional doubt |
| ***Psychological scenic***  ***reconstruction***:  ways things are being  talked about? | Very emotional: sadness, bewilderness, feeling lost, trying to find a rational case strategy | Very emotional: compassionate, and aggressive, loneliness, distancing and intimate, dehumanizing and humanizing, familial and personal |
| ***Analytic scenic reconstruction***  of interaction configurations,  patterns of reactions and  background scenes | Supervisor leaving: sadness and denial from supervisor  Group interaction = irritation and lack of collegial support to a long term case work  Displacement of social workers sadness and rejection to case work  Group supervision mirroring two meanings: loss of supervisor and difficult attach/detach case work | Interviewer and interviewee interactions (projections, transference and counter transference) creates space for sharing and overcoming the ambivalence of professionalism versus familial experience |

As summarized above, we have adapted a double case approach, trying to investigate the relational and scenic processes between professionals in order to make the case for introspection as a vital and crucial part of humane professionalism.

In both cases, we have pointed to the objectification and subjectification of the client/patient and its personal and professional implications, and demonstrated how scenes of anxiety presented themselves as crucial issues for professional identity. The professionals experienced scenes with the patient or client as threatening or disturbing the subjectivity of themselves - and the others - in a related way. From a psycho-societal perspective, there is a fear of extinction or disappearance of the professional as an individual adult with responsibility that interacts with the experience of threats towards professional authority from institutional pressure. In this process, the professional simultaneously objectifies the client/patient in a physical and social sense, while also relating to the scene by identifying and substituting the weak subjectivity of the patient/client. The social worker and the nurse needed to objectify the Somali girl and the dying patient in order to be able to establish a professional relationship and line of reasoning which enables them to act in the present scene. But at the same time, they subjectify “the other” in a subconscious way in order to develop empathy and identification – to be able to understand their feelings and acts. These processes respond to the observing and experiencing dimensions of introspection in the scenes of the supervision group and the interview.

In the two cases, introspection takes place in specific scenes of reflections within the workplace. As a result, the two cases highlight the potential that may arise from the creation of learning spaces in the workplaces, in which ‘professionalised’ introspection could take place on a regular basis. The case of the social worker further adds another facet, since supervision is a continuous element here, although not necessarily one leading to introspection. Introspection can be performed by professionals, clients, relatives, patients and families. Today, we see this knowledge very often presenting itself as conflict, aggression and breakdown in communication, without the involved parties reflecting on the relationship between the present and the past, and the manifested and latent content. The power of introspection, including that of scenic understanding, lies in allowing the transferential knowledge to become the object of professional dialogue or inter-relational introspection between professionals and citizens. An introspection that uses scenic understanding as a professional practice-near approach actively attempts to decontextualize, and therefore recontextualize, the emotional content that appears.

In the daily institutional life of health and social care today, emotional reactions to work appear more as the unintended and latent dysfunctions of practice, rather than the foundation for cognitive processes of decision making, communication and practical problem solving. Emotions seem to create differentiations, negative and difficult conduct, withdrawal and routinisation. Paradoxically, the troubling content of the work, as illustrated in the two cases, in which professionals experience loss, anger and being disempowered and threatened by objectification, is often seen as impediment to professional practice.

When those organisations facing cut backs simultaneously try to perform higher quality work, learning possibilities are minimised since they demand special attention, time and space. More profoundly, target-driven practice and the evidential monitoring of practice in hierarchical structures remove the focus from professional reasoning and understanding, consequently diminishing the qualifying processes of introspection in practice. The troubling and uneasy dimensions of work then become more and more unspeakable and marginalised, as the organisations focus on the rational language and practice of measurable targets and objectives.

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