# The Coming Crisis in Social Work: Some Thoughts on Social Work and Science

Jeffrey Longhofer[1] and Jerry Floersch[1]

## Abstract

In this essay, the authors consider the challenge made by two keynote speakers at recent social work research conferences, one in the United States and the other in Europe. Both spoke of a knowledge crisis in social work. Both John Brekke (Society for Social Work and Research) and Peter Sommerfeld (First Annual European Conference for Social Work Research) proposed some version of realism as a solution to the crisis. The authors will deepen the argument for realism, however, by discussing how a *critical realist perspective* allows us to rethink positivist and conventionalist assumptions about the fact/value relation. Using a critical realist philosophy of social science, the authors discuss how social work has taken up positivism and myriad forms of conventionalism and also identify how practical knowledge gradually loses its place and thus contribute to social work's ongoing knowledge crisis. The authors then offer a way of thinking about *practice*. The authors will consider forms of practice knowledge and propose that social work has four kinds that unfold in essentially open systems: *discursive, visual, embodied*, and *liquid* systems, and that each of these have both tacit and explicit dimensions. These forms of practice, moreover, are inevitably situated in theory-to-practice gaps (the authors call them phenomenological practice gaps), which are the source of social work's knowledge crisis. The authors conclude with a discussion of the role of reflexivity in a science of social work.

## Keywords

critical realism, evidence-based practice, epistemology, ontology, phenomenology, philosophy of social science

In this essay, we consider the challenge made by two keynote speakers at recent social work research conferences, one in the United States and the other in Europe. Both spoke of a knowledge crisis in social work. And both John Brekke (Society for Social Work and Research) and Peter Sommerfeld (First Annual European Conference for Social Work Research) proposed some version of realism as a solution to the crisis. While Brekke alluded to the realism of Hilary Putnam and to realist concepts of stratified reality and emergence, Sommerfeld unambiguously employed critical realism to probe the limits and potential of social work knowledge production. They also referred to the place of values in the production of knowledge. Along with Brekke and Sommerfeld, we propose a realist philosophy of science for social work. We will deepen the argument for realism; however, by discussing how a *critical realist perspective* allows us to rethink positivist and conventionalist assumptions about the fact/value relation.

Inevitably, we confront *normative, ethical,* and *evaluative* (Gray & Webb, 2010; Honneth, 1996; Houston, 2003, 2008, 2009; Putnam, 2002; Sayer, 2011; Smart, 2007) questions: about how our clients are doing, how social, interpersonal, and psychological forces are affecting their lives (and ours), and what can be done to improve the quality of living. Indeed, because our practice is saturated with normative evaluations, practitioners and researchers cannot separate *fact* from *value*

or reason from emotion (Putnam, 2002; Sayer, 2007, p. 240, 2011; Smith, 2010, pp. 384–433). And because we are evaluative beings, that is, we make judgments about things in fluid and contextual ways (Held, 2006; Sayer, 2011), we must have methods that allow us to fully explore these dynamics as they continuously and recursively unfold. In short, social work is interested in how and why things matter to people (Houston, 2001, 2003; Sayer, 2011), and we should be especially interested in methods that deepen our understandings of what matters most. Social work is interested in the causes of suffering and what causes well-being (Gray & Webb, 2010; Houston, 2001, 2005, 2008).

Using a critical realist philosophy of social science, we discuss how social work has taken up positivism and myriad forms of conventionalism and also identify how practical knowledge gradually loses its place and thus contributes to social work's ongoing knowledge crisis. We then offer a way of thinking about *practice* (praxis). We will consider forms of practice

[1] Rutgers School of Social Work, The State University of New Jersey, NJ, USA

**Corresponding Author:**
Jeffrey Longhofer, Rutgers School of Social Work, The State University of New Jersey, 536 George Street, New Brunswick, NJ 08901, USA
Email: Jlonghofer@ssw.rutgers.edu

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## Background: The Crisis

Many have argued that social work has lost its way. Some argue that this results from an increasing distance between research and practice. Others contend that social work is unique among the disciplines in its value commitments and thus cannot or should not aspire to be like the sciences (i.e., scientism or naturalism) in either method or theory. It might be argued that social work, like sociology, is a "crisis science" (Weib, 1995) and like sociology social work shares a history with modernity and thus experiences the recurring crises of modernity. In 1970, the sociologist Alvin Gouldner published what became one of the most widely cited and ambitious books in the generation after Parsons, *The Coming Crisis of Western Sociology*. Gouldner, in more than 500 pages, looks in particular at the role of positivism in producing the "crisis" of the discipline and proposes, almost as a footnote, what he called a *reflexive sociology*. In 1995, Charles Lemert revisited Gouldner's ideas in a not so well-known work, *After the Crisis*, where he argued that Gouldner was correct about the coming crisis but wrong about the fate of sociology. Sociology, Lemert argued, had lost its moral compass.

In November 2010, the American Anthropological Association's executive board unleashed a firestorm of controversy and public debate when they struck the word *science* from their vision statement for long-term planning and a separate society formed for the purpose of representing those with a "clearer" understanding of anthropology as a science.

In January 2011, John Brekke, in his talk at the Society for Social Work and Research, perused the various mission and value statements of professional societies looking for their organizational commitments to *science*. Social work, Brekke found, had somehow failed to include science. Doubts and questions about the scientific status of the social sciences have deep roots and all the disciplines occasionally engage in contentious debates over their status (Steinmetz, 2007). And always there seem to be differences among the discussants not only about the nature of explanatory accounts of events but also about what counts as science. For some, it would seem that the disciplines suffer from a kind of *object of knowledge* proliferation (e.g., aging studies, gay and lesbian studies, queer studies, adolescent and childhood studies, midlife studies, ethnic studies, and cultural studies) where there seems to be no center of knowledge production and the disciplines fragment into specialties, subspecialties, specialty conferences and journals, competing research techniques, and other forms of

organizational fragmentation. And it could certainly be argued that social work knowledge production suffers from this kind of fragmentation. We argue, however, that social work unlike sociology or anthropology or even other applied areas of knowledge, *emerges and exists as a crisis science* and that its proliferation of objects of knowledge is due principally to the many crises of modernity and the many and complex social work responses to them. No doubt these debates come and go in conjunction with certain intellectual fashions and maybe too with fiscal crises and other social disruptions.

Still others argue that social work, through a turn toward the individual or psychotherapy, has abandoned its historic mission. In one particularly strident and polemical critique, *Unfaithful Angels: How Social Work Abandoned Its Mission*, Specht and Courtney (1995) set up a tedious, especially tired and mostly axiological argument about a human science based upon the self (i.e., psychotherapy) and another based upon the social.[1] Margaret Archer, a critical realist philosopher, argues that these kinds of arguments suffer especially from what she calls downward conflation, that is, where the individual is reduced to the social or where the conditions for action are stipulated but where there are no actions or clear ways of understanding how actions enable actors to engage the practical world. And these questions have less to do with what kind of science or practice social work is and more to do with the complexity of human worlds and social work's multifaceted value commitments. Moreover, these kinds of arguments are also plagued with the tendency toward Whiggish or teleological writing of history, that is, writing history backward, with the purpose of disingenuously using the past to prove something about the present: the way we never were. For Specht and Courtney and others like them, social work has degenerated from an imagined and glorious golden age where we all worked together in communitarian bliss to ameliorate poverty and fight the good fight.

Moreover, these arguments are made from very different philosophical positions or domains: ontological, epistemological, methodological, theoretical, axiological, and practical. And for some, especially those committed to some version of scientism, social work knowledge should simply reflect the modes of producing knowledge in the natural sciences. Few in social work research, however, have attempted to integrate these domains of knowledge production or engage in critique for the purpose of knowing how our knowledge is inevitably enabled and limited by these kinds of ontological and epistemological claims.

Social work, like all the disciplines in the human sciences (e.g., sociology, political science, psychology, economics) has struggled to establish itself among the "true" or "hard" sciences (e.g., physics, chemistry). It is a kind of envy: "If only we could be as rigorous as our colleagues in natural or physical sciences," we ask? "If only we could predict events with the certainty of a mechanical engineer." Unfortunately, these debates about "true science" have often become polemical, uncompromising, oppositional, and unproductive (Gray & McDonald, 2006; Houston, 2005, p. 8; Thyer, 2008; Wakefield,

1995). They also tend to conflate positivism with science. And often debates over methods (i.e., data gathering/analyzing technique) become more important than what it is we are studying: we lose the person through the method (Smith, 2010), the problem through the technique, the most important questions through the regressions (Ron, 2002). Or we manage to artificially and craftily split the world, the social from the psychological (Archer, 2007; Clarke & Hoggett, 2009; Sayer, 2011; Smith, 2010), for example, and thereby altogether erase or elide what matters most to people (see e.g., the work of Specht & Courtney, 1995). And these arguments are fraught especially with oppositional and categorical thinking: mind versus society, scientific versus nonscientific, policy versus practice, quantitative versus qualitative, empirical versus nonempirical, predictive versus nonpredictive, macro versus micro, nomothetic versus idiographic, objective versus subjective, reason versus emotion, hard versus soft, essentialism versus antiessentialism (Houston, 2005; Sayer, 2000, p. 21, 2011). And these oppositional ways of thinking, moreover, have led to a great deal of misunderstanding and confusion about the terms, the concepts, and the methodologies (Houston, 2005; Sayer, 1992, p. 243, 2000, pp. 20–24). They are not only antinomies. They have become hardened ways of thinking about and being in the world, ways of organizing curricula and disciplines (or imagined ways), ways of making decisions about promotion and tenure, ways of establishing funding priorities, and ways of assuring exclusion (Steinmetz, 2007).

## Critical Realism and Causation: Emergence, Necessity, and Contingency

Below we offer a brief introduction to a philosophy of social science, critical realism, that we believe offers social work researchers a means not only of understanding practice as it unfolds in open systems. Critical realism, too, offers social work researchers a way, perhaps the only present way, of truly engaging the complex dynamic between *fact* and *value*, between the *is* and the *ought*, between the *positive* and the *normative* (Houston, 2001, 2008, 2009, 2010; Sayer, 2011; Smith, 2010). The latter is especially important in social work as it is a area of practice where every single day, moment by moment, we make evaluations about what to do in the best interest of others: children, families, neighborhoods and communities, schools, individuals and groups, and organizations. We are never engaged only with the descriptive aspect of the human experience. We are engaged everyday with what matters to people (Sayer, 2011) and with how what matters matters (i.e., moral considerations about what is best to do under particular empirical circumstances). First, we consider the distinctions critical realists make between *things we experience* and *things that cause what we experience*. We will then talk about a very important concept, *emergence*, which will help us learn more about how open systems work and how social work research and practice might benefit from using this concept to overcome both social and biological reductionism. We turn next to a very brief discussion of the critical realist distinction between

necessity and contingency. In social work, in open systems, events occur contingently and we will show how and why it is important to grasp this fundamental notion. Next, we offer a brief discussion of how social work has suffered increasingly from a narrow conception of causation. We end the discussion of critical realism with a brief look at the *concept dependent* nature of our knowledge and essentialism.

### The Real, the Actual, and the Empirical

*Critical realism* makes distinctions *between the world* and *our experience of it* and between several domains: the *real*, the *actual*, and the *empirical* (Bhaskar, 1975). The *empirical* is the domain of experience where observations of events are made: yet, while our capacity to observe may increase our confidence in what we believe to exist, the existence of the things we observe does not depend on our observations (we will have more to say about the concept dependent nature of our knowledge below). And while the *empirical* domain refers entirely to experience and impression, to fact and data, facts are never theory-free. Thus, all data are somehow connected to theory; and because our data are always influenced by our theory we do not experience events unmediated or directly. In short, when we observe social phenomena we do so with selected concepts and theory.

Clearly, there are events that occur without our experience of them; and sometimes they can be inferred only from their effects. In short, not all things are *experienced*. To believe otherwise, as Margaret Archer argues, confines "truth about the world to that which can be experienced" (Archer, 2000, p. 45). The "real is whatever exists, be it natural or social, regardless of whether it is an empirical object for us, and whether we happen to have an adequate understanding of its nature" (Sayer, 2000, p. 11). The domain of the *real* refers to the structures, powers, mechanisms, and tendencies of objects (Elder-Vass, 2007a, 2010). In short, the *real* is that which exists: physical (i.e., atomic, chemical, and biological structures), social (i.e., ideologies, social classes, and modes of production), and psychological (i.e., mental structures, schemas, unconscious processes and memory, object relations, and attachment styles). The objects of science, that is, the things we study have been called by critical realists "intransitive": entities (e.g., structures, causal powers, and mechanisms) that exist independent of observation. The theories and discourses we produce about the things we study, however, occupy a different position: they are called by critical realists "transitive." And it is through the transitive (John Searle calls these institutional facts) that we establish explanatory relationships with intransitive objects (Searle calls these brute facts). And with this distinction we come to know that the world cannot be conflated with our experience of it. Finally, and especially important, this all unfolds in open systems.

Structures and mechanisms, moreover, are nonphysical and unobservable (e.g., social structures, mental structures, and cognitive structures). Observable effects are therefore products of unobservable structures/mechanisms that we attempt to

explain in continuously changing, historical, and open social systems. Bodies, brains, and minds, for example, have *structures:* they have *powers* to produce effects with particular susceptibility to specific kinds of change in open systems, regardless of whether or not those powers are exercised; just as the body has *potential* powers to produce effects (e.g., the agility of a great athlete or the graceful moves of a dancer), though not always realized, so do the brain and mind (Williams, 1999, 2000a, 2000b, 2003, 2006). "Complex things, then, have powers in virtue of their structures, and we can investigate their structures and in some instances thereby infer something of their powers" (Lawson, 1997, p. 21).

For example, for many young children, the bacteria that cause acute otitis media (ear infection) have causal powers by virtue of their molecular structure to produce effects; but susceptibility to infection is also caused by co-occurring generative mechanisms, social class, which differentially distributes risk and resources (Lanphear et al., 1997; Rosenfeld & Bluestone, 2003, p. 510; Vakharia, Shapiro, & Bhattacharyya, 2010). Molecular structure and mechanisms exist in the *domain of the real* and these particular bacteria (along with the generative mechanism of social class) are governed by causal mechanisms with fundamental properties that cannot be observed directly but become manifest in the *domain of the actual*. The *actual* refers to what happens when the powers and liabilities of objects are activated (Collier, 1994, pp. 42–45) and to what happens when these powers, once activated, produce change; and in this domain events occur whether we experience them or not. It is most important to remember that the actual refers to what happens if and when mechanisms, which belong to the domain of the real, are activated. In this domain, there are events that are independent of experience. In short, what happens in the actual may go unobserved.

## Emergence

Emergence, for critical realism, is related to and results from the powers and liabilities possessed by objects (Elder-Vass, 2007b, 2007c, 2010). Bodies, brains, and minds, for example, have different *causal powers* to act in certain ways (Barrett, 2009; Bhaskar, 1998; Nellhaus, 2004; Postle, 2006). The body, for example, has the power to produce a brain. Due to genetic and environmental mechanisms, complexly interacting and relating in open systems, bodies produce different brains with different and dynamic minds.[2] Minds, in turn, develop out of complex dynamics between reason and emotion (Damasio, 1994). And the human brain has the power to produce a mind, just as seeds have powers to germinate, flowers to propagate, or a person has the power to complete a complex mathematical calculation, or to labor in the fields. In short, the mind is an *emergent property* of the brain (Ekstrom, 2004; Freeman, 2000; Moll, 2004; Postle, 2006; Sawyer, 2001; Smith, 2010; Wilkinson, 2004) just as the brain is an emergent property of the body. Each of these—brains, minds, seeds—have powers and liabilities (i.e., powers to do things and not to do things) because of underlying structures and mechanisms (Hedström

& Ylikoski, 2010): biologic, neurologic, psychologic, sociologic (Freeman, 2000, pp. 143–173; Houston, 2010, p. 79). Research in the human sciences, and social work in particular, must attend to the emergent properties of things (Collier, 1994; Layder, 1997; Smith, 2010).

In sum, the worlds that we work in do not consist of flat but of complex and stratified realities (ontologies). Because emergence is hierarchical, there are levels (stratified); and each level has components and relations with their own emergent properties. There are mental structures, for example, like memory systems, with their own unique emergent properties with powers also to influence lower level structures or the structures from which they emerge (called downward causation). At the same time, these psychologically emergent powers, while rooted in the biological structures of the brain, are not reducible to lower level mechanisms within those structures. It is in this way that we can altogether avoid the trap of biological or neurological reductionism (or upward causation).

## Contingency and Necessity

The brain, however, only emerges, *contingently*, from the body. Likewise, the mind emerges, contingently, from the brain; the self emerges, contingently, from the mind; and identity emerges contingently from the self (Smith, 2010), and all of this unfolds in complex, *open systems*. What do we mean by contingent? Simply put, the body does not necessarily produce a brain and mind. The important contrast here is between necessary and contingent. Bodies and brains have the power to produce outcomes only when other potential powers have been activated (e.g., attachment relationships, language/narrative, stimulation of visual and auditory cortex, etc.) In short, each of these—body, brain, mind, self, and identity—exist in a stratified reality; each emerges from the other, and each may act back on lower levels to produce new configurations (i.e., downward causation). In order to understand the complexity of personhood and the human experience one cannot work without the concepts of emergence and downward causation (Smith, 2010). For example, the mind emerges in complex interactional dynamics with other human beings (i.e., in attachments and intersubjective dynamics) and may then act back on the brain's neural networks to produce new structures and dynamics (Shonkoff & Phillips, 2000; Smith, 2010). It is in this way that social work can imagine its way out of various kinds of dualism and reductionism, biological, behavioral, psychological, and social reductionism, and conduct research with an understanding of how emergence takes place always in open systems.

Let us take an example from cognitive psychology. Some refer to schemas as types of mental structures involved in the organization, filtering, and simplification of information or knowledge (Berlin & Marsh, 1993). These structures, or schemas, may refer to many things: the self, relationships and modes of interacting, events, objects in the material world (Nellhaus, 2004; Smith, 2010, p. 350). And they may be related or hierarchically organized. Most important, schematic structures cause us to notice and interpret, act in the world, make

decisions, attribute cause, filter, classify, anticipate or predict, accentuate or minimize. Schemas also have a cultural dimension that allows for sharing and economical communication. Some schema may be strongly favored and commonly used and others may become unyielding and self-sustaining structures even with disconfirming or contradictory evidence. In short, mental structures, like schemas, have powers and liabilities that are only contingently (i.e., neither necessary or impossible) activated (e.g., moisture or sun for the seed to germinate and grow or nutrition for a person). And when causal powers are activated, there may be additional contingent conditions; for example, seeds may be encouraged to grow with the addition of nitrates and water or limited in some may be by the presence of toxins. Or the capacity of a person to work may be affected by the availability of a computer or the lack of appropriate technology and education.

## Social Work and Causation

Causation, therefore, is not established through the observation of empirical regularities among sequences of events. Foremost among critical realist assumptions about the nature of causality is that what causes something to happen has nothing to do with the number of times it has been observed. Explanation results from identifying causal mechanisms, how they work, discovering if they have been activated, and under what conditions in open systems. Explanation further involves discovering the nature of the structure or object possessing the causal power/powers under investigation (Houston, 2001, 2005, 2010).

Since World War II, the variables approach has dominated the social sciences, policy science, and social work (Fay, 1975, 1976, 1987; Steinmetz, 2005b). And especially since the 1970s, social work, like other human sciences (e.g., economics, psychology, sociology, and political science), has made a strong epistemological commitment to understanding causality as the regularity of empirical events or constant conjunctions (Breen & Darlaston-Jones, 2010; Fischer, 1973). The turn to positivism in social work, moreover, was paired with a growing commitment to social and psychological behaviorism (Gambrill, 1995; Gambrill, Thomas, & Carter, 1971; Pinkston & Linsk, 1984; Thomas, 1977; Thomas & Walter, 1973; Thyer & Hudson, 1987). For many in social work, it has been assumed that with the establishment of regularities in behavior, laws about them could be formulated. Despite the fact that there appears to be very few if any enduring or clear-cut empirical regularities among the things that social workers investigate (i.e., the search for universal laws of behavior has been remarkably unproductive) entire schools of social work have been built up around and defined by parochial and rigid commitments to variables-based research, behaviorism, and related methods (see Jeanne Marsh for discussion of how behaviorism, 2004, in social work was established and promoted).

And beginning in the 1970s an increasing number of social work schools and researchers embraced the notion that social work should use the natural sciences as a model for explanation (Houston, 2005, p. 15). For example, Meinert, Pardeck, and Kreuger (2000) wrote in their book, *Social Work: Seeking Relevancy in the Twenty-First Century*, that only two approaches offer social work a solid, scientific basis for intervention: behavioral and cognitive therapies. About humans as natural objects not unlike rats or amoeba or bacteria, they wrote,

> From a behavioral perspective, individuals are viewed as biological entities that respond to the events which happen to them. People are seen as largely products of their environment. In other words, individuals are responders to their environments, and these environments shape both functional and dysfunctional behavior . . . Clients are seen as *entities* [our emphasis] that respond in a predictable fashion to any given stimulus . . . [and] react in essentially the same fashion as infrahumans. (2000, pp. 112–113)

However, because all mental and social events are necessarily and always meaningful, unlike physical phenomena, their meanings must be interpreted. In short, we can understand the world only through available discourses. Behaviorism (and its products and outcomes), too, is a scientific discourse that must be interpreted. And while social work has allied with other human sciences in defense of empiricist ontology (Fischer, 1973, 1978; 1981; Kirk & Fischer, 1976; McNeece & Thyer, 2004; Thyer, 2001), they have not done so without debate (see e.g., Heineman, 1981; Saleeby, 1993) and departures from the normal practice of variables research (e.g., psychodynamic theory in clinical social work or more recently, constructivism, feminist theory, mindfulness, and some who use rational choice theory). For example, in social work, unlike sociology, psychoanalysis has always been an influential force and continues to offer an alternative to prevailing empiricist and behaviorist modes (Borden, 2000, 2010; Brandell, 1999, 2004, 2010; Kanter, 1989). At the same time, while there have been many dissident voices, the overwhelming trend in social work has been toward variables-based research.

The shift in social work to a more uniform understanding of what counted as science (variables approach or positivism), however, began in earnest only in the 1970s, many years after similar moves in sociology, political science, and psychology (see Steinmetz, 2005a, for discussion of historical dynamics in the social sciences more generally). But it happened without doubt in similar ways (Mattaini & Moore, 2004, pp. 55–73; Thyer, 2004, pp. 74–87). Variables research came to dominate the major journals and new journals, textbooks, and professional associations, the faculty in the leading departments, and the major funding streams. Social work, however, lacking clear disciplinary affiliations, made a radical and decisive turn to methods (i.e., variables based) as means of establishing legitimacy and of assuring researchers a place at the table (see Andrew Sayer, 2011; George Steinmetz, 2005a, 2005b, for very important and interesting discussions of how disciplinarity limits our capacities to offer causal accounts of events in open systems). Finally, social work also embraced scientism; according to this view, because the objects of study in the

human and the natural sciences are equivalent, their methods must also be shared (Denzin & Lincoln, 2000, pp. 7–10; Houston, 2005, p. 7; Steinmetz, 2005a). The latter has meant that in social work events, objects, mental life, and various practices have been treated as brute facts (in critical realism *transitive* objects that exist independent of thought) whose identity is somehow unrelated to the many and complex ways clients and workers think about and interpret them (Thyer, 2004, pp. 74–87).

With the disarticulation of causation from the establishment of empirical regularities, critical realism asks us to look at how unique events (and repeated ones) can be caused by the same structures or mechanisms (Clarke, 2006; Houston, 2005). Second, it asks us to consider *necessity* without a preoccupation with establishing regular statistical associations among events (2005). Third, explanatory accounts can be offered without the requirement of making repeated observations: what causes an event, an emotion, a thought, or behavior, has nothing to do with the number of times it has been observed (or not observed). Fourth, social work along with sociology has long been plagued with tired old debates about idiographic and nomothetic approaches, that is, the notion that idiographic raw data, "is waiting to be processed by 'nomothetic' theory machines" (Steinmetz, 2004, pp. 383–384). The first is thought to be unscientific and a way of understanding the "unique" and particular and the second is considered a more reliable way of establishing law-like and scientific pictures of the general. For us the uniqueness of social work's objects of study (e.g., minds, families, individuals, emotions, patterns of interaction and communication, communities and neighborhoods, and state policy) should not be seen as a barrier to rigorous and relevant explanation or understanding. Fifth, the quest for generalizable knowledge is different from establishing how cause works (Danermark, Ekstrom, Jakobsen, & Karlsson, 2002, pp. 73–78). Generalizations (Manicas, 2006, pp. 97–102) offer accounts of the common presence of phenomena, not how they are produced; in short, generalizations are to be distinguished from the explanation of how a cause works. Much of the literature in the human sciences and social work confuse these.

Finally, critical realism offers a way of understanding how it is possible for a similar cause to generate unlike effects and for diverse causes to produce identical effects. This is especially true for the objects of study in social work because the relationships among the causal powers of the things we study and their empirical outcomes are not predictably regular; they are highly sensitive to and dependent on contexts in open systems.

## Concept Dependence, Social Constructionism, and Essentialism

Critical realists offer important insight into how our observations and knowledge are necessarily concept dependent (i.e., theory laden) and are produced through prevailing discourses. This does not mean, however, that our concepts construct reality (Sayer, 2000, pp. 32–35). In short, while all observation is concept dependent we may still explore and compare the adequacy of theory and make observations that contradict expectations. This offers social work a way out of the relativism often found in various forms of constructivism (Denzin & Lincoln, 2000, pp. 23–26), social reductionism, or what Margaret Archer (1995) calls *downward conflation:* the reduction of the individual to social forces, discourses, narrative, or structures (e.g., downward conflation in social work, Arnd-Caddigan & Pozzuto, 2008, p. 432; Heineman, 1981; Specht & Courtney, 1995). Radical constructivism (sometimes called antiessentialism) argues that the world or self can never be independent of our knowledge of them; the argument, in its most extreme form, says that reality or the self cannot be apprehended apart from social constructions of it (i.e., Heineman, 1981). This position, most forcefully argued by the late Rom Harré, in his work, *Personal Being,* suggests that the self is a mere concept resulting from human interaction (1984). For Harré, the self is "rather like acquiring a personal organizer (a mental filofax)" without ontological depth (Archer, 2000, p. 96, 2010b). Here, as with the sociologists of childhood and the critics of human development (James, Jenks, & Prout, 1998), selves are mere constructions in discourse: there are no prelinguistic or nonlinguistic selves and intersubjectivity either replaces altogether or supersedes intrasubjectivity (Smith, 2010). Here, as Archer argues,

> . . . the carer supplements the deficient efforts of the child by treating it as if it had the full complement of skills, "as if it were a fully competent self, seeing and acting upon the world from its own standpoints (and eventually creat(ing) adult human beings." Only after this partnership of supplementation is the child, aged about three, able to begin to develop the capacity for private discourse. Here, it is of course a secondary ability, as are the powers of self-expression and self-reflexivity. Thus reflexive practices like self-criticism and self-exhortation simply borrow from society's conversation about criticism, exhortation and so on. (Archer, 2000, p. 100)

We are, in short, "nothing beyond what society makes us, and it makes us what we are through our joining society's conversation" (Archer, 2000, p. 4). Thus, for the child, there are no prelinguistic sources for the development of a sense of self; bodies and psyches, moreover, have no properties or emergent powers of their own (Cromby, 2004; Smith, 2010; Williams, 2000a). The child, according to this view, simply joins the discursive community and through membership, the self, emotion, thought, and memory are made possible. Here, ironically, the child, through socialization, is mere material to be worked on by the social order. One is left to wonder how with downward conflation, as Margaret Archer calls it, agency is restored, when as noted above, the "effects of socialization *impress* themselves upon people, seen as malleable 'indeterminate material'" (Archer, 2000, p. 5).

Although social workers may make any number of interventions on behalf of clients, we may still have no measurable effect on them; they may go on being just as they are, regardless of our discourses or analyses; thus, we have neither

discursively produced them, nor in any meaningful way affected their lives. They may still hear voices, they may still be severely depressed, they may still mutilate themselves, and they may still experience intractable social suffering. It is also in this way that external and objective realities exist outside our discourses about them.

Moreover, our theories, we hope, influence our clients; they enter into their self-understandings, even when problems never go away or may even worsen. In short, our clients often, though not always, take up our conceptual schemes, yet they do not always, when returning to their everyday lives, feel and act differently with them. This would obviously suggest that our conceptual schemes are independent of their influence. Some social constructivists—especially the recent cottage industry aimed at finding data to demonstrate that mental illness is discursively invented or imagined—would argue that discourses of the "other" are available to us only through our own mostly pathologizing ones. That is, we know the presence of mental illness only because we come to them already with concepts that delimit, define, and classify them as such (Martin, 2007; Young, 1995). Thus, we are never sitting with another's discourse, story, or narrative; we sit with our own or some distorted intertextual version, with discourses interpenetrating and ramifying, never able to sort or distinguish self from other. Disease labels, nosologies, or social constructions of disease do not, as such, constitute or construct the disease itself, though clearly there is always the possibility that knowledge is produced that fails to adequately capture the complexity of the mechanisms operating in open systems (see e.g., the anthropologist Alan Young's study of posttraumatic stress disorder); more will be said below about the importance of distinguishing between construction and construal (Williams, 1999, p. 806; Young, 1995). This kind of relativism, "commits us to the view that it is our different human perspectives, as members of different communities of discourse, which makes things 'true for them'" (Archer, 2000, p. 45). Obviously, this means that we must have some way of knowing or establishing a privileged point outside the pathologizing discourse, which allows us to name, recognize, understand, interpret, or explain the existence of pathologizing discourses. Here, as Andrew Sayer suggests, we have mistakenly reduced "mediation or construal to production or construction" (2000, p. 34). By this he means that our concepts do not construct or produce our objects of study or clients. They mediate or construe them. And "although all observation is conceptually mediated what we observe is not determined solely by concepts, as if concepts could anticipate all empirical questions, or as if theories were observation-neutral" (2000, p. 41).

## Essentialism and the Self: A Critical Realist Personalism

Andrew Sayer (1997) has argued that in our discussion of essentialism, social constructivists have missed the importance of understanding that some things have essences, while others do not. What is the significance of this very important insight for social work and especially for those who conduct research on practice in open systems? In short, even though language, social institutions, and the psyche are constructed they may also have, once constructed, essences, or generative properties. For example, this may be one way that sexualities (i.e., heterosexuality, homosexuality, and bisexuality), are produced, felt, and experienced. Moreover, as Sayer argues, what is essential may *sometimes* make the greatest difference in what matters most to people. At other times, these essential differences may have no significance whatsoever.

Rorty, using Freud, argues against the notion of an essential or continuous sense of self; for him, we are constituted by a variety of "'quasi-selves,' different internal clusters of belief and desire, amongst which there is no inner conversational relationship since they lack the internal coherence to constitute one unified person who is self-conscious about her own constituents" (Archer, 2000, p. 36). This, Archer persuasivley aruges, is a fundamental misreading of Freud,

> . . . who was underwriting neither the stern voice of the "superego" nor complete indulgence for the "id," but describing the balancing act which the 'ego had to accomplish, on the reality principle, in relation to getting by intact in the world. As Shusterman argues, this "unified self is not a uniform self, but nor can it be an unordered collection of egalitarian quasi-selves inhabiting the same corporal machine." (2000, p. 37)

Some properties of the self, moreover, may be seen as more essential than others, especially if a wider range of emotion, thought, or behavior depends on the essential feature. Sayer (1997) argues, as well, that the concept essence may often be expected to do two different kinds of work: (1) "identify the essence of an object in terms of properties which supposedly determine—or are indispensable for—what it can and cannot do; these are its 'generative' properties"; or (2) to identify the "features of an object which enable us to distinguish it from other kinds of object; these are its distinguishing or identifying properties" (p. 458). Though the two aspects, the generative properties and the distinguishing ones, may coincide, it may also be the case that "scarcely any generative properties of an object may be unique to it and its distinguishing features may not tell us much about what enables it to do whatever it does" (1997, p. 458).

To have a common essence, thus, objects must have universally shared components. Yet, when objects share some features, it does not necessarily mean that they are essential ones; they may be fortuitous. Thus, every object has characteristics, which coexist or interact, but could "exist apart from those which could not exist without a certain other feature" (1997, p. 459). Instead, it is necessary to understand the components of an object and how they must exist in combination with other components. Then, one must ascertain which can exist without them. As well, their respective generative powers must be understood. For some, especially in so-called postmodern schools of thought, psychic agencies have no powers to generate effects; or they may be seen as dangerous fictions. However, what often substitutes for the "fiction" of psychic

agencies are the attributes of relating. One can easily detect the empiricism at work in many schools of relational, intersubjective, or interpersonal psychologies, especially where emphasis, though often unstated, is given to the *roles* of practitioner and client. What they take to be real and knowable (ontological) are those aspects of interrelating (e.g., hierarchical roles, social roles, observable qualities of behavior in relationships, etc.) that lend themselves to direct observation or empirical investigation. Oddly, though many would think of themselves as existing in a tension with empiricism, their emphasis on the observable qualities of relationships lead them into radical forms of empiricism and the most modern of projects: their ontologies, inevitably flat and superficial, the self, transparent, and superficially read from relational behaviors.

Against the charge that essentialism treats all members of a class (gender, economic, and childhood) as identical (homogeneous), Sayer argues that it may be the case that some members of the class share only *some* features. To know this requires empirical investigation; in short, no a priori statement can be made about those features that are essential and those accidental. According to Sayer, the "claim that there are essential properties shared by humans does not necessarily render 'accidental' differences such as those of particular cultures unimportant, indeed, it may be the essential similarities which are trivial" (1997, p. 456). Sayer observes, "since the whole point of attempting to categorize is to specify what, if anything, is common in the midst of diversity, the search for common properties, including essences, presupposes diversity" (1997, p. 456). Here, Sayer uses racism to illustrate the errors in thinking that may result: first, attention must be paid to the tendency to assert nonexistent commonalities, or to deny significant differences, where they exist. Second, we must avoid seeing insignificant differences and/or deny significant commonalities. With racism, Sayer argues, both errors can be found, that is, the assertion of difference where they do not exist and the denial of differences, where they do (e.g., cultural essentialism and stereotyping are common examples). Thus, for critical realism, any theory—social, psychodynamic, cognitive, systems—that makes faulty claims about specific kinds of sameness or difference, is suspect (1997, p. 457).

## Understanding Practice (Praxis) in Open Systems: Discursive, Visual, Embodied, Liquid, and Reflexive: Toward a Sociology of Social Work

As social work practitioners move throughout the day, even moment-to-moment, they strive to competently act, interact, and understand the meanings of their actions and interactions in open systems. And social work has over the years used many practical techniques to accomplish this: field-based training and supervision, licensure and continuing education, consultation, and by paying close attention to the nature and quality of helping relationships. Some have called the *process* by which these skills or theories are used or realized, *praxis*; found in

both Greek and Latin, it is understood as doing, acting, action, and practice. The *Oxford English Dictionary* defines this as, "the practice or exercise of a technical subject or art, as distinct from the theory of it, or alternatively as habitual action, accepted practice, or custom." Many, especially those heavily influenced by social work's turn to positivism, behaviorism, and pragmatism, have argued that the central task of the profession should be to offer disciplined, designed, and predictable actions to mediate the relationship between theory and practice (Marsh, 2004, pp. 20–27; Thyer, 2004, pp. 74–90; Webb, 2001, pp. 58–63).

There are also many and confusing concepts used to describe what social workers do: interventions, methods, practice methods, technologies, activities, practice, performance, skills, norms, tacit and explicit knowledge, situated practice, knowledge in action, and competencies. And there are equally diverse theories and disciplinary approaches to understanding practice. Some, moreover, argue that there can and should be no single, unified, theory of practice (Stern, 2003, pp. 185–205). Clearly, there are some fields, especially among the professions, where practice is the ultimate or at least presumed objective or realization of theory.

Some would argue that social theory should begin with practice and that it is through practice that larger institutional, social, and cultural phenomena can be most clearly understood (Schatzki, 1996, p. 11). Social workers have studied practice using many methods with many and sometimes competing assumptions about the nature of practice (Cha, Kuo, Marsh, & Kvieskienė, 2006; Emirbayer & Williams, 2005; Floersch, 2000, 2004; Fook, 2002a; Fook, Ryan, & Hawkins, 1997; Kondrat, 1992, 1995, 2002; Marsh, 2002a; McCracken & Marsh, 2008; Rosen, 1994, 2003). And social work has benefited greatly from the broader debates in the social sciences on practice (see Bourdieu 1977; Lahire, 2011; Schön, 1983). Most important, more recent scholarship (Archer, 2000; Hollway & Jefferson, 2000; Lahire, 2011; Longhofer & Floersch, 2010) has moved away from understanding practice as rationally calculated action (Froggett & Chamberlayne, 2004). Our view of practice insists upon seeing the many ways that our practices are situated, embodied, habitual, tacit, and explicit (Dreyfus & Dreyfus 1986; Dunne, 1993; Flyvbjerg & Sampson, 2001). And social work is unique among the applied human sciences, in that, our areas of practice are enormously diverse, individual and community, and multidisciplinary (e.g., child welfare, gerontology, mental health, schools, prisons, nonprofit management and organizations, hospitals, AIDS and HIV, community development, poverty programs, and many more). We must therefore use methods to account not only for the specific character of differing practices but also for what counts as a "legitimate" scientific practice or as practice at all.

Some sociologists, organizational theorists, and philosophers have argued that the further one is removed from the everyday world of practice the further one gets from what is real, what is, what can be experienced, and what is possible in human activity (Aram & Salipante, 2003; Van de Ven,

2007). We would add to this that the more one accepts or imposes an artificial distinction between *fact and value* (i.e., is and ought), the more one is removed not only from the actual world of practice but also from the things that matter most to people (Sayer, 2011; Steinmetz & Chae, 2002). And the more we imagine (especially using methods that allow the imagination to work in this way, i.e., positivism) that a separation between the two is possible, the less likely we are to truly grasp the true—subjective and objective—conditions of human suffering. Others argue that it is through our wrestling with theory in practice that we become human, effective, and that we produce possibilities for human emancipation, democracy, and well-being (Arendt, 1998, 2006). And this requires reflection. We will have more to say about "reflective" action and "reflective practitioners" below.

In social work, we assume that our actions and activities are guided by more than utility: we act according to prescribed political, moral, and ethical imperatives, not just in our self-interest or to maximize our opportunities and minimize our losses. Social work research, knowledge, and practice, are not only meant to challenge social institutions, policy, and practice. Research must tell us more than how things came to be and why. It must also give us a sense of how things ought to be in the ethics of caring (Gray, 1995; Held, 2006; Sayer, 2007; Webb, 2006, pp. 210–234). Some in philosophy, like Hannah Arendt (1963, 1978, 1981), make a compelling case that it is in our practice that we become human and in our reflection on practice that we make judgments about what makes a difference. Social work's critique of injustice, racism, or heterosexism, for example, requires that knowledge be generated to address institutionally generated false beliefs. Social work, moreover, is also committed to understanding and producing knowledge about how human needs are to be met and how, why, and when they are thwarted. And it is through knowledge that we generate that we learn something about the functions performed by false beliefs. And because of this, social work does not subscribe to the notion of there being a purely "objective" world, free from concept and value (Houston, 2005, 2009, 2010; Ignatieff, 1984; Sayer, 2007). The knowledge that we produce in social work is always connected to the social worlds we inhabit and cannot be understood independently of the social actors (i.e., workers and clients, researchers and research subjects) involved in producing knowledge. Unlike the natural sciences, unlike electrons (i.e., brute facts), social entities (i.e., institutional facts) do not exist independent of the activities that govern them. This concept and value-dependent nature of social work knowledge, however, must not be construed to mean that reality is simply produced with our concepts.

So how do we understand what a social work practice is? Is it merely what social workers and others routinely do? Is it merely a continual tension and contest between habit and reflection (Archer, 2010b)? While social workers may have certain practice dispositions, habits, or behaviors, there is always more to practice. Moreover, practices are rarely if ever understandable in terms of *intentional states* or *practice*

*behaviors* that can be described in naturalistic terms (Fook, 2002a; Stern, 2003, pp. 189–191). Pierre Bourdieu, for example, foremost among the "practice theorists," acknowledged late in his life that practice is governed by dynamically unconscious forces (Steinmetz, 2006, p. 445) and that rules are complexly determined, performed, experienced, enacted, resisted. Bourdieu called his approach to understanding practice "participatory objectivation" and described it as "objectifying the act of objectification." With this rather awkward language, he argued that the researcher must reflexively apply the same methods to their own scientific practices. In what we are calling the personal mode of reflection, the social worker and researcher must consider their own modes of investigation (Bourdieu & Wacquant, 1992, pp. 39–42; Houston, 2005, p. 15). *Participant objectivation* is for Bourdieu and others not only the most important but also the most difficult task. This entails that we attend to the deepest and least intentional forms of our commitments to projects (Archer, 2007), research methods, and to modes of intervention (Bourdieu & Wacquant 1992, p. 253).

We argue here that the identity of a given practice in social work depends on at least four things: (1) the significance—actors, networks, professional organizations, licensing bodies, states—assign to practice activities or actions. Practice is not limited then to what social workers do (i.e., their activities) but also to the myriad ways practices are valorized, configured, made significant and meaningful (Houston, 2009, 2010; Rouse, 1996, p. 133, 2007); (2) the contexts or fields within which practice unfolds or are prescribed. And how we study these has enormous consequences for understanding what social workers actually do[3]; and (3) the standards for conduct and action that circumscribe, limit, and enable practice among all professions (Abbott, 1988). For example, for many and complex reasons (e.g., forms of resistance, competing theories, personal, unconscious) social workers often depart from standard or prescribed practice; (4) because professional practice exists in a creative tension with models or theories of practice (i.e., open systems) practice is never reducible to theory (Stern, 2003, p. 187). This raises questions about why, when, how, and where practice guidelines are followed and the roles played by these in reproducing various forms or methods of practice (Dreyfus & Dreyfus, 1986; Dunne, 1993; Flyvbjerg and Sampson, 2001; Floersch, 2004; Fook, 2002b). In short, social work is faced not only with asking questions about what it means to follow a given practice convention or guideline? We must also address what following a specific guideline achieves (Fay, 1975, pp. 29–41). Rarely, if ever, are the norms of practice derivative, that is, they are not mutually understood, intentional, or conscious shared belief or value (Archer, 2010a, pp. 123–144). In short, practices cannot be described as statistical averages; we *conform to practice* and our conformity shapes not only our practices but also our identities as social workers.

In the everyday practice of social work, across all fields (e.g., mental health, gerontology, community development) and in myriad contexts or settings (e.g., hospitals, communities, villages, mental health centers, schools), workers to one degree

or another engage in identifiable, conventional, repeatable, and ethical actions or activities: practices. In short, social worker actions are not random and thus imponderable. There are clear patterns and regularities to social worker action, so that the methods we use and theories of praxis are aimed at understanding the ways these emerge, vary, and change. At the same time, however, because social work unfolds in open systems (i.e., homes and families, neighborhoods, communities, hospitals and schools where many mutually interacting causal mechanisms are at work) workers improvise, engage in novel action, and depart from recognized routines; they are versatile in different settings and often change action swiftly and unpredictably as they adapt to setting-specific demands and client realities (Benner, Benner, Tanner, & Chesla, 2009; Benner, Hooper-Kyriakidis, & Stannard, 1999; Dunne, 1993; Flyvbjerg & Sampson, 2001; Sayer, 2011). Rarely is it the case that social worker and client interactions are stable and coordinated, mutually understood or reciprocal. Moreover, while conscious, rational decision making is one way workers do this, not all actions are rationally or consciously considered or executed; nor is all social worker action oriented toward defined ends (Archer, 2010a, pp. 5–6). Many who focus on tacit knowledge in practice focus on the subjective experience of workers with the aim of reducing the effects of subjectivity on practice outcomes (see Fook, 2002a for a discussion of this). Others focus on the role of subjectivity as a necessary and creative aspect of practice (Floersch, 2000).

In the broadest terms, social work has two basic orientations toward understanding practice. The first addresses the central significance of subjective experience for both client and practitioner. This orientation gives emphasis to the viewpoints of the workers and clients and their subjective understandings and meaning making. The second is aimed at understanding the enactment or performance of social work activities. Here, emphasis is on social conduct, that is, on how social workers act, how their actions change, what forms their actions take and the outcomes of their actions. Both of these have conscious and unconscious dimensions, tacit, and implicit dimensions (Clarke & Hoggett, 2009; Fook, 2002a; Hollway & Jefferson, 2000). And while neither is dominant they both depend on our habits, impulses, emotions, intuitions, our values and desires (Smart, 2007). Below we describe four dimensions of social work practice: discursive, visual, embodied, and liquid.

## Discursive Practice

There are several uses of the term discourse in the human sciences, social work, and in qualitative methods (Froggett & Chamberlayne, 2004). First, it is often used to describe a system of linguistic signs (signifiers, signified and referents) or verbal practices (e.g., conversation analysis). Language is always more than a system of signs, however. Discourse includes meaning making at the societal level: institutional power, belief systems with the power to produce identities, and position individuals in social relationships, and social differentiation among individuals and groups (Summerson-Carr, 2010).

Here, discourse refers to what makes language materially effective.

In social work, across all fields of practice, we are challenged to understand the processes involved in the production and apprehension of meanings, especially what makes behavior meaningful in any given practice setting or context. Every discursive practice entails linguistic, semantic, interactional, and extralinguistic dimensions and every action and interaction between practitioners and clients is discursively produced in particular practice settings. Discourse, moreover, *enables and limits* social work action as meaning is continuously produced and communicated in the structured dynamics among and between practitioners and clients (see Fairclough, Jessop, & Sayer, 2002 for critical realist discussion of the language as causal). In short, our words and the narratives we produce have differential effects and if they did not, we would have no way of knowing how language results in change or how some narratives have the power (i.e., causal) to produce effects and not others (i.e., racism, sexism, or homophobic narratives and counternarratives). Social work practice communicates meaning through language and narrative and because our practices are discursive nearly everything we do (i.e., our actions, activities, interventions) depends on discursive practice. The analysis of discursive practice begins with description of the broad contexts of action alongside the communicative resources social workers and clients use in more localized settings (Froggett & Chamberlayne, 2004).

Although talk between social workers and their clients is always local, unique, and specific to the practice context, operative under specific conditions, and mostly meaningful in moments of interaction, it is also influenced by processes well beyond the temporal and spatial worlds that situate immediate interaction. Much if not all of the activity of social work is aimed at understanding what is accomplished through discourse. It is in this way that we are interested in what a discourse produces and how it is used in particular practice settings. The study of discursive practices requires not only investigation into the production of meanings by social workers and their clients as they use nonverbal, verbal, and related interactional resources in situated and local ways. We must also attend to the ways that these resources reflect and create meaning in the practice communities where local action occurs.

We communicate to our clients and to one another with language, oral and written (Floersch, 2000), and with language we produce narratives; and we argue that these narratives have differing powers to produce change among practitioners and clients. Floersch, in his ethnographic research, for example, has shown that the oral narrative produced in actual practice rarely conforms to the written narratives produced by the same workers and that each narrative has different powers and liabilities. The written notes of workers often conceal and resist the dominant clinical practice methods and workers often use notes to conceal the gap between their actual practice and the practice stipulated by the models (Floersch, 2000). Others argue that the strength's narrative (Saleebey, 2008; Weick et al., 1989) has the power to change the ways practice influences lives: by

changing the discursive practice from problems (or diagnoses and pathology) to strengths, clients are empowered. Still others (Floersch 2002; Gray, 2011) argue that the strengths narrative has serious and constraining liabilities. Gray (2011), for example, suggests that the strengths discourse or narrative underestimates the powers of institutions, that strengths is a manifestation of neoliberalism, and this discursive practice shifts the burden of social care from institutions, especially the state, to the individual. In sum, not all narratives have the same powers to produce effects. Some are more powerful than others (e.g., racism, neoliberalism). And because we are not at liberty to pick and choose narratives at will, we must pay particular attention to the causal power of narratives to produce effects and the power of some narratives to counteract the effects of others (e.g., the power of neoliberalism to work against strengths narratives).

## Visual Practice

Second, *visual* practices are an important part of being human, the production of social work knowledge, social work practice, and social work interaction (Froggett, 2002, 2008). Visual practice communicates meaning through images. We live in worlds saturated with images (Sturken & Cartwright, 2001). And through the Internet images are at our fingertips where we can on demand conjure up videos, photographs, and information. We use the Internet and video to teach, to collect and present data, and to compel audiences to accept or reject ideas or take strong positions. We use it to organize our lives and calendars, communicate with our colleagues and clients, and to mobilize for political action. We use the cell phone, voice mail, and text messaging to stay in continuous, uninterrupted flows of visual contact. We spend much of the day in front of monitors: scanning, looking, probing, searching, and sifting. And we often defer to those who ''authoritatively'' produce images as evidence of disorders: positive emission tomography scans or functional magnetic resonance imaging (functional brain imagining) of brains that are said to give us clear pictures of the causes of things (Dumit, 2003). And our clients often present to us their own versions, fantasies, wishes, and demands based upon these visual mediations. We use geographical positioning systems to image neighborhoods where crime (Wallace, 2009) or poverty is concentrated and residents are at greater risk through access to firearms, tobacco, and alcohol. We use avatars to improve doctor/patient communication. And we along with our clients become consumers of these images. Our clients often come to us seeking help through the medium of the Internet and its unbounded imagistic universe. In his introduction to Jordan Crandall's book, Drive (2002), Peter Weibel writes that reality entertainment produces newly legitimized exhibitionistic and voyeuristic modes of behavior and that these on a daily basis produce new morphologies of desire. And what is now called *direct-to-consumer, DTC*, advertising, patients seek medical products, genetic tests, and drugs, by challenging, resisting and sometimes altogether overriding professional knowledge. The television, too, offers images of those with depressive affects whose lives have been transformed by pills. Social workers in their everyday work are confronted with productive and unproductive images of race, sex, gender, class, and trauma.

And because social work is engaged in the production of images, workers and their clients inhabit visual cultures (e.g., advertising about medications, PET scans of brains, etc.) that give shape and meaning to everyday interactions. Some of the images produced (e.g., webpages, posters, brochures, ads, etc.) by social workers (and researchers) are designed to produce attention and subsequent action (e.g., advertisements used to recruit research subjects). Social workers often use the gaze, surveillance practices, and other scopic technologies and practices to look into the lives of others. Finally, there are important questions about virtual reality and worlds and how they relate to the actual worlds social workers and their clients inhabit. Visual practice requires that we pay attention to all the ways that social work and social work research is involved in the production, circulation, and reception of visual images. This, of course, requires that we pay increasing attention to the rhetoric and semiotics of images. This will position social work research and practice to interpret the representations that shape the visual constructs of our work; and to pay close attention to how visual codes differ across practice settings and contexts; and to consider how the symbolic constructions of social work practice shape how workers see, understand, and participate.

## Embodied Practice

Next, there are *embodied* practices (Cameron & McDermott, 2007; Cromby, 2004; McCormick, 2010). Here, meaning is communicated through bodily movements and gestures; and in the myriad ways social work practice and policy is aimed at and directly involved in the control of bodies. Indeed, much of what we do involves both tacit and explicit knowledge about ''normal,'' ''healthy,'' and ''acceptable'' bodies. Notions of the ''healthy,'' ''normal'' bodies often bring with them the imprimatur of science. What role does social work play in our understandings of what is normal and what is not? And how are these understandings reflected in policy? Social work is everyday engaged in state regulation and protection of the body and we share, or not, with other helping professions and disciplines (e.g., psychiatry, nursing, medicine) definitions of what constitutes ''normal'' bodies. Social work and its allied helping professions, however, are not alone among the forces that struggle over the body. Clearly religion and the market also have significant stakes and clear interests in how we see, conceptualize, experience, and control the body (e.g., pharmaceuticals). Sometimes, especially in our pharmaceutical age, social work is at odds with the market and at other times they join forces. Our many and changing conceptions of the body is and should be at the heart of social work research and practice and should also be brought more clearly within the scope of our methodological debates and concerns. This is evident at myriad levels. First, there are social work's ethical engagements with the body (e.g., gay marriage, the legitimacy of a woman's right to

reproductive choice). Then there are the obvious practical engagements: for example, there are the crucial and increasingly important questions about how one cares for ill bodies, what constitutes an illness, and how we die. And these questions entail issues not just about the rights states have over bodies. Social work is always involved in the definitions of which behaviors are acceptable and legal and which are not. Then, there are the very important policy implications that shape our current understandings of gendered bodies, male and female bodies, transsexual bodies, and genital mutilation. Indeed, it could be argued that the profession is on the front line of these debates, policies, and practices. We are, for example, continuously engaged in the development of interventions and the implementation of policy and law governing the privacy of the body and in making determinations about what is private and thus not subject to regulation and control and what is not. Social work is especially aimed at various determinations of risk and its privatization (Webb, 2006).

## Liquid Practice

Finally, there is liquid practice. These social work practices are defined and experienced in two ways. First, they refer to specific, historical configurations of space where bodies and things are continuously transported, relocated, and temporarily located (Floersch, 2002). Yet, it is often the case that these practices are understood and represented as motionless and fixed to or bounded by location, space, or place (Ferguson, 2008, 2009a, 2009b, 2010a, 2010b). Second, they give shape to our subjective experiences, for clients and workers. We consider each of these in paragraphs below.

Liquid practices unfold in maximally open systems where the rules and conventions for mobility, where they exist, change rapidly, especially where markets and neoliberal social policies extend deeply into the most profound areas of our everyday modes of relating, practicing, assessing risk, and organizing our work (Webb, 2006, p. 77). And where much of mental health theory and practice has shifted to neoliberal conceptions of the self: self-help (e.g., strengths, coaching), self-efficacy (Gray, 2011), or to biological arguments about body and brain and increasingly removed from theories of mind, clinical theory, and meaningful supervisory practices and relationships. For Zygmunt Bauman (author of Liquid Modernity, 2000, and Liquid Life, 2003), fluids, unlike solids, cannot maintain their shape and are thus forever prepared to change shape. For solids, time does not matter. For liquids, on the other hand, it is time that matters most. Social workers and their clients, like fluids, continuously change shape as they circumnavigate a world of people, psychiatrists, pharmacies, goods, food, money, information, and services in intensely mobile and open social and psychological systems; and these are systems where time matters and time is foremost in determining why, what, and how we manage. David Harvey (1989) has argued similarly that one of the defining characteristics of our age is a compression of time and space, that is, where technologies (e.g., Internet, laptops, cell phones, texting,

automobiles) remove spatial barriers and by so doing erode or erase our relationships to place. These technologies may accelerate or erase spatial temporal distances through communication (e.g., digital devices, texting and instant messaging), travel (e.g., clients in our cars) and economics. Paul Virilio (2007) argues that this compression of time and space is the fundamental feature of our present world. He describes this as a "speed-space" and calls it dromology. This is where technology enables us to be present not through our physicality but through programming and instant communication and where the speed at which something happens may change its essential nature; and those things which move with the greatest speed dominate those which are slower. For Virilio, our current technologies have a paradoxical quality: they allow us to be both everywhere and nowhere at the same time. For example, information about clients and prescribed interventions for clients are now accessed from worker laptops and other mobile devices. And with their mobile devices mental health workers, especially case managers, have fewer and fewer ties to supervisors and colleagues; and clients are moved through myriad local networks of transportation through public and private spaces. And one may earn a cyber graduate degree in social work.

And as clients have been moved from hospitals into community settings, with the imagined freedoms to choose and be free from restraint, we are left with several important questions about movement: when is it too little, when is it too much, or the wrong kind of movement at the wrong times? Social workers are faced with different kinds of mobility, both by those engaged in practicing and regulating diverse mobilities and by those involved in researching and understanding mobilities. The automobile has been one of the central sites of practice, both enabling and limiting practice (Floersch, 2002; Ferguson, 2009a). Ferguson has called this automobility in social work: liquid social work. Bodies and households have been transformed by technologies, which enable proximity and connectivity enhanced by new means of communication. For social workers, the car has become not only a mobile site for practice. It is, Ferguson argues, a "fluid container" for processing "personal troubles, emotion and key life changes." He writes that the car,

> ... is not just a means to reaching vulnerable children and other service users quickly, and a mobile office, but a space where significant casework goes on and deeply meaningful "therapeutic journeys" happen. The car carries similar emotional meanings and possibilities for workers as a space within which to contain the anxieties and emotions they routinely confront in their work. (p. 275)

Many questions can and need to be asked about these maximally open, liquid systems of social caring. How, for example, are social work relationships and institutional practices formed in and through mobility? How do clients and workers experience mobility? Second, there are liquid subjects and subjectivities (Longhofer & Floersch, 2010). Here, liquid social work is concerned with how the subject is formed by and experiences liquidity.

However one conceptualizes practice, inevitably there are gaps between the theory and practice. Because we practice and research in open systems, theory cannot explain all the variance. A science of social work, therefore, must conceptualize theory-to-practice gaps.

## Practice and the Phenomenological Practice Gap

Two questions must be addressed here. First, there is a question about phenomenology. And then there is a question about how a practice gap can be described as phenomenological. In social work research and practice, we are foremost interested in how we understand the relationships between clients and workers, how suffering and pain are experienced, how relationships are affected by suffering, and how the body experiences illness. Phenomenology, thus, explores the role of our subjective experience in coming to know phenomena in our various worlds of practice, that is, between the knower, the practitioner and the known, the client. Phenomenology attends to "phenomena" and the relational dimension of consciousness; and because consciousness must always be directed toward something, both material and immaterial things, it is always consciousness of our social work practices and of our relationships and roles as researchers and practitioners.

Phenomenology offers three important ways to understand the practices of social workers. First, there is an emphasis on understanding the *everyday worlds* in which clients and workers live and interact. Husserl described this as a "life world" (Lebenswelt). These are the practical, everyday worlds of lived experience where clients and social workers, for example, go about their daily lives, engage in continual back-and-forth interactions, verbal and nonverbal communication, and where they struggle to make sense of their worlds and sometimes succeed and sometimes fail at understanding. Second, we come to know our worlds through practice (i.e., by working, performing, applying, doing, enacting, implementing, intervening). Third, social workers engage the world in varying ways to understand what "is" (i.e., systems, communities, families, individuals, minds) and insist at the same time that we be aware of our knowing presence and our influence on what it is we are trying to know.

Much of our professional practice in social work is grounded in what phenomenologists call pathic knowledge, that is, where practice is rooted in and depends on sense and sensuality. Pathic knowledge (van Manen, 1995, 1998, 2007; van Manen & Li, 2002) addresses how in practice we use our bodies, our personal presence, and our relational perceptiveness to know what to say and do with our clients in contingent situations (Clarke, Hahn, & Hoggett, 2008; Longhofer, Kubek, & Floersch, 2010). When practitioners find themselves, as they often do (see Floersch, 2002), faced with the everyday unpredictable and contingent conditions of practice, they turn to pre-theoretical or to situated knowledge, where they engage in pathic practice and use language to convey pathic understandings and to communicate directly to the lived experience of their client relationships.

## The Gap

Exploring the relationship between theory and practice has long produced contentious debate, bold knowledge claims, and various forms of dogmatism and reductionism, in social and political theory, philosophy, public policy, and social work (Fook, 2002a, 2002b; Fook & Gardner, 2007; Stuart & Whitmore, 2006, pp. 156–171). Below we will offer a way of conceptualizing not the history of these debates, but some ways of understanding how theory and practice are always and necessarily in a creative tension (Stuart & Whitmore, 2006, pp. 156–171; White, Fook, & Gardner, 2006, pp. 3–20). We propose calling the relationship between knowledge and practice "phenomenological practice gaps" (Longhofer & Floersch, 2004). Why phenomenological and why a gap? It is phenomenological because all of social work practice is first grounded in human experience, in human life worlds (Lebenswelt). And we inevitably find gaps between theory and practice because knowledge, especially in human and open systems, is never a mere reflection of the objects studied; in short, there can never be correspondence between our concepts and their referents, that is, the things they refer to. And if they were the same, mirror images of one another, there would be no need to produce knowledge about them or to be concerned about the gaps. Some have argued that *reflective practice (and reflective practitioners)* is necessarily grounded in careful documentation of the gaps between theory and practice and vigilant efforts to use the evidence to close gaps. However, it has been argued above that it is only in closed systems (e.g., laboratories) where variables can be experimentally controlled and manipulated and where gaps can be brought to near zero, that is, where practice and theory are matched or nearly matched or outcomes can with some degree of certainty result from standardized interventions.

Outcomes, however, are always and inevitably in someone's interest: class, economic, political, ideological, disciplinary, scientific, personal (Abbott, 2004, pp. 410–411; Fay, 1975; Fook & Askeland, 2006, pp. 40–54; Steinmetz, 2007). Moreover, what works (i.e., what is pragmatic) is always value-laden (McBeath & Webb, 2002) and in relation to particular interests, often the interests of particular scholarly communities, disciplines, methods, or ambitions (i.e., the scholastic fallacy).[4] More troubling, however, are those who make the radical epistemological claim: what is it that works.

And in open, human systems (e.g., families, communities, relationships) gaps between theory and practice are natural, necessary, and potentially creative spaces. Bacteriology, for example, offers theory—especially in closed systems matched to specific bacteria—sufficient not only to explain the function of specific bacteria but also to offer practice interventions suited to the amelioration of specific bacterial infections produced by those bacteria. Similarly, some social work researchers will often call for a one-size fits all approach (sometimes called manualized treatments) to practice, where mental events (emotions, thoughts, actions), human interactions and relationships, social institutions, are treated as brute facts, that is, like bacteria.

The gap, depending on the nature of the object of practice or study, can be large or small. In some cases, especially in closed systems of the physical world, laboratory, or experiment, the gap can often be reduced to a zero point; here, the theory may provide nearly all the knowledge necessary to engage in practice, though not always effective in open systems, or to at least provide adequate accounts of the behavior of physical events. Even here, however, there is no absolute truth or foundational knowledge. At the same time, if all we do in practice is make choices among competing approaches in the intellectual marketplace this leaves us without the ability to make judgments. Are there no better interpretations of practice or only competing ones? And if this is the case, how do we make choices among competing practices or interpretations? Or are we simply left to fight these out in disciplinary and professional rhetorical battles, divorced altogether from concrete human practices? And this would leave us with what some call conventionalism (Keat & Urry, 2011, pp. 34–48). Practice research, using whatever tradition of science, has among its objectives an understanding of how many possible meanings may apply in any given practice situation. To make this claim, however, does not require that we argue that our concepts or discursive practices, though always mediating, simply construct reality for us. What a world it would be: merely change your concepts or discourse and so goes your world.

At best, in the human sciences and practice, we strive for what the critical realist Andrew Sayer calls practical adequacy. Knowledge is practically adequate when ''it generates expectations about the world and about results of our actions which are realized'' (Sayer, 2000, p. 43). There will always be a gap in the practical adequacy of our knowledge, that is, it will vary in relation to where and to what it is applied (Sayer, 2000, p. 43). Yet, another source of variation is to be found in the degree to which knowledge may be practically adequate with respect to some practices, but may not be adequate with respect to others (Sayer, 2000, p. 43). For some, the quest is for an exacting fidelity (e.g., evidence-based practice) between the model and practice, and success is measured by the distance (Freire, 2006; Gray, Plath, & Webb, 2009). The factors potentially affecting the distance between knowledge and practice are either minimized by methodological maneuvers or are altogether ignored. For others, like White and Stancombe and Kazi, the relationship between the two is highly problematic (Kazi, 2003; White & Stancombe, 2003, pp. 144–148). Though Kazi is a critical realist and White and Stancombe might be described as cautious constructivists, they agree that prescriptive guidelines will inevitably fail. They do so, however, for very different reasons. For White and Stancombe, clinical practice theory and judgment are for the practitioner and the evaluator of practice inevitably intersubjective. While it is always and necessarily so, one need not treat practice and its relationship to knowledge as mere convention, as if clinical judgments were mere linguistic games, agreed upon by those subscribing to any given model of practice, or between the practitioner and the recipient of practice (see Keat & Urry, 2011, pp. 44–48, for discussion of conventionalism and

instrumentalism). And while White and Stancombe show how specific clinical discourses produce effects in practice, this claim does not require that we see the production of these conventions as arbitrary.

Theory, where it is powerful and effective in the human and natural sciences, captures a significant part of experience. More precisely, a gap occurs when the theory fails to account for some part or all of the experience and where practice is open to influence outside of theory. For example, where scientific racism used theory to engage in practice, it did so on the basis of manipulation of the gap. In short, the gap may be increased or diminished by forces (e.g., political, ideological, religious, cultural, and disciplinary) exogenous to the theory itself or theory may be used to exploit the degree of gap that exists between any given theory and its practice. Or the gap may also be produced by real limitations placed on the theory by certain material conditions of practice: policy environments, spatial constraints, funding sources, competing paradigms, and so on. In some cases, competing paradigms may capture some but not all of the practice reality, as suggested by Andrew Sayer. And this may go unrecognized or misrecognized (i.e., it may be seen by those adhering to a particular theory or paradigm as though they are in competition but may in fact only be accounting for one aspect of the practice situation).

Finally, because social work is committed to more than the production of knowledge and finds its identity in the possibility and promotion of human emancipation and social justice, contradictions between theory and practice must be monitored and avoided by checking to ''see that the way we account for others' behaviour is not at odds with the way we account for our own behaviour. If there are differences in these accounts, they should reflect actual differences in behaviour; they should not merely be artefacts of social scientists' reluctance to acknowledge people's reflexivity, agency and concern'' (Sayer, 2011, p. 33). Indeed, reflexivity is an essential to a science of social work.

## Conclusion: Reflexive Practice, Reflective Practitioners

We conclude this article by examining the concept reflexivity. We argue that multiple reflexive perspectives are necessary for a critical realist science of social work. This is perhaps the single most important question for the whole of social work practice and research. Without reflexivity, how otherwise would a science of social work be conducted? Without reflexivity, how do agents change? How do researchers work alongside one another exploring, challenging, and revising as the work unfolds? How do habitual practices (e.g., working from a single flat ontology) change? How do social workers take up *scientific discourses or narratives* and do something creative and novel with them? Reflexivity is essential to a science of social work.

In her book (2007), *Making our Way through the World*, Margaret Archer asks us to consider how human reflexivity

works. How do we reflect upon ourselves and our concerns in relation to society?. How otherwise do we engage in practice or conduct research on those engaged in practice? Reflexivity, she argues, occurs in the first-person through internal conversation or dialogue that uses language, emotion, sensation, and image. And while most acknowledge "self-talk" and can describe it, there is little research on how "internal conversations" mediate between our personal and ultimate concerns and social contexts, that is, between our internal and external worlds (Clarke, 2008). It is in the course of our internal conversations, moreover, that agency in the world is made possible and we gain control. Archer aims to understand how particular courses of action, what she calls projects, are determined through several modes of reflexive deliberation. We all engage in practical projects, social work practitioners and clients, and these projects are subjectively produced in relation to our objective circumstances. In short, we transform our subjective concerns into projects. And it is in this everyday and especially complex tension that we practice social work, that is, between our subjects' (and our own) practical projects and their objective conditions or between what some in philosophy and social science call agency and structure. Moreover, it is in this relationship that we come to understand what we (and our clients) *actually do*. Here are the two key and closely related questions. How do we understand the many ways that our clients' consider and evaluate their situations in the light of their concerns? And how do they (and we) consider and evaluate their projects in the light of their (and our) situations? The answer to these questions will tell us something about what agents (practitioners and clients) do. Indeed, if we fail at this, we are left with rather simple-minded, common sense, empirical generalizations about what most of the people do most of the time; and this tells us little about *why* people engage in some courses of action, or projects, and not others. Or as Archer argues, empirical generalizations leave out the subjective powers of those with whom we work.

What do we mean by reflexivity? This has been widely discussed in the social work literature and recently reviewed by D'Cruz, Gillingham, and Melendez (2007). For our purposes, reflexivity refers to our human capacity to consider ourselves in relation to our contexts; and our contexts in relation to ourselves (White, Fook, & Gardner, 2006). This occurs through the "... 'internal conversations' we all hold about our personal concerns (what we care about most) and how to realize them in a social order that is not of our making or choosing (Archer, 2010a; Clarke, 2008; Sayer, 2010, pp. 108–122, 2011, pp. 116–117). Through these inner deliberations and the courses of action they define, we exert some governance over our own social lives" (Archer, 2007). Archer, in her 2003 study and her more recent elaboration (2011), describes four modes of internal conversation or reflexivity. It is through these internal conversations, moreover, that individuals locate themselves in social life. First, she describes "communicative reflection," a mode where before engaging in action, individuals *turn to others* for the completion or confirmation of their internal conversation. These are conversations about the self and personal projects that reach completion through externalization or projection toward others and through conversation with familiar, similar others, limiting their worlds to the immediate social surround and along with it their social mobility. In this mode, "... what to do, how to act, and, ultimately, who to be, are held open to the dialogical influences of those with whom they share their concerns. In other words, the membrane between the life of the mind and the life of the group is highly permeable and there is regular two-way trafficking between them" (Archer, 2003, p. 167). In the second mode, "autonomous reflection," there is independent, sustained, and complete internal dialogue that leads to direct action. In this mode of reflection, individuals are less likely to be influenced by those around them. Moreover, they have clear strategies toward constraints and enablements, making possible changes in their social position and modification of new positions in pursuit of their concerns (pp. 93, 207). In the third mode, "meta-reflection," like the second, there is self-directive internal conversation based in and measured against strongly held values. Added to it, however, is critical reflection about internal conversation and social criticism. As the term suggests, meta-reflexives, as she calls them, reflect on their own reflections. In this mode, with social criticism and subversion of the constraints and enablements, they are prepared to pay the price for subversion and to relinquish the benefits of inclusion, upward, or lateral mobility. In each of the modes described above Archer argues that agents are active and in different ways make contributions to social stability and change. As well, they achieve power over and governance of their own lives.

Finally there is "fractured reflection," a mode distinguished by the absence of purposeful internal conversation, escalating anguish, and bewilderment. These are passive agents who enjoy no such governance, but instead are people to whom things happen.

In each mode, practitioners and clients may work with different modes of reflexivity and establish distinctive interpersonal modus vivendi. And it is through internal conversations, within existing or potential social contexts, that individuals consider how best to realize personal concerns. Each mode of reflexivity, moreover, entails a different posture toward society or very different relationships to structural constraints and enablements. These powers (social constraints and enablements), however, must be set into motion (activated) by agents. In social work research, we must have theory and method to explore how agents, by virtue of their reflective powers, deliberate about their social circumstances in relation to their personal concerns. Archer writes that

> We survey constraints and enablements, under our own descriptions (which is the only way we can know anything), in conjunction with our "projects," which were deliberatively defined to realise our concerns; and we adjust them into those practices that we conclude internally (and always fallibly) will enable us to do (and be) what we care about most in society (Archer, 2007, p. 269).

We organize our thinking about reflexivity into the following seven modes: personal (or standpoint), ontological,

epistemological, methodological, theoretical (analytic), normative, and representational. Finally, using Margaret Archer, we will offer a way of thinking about reflection in each of these modes as forms of self-talk (Archer, 2007).

The first mode, *personal*, involves "reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research" (Willig, 2001, p. 10). In this *recursive process*, moreover, the researcher is potentially affected and transformed. *Personal reflexivity* requires attention to the meanings produced between the researcher and their participants and "acknowledgment of the impossibility of remaining 'outside of one's subject matter . . .' to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research." (Nightingale & Cromby, 1999, p. 228). D'Cruz and her colleagues (2007), in their thorough review of the literature in social work on reflexivity, identified three conceptualizations. Each of these would conform to reflection in what we are calling the personal mode:

1. The first variation regards reflexivity as *an individual's considered response to an immediate context and making choices for further direction* [emphasis added]. This variation is concerned with the ability of individuals to process information and create knowledge to guide life choices, and has implications for both the role of social workers and the relationships between social workers and clients; social and political factors are downplayed (p. 76).
2. The second variation defines reflexivity as *an individual's self-critical approach that questions how knowledge is generated and further, how relations of power operate* [emphasis added] in this process (p. 77).
3. The third variation treats reflexivity as concerned with *the part that emotions play in the social work process* [emphasis added] (p. 75).

Bourdieu offers social work a very clear way of thinking about this subjective aspect of practice reflection. He argues that a truly reflexive practice requires that the researcher/worker be at all times aware of and attentive to the effects of their own subject positioning (i.e., roles as researchers) and how their own internalized structures potentially produce distortions or bias. For Bourdieu, this would require a sociology/anthropology of social work: a way of being fully present as a researcher with continual reflection on the dispositions (i.e., what Bourdieu called *habitus*) and the myriad ways that institutional training shape the worker and researcher habitus (Floersch, 2002). In this reflexive mode, the social worker/practitioner monitors the potential of attributing to the people, events, and objects they study, the characteristics of the researcher/social worker.

It is in this personal mode of reflection that social workers monitor the myriad ways that their research is influenced by their habitus. In short, it is not sufficient for social work researchers to reflect on the proper steps in the research process (i.e., formulating the research aims and questions, recruitment and sampling, data collection and data analytic strategies). We must also observe and control the influence of our social position on this very process of selection. In the social work literature, terms such as reflexivity and reflectivity are used to refer to such kinds of thinking. Typically, *reflection* tends to be something we do after the fact; this is what Schön (1983) calls "reflection-on-action." Schön (1983), not unlike Bourdieu, differentiates "reflection-*on*-action" from "reflection-*in*-action," explaining "reflection-*in*-action" as referring to the practitioner experience of simultaneously reflecting on practice while in the very act of practicing. In social work, the term *reflexivity* is often used to denote "reflection-in-action." It is through our internal conversations that workers manage emergent and unpredictable features of a given practice situation.

Under the mode of personal reflection, we would also include what Bourdieu and others have called the *scholastic fallacy*. Here, the researcher must guard against the tendency, often unconscious, to assign (i.e., based upon their modes of training and methodology) "systematicity" to objects of our practice and study when it is not present. For example, researchers may see or imagine that workers or clients are following unambiguous rules or strategies when they are not; or when they are following rules and procedures they always do so in indeterminate and unstated ways. Moreover, when we do this we fail to see the many ways that worlds of practice are always unstable, uncertain, and unsettled in open systems.

For us *epistemological reflexivity* raises a very different set of questions about the limits and potential imposed by our ways of knowing. For example, do we see causality as the regular association among events or as more complex and related to causal mechanisms operating in open systems? Positivism, along with many of its associated methods (i.e., research techniques), for example, might cause us to misrecognize.

The third is *ontological reflexivity.* In this mode, one thinks about the things that we take to be "real" or "knowable." Some, like behaviorists, do not acknowledge the importance or "reality" of an internal, mental life. Ontological questions have important implications for research, practice, and understanding.

The fourth we call *methodological reflexivity.* In this mode, the researcher and participants must ask questions about how the research design and methods (i.e., techniques, surveys, interviews, focus groups) place limits on the kinds of data collected (and approaches) and thus exclude other things from being seen or understood. How, for example, might this data have been collected using different techniques and why was one choice made over another? In the fifth mode, one considers *analytic (or theoretical)* choices. Here, for example, one asks questions about how the data are to be analyzed and how by making choices other options are excluded, elided, or never considered. And with different theories and analytic choices we may see things that others might altogether ignore (perhaps the things that make the most difference or the things that truly matter).

In the sixth mode, *normative reflexivity,* and unlike in the personal mode, one explores the complex and inevitable

dynamic relationship between fact and value (Sayer, 2011, pp. 24–29).

Finally, there is the *representational mode* (Sayer, 2011, pp. 1–22). In this mode, we face choices about how we talk or write about our research participants (Steinmetz, 2004, pp. 380–381). Do we use the first or third person, for example? And what is the effect of using the third person when we talk to or about our subjects?

All of these require that the researcher explore what is explicit and what is tacit and that one engage in a continual, iterative, process of exploring each of these modes as they occur in open systems research. And each of these occur within the framework offered by Archer. Meta-reflexives, for example, may reflect on their own reflections, in each of these modes: epistemological, ontological, and so on. And in this mode, social criticism and subversion of the constraints and enablements, researchers may be prepared to pay the price for subversion and to relinquish the benefits of academic/disciplinary inclusion, upward or lateral mobility.

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## Authors' Note

## Notes

1. Many have made similar arguments and continue to make them in social work and outside the discipline. See for example, Andrew Polsky's book, *The Rise of the Therapeutic State* (1991).
2. For social work researchers and practitioners, one of the most important and recent works demonstrating these complex dynamics is to be found in a work compiled by Shonkoff and Phillips, 2003, *From Neurons to Neighborhoods: The Science of Early Childhood Development,* published jointly by the National Academies of Science and the National Institute of Medicine.
3. Here, the knowledge of the practitioner is conflated with that of that client. Moreover, acceptance of the discursive and situated nature of knowledge does not require acceptance of the notion that its referents lack essential qualities. For some, because our clients come to share our concepts, ipso facto, they are seen or understood as the produced effect of our concepts or discourse. Anthropologists, sociologists (especially those working within the sociology and anthropology of science), historians of clinical practice, and social work (Gordon, 1994; Kunzel, 1993; Lunbeck, 1994; Odem, 1995; Summerson-Carr, 2010) and narrative therapists in clinical social work and cognate fields (especially those inspired by Foucault), argue that clinical work (pathologizing, classifying, disciplining, marginalizing, dominating) produces client subjectivity or even invents madness.
4. The Scholastic Fallacy, used by Pierre Bourdieu, describes disciplinary imposition of habits of training and modes of professional socialization and the myriad ways that these are imposed on an object/subject of study.

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