Crossing the paradigm of ‘Including the “Self”’: Toward an understanding of comprehensive reflexivity and a systemic epistemology as useful concepts for social care professionals.

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Abstract
Sometimes the most important relationships in a young person’s life are those with the social care professionals who are charged with their care. Often these relationships develop and evolve within complex systems with an increasing move toward a culture of monetisation of care which is driven by the structures of advanced capitalism. These broader economic processes present a challenge for social care professionals in how they position themselves within often competing narratives about the delivery of care. In this paper I will discuss the concepts of adopting a systemic epistemology that encourages social care professionals to engage with themselves within the broader frame of what is called comprehensive reflexivity. Ideas will be discussed that focus on making connections between the social constructive paradigms and front line practice. It is often said of systemic psychotherapists that their area of expertise is in being non expert. They often deploy this idea deliberately in order to assess and dilute the power dynamics within relationships and employ collaborative practice techniques as a means of building meaningful relationships. The transferability of these ideas is hugely relevant to social care professionals interested in developing ethical and reflexive practice.

Keywords
Comprehensive reflexivity, systemic, ethical practice, social care

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Introduction

It is in the relational spaces between intricate social structures, individual experiences, conscious and unconscious processes and the delivery of care, that the disposition of systemic epistemologies can be useful in developing ethical and reflexive practice, which aims to maximise the development of agency, empowerment and mental health. We are relational beings and as such seek connections with others through relational modes of communication. Systemic practice offers a way in which to understand and navigate complex human systems. Thus, systemic practice supports recognition of the centrality of our everyday ‘extraordinary ordinary’ interactions with others as paramount. If as professionals we can begin the discussion of understanding ourselves more comprehensively we can be better placed to meaningfully understand the young people we care for. By becoming aware of and discussing these concepts, social care professionals can develop moral practices which stimulate a progressive understanding of comprehensive reflexivity. Krause offers a definition of comprehensive reflexivity and advocates against ‘promoting an idea of subjectivity as empty’ or ‘just like us’ to a more inclusive position which embraces ‘recursiveness between different aspects of meaning, interpretation and experience held or expressed by others’ (2012, p.8). A systemic epistemological position is a position which acknowledges the recursive involvement of different aspects of systems and organisations including the role and outlook of professionals. I argue that adopting such a position offers a way for social care professionals to perform ethical practices that cultivate an understanding of their own positioning as a continuous relational process. To discuss these ideas further I will examine a case example to highlight their usefulness to everyday care and advance the concept of ‘extraordinary ordinary’ practice.

Solipsism Unravelled

In his book, A view from nowhere, Thomas Nagle grapples with the philosophical contemplations of ‘the perspective of a particular person inside the world with an
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objective view of that same world, the person and his viewpoint included’ (1986, p.3). This is a way of conceptualising a mode of ‘being’ in our everyday lives. It illuminates a complex space that exists within the interchange of socially constructed entities and that of a constructivist disposition of persons with love, greed, jealousy and prejudices in the ordinary everyday. For example, social care professionals work within and influence systems of care that are often bureaucratic, over-managerial and beholden to political expectations. These influences on the ‘professional self’ can both challenge and position persons in being complicit in systems of institutional oppression. Jemmot and Krause refer to the ‘everyday’ as the space which highlights the relational aspects of ‘self’ with being ‘persons with identities, languages and notions of specific cultural and professional meanings — some within and others outside our own awareness’ (2019, p.2). In this way we can move away from descriptions of self as solipsistic and toward a position of comprehensive reflexivity also referred to by others as ‘radical reflexivity’ (Ahmed, 2004; D’Arcangelis, 2017), ‘operational perspectivity’ (Rabinow & Stavrianakis, 2013) or ‘methodological reflexivity’ (Pillow, 2015). These ideas present an invitation to social care professionals to examine the ways in which they see themselves as part of a complex set of relationships in which they practice. I have worked in the Irish social care system for many years across a number of diverse settings. Through these many work contexts I have observed a system that is closely immersed in the western ideologies of individualism and the liberal market economy. This continued paradoxical relationship between care and advanced capitalism has led to a cultural industry of social care provision in which we all play a part. It is within these structures and when describing what we do that I suggest we are more comfortable at looking toward what is ‘out there’, ‘over there’, as ‘different to us’ and as being an objective reality which we are not part of. This is an easy, convenient and unethical way forward and social care workers should be challenged to think about positioning themselves in different ways.

In his 1929 book, Process and Reality, Alfred Whitehead, whose thinking influenced Gregory Bateson, put forward the concept he described as the fallacy of misplaced concreteness. Whilst this book now belongs to an historical epoch,
the concepts discussed are still hugely relevant to positioning and reflexivity in social care provision. (For reference, Gregory Bateson’s work has greatly influenced the development of systemic theory and practice; in his 1972 book *Steps to an Ecology of Mind* he writes about the influences of Alfred Whitehead’s work and the concept of ‘misplaced concreteness’ [p.64]). Whitehead highlighted the mistakes we can make in assuming abstract concepts for accurate descriptions of reality. We do this all the time when having case conferences, access visits, team meetings, writing and reading court reports, and in our direct work with families. We also do it when we are describing the more ornery aspects of the families and systems to which we contribute. Regardless of selectivity on how we position ourselves differently and in different contexts — our basic belief systems, world view, research ideas, biases, prejudices and approaches to working with families are all connected at some level. Trying to understand all these things and their connectedness helps guide us toward a better understanding of ontological and epistemological positioning vis-à-vis our relationship with the social care we provide.

These philosophical musings can guide social care professionals to a more practical application. Whitehead’s use of the word ‘misplaced’ is hugely helpful in creating a healthy doubt in thought processes and actions. In my own experience the idea of applying doubt has become a positive and central feature in acting somewhat as a perpetual consideration when thinking about my ethics in practice and my positioning. The emphasis here is on creating a healthy doubt which is productive within a professional’s application of reflexivity and should not be confused with professionals who display doubt in their decision making or competence. It is no longer OK to rely on that old chestnut of engaging in ‘reflective practice’ as a panacea for progressive social care professionals.

Reflective practice involves thinking about and critically analysing one’s actions with the goal of improving one's professional practice. Engaging in reflective practice requires individuals to assume the perspective of an external observer in order to identify the assumptions and feelings underlying their practice and then to speculate about how these assumptions and feelings affect practice. (Imel, 1992)
Whilst this has some value it can easily just become about us and create ‘blind spots’ to a multitude of other relational processes that are central to outcomes. This is a distinguishing feature in the difference between reflective practice and comprehensive reflexivity and is an engagement that is well suited to the complications of working within social care systems.

**An ode to a Greek legend – what we can learn from the fable of Narcissus**

The fable of the Greek legend Narcissus has inspired poets, playwrights and literature for at least two thousand years and is the basis for volumes of modern popular psychology. So, what can we as social care professionals learn from it? In his poem Personal Helicon, Seamus Heaney writes: ‘to stare big-eyed Narcissus into some spring is beneath all adult dignity’. There have been many critical analyses of Heaney’s work and his use of Narcissus as depicting his autobiographical self as a child and the universality of transitioning from this self-obsessed stage to adulthood. The Nazar Bazmi (2019) literature blog offers a useful interpretation of Heaney’s poem in explaining the ‘poet’s own reflection from the well is like the Narcissus in Greek mythology and the deep echo from the well is like Echo in Greek legends who was a maiden who loved Narcissus but he [was] wrapped in himself’. It means the poet is ignorant to the world around him. As the story goes, Narcissus was a young man in love with his own reflection so much so that he could not move away from it, ultimately resulting in his death. There are similarities here for the development of social care practice. I think that social care professionals also need to transition from a narcissistic fidelity with self-reflecting and aspire to a more comprehensive understanding and participation of and in our own and others’ orientations. We do not pay enough, or sometimes any, attention to the representations of ‘Echo’ as depicted in the story and are often so focused on our own preservation, working in chaotic systems, that we are blinded to looking outward.

In their work with refugees in the UK, Jemmott and Krause focus on the underdevelopment of thinking by systemic psychotherapists in not emphasising ‘background understanding: the structure and organisation and meanings which
constitute the background and history to the personal, social and political history of themselves and their clients’ (2019, p.6). These ‘recursive loops’ give voice to professionals in trying to understand the continuity between past events, social relationships and the meanings as experienced by them and their clients in the present or what Das (1998) describes as the ‘image of turning back’ or a ‘turn towards and then away from the self (D’Arcangelis, 2017).

This represents an all too familiar struggle by social care professionals when working with families, as though families are unconnected to or distinct from the context of the working relationship. Professionals fail to see their own identities, histories, politics, personal and professional stories as being connected to the families with whom they work and somewhat symptomatic of the families’ indifference or perceived ‘otherness’. In what follows I describe and discuss an example from my own work as a social care leader in Ireland’s largest children’s secure care facility.

**Practice example**

This example is taken from my time working in Irelands largest secure care facility for troubled children. I worked at the facility for eight years and at the time the team was comprised of mainly white Irish middle class professionals of mixed gender, with a range of experience and background disciplines e.g. social care, social work, psychology, nursing and others. At one period there was an unusually high number of admissions to the unit of male children from the Irish Travelling community. While it was not unusual to have traveller children at the units it was unprecedented to have such a high number being placed at the same time. Irish travellers are one of the most discriminated against communities in Irish society (O’Connell, 1997; Cihan Koca-Helvaci, 2016). This unusual pattern of admissions created a certain anxiety among the staff teams who worked at the unit. My own observations at the time and in retrospect are that the staff team were unnerved and in some ways developed a ‘risk anxiety’ regarding the disproportionality of young travellers in the units. It was perceived as a threat to the stability of the units and was voiced as such at team and management meetings. I was also trying to understand my own positioning
within the team and in relation to these dynamics. I am a white male who strongly identifies as working class and was raised in what others would describe as a significantly disadvantaged geographical area. There were a significant amount of children who had been through the secure care unit from the same postal address as I and many of my family, Dublin’s north inner city. Whilst there were lots of differences between me and the young male travellers we did share a background of experience in discrimination, particularly through our communities being disenfranchised or stereotypes ascribed by others with little room for understanding the complexities and differences within communities.

Soon there were a number of violent incidents at the unit with some staff members being badly hurt. In the debriefing and safety management responses, it was observed that the young travellers were communicating with each other in their native language known as De Gammon. This was construed by many on the staff team as enabling violence as it was deemed the travellers were using the language to plan violent acts against the team. Many members proposed responses that included ‘total lockdown’ of the units and separation of the travelling young people. To a degree this was understandable as the responses were given through fear and having seen some of our colleagues being badly hurt. In one instance a female staff member had her nose broken. The units were constantly on high alert and a hyper vigilant divide was evident between the staff team and the traveller young people. There were differences expressed among team members of how best to respond, however, an overwhelming majority favoured a zero tolerance approach. As the crisis rumbled on there was a distinct omission from much of the dialogue of how we had arrived at a position of ‘us and them’. In some ways I was also experiencing a sense of the ‘odd one in’ among my colleagues as I did not share in the majority view of responding with a zero tolerance approach. In my view this was a notional concept of a zero tolerance to violence, however, it was masking intolerance to the young travellers’ use of their language and cultural expressions.

The punctuation of discussions within the team was important as it began with the violence displayed by the young travellers and not as I had seen it, in the changing dynamics and risk anxiety within the teams, that led to the breakdown
in relationships between staff and young people. Similar to Narcissus’s failure to relate to Echo, the staff team’s preoccupation with our own safety, while understandable, took precedence over relating to the young travellers. What was behind that? What were the historical, societal and political influences that created an anxiety among the team prior to the violence? What were the invisible or unvoiced socially produced differences that existed and played out maybe unconsciously among the team? What were the ideas held or expressed or the single stories held by team members about young males from the travelling community? These were issues that nobody wanted to talk about, in this lack of talk ignoring the ethical deficits of a system focused on itself as separate to the traveller young people within that same system.

In describing the work of Pierre Bourdieu, Krause (2019) refers to the concept of ‘symbolic violence’ as being enacted through the structures and values of systems of care that are refined within neoliberal ideologies. Here we were in the country’s largest and most advanced secure care unit caring for the most vulnerable young people in society and many staff were resistant to exploring ‘what lay behind’ the violence, or even to thinking about how their relational arrears may have been a contributing factor in maintaining it. There was a visionless uneasiness about their expert positioning held so tightly which blinded us to seeing ourselves as being part of the challenge whilst simultaneously holding the key to the solution.

For example I suggested at team meetings that the use of the De Gammon by the travellers may be seen in a different way, as respecting it as a cultural symbol of the travelling community and that maybe we could release a number of staff to be trained and learn the language. This was met with sighs of disapproval and gazes of amazement. Huge swathes of suspicion descended when I made another suggestion of engaging traveller advocacy groups to advise on up skillling our team regarding cultural competence and trying to understand more in ways that we could connect with ‘them over there’. I am in no way suggesting that De Gammon was not used to plan potential attacks on the staff team and I was often injured during physical restraints at the unit in preventing these, however, the nuances and cultural expressions required were
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lost in a system so focused on preserving itself it forgot to look outward. It was clear that there was both overt and hidden institutionalised discrimination against the young male travellers, and they felt it, and they reacted. Gradually, there was an easing of the ‘bellicose’ no-tolerance approach and over time some tokenistic concessions, for example, the introduction of culture nights at the units. The introduction of books and other materials regarding traveller culture and the De Gammon were introduced as tools which staff could use to engage conversations and build relationships. However, not due to some ‘ah ha’ moment was the necessity for cultural overtures realised, more so through the depletion of the staff team numbers, through sick leave and injury as a result of the violence. Even in the end, when the system expressed tokenistic flexibly, in my view, it done so only to survive itself with a continuing contempt for the complexities of ethical cross-cultural work.

**Toward a systemic epistemology**

In describing the work of Gregory Bateson and his influence on the development of ‘epistemology’ and theories of knowledge, Carr highlights an ‘eco-systemic epistemology’ as a world view or ‘belief system which entailed the idea that the universe – including non-material mind and material substance is a single ecological system made up of an infinite number of constituent subsystems’ (2012, p. 114). Bateson’s ideas have hugely influenced the development of systemic theories and practice over the past 60 years and were partly influenced by Ludwig von Bertalanfy’s development of general systems theory which was designed to try address the question: How is it that the whole is more than the sum of its parts? These ideas can be useful in pushing social care professionals to think about the production and theories of knowledge in making those connect with our positioning and practice. The challenge here is to bring forth a systemic epistemology and seek ways in which it may have a practical usefulness for social care professionals. Although it may be argued that the function of ‘thought’ is a conceptual one; I also take the position it has a practical application. If social care professionals can begin to conceptualise how they relate to and think about themselves and others in their work – whilst also
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seeking practical applications of thought, they are engaging in a more ethical practice.

One way in which a systemic epistemology can offer a practical application is what Dallos and Draper describe as a shift from a first order cybernetic position to a second order position. Cybernetics is a discipline that has long influenced systemic thinkers and in this shift they describe the changing position of the therapist from ‘expert scientist who was able to accurately diagnose and intervene in the problems of the family’ to a second order position were the therapist is ‘less expert and more of a collaborative explorer who works alongside the family to co create some new and hopefully more productive ways of the family seeing themselves’ (2000, p. 66). The key change in this position was that the therapist was no longer seen to be outside of the system looking in as an expert but more connected to and influencing the system from a co constructionist perspective. This has a real application to the thinking that was applied to the example provided of the team’s responses to the young male travellers. If a second order position as described here was accepted the team would have seen our own influences and connectedness to the travellers as being within the same system of care albeit having different positions. To do this social care professionals must embrace patterns of thought that allow primacy to ideas of what Bradotti (2019) describes as the ‘mind-body’ and ‘nature-culture’ continuums and to do this in ways that promote variations in approach to ‘thought’ or as elusive thinkers that are experimental and ‘committed to a conception of movement in thought’ (Patton, 2010, p. 219). It is that idea of movement in thought that I believe will allow social care professionals to shift from hierarchical to network systems of power and openness to intergenerational transmissions of cultural shared behaviours, meaning, symbols and values that are understood (Caffery, 2019).

**Concluding remarks**

I began the article by seeking to highlight the intersections in which social care professionals may challenge themselves to think about their positioning within complex systems of care, which are mostly influenced by western ideologies of
individualism. The framework of adopting a systemic epistemology and engaging a comprehensive reflexivity are co-operative processes that demonstrate a way to understand power formations and the space between institutional oppressive practices and individuals constrained by them. This provides grounding for the emergence of new ways of being for social care professionals in adopting systemic approaches in thought to a range of differences and challenges. We must begin to embrace these concepts as a new charter toward understanding the fragmented temporality of the present in our everyday ‘extraordinary ordinary’ interactions with others. I did not myself ever condone the violence displayed by the male travellers in the example described but could also not prevent myself from turning back to my own experiences of feeling marginalised or discrimination. In ways this process of turning back makes way for a continuum in which the background influences and formations of identity are fluid and present in how we relate to others. It is this perpetual relationship with who we are and what we do and who we care for; that I think holds much hope for the future development of social care professionals and practice.

References


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**About the author**

Niall Reynolds is a Social Care Manager and Systemic Family Psychotherapist working in the public and private child protection, welfare and clinical sectors in the Rep. Of Ireland. He has 14 years’ experience working with children and families from disadvantaged communities who have been affected by maltreatment across a diverse range of settings. He is currently in year 3 of his Doctoral training at the Tavistock and Portman Clinic (NHS) London, UK. He is interested in researching the impact of societal discourses and the experiences of parents where their child has engaged in harmful sexual behaviour toward another child.