

The Practitioner Client: How do you manage when both terms apply?

By Jack

Without digging into the empirical research, an anecdotal truth exists in our profession that many people become social workers because of their own personal experience. These aren't of course the only reasons. People want to be part of a rewarding profession; they have worked with people for a while and want to up-level or move sideways; they simply want a change.

However, the experience-driven aspiring social worker is a reliable component of every qualifying generation. Most of us have encountered social workers and social work students who decided to join the ranks because of their experience of care, of physical or mental illness, of the needs of their children, parents or grandparents, of addiction, of trauma. In broad terms, very many of us have been service users, in that we use or have used the services of the broad caring professions; ergo, some of us have been, or are, clients of social workers. This leads to the question of how we handle and make use of that experience appropriately, safely and in a way that is both human and humane.

One argument is to be open, and for this there is precedent; we highly value our service user colleagues who enrich our teaching and oversight with their honesty about their experiences, their needs and their perspectives. We increasingly engage in the non-statutory side of the field with peer support and mutual aid organisations where almost everyone is openly a client as well as a facilitator or supporter. From our professional vantage point, we

arguably have a moral and social responsibility to speak up.

The converse view is to maintain our boundaries when considering self-disclosure. We are professional support, not friends or peers. We need to keep our empathetic skills sharp irrespective of whether the client in front of us has issues with which we have direct personal experience. Sharing aspects of self is risky. For every client that may feel comfort in shared experience, another may feel the focus being pulled away from their needs.

Naturally these perspectives represent the polar ends of the arguments, and almost everyone's reality is much more nuanced. Yet I would argue that there remains an inconsistency about how we manage our own past or present status as receivers of support. Disclosure of bereavement by a practitioner is often not viewed the same as disclosure of past substance use. Surgery, even now, is often discussed with more ease than treatment for mental illness.

One size doesn't, and maybe can never, fit all on this matter, and we should always resist a state of affairs in which personal experience is seen as equating to professional competence – they are both valuable, but distinct. But the line – arguably artificial – between 'service user' and 'professional' status in this field is a subject that still needs to be addressed. Appropriately for an issue hinged on communication, perhaps the best thing to do is to start talking about it.